# ON THE STATE OF TH

# STATE OF UTAH CONTRACT AMENDMENT

## **AMENDMENT** # 4 To CONTRACT # 230485

TO BE ATTACHED TO AND MADE A PART OF the above numbered contract by and between the State of Utah, <u>Utah Attorney General's Office</u> referred to as State Entity and, <u>Weber County</u>, referred to as Contractor.

### THE PARTIES AGREE TO AMEND THE CONTRACT AS FOLLOWS:

1. Contract period:											
7/1/2022	(Original starting date)										
6/30/2027	(Current ending date)										
6/30/2027	new ending date										
2. Contract amount:											
\$1,329,224.72	(Current contract amount)										
\$541,242.00	(Amendment amount)										
\$1,870,466.72	new contract amount										
add current amount to amendment amount											
3. Other changes: (attach other sheets if											
Please see attached revisions to Scope											
Please update commodity code to: 54	005005002										
4. Effective Date of Amendment: 07/01/2	<u>2024</u>										
All other conditions and terms in the original contract and previous amendments remain the same.											
IN WITNESS WHEREOF, the parties sign	and cause the amendment to be executed.										
CONTRACTOR	STATE										
Contractor's signature Date	Agency's signature Date										
	NA, Contractor is Gov't Entity										
Type or Print Name and Title	Director, Division of Purchasing Date										
Tracey Tabet Agency Contact Person	801 281-1202 ttabet@agutah.gov Telephone Number Fax Number Email										

#### 5. Mental Health: The CJC shall:

- a. Provide information to caregivers and make referrals to behavioral health providers qualified to conduct evidence-based, trauma-focused services for children, in accordance with local county referral and procurement policies.
- b. Promote and implement the Care Process Model for Pediatric Traumatic Stress with each caregiver.
- c. Ensure that all behavioral health providers utilized by the CJC—whether through employment, active contract, or linkage agreement—and all providers listed on your referral list engage in consultation calls with an expert in the field at least four (4) times a year. Centers shall consult with the Program Mental Health Specialist regarding expert qualifications and program opportunities.
- d. To utilize state dollars to cover treatment costs for a child under said contracts, CJCs shall ensure a standardized treatment plan is in place prior to clinical intervention. This plan must include:
- (1) a client-centered goal/objectives for treatment;
- (2) evidence-based and trauma-focused modality/interventions;
- (3) anticipated length of treatment with review date; said treatment plans are subject to audit for compliance.
- e. For contracted mental health providers, **State funds** are <u>preauthorized</u> for the following expenses associated with child abuse victims, as defined in Utah Code Annotated §67-5b(101) and served by a CJC:
  - i. Biopsychosocial behavioral health or psychological assessments, up to (120) minutes;
  - ii. Up to (25) sessions per child primary victim (hereinafter "child"), either conjoint or time spent alone with child or parent up to (90) minutes in total on one (1) day;
  - iii. No-show appointments; and
  - iv. Time spent at case review and MDT meetings;
- f. Preauthorized rates for above-referenced services provided by contract providers are:
  - i. \$81.25 per hour (60) minutes for a minimum of (50) minutes of clinical intervention (hereinafter "therapy"); should be prorated for any time spent in therapy that exceeds (50) minutes and up to (90) minutes, up to (25) sessions per client;
  - ii. \$200 for a clinical assessment, one (1) per client;
  - iii. \$30 for a no-show, up to three (3) per client; and
  - iv. \$50 per hour for (60) minutes of consultation and attendance at case review;
- g. CJC may seek prior written approval of a higher hourly rate for services from the Program's Mental Health Services Specialist by submitting: (1) a resume or CV for each contracted behavioral provider whose rate exceeds \$81.25 per hour; (2) documented prior instances where a similar rate has been paid to the contracted behavioral health provider; and (3) any other important information, such as proof of advanced experience in the contracted behavioral health provider's subject area.
- h. CJC may seek prior written approval for additional sessions, beyond the preauthorized (25) sessions; CJC requests should be made in consultation with the contracted behavioral health provider to offer justification for additional sessions; the Program's Mental Health Services Specialist will review said requests on a case-by-case basis;
- i. Payment of rates exceeding preauthorized rates, exceeding preauthorized number of sessions, and other mental health services not expressly identified here and without prior written approval from the Program's Mental Health Services Specialist may be denied for reimbursement. Including but not limited to, services for MDT members, secondary victims, services for adults, etc.
- j. Notwithstanding other contract terms, the Program may amend its preauthorized rates for this contract by written notification to CJC; said notification will constitute an amendment without the CJC's signature; amendment rates will become effective (15) days after written notification.
- k. For any specific matters not addressed in this contract, please consult with the Program Mental Health Specialist.

