## BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

| RESOLUTION |  |
|------------|--|
|            |  |

RESOLUTION APPROVING AMENDMENT 01 TO THE STANDARD AGREEMENT BETWEEN THE COUNTY OF LAKE AND THE DEPARTMENT OF HEALTH CARE SERVICES FOR THE STRATEGIC PREVENTION FRAMEWORK (SPF) PARTNESHIP FOR SUCCESS (PFS) PROJECT FOR THE PERIOD BETWEEN FISCAL YEAR 2017-18 THROUGH FISCAL YEAR 2020-21 AND AUTHORIZE THE BEHAVIORAL HEALTH SERVICES ADMINISTRATOR TO SIGN THE AMENDMENT

## **RECITALS**

WHEREAS, the Board of Supervisors of the County of Lake approved the grant Agreement between the County of Lake and the Department of Health Care Services (DHCS) for the SPF/PFC for the period between Fiscal Year 2017-18 through Fiscal year 2020-21; and

WHEREAS, the original Agreement with DHCS outlines the following items: scope of work, county capacity assessment survey, data collection tool, budget detail and payment provisions, budgets year 1, budgets year 2, budgets year 3, budgets year 4, general terms and conditions, special terms and conditions, additional provisions, HIPAA business associate addendum, travel reimbursement information, and contractors' release.

WHEREAS, the parties desire to amend the Agreement to implement a budgetary shift in funds from one (1) line item to another in year 2 and year 3; and

WHEREAS, the parties also desire to amend the Agreement to incorporate the Contractor vs Sub-recipient provision to comply with federal oversight requirements.

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Supervisors of the County of Lake, State of California hereby approves and adopts the following:

- a. Lake County Behavioral Health Services (LCBHS) Administrator is approved sign the Amendment 01 o the Standard Agreement with DHCS for the SPF/PFC project.
- b. The approval of the Amendment to the Standard which implements a budgetary shift in funds from one (1) line item to another in year 2 and year 3 and incorporates the Contractor vs Sub-recipient provision to comply with federal oversight requirements
- c. A certified copy of the Resolution and Agreement will be delivered to Lake County's fiscal and managed care departments.

/ / /

BE IT FURTHER RESOLVED that all previous Board resolutions, actions, or approved bylaws of such advisory boards, commissions or committees are hereby superceded and rescinded to the extent of any conflict with the newly established bylaws.

of

| THI<br>Lake at a reg                | S RESOLUTION was passed and adopte gular meeting thereof on theday or | ed by the Board of Supervisors of the County of 2019, by the following vote: |
|-------------------------------------|---|--|
| AYES:                               |   |  |
| NOES:                               |   |  |
| ABSENT C                            | OR NOT VOTING:  |  |
| ATTEST:                             | CAROL J. HUCHINGSON<br>Clerk of the Board of Supervisors              | COUNTY OF LAKE   |
|                                     | By: Deputy  | Chair, Board of Supervisors  |
| APPROVE<br>ANITA L. (<br>County Cou |   |  |

# STANDARD AGREEMENT AMENDMENT

STD, 213A\_DHCS (Rev. 03/18)

| _ |   |           |  |
|---|---|-----------|--|
| M | Check here if additional pages are added: | 3 Page(s) |  |

Agreement Number
Amendment Number
A01
Registration Number:

|    |  | Registration Number:                                    |
|----|--|---|
| 1. | This Agreement is entered into between the State Agency ar   | nd Contractor named below:                              |
|    | State Agency's Name  | (Also known as DHCS, CDHS, DHS or the State)            |
|    | Department of Health Care Services   |   |
|    | Contractor's Name  | (Also referred to as Contractor)                        |
|    | County of Lake   |   |
| 2. | The term of this Agreement is: July 1, 2017  |   |
|    | through June 30, 202   | 1   |
| 3. | The maximum amount of this \$ 400,000  |   |
|    | Agreement after this amendment is: Four Hundred Thousand   | Dollars   |
| 4. | The parties mutually agree to this amendment as follows. A of the Agreement and incorporated herein: | l actions noted below are by this reference made a part |

- 1. The effective date of this amendment is the date approved by DGS.
- II. **Purpose of amendment:** This amendment implements a budgetary shift of funds from one line item to another in Year 2 and Year 3 and incorporates the Contractor vs Subrecipient provision to comply with federal oversight requirements. The contract amount remains unchanged.
- III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., Strike).

(Continued on next page)

All other terms and conditions shall remain the same.

| IN WITNESS WHEREOF, this Agreement has been                         | en executed by the parties hereto.        |          |
|---|---|----------|
| CONTRACTO   | CALIFORNIA Department of General Services |          |
| Contractor's Name (If other than an individual, state whether a con | poration, partnership, etc.)              | Use Only |
| County of Lake  |   |          |
| By(Authorized Signature)  | Date Signed (Do not type)                 |          |
| <b>K</b>  |   |          |
| Printed Name and Title of Person Signing                            |   |          |
| Todd Metcalf, Behavioral Health Administrator                       |   |          |
| Address   |   |          |
| 6302 13th Ave., PO Box 1024   |   |          |
| Lucerne, CA 95458   |   | _        |
| STATE OF CALIF  | ORNIA                                     |          |
| Agency Name   |   |          |
| Department of Health Care Services                                  |   |          |
| By (Authorized Signature)   | Date Signed (Do not type)                 |          |
| <b>≤</b>  |   |          |
| Printed Name and Title of Person Signing                            | Exempt per:                               |          |
| Carrie Talbot, SSMI, Contracts Section                              |   |          |
| Address   |   |          |
| 1000 G Street, 4th Floor, MS 4200, P.O. Box 9                       | 97413,                                    |          |
| Sacramento, CA 95899-7413   |   |          |

