

Board Contract # _____

**AGREEMENT FOR SERVICES OF
INDEPENDENT CONTRACTOR**

Between

COUNTY OF SANTA BARBARA
DEPARTMENT OF BEHAVIORAL WELLNESS
AND

CHILD ABUSE LISTENING MEDIATION

FOR

MENTAL HEALTH SERVICES

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STANDARD TERMS
AND CONDITIONS

AGREEMENT

FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS AGREEMENT for services of Independent Contractor by and between the County of Santa Barbara (County) and **Child Abuse Listening Mediation**, a California nonprofit corporation (Contractor) (hereafter Agreement) wherein Contractor agrees to provide and County agrees to accept the services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth;

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. DESIGNATED REPRESENTATIVE.

Director at phone number 805-681-5220 is the representative of County and will administer this Agreement for and on behalf of County. Alana Walczak at phone number 805-965-2376 is the authorized representative for Contractor. Changes in designated representatives shall be made only after advance written notice to the other party.

2. NOTICES.

Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by personal delivery or facsimile, or with postage prepaid by first class mail, registered or certified mail, or express courier service, as follows:

To County: Director
 County of Santa Barbara
 Department of Behavioral Wellness
 300 N. San Antonio Road
 Santa Barbara, CA 93110
 FAX: 805-681-5262

To Contractor: Alana Walczak, Chief Executive Officer
 Child Abuse Listening Mediation
 1236 Chapala Street
 Santa Barbara, CA 93101
 Phone: 805-965-2376
 Fax: 805-963-6707

or at such other address or to such other person that the parties may from time to time designate in accordance with this Notices section. If sent by first class mail, notices and consents under this section shall be deemed to be received five (5) days following their deposit in the U.S. mail. This Notices section shall not be construed as meaning that either party agrees to service of process except as required by applicable law.

3. SCOPE OF SERVICES.

Contractor agrees to provide services to County in accordance with EXHIBIT A(s) attached hereto and incorporated herein by reference.

4. TERM.

Contractor shall commence performance on **7/1/2020** and end performance upon completion, but no later than **6/30/2021** unless otherwise directed by County or unless earlier terminated.

5. COMPENSATION OF CONTRACTOR.

In full consideration for Contractor's services, Contractor shall be paid for performance under this Agreement in accordance with the terms of EXHIBIT B Financial Provisions – MHS attached hereto and incorporated herein by reference.

6. INDEPENDENT CONTRACTOR.

It is mutually understood and agreed that Contractor (including any and all of its officers, agents, and employees), shall perform all of its services under this Agreement as an independent Contractor as to County and not as an officer, agent, servant, employee, joint venturer, partner, or associate of County. Furthermore, County shall have no right to control, supervise, or direct the manner or method by which Contractor shall perform its work and function. However, County shall retain the right to administer this Agreement so as to verify that Contractor is performing its obligations in accordance with the terms and conditions hereof. Contractor understands and acknowledges that it shall not be entitled to any of the benefits of a County employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, workers' compensation and protection of tenure. Contractor shall be solely liable and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In addition, Contractor shall be solely responsible and save County harmless from all matters relating to payment of Contractor's employees, including compliance with Social Security withholding and all other regulations governing such matters. It is acknowledged that during the term of this Agreement, Contractor may be providing services to others unrelated to the County or to this Agreement.

7. STANDARD OF PERFORMANCE.

Contractor represents that it has the skills, expertise, and licenses/permits necessary to perform the services required under this Agreement. Accordingly, Contractor shall perform all such services in the manner and according to the standards observed by a competent practitioner of the same profession in which Contractor is engaged. All products of whatsoever nature, which Contractor delivers to County pursuant to this Agreement, shall be prepared in a first class and workmanlike manner and shall conform to the standards of quality normally observed by a person practicing in Contractor's profession. Contractor shall correct or revise any errors or omissions, at County's request without additional compensation. Permits and/or licenses shall be obtained and maintained by Contractor without additional compensation.

8. DEBARMENT AND SUSPENSION.

Contractor certifies to County that it and its employees and principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts, including but not limited to exclusion from participation from federal health care programs under section 1128 or 1128A of the Social Security Act. Contractor certifies that it shall not contract with a subcontractor that is so debarred or suspended.

9. TAXES.

Contractor shall pay all taxes, levies, duties, and assessments of every nature due in connection with any work under this Agreement and shall make any and all payroll deductions required by law. County shall not be responsible for paying any taxes on Contractor's behalf, and should County be required to do so by state, federal, or local taxing agencies, Contractor agrees to promptly reimburse County for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but not be limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and workers' compensation insurance.

10. CONFLICT OF INTEREST.

Contractor covenants that Contractor presently has no employment or interest and shall not acquire any employment or interest, direct or indirect, including any interest in any business, property, or source of income, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. Contractor further covenants that in the performance of this Agreement, no person having any such interest shall be employed by Contractor. Contractor must promptly disclose to the County, in writing, any potential conflict of interest. County retains the right to waive a conflict of interest disclosed by Contractor if County determines it to be immaterial, and such waiver is only effective if provided by County to Contractor in writing.

11. OWNERSHIP OF DOCUMENTS AND INTELLECTUAL PROPERTY.

County shall be the owner of the following items incidental to this Agreement upon production, whether or not completed: all data collected, all documents of any type whatsoever, all photos, designs, sound or audiovisual recordings, software code, inventions, technologies, and other materials, and any material necessary for the practical use of such items, from the time of collection and/or production whether or not performance under this Agreement is completed or terminated prior to completion. Contractor shall not release any of such items to other parties except after prior written approval of County. Contractor shall be the legal owner and Custodian of Records for all County client files generated pursuant to this Agreement, and shall comply with all Federal and State confidentiality laws, including Welfare and Institutions Code (WIC) §5328; 42 United States Code (U.S.C.) §290dd-2; and 45 CFR, Parts 160 – 164 setting forth the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Contractor shall inform all of its officers, employees, and agents of the confidentiality provision of said laws. Contractor further agrees to provide County with copies of all County client file documents resulting from this Agreement without requiring any further written release of information. Within HIPAA guidelines, County shall have the unrestricted authority to publish, disclose, distribute, and/or otherwise use in whole or in part, any reports, data, documents or other materials prepared under this Agreement.

Unless otherwise specified in Exhibit A(s), Contractor hereby assigns to County all copyright, patent, and other intellectual property and proprietary rights to all data, documents, reports, photos, designs, sound or audiovisual recordings, software code, inventions, technologies, and other materials prepared or provided by Contractor pursuant to this Agreement (collectively referred to as "Copyrightable Works and Inventions"). County shall have the unrestricted authority to copy, adapt, perform, display, publish, disclose, distribute, create derivative works from, and otherwise use in whole or in part, any Copyrightable Works and Inventions. Contractor agrees to take such actions and execute and deliver such documents as may be needed to validate, protect and confirm the rights and assignments provided hereunder. Contractor warrants that any Copyrightable Works

and Inventions and other items provided under this Agreement will not infringe upon any intellectual property or proprietary rights of any third party. Contractor at its own expense shall defend, indemnify, and hold harmless County against any claim that any Copyrightable Works or Inventions or other items provided by Contractor hereunder infringe upon intellectual or other proprietary rights of a third party, and Contractor shall pay any damages, costs, settlement amounts, and fees (including attorneys' fees) that may be incurred by County in connection with any such claims. This Ownership of Documents and Intellectual Property provision shall survive expiration or termination of this Agreement.

12. NO PUBLICITY OR ENDORSEMENT.

Contractor shall not use County's name or logo or any variation of such name or logo in any publicity, advertising or promotional materials. Contractor shall not use County's name or logo in any manner that would give the appearance that the County is endorsing Contractor. Contractor shall not in any way contract on behalf of or in the name of County. Contractor shall not release any informational pamphlets, notices, press releases, research reports, or similar public notices concerning the County or its projects, without obtaining the prior written approval of County.

13. COUNTY PROPERTY AND INFORMATION.

All of County's property, documents, and information provided for Contractor's use in connection with the services shall remain County's property, and Contractor shall return any such items whenever requested by County and whenever required according to the Termination section of this Agreement. Contractor may use such items only in connection with providing the services. Contractor shall not disseminate any County property, documents, or information without County's prior written consent.

14. RECORDS, AUDIT, AND REVIEW.

- A. Contractor shall make available for inspection, copying, evaluation, or audit, all of its premises; physical facilities, or such parts thereof as may be engaged in the performance of the Agreement; equipment; books; records, including but not limited to beneficiary records; prescription files; documents, working papers, reports, or other evidence; contracts; financial records and documents of account, computers; and other electronic devices, pertaining to any aspect of services and activities performed, or determination of amounts payable, under this Agreement (hereinafter referred to as "Records"), at any time by County, DHCS, CMS, Department of General Services, Bureau of State Audits, HHS Inspector General, U.S. Comptroller General, or other authorized federal or state agencies, or their designees ("Authorized Representative") (hereinafter referred to as "Audit").
- B. Any such Audit shall occur at the Contractor's place of business, premises, or physical facilities during normal business hours, and to allow interviews of any employees who might reasonably have information related to such Records. Contractor shall maintain Records in accordance with the general standards applicable to such book or record keeping and shall follow accounting practices and procedures sufficient to evaluate the quality and quantity of services, accessibility and appropriateness of services, to ensure fiscal accountability, and to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. All records must be capable of verification by qualified auditors.

- C. This Audit right will exist for 10 years from: the close of the State fiscal year in which the Agreement was in effect or if any litigation, claim, negotiation, Audit, or other action involving the Records has been started before the expiration of the 10-year period, the Records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 10-year period, whichever is later.
- D. Contractor shall retain all records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Agreement, including beneficiary grievance and appeal records identified in 42 CFR § 438.416 and the data, information and documentation specified in 42 Code of Federal Regulations parts 438.604, 438.606, 438.608, and 438.610 for the 10-year period as determined in Paragraph 14.C.
- E. If this Agreement is completely or partially terminated, the Records, relating to the work terminated shall be preserved and made available for the 10-year period as determined in Paragraph 14.C.
- F. Contractor shall ensure that each of its sites keep a record of the beneficiaries being treated at each site. Contractor shall keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to Welfare & Institutions Code Section 14124.1 and 42 CFR 438.3(h) and 438.3(u). Contractor shall retain such records for the 10-year period as determined in Paragraph 14.C.
- G. Contractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an Authorized Representative to inspect, audit or obtain copies of said records, the Contractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.
- H. The Authorized Representatives may Audit Contractor at any time if there is a reasonable possibility of fraud or similar risk.
- I. Contractor agrees to include a similar right to Authorized Representatives to audit records and interview staff in any subcontract related to performance of this Agreement.
- J. If federal, state, or County audit exceptions are made relating to this Agreement, Contractor shall reimburse all costs incurred by federal, state, and/or County governments associated with defending against the audit exceptions or performing any audits or follow-up audits, including but not limited to: audit fees, court costs, attorneys' fees based upon a reasonable hourly amount for attorneys in the community, travel costs, penalty assessments and all other costs of whatever nature. Immediately upon notification from County, Contractor shall reimburse the amount of the audit exceptions and any other related costs directly to County as specified by County in the notification. The provisions of the Records, Audit, and Review section shall survive any expiration or termination of this Agreement.

15. INDEMNIFICATION AND INSURANCE.

Contractor agrees to the indemnification and insurance provisions as set forth in EXHIBIT C – Standard Indemnification and Insurance Provisions attached hereto and incorporated herein by reference.

16. NONDISCRIMINATION.

County hereby notifies Contractor that County's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and Contractor agrees to comply with said ordinance. Contractor shall also comply with the nondiscrimination provisions set forth in EXHIBIT A-1 - General Provisions: MHS to this Agreement.

17. NONEXCLUSIVE AGREEMENT.

Contractor understands that this is not an exclusive Agreement and that County shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by Contractor as the County desires.

18. NON-ASSIGNMENT.

Contractor shall not assign, transfer or subcontract this Agreement or any of its rights or obligations under this Agreement without the prior written consent of County and any attempt to so assign, subcontract or transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

19. TERMINATION.

A. By County. County may, by written notice to Contractor, terminate this Agreement in whole or in part at any time, whether for County's convenience, for nonappropriation of funds, or because of the failure of Contractor to fulfill the obligations herein.

1. **For Convenience.** County may terminate this Agreement in whole or in part upon thirty (30) days written notice. During the thirty (30) day period, Contractor shall, as directed by County, wind down and cease its services as quickly and efficiently as reasonably possible, without performing unnecessary services or activities and by minimizing negative effects on County from such winding down and cessation of services.
2. **For Nonappropriation of Funds.**
 - i. The parties acknowledge and agree that this Agreement is dependent upon the availability of County, State, and/or federal funding. If funding to make payments in accordance with the provisions of this Agreement is not forthcoming from the County, State and/or federal governments for the Agreement, or is not allocated or allotted to County by the County, State and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of County to make payments after the effective date of such non-allocation or non-funding, as provided in the notice, will cease and terminate.

- ii. As permitted by applicable State and Federal laws regarding funding sources, if funding to make payments in accordance with the provisions of this Agreement is delayed or is reduced from the County, State, and/or federal governments for the Agreement, or is not allocated or allotted in full to County by the County, State, and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of County to make payments will be delayed or be reduced accordingly or County shall have the right to terminate the Agreement. If such funding is reduced, County in its sole discretion shall determine which aspects of the Agreement shall proceed and which Services shall be performed. In these situations, County will pay Contractor for Services and Deliverables and certain of its costs. Any obligation to pay by County will not extend beyond the end of County's then-current funding period.
 - iii. Contractor expressly agrees that no penalty or damages shall be applied to, or shall accrue to, County in the event that the necessary funding to pay under the terms of this Agreement is not available, not allocated, not allotted, delayed or reduced.
3. **For Cause.** Should Contractor default in the performance of this Agreement or materially breach any of its provisions, County may, at County's sole option, terminate or suspend this Agreement in whole or in part by written notice. Upon receipt of notice, Contractor shall immediately discontinue all services affected (unless the notice directs otherwise) and notify County as to the status of its performance. The date of termination shall be the date the notice is received by Contractor, unless the notice directs otherwise.
- B. By Contractor.** Should County fail to pay Contractor all or any part of the payment set forth in EXHIBIT B Financial Provisions – MHS, Contractor may, at Contractor's option terminate this Agreement if such failure is not remedied by County within thirty (30) days of written notice to County of such late payment.
- C. Upon Termination.** Contractor shall deliver to County all data, estimates, graphs, summaries, reports, and all other property, records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process, except such items as County may, by written permission, permit Contractor to retain. Notwithstanding any other payment provision of this Agreement, County shall pay Contractor for satisfactory services performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall Contractor be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. Contractor shall furnish to County such financial information as in the judgment of County is necessary to determine the reasonable value of the services rendered by Contractor. In the event of a dispute as to the reasonable value of the services rendered by Contractor, the decision of County shall be final. The foregoing is cumulative and shall not affect any right or remedy which County may have in law or equity.

20. SECTION HEADINGS.

The headings of the several sections, and any Table of Contents appended hereto, shall be solely for convenience of reference and shall not affect the meaning, construction, or effect hereof.

21. SEVERABILITY.

If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

22. REMEDIES NOT EXCLUSIVE.

No remedy herein conferred upon or reserved to County is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder or now or hereafter existing at law or in equity or otherwise.

23. TIME IS OF THE ESSENCE.

Time is of the essence in this Agreement and each covenant and term is a condition herein.

24. NO WAIVER OF DEFAULT.

No delay or omission of County to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy given by this Agreement to County shall be exercised from time to time and as often as may be deemed expedient in the sole discretion of County.

25. ENTIRE AGREEMENT AND AMENDMENT.

In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel. Requests for changes to the terms and conditions of this agreement after April 1 of the Fiscal Year for which the change would be applicable shall not be considered. All requests for changes shall be in writing. Changes shall be made by an amendment pursuant to this Section. Any amendments or modifications that do not materially change the terms of this Agreement (such as changes to the Designated Representative or Contractor's address for purposes of Notice) may be approved by the Director of the Department of Behavioral Wellness. The Board of Supervisors of the County of Santa Barbara must approve all other amendments and modifications.

26. SUCCESSORS AND ASSIGNS.

All representations, covenants and warranties set forth in this Agreement, by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

27. COMPLIANCE WITH LAW.

Contractor shall, at its sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of Contractor in any action or proceeding against Contractor, whether County is a party thereto or not, that Contractor has violated any such ordinance or statute, shall be conclusive of that fact as between Contractor and County.

28. CALIFORNIA LAW AND JURISDICTION.

This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in state court, or in the federal district court nearest to Santa Barbara County, if in federal court.

29. EXECUTION OF COUNTERPARTS.

This Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

30. AUTHORITY.

All signatories and parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(s), person(s), or firm(s) and that all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, Contractor hereby warrants that it shall not have breached the terms or conditions of any other contract or agreement to which Contractor is obligated, which breach would have a material effect hereon.

31. SURVIVAL.

All provisions of this Agreement which by their nature are intended to survive the termination or expiration of this Agreement shall survive such termination or expiration.

32. PRECEDENCE.

In the event of conflict between the provisions contained in the numbered sections of this Agreement and the provisions contained in the Exhibits, the provisions of the Exhibits shall prevail over those in the numbered sections.

33. COMPLIANCE WITH HIPAA.

Contractor is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.

34. COURT APPEARANCES.

Upon request, Contractor shall cooperate with County in making available necessary witnesses for court hearings and trials, including Contractor's staff that have provided treatment to a client referred by County who is the subject of a court proceeding. County shall issue subpoenas for the required witnesses upon request of Contractor.

35. MANDATORY DISCLOSURE.

A. Prohibited Affiliations.

1. Contractor shall not knowingly have any prohibited types of relationships with the following:
 - i. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. (42 C.F.R. § 438.610(a)(1).)
 - ii. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101 of a person described in this section. (42 C.F.R. § 438.610(a)(2).)
2. The Contractor and its subcontractors shall not have a relationship with an individual or entity that is excluded from participation in any Federal Health Care Program (as defined in section 1128B(f) of the Social Security Act) under either Section 1128, 1128A, 1156, or 18420(2) of the Social Security Act. (42 C.F.R. §§ 438.214(d)(1), 438.610(b); 42 U.S.C. § 1320c-5.)
3. The relationships described in paragraph A of this section, are as follows:
 - i. A director, officer, agent, managing employee, or partner of the Contractor. (42 U.S.C. § 1320a-7(b)(8)(A)(ii); 42 C.F.R. § 438.610(c)(1).)
 - ii. A subcontractor of the Contractor, as governed by 42 C.F.R. § 438.230. (42 C.F.R. § 438.610(c)(2).)
 - iii. A person with beneficial ownership of 5 percent or more of the Contractor's equity. (42 C.F.R. § 438.610(c)(3).)
 - iv. An individual convicted of crimes described in section 1128(b)(8)(B) of the Act. (42 C.F.R. § 438.808(b)(2).)
 - v. A network provider or person with an employment, consulting, or other arrangement with the Contractor for the provision of items and services that are significant and material to the Contractor's obligations under this Contract. (42 C.F.R. § 438.610(c)(4).)
 - vi. The Contractor shall not employ or contract with, directly or indirectly, such individuals or entities for the furnishing of health care, utilization review, medical social work, administrative services, management, or provision of medical services (or the establishment of policies or provision of operational support for such services). (42 C.F.R. § 438.808(b)(3).)

B. Written Disclosures.

1. **Written Notice of Prohibited Affiliations.** The Contractor shall provide to County written disclosure of any Prohibited Affiliations identified by the Contractor or its subcontractors. (42 C.F.R. §438.608(c)(1).)