	Web	er County	2	СН	II DREN'S	JUSTICE	E CENTER FY25							
EXPENSE CATEGORY	11000	or <del>County</del>		REVENUE SOURCE	1120									
				STATE CONTRACT		LOCAL GOV		GOV	FEDERAL		FRIENDS		OTHER	
			TOTAL EXPENSE	ONGOING/BASE	ROLLOVER/ ONE TIME	FIBASE	FI ROLLOVER/ ONETIME	LOCAL GOV CASH	LOCAL GOV INKIND	NCA (FED)	FEDERAL OTHER	FRIENDS (CASH)	FRIENDS (IN- KIND)	OTHER PRIVATE FUNDING
CATEGORY 1 - CAPITAL	EXPENDI													
Capital Improvements     Total	113,000.00	Building Grounds	98,000 15,000						45 000				98,000	
CATEGORY 2 - PROGRA			15,000						15,000					
A. Personnel		Director	88,600					88,600						
		Business Manager	57,000	57,000				,500						
		Clinical Coordinator  Data Management / Victim Services Worker	58,000 58,500	58,000 58,500	9									
		Receptionist - 18	20,500	58,500				20,500						
		Receptionist - 24	23,700					23,700						
		Friends Admin Asst/Grant Manager	34,000 66,560	46,560		20,000						34,000		
		Forensic Interview Specialist FT Forensic Interview Specialist PT	29,950	19,950	*	10,000								
		Forensic Interview Specialist PT	13,000	8,000		5,000								
		CPM Coordinator	40,000	40,000			-							
			0											
		Volunteers - Office Work	3,000										3,000	
Total	502,810.00	Volunteers - Facilies Labor	10,000										10,000	
B. Benefits	,-10.00	Director	35,300					35,300						
		Business Manager Clinical Coordinator	36,400 29,000	36,400										
		Data Management / Victim Services Worker	38,400	29,000 38,400										
		Receptionist - 18	1,700					1,700						
		Receptionist - 24 Friends Admin Asst/Grant Manager	7,400 2,700					7,400				2,700		
		Forensic Interview Specialist FT	28,600	24,600		4,000						2,.00		
		Forensic Interview Specialist PT Forensic Interview Specialist PT	2,450 1,750	1,700 1,500		750 250								
		CPM Coordinator	19,000	19,000		230								
			0											
Total	202,700.00		0											
C. In-state Travel	- 0	Mileage (Local)	0											
Total		Mileage (In State Travel) FI Related Mileage	1,300 500					1,300 500						
D. Space	.,200.00	Mortgage	0					300						
		Rent Janitorial	12,000	······································					6,000			6,000		
		Ground Maintenance	7,000						3,500			3,500		
Total		Building Maintenance Property Taxes	500									500		
Total E. Utilites	19,500.00	Gas Property Taxes	8,000					5,000				3,000		
		Electric	6,000					4,000				2,000		
Total	21,000.00	Garbage Water, sewer, etc	1,000 6,000		-			500 3,000				500 3,000		
F. Communications	,	Telephone	9,600					9,600				-1-00		
		Cell Phone Network/Internet Services	3,200 6,056					3,200 4,056	2,000					
L		FI Related Phone/Communication	0			-		52 E S	2,000				2	
Total	19,856.00		1,000					1,000						
G. Equipment / Furniture		Recording Equip/Soundproofing Office Equipment	1,000		*			1,000						
Tatal	2 500 00	Computer Equip/Software	1,500						1,500					
Total H. Supplies	2,500.00	Furniture Office supplies	1,000	1,000										
		FI Related Supplies	0	.,000										
		Program Service Supplies Advisory Board Meeting	500 600	600				500					2	
		MDT Meeting	3,500	3,500		1							Ų.	
Total I. Miscellaneous	6,600.00	Client Emergency Funds	1,000 3,500						500			1,000	2	
i. Miscellaneous		Printing/copying Petty Cash	3,500						500			3,000		
		Miscellaneous Services	0											
		Miscellaneous Supplies NCA Membership Dues	3,500 500	500				500				3,000	S.	
Total	15,000.00	Insurance (premises/liability) prof liab.	7,500									7,500		
J. Conference/Training		NCA Leadership Registration Hotel, Per Diem, Travel	0											
		Misc Expenses	0											
		Symposium Registration	3,500	1,000								3,500		
		Hotel, Per Diem, Travel Misc Expenses	5,500	1,000								4,500		
I		Other Conf/Training Registration	4,000					500				3,500		
Grand Total	24 500 00	Hotel, Per Diem, Travel FI Related Training	10,500 1,000	500								1,000		
K. Professional Fees and		Translation	2,000	9				2,000						
DOWN DECOMPOSITION AND AND AND ASSESSED.		Therapy Contracted Services	58,532	55,532								3,000		
Contract Services Total		FI Related Fees/Svcs Previdence	0											
		TOTALS	989,798	501,242	0	40,000	0	213,856	28,500	0	0	95,200	111,000	0
		PERCENT OF TOTAL BUDGET		51%	0%	4%	0%	22%	3%	0%	0	10%	11%	0%
		TOTAL FY2025 STATE CONTRACT	541,242											