#### **Exhibit B Attachment II A1**

Budget Year 2

(July 1, 2018 through June 30, 2019)

| D | _ | _  | _ | _ | _ | _ |
|---|---|----|---|---|---|---|
| ~ | e | rs | O | n | n | e |

| Position Title                   | # of Staff          | Annual Salary | FTE %               | Anı | nual Cost        |
|----------------------------------|---------------------|---------------|---------------------|-----|------------------|
|                                  |                     |               |                     |     | 12,600           |
| Project Manager                  | 1                   | \$84,000.00   | <del>10</del>       | \$  | 8,400            |
| Program Coordinator              | <u>1</u>            | 51,334.00     | <u> 15.5%</u>       |     | <u>7,957</u>     |
|                                  |                     |               |                     |     | 8,400            |
|                                  |                     |               | <b>Total Salary</b> | \$  | 20,557           |
|                                  |                     |               |                     |     | <del>2,016</del> |
|                                  |                     | Fringe Bo     | enefits (24%)       | \$  | 4,934            |
| Staff Services Analyst (temp) \$ | 18 34/hour @ 900 he | nure          |                     |     | 16,506           |

Total Personnel \$ 10,416 41,997

#### **Operating Expenses**

Supplies Printing

Total Operating Expenses \$ 1,900 1,425

#### Travel (At CalHR reimbursement rates)

Learning Community- Sacramento for 3 persons

Total Travel Expenses \$ 1,200

#### **Subcontracts**

Strategic Prevention Framework Partnerships For Success Project – <u>Adventist Health</u> (Program Coordinator)

Total Subcontracts \$ 45,132 10,950

#### **Other Costs**

Total Other Costs \$ 36,364 36,333

Indirect Costs (10% of Total Direct Costs)

Indirect Costs \$ 4,988 8,095

**Annual Budget Total** 

\$ 100,000

#### Exhibit B Attachment III A1

Budget Year 3

(July 1, 2019 through June 30, 2020)

|  | 3 |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
|  |   |  |  |  |

| Position Title                  | # of Staff               | Annual Salary  | FTE %               | Anı | nual Cost        |
|---------------------------------|--------------------------|----------------|---------------------|-----|------------------|
| Project Manager                 | 1                        | \$84,000.00    | 10%                 | \$  | 8,400            |
| Program Coordinator             | 1                        | 51,334.00      | <u>15.5%</u>        |     | 7,957            |
|                                 | _                        |                |                     | -   | 8,400            |
|                                 |                          |                | <b>Total Salary</b> | \$  | 16,357           |
|                                 |                          |                | -                   |     | <del>2,016</del> |
|                                 |                          | Fringe E       | Benefits (24%)      | \$  | 3,926            |
| 2- Staff Services Analyst (temp | p) \$18.00 - \$18.50/hou | ur @ 900 hours |                     | \$  | 33,007           |

Total Personnel \$ 10,416 53,290

## **Operating Expenses**

Office Supplies Printing

Total Operating Expenses \$ 1,600

Travel (At CalHR reimbursement rates)

Learning Community- Sacramento
Travel for 3 people (Travel expenses may include county staff, Coalition and community members)

Total Travel Expenses \$ 1,200

#### **Subcontracts**

Strategic Prevention Framework Partnerships Fer-Success Project — TBD (Program Coordinator)—\$48,000 Website Expansion Consultant — Project Based—\$7,000 Data Analysis Consultant — Project Based—\$7,000

Subcontractor's budgets be included as part of the contract when the entities have been selected.

Total Subcontracts \$ 62,000 0

#### **Other Costs**

Project Support (materials/Safe Rx Member Kit) \$5,043 \$1,743.00

Public awareness materials \$500

Education and Outreach Events (drug take back, Safe Rx summit, educational events countywide events and fairs) - \$9,986 \$23,276

Social Media (advertising, radio ads, public relations) - \$5,800 \$9,800

Total Other Costs \$ 21,329 34,819

Indirect Costs (10% of Total Direct Costs)

Indirect Costs \$ 3,455 9.091

Annual Budget Total \$ 100,000

#### **CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION**

Pursuant to Public Contract Code section 2010, if a bidder or proposer executes or renews a contract over \$100,000 on or after January 1, 2017, the bidder or proposer hereby certifies compliance with the following:

- 1. <u>CALIFORNIA CIVIL RIGHTS LAWS</u>: For contracts over \$100,000 executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
- 2. <u>EMPLOYER DISCRIMINATORY POLICIES</u>: For contracts over \$100,000 executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

### CERTIFICATION

| I, the official named below, certify under per of the State of California that the foregoing is | Federal ID Number            |            |  |  |
|---|------------------------------|------------|--|--|
| Proposer/Bidder Firm Name (Printed)   |                              |            |  |  |
| County of Lake  |                              | 94-6000825 |  |  |
| By (Authorized Signature)   |                              | 111        |  |  |
|   |                              |            |  |  |
| Printed Name and Title of Person Signing  |                              |            |  |  |
| Todd Metcalf, Behavioral Health Administrator   |                              |            |  |  |
| Date Executed   | Executed in the County and S | State of   |  |  |
|   | Lake, CA                     |            |  |  |