2. **Ownership or Controlling Interests.** Pursuant to 42 C.F.R. § 455.104, Medicaid providers, other than an individual practitioner or group of practitioners; fiscal agents; and managed care entities (“Disclosing Entities”) must disclose certain information related to persons who have an “ownership or control interest” in the Disclosing Entity, as defined in 42 C.F.R. § 455.101. (For the purposes of this section “person with an ownership or control interest” means a person or corporation that – a. Has an ownership interest totaling five percent or more in a Disclosing Entity; b. Has an indirect ownership interest equal to five percent or more in a Disclosing Entity; c. Has a combination of direct and indirect ownership interests equal to five percent or more in a Disclosing Entity. d. Owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the Disclosing Entity if that interest equals at least five percent of the value of the property or assets of the Disclosing Entity.) The disclosure must include the following information:
- i. The name, address, date of birth, and Social Security Number of any **managing employee**, as that term is defined in 42 C.F.R. §455.101. For purposes of this disclosure, Contractor may use the business address for any member of its Board of Supervisors.
 - ii. The name and address of **any person (individual or corporation) with an ownership or control interest** in the Disclosing Entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.
 - iii. Date of birth and Social Security Number (in the case of an individual).
 - iv. Other tax identification number (in the case of a corporation) with an ownership or control interest in the Disclosing Entity (or fiscal agent or managed care entity) or in any subcontractor in which the Disclosing Entity (or fiscal agent or managed care entity) has a five percent or more interest.
 - v. Whether the person (individual or corporation) with an ownership or control interest in the Disclosing Entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the Disclosing Entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Disclosing has a five percent or more interest is related to another person with ownership or control interest in the Disclosing Entity as a spouse, parent, child, or sibling.
 - vi. The name of any other Disclosing Entity in which an owner of the Disclosing Entity has an ownership or control interest.
 - vii. Is an officer or director of a Disclosing Entity that is organized as a corporation.
 - viii. Is a partner in a Disclosing Entity that is organized as a partnership.
3. **Timing for Disclosure of Ownership and Controlling Interests.** Contractor shall complete a Disclosure of Ownership or Controlling Interest form provided by County upon submitting a provider application; before entering into or renewing its contract; annually, upon request during the re-validation of enrollment process under 42 CFR 455.104; within 35 days after any change of ownership; or upon any

person newly obtaining an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by Contractor, and that interest equals at least 5% of Contractor's property or assets.

4. Business Transactions. (42 CFR 455.105).

Contractor agrees to furnish to County or the Secretary of DHCS on request, information related to business transactions. Contractor shall submit, within 35 days of the date on a request by County or the Secretary of DHCS full and complete information about:

- i. The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
- ii. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of the request.

5. Crimes.

- i. **Violations of Criminal Law.** Contractor must disclose, in a timely manner, in writing to the County all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting this Agreement. Contractor is required to report certain civil, criminal, or administrative proceedings to the System for Award Management (SAM) located at www.sam.gov. Failure to make required disclosures can result in any of the remedies for noncompliance described in 45 C.F.R. Section 75.371 and/or 2 CFR §200.338, including suspension or debarment. (See also 2 C.F.R. parts 180 and 376, and 31 U.S.C. 3321.)
- ii. **Persons Convicted of Crimes Related to Federal Health Care Programs.** Contractor shall submit the following disclosures to County regarding its owners, persons with controlling interest, agents, and managing employee's criminal convictions prior to entering into this Agreement and at any time upon County's request:
 - iii. The identity of any person who is a managing employee of the Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).)
 - iv. The identity of any person who is an agent of the Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101
- v. **Timing for Disclosures of Crimes.** The Contractor shall supply disclosures regarding crimes before entering into the contract and at any time upon the County or DHCS' request.

C. Lobbying. Contractor shall complete a Certification Regarding Lobbying as set forth in Exhibit D, Attachments 1, and, if applicable, a Lobbying Restrictions and Disclosure Certification as set forth in Exhibit D, Attachments 2, of this Agreement.

1. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
2. Contractor also agrees by signing this Agreement that he or she shall require that the language of this certification be included in all lower-tier subcontracts, which exceed \$100,000 and that all such sub recipients shall certify and disclose accordingly.

D. Remedies.

1. Denial of Federal Financial Participation (FFP) for Failure to Provide Timely Disclosures.

- i. FFP is not available in expenditures for services furnished by Contractors who fail to comply with a request made by the County or Secretary of DHCS under this Section Mandatory Disclosures, or under 42 CFR §420.205 (Medicare requirements for disclosure).
- ii. FFP will be denied in expenditures for services furnished during the period beginning on the day following the date the information was due to the County or the Secretary of DHCS and ending on the day before the date on which the information was supplied.
- iii. A provider shall be required to reimburse those Medi-Cal funds received during any period for which material information was not reported, or reported falsely, to the County or DHCS (Welf. & Inst. Code § 14043.3).

2. Other Remedies.

County or DHCS may pursue any remedies provided by law, including but not limited to, the right to withhold payments, disallow costs, or issue a CAP, pursuant to Cal. Health and Safety Code, Section 11817.8(h) for Contractor's failure to provide required disclosures.

36. PROCUREMENT OF RECOVERED MATERIALS.

Contractor shall comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

37. CLEAN AIR ACT AND FEDERAL WATER POLLUTION CONTROL ACT.

Contractor shall comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q.) and pursuant to the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251-1387). Contractor shall promptly disclose, in writing, to the COUNTY office, to the Federal Awarding Agency, and to the Regional Office of the Environmental Protection Agency (EPA), whenever, in connection with the award, performance, or closeout of this contract or any subcontract thereunder, the Contractor has credible evidence that a principal, employee, agent, or subcontractor of the Contractor has committed a violation of the Clean Air Act (42 U.S.C. 7401-7671q.) or the Federal Water Pollution Control Act (33 U.S.C. 1251-1387).

38. UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

The Contractor shall comply with the requirements of 2 CFR Part 200 which are hereby incorporated by reference in this award.

39. PRIOR AGREEMENTS.

Upon the effective date, this Agreement supersedes all prior agreements between County and Contractor related to the scope of work contained in this Agreement.

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SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Child Abuse Listening Mediation (CALM)**.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on July 1, 2020.

COUNTY OF SANTA BARBARA:

By:

Gregg Hart
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date:

6-2-20

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By:

Shirley de la Guerra
Deputy Clerk

Date:

6-2-20

CONTRACTOR:

CHILD ABUSE LISTENING MEDIATION

By:

Authorized Representative

Name:

Title:

Date:

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By:

Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:

Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By:

Celeste E. Andersen
for Alice Gleghorn
Director

Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By:

Risk Management

SIGNATURE PAGE

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Child Abuse Listening Mediation (CALM)**.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on July 1, 2020.

COUNTY OF SANTA BARBARA:

By: _____
GREGG HART, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk
Date: _____

CONTRACTOR:

CHILD ABUSE LISTENING MEDIATION

By: Alana Walczak
Authorized Representative
Name: Alana Walczak
Title: President & CEO
Date: 5-21-2020

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management

SIGNATURE PAGE

Agreement for Services of Independent Contractor between the County of Santa Barbara and Child Abuse Listening Mediation (CALM).

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on July 1, 2020.

COUNTY OF SANTA BARBARA:

By: _____
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

CHILD ABUSE LISTENING MEDIATION

By: _____
Authorized Representative


Name: _____

Title: _____

Date: _____


APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Teresa M. Martinez (May 27, 2020 14:36 PDT)
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: 
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: 
Risk Management

THIS AGREEMENT INCLUDES THE FOLLOWING EXHIBITS:

EXHIBIT A – MHS STATEMENT OF WORK

- EXHIBIT A-1 General Provisions: MHS
- EXHIBIT A-2 Intensive In-Home
- EXHIBIT A-3 Pathways to Well Being
- EXHIBIT A-4 SPIRIT
- EXHIBIT A-5 Managed Care Mental Health/Brief Therapy
- EXHIBIT A-6 MHSA PEI Early Childhood Mental Health
- EXHIBIT A-7 Medi-Cal Early Childhood Specialty Mental Health

EXHIBIT B – FINANCIAL PROVISIONS

- EXHIBIT B Financial Provisions - MHS
- EXHIBIT B-1 Schedule of Rates and Contract Maximum: MHS
- EXHIBIT B-2 Entity Budget by Program

EXHIBIT C – STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS

EXHIBIT D – CERTIFICATIONS REGARDING LOBBYING

EXHIBIT E – PROGRAM GOALS, OUTCOMES, AND MEASURES

EXHIBIT A-1

GENERAL PROVISIONS

MENTAL HEALTH SERVICES (MHS)

STATEMENT OF WORK

EXHIBIT A-1- MHS
GENERAL PROVISIONS

The following provisions shall apply to all programs operated under this Agreement, included as Exhibits A-1 through A-7 as though separately set forth in the scope of work specific to each Program.

1. PERFORMANCE.

- A. Contractor shall adhere to all applicable County, State, and Federal laws, including the applicable sections of the state Medicaid plan and waiver, in the performance of this Agreement, including but not limited to the statutes and regulations referenced therein and those set forth below. Contractor shall comply with any changes to these statutes and regulations that may occur during the Term of the Agreement and any new applicable statutes or regulations without the need for amendments to this Agreement. Contractor's performance shall be governed by and construed in accordance with the following:
1. All laws and regulations, and all contractual obligations of the County under the County Mental Health Plan ("MHP") (Contract No. 17-94613) between the County Department of Behavioral Wellness and the State Department of Health Care Services (DHCS), available at www.countyofsb.org/behavioral-wellness, including but not limited to subparagraphs C and F of the MHP, Exhibit E, Paragraph 7, and the applicable provisions of Exhibit D(F) to the MHP,;
 2. The Behavioral Wellness Steering Committee Vision and Guiding Principles, available at www.countyofsb.org/behavioral-wellness;
 3. All applicable laws and regulations relating to patients' rights, including but not limited to Welfare and Institutions Code Section 5325, California Code of Regulations, Title 9, Sections 862 through 868, and 42 Code of Federal Regulations Section 438.100;
 4. All applicable Medicaid laws, regulations, including applicable sub-regulatory guidance and contract provisions;
 5. California's Mental Health Services Act;
 6. California Code of Regulations Title 9, Division 1; and
 7. 42 C.F.R. § 438.900 *et seq.* requiring provision of services to be delivered in compliance with federal regulatory requirements related to parity in mental health and substance use disorder benefits.
- B. Contractor shall be at all times currently enrolled with the California Department of Health Care Services as a Medicaid provider, consistent with the provider disclosure, screening and enrollment requirements of 42 CFR part 455, subparts B and E.

2. STAFF.

- A. Contractor staff providing direct services to clients shall be trained and skilled at working with persons with serious mental illness (SMI), and shall adhere to professionally recognized evidence-based best practices for rehabilitation assessment, service planning, and service delivery. In addition, these staff shall receive Documentation Training in accordance with the *Behavioral Wellness Mandatory Trainings Policy and Procedure # 5.008*, as may be amended, available at www.countyofsb.org/behavioral-wellness.

- B. Contractor shall ensure that any staff identified on the Centers for Medicare & Medicaid Services (“CMS”) Exclusions List or other applicable list shall not provide services under this Agreement nor shall the cost of such staff be claimed to Medi-Cal. Contractor shall not employ or subcontract with providers excluded from participation in Federal health care programs under either sections 1128 or 1128A of the Social Security Act.
 - C. All staff performing services under this Agreement with access to the Behavioral Wellness electronic medical record shall be reviewed and approved by Behavioral Wellness Quality Care Management (QCM) Division, in accordance with *Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Licensing*.
 - D. Contractor shall notify County of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.A. (Reports: Staffing) below. Contractor shall notify bwellcontractsstaff@co.santa-barbara.ca.us within one business day for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.
 - E. At any time prior to or during the term of this Agreement, the County may require that Contractor staff performing work under this Agreement undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor’s staff passes or fails the background clearance investigation.
 - F. County may request that Contractor’s staff be immediately removed from performing work under this Agreement for good cause during the term of the Agreement. Upon such request, Contractor shall remove such staff immediately.
 - G. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to Contractor’s staff that does not pass such investigation(s) to the satisfaction of the County, or whose conduct is incompatible with County facility access.
 - H. Disqualification, if any, of Contractor staff, pursuant to this Section regarding Staff or any other provision of law, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.
- 3. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATIONS.**
- A. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certifications (including, but not limited to, certification as a Short-Doyle/Medi-Cal provider if Title XIX Short-Doyle/Medi-Cal services are provided hereunder), as required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives, which are applicable to Contractor’s facility(ies) and services under this Agreement. Contractor shall further ensure that all of its officers, employees, and agents, who perform services hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits, registrations, accreditations, and certificates which are applicable to their performance hereunder. A copy of such documentation shall be provided to Behavioral Wellness QCM Division, upon request.

- B. In the event the license/certification status of any Contractor staff member cannot be confirmed, the staff member shall be prohibited from providing services under this Agreement.
- C. If Contractor is a participant in the Short-Doyle/Medi-Cal program, Contractor shall keep fully informed of and in compliance with all current Short-Doyle/Medi-Cal Policy Letters, including, but not limited to, procedures for maintaining Medi-Cal certification of all its facilities, and the requirements of *Department of Behavioral Wellness' Policy and Procedure # 4.005 – Site Certification for Specialty Mental Health Services*.

4. REPORTS.

- A. **Staffing.** Contractor shall submit quarterly staffing reports to County. These staffing reports shall be on a form acceptable to, or provided by, County and shall report actual staff hours worked by position and shall include the employees' names, licensure status, bilingual and bicultural capabilities, budgeted monthly salary, actual salary, hire date, and, if applicable, termination date. The staffing reports shall be received by County no later than 25 calendar days following the end of the quarter being reported.
- B. **Programmatic.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than 25 calendar days following the end of the quarter being reported. Programmatic reports shall include the following:
 1. Contractor shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and if not, shall specify what steps will be taken to achieve satisfactory progress;
 2. Contractor shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and Certifications, changes in population served and reasons for any such changes;
 3. The number of active cases and number of clients admitted/ discharged; and
 4. The Measures described in Exhibit E, Program Goals, Outcomes and Measures, as applicable, or as otherwise agreed by Contractor and Behavioral Wellness. Amendments to Exhibit E do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees. In addition, Contractor may include any other data that demonstrate the effectiveness of Contractor's programs.
- C. **Annual Mandatory Training Report.** Contractor shall submit evidence of completion of the Mandatory Trainings identified in the Section regarding Training Requirements on an annual basis to the County Systems Training Coordinator. Training materials, competency tests and sign-in sheets shall be submitted for each training no later than June 15th of each year unless requested earlier by County.
- D. **Additional Reports.**
 1. Contractor shall maintain records and make statistical reports as required by County and DHCS or other government agency, on forms provided by or acceptable to the requesting agency. In addition to reports required under this Agreement, upon County's request, Contractor shall make additional reports as required by County concerning Contractor's activities as they affect the services hereunder. County will

be specific as to the nature of information requested and allow thirty (30) days for Contractor to respond.

2. As a condition of funding for Quality Assurance (QA) activities, Contractor QA staff shall provide a monthly report to QCM consisting of documentation reviews performed, associated findings, and corrective action. The QA reports shall be received by County no later than 25 calendar days following the end of the month being reported.

5. BACKGROUND CHECKS.

A. Consent to Criminal Background Check, Fingerprinting (42 CFR 455.106, Welf. & Inst. Code § 14043.38). Contractor consents to criminal background checks, including fingerprinting when required to do so by state law. Within 30 days of a request from CMS or DHCS, Contractor, or any person with a 5% or more direct or indirect ownership interest in contractor, shall submit a set of fingerprints in a form and manner determined by DHCS.

B. Mandatory Termination. As determined by DHCS, Contractor may be subject to mandatory termination from the Medi-Cal program for any of the following reasons:

1. Failure to cooperate with and provide accurate, timely information in response to all required Medi-Cal screening methods, including failure to submit fingerprints as required (42 CFR 455.416); or
2. Conviction of a criminal offense related to a person's involvement with Medi-care, Medi-Cal, or any other Title XX or XXI program in the last 10 years (42 CFR 455.416, 42 CFR 455.106).

6. MEDI-CAL VERIFICATION. Contractor shall be responsible for verifying client's Medi-Cal eligibility status and will take steps to reactivate or establish eligibility where none exists.

7. SITE STANDARDS.

A. Contractor agrees to comply with all Medi-Cal requirements, including, but not limited to those specified in the *Department of Behavioral Wellness' Policies and Procedures* and be approved to provide Medi-Cal services based on Medi-Cal site certification, per *Department of Behavioral Wellness' Policy and Procedure # 4.005- Site Certification for Specialty Mental Health Services*.

B. For programs located at Contractor's sites, Contractor shall develop and maintain a written disaster plan for the Program site and shall provide annual disaster training to staff that addresses, at a minimum: emergency staffing levels for the continuation of services under the Program, patient safety, facility safety, safety of medication storage and dispensing medication, and protection of client records, as required by this Agreement.

8. CONFIDENTIALITY.

A. Contractor, its employees, agents, or subcontractors agree to maintain the confidentiality of patient records pursuant to: Title 42 United State Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (CFR), Part 2; Title 42 CFR Section 438.224; 45 CFR Section 96.132(e), 45 CFR Parts 160, 162, and 164; Title 22 California Code of Regulations (CCR) Section 51009; Welfare & Institutions Code (W&IC) Section 14100.2; Health and Safety Code (HSC) Sections 11812 and 11845.5; Civil Code Sections 56 –

56.37, 1798.80 – 1798.82, and 1798.85; and the Compliance with HIPAA section of this Agreement, as applicable. Patient records must comply with all appropriate State and Federal requirements.

- B. Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of this services under this Agreement or other uses authorized by law that are not in conflict with requirements for confidentiality contained in the preceding codes.
- C. Contractor shall comply with Exhibit F to the MHP to the extent Contractor is provided Personal Health Information (“PHI”), Personal Information (“PI”), or Personally Identifiable Information as defined in Exhibit F of the MHP from County to perform functions, services, or activities specified in this Agreement.
- D. Contractor shall make itself and any subcontractors, employees or agents assisting Contractor in the performance of its obligations under this Agreement, available to County or DHCS at no cost to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against County, DHCS, its directors, officers or employees based upon claimed violation of HIPAA, or the HIPAA regulations, which involves inactions or actions by Contractor, except where Contractor or its subcontractor, employee or agent is a named adverse party.
- E. Upon termination or expiration of this Agreement for any reason, Contractor shall return or destroy all PHI, PI and PII accessed in a database maintained by County, received by Contractor from County, or acquired or created by Contractor in connection with performing functions, services, or activities specified in this Agreement on behalf of County that Contractor still maintains in any form, and shall retain no copies of such PHI, PI or PII. If return or destruction is not feasible, Contractor shall notify County of the conditions that make the return or destruction infeasible, and County and Contractor shall determine the terms and conditions under which Contractor may retain the PHI, PI or PII. Contractor shall continue to extend the protections of Exhibit F of the MHP to such PHI, PI and PII, and shall limit further use of such data to those purposes that make the return or destruction of such data infeasible. This paragraph shall also apply to Department PHI, PI and PII that is in the possession of subcontractors or agents of Contractor.

9. CLIENT AND FAMILY MEMBER EMPOWERMENT.

- A. Contractor agrees to support active involvement of clients and their families in treatment, recovery, and policy development.
- B. Contractor shall actively participate in the planning design, and execution of County’s Quality Improvement Program as described in Cal. Code. Regs., Title 9, §1810.440(a)(2)(A).
- C. Contractor shall adopt *Department of Behavioral Wellness’ Policy and Procedures # 4.020 Client Problem Resolution Process*, available at www.countyofsb.org/behavioral-wellness, to address client/family complaints in compliance with beneficiary grievance, appeal, and fair hearing procedures and timeframes as specified in 42 CFR 438.400 through 42 CFR 438.424.
- D. Contractor shall take a beneficiary’s rights into account when providing services and comply with *Department of Behavioral Wellness’ Policy and Procedure #3.000 Beneficiary Rights*.

