

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

AGREEMENT NUMBER		AMENDMENT NUMBER	Purchasing Authority Number
23-5029		AI	

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 5 PAGES

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Siskiyou County Health and Human Services Agency

CONTRACTOR NAME

California Department of Social Services

2. The term of this Agreement is:

START DATE

July 1, 2023

THROUGH END DATE

March 31, 2030

3. The maximum amount of this Agreement after this Amendment is:

\$858,681.00 Eight Hundred Fifty-Eight Thousand Six Hundred Eighty-One Dollars and 00/100

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Agreement 23-5029, originally entered on July 1, 2023, is hereby amended on this day of July 1, 2024 in the following particulars and no others:

A. STD 213A, Item 2, the term of the Agreement is amended to extend the term date from June 30, 2028 to March 31, 2030. The amended term of the Agreement shall begin July 1, 2023 and end March 31, 2030.

B. STD 213A- Item 3, the maximum amount of this Agreement is hereby amended to increase the total amount payable by \$641,291.00 from \$217,390.00 to \$858,681.00. Funds are added for Case Review services to the existing Quality Assurance only services contract.

C. Exhibit A - Scope of Work is hereby amended to update CDSS Project Representative.

D. Exhibit B - Attachment 1, Composite Budget for Tier 2 Counties is hereby amended to include updated budget and term.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

California Department of Social Services

CONTRACTOR BUSINESS ADDRESS

744 P Street MS 9-6-747

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Christine Templeman

TITLE

Chief, Non-IT Contracts

CONTRACTOR AUTHORIZED SIGNATURE

Christine Templeman

Digitally signed by Christine Templeman
Date: 2025.03.19 13:07:41 -07'00'

DATE SIGNED

03/19/2025

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AGREEMENT NUMBER

23-5029

AMENDMENT NUMBER

AI

Purchasing Authority Number

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Siskiyou County Health and Human Services Agency

CONTRACTING AGENCY ADDRESS

818 South Main Street

CITY

Yreka

STATE

CA

ZIP

96097

PRINTED NAME OF PERSON SIGNING

Nancy Ogren

TITLE

Siskiyou County Board of Supervisors Chairperson

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: _____

NANCY OGREN, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

ACCOUNTING:
Fund Organization Account
2120 501010 723000

FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	TOTAL
\$43,478.00	\$71,738.00	\$156,519.00	\$156,519.00	\$156,519.00	\$156,519.00	\$117,389.00	\$858,681.00

Encumbrance number (if applicable): E2500410

If not to exceed, include amount not to exceed: \$858,681.00

If needed for multi-year contracts, please include separate sheet with financial information for each fiscal year.

**REVISED EXHIBIT A
(Standard Agreement)**

SCOPE OF WORK

A. Background

In accordance with 45 C.F.R. 1355.34(c) and California Welfare and Institutions Code (WIC) Section 10601.2(a), local county child welfare agencies are responsible for implementing a qualitative case review process for child welfare services by child welfare and probation agencies. All 58 counties in California are required to complete a review of randomly sampled cases based on the combined caseload size of the county probation agency and child welfare agency, including both in-home and out-of-home cases. Cases are pulled on a continuous quarterly basis and provided to each county by the California Department of Social Services (CDSS). Cases from the entire continuum of child welfare, from investigation through adoption, are subject to review.

All cases must be reviewed in accordance with state and federal policies and procedures utilizing the federal Onsite Review Instrument (OSRI), which is published by the Children's Bureau of the Administration for Children and Families. Generally, cases are reviewed by designated county staff reviewers. Upon completion of each case review, the county conducts a first level Quality Assurance (QA) process to maintain the integrity of the review. Each county designates certified review staff to conduct initial QA. Additionally, CDSS staff conducts second level QA reviews on a select subset of cases reviewed for each county.

B. Purpose

Siskiyou County and CDSS (hereinafter referred to individually as "Party" or collectively as "Parties") hereby enter into this Agreement for conducting, at the County's option, either first-level Quality Assurance (QA) or Case review and first-level QA.

C. Responsibilities of the Parties

1. County Responsibilities

- a. Within five (5) business days of receiving a case list, coordinate with the CDSS to evaluate the case list for possible case eliminations based on a set of pre-determined elimination criteria and submit case inquiry to CDSS requesting elimination of any cases believed by the County to meet elimination criteria. The request must contain sufficient information regarding the specific criteria for CDSS to make a final determination.
- b. Coordinate with the CDSS to secure key participant interviews including, but not limited to, identifying, contacting and scheduling interviews when the County has selected Section 2, Option 1.

**REVISED EXHIBIT A
(Standard Agreement)**

- c. Track and address safety and policy concerns.
- d. Identify at least one staff with Online Monitoring System (OMS) and Salesforce to coordinate with the CDSS and act as a point of contact.
- e. Prepare all necessary case files and provide access to all needed case records.
- f. Provide appropriate workspace for the duration of the case review and QA process including, but not limited to:
 - (1) Internet, telephone, and printer access; and
 - (2) Private interview room.
- g. Submit monthly one third of quarterly required cases when the County has selected Section B, Option 2.

