

INTERAGENCY AGREEMENT
(County Provides Services)

Number 29-513-19
Fund/Org As Coded
Account As Coded
Other _____



1. **Contract Identification.**

Department: Health Services – Behavioral Health Services Division/Mental Health
Subject: Professional school-based mental health services and crisis intervention for designated students

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Agency mutually agree and promise as follows:

Agency: MOUNT DIABLO UNIFIED SCHOOL DISTRICT (Hereinafter “Agency”)
Capacity: Government Agency
Legal Address: 1936 Carlotta Drive, Concord, California 94519

3. **Term.** The effective date of this Agreement is July 1, 2016, and it terminates on June 30, 2017 unless sooner terminated as provided herein.

4. **Payment Limit.** Agency’s total payments to County under this Agreement shall not exceed \$ 533,891.

5. **County’s Obligations.** County shall provide those services and carry out that work described in the Service Plan attached hereto which is incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

6. **Agency’s Obligations.** Agency shall pay County for its provision of the services as set forth in the attached Service Plan, subject to all the terms and conditions contained or incorporated herein.

7. **General and Special Conditions.** This Agreement is subject to the General Conditions and Special Conditions (if any) attached hereto, which are incorporated herein by reference.

8. **Project.** This Agreement implements in whole or in part the following described Project, the application and approval documents of which are incorporated herein by reference: Not Applicable

9. **Legal Authority.** This Agreement is entered into under and subject to the following legal authorities:
California Government Code § 26227.

10. **Signatures.** These signatures attest the parties’ agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS By _____ Chairman/Designee	ATTEST: Clerk of the Board of Supervisors By <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> Deputy
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AGENCY

By _____ (Signature of authorized Agency Representative) _____ (Print name and title A)	By _____ (Signature of authorized Agency Representative) _____ (Print name and title B)
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ACKNOWLEDGMENTS/APPROVALS
(Purchase of Services – Long Form)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

On _____ (Date), before me, _____ (Name and Title of the Officer),
personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that
by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and
correct.

WITNESS MY HAND AND OFFICIAL SEAL

Signature of Notary Public



Place Seal Above

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

FORM APPROVED COUNTY COUNSEL

By: _____
Designee

*County Counsel approval not required
per September 12, 2006 Board Order*
By: _____
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

SERVICE PLAN

Number 29-513-19

1. **Purpose.** The purpose of this Agreement is to set forth the responsibilities of the County and the Agency to provide school based Mental Health and Crisis Intervention services to designated students, and their families, who are enrolled in Special Education and Regular Education programs.
2. **County's Obligations.**
 - a. County will contract with Fred Finch Youth Center to provide school-wide Mental Health services to Agency-designated students who attend BelAir Elementary School, El Dorado Middle School, Mt. Diablo High School, Fair Oaks Elementary School, and their families. Contract funds will be used to expand services to youths who are not eligible for Medi-Cal benefits.
 - b. County will contract with Seneca Family of Agencies to provide the following:
 - i. Riverview School; three special day classes;
 - ii. Pleasant Hill Middle School; three mental health enhanced Middle classrooms; and
 - iii. Glenbrook Middle School; four mental health classrooms.
 - c. County will contract with Families First/Eastfield Ming Quong, (EMQ) to provide mental health services at Mt. Diablo High School and Solaro.
 - d. County will contract with Mount Diablo Unified School District under Contract #74-371 to provide mental health services at Sunrise Elementary School, Olympic High School, and Fair Oaks Wrap Clinic.
 - e. County will hire and supervise 1 part-time (0.5) employee Program Supervisor and one .5 time employee Program Manager to provide supervision for the above programs.
 - f. County will hire and supervise a Patient Accounts Specialist. This Specialist will provide Agency with financial eligibility information regarding Medi-Cal benefits for students and their families who reside in the Mt. Diablo Unified School District. The Patient Accounts Specialist will also assist eligible youth and their families in obtaining Medi-Cal benefits.
 - g. County shall invoice the agency in an amount NOT TO EXCEED \$ 44,498 per month.
3. **Agency's Obligations.**
 - a. Agency shall, in collaboration with County Mental Health, designate its students who meet the medical necessity for mental health services.
 - b. Agency will pay County within thirty (30) days of County's demand for payment.
 - c. Agency shall enter billing data into County's computer system as appropriate to the Sunrise Elementary, Olympic High School and Fair Oaks Wrap programs. Agency will bill other health coverage for students with dual coverage as specified in County's training and billing procedure manuals.

Initials: _____
Agency County Dept.