- E. Contractor shall obtain and retain a written medication consent form signed by the beneficiary in accordance with *Department of Behavioral Wellness' Policy and Procedures # 8.009* to the extent Contractor is a "provider" as defined by the MHP.

10. CULTURAL COMPETENCE.

- A. Contractor shall report on its capacity to provide culturally competent services to culturally diverse clients and their families upon request from County, including:
 - 1. The number of Bilingual and Bicultural staff (as part of the quarterly staffing report), and the number of culturally diverse clients receiving Program services; and
 - 2. Efforts aimed at providing culturally competent services such as trainings provided to staff, changes or adaptations to service protocol, community education/outreach, etc.
- B. At all times, the Contractor's Program(s) shall be staffed with personnel who can communicate in the client preferred language, or Contractor shall provide interpretation services, including American Sign Language (ASL).
- C. Contractor will strive to fill direct service positions with bilingual staff in County's threshold language (Spanish) that is reflective of the specific needs of each region. Contractor percentage goals are calculated based on U.S. Census language data by region: Santa Barbara service area (including Goleta and Carpinteria) – 30%; Santa Maria service area (including Orcutt and Guadalupe) – 48%; Lompoc service area (including Buellton and Solvang) – 33%.
- D. Contractor shall provide services that consider the culture of mental illness, as well as the ethnic and cultural diversity of clients and families served; materials provided to the public must also be printed in Spanish (threshold language).
- E. Services and programs offered in English must also be made available in Spanish, if clients identify Spanish as their preferred language, as specified in subsection B above.
- F. As applicable, a measurable and documented effort must be made to conduct outreach to and to serve the underserved and the non-served communities of Santa Barbara County.
- G. Contractor shall establish a process by which Spanish speaking staff who provide direct services in Spanish or interpretive services are tested for proficiency in speaking, reading, and writing Spanish language.

11. COMPLIANCE PROGRAM.

- A. If Contractor identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste or abuse, in addition to notifying County, Contractor shall conduct an internal investigation to determine the validity of the issue/complaint, and develop and implement corrective action, if needed.
- B. County shall suspend payments to Contractor when it or the State determines there is a credible allegation of fraud. Contractor shall implement and maintain arrangements or procedures that include provision for the suspension of payments to independent contractors for which the State, or County, determines there is a credible allegation of fraud. (42 C.F.R. §§ 438.608(a), (a)(8) and 455.23.)

- C. Contractor shall notify County within 30 calendar days when it has identified payments in excess of amounts specified for reimbursements of Medi-Cal services or when it has identified or recovered over payments due to potential fraud, (42 C.F.R. §§ 438.608(a), (a)(2).) Contractor shall return any overpayments pursuant to Exhibit B, Section VI.G (Overpayments) of this Agreement.

12. NOTIFICATION REQUIREMENTS.

- A. Contractor shall maintain and share, as appropriate, a beneficiary health record in accordance with professional standards. (42 C.F.R. § 438.208(b)(5).) Contractor shall ensure that, in the course of coordinating care, each beneficiary's privacy is protected in accordance with this Agreement all federal and state privacy laws, including but not limited to 45 C.F.R. § 160 and § 164, subparts A and E, to the extent that such provisions are applicable. (42 C.F.R. § 438.208(b)(6).)
- B. Contractor shall immediately notify Behavioral Wellness Quality Care Management ("QCM") Division at 805-681-5113 in the event of:
1. Known serious complaints against licensed/certified staff;
 2. Restrictions in practice or license/certification as stipulated by a State agency;
 3. Staff privileges restricted at a hospital;
 4. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations); or
 5. Any event triggering Incident Reporting, as defined in Behavioral Wellness Policy and Procedure #28, Unusual Occurrence Incident Report.
- C. Contractor shall immediately contact the Behavioral Wellness Compliance Hotline (805-884-6855) should any of the following occur:
1. Suspected or actual misappropriation of funds under Contractor's control;
 2. Legal suits initiated specific to the Contractor's practice;
 3. Initiation of criminal investigation of the Contractor; or
 4. HIPAA breach.
- D. For clients receiving direct services from both Behavioral Wellness and Contractor staff, Contractor shall immediately notify the client's Behavioral Wellness Case Manager or other Behavioral Wellness staff involved in the client's care, or the applicable Regional Manager should any of the following occur:
1. Side effects requiring medical attention or observation;
 2. Behavioral symptoms presenting possible health problems; or
 3. Any behavioral symptom that may compromise the appropriateness of the placement.
- E. Contractor may contact Behavioral Wellness Contracts Division at bwelcontractsstaff@co.santa-barbara.ca.us for any contractual concerns or issues.
- F. "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the triggering event. Contractor shall train all personnel in the use of the Behavioral Wellness Compliance Hotline (805-884-6855).

13. MONITORING.

- A. Contractor agrees to abide by the *Department of Behavioral Wellness' Policies and Procedures* referenced in Section 17 (Additional Program Requirements) and to cooperate with the County's utilization review process which ensures medical necessity, appropriateness and quality of care. This review may include clinical record review, client survey, and other utilization review program monitoring practices. Contractor shall cooperate with these programs, and will furnish necessary assessment and Client Service Plan information, subject to Federal or State confidentiality laws and provisions of this Agreement.
- B. Contractor shall identify a senior staff member who will be the designated Behavioral Wellness QCM Division contact and will participate in any provider QCM meetings to review current and coming quality of care issues.
1. **Quality Assurance Requirements.**
- Contractor is permitted up to 2% of Medi-Cal program costs for quality assurance (QA) type activities. Quality assurance type activities include reviewing for compliance with:
- i. Medi-Cal documentation standards as identified in California Code of Regulations Title 9, Chapter 11 and DHCS Mental Health and Substance Abuse Disorder Information Notices;
 - ii. Assessment guidelines as identified in the *Department of Behavioral Wellness Policy and Procedure #8.100 Mental Health Client Assessment*.
 - iii. Client treatment plan requirements as identified in the *Department of Behavioral Wellness Policy and Procedure #8.101 Client Treatment Plans*.
 - iv. Progress note requirements in the *Department of Behavioral Wellness Policy and Procedure #8.102 Mental Health Progress Notes*.
- C. Contractor shall provide a corrective action plan if deficiencies in Contractor's compliance with the provisions of the MHP or this Agreement are identified by County.
- D. County shall monitor the performance of Contractor on an ongoing basis for compliance with the terms of this Agreement. County shall assign senior management staff as contract monitors to coordinate periodic review meetings with Contractor's staff regarding quality of clinical services, fiscal and overall performance activity, and provider recertification requirements. County's Care Coordinators, Quality Improvement staff, and the Program Managers or their designees shall conduct periodic on-site and/or electronic reviews of Contractor's clinical documentation.
- E. Contractor shall allow DHCS, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and its subcontractors', performance under this Agreement, including the quality, appropriateness, and timeliness of services provided. This right shall exist for 10 years from the term end date of this Agreement or in the event the Contractor has been notified that an audit or investigation of this Agreement has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. (See 42 C.F.R. §§ 438.3(h).) If monitoring activities identify areas of non-compliance, Contractor will be provided with recommendations and a corrective action plan. Contractor shall be liable to

County for any penalties assessed against County for Contractor's failure to comply with the required corrective action.

14. NONDISCRIMINATION.

A. State Nondiscrimination Provisions.

1. **No Denial of Benefits on the Basis of Protected Classification.** During the performance of this Agreement, Contractor and its subcontractors shall not deny this Agreement's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military and veteran status, or other protected category and will not use any policy or practice that has the effect of discriminating on such basis.
2. **No Discrimination on the Basis of Health or Protected Classification.** Consistent with the requirements of applicable federal law, such as 42 Code of Federal Regulations, part 438.3(d)(3) and (4), and state law, the Contractor shall not, on the basis of health status or need for health care services, discriminate against Medi-Cal eligible individuals in Santa Barbara County who require an assessment or meet medical necessity criteria for specialty mental health services. Nor shall Contractor engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability.
3. **No Discrimination against Handicapped Persons.** The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.
4. **Determination of Medical Necessity.** Notwithstanding other provisions of this section, the Contractor may require a determination of medical necessity pursuant to California Code of Regulations, Title 9, Sections 1820.205, 1830.205 and/or 1830.210, prior to providing covered services to a beneficiary.
5. **No Discrimination under State Law.** Contractor shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Contractor shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Contractor and its subcontractors shall give written notice

of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.)

B. Federal Nondiscrimination Provisions.

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.
2. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.
3. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.

5. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
6. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
7. The Contractor shall include the provisions of Paragraphs 14(B)(1) through 14(B)(7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by DHCS, the Contractor may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

C. Subcontracts. The Contractor shall include the nondiscrimination and compliance provisions of this Agreement in all subcontracts to perform work under this Agreement.

15. COLLABORATIVE MEETINGS.

- A. Behavioral Wellness shall conduct a Collaborative Meeting at least annually, and more frequently, if needed, with Contractor to collaboratively discuss programmatic, fiscal, and contract matters.
- B. As a condition of funding for Quality Assurance (QA) activities, Contractor QA staff shall attend monthly County Quality Improvement Committee (QIC) meetings.

16. TRAINING REQUIREMENTS.

- A. Contractor shall ensure that all staff providing services under this Agreement complete mandatory trainings, including through attendance at County-sponsored training sessions as available. The following trainings must be completed at hire and annually thereafter:
 - 1. HIPAA Privacy and Security;
 - 2. Consumer and Family Culture;
 - 3. Behavioral Wellness Code of Conduct;
 - 4. Cultural Competency;
 - 5. County Management Information System (MIS), including the California Outcomes Measurement System (CalOMS) Treatment, for service staff who enter data into the system; and
 - 6. Applicable evidence-based treatment models and programs as agreed between Contractor and County in writing.
- B. Training Requirements for Mental Health Staff who provide direct service/document in Clinician's Gateway.

The following trainings must be completed at hire and annually thereafter:

- 1. Clinician's Gateway;
- 2. Documentation; and
- 3. Assessment and Treatment Plan.

17. ADDITIONAL PROGRAM REQUIREMENTS.

- A. **Beneficiary Handbook.** Contractor shall provide the County of Santa Barbara Beneficiary Handbook to each potential beneficiary and beneficiary in an approved method listed in the *Department of Behavioral Wellness' Policy and Procedures # 2.002 Beneficiary Informing Materials* when first receiving Specialty Mental Health Services and upon request. Contractor shall document the date and method of delivery to the beneficiary in the beneficiary's file. Contractor shall inform beneficiaries that information is available in alternate formats and how to access those formats. (1915(b) Medi-Cal Specialty Mental Health Services Waiver, § (2), subd. (d), at p. 26, attachments 3, 4; Cal. Code Regs., tit. 9, § 1810.360(e); 42 C.F.R. § 438.10.)
- B. **Written Materials in English and Spanish.** Contractor shall provide all written materials for beneficiaries and potential beneficiaries, including provider directories, County of Santa Barbara Beneficiary Handbook, appeal and grievance notices, denial and termination notices, and Santa Barbara County's mental health education materials, in English and Spanish as applicable. (42 C.F.R. § 438.10(D)(3).) Contractor shall maintain adequate

supply of County-provided written materials and shall request additional written materials from County as needed.

- C. Maintain Provider Directory.** Contractor shall maintain a provider directory on its agency website listing licensed individuals employed by the provider to deliver [mental health] services; the provider directory must be updated at least monthly to include the following information:
1. Provider's name;
 2. Provider's business address(es);
 3. Telephone number(s);
 4. Email address;
 5. Website as appropriate;
 6. Specialty in terms of training, experience and specialization, including board certification (if any);
 7. Services/ modalities provided;
 8. Whether the provider accepts new beneficiaries;
 9. The provider's cultural capabilities;
 10. The provider's linguistic capabilities;
 11. Whether the provider's office has accommodations for people with physical disabilities;
 12. Type of practitioner;
 13. National Provider Identifier Number;
 14. California License number and type of license; and
 15. An indication of whether the provider has completed cultural competence training.
- D. Policy and Procedure # 2.001.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 2.001 Network Adequacy Standards and Monitoring.*
- E. Policy and Procedure # 2.002.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 2.002 Beneficiary Informing Materials.*
- F. Policy and Procedure # 3.000.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #3.000 Beneficiary Rights.*
- G. Policy and Procedure # 3.004.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 3.004* on advance directives and the County's obligations for Physician Incentive Plans, as applicable.
- H. Policy and Procedure # 4.012.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 4.012 Contracted Provider Relations.*
- I. Policy and Procedure # 5.008. Mandatory Trainings** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 5.008 Mandatory Training.*
- J. Policy and Procedure # 8.100.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 8.100 Mental Health Client Assessment.*

- K. Policy and Procedure # 8.101. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 8.101 Client Treatment Plans*.
- L. Policy and Procedure # 8.102. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 8.102 Mental Health Progress Notes*.
- M. Policy and Procedure # 9. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #9 Service Triage for Urgent and Emergency Conditions*.
- N. Accessibility. Contractor shall ensure that it provides physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities. (42 C.F.R. § 438.206(b)(1) and (c)(3).)
- O. Hours of Operation. Contractor shall maintain hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which Contractor offers services to non-Medi-Cal beneficiaries. If Contractor only offers services to Medi-Cal beneficiaries, maintain hours of operation which are comparable to the hours Contractor makes available for Medi-Cal services not covered by County or another Mental Health Plan.
- P. Access to Routine Appointments. Contractor shall provide access to routine appointments (1st appointment within 10 business days). When not feasible, Contractor shall give the client the option to re-contact the County's Access team toll free at (888) 868-1649 and request another provider who may be able to serve the client within the 10 business day standard).
- Q. Hold Harmless. Contractor agrees to hold harmless the State and beneficiaries in the event the County cannot or does not pay for services performed by the Contractor.
- R. Client Service Plan. Contractor shall complete a Client Service Plan and assessment for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual <http://countyofsb.org/behavioral-wellness/asset.c/5670>.

18. SIGNATURE PAD.

- A. County shall purchase one signature pad for the duration of the term of this Agreement for each physical address identified for Contractor in this Agreement. The signature pad will be compatible with the County's Electronic Health Record (EHR) Clinicians Gateway. Contractor shall use the electronic versions of the Client Assessment, Client Plan, and Medication Consent Form to ensure a complete client medical record exists within Clinicians Gateway. Contractor shall obtain client signatures on these electronic documents using the signature pads. Upon initial purchase, County shall install the signature pads on Contractor's hardware and provide a tutorial for Contractor's staff. Contractor shall be responsible for ongoing training of new staff.
- B. In the event that Contractor damages or loses the signature pads provided by County, Contractor shall be responsible for purchasing a new Clinicians Gateway compatible signature pad as a replacement from the County inventory at the current cost of replacement. The expected life of a signature pad is a minimum of three years.

19. STATE CONTRACT COMPLIANCE.

- A.** This Agreement is subject to any additional statutes, restrictions, limitations, or conditions enacted by the Congress which may affect the provisions, terms, or funding of this Agreement in any manner. Either the County or Contractor may request consultation and discussion of new or changed statutes or regulations, including whether contract amendments may be necessary.
- B.** To the extent there is a conflict between federal or state law or regulation and a provision in the MHP or this Agreement, County and Contractor shall comply with the federal or state law or regulation and the conflicting Agreement provision shall no longer be in effect pursuant to the MHP, #17-94613 Exhibit E, Paragraph 7(A).
- C.** Contractor agrees that DHCS, through County, has the right to withhold payments until Contractor has submitted any required data and reports to DHCS, as identified in this Agreement and in accordance with Welf. Inst. Code § 14712(e) or other applicable statute.
- D.** The following provisions of the MHP, Exhibit D(F) are hereby incorporated by reference into this Agreement: Paragraphs 5 Subcontract Requirements, 7 Audit and Record Retention, 10 Intellectual Property Rights, 11 Air and Water Pollution, 13 Confidentiality of Information, 17 Human Subjects Use, 19 Debarment and Suspension Certification, 20 Smoke-Free Workplace Certification, 24 Officials Not to Benefit, and 32 Lobbying Restrictions and Disclosure Certification.
- E.** The DHCS may revoke this Agreement, in whole or in part, or may revoke the activities or obligations delegated to Contractor by the County, or pursue other remedies permitted by State or Federal law, if DHCS determines that Contractor has not performed satisfactorily. In such event, this Agreement shall be terminated in accordance with the Standard Terms and Conditions paragraph regarding Termination.

EXHIBIT A-2

STATEMENT OF WORK: MHS

Intensive In-Home

1. **PROGRAM SUMMARY.** The Intensive In-Home Program (hereafter “the Program”) is a home-based model of intensive mental health service delivery developed to help a child (hereafter “client”) and their family to solve problems in the home environment. Program staff demonstrate and implement evidence-based practices with the family as a means to improve client behavior and provide structure and routine to the home environment. The Program offers intensive, individualized, and if clinically indicated, family counseling services to children and youth and their families in community locations best suited for the client and the family’s needs. The Intensive In-Home Program is for children that meet moderate to severe impairments and require intensive coordination. Program staff seek to develop, support, and empower family units by identifying strengths and needs, in addition to teaching problem-solving skills. Services are aimed at preventing further incidents of behavioral, emotional, or social disturbance that may lead to out-of-home placement. The Program shall serve the Santa Barbara area and shall be headquartered at:
 - A. 1236 Chapala Street, Santa Barbara, California.
2. **PROGRAM GOALS.**
 - A. Keep families together by reducing crisis in the home environment;
 - B. Prevent out-of-home, out-of-county, or foster placement of the client;
 - C. Reduce “at-risk” behavior such as self-injurious behavior, criminal activity, and substance use;
 - D. Reduce hospitalizations;
 - E. Stabilize the client and family who reside together; and
 - F. Improve the family’s level of functioning and the quality of life for the client through the use of various educational, behavioral, and clinical interventions.
3. **SERVICES.** Contractor shall develop, support, and empower family units by identifying existing strengths and areas of need, and teaching problem solving skills.
 - A. Contractor shall provide the following services, as needed to Program clients:
 1. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client’s progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
 2. **Assessment.** Assessment is designed to evaluate the current status of a client’s mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client’s clinical history, analysis of relevant cultural issues and history, diagnosis,

and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.

3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
4. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.
5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
7. **Intensive Care Coordination (ICC).** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to clients under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC services include assessing, service planning, and implementation; monitoring and adapting; and transition within the guidelines of the Katie A. Core Practice Model available at: <https://www.countyofsb.org/behavioral-wellness/asset.c/2194>. ICC services are expanded to all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clients that qualify for IHBS/ICC.

ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. The CFT is comprised of — as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and

implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. ICC also provides an ICC coordinator who:

- i. Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
- ii. Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
- iii. Supports the parent/caregiver in meeting their child/youth's needs;
- iv. Helps establish the CFT and provides ongoing support; and
- v. Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.

8. **Intensive Home Based Services (IHBS).** IHBS are intensive, individualized, strength-based, and needs-driven intervention activities for clients under age 21 and designed to ameliorate mental health conditions that interfere with a client's functioning. These activities are aimed at helping the client build skills necessary for successful functioning in the home and community and improve the client's family's ability to help the client successfully function in the home and community. IHBS are not traditional therapeutic services and are provided within the guidelines of the Katie A. Core Practice Model in accordance with the client's treatment plan. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS services are expanded to all EPSDT clients that qualify for IHBS.

9. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

B. Contractor shall utilize a variety of effective evidence-based treatment modalities to provide intensive in-home interventions. Intensive in-home interventions may include:

1. Assisting family members with stress management;
2. Building communication skills;
3. Teaching anger management skills;
4. Teaching and modeling effective parenting skills;
5. Working with biological parents and the clients as needed to assist with reunification;

6. Assisting foster families to develop links to community partners and encouraging and empowering families to use those resources. Examples may include clergy, family members, and friends;
7. Developing and guiding parents in behavioral interventions;
8. Using evidence-based practices to identify and reinforce appropriate family roles and relationships;
9. Identifying communication patterns among family members and teaching family members appropriate response and coping mechanisms;
10. Utilizing a recovery-oriented, strength-based approach in delivering treatment services; and
11. Contractor's use of other Behavioral Wellness Community-Based Organization (CBOs) or mental health service providers require authorization and review with Behavioral Wellness Team Supervisor or Regional Manager.

4. OPERATIONS.

A. Service Intensity.

1. Contractor shall provide at least one (1) face-to-face service every week for each client, for an average of four (4) hours of service per week during the course of treatment. Service levels shall be based upon individualized needs of the client and may be adjusted to prevent client's move to a higher level of care.
2. Services provided by Contractor under this Agreement shall be authorized by County for up to six (6) months upon client's admission into the Program. Additional Program services will require review and approval by the Behavioral Wellness Treatment Team. Behavioral Wellness Regional Manager will meet monthly to be a liaison and to collaborate with Contractor on mutually shared cases. For the cases that are not mutually shared, the Regional Manager/Supervisor will participate in discussion on the need for potential services, new intakes, and possible discharges. The goal of treatment is to improve the family's functioning and stability so that intensive services are not required beyond the six (6) month authorization.
3. **Treatment Location.** The primary service location will be community locations best suited for the client and family's needs (e.g., home, parks, and schools).
4. **Staff-to-Client Caseload Ratios.** The Program shall operate with a staff-to-client ratio that does not exceed approximately 1 to 10 [one (1.0) FTE direct service staff member per 10 clients], but shall not be less than 1 to 7 depending on the intensity of clients' needs, or as otherwise agreed to in writing by Behavioral Wellness.
5. **Hours of Operation and Staff Coverage.** Contractor shall operate a schedule which shall be flexible to accommodate the client and family, and allow Contractor's staff to meet with the client in their treatment location Monday through Friday, including evenings, and weekends as needed. Contractor is not expected to provide 24/7 availability for crisis response.

5. CLIENTS AND PROGRAM CAPACITY.

- A. Contractor shall provide services described in Section 3 to an average of 36 clients (staff-to-client ratio 1:10) aged 0 to 21 years, diagnosed with serious emotional disturbance (SED) or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, Chapter 11, CCR, and to their families.
- B. Contractor's caseload may fluctuate if clients shift between the Program (with prior discussion and permission from County) and Contractor's Pathways to Well Being Program as described in Exhibit A-3. The combined total caseload served by the Program and Pathways to Well Being shall be a minimum of 136 clients.

6. ADMISSION CRITERIA. Clients shall be moderate to severe in functioning children and youth who have a diagnosis of SED or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, Chapter 11, CCR, and assessed at a high level of risk based on County's outcomes and level of care instrument, as directed and referred to Contractor by Behavioral Wellness.

7. REFERRALS.

- A. Contractor shall admit clients referred by the Behavioral Wellness Children's Clinic or from Child Welfare Services (CWS) Pathways to Well Being (a.k.a. Katie-A) coordinators meeting that appear to be sub-class level clients.
- B. Contractor shall respond to referrals and initiate services for those clients that are admitted within three (3) business days.
- C. Contractor shall not carry a waiting list and shall refer back to the County any client that Contractor is unable to initiate service for within stated timelines above.
- D. **Referral Packet.** Contractor shall have shared access to Behavioral Wellness' client file, and shall access the file for each client referred and treated to review the following:
 - 1. A copy of the County referral form or CWS Pathways to Well Being (Katie-A) screening/referral.
 - 2. A client face sheet listing all of the County programs that the client has been admitted to over time and is currently admitted to, including hospitalizations.
 - 3. A copy of the most recent comprehensive assessment or assessment update.
 - 4. A copy of the most recent medication record and health questionnaire.
 - 5. A copy of the currently valid Client Service Plan (see Section 8) indicating the goals for client enrollment in the Program and identifying the Contractor as the service provider.
 - 6. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout will be provided to Contractor in the initial Referral Packet.
 - 7. Other documents as reasonably requested by County.

8. **CLIENT SERVICE PLAN FOR SHARED BEHAVIORAL WELLNESS CLIENTS.**
 - A. Behavioral Wellness shall complete an Assessment and Treatment Plan for each client referred to Intensive In-Home Services.
 - B. The Contractor will work with County to develop an appropriate Client Service Plan with treatment goals specific to Intensive In-Home Services that augment the client's current County Behavioral Health services and ensure a Treatment Plan is in effect during treatment services.
 - C. Contractor shall participate in Behavioral Wellness Children's Clinic 30-day review meetings to review Intensive In-Home cases. All cases will be reviewed quarterly at minimum to examine client need for continued treatment in the Program.
9. **FOR CWS PATHWAY TO WELL BEING REFERRED CLIENTS.**
 - A. Assessments and Treatment Plans will be completed by Contractor for referrals that come directly from CWS for Pathways to Well Being coordinator meetings (Katie-A clients). The Contractor will submit an authorization request to Quality Care Management (QCM) once the assessment is completed. The Contractor will then develop the appropriate Client Service Plan with the goals and interventions that are specific to the Intensive In-Home level of care.
 - B. Contractor shall review all cases at least quarterly to examine the client's need for continued treatment in the program, at which time the Contractor will send a request to QCM for re-authorization.
10. **DISCHARGE PLAN.** Contractor shall work with the Behavioral Wellness Treatment Team to develop a discharge plan that is responsive to the client's needs and personal goals. Contractor shall follow Behavioral Wellness policy and procedures regarding discharges in conformity with Behavioral Wellness's role as the Mental Health Plan.
 - A. **DISCHARGE CRITERIA.** The appropriateness for client discharge shall be determined on a case-by-case basis. Criteria for discharge include:
 1. Treatment goals have been sufficiently met;
 2. The determination that the treatment goals have not been met as determined by the Behavioral Wellness Treatment Team and Contractor. The client and family shall be provided with referrals to a more appropriate treatment;
 3. The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the intensive level of services provided by the Program;
 4. The client's request to terminate services; or
 5. Relocation of client and family from the Program's service area.
11. **STAFFING REQUIREMENTS.** Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.
 - A. The Program shall include a combination of Contractor and County staff, with County staff assuming responsibility for psychiatric treatment functions (functions performed

by a psychiatrist, nurse, or psychiatric technician). County shall provide psychiatric and medication support to Program clients who require these services. County staff shall work in conjunction with Contractor staff to deliver seamless, multi-disciplinary treatment, rehabilitation, and support services.

B. Contractor shall employ direct service staff, as described below. Program staffing levels between the Intensive In-Home and Pathways to Well Being programs may be adjusted as client volume fluctuates between the two programs.

1. 6.0 FTE Child and Family Specialists or Therapists who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254.;
2. 0.05 FTE Program Director who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR Sections 1810.223 and 1810.254.; and
3. 1.0 FTE Clinical Supervisor who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254. The Lead Therapist or Manager may be responsible to provide some direct service to clients.

C. Licensed mental health professional under 9 CCR 1810.223 to include:

1. Licensed physicians;
2. Licensed psychologists;
3. Licensed clinical social workers;
4. Licensed marriage and family therapists;
5. Licensed psychiatric technicians; and
6. Waivered/Registered Professional under 9 CCR 1810.254 includes:
 - i. An individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists; and
 - ii. Marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

EXHIBIT A-3

STATEMENT OF WORK: MHS

Pathways to Well Being

1. PROGRAM SUMMARY. The Pathways to Well Being Program (hereafter “the Program”) is an outpatient model of mental health assessment (to determine class/subclass) and mental health service delivery for foster youth who meet class or subclass criteria (hereafter “client”) and their foster family to solve problems in the home environment. Program staff demonstrate and implement evidence-based practices with the youth and foster family as a means to improve the client’s behavior and provide structure and routine to the foster home environment. The Program offers individualized, and if clinically indicated, family and individual counseling services to children and youth and their foster families. Program staff seek to develop, support, and empower family units by identifying strengths and needs and teaching problem-solving skills. They also help the child gain emotional regulation and decrease negative behaviors by helping them to address their trauma histories. Services are aimed at preventing further incidents of behavioral, emotional, or social disturbance that may lead to removal from the foster home or out-of-county placement. Program services are designed for children and youth and their foster families. The Program shall serve the Lompoc and Santa Barbara areas and shall be headquartered at:

A. 1236 Chapala Street, Santa Barbara, California.

2. PROGRAM GOALS.

- A. Keep families together by reducing crisis in the home environment;
- B. Prevent out-of-county placement of the client;
- C. Promote reunification of a child to their home;
- D. Reduce “at-risk” behavior such as self-injurious behavior, criminal activity, and substance use;
- E. Reduce hospitalizations;
- F. Stabilize the child and family who reside in residential placement through the foster care system; and
- G. Improve the family’s level of functioning and the quality of life for the client through the use of various educational, behavioral, and clinical interventions.

3. SERVICES. Contractor shall provide assessments of clients (0-21 years of age) to determine class and subclass for the Katie A. Core Practice Model, coordinate program services with County and CWS, provide tracking data for class and subclass youth, and provide summary of (Katie A) reassessment reports to Behavioral Wellness and CWS on a quarterly basis. Contractor shall develop, support, and empower foster family units by identifying existing strengths and areas of need, and teaching problem-solving skills.

A. Contractor shall provide an array of mental health services as needed to Program clients, which may include the following:

- 1. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The

service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.

2. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.
 - i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:
 - a. Intake;
 - b. Every 6 months thereafter; and
 - c. Discharge.
 - ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.
 - iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of .70 or greater. Online training and certification is provided at www.canstraining.com.
 - iv. CANS must be reported on the CBO Quarterly Reports to include the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:
 - a. Functioning;
 - b. School;
 - c. Behavioral/Emotional;
 - d. Strength Behavior;
 - e. Risk Behavior; and
 - f. Caregiver Needs and Strengths.
 - v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:
 - a. Intake;
 - b. Every 6 months thereafter; and
 - c. Discharge.
 - vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents complete the document at intake and every 6 months.

3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
4. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.
5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service
6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
7. **Intensive Care Coordination.** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to clients under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC services include assessing, service planning, and implementation; monitoring and adapting; and transition within the guidelines of the Katie A. Core Practice Model available at: <https://www.countyofsb.org/behavioral-wellness/asset.c/2194>. ICC services are expanded to all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clients that qualify for IHBS/ICC.

ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. The CFT is comprised of — as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. ICC also provides an ICC coordinator who:

- i. Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and

linguistically competent manner and that services and supports are guided by the needs of the child/youth;

- ii. Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
- iii. Supports the parent/caregiver in meeting their child/youth's needs;
- iv. Helps establish the CFT and provides ongoing support; and
- v. Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.

8. **Intensive Home Based Services (IHBS).** (IHBS) are intensive, individualized, strength-based, and needs-driven intervention activities for clients under age 21, designed to ameliorate mental health conditions that interfere with a client's functioning. These activities are aimed at helping the client build skills necessary for successful functioning in the home and community and improve the client's family's ability to help the client successfully function in the home and community. IHBS are not traditional therapeutic services and are provided within the guidelines of the Katie A. Core Practice Model in accordance with the client's treatment plan. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS services are expanded to all EPSDT clients that qualify for IHBS.

9. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

B. Contractor shall utilize a variety of effective evidence-based treatment modalities to provide intensive in-home interventions, which may include:

1. Assisting foster family members with stress management;
2. Building communication skills;
3. Teaching anger management skills;
4. Teaching and modeling effective parenting skills;
5. Working with biological parents and the clients as needed to assist with reunification;
6. Assisting foster families to develop links to community partners and encouraging and empowering families to use those resources. Examples may include clergy, family members, and friends;
7. Developing and guiding parents in behavioral interventions;
8. Using evidence-based practices to identify and reinforce appropriate family roles and relationships;

9. Identifying communication patterns among family members and teaching family members appropriate response and coping mechanisms;
10. Utilize a recovery-oriented, strength-based approach in delivering treatment services; and
11. Contractor's use of other Behavioral Wellness Community Based Organizations (CBOs) or mental health service providers require authorization and review with Behavioral Wellness Team Supervisor or Regional Manager.

4. OPERATIONS.

- A. Service Intensity.** Contractor shall provide at least one (1) face-to-face service every week for each client. Service levels shall be based upon individualized needs of the client and may be adjusted to prevent client's move to a higher level of care. Clients needing a higher level of services (such as Intensive In-Home or SPIRIT) shall be referred to the coordinators' meeting.
- B. Treatment Location.** The primary service location will be office-based or community locations best suited for the client's and foster family's needs (e.g. foster home, parks, and schools).
- C. Staff-to-Client Caseload Ratios.** The Program shall operate with a staff-to-client ratio of approximately 1 to 20 [one (1.0) FTE direct service staff member per 20 clients].
- D. Hours of Operation and Staff Coverage.** Contractor shall operate a schedule which shall be flexible to accommodate the client and family, and allow Contractor's staff to meet with the client in their treatment location Monday through Friday, including evenings and weekends as needed. Contractor is not expected to provide 24/7 availability for crisis response.
- E. Authorization for Services.** Contractor shall request authorization from the assigned BWell regional manager. For Intensive Home Based Services (IHBS), Contractor shall send a referral to the BWell regional manager. For Therapeutic Behavioral Services referrals, authorization requests shall be sent to BWell's QCM Division.

5. CLIENTS AND PROGRAM CAPACITY.

- A.** Contractor shall provide Program services to Medi-Cal beneficiaries diagnosed as needing specialty mental health services (as described in Title 9, Chapter 11, CCR who are residing in foster or residential placement) and their foster families, regardless if the client is served by Behavioral Wellness Children's Clinics. County shall only reimburse Contractor for Program services provided to clients who:
 1. Are Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9 CCR, Chapter 11 and assessed at a high level of risk based on County's outcomes and level of care instrument;AND
 2. Have an open case file (episode) entered by Contractor into County's Management Information System (MIS) system.
- B.** Contractor shall provide the services described in Section 3 to a total of 80 clients, 53 in Lompoc and 27 in Santa Barbara. Contractor's caseload may fluctuate if clients shift between the Program and Contractor's Intensive In-Home Program as described in Exhibit

A-2. The combined total caseload served by the Program and Intensive In-Home shall be a minimum of 122 clients.

6. ADMISSION CRITERIA.

Clients shall be foster children and youth who have a diagnosis of SED and/or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9 CCR, Chapter 11, and assessed at a high level of risk based on County's outcomes and level of care instrument, as directed by Behavioral Wellness.

7. REFERRALS.

- A. Contractor shall provide services for client referrals made by CWS based on their screenings.
- B. Contractor shall respond to referrals and initiate services (Assessment to determine class) for those clients that are admitted within three (3) business days.
- C. Contractor shall not carry a waiting list and shall refer back to the County any client that Contractor is unable to initiate service for within stated timelines above.
- D. Clients will meet medical necessity and will have mild to moderate mental health issues.

8. DOCUMENTATION REQUIREMENTS.

- A. **Assessment.** Contractor shall complete an assessment within 10 days of referral on all clients that are not currently open to Behavioral Wellness. Contractor shall then email authorization form, referral sheet, and Medi-Cal eligibility to Behavioral Wellness QCM department for approval at bwellqcm@sbcbswell.org.
- B. **Behavioral Wellness Client Service Plan.** Upon approval of the Assessment, the Contractor shall complete a Behavioral Wellness Treatment Plan for each client receiving services. All Client Service Plans must be completed within 60 days of referral.
- C. For clients referred to Pathways to Well Being that are open to Behavioral Wellness, the Behavioral Wellness Treatment Team shall complete a Behavioral Wellness Client Service Plan in collaboration with Contractor for each client receiving Program services within 10 days of referral. The Behavioral Wellness Client Service Plan shall provide overall direction for the collaborative work of the client, the Program, and the Behavioral Wellness Treatment Team, as applicable.
- D. For clients already open to Behavioral Wellness, Contractor shall have shared access to Behavioral Wellness' client file, and shall access the file for each client referred and treated, which shall contain the following items:
 - 1. A copy of the County referral form.
 - 2. A client face sheet, listing all of the County programs that the client has been admitted to over time and is currently admitted to, including hospitalizations.
 - 3. A copy of the most recent comprehensive assessment or assessment update.
 - 4. A copy of the most recent medication record and health questionnaire.
 - 5. A copy of the currently valid Client Service Plan (see Section 9) indicating the goals and interventions for client enrollment in the Program.
 - 6. Client's Medi-Cal Eligibility Database Sheet (MEDS).

7. Other documents as reasonably requested by County.

9. CLIENT SERVICE PLAN.

- A. Contractor shall complete a Client Service Plan and assessments for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual, available at <http://cosb.countyofsb.org/behavioral-wellness> for those clients that are not shared with Behavioral Wellness.
- B. Contractor shall participate in Behavioral Wellness Children's Clinic 30-day review meeting with the Regional Manager to review Pathways to Well Being cases that are shared with Behavioral Wellness. All shared cases will be reviewed quarterly at minimum to examine client need for continued treatment in the Program. For the cases that are authorized by QCM, the Contractor shall submit a reauthorization request for cases that require ongoing services every 90 days.

10. DISCHARGE PLAN. Contractor staff shall work closely with each client to establish a written discharge plan that is responsive to the client's needs and personal goals. Contractor shall follow Behavioral Wellness policy and procedures regarding discharges in conformity with Behavioral Wellness's role as the Mental Health Plan.

A. DISCHARGE CRITERIA. The appropriateness for client discharge shall be determined by Contractor on a case by case basis. Criteria for discharge include:

- 1. Treatment goals have been sufficiently met;
- 2. The determination that the treatment goals have not been met as determined by Contractor. The client shall be provided with referrals to more appropriate treatment;
- 3. The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the intensive level of services provided by the Program;
- 4. The client's request to terminate services; or
- 5. Relocation of client and family out of the Program's service area.

11. STAFFING REQUIREMENTS. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

- A. The Program shall be staffed as described below. Program staffing levels between the Intensive In-Home and Pathways to Well Being programs may be adjusted as client volume fluctuates between the two programs.
 - 1. 4.5 FTE Child and Family Specialists or Therapists who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254.
 - 2. 0.5 FTE Lead Therapist who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254. The Lead Therapist or Manager may be responsible to provide some direct service to clients.
 - 3. 0.5 FTE supervisory or other staff including a Program Director, who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR Sections 1810.223 and 1810.254.