2. CDSS Responsibilities.

(Please select one of the two options below indicating your election.)

OPTION 1 - CDSS Responsibilities: Case Review and Quality Assurance ☒

- a. Review the case record and submit a case inquiry for elimination or retention as determined by the case circumstances. If CDSS determines a case is appropriate for elimination a replacement case is transmitted to the county.
- b. Complete the OSRI.
- c. Report all safety and policy concerns to the county contact to ensure a plan is in place to address concerns.
- d. CDSS Case Review staff shall input the case information in the OMS.
- e. Identify and interview case review key participants in collaboration with the county contact.
- f. Follow security, retention, and destruction policies for case review material.
- g. Perform first-level QA.
- h. Provide feedback and technical assistance on the accuracy of the case review.
- i. The CDSS Case Review staff shall set-up debriefs of aggregate case review findings with the counties in person or remotely at county request.

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(Standard Agreement)**

- j. Provide OMS access to the county contact.

OPTION 2 - CDSS Responsibilities: Quality Assurance Only ☐

- a. Report all safety and policy concerns to the county contact to ensure a plan is in place to address concerns.
- b. CDSS Case Review staff may facilitate a review of the case information in the OMS with the county review staff. The CDSS Case Review staff shall set-up debriefs with the counties in person or remotely via phone or online meeting at the request of the county.
- c. Perform first-level QA.
- d. Provide feedback and technical assistance to the reviewer on the accuracy of the case review.
- e. Report out aggregate case review findings.
- f. Provide OMS access to the county contact.

D. Additional Terms

1. This Agreement is available only to Tier 1 and Tier 2 counties, as described in Exhibit B. The composite budget for each fiscal year and each Tier is described in Exhibit B, Attachment 1.
2. If the County enters this Agreement after Quarter 1 of the state fiscal year has begun, the following applies:
 - a. The Agreement shall go into effect at the beginning of the following Quarter.
 - b. The CDSS shall be responsible for a pro-rated number of cases.
 - c. The County shall reimburse the CDSS at a pro-rated cost, to be determined by the parties.
3. The pro-rated cost is based on the quarter the County enters the Agreement and only applies to the first year of the Agreement. In the remaining fiscal years, the CDSS shall be reimbursed for the full amount per Exhibit B and Exhibit B, Attachment 1.
4. Either party may terminate this Agreement ~~on a~~ at any time during the state fiscal year ~~basis by providing~~ and shall provide at least 120 days written notice to the Project Representative of the other party. ~~Notice must be provided no later than March 1st for termination of the Agreement prior to the start of the next state~~

**REVISED EXHIBIT A
(Standard Agreement)**

~~fiscal year.~~ **Each party understands that it may take up to 120 days from the request to terminate until the Agreement is terminated.**

5. Except as provided herein, this Agreement cannot be changed unless agreed to by written amendment signed by the Parties by persons with authority to bind their respective agencies.

E. Project Representatives

The Project Representatives during the term of this Agreement shall be:

CDSS

~~Kristina Morris~~ **Robert Eldridge**

Contract Manager

744 P. Street, M.S. 8-12-91

Sacramento, CA 95814

Phone: (916) 639-5316 **212-3247**

Email: ~~Kristina.morris~~ **Robert.Eldridge@dss.ca.gov**

Siskiyou County

Joan Hoy

Contract Coordinator

818 S. Main St.

Yreka, CA 96097

Phone: (530) 841-4024

Email: Jhoy@co.siskiyou.ca.us

The Project Representatives may be changed by written notice to the other party, within ten (10) working days of the change. Said changes shall not require an amendment to this Agreement.

Composite Budget for Tier 2 Counties

Option 2: ~~Quality Assurance Only~~ **1: Case Review and Quality Assurance**
Estimate for Entire Proposed Project Period - 07/01/2023 to ~~06/30/2028~~ **03/31/2030**

To: From:	07/01/2023 06/30/2024	07/01/2024 06/30/2025	07/01/2025 06/30/2026	07/01/2026 06/30/2027	07/01/2027 06/30/2028	<u>07/01/2028</u> <u>06/30/2029</u>	<u>07/01/2029</u> <u>03/31/2030</u>	
Total Estimated Annual Cost	Year 1	Year 2	Year 3	Year 4	Year 5	<u>Year 6</u>	<u>Year 7</u>	Total Estimated Costs for Project Period
Quality Assurance	\$43,478.00	\$43,478.00 <u>\$71,738.00</u>	\$43,478.00 <u>\$156,519.00</u>	\$43,478.00 <u>\$156,519.00</u>	\$43,478.00 <u>\$156,519.00</u>	\$156,519.00 <u>\$156,519.00</u>	\$117,389.00 <u>\$117,389.00</u>	\$217,390.00 <u>\$858,681.00</u>