

FIRST AMENDMENT TO CONTRACT BETWEEN COUNTY OF LAKE AND LAKE COUNTY OFFICE OF EDUCATION FOR DIFFERENTIAL RESPONSE SERVICES

This First Amendment to Contract is made and entered into on the date executed herein below, by and between the County of Lake through its Department of Social Services, hereinafter referred to as "LCDSS", and Lake County Office of Education hereinafter referred to as "Contractor"; collectively referred to as the "parties".

WHEREAS, Contractor has taken on additional responsibilities related to Differential Response Pathway 3, and

WHEREAS there is a need to update the compensation to reflect the addition of Path 3 Differential Response services, and

WHEREAS, there is a need to update the Scope of Services,

NOW, THEREFORE, the parties hereto agree as follows:

Page 1, Exhibit A, Section 2, titled "Compensation" is hereby amended to read as follows:

"Contractor has been selected by LCDSS to provide the services described hereunder in Exhibit "A" (Scope of Services), incorporated herein by this reference. For the fiscal year period of July 1, 2023 to June 30, 2024, compensation to Contractor shall not exceed one hundred and seven thousand dollars (\$107,000). For the period of July 1, 2024 to June 30, 2026, compensation to Contractor shall not exceed one hundred twenty nine thousand and two hundred dollars (\$129,200) per fiscal year.

LCDSS shall compensate Contractor for services in accordance with Exhibit "B" (Fiscal Provisions), attached hereto and incorporated herein. Compensation to Contractor is contingent upon appropriation of federal, state and county funds."

Page 3, Exhibit A, Section 1, titled "Description of Services" is hereby amended to read as follows:

- A. Differential Response (DR) will be a coordinated partnership between LCDSS and the Contractor(s). Differential Response is composed of three pathways. This contract will encompass Pathway 1, 2, and 3.
 1. Pathway 1, Community Response Track: Selected when a report of child maltreatment is evaluated out in that it does not meet the statutory definitions of abuse or neglect, but the family presents an immediate crisis or issues that would benefit from supportive, community-based services. Child Welfare Services (CWS) has assessed that there is no or low risk of harm to the child and there are no safety concerns, but the family may be experiencing problems or stressors which could be addressed by the Contractor to prevent problems or stressors from escalating. This path assumes that there will be no further involvement by CWS in the referral, which will be evaluated out based on the information provided by the caller or report received, unless the circumstances prove to be different than what was known at Intake, or there is a change in circumstance. A family's participation in Pathway 1 services is voluntary and families can either participate or refuse services.
 2. Pathway 2, CWS and Community Response Track: Selected when a report of child maltreatment meets the statutory definitions of abuse and neglect and an in-person assessment by a CWS Emergency Response (ER) Social Worker is required. CWS has assessed that there is low to moderate risk of abuse and/or neglect, but some risk is present. Although the focus is primarily on voluntary involvement in services through the engagement of families, families who are unable or unwilling to comply with recommendations may be elevated to a more intensive response from CWS when it is in the interest of protecting children.
 3. Pathway 3, CWS Response Track: Selected when clear instances of harm or risk have been noted. Pathway 3 is most similar to the Child Welfare System's traditional response and is chosen after an initial assessment indicates the child is not safe. This pathway includes the services provided

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under pathway 1 and 2, but also requires more frequent contact between DR service providers and Path 3 families to provide intensive services to mitigate identified risk factors and facilitate the creation of a safe home environment for the child(ren). CWS will maintain active cases relevant to the identified risks, requiring providers to work closely and meet regularly with their assigned CWS social worker, and coordinate with other CWS staff on an as needed basis; allowing CWS to monitor progress and ensure that services are being provided. Additionally, DR Path 3 services may require a higher level of direct assistance from the DR Path 3 service provider (active assistance in clearing debris from living spaces, transporting clients to service appointments, coaching on life skills, etc.), which will be provided as needed to maximize the family's ability to mitigate the identified safety risks. Finally, Path 3 DR cases may require the purchasing of goods to assist families (replacement of broken windows, car parts, cleaning supplies, etc.); the cost of these supplies is included in the Contract and the service provider will utilize these funds appropriately and as needed to maximize the family's ability to mitigate the identified safety risks.