4. Licensed mental health professional under 9 CCR 1810.223 to include:
 - i. Licensed physicians;
 - ii. Licensed psychologists;
 - iii. Licensed clinical social workers;
 - iv. Licensed marriage and family therapists;
 - v. Licensed psychiatric technicians; and
 - vi. Waivered/Registered Professional under 9 CCR 1810.254 includes:
 - a. An individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists; and
 - b. Marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

EXHIBIT A-4

STATEMENT OF WORK: MHS

SPIRIT

- 1. PROGRAM SUMMARY.** The SPIRIT program (hereafter “the Program”) is designed to serve children (hereafter “clients”) and their families who are underserved and are at risk for high level out-of-county residential placement. The Program operates on a community-based, wraparound, evidence-based model, using a “whatever it takes” approach to identify and integrate thoughtful, responsive, and creative interventions for clients and their families. The Program operates Teams comprised of County and Contractor staff co-located at each of the Behavioral Wellness Children’s Clinics in Lompoc, Santa Barbara, and Santa Maria. The collaboration between County and Contractor allows the Program to provide a full-service partnership for clients, where clients receive a full spectrum of services in order to achieve the goals identified in their individualized Client Service Plan. Contractor’s Lompoc Program shall be located at:

 - A. 401 E. Ocean Ave, Lompoc;
 - B. 429 North San Antonio Road, Santa Barbara; and
 - C. 500 West Foster Road, Santa Maria, California.
- 2. PROGRAM GOALS.**

 - A. Maintain the client in their homes and communities whenever possible;
 - B. Support the client’s ability to adapt and cope with changing life circumstances;
 - C. Define and refine family strengths, culture, vision, and needs;
 - D. Prioritize family needs to create a plan that will help meet those needs; and
 - E. Carry out the Client Service Plan one need at a time until the client no longer requires Program support because the family’s vision has been achieved.
- 3. SERVICES.** Contractor shall develop, support, and empower family units by identifying existing strengths and areas of need, and teaching problem solving skills. Contractor shall provide the following services, as needed to Program clients:

 - A. Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
 - B. Assessment.** Assessment is designed to evaluate the current status of a client’s mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client’s clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.

- C. Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
- D. Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.
- E. Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to, parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
- F. Therapy.** Therapy is a service activity and therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
- G. Intensive Care Coordination.** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to clients under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC services include assessing, service planning, and implementation; monitoring and adapting; and transition within the guidelines of the Katie A. Core Practice Model available at: <https://www.countyofsb.org/behavioral-wellness/asset.c/2194>. ICC services are expanded to all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clients that qualify for IHBS/ICC.

ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. The CFT is comprised of — as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. ICC also provides an ICC coordinator who:

- i. Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically

competent manner and that services and supports are guided by the needs of the child/youth;

- ii. Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
- iii. Supports the parent/caregiver in meeting their child/youth's needs;
- iv. Helps establish the CFT and provides ongoing support; and
- v. Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.

H. Intensive Home-Based Services (IHBS). Intensive Home-Based Services (IHBS) are intensive, individualized, strength-based, and needs-driven intervention activities for clients under age 21, designed to ameliorate mental health conditions that interfere with a client's functioning. These activities are aimed at helping the client build skills necessary for successful functioning in the home and community, as well as improve the client's family's ability to help the client successfully function in the home and community. IHBS are not traditional therapeutic services and are provided within the guidelines of the Katie A. Core Practice Model in accordance with the client's treatment plan. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS services are expanded to all EPSDT clients that qualify for IHBS.

I. Crisis Intervention. Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

4. SERVICE INTENSITY AND TREATMENT LOCATIONS.

A. Service Intensity.

- 1. Services shall be authorized by County on a case-by-case basis for twelve to eighteen (12 – 18) months upon client's admission into the Program.
- 2. Services beyond the initial treatment period will be provided in accordance with the Behavioral Wellness Client Service Plan.

B. Treatment Location. Services shall be provided in the community. A Team shall be located at each of the County Behavioral Wellness Children's Clinics in Lompoc, Santa Barbara, and Santa Maria.

5. CLIENTS AND PROGRAM CAPACITY.

A. Contractor shall provide Program services to clients diagnosed with serious emotional disturbance (SED) and/or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, Chapter 11, CCR and their families. Clients must be

served by Behavioral Wellness Children's clinics in order to be eligible for the Program. Program clients shall be at risk for or returning from out-of-home placement.

- B. Contractor shall provide the services described in Section 3 to an average caseload of 15 clients per team, for a total of 45 clients.
- 6. **REFERRALS.** Contractor shall admit clients who have a case file (episode) open to the Behavioral Wellness Children's Clinic and are referred by the Behavioral Wellness SPIRIT Facilitator.
- 7. **DOCUMENTATION REQUIREMENTS.**
 - A. Contractor shall have shared access to Behavioral Wellness' client file, and shall access the record for each client referred and treated.
 - B. Client Service Plan. In collaboration with the Contract provider, Behavioral Wellness completes a Client Service Plan and assessment for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual.
 - 1. A Provider is defined as a "Clinician" that meets the criteria set forth in Behavioral Wellness' Mental Health Client Assessment Policy and Procedure 8.100, available at <http://countyofsb.org/behavioral-wellness/policies>.
- 8. **DISCHARGE PLAN.** The Behavioral Wellness Treatment team shall work in concert with Program staff to develop a written discharge plan that is responsive to the client's needs and personal goals. Contractor shall follow Behavioral Wellness policy and procedures regarding discharges in conformity with Behavioral Wellness's role as the Mental Health Plan.
 - A. **DISCHARGE CRITERIA.** The appropriateness for client discharge shall be determined on a case-by-case basis. Criteria for discharge include:
 - 1. Treatment goals have been sufficiently met;
 - 2. The determination that the treatment goals have not been met as determined by the Behavioral Wellness Treatment Team. The client and family shall be provided with referrals to more appropriate treatment;
 - 3. The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the intensive level of services provided by the Program;
 - 4. The client's request to terminate services; or
 - 5. Relocation of client and family out of the Program's service area.
- 9. **STAFFING REQUIREMENTS.** The Program shall include a combination of Contractor and County staff. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees. Contractor will rotate on-call with the rest of the SPIRIT team.
 - A. 3.0 FTE Parent Partners.
 - B. 0.2 FTE supervisory or other staff including a Program Director who shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR 1810.223 and 1810.254.

- C. County shall employ Facilitators and Parent Partners who, along with the Contractor's staff, will comprise the Program's Team. County staff shall work in conjunction with Contractor staff to assure provision of seamless, multi-disciplinary treatment, rehabilitation, and support services.
- D. Contractor shall obtain Behavioral Wellness approval prior to altering any of the staffing disciplines or specialties or number of staff.
- E. Licensed mental health professional under 9 CCR 1810.223 to include:
 - 1. Licensed physicians;
 - 2. Licensed psychologists;
 - 3. Licensed clinical social workers;
 - 4. Licensed marriage and family therapists;
 - 5. Licensed psychiatric technicians; and
 - 6. Waivered/Registered Professional under 9 CCR 1810.254 includes:
 - i. An individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists; and
 - ii. Marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

EXHIBIT A-5

STATEMENT OF WORK: MHS

Managed Care Mental Health/Brief Therapy

1. **PROGRAM SUMMARY.** Managed Care Mental Health/Brief Therapy (hereafter “the Program”) is designed to serve children (hereafter “clients”) who are Medi-Cal beneficiaries that meet medical necessity criteria as defined in Title 9, California Code of Regulations (CCR) Section 1830.210, and their families. The Program shall provide clients and their families with brief therapy which is time-limited and problem-focused and not intended to be long-term treatment. The Program shall serve the Santa Barbara area and shall be located at:
 - A. 1236 Chapala Street, Santa Barbara, California.
2. **PROGRAM GOALS.**
 - A. Maintain the client in their homes and communities whenever possible;
 - B. Support the client’s ability to adapt and cope with changing life circumstances;
 - C. Define and refine family strengths, culture, vision, and needs;
 - D. Prioritize family needs to create a plan that will help meet those needs; and
 - E. Carry out the Client Service Plan (see Section 7 – Documentation Requirements) until the client no longer requires Program supports because the family’s vision has been achieved.
3. **SERVICES.** Contractor shall develop, support, and empower family units by identifying existing strengths and areas of need, and teaching problem solving skills.
 - A. Contractor shall use a variety of effective evidence-based treatment modalities and other promising practices known to be effective with the population served;
 - B. Contractor shall provide an array of the following services as needed to Program clients:
 1. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
 2. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client’s mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client’s clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.
 - i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:
 - a. Intake;

- b. Every 6 months thereafter; and
 - c. Discharge.
 - ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.
 - iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of .70 or greater. Online training and certification is provided at www.canstraining.com.
 - iv. CANS must be reported on the CBO Quarterly Reports to include the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:
 - a. Functioning;
 - b. School;
 - c. Behavioral/Emotional;
 - d. Strength Behavior;
 - e. Risk Behavior; and
 - f. Caregiver Needs and Strengths.
 - v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:
 - a. Intake;
 - b. Every 6 months thereafter; and
 - c. Discharge.
 - vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents complete the document at intake and every 6 months.
3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
 4. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.
 5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a

client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.

6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
7. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

4. SERVICE INTENSITY AND TREATMENT LOCATIONS.

A. Service Intensity.

1. Services provided by Contractor under this agreement shall be authorized by County on a case-by-case basis upon Contractor's submission of a medical necessity attestation to the Behavioral Wellness Quality Care Management (QCM) Division. The initial authorization shall be 16 sessions for children or 10 sessions for adults or as otherwise authorized by the Behavioral Wellness QCM Division upon receipt of the medical necessity attestation.
 2. In no event shall more than 30 total sessions be authorized for any one client; the length of treatment in the Program shall not exceed six (6) months, unless otherwise authorized in advance by the Behavioral Wellness QCM Division.
 3. **Treatment Location.** Services shall be provided primarily at Contractor's offices. Services may be provided at the client's home or in the community as needed.
5. **CLIENTS.** Contractor shall provide Program services to clients diagnosed with serious emotional disturbance (SED) or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, CCR Chapter 11, and their families.
6. **REFERRALS.**

Contractor shall admit clients who are referred by Behavioral Wellness. Contractor may provide services to clients who individually request services with no referral source, but must

obtain authorization from Behavioral Wellness QCM before providing services, regardless of the referral status.

7. DOCUMENTATION REQUIREMENTS.

A. Client Service Plan. Contractor shall complete a Client Service Plan and assessment for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual.

B. Client Documentation. Contractor shall maintain the following client documentation within its electronic files for each client referred and treated:

1. Client assessment.
2. Supporting progress note documentation.

8. STAFFING REQUIREMENTS. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

A. Contractor shall provide the following services, as needed to Program clients:

1. 2.5 FTE Child and Family Specialists who shall be Qualified Mental Health Workers (QMHW). QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application:
 - i. Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, vocational adjustment, or a combination thereof;
 - ii. Staff with a Bachelor's degree must have the equivalent of one year full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, vocational adjustment, or a combination thereof; or
 - iii. No experience is required for staff with a Master's or Doctoral degree in a related field as described in Section 8.A. herein.
2. 0.2 FTE supervisory or other staff including a Program Director; and
3. 0.2 FTE Clinical Supervisor who shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR 1810.223 and 1810.254.
4. Licensed mental health professional under 9 CCR 1810.223 to include:
 - i. Licensed physicians;
 - ii. Licensed psychologists;
 - iii. Licensed clinical social workers;
 - iv. Licensed marriage and family therapists;

- v. Licensed psychiatric technicians; and
 - vi. Waivered/Registered Professional under 9 CCR 1810.254 includes:
 - a. An individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists; and
 - b. Marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.
- 9. DISCHARGE PLAN.** Contractor shall develop a Discharge Plan that is responsive to the client's needs and personal goals. Contractor shall follow Behavioral Wellness policy and procedures regarding discharges in conformity with Behavioral Wellness's role as the Mental Health Plan.
- 10. DISCHARGE CRITERIA.** The appropriateness for client discharge shall be determined on a case-by-case basis. Criteria for discharge include:
- 1. Treatment goals have been sufficiently met;
 - 2. The determination that the treatment goals have not been met. Contractor shall provide the client and family with referrals to more appropriate treatment;
 - 3. The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the level of services provided by the Program;
 - 4. The client's request to terminate services; or
 - 5. Relocation of client and family out of the Program's service area.

EXHIBIT A-6

STATEMENT OF WORK: MHS

MHSA PEI Early Childhood Mental Health

- 1. PROGRAM SUMMARY.** The Program, funded through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Early Childhood Mental Health Services component, shall provide mental health services to address early childhood mental health issues for children, aged prenatal to five years, and their families through a comprehensive array of services provided primarily in clients' homes. The Program will apply the Healthy Families America (HFA) model available at:

<http://www.healthyfamiliesamerica.org/publications/download.shtml>,

which includes multidisciplinary teams providing home visitation and mental health services to young children who are at risk for social emotional issues and abuse and their parents. The Program will serve the Santa Barbara, Lompoc, and Santa Maria regions of Santa Barbara County and will be headquartered at:

- A. 1236 Chapala St., Santa Barbara, California;
- B. 110 S. C St, Lompoc, California; and
- C. 210 Enos Dr., Suite A, Santa Maria, California.

2. PROGRAM GOALS.

- A. Enhance optimal child health and development;
- B. Promote positive parenting practices;
- C. Prevent child abuse and neglect;
- D. Provide services that are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development; and
- E. Provide each family with linkage to a medical provider and additional resources as appropriate.

- 3. SERVICES.** Contractor shall develop, support, and empower family units by identifying existing strengths and areas of need, and teaching problem solving skills.

- A. Specific services to be provided within this program include Child Parent Psychotherapy (CPP) program, Postpartum Depression screening and support, Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Parent-Child Interaction Therapy (PCIT), and other evidence-based practices, as clinically indicated.
- B. The Program shall provide the following mental health services, as defined in Title 9 CCR, to clients and their families throughout Santa Barbara County:

- 1. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and

referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.

2. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.
 - i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:
 - a. Intake;
 - b. Every 6 months thereafter; and
 - c. Discharge.
 - ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.
 - iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of .70 or greater. Online training and certification is provided at www.canstraining.com.
 - iv. CANS must be reported on the CBO Quarterly Reports reporting the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:
 - a. Functioning;
 - b. School;
 - c. Behavioral/Emotional;
 - d. Strength Behavior;
 - e. Risk Behavior; and
 - f. Caregiver Needs and Strengths.
 - v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:
 - a. Intake;
 - b. Every 6 months thereafter; and
 - c. Discharge.
 - vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents complete the document at intake and every 6 months.

3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
4. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.
5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
6. **Therapy.** Therapy is a service activity and therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
7. **Intensive Care Coordination (ICC).** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to clients under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC services include assessing, service planning, and implementation; monitoring and adapting; and transition within the guidelines of the Katie A. Core Practice Model available at: <https://www.countyofsb.org/behavioral-wellness/asset.c/2194>. ICC services are expanded to all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clients that qualify for IHBS/ICC.

ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. The CFT is comprised of — as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. ICC also provides an ICC coordinator who:

- i. Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
 - ii. Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
 - iii. Supports the parent/caregiver in meeting their child/youth's needs;
 - iv. Helps establish the CFT and provides ongoing support; and
 - v. Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.
8. **Intensive Home-Based Services (IHBS).** IHBS are intensive, individualized, strength-based, and needs-driven intervention activities for clients under age 21 and designed to ameliorate mental health conditions that interfere with a client's functioning. These activities are aimed at helping the client build skills necessary for successful functioning in the home and community and improve the client's family's ability to help the client successfully function in the home and community. IHBS are not traditional therapeutic services and are provided within the guidelines of the Katie A. Core Practice Model in accordance with the client's treatment plan. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS services are expanded to all EPSDT clients that qualify for IHBS.
- C. The Program services shall include parenting education and support, family assessment and screening, developmental screening, father support services, and counseling for Postpartum Depression.
 - D. Contractor shall partner with clients and collaborate with other service providers to promote coordinated systems of care.
4. **SERVICE INTENSITY AND TREATMENT LOCATION.**
- A. **Length of Stay.** The average length of treatment for children and families enrolled in the Program is 6-12 months, although the duration shall be individually based on the unique needs of the child and family.
 - B. **Treatment Location.** Program services will be provided in the community and primarily in clients' homes.
5. **CLIENTS AND PROGRAM CAPACITY.**
- A. Persons served by the Program are children, aged prenatal to five years, and their families in Santa Barbara County within the following priority populations: trauma-exposed individuals, children and youth in stressed families, children and youth at risk for school failure, and underserved cultural populations.
 - B. Contractor shall provide the services described in Section 3 to at least 125 families per year, consisting of at least 45 families in Santa Barbara, 40 families in Lompoc, and 40 families in Santa Maria.

6. REFERRALS.

- A.** Contractor shall admit clients who meet criteria for the Program and are referred by the County or community resources.
 - B. Referral Packet.** Contractor shall receive a referral packet for each client referred and treated. Any items that are available in the Behavioral Wellness Medical Record system shall be shredded by Contractor upon opening the client to the program. The referral packet shall include:

 - 1. A client face sheet listing all of the programs that the client has been admitted to over time and is currently admitted to, including hospitalizations.
 - 2. A copy of the most recent comprehensive assessment or assessment update.
 - 3. A copy of an updated Client Service Plan with the Contractor added as a provider of service.
 - 4. A copy of the most recent medication record and health questionnaire.
- 7. DISCHARGE CRITERIA.** The appropriateness for client discharge or transfer to less intensive services shall be determined on a case-by-case basis. This section shall not be construed to supersede the scope, frequency, and duration of services. Criteria for discharge or transfer to less intensive services include:
- A.** Treatment goals have been sufficiently met;
 - B.** The determination that the treatment goals have not been met as determined by the treatment team. The client and family shall be provided with referrals to more appropriate treatment;
 - C.** The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the specialized level of services provided by the Program;
 - D.** The client or family requests to terminate services; or
 - E.** Relocation of client and family out of the Program's service area.
- 8. STAFFING REQUIREMENTS.** Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.
- A.** The Program shall include qualified bilingual and bicultural clinicians and staff able to meet the diverse needs represented in the local community. Forty percent (40%) of staff hired to work in the Program shall be bilingual and bicultural, per MHSA requirements. As needed, the Program shall have access to qualified translators and translator services experienced in behavioral healthcare and appropriate to the needs of the clients served.
 - B.** Contractor shall employ staff as described below or as otherwise approved in writing by Behavioral Wellness:

 - 1. 4.5 FTE Child and Family Specialists or Therapist who shall be Qualified Mental Health Workers (QMHW) or licensed/ waived/registered mental health professionals

as described in Title 9, CCR 1810.223 and 1810.254; to provide perinatal support and PCIT the Lead Therapist or Manager may be responsible to provide some direct service to clients. QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application:

- i. Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psychosocial functioning, social adjustment, vocational adjustment, or a combination thereof;
 - ii. Staff with a Bachelor's degree must have the equivalent of one year full-time experience in a mental health setting in the areas of psychosocial functioning, social adjustment, vocational adjustment, or a combination thereof;
 - iii. No experience is required for staff with a Master's or Doctoral degree in a related field as described in Section 8.B. herein.
2. 0.3 FTE Supervisory Staff comprised of a Program Director; and
 3. 0.5 FTE Clinical Supervisor, who shall be licensed/waivered/registered mental health professionals, as described in Title 9, CCR 1810.223 and 1810.254.
 4. Licensed mental health professional under 9 CCR 1810.223 to include:
 - i. Licensed physicians;
 - ii. Licensed psychologists;
 - iii. Licensed clinical social workers;
 - iv. Licensed marriage and family therapists;
 - v. Licensed psychiatric technicians; and
 - vi. Waivered/Registered Professional under 9 CCR 1810.254 includes:
 - a. An individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists; and
 - b. Marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

C. Training.

1. Contractor shall provide training to staff regarding working with children, aged prenatal to five years, and their families.
2. Contractor shall provide training to staff regarding the Healthy Families America model, PCIT, TFCBT, and training specific to staff roles as they relate to the Program model, including family assessment and home visitation.

3. Contractor shall provide basic training to all staff in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.

9. CLIENT AND FAMILY MEMBER EMPOWERMENT. In addition to the requirements listed in Exhibit A-1-General Provisions: MHS, Section 9, Contractor shall adhere to the following:

- A. Contractor agrees to actively support and promote Consumer empowerment and commits to making a reasonable effort to ensure client or family member representation on the Board of Directors.
- B. Contractor will advance client and family member participation at all levels by working with the Behavioral Wellness Consumer Empowerment Manager, Behavioral Wellness Division Chief, MHSA, and the Consumer and Family Member Advisory Committee.
- C. Contractor will provide Bi-Annual program, outcome, and client and family member satisfaction updates.

