

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. 16-072**

This Amendment to BOS Agreement No. 16-072 is entered into this 7<sup>th</sup> day of March, 2017, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Redwood Community Services Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 16-072 was entered into on August 16, 2016; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and Redwood Community Services, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, CONTRACTOR will provide housing and services to assist emancipated foster and probation youth.

NOW, THEREFORE, we agree as follows:

**Amount of agreement:** The amount set out in the original BOS Agreement No. 16-072 will be changed from \$150,000 to \$277,000.

**Scope of work:** The Scope of Work set out in the original BOS Agreement No. 16-072 has been altered and a new Scope of Work, Exhibit A, is attached herein.

**Payment Terms:** The Payment Terms, Exhibit B, set out in the original BOS Agreement No. 16-072 has been altered and a new Exhibit B is attached herein.

**Expected outcome of amendment:** The increased funding will provide a tiered rate structure for additional services as needed and to increase the program's age limit to 25 for eligible participants.

All other terms and conditions of BOS Agreement No. 16-072 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

**COUNTY OF MENDOCINO  
HEALTH AND HUMAN SERVICES AGENCY:**

By: Anne Molgaard  
Anne Molgaard, Chief Operations Officer

Date: 1/11/17

Budgeted: ☒ Yes ☐ No

Budget Unit: 5130

Line Item: 86-3115

Org/Object Code: CW

Grant: ☐ Yes ☒ No

Grant No.:

**COUNTY OF MENDOCINO**

By: John McCowan  
John McCowan, Chair  
BOARD OF SUPERVISORS  
Date: MAR 07 2017

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

By: Karla Van Hagen Date: MAR 07 2017  
Deputy

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: Karla Van Hagen Date: MAR 07 2017  
Deputy

**INSURANCE REVIEW:**

By: Alan D. Flora  
ALAN D. FLORA, Risk Manager

Date: 1/26/17

**CONTRACTOR/ COMPANY NAME**

By: Camille Schraeder  
Signature

Printed Name: Camille Schraeder

Title: Executive Director

Date: 2/6/17

**NAME AND ADDRESS OF CONTRACTOR:**

Redwood Community Services, Inc  
PO Box 2077  
Ukiah, CA 95482

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT, County Counsel

By: Charlottescott  
Deputy

Date: 1/13/17

**FISCAL REVIEW:**

By: Jill Martin  
Deputy CEO/Fiscal

Date: 1/26/17

**EXECUTIVE OFFICE REVIEW:**

APPROVAL RECOMMENDED

By: Carmel J. Angelo  
CARMEL J. ANGELO, Chief Executive Officer

Date: 1/26/17

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ 17-07



## EXHIBIT A

### DEFINITION OF SERVICES

CONTRACTOR shall provide the following services:

Provide services, as described, to Transitional Housing Program – Plus (THP-PLUS) participants ages 18-24, up to approximately nine participants per month, for up to 24 cumulative months. In addition, the program may serve eligible young adults up to age 25 and for 36 cumulative months if the participant is completing secondary education, or an equivalent program, or is enrolled in an institution that provides postsecondary education in addition to meeting all other eligibility and participation requirements.

1. Assist each THP-Plus participant, in coordination with Family & Children's Services (FCS) Independent Living Skills Program (ILSP) staff, to complete a Transitional Independent Living Plan (TILP) outlining their educational, employment, and housing goals.
  - a) Educational advocacy and support, including linkages to Foster Youth Services with the goal of each youth obtaining a high school diploma, or GED of High School Proficiency prior to graduation from the program.
  - b) Encouragement to seek college or other post-high school training to better prepare for the future. The program will actively assist in helping participants apply for college or trade school admission, and for scholarships and grants for which they may be eligible.
  - c) Job readiness training and support including linkages to Mendocino County Private Industry Council (MPIC) resources, MPIC Work Readiness Certification, Mendocino Works and other appropriate employment resources.
  - d) Assistance to youth, at the completion of the program, in finding or maintaining affordable housing at costs no more than 30% of the youth's gross income if the housing model selected is transitional.
2. Provide each participant with a monthly supplement for basic living expenses.
3. Provide all basic household furnishings
4. Provide each participant with case management services and assistance in completion of their TILP goals.

DEFINITION OF SERVICES

5. Provide 24-hour crisis intervention and support which will include providing each young adult with :
  - a) On-call professional assistance.
  - b) Resource referral to County Mental Health Services.
  - c) 24-hour Staff Mental Health Professional.
  - d) Individual and group therapy. Should participants have a need for counseling, therapy, individual and group rehabilitation services, or medical treatment, they will be assisted in pursuing these services through either public or private providers who accept Medi-Cal. In such events, the program will be responsible to assure that program participants get to all medical appointments.
6. Assist each THP-Plus participant in accessing comprehensive health care, and help to link them to appropriate health insurance as a result of participation in the program.
7. Connect pregnant THP-Plus participants to regular pre-natal care:
  - a) Assist parenting THP-Plus participants to identify a pediatrician through Medi-Cal or through other health coverage to provide required immunizations and recommended well-child visits.
  - b) Encourage parenting THP-Plus participants to enroll in a parenting class and assist with enrollments.
8. Provide services to build and support relationships with family and community.
9. Provide aftercare services including support groups and referrals to community resources:
  - a) Provide adult mentors who will commit to remaining with program participants for a minimum of six months following graduation from the program.
  - b) Provide outcome and evaluations continuing for two years following graduation from the program.
10. Provide FCS ILSP staff timely notification if a participant is not complying with their THP-Plus TILP Plan.

DEFINITION OF SERVICES

11. CONTRACTOR shall submit a monthly report with the monthly invoice, detailing the specific services provided per participant under this Agreement. Reports and invoices shall be submitted by the 15<sup>th</sup> day of the following month for all services provided to participants in the previous month, and shall include:
- a) Number of months each participant has been involved in THP-Plus under this Agreement.
  - b) Number and type of specific services and referral linkage provided during the month per participant.
  - c) Amount spent during the month per participant for housing and furnishings.
  - d) Amount spent during the month per participant for monthly stipends.
  - e) Number of participants who needed 24-hour crisis intervention and support during the month, the specific types of crisis intervention and supports provided to the participant during the month and frequency during the month.
12. This is a one-year Agreement and CONTRACTOR should make no assumption of continued funding from the COUNTY for this purpose at the end of this contract period.

[END OF DEFINITION OF SERVICES]



## EXHIBIT B

### PAYMENT TERMS

COUNTY will pay CONTRACTOR as per the following instructions for approximately 9 program participants per month or the total agreement amount:

1. Monthly rate of \$2,400 per qualified participant which includes all services/activities listed in Exhibit A Section 1-11 Inclusive.
2. Monthly rate of \$2,800 per qualified participant who has significant mental health needs, is pregnant, is a custodial parent, or who has a need for alternative housing or a one bedroom apartment due to higher needs.
3. Monthly report detailed in Exhibit A Section 11 must be included with the monthly bill in order to receive payment.

Submit all billing and reports monthly to:

HHSA – Family & Children's Services  
Foster Care Eligibility Supervisor  
P.O. Box 839  
Ukiah, CA 95482  
Attn: Cindy Carson

Foster Care Eligibility Supervisor will monitor monthly billings to insure participants are within their time limitations, and will notify FCS ILSP staff when a participant is close to exhausting their time limits.

Payments under this Agreement Amendment shall not exceed Two Hundred Seventy-Seven Thousand Dollars (\$277,000) for the term of this Agreement.

[END OF PAYMENT TERMS]