B. For pathways 1, 2, and 3, Contractor will:

1. Receive referrals from CWS emergency response team via secure file email or fax.
2. The Family Positive Response and Outcomes (PRO) team, which includes: CWS Emergency Response (ER) staff, LCOE, Employment Services and Lake Family Resource Center (LFRC) will meet every second Tuesday of the month at 8:30 via Zoom to discuss any referrals that have been sent, or are being processed to be sent, or are needing CWS guidance.
3. Referrals will be assigned by the Healthy Start Director to corresponding staff depending on geographical area and/or caseload with a maximum of 5 referrals per staff per month. A warm hand off with the referring social worker is considered best practice and it has allowed for a smooth transition for our families to be more readily open to accept support. Response will be as soon as possible ranging from immediate response to a maximum of five days after the referral date.
4. A reasonable effort to contact the family will be made and documented on the Agency Response form. The Healthy Start family advocate/case manager will make at least 4 phone calls and 4 texts if it is a cell phone number listed on the referral and an unscheduled home visit, unless the referred party refuses service. If applicable, written notice may be sent through the child at school if the school is known.
5. Home Visit, office visit or field visit is scheduled depending on the person's availability. Individual workers go out to do a first home visit where they will explain the Family PRO Program including the Parenting component of the program. If services are accepted, workers will obtain a signature on a Freedom of Choice Return of Information (ROI) Form, California Work Opportunity and Responsibility to Kids (CalWORKs) ROI Form, Case Management Form, Safety Organized Practice (SOP), and Protective Factors Survey. Also at the first visit, the CalWORKs partnership is explained as well as general Healthy Start services such as Oral Health.
6. The parent may end the relationship with the case manager at will. Case managers can also terminate the relationship with the parent, but not before consulting with the referring social worker to advise about the intent to terminate and why. If it is a failure to engage the family, the case manager will request a warm handoff with the referring social worker before terminating.
7. A completed agency response form will be completed and submitted within 30 days of referral to the ER/DR meeting. A client ID# will also be created for the Protective Factors survey.
8. A weekly scheduled home visit will be agreed upon. At least for the first month home visits will be scheduled weekly, then biweekly etc. Frequency after the third month will be determined on a case-by-case basis. The ACE questionnaire and the Understanding Adverse Childhood

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Experiences (ACES) handout and the Safe Coping Skills information will be shared at the third visit.

9. The frequency, intensity and duration of services will vary according to the family's needs. Services will be intended to be short term and intensive for the duration of up to 6 months. Staff will be flexible and conducive to the family's schedule to accommodate for employment, school, youth extracurricular activities or appointments.
10. Staff work on a school calendar and observe all legal holidays and school breaks. Family PRO services will be limited during the summer break months of July and August as well as Winter and Spring breaks. Case managers will serve families countywide.
11. A Family Case plan from a SOP will be developed.
12. If the family requires dumpster services and clean up, a Safe and Healthy Homes packet will be completed with the family. This packet includes two forms from the garbage company and a maintenance plan that asks for participation in maintenance checks even after case closure.
13. When Code Enforcement is involved the Healthy Start Case Manager communicates with the Code Enforcement Officer to coordinate timelines and requirements.
14. If the referral indicates that the focus child requires specialty healthcare at a Pediatric Specialty hospital, such as Children's Hospital Oakland, UCSF or Lucille Packard, a Healthy Start Case Manager will refer to California Children's Services (CCS) to expedite collateral contacts with primary care and coordination of transportation when applicable. The LCOE Case manager will always refer to a collaborative agency to better expedite needed services.
15. When the Healthy Start case manager is located on the focus child's or children's school campus, the Healthy Start case manager will check in at school with the child regularly. The focus child/ren will be incorporated into the dental case management program with parent consent, whether the parent accepts Family PRO services or not.
16. Assisting the family with the deficiencies in protective factors will be a priority, only after the presenting concerns on the differential response referral are addressed. Case managers will assist the families in identifying that the protective factors are the foundation to strengthening their family. They will help them identify who their concrete supports in times of need are, how to develop parental resilience, social connections, provide knowledge of parenting, child development, and social and emotional competence of children.
17. A family file will contain a copy of the referral, agency ROI, Employment Services ROI, Freedom of Choice, Consent to Participate, Safety Map, Family Case Plan, Copy of Safety Plan if applicable, Protective Factors Survey, Case management form, Case Closure form and case contact or progress notes. The case management form will contain all family member demographics, Service and contact data will be entered into a data system with the ability to run reports.
18. Data will be submitted on a semiannual basis by demographics. The first layer is the amount of Path 1/2 referrals received, services accepted, and services refused, unable to locate or put on pause by CWS. The second layer is the total number of adults and children served, ethnicity, disability and the third layer is how many referrals by zip code.
19. A case closure will be sent to CWS once the family completes the case plan goals or fails to remain actively engaged. The case closure will include Protective Factors Survey (PFS) dates, achievements, and successes as well as concerns and Suspected Child Abuse Report(s) (SCARS) back to CWS. Family ID numbers will have a digit indicator at the end for the number of times the family has been referred.
20. Healthy Start staff will be trained in ACES, Protective Factors, Trauma Informed Practice, Suspected Child Abuse, Nurturing Parenting and Motivational interviewing. Case managers will