EXHIBIT A-7

STATEMENT OF WORK: MHS

Medi-Cal Early Childhood Specialty Mental Health Services

1. **PROGRAM SUMMARY.** The Early Childhood Specialty Mental Health Services program (hereafter “the Program”) provides mental health services to Medi-Cal beneficiaries aged zero to ten years of age (hereafter “clients”) who are experiencing emotional, social, and behavioral difficulties, and to their families. These services provide family-focused early intervention to low-income families who may not otherwise have access to these services. The Program serves North and South Santa Barbara County. The Program headquarters shall be:
 - A. 1236 Chapala St., Santa Barbara, CA 93101;
 - B. 110 S. C St., Lompoc, CA 93436; and
 - C. 210 Enos Dr. Suite A, Santa Maria, CA 93454.
2. **PROGRAM GOALS.**
 - A. Diminish client impairment or prevent significant deterioration in an important area of client’s life functioning; and
 - B. Allow the client to progress developmentally as individually appropriate.
3. **SERVICES.** Contractor shall develop, support, and empower family units by identifying existing strengths and areas of need, and teaching problem solving skills.
 - A. Contractor shall provide the following services as defined in California Code of Regulations (CCR), Title 9:
 1. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
 2. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client’s mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client’s clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.
 - i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:
 - a. Intake;
 - b. Every 6 months thereafter; and
 - c. Discharge.

- ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.
 - iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of .70 or greater. Online training and certification is provided at www.canstraining.com.
 - iv. CANS must be reported on the CBO Quarterly Reports to include the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:
 - a. Functioning;
 - b. School;
 - c. Behavioral/Emotional;
 - d. Strength Behavior;
 - e. Risk Behavior; and
 - f. Caregiver Needs and Strengths.
 - v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:
 - a. Intake;
 - b. Every 6 months thereafter; and
 - c. Discharge.
 - vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents completing the document at intake and every 6 months.
3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
 4. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.
 5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same

household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.

6. **Therapy.** Therapy is a service activity and therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
7. **Intensive Care Coordination (ICC).** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to clients under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC services include assessing, service planning, and implementation; monitoring and adapting; and transition within the guidelines of the Katie A. Core Practice Model available at: <https://www.countyofsb.org/behavioral-wellness/asset.c/2194>. ICC services are expanded to all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clients that qualify for IHBS/ICC.

ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. The CFT is comprised of — as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. ICC also provides an ICC coordinator who:

- i. Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
 - ii. Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
 - iii. Supports the parent/caregiver in meeting their child/youth's needs;
 - iv. Helps establish the CFT and provides ongoing support; and
 - v. Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.
8. **Intensive Home Based Services (IHBS).** IHBS are intensive, individualized, strength-based, and needs-driven intervention activities for clients under age 21 and designed to ameliorate mental health conditions that interfere with a client's

functioning. These activities are aimed at helping the client build skills necessary for successful functioning in the home and community and improve the client's family's ability to help the client successfully function in the home and community. IHBS are not traditional therapeutic services and are provided within the guidelines of the Katie A. Core Practice Model in accordance with the client's treatment plan. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS services are expanded to all EPSDT clients that qualify for IHBS.

4. OPERATIONS.

- A. Length of Stay.** The average length of stay in the Program will be six (6) months to twelve (12) months. Authorization beyond 6 months requires Behavioral Wellness QCM review.
- B. Treatment Location.** The primary service location shall be the Contractor's facility, client's home, or in the community.
- C. Staff Caseload Ratio.** The Program shall operate with a staff-to-client ratio that does not exceed approximately 1 to 15 (15 clients to 1.0 FTE staff member) or higher as approved by County.

5. CLIENTS AND PROGRAM CAPACITY.

- A.** Contractor shall provide Program services to clients aged zero to ten years who are Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, CCR Chapter 11, and their families.
- B.** Contractor shall provide the services described in Section 3 to an average caseload of approximately 140 clients. In addition to the 140 clients, approximately 115 clients will be evaluated for Katie A. subclass inclusion during the initial phase of screening.

6. AUTHORIZATION.

- A.** Contractor shall submit an Authorization Request and medical necessity attestation prior to service delivery to Behavioral Wellness Quality Care Management Division (QCM). Contractor will notify County in advance of clients identified as having specialty mental health needs beyond the six-month length of stay for authorization review. These clients will be assessed by Behavioral Wellness QCM to determine the most appropriate services such as continued treatment in the Program or referral to other services.
- B.** Contractor shall verify whether clients have a case file open with an agency that provides similar services and, in such cases, Contractor shall provide justification to the Behavioral Wellness QCM Division, as an attachment to the Authorization Request, for the services Contractor proposes to provide to the client.

7. REFERRALS.

- A.** Contractor shall admit clients referred by the County or community resources for clients who are authorized to receive services as described in the Section 6, Authorization.
- B. Referral Packet.** Contractor shall receive a referral packet for each client referred and treated. Any items that are available in the Behavioral Wellness Medical Record system

shall be shredded by Contractor upon opening the client to the program. The referral packet shall include:

1. A client face sheet listing all of the programs that the client has been admitted to over time and is currently admitted to, including hospitalizations.
2. A copy of the most recent comprehensive assessment or assessment update.
3. A copy of an updated Client Service Plan (as described in Section 8, Documentation Requirements) with the Contractor added as a provider of service, and Katie A. Addendum if indicated.
4. A copy of the most recent medication record and health questionnaire.
5. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout, as provided to Contractor in the initial Referral Packet. Thereafter, it will be Contractor's responsibility to verify continued Medi-Cal eligibility.

8. DOCUMENTATION REQUIREMENTS. Contractor shall complete a Client Service Plan and assessments for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual.

9. DISCHARGE CRITERIA. The appropriateness for client discharge shall be determined on a case-by-case basis. Criteria for discharge include:

- A. Treatment goals have been sufficiently met;
- B. The determination that the treatment goals have not been met as determined by Contractor. The client and family shall be provided with referrals to more appropriate treatment;
- C. The determination that significant progress has been made, even if not all the goals have been met, such that the client and family no longer require the level of services provided by the Program;
- D. The client's request to terminate services; or
- E. Relocation of client and family out of the Program's service area.

10. STAFFING REQUIREMENTS. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

A. 13.0 FTE who shall be at minimum Qualified Mental Health Workers (QMHW) or Therapist, including at least 1.5 FTE licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254.

1. QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application;

2. Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psychosocial functioning, social adjustment, vocational adjustment, or a combination thereof;
 3. Staff with a Bachelor's degree must have the equivalent of one year full-time experience in a mental health setting in the areas of psychosocial functioning, social adjustment, vocational adjustment, or a combination thereof; and
 4. No experience is required for staff with a Master's or Doctoral degree in a related field described in Section 10.A.
- B.** 1.0 FTE Clinical Supervisor shall be a Licensed Clinician who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254. The Lead Therapist or Manager may be responsible to provide some direct service to clients;
- C.** 2.0 FTE Supervisory staff comprised of a Program Director and Chief Program Officer who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254.
- D.** Licensed mental health professional under 9 CCR 1810.223 to include:
- i. Licensed physicians;
 - ii. Licensed psychologists;
 - iii. Licensed clinical social workers;
 - iv. Licensed marriage and family therapists;
 - v. Licensed psychiatric technicians; and
 - vi. Waivered/Registered Professional under 9 CCR 1810.254 includes:
 - a. An individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists; and
 - b. Marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

EXHIBIT B
FINANCIAL PROVISIONS

EXHIBIT B
FINANCIAL PROVISIONS - MHS

(Applicable to programs described in Exhibit A-2 – A-7)
(With attached Exhibit B-1 Schedule of Rates and Contract Maximum - MHS)

This Agreement provides for reimbursement for services up to the Maximum Contract Amount, reflected in Section II below and Exhibit B-1 Schedule of Rates and Contract Maximum – MHS (“Exhibit B-1-MH”). For Medi-Cal and all other services provided under this Agreement, Contractor shall comply with all applicable requirements necessary for reimbursement in accordance with Welfare and Institutions Code (WIC) §§14705-14711, and other applicable Federal, State, and local laws, regulations, rules, manuals, policies, guidelines and directives.

I. PAYMENT FOR SERVICES

- A. Performance of Services. Contractor shall be compensated on a cost reimbursement basis, subject to the limitations described in this Agreement and all exhibits hereto, for provision of the Units of Service (UOS) or other deliverables, as established in Exhibit B-1-MH based on satisfactory performance of the services described in the Exhibit A(s).
- B. Medi-Cal Billable Services. The services provided by Contractor’s Program described in the Exhibit A(s) that are covered by the Medi-Cal Program will be reimbursed by County from Federal Financial Participation (FFP) and State and local matching funds as specified in Exhibit B-1-MH and subject to Section I.F (Funding Sources) of this Exhibit B Financial Provisions MHS (“Exhibit B MH”).
- C. Non-Medi-Cal Billable Services. County recognizes that some of the services provided by Contractor’s Program, described in the Exhibit A(s), may not be reimbursable by Medi-Cal, and such services may be reimbursed by other County, State, and Federal funds to the extent specified in Exhibit B-1-MH and pursuant to Section I.F (Funding Sources) of this Exhibit B MH. Funds for these services are included within the Maximum Contract Amount, and are subject to the same requirements as funds for services provided pursuant to the Medi-Cal program.
- D. Medi-Cal Subsidy. County may provide a subsidy to Contractor, as specified in Exhibit B-1-MH for Non-Medi-Cal services provided in Medi-Cal programs. Subsidy shall not be used to reimburse disallowed costs including those in excess of budgeted amounts, improper costs, and any audit exceptions or adjustments. Reallocation of subsidy is at the discretion of the Behavioral Wellness Director or designee. Contractor shall make written application to Behavioral Wellness Director or designee, in advance and no later than April 1 of each Fiscal Year, to reallocate subsidy as outlined in Exhibit B-1-MH between programs. Behavioral Wellness Director or designee reserves the right to approve a subsidy reallocation in the year-end cost settlement.
- E. Limitations on Use of Funds Received Pursuant to this Agreement. Contractor shall use the funds provided by County exclusively for the purposes of performing the services described in Exhibit A(s) to this Agreement. Expenses shall comply with the requirements established in OMB Uniform Administrative Requirements, Cost

Principles, and Audit Requirements for Federal Awards and all other applicable regulations. Violation of this provision or use of County funds for purposes other than those described in the Exhibit A(s) shall constitute a material breach of this Agreement.

F. Funding Sources. The Behavioral Wellness Director or designee may reallocate between funding sources at his/her discretion, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Behavioral Wellness Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the Agreement.

G. Beneficiary Liability for Payment.

1. Contractor shall not submit a claim to, or demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments. (Cal. Code Regs., tit. 9, § 1810.365 (a).)
2. Contractor shall not hold beneficiaries liable for debts in the event that County becomes insolvent; for costs of covered services for which the State does not pay County; for costs of covered services for which the State or County does not pay to Contractor; for costs of covered services provided under a contract, referral or other arrangement rather than from the County; or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary. 42 C.F.R. § 438.106 and Cal. Code Regs. tit 9, § 1810.365(c).
3. Contractor shall not bill beneficiaries, for covered services, any amount greater than would be owed if the Contractor provided the services directly. (42 C.F.R. § 483.106(c).)

H. DHCS assumes no responsibility for the payment to Contractor for services used in the performance of this Agreement. County accepts sole responsibility for the payment of Contractors in the performance of this Agreement per the terms of this Agreement.

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$3,046,311** for FY 20 - 21 in Mental Health Funding and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MH and subject to the provisions in Section I (Payment for Services). Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor’s performance hereunder without a properly executed amendment.

III. OPERATING BUDGET AND PROVISIONAL RATE

A. Operating Budget. Prior to the Effective Date of this Agreement, Contractor shall provide County with an Operating Budget on a format acceptable to, or provided by County, based on costs of net of revenues as described in this Exhibit B MH, Section IV (Accounting for Revenues). The approved Operating Budget shall be attached to this

Agreement as Exhibit B-2. County may disallow any expenses in excess of the adopted operating budget. Contractor shall request, in advance, approval from County for any budgetary changes. Indirect costs are limited to 15% of direct costs for each program and must be allocated in accordance with a cost allocation plan that adheres with OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

- B. Provisional Rate. County agrees to reimburse Contractor at a Provisional Rate (the “Provisional Rate”) during the term of this Agreement. For recurring contracts, the Provisional Rate shall be established by using the historical data from prior fiscal periods. The Provisional rate for all new contracts will be based on actual cost or the County Maximum Allowable Rate. Quarterly, or at any time during the term of this Agreement, Behavioral Wellness Director or designee shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues and the volume of services provided in prior quarters.

IV. ACCOUNTING FOR REVENUES

- A. Accounting for Revenues. Contractor shall comply with all County, State, and Federal requirements and procedures, including, but not limited to, those described in California Welfare and Institutions Code (WIC) Sections 5709, 5710 and 14710, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP), (2) the eligibility of patients/clients for Medi-Cal, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. Grants, and any other revenue, interest and return resulting from services/activities and/or funds paid by County to Contractor shall also be accounted for in the Operating Budget. Contributions designated in Exhibit B-1-MH shall be offset from invoices and the annual cost report, unless otherwise negotiated with the County and approved in writing.
- B. Internal Procedures. Contractor shall maintain internal financial controls which adequately ensure proper billing and collection procedures. Contractor shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort. All fees paid by or on behalf of patients/clients receiving services under this Agreement shall be utilized by Contractor only for the delivery of service units specified in the Exhibit A(s) to this Agreement, unless otherwise negotiated with the County and approved in writing.

V. REALLOCATION OF PROGRAM FUNDING

Funding is limited by program to the amount specified in Exhibit B-1-MH. Contractor cannot move funding between programs without explicit approval by Behavioral Wellness Director or designee. Contractor shall make written application to Behavioral Wellness Director or designee, in advance and no later than April 1 of each Fiscal Year, to reallocate funds as outlined in Exhibit B-1-MH between programs, for the purpose of meeting specific program needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The

Behavioral Wellness Director's or designee decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor. The Behavioral Wellness Director or designee also reserves the right to reallocate between programs in the year end cost settlement and will notify Contractor of any reallocation during the cost settlement process.

VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS

A. Submission of Claims and Invoices.

1. Submission of Claims and Invoices for Medi-Cal Services. Services are to be entered into the Clinician's Gateway System based on timeframes prescribed in the Behavioral Wellness Clinical Documentation Manual. Late service data and claims may only be submitted in accordance with State and federal regulations. Behavioral Wellness shall provide to Contractor a report that: i) summarizes the Medi-Cal UOS approved to be claimed for the month, multiplied by the provisional rate in effect at the time of service, ii) states the amount owed by County, and iii) includes the Agreement number. Contractor shall review the report and indicate concurrence that the report will be the basis for Contractor's provisional payment for the month. Contractor shall indicate concurrence within two (2) business days electronically to the County designated representative or to:

financecbo@co.santa-barbara.ca.us

Santa Barbara County Department of Behavioral Wellness

ATTN: Accounts Payable

429 North San Antonio Road

Santa Barbara, CA 93110-1316

Contractor agrees that it shall be solely liable and responsible for all data and information submitted to the County and submitted by the County to the State on behalf of Contractor.

2. Submission of Claims and Invoices for Non Medi-Cal Services. Contractor shall submit a written invoice within 15 calendar days of the end of the month in which non-Medi-Cal services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, including the provisional Medi-Cal payment as described in VI.A.1 of this Exhibit B MH, as appropriate, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VI.A.1 (Submission of Claims and Invoices for Medi-Cal Services) of this Exhibit B MH. Actual cost is the actual amount paid or incurred, including direct labor and costs supported by financial statements, time records, invoices, and receipts.
3. The Program Contract Maximums specified in Exhibit B-1-MH and this Exhibit B MH are intended to cover services during the entire term of the Agreement, unless otherwise specified in the Exhibit A(s) to this Agreement (such as time-limited or services tied to the school year). Under no circumstances shall Contractor cease services prior to June 30 due to an accelerated draw down of funds earlier in the Fiscal Year. Failure to provide services during the entire term of the Agreement

may be considered a breach of contract and subject to the Termination provisions specified in the Agreement.

The Behavioral Wellness Director or designee shall review the monthly claim(s) and invoices to confirm accuracy of the data submitted. County shall make provisional payment for approved claims within thirty (30) calendar days of the generation of said claim(s) and invoice by County subject to the contractual limitations set forth in this Agreement and all exhibits hereto.

4. Subsidy Payments. This section applies to providers with programs that have subsidy funding allocations. For each program with subsidy funding comprising 5% or less of the total program funding allocation set forth in Exhibit B-1, payment of subsidy will occur at cost settlement after the year end cost report has been submitted and costs are determined to be in compliance with contract terms and State and Federal regulations. For providers with more than 5% total subsidy funding in any program, the final subsidy payment, or up to a maximum of 20% of total subsidy funding allocated for the given program in Exhibit B-1, will be withheld until the year end cost report has been submitted and costs are determined to be in compliance with contract terms and State and Federal regulations.
- B. Monthly Financial Statements. Within 15 calendar days of the end of the month in which services are delivered, Contractor shall submit monthly financial statements reflecting the previous month's and cumulative year to date direct and indirect costs and other applicable revenues for Contractor's programs described in the Exhibit A(s). If a program has both Medi-Cal billable costs and Non-Medi-Cal billable costs, Contractor shall separately identify Non-Medi-Cal billable costs on their financial statements.
- C. Withholding of Payment for Non-submission of Service Data and Other Information. If any required service data, invoice, financial statement or report is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Behavioral Wellness Director or designee. Behavioral Wellness Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- D. Withholding of Payment for Unsatisfactory Clinical Documentation. Behavioral Wellness Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum Federal, State and County written standards. County may also deny payment for services that are provided without a current client service plan.
- E. Claims Submission Restrictions.
 1. 12-Month Billing Limit. Unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within 12 months from the month of service to avoid denial for late billing.

2. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.
- F. Claims Certification and Program Integrity. Contractor shall certify that all UOS entered by Contractor into MIS for any payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.
- G. Overpayments: If the Contractor discovers an overpayment, Contractor must notify the County in writing of the reason for the overpayment. Any overpayments of contractual amounts must be returned via direct payment within 30 days to the County. County may withhold amounts from future payments due to Contractor under this Agreement or any subsequent agreement if Contractor fails to make direct payment within required timeframe.

VII. COST REPORT

- A. Submission of Cost Report. Within three weeks of the release of the cost report template by the Department of Health Care Services (DHCS) but no sooner than 30 days after the end of the fiscal year, Contractor shall provide County with an accurate and complete Annual Cost Report (original cost report) with a statement of expenses and revenue and other supporting schedules for the applicable prior fiscal year. The Annual Cost Report shall be prepared by Contractor in accordance with all applicable Federal, State and County requirements and generally accepted accounting principles. Contractor shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice. All revenues received by Contractor shall be reported in its annual Cost Report, and shall be used to offset gross cost. Contractor shall maintain source documentation to support the claimed costs, revenues and allocations which shall be available at any time to Behavioral Wellness Director or designee upon reasonable notice. A final (reconciled) cost report is also due approximately 1 to 2 years after submission of the original cost report. The specific deadline for the final cost report is determined by the State. Contractor shall submit a final (reconciled) cost report within three weeks of the County's formal request.
- B. Cost Report to be Used for Settlement. The Cost Report shall be the financial and statistical report submitted by Contractor to County, and shall serve as the basis for settlement with Contractor as set forth in Section VIII (Pre-audit Cost Report Settlements) below. Contractor shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder.