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apply their knowledge to build upon the family's strengths. Family planning will be client led, centered on outcomes using the family's strengths. In the likelihood of a stall or an obstacle impeding progress, a Child and Family Team (CFT) may be used to help the family overcome the impediment. The referring social worker may be invited to the CFT if the parent approves of it.

21. Family PRO staff will remain current with professional development. Staff will participate in professional development regularly in house, through California Training Institute (CalTrin), PACES Aware or any other professional development deemed appropriate by CWS.
22. Healthy Start case managers will communicate with referring social workers.
23. The PFS will be used at pre and post timelines with the family. In the case of a family refusing to participate in the pre and post survey, a PFS2 or retrospective survey will be done. The Protective Factors Survey pre and post data will be collected to assess changes in family protective factors and identify areas programs can focus efforts to strengthen the five areas: family functioning and resilience, nurturing and attachment, social supports, caregiver/practitioner relationship, and concrete supports. feedback to agencies for continuous quality improvement and evaluation purposes.
24. A client satisfaction survey will be mailed out to participants to obtain feedback to determine if Family PRO services were able to assist the family learn about the development and how to effectively nurture their children."

Except as specifically modified herein, all other terms and conditions of the original Contract shall remain in full force and effect.

Executed at Lakeport, California on _____.

COUNTY OF LAKE

CHAIR, Board of Supervisors

ATTEST: SUSAN PARKER
Clerk to the Board of Supervisors

By: _____

CONTRACTOR

Brock Falkenberg
Brock Falkenberg (Nov 20, 2023 09:27 PST)

APPROVED AS TO FORM:
LLOYD C. GUINTIVANO

County Counsel

By: _____

Differential Response Amendment - LCOE - Signed by County Counsel

Final Audit Report

2023-11-20

Created:	2023-10-30
By:	Brendan Phillips (brendan.phillips@lakecountyca.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAh8utmeaDmU8Fy2NUORUJ4iHCR5In0TXY

"Differential Response Amendment - LCOE - Signed by County Counsel" History

 Document created by Brendan Phillips (brendan.phillips@lakecountyca.gov)
2023-10-30 - 6:33:44 PM GMT

 Document emailed to asantana@lakecoe.org for signature
2023-10-30 - 6:34:34 PM GMT

 Email viewed by asantana@lakecoe.org
2023-11-07 - 9:06:42 PM GMT

 New document URL requested by asantana@lakecoe.org
2023-11-07 - 9:40:07 PM GMT

 Email viewed by asantana@lakecoe.org
2023-11-08 - 0:34:22 AM GMT

 New document URL requested by asantana@lakecoe.org
2023-11-16 - 7:22:57 PM GMT

 New document URL requested by asantana@lakecoe.org
2023-11-20 - 4:35:17 PM GMT

 Email viewed by asantana@lakecoe.org
2023-11-20 - 4:35:30 PM GMT

 Signer asantana@lakecoe.org entered name at signing as Brock Falkenberg
2023-11-20 - 5:22:34 PM GMT

 Document e-signed by Brock Falkenberg (asantana@lakecoe.org)
Signature Date: 2023-11-20 - 5:22:36 PM GMT - Time Source: server

✔ Agreement completed.

2023-11-20 - 5:22:36 PM GMT