- C. Penalties. Failure of Contractor to submit accurate and complete Annual Cost Report(s) within 45 days after the due date set in Section VII.A (Submission of Cost Report) above or the expiration or termination date of this Agreement shall result in:
1. A Late Penalty of ONE HUNDRED DOLLARS (\$100) for each day that the accurate and complete Annual Cost Report(s) are not submitted. The Late Penalty shall be assessed separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the forty-sixth (46th) day after the deadline or the expiration or termination date of this Agreement. The late fee will be invoiced separately or deducted from future payments due to Contractor under this Agreement or a subsequent agreement.
 2. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred and fifth (105th) day after the due date set in Section VII.A (Submission of Cost Report) or the expiration or termination date of this Agreement, then all amounts paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) are outstanding shall be repaid by Contractor to County. Further, County may terminate any current contracts entered into with Contractor for programs covered by the outstanding Annual Cost Reports.
 3. In addition, County may withhold payments of additional funds owed to Contractor until the cost report that is due has been submitted if Contractor does not submit the cost report by the reporting deadline.
- D. Audited Financial Reports: Contractor is required to obtain an annual financial statement audit and submit to County a copy of their audited annual financial statement, including management comments. This report shall be submitted within thirty (30) days after the report is received by Contractor.
- E. Single Audit Report: If Contractor is required to perform a single audit and/or program specific audit, per the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

VIII. PRE-AUDIT COST REPORT SETTLEMENTS

- A. Pre-audit Cost Report Settlements. Based on the original and final/reconciled Annual Cost Report(s) submitted pursuant to this Exhibit B MH Section VII (Cost Reports) and State approved UOS, at the end of each Fiscal Year or portion thereof that this Agreement is in effect, the County will perform pre-audit cost report settlement(s). Such settlements will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies and procedures, or requirements pertaining to cost reporting and settlements for applicable Federal and/or State programs. In no event shall the settlement exceed the maximum amount of this Agreement. Settlement for services shall be adjusted to the lower of:
1. Contractor's published charge(s) to the general public, as approved by the Contractor's governing board; unless the Contractor is a Nominal Fee Provider. This federal published charges rule is applicable only for the outpatient, rehabilitative, case management and 24-hour services.

2. The Contractor's actual costs.
 3. The County Maximum Allowable rate, unless Director or designee approves in writing in the year end cost settlement, that use of the County Maximum Allowable rate was waived for settlement purposes.
- B. Issuance of Findings.** County's issuance of its pre-audit cost report settlement findings shall take place no later than one-hundred-twenty (120) calendar days after Contractor's submission of the original and final/reconciled cost reports.
- C. Payment.** In the event that Contractor adjustments based on any of the above methods indicate an amount due the County, Contractor shall pay County by direct payment within thirty (30) days or from deductions or withholding of future payments due to Contractor under this Agreement or a subsequent agreement, if any, at the sole discretion of the Behavioral Wellness Director or designee.

IX. AUDITS, AUDIT APPEALS AND POST-AUDIT MEDI-CAL FINAL SETTLEMENT

- A. Audit by Responsible Auditing Party.** At any time during the term of this Agreement or after the expiration or termination of this Agreement, in accordance with State and Federal law including but not limited to WIC Sections 14170 et. seq., authorized representatives from the County, State or Federal governments (Responsible Auditing Party) may conduct an audit or site review of Contractor regarding the mental health services/activities provided under this Agreement.
- B. Settlement.** Settlement of the audit findings will be conducted according to the Responsible Auditing Party's procedures in place. In the case of a State Medi-Cal audit, the State and County will perform a post-audit Medi-Cal settlement that is based on State audit findings. Such settlement will take place when the State initiates its settlement action which customarily is after the issuance of the audit report by the State and before the State's audit appeal process. However, if the Responsible Auditing Party stays its collection of any amounts due or payable because of the audit findings, County will also stay its settlement of the same amounts due or payable until the Responsible Auditing Party initiates its settlement action with County. If an audit adjustment is appealed then the County may, at its own discretion, notify Contractor but stay collection of amounts due until resolution of the State administrative appeals process.
- C. Invoice for Amounts Due.** County shall issue an invoice to Contractor for any amount due to the County after the Responsible Auditing Party issues an audit report. The amount on the County invoice is due by Contractor to County thirty (30) calendar days from the date of the invoice.
- D. Appeal.** Contractor may appeal any such audit findings in accordance with the audit appeal process established by the Responsible Auditing Party performing the audit.

EXHIBIT B-1
SCHEDULE OF RATES AND CONTRACT MAXIMUM - MHS
 (Applicable to programs described in Exhibit A2-A7)

EXHIBIT B-1 MH
 DEPARTMENT OF BEHAVIORAL WELLNESS
 SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: CHILD ABUSE LISTENING AND MEDIATION FISCAL YEAR: 2020-2021

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.58
			Intensive Core Coordination	Minutes	07	\$2.58
			Collateral	Minutes	10	\$3.33
			*MHS- Assessment	Minutes	30	\$3.33
			MHS - Plan Development	Minutes	31	\$3.33
			*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.33
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.33
			MHS - IHBS	Minutes	57	\$3.33
	Crisis Intervention	Minutes	70	\$4.95		
Outreach Services	45	Mental Health Promotion	N/A	10	Actual Cost	

	PROGRAM					ECMH PEI South and North County	TOTAL
	Managed Care (FFS)	SPIRIT	Intensive-In Home	Pathways to Well Being (Formerly HOPE)	ECSMH (Outpatient)		
GROSS COST:	\$ 235,004	\$ 272,655	\$ 656,136	\$ 472,847	\$ 1,352,756	\$ 418,760	\$ 3,408,168
LESS REVENUES COLLECTED BY CONTRACTOR:							
PATIENT FEES							
CONTRIBUTIONS	\$ 31,004	\$ 29,099	\$ 44,136	\$ 30,491	\$ 185,427	\$ 41,700	\$ 361,857
OTHER (LIST):							
TOTAL CONTRACTOR REVENUES	\$ 31,004	\$ 29,099	\$ 44,136	\$ 30,491			
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 204,000	\$ 243,566	\$ 612,000	\$ 442,358	\$ 1,167,329	\$ 377,060	\$ 3,046,311

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)							
MEDI-CAL (3)	\$ 193,800	\$ 219,209	\$ 581,400	\$ 420,238	\$ 1,108,963		\$ 2,523,610
NON-MEDI-CAL						\$ 377,060	\$ 377,060
SUBSIDY	\$ 10,200	\$ 24,357	\$ 30,600	\$ 22,118	\$ 58,366		\$ 145,641
OTHER (LIST):							
TOTAL (SOURCES OF FUNDING)	\$ 204,000	\$ 243,566	\$ 612,000	\$ 442,358	\$ 1,167,329	\$ 377,060	\$ 3,046,311

CONTRACTOR SIGNATURE: _____
 STAFF ANALYST SIGNATURE: Christie Boyer
 FISCAL SERVICES SIGNATURE: Christie Boyer Digitally signed by Christie Boyer
 Date: 2020.05.21 11:52:22 -07'00'

(1) Additional services may be provided if authorized by Director or designee in writing.
 (2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
 (3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.
 (4) Director or designee may remove or increase the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.
 * MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

EXHIBIT B-1
SCHEDULE OF RATES AND CONTRACT MAXIMUM - MHS
 (Applicable to programs described in Exhibit A2-A7)

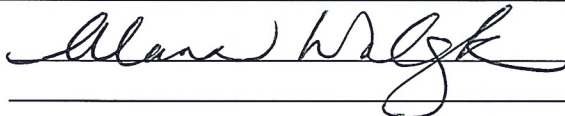
EXHIBIT B-1 MH
 DEPARTMENT OF BEHAVIORAL WELLNESS
 SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: CHILD ABUSE LISTENING AND MEDIATION FISCAL YEAR: 2020-2021

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.58
			Intensive Care Coordination	Minutes	07	\$2.58
			Collateral	Minutes	10	\$3.33
			*MHS- Assessment	Minutes	30	\$3.33
			MHS - Plan Development	Minutes	31	\$3.33
			*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.33
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.33
	MHS - IBS	Minutes	57	\$3.33		
	Outreach Services	45	Crisis Intervention	Minutes	70	\$4.95
			Mental Health Promotion	N/A	10	Actual Cost

	PROGRAM					ECMH PEI South and North County	TOTAL
	Managed Care (FFS)	SPIRIT	Intensive-In Home	Pathways to Well Being (Formerly HOPE)	ECSMH (Outpatient)		
GROSS COST:	\$ 235,004	\$ 272,665	\$ 656,136	\$ 472,847	\$ 1,352,756	\$ 418,760	\$ 3,408,168
LESS REVENUES COLLECTED BY CONTRACTOR:							
PATIENT FEES							
CONTRIBUTIONS	\$ 31,004	\$ 29,099	\$ 44,136	\$ 30,491	\$ 185,427	\$ 41,700	\$ 361,857
OTHER (LIST):							
TOTAL CONTRACTOR REVENUES	\$ 31,004	\$ 29,099	\$ 44,136	\$ 30,491			
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 204,000	\$ 243,566	\$ 612,000	\$ 442,356	\$ 1,167,329	\$ 377,060	\$ 3,046,311

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)							
MEDI-CAL (3)	\$ 193,800	\$ 219,209	\$ 581,400	\$ 420,238	\$ 1,108,963		\$ 2,523,610
NON-MEDI-CAL						\$ 377,060	\$ 377,060
SUBSIDY	\$ 10,200	\$ 24,357	\$ 30,600	\$ 22,118	\$ 58,366		\$ 145,641
OTHER (LIST):							
TOTAL (SOURCES OF FUNDING)	\$ 204,000	\$ 243,566	\$ 612,000	\$ 442,356	\$ 1,167,329	\$ 377,060	\$ 3,046,311

CONTRACTOR SIGNATURE: 

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

(1) Additional services may be provided if authorized by Director or designee in writing.
 (2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
 (3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.
 (4) Director or designee may remove or increase the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.
 * MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

EXHIBIT B-2

ENTITY BUDGET BY PROGRAM

**Santa Barbara County Department of Behavioral Wellness Contract Budget Packet
Entity Budget By Program**

AGENCY NAME: Child Abuse Listening Mediation

COUNTY FISCAL YEAR: FY20-21

Gray Shaded cells contain formulas, do not overwrite

#	COLUMN #	1	3	4	5	6	7	8	9
			COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensive In Home	Pathways to Wellbeing (Formerly HOPE)	SPIRIT	Managed Care	PE-ECMH	ESCMH
1			\$ 361,857	\$ 44,136	\$ 30,491	\$ 29,099	\$ 31,004	\$ 41,700	\$ 185,427
2			\$ 3,046,311	\$ 612,000	\$ 442,357	\$ 243,566	\$ 204,000	\$ 377,060	\$ 1,167,329
3			\$ 3,408,168	\$ 656,136	\$ 472,847	\$ 272,665	\$ 235,004	\$ 418,760	\$ 1,352,756
I.B Client and Third Party Revenues:									
4			-						
5			-						
6			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7			\$ 3,408,168	\$ 656,136	\$ 472,847	\$ 272,665	\$ 235,004	\$ 418,760	\$ 1,352,756

	III. DIRECT COSTS	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensive In Home	Pathways to Wellbeing (Formerly HOPE)	SPIRIT	Managed Care	PE-ECMH	ESCMH
	III.A. Salaries and Benefits Object Level							
8	Salaries	\$ 2,029,000	\$ 390,000	\$ 280,000	\$ 134,000	\$ 144,000	\$ 251,000	\$ 830,000
9	Benefits & Taxes	\$ 588,410	\$ 113,100	\$ 81,200	\$ 38,860	\$ 41,760	\$ 72,790	\$ 240,700
10	On Call	\$ 6,273			\$ 6,273			
11	Salaries and Benefits Subtotal	\$ 2,623,683	\$ 503,100	\$ 361,200	\$ 179,133	\$ 185,760	\$ 323,790	\$ 1,070,700
	III.B Services and Supplies Object Level							
12	Supplies	\$ 7,300	\$ 900	\$ 2,000	\$ 500	\$ 400	\$ 500	\$ 3,000
13	Telephone	\$ 20,300	\$ 4,000	\$ 5,000	\$ 1,800	\$ 700	\$ 2,800	\$ 6,000
14	Building Operating Costs	\$ 80,600	\$ 15,000	\$ 10,000	\$ -	\$ 6,600	\$ 13,000	\$ 36,000
15	Auto & Travel	\$ 50,500	\$ 18,000	\$ 9,000	\$ 4,000	\$ 1,000	\$ 8,500	\$ 10,000
16	QA Expenses- Contractor Funded	\$ 109,520	\$ 18,223	\$ 15,718	\$ 27,355	\$ 5,798	\$ 15,350	\$ 27,076
17	QA Expenses- County Funded (Limited to 2% of Direct Costs)	\$ 49,123	\$ 10,830	\$ 7,754	\$ 4,112	\$ 3,893	\$ -	\$ 22,534
18	Education and Training	\$ 2,600	\$ 500	\$ 500	\$ 200	\$ 200	\$ 200	\$ 1,000
19	Services and Supplies Subtotal	\$ 319,943	\$ 67,453	\$ 49,972	\$ 37,967	\$ 18,591	\$ 40,350	\$ 105,610
	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	\$ 20,000			\$ 20,000			
20	SUBTOTAL DIRECT COSTS	\$ 2,963,626	\$ 570,553	\$ 411,172	\$ 237,100	\$ 204,351	\$ 364,140	\$ 1,176,310
	IV. INDIRECT COSTS							
21	Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 444,543	85,583	61,676	35,565	30,653	54,621	176,446
22	GROSS DIRECT AND INDIRECT COSTS	\$ 3,408,169	\$ 656,136	\$ 472,848	\$ 272,665	\$ 235,004	\$ 418,760	\$ 1,352,756

* Contributions solely cover costs in excess of contract maximum or costs not reimbursable under this contract.

** QA Costs are reimbursable only to the extent that State and Federal regulations permit contractor to claim reimbursement for said costs through the cost report process and that QA activities and staff satisfy all regulatory requirements, including DHCS notices and letters regarding allowable QA activities and licensing.

EXHIBIT C
STANDARD
INDEMNIFICATION
AND
INSURANCE PROVISIONS

EXHIBIT C

INDEMNIFICATION AND INSURANCE REQUIREMENTS

(For Professional Contracts version 2014 04 04)

INDEMNIFICATION

Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless County and its officers, officials, employees, agents and volunteers from and against any and all claims, actions, losses, damages, judgments and/or liabilities arising out of this Agreement from any cause whatsoever, including the acts, errors or omissions of any person or entity and for any costs or expenses (including but not limited to attorneys' fees) incurred by County on account of any claim except where such indemnification is prohibited by law. Contractor's indemnification obligation applies to County's active as well as passive negligence but does not apply to County's sole negligence or willful misconduct.

NOTIFICATION OF ACCIDENTS AND SURVIVAL OF INDEMNIFICATION PROVISIONS

Contractor shall notify County immediately in the event of any accident or injury arising out of or in connection with this Agreement. The indemnification provisions in this Agreement shall survive any expiration or termination of this Agreement.

INSURANCE

Contractor shall procure and maintain for the duration of this Agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, its agents, representatives, employees or subcontractors.

A. Minimum Scope of Insurance

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office (ISO) Form CG 00 01 covering CGL on an "occurrence" basis, including products-completed operations, personal & advertising injury, with limits no less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability (Errors and Omissions)** Insurance appropriate to the Contractor's profession, with limit of no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate.

If the Contractor maintains higher limits than the minimums shown above, the County requires and shall be entitled to coverage for the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

B. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

1. **Additional Insured** – County, its officers, officials, employees, agents and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).
2. **Primary Coverage** – For any claims related to this Agreement, the Contractor’s insurance coverage shall be primary insurance as respects the County, its officers, officials, employees, agents and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, agents or volunteers shall be excess of the Contractor’s insurance and shall not contribute with it.
3. **Notice of Cancellation** – Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the County.
4. **Waiver of Subrogation Rights** – Contractor hereby grants to County a waiver of any right to subrogation which any insurer of said Contractor may acquire against the County by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the County has received a waiver of subrogation endorsement from the insurer.
5. **Deductibles and Self-Insured Retention** – Any deductibles or self-insured retentions must be declared to and approved by the County. The County may require the Contractor to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.
6. **Acceptability of Insurers** – Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum A.M. Best’s Insurance Guide rating of “A- VII”.
7. **Verification of Coverage** – Contractor shall furnish the County with proof of insurance, original certificates and amendatory endorsements as required by this Agreement. The proof of insurance, certificates and endorsements are to be received and approved by the County before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor’s obligation to provide them. The Contractor shall furnish evidence of renewal of coverage throughout the term of the Agreement. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

8. **Failure to Procure Coverage** – In the event that any policy of insurance required under this Agreement does not comply with the requirements, is not procured, or is canceled and not replaced, County has the right but not the obligation or duty to terminate the Agreement. Maintenance of required insurance coverage is a material element of the Agreement and failure to maintain or renew such coverage or to provide evidence of renewal may be treated by County as a material breach of contract.
9. **Subcontractors** – Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that County is an additional insured on insurance required from subcontractors.
10. **Claims Made Policies** – If any of the required policies provide coverage on a claims-made basis:
 - i. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
 - ii. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of contract work.
 - iii. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase “extended reporting” coverage for a minimum of five (5) years after completion of contract work.
11. **Special Risks or Circumstances** – County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Agreement. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of County to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of County.

EXHIBIT D

LOBBYING

CERTIFICATIONS

Attachment 1
State of California
Department of Health Care Services

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

CALM
Name of Contractor

Alana Walczak
Printed Name of Person Signing for Contractor

Contract / Grant Number

Alana Walczak
Signature of Person Signing for Contractor

5-21-2020
Date

President + CEO
Title

After execution by or on behalf of Contractor, please return to:

Santa Barbara County Department of Behavioral Wellness
Contracts Division
Attn: Contracts Manager
429 N. San Antonio Rd.
Santa Barbara, CA 93110

County reserves the right to notify the contractor in writing of an alternate submission address.

CERTIFICATION REGARDING LOBBYING

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure)

1. Type of Federal Action: <input type="checkbox"/> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing b. material change For Material Change Only: Year _____ quarter _____ date of last report _____.
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier __, if known: Congressional District If known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District If known:	
6. Federal Department Agency	7. Federal Program Name/Description: CDFA Number, if applicable: ____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10.a. Name and Address of Lobbying Registrant <i>(If individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from 10a. (Last name, First name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person that fails to file the required disclosure shall be subject to a not more than \$100,000 for each such failure.	Signature: _____	
	Print Name: _____	
	Title: _____	
	Telephone No.: _____ Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001"
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the Individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**EXHIBIT E – Mental Health
PROGRAM GOALS, OUTCOMES AND MEASURES
FY 20-21**

Exhibit E, Mental Health, Program Goals, Outcomes, and Measures*						
Program Evaluation FY 20-21						
Program Goals	Outcomes	CALM (all outcomes are in %)				
		IIH	Pathways to Wellbeing	SPIRIT	Managed Care	ECMH & ECSMH
1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems	A. Incarcerations/Juvenile hall	≤5	≤5	≤5	≤5	N/A
	B. Psychiatric inpatient admissions	≤5	≤5	≤5	≤5	N/A
	C. Physical health hospitalizations	N/A	N/A	N/A	N/A	N/A
	D. Physical health emergency care	N/A	N/A	N/A	N/A	N/A
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives in the community	A. Stable/permanent housing	≥95	≥95	≥95	≥95	≥95
	B. Engaged in purposeful activity (educational, vocational, volunteer)	≥95	≥95	≥95	≥95	≥95
	C. Of those who discharged (#dc = denominator): % who transitioned to a higher level of care	≤15	≤15	≤15	≤15	≤15
	D. Of those who discharged (#dc = denominator): % who transitioned to a lower level of care (or graduated/discharged bc care no longer needed or medical necessity not met)	≥85	≥85	≥85	≥85	≥85
3. Provide mental health (and/or substance abuse) services for children and their families in order to prevent out-of-home and out-of-county placements	E. Incidents requiring a higher level of supervision	N/A	N/A	N/A	N/A	N/A
	F. Percent of clients who “showed improvement” on the Milestones of Recovery (MORS)	N/A	N/A	N/A	N/A	N/A
	A. New out-of-primary home placements (county & out-of-county)	≤5	≤5	≤5	≤5	≤5
	B. CANS (% completed)	N/A	100	N/A	100	100 Only for 0-5 years if CSW
	C. CANS Improvement in 3+ Domains (report % positive change by domain)	N/A	≥10 (In 3 of 6 domains)	N/A	≥10 (In 3 of 6 domains)	≥10 (In 3 of 6 domains) Only for 0-5 years if CSW
	D. PSC (% completed)	N/A	100	N/A	100	100
E. Other		N/A	PSI/CBCL	N/A	PSI/CBCL	PSI/CBCL

* This Exhibit E, Program Goals, Outcomes and Measures, may be amended by agreement of Contractor and Behavioral Wellness. Amendments to this Exhibit E do not require a formal amendment to the Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.



CALMCHI-01

LSTEWART3

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER License # 0757776
Santa Barbara, CA - HUB International Insurance Services Inc.
CONTACT NAME:
PHONE (A/C, No, Ext): (805) 682-2571
INSURER(S) AFFORDING COVERAGE
INSURER A: Granite State Insurance Company 23809
INSURER B: New Hampshire Insurance Company 23841
INSURER C: National Union Fire Insurance Company of Pittsburgh, PA 19445
INSURER D: State Compensation Insurance Fund of California 35076

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, Professional Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Santa Barbara County, its officers, officials, employees, agents and volunteers are included as additional insureds under the General and Auto Liability policies as coverage applies when required by written contract per the attached form 90812 (1-14)

CERTIFICATE HOLDER CANCELLATION

County of Santa Barbara
Department of Social Services
2125 So. Centerpointe Parkway
Santa Maria, CA 93455
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 A.M.,
Forms a part of Policy No.:

SOCIAL SERVICES GENERAL LIABILITY ENHANCEMENT ENDORSEMENT

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposures are provided under this policy. If such specific coverage applies, the terms, conditions, and limits of that coverage are the sole and exclusive coverage applicable under this policy.

Throughout this endorsement the words "you" and "your" refer to the "Named Insured" shown in the Declarations. The words "we", "us", and "our" refer to the "Company" providing this insurance.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is a summary of the Limits of Insurance and Additional Coverage provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

- A) Medical Payment – Limit increased to \$20,000
- B) Supplementary Payments – Bail bonds increased to \$3,000 / Loss of Earnings increased to \$1,000 each day
- C) Legal Liability Extension – For fire, lightning, explosion, smoke, and leaks from sprinklers limit increased to \$1,000,000
- D) Broadened definition of Who is an Insured
- E) Knowledge or Notice of Occurrence
- F) Broadened definition of Advertising Injury includes televised or videotaped publication
- G) Amended definition of Bodily Injury to include mental anguish
- H) Amended Unintentional Failure to Disclose Hazards
- I) Amended Liberalization Clause
- J) Property Damage – Removal of exclusion for "Property Damage" resulting from the use of reasonable force to protect persons or property
- K) Premises Sold or Abandoned by You
- L) Added Blanket Additional Insured - Funding sources
- M) Added Blanket Additional Insured - Managers or lessors of premises
- N) Additional Insured – By Contract, Agreement or Permit
- O) General Aggregate Limit Per Location
- P) Blanket Special Events Coverage
- Q) Non-Owned Watercraft Coverage - Length is increased to 65 feet
- R) Blanket Waiver of Subrogation
- S) Waiver of Immunity
- T) Violation of Rights of Residents Coverage (Patient's Rights)
- U) Liquor Liability Exception to Exclusion
- V) Employee Criminal Defense Costs Only Coverage - \$25,000 limit of insurance – each "criminal proceeding"

A) MEDICAL PAYMENTS

If Medical Payments Coverage (Coverage C) is not otherwise excluded from this coverage part:

- 1) The Medical Expense Limit is increased, subject to all the terms of Limits of Insurance (Section III) to \$20,000
- 2) The requirement in the Insuring Agreement of Coverage C, that expenses must be incurred and reported to us within "one year" of the accident date is changed to "three years."
- 3) Exclusion of Coverage, at your option, does not apply to your "volunteer workers" or any person or organization under your direct supervision and control.

B) SUPPLEMENTARY PAYMENTS - COVERAGES A AND B:

- 1) The limit for the cost of bail bonds is changed from \$250 to \$3,000
- 2) The limit for loss of earnings is changed from \$250 per day to \$1,000 per day.

C) LEGAL LIABILITY EXTENSION – FIRE, LIGHTNING, EXPLOSION, SMOKE, AND LEAKS FROM SPRINKLERS

1. The last paragraph of **Section I – Coverage A – 2. Exclusions**, is deleted and replaced by the following:

Exclusions c. through n. does not apply to:

- a. damage by fire, lightning, explosion, smoke or leaks from automatic fire protective systems; and
 - b. damage caused by a resident;
- to premises rented to you or temporarily occupied by you with the permission of the owner.

A separate limit of insurance applies to this coverage as described in Section III – Limits of Insurance.

2. Paragraph 6. of **Section III – Limits of Insurance** is deleted and replaced by the following:
 6. Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under **COVERAGE A** for damages because of "property damage":
 - a. resulting from fire, lightning, explosion, smoke or leaks from automatic fire protective systems, or any combination thereof; and
 - b. caused by a resident;to premises, rented to you or temporarily occupied by you with the permission of the owner. Damage To Premises Rented To You Limit is the greater of:
 - a. \$1,000,000 for damages due to fire, lightning, explosion, smoke or leaks from automatic fire protective systems, or any combination thereof; or
 - b. The Damage To Premises Rented To You Limit shown in the Declarations.

D) WHO IS AN INSURED

Paragraph 2. of **Section II – Who Is An Insured** is deleted and replaced by the following:

2. Each of the following is also an insured, but only while working within the scope of their duties related to the conduct of your business;
 - a. "Employees", but only for acts within the scope of their employment by you;
 - b. "Volunteer Workers";
 - c. Independent Contractors

However, no "employees", "volunteer workers" or independent contractors are insureds for:

- (1) "Bodily injury" or "personal and advertising injury":

- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-“employee” while in the course of his or her employment or performing duties related to the conduct of your business, or to your other “volunteer workers” or independent contractors while performing duties related to the conduct of your business;
 - (b) To the spouse, child, parent, brother or sister of that co-“employee”, “volunteer worker” or independent contractors as a consequence of Paragraph (1)(a) above;
 - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) or (b) above; or
 - (d) Arising out of his or her providing or failing to provide professional health care services.
- (2) “Property damage” to property:
- (a) Owned, occupied or used by,
 - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by
- you, any of your “employees”, “volunteer workers”, independent contractors, any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
- d. Medical directors and administrators, including professional persons;
 - e. If you are an organization other than a partnership or joint venture, your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors;
 - f. If you are a limited liability company, your members are insureds, but only with respect to their duties related to the conduct of your business;
 - g. Any organization and subsidiary thereof which you control and actively manage on the effective date of this endorsement;
 - h. Any person or organization that has financial control of you or owns, maintains or controls premises occupied by you and requires you to name them as an additional insured but only with respect to their liability arising out of:
 - (1) Their financial control of you; or
 - (2) Premises they own maintain or control while you lease or occupy these premises.
 This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.
 - i. Any State or Political Subdivision subject to the following provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

 - (1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners, or decorations and similar exposures; or
 - (2) The construction, erection, or removal of elevators; or
 - (3) The ownership, maintenance, or use of any elevators covered by this insurance.
 However, the insurance afforded for any organization and subsidiary thereof not named in the Declarations as a Named Insured, does not apply to injury or damage with respect to which an insured under this endorsement is also an insured under another policy, or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance.
 - j. Students in training, but not for “bodily injury” or “property damage” arising out of his or her rendering or failure to render professional services to patients;

- k. Your members but only with respect to their liability for your activities or activities they perform on your behalf;
- l. Your trustees or members of the board of governors while acting within the scope of their duties as such on your behalf;
- m. Any entity you are required in a written contract (hereinafter called Additional Insured) to name as an insured is an insured but only with respect to liability arising out of your premises, "your work" for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of "your work" to the extent set forth below:

Insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional services by or for you, including:

- (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
- (2) Supervisors, inspection, or engineering services.

Any coverage provided under this provision shall be excess over any other valid and collectible insurance available to the Additional Insured(s) whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis.

Paragraph 3.a. of Section II – Who Is An Insured is deleted and replaced by the following:

- a. Coverage under this provision is, subject to (1) and (2) below:
 - (1) Effective on the acquisition or formation date; and
 - (2) Afforded only until the end of the policy period of this Coverage Part or the next anniversary of its inception date, whichever is earlier.

E) KNOWLEDGE OR NOTICE OF OCCURRENCE

- 1) As respects any loss reporting requirements under this policy, it is understood and agreed that knowledge of an accident or incident by an agent, servant or "employee" of yours or any other person shall not in itself constitute knowledge by you, unless a corporate officer of yours shall have received notice from said agent, servant, "employee" or any other person.
- 2) Your failure to give first report of a claim to us shall not invalidate coverage under this policy if the loss was inadvertently reported to another insurer. However, you shall report any such "Occurrence" to us within a reasonable time once you become aware of such error.

F) ADVERTISING INJURY – TELEVISED OR VIDEOTAPED PUBLICATION

- 1) The definition of "Personal and Advertising Injury" items 14. d., e., f. and g. are changed to read: "Personal and Advertising Injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
 - d. Oral, written, televised, or videotaped publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products, or services;
 - e. Oral, written, televised, or videotaped publication of material that violates a person's right of privacy;
 - f. Misappropriation of advertising ideas or style of doing business; or
 - g. Infringement of copyright, title, or slogan.
- 2) Exclusions b. and c. of Coverage B., Personal and Advertising Injury Liability, are changed to read:
 - b. "Personal and advertising injury" arising out of oral, written, televised, or videotaped publication of material, if done by or at the direction of the insured with knowledge of its falsity;

- c. "Personal and advertising injury" arising out of oral, written, televised, or videotaped publication of material whose first publication took place before the beginning of the policy period.

G) BODILY INJURY – MENTAL ANGUISH

The definition of "bodily injury" is changed to read:

"Bodily Injury" means:

- a. Bodily injury, sickness, or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (item above) at any time.

H) UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

I) LIBERALIZATION

If we adopt a change in our forms or rules which would broaden your coverage without an additional premium charge, your policy will automatically provide the additional coverages as of the date the revision is effective in your state.

J) EXTENDED "PROPERTY DAMAGE"

SECTION I – Coverages, Coverage A, 2. Exclusions, a. is deleted and replaced by the following:

a. Expected or Intended Injury

"Bodily Injury" or "Property Damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

K) PREMISES SOLD OR ABANDONED BY YOU

SECTION I – Coverages, Coverage A, 2. Exclusions, j. (2) is deleted and replaced by the following:

- (2) Premises you sell, give away, or abandon, if the "property damage" arises out of any part of those premises, and occurred from hazards that were known by you or should have reasonably been known by you, at the time the property was transferred or abandoned.

L) ADDITIONAL INSURED – FUNDING SOURCE

Under SECTION II – Who is an Insured, the following is added:

Any person or organization with respect to their liability arising out of:

- a. Their financial control of you; or
- b. Premises they own, maintain, or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction, and demolition operations performed by or for that person or organization.

M) ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

Under SECTION II – Who is an Insured, the following is added:

Any person or organization with respect to their liability arising out of the ownership, maintenance, or use of that part of the premises leased to you, subject to the following additional exclusions:

This insurance does not apply to:

- a. Any "occurrence" which takes place after you cease to be a tenant in that premises.

- b. Structural alteration, new construction, or demolition operations performed by or on behalf of that person or organization.

N) ADDITIONAL INSURED - BY CONTRACT, AGREEMENT OR PERMIT

- 1) Any person or organization is an insured with whom you are required to add as an additional insured to this policy by a written contract or written agreement, or permit that is:
 - a) currently in effect or becoming effective during the term of this policy; and
 - b) executed prior to the "bodily injury," "property damage," "personal and advertising injury."
- 2) This insurance provided to the additional insured by this endorsement applies as follows:
 - a) That person or organization is only an additional insured with respect to liability caused by your negligent acts or omissions at or from:
 - (1) Premises you own, rent, lease, or occupy, or
 - (2) Your ongoing operations performed for the additional insured at the job indicated by written contract or written agreement.
 - b) The limits of insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy, whichever is less. These limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.
- 3) With respect to the insurance afforded these additional insureds, the following additional exclusions apply:
 - a) This insurance does not apply to "bodily injury" or "property damage" occurring after:
 - (1) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (2) that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations on or at the same project.
 - b) This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury" caused by the rendering of or failure to render any professional services.
- 4) Regardless of whether other insurance is available to an additional insured on a primary basis, this insurance will be primary and noncontributory if a written contract between you and the additional insured specifically requires that this insurance be primary.

O) GENERAL AGGREGATE LIMIT PER LOCATION

SECTION III – Limits of Insurance, paragraph 2. is deleted and replaced by the following:

- 2. The General Aggregate Limit is the most we will pay for the sum of:
 - a. Medical expenses under Coverage C;
 - b. Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard, and
 - c. Damages under Coverage B.

A separate Location General Aggregate Limit applies to each "location" and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

SECTION V – DEFINITIONS, is amended by adding the following:

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

P) BLANKET SPECIAL EVENTS

This insurance applies to "Bodily Injury," "Property Damage," and "Personal and Advertising Injury" arising out of all your special events. However, this insurance does not apply to the following

EXCLUDED EVENTS:

- a) Parades
- b) Aircraft
- c) Motorcycle runs and automobile rallies
- d) Fireworks
- e) Firearms
- f) Animals
- g) Carnivals and fairs with mechanical rides
- h) Concerts
- i) Events including contact sports
- j) Rodeos
- k) Political rallies
- l) Any event lasting more than three (3) days (including otherwise acceptable events)
- m) Any event with greater than 1,000 people in attendance (including otherwise acceptable events)

Separate coverage may be available at the company's discretion for the events excluded above. Possible additional charges may apply if coverage is provided.

Q) NON-OWNED WATERCRAFT

SECTION I – Coverages. 2. Exclusions, paragraph g.(2) is deleted and replaced by the following:

- (2) A watercraft you do not own that is:
- (a) Less than 65 feet long, and
 - (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft.

This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess, or contingent.

R) WAIVER OF SUBROGATION

We will waive our right of subrogation in the event of a loss. We must be advised, prior to the loss, of your intention to waive subrogation. We also must know whom subrogation will be waived against. If your request meets the underwriting criteria it will be done at no additional charge.

S) WAIVER OF IMMUNITY

We will waive, both in the adjustment of claims and in defense of "suits" against the insured, any charitable or governmental immunity of the insured, unless the insured requests, in writing, that we not do so.

Waiver of immunity, as a defense, will not subject us to liability for any portion of a claim or judgment, in excess, of the applicable limit of insurance.

T) VIOLATION OF RIGHTS OF RESIDENTS (PATIENT'S RIGHTS)

- 1) The following is added to Section 1 – Coverages – Coverage A, paragraph 1. Insuring Agreement:
"Bodily Injury" damages arising out of the violation of "Rights of Residents," shall be deemed an "occurrence."

- 2) As respects the coverage provided in paragraph A.1. of this endorsement, the following exclusions are added to Section I – Coverages – Coverage A-2. Exclusions:
This insurance does not apply to:
 - a) Liability arising out of the willful or intentional violation of “Rights of Residents.”
 - b) Fines or penalties assessed by a court or regulatory authority.
 - c) Liability arising out of any act or omission in the furnishing, or failure to furnish, professional services in the medical treatment of “residents.”
- 3) As respects the violation of “Rights of Residents” Coverage, the following definition is added to Section V – Definitions:
“Rights of residents” means:
 - a. Any right granted to a resident under any state law regulating your business as a health care facility.
 - b. The “Rights of Residents” as included in the United States Department of Health and Welfare regulations governing participation of Intermediate Care Facilities and Skilled Nursing Facilities, regardless of whether your facility is subject to those regulations.

U. LIQUOR LIABILITY EXCLUSION – EXCEPTION FOR FUNDRAISING EVENTS

SECTION I – Coverages, Coverage A. , 2. Exclusions, c. is amended by adding the following subparagraph:

This exclusion does not apply to “bodily injury” or “property damage” arising out of the selling, serving or furnishing of alcoholic beverages at any fundraising events.

V. EMPLOYEE CRIMINAL DEFENSE COSTS ONLY COVERAGE

1. The following provision is added to the Policy:

Employee Criminal Defense Costs Only Coverage

We will pay, on your behalf, for “defense costs” incurred by your “employee” in a “criminal proceeding”. We will have the right, but not the duty to defend your “employee” in such “criminal proceeding”.

2. The most we will pay for any one “criminal proceeding” is \$25,000, regardless of the number of “employees” involved in such “criminal proceeding”. The payment of “defense costs” under this Employee Criminal Defense Costs Only Coverage is in addition to and does not reduce the Limits of Insurance shown on the Declarations. However, the payment of “defense costs” under this Employee Criminal Defense Costs Only Coverage is included within and shall reduce the \$25,000 each “criminal proceeding” Limit shown in Item V) of the Schedule above and we will not pay for any further “defense costs” for a “criminal proceeding” after the \$25,000 limit has been exhausted.
3. The following additional Exclusions apply to this Employee Criminal Defense Costs Only Coverage:

This insurance does not apply to:

a. Coverage Provided Under Coverages A or B

Any “defense costs” for which coverage is provided under COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY AND COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY of this policy.

b. Damages, Fines or Penalties

Any damages, fines or penalties.

4. The following additional Definitions apply to this Employee Criminal Defense Costs Only Coverage:

a. "Criminal proceeding" means:

The prosecution of any of your "employees" commenced by the filing, with a court, or other regulatory enforcement agency, of an information, a complaint, or an indictment, and any amendments thereto, alleging that your "employee" had, during the policy period, committed one or more crimes involving one or more incidents, acts, or events. Such incidents, acts or events must arise within the scope of your "employee's" employment by you or occur while your "employee" is performing duties related to the conduct of your business.

Any "criminal proceeding" shall be considered a single "criminal proceeding", notwithstanding the fact that the prosecution or investigation may involve multiple incidents, multiple counts or charges, and/or multiple trial and/or appellate proceedings. A subsequent or different prosecution or investigation based on the same incidents, acts, or events that provided the basis for the original prosecution or investigation shall not constitute a separate "criminal proceeding".

b. "Defense costs" means

(1) Reasonable attorney fees (including fees for the services of paralegals, law clerks and/or investigators working under the direction of said attorney); and

(2) Reasonable and necessary costs, excluding loss of income.

5. Under no circumstances will "defense costs" payable under this Employee Criminal Defense Costs Only Coverage be payable as Supplementary Payments under Coverages A or B.

All other terms and conditions of the policy remain the same.

Authorized Representative