AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 09-017**, by and between the **County of Santa Barbara** (County) and **Transitions Mental Health Association** (Contractor), for the continued provision of Partners in Hope and Lompoc ACT.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the **COUNTY** Board of Supervisors in June 2008, except as modified by this First Amended Contract.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

I. Delete Item 4, Term, of the Agreement and replace with the following:

4. **TERM.** Contractor shall commence performance by **July 1, 2009** and complete performance by **June 30, 2010**, unless this Agreement is otherwise terminated at an earlier date pursuant to Section 17.

II. Delete Item 35, Nonappropriation, from Agreement and replace with the following:

35. **NONAPPROPRIATION OF FUNDS.** Notwithstanding any other provision of this Agreement, in the event that no funds or insufficient funds are appropriated or budgeted by federal, state or County governments, or funds are not otherwise available for payments in the fiscal year(s) covered by the term of this Agreement, then County will notify Contractor of such occurrence and County may terminate or suspend this Agreement in whole or in part, with or without a prior notice period. Subsequent to termination of this Agreement under this provision, County shall have no obligation to make payments with regard to the remainder of the term.

III. Delete Exhibit A, Statement of Work, and replace with Exhibit A, A-1, and A-2:

Exhibit A
Statement of Work

The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-2.

1. **STAFF.**

A. **TRAINING.** Contractor shall provide training to each Program staff member, within thirty (30) days of the date of hire, on the following:

1. For Lompoc ACT: The ACT model concept.

a. Contractor staff shall adhere to professionally recognized best practices for rehabilitation assessment, service planning, and service delivery. The

Contractor shall support staff in learning and adopting evidence-base practices endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA). Given the focus of this program, particular emphasis should be directed to staff development and knowledge in: ACT; Co-occurring Disorders; Integrated Dual Diagnosis Treatment; and Supported Employment.

b. Staff member's role in relation to the Program;

c. How the "whatever it takes" work ethic applies to the Program;

d. The specific Outcomes used to evaluate staff and program performance.

2. Training relevant to working with high risk mental health clients.

3. All Contractor staff performing services under this Contract shall receive formal training on the Medi-Cal documentation process prior to providing any services under this Contract.

B. Staff hired to work directly with clients shall have competence and experience in working with clients at high risk for acute inpatient or long-term residential care.

C. Contractor shall conduct a check of all clinical and support staff against CMS banned list and staff found to be on this list shall not provide services under this contract nor shall the cost of such staff be claimed to Medi-Cal.

D. Contractor shall notify County of any staffing changes as part of the monthly Staffing Report. Contractor shall notify the designated County Liaison and County Quality Assurance Division within one business day when staff is terminated from working on this Contract.

E. At any time prior to or during the term of this Contract, the County may require that Contractor staff performing work under this Contract undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Contract. 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 working on the County Contract for good cause during the term of the Contract.

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 whose background or conduct is incompatible with County facility access.

H. Disqualification, if any, of Contractor staff, pursuant to this Section, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

2. **LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES**.

A. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates (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, in duplicate, to ADMHS Contracts Division.

B. Contractor shall ensure that all licensed Staff providing services under this contract retain active licensure. In the event license status cannot be confirmed, the staff member shall be prohibited from providing services under this contract.

C. If Contractor is a participant in the Short-Doyle/Medi-Cal program, Contractor shall keep fully informed of all current Short-Doyle/Medi-Cal Policy Letters, including, but not limited to, procedures for maintaining Medi-Cal certification of all its facilities.

3. **REPORTS.**

A. **SERVICE LEVEL REPORTS.** Contractor shall use the County MIS system to track required data elements. These data elements include: units of service, the number of clients admitted to the Program, unique clients served, total number of clients discharged and number of clients discharged to a lower/higher level of care, and provide summary reports from other Contractor data sources, as requested. Contractor shall use the County MIS system to track required data elements for Family Members of clients open to County's MIS system and Contractor shall use the Contractor data entry system to track required data elements for Family Members of clients not open to County's MIS system. Contractor shall provide reports to County monthly or as requested. In the event the County MIS system is modified and allows collection of data for all Family Members, Contractor shall accept training and utilize the County data collection system to track data elements for all Family Members.

B. **FISCAL.** Contractor shall submit monthly Expenditure and Revenue Reports and Year-End Projection Reports to County. These reports shall be on a form acceptable to, or provided by, County and shall report actual costs and revenues and anticipated year-end actual costs and revenues for Contractor's program(s) or cost center(s) described in the Services section of this Exhibit A. Such reports shall be received by County no later than twenty (20) calendar days following the end of the month reported.

C. **STAFFING.** Contractor shall submit monthly Staffing Reports to County. These reports shall be on a form acceptable to, or provided by, County and shall report actual staff hours worked by position, Documented Service Hours (DSH'S) provided by position, caseload by position, and shall include the employees' names, licensure status, bilingual and bicultural capabilities, budgeted monthly salary, actual salary, and hire and/or termination date. The reports shall be received by County no later than twenty (20) calendar days following the end of the month being reported.

D. **PROGRAMMATIC.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than twenty (20) calendar days following the end of the quarter being reported. Programmatic reports shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, number of active cases, number of Client's admitted/ discharged, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes in population served and reasons for any such changes. 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.

E. **PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES**. Contractor shall work with County to ensure satisfactory data collection and compliance with the Outcomes described in Exhibit E, Program Goals, Outcomes and Measures.

F. **ADDITIONAL REPORTS**. Contractor shall maintain records and make statistical reports as required by County and the California State Department of Mental Health on forms provided by either agency. 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.

4. **PERFORMANCE.** Contractor shall adhere to the County's ADMHS Model of Care[1], ADMHS Code of Conduct, ADMHS requirements, and all relevant provisions of the Mental Health Services Act (MHSA), California Code of Regulations Title 9, Chapter 14 and all relevant provisions of applicable law that are now in force or which may hereafter be in force.

5. **BILLING DOCUMENTATION.**

A. Contractor shall complete electronic progress notes using County's MIS system for each Client contact. These notes will serve as documentation for billable Medi-Cal units of service. Service records documenting services provided, in the form of electronic progress notes that meet County specifications, will be submitted to the County MIS Unit within 72 hours of service delivery.

B. County shall host training sessions regarding documentation requirements under Med-Cal, EPSDT and other related State, Federal and local regulations twice yearly. Contractor shall ensure that each staff member providing clinical services attends one training session each year.

[1] ADMHS Model of Care

C. Electronic progress notes that describe the interventions conducted by the Team, as described in Exhibit A, Section 5, Billing Documentation, and Attachment A, Section 3, Progress Notes and Billing Records, including, at minimum:

1. Actual start and stop times.

2. The goal from the rehabilitation plan that was addressed in the encounter.

3. The intervention that was provided by the staff member.

4. The response to that intervention by the client.

5. The plan for the next encounter with the client, and other significant observations.

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. **STANDARDS**

A. Contractor agrees to comply with Medi-Cal requirements and be approved to provide Medi-Cal services based on Medi-Cal site certification, per Exhibit D, Organizational Service Provider Site Certification.

B. Contractor shall make its service protocols and outcome measures data available to County and to Medi-Cal site certification reviewers.

C. Contractor shall develop and maintain a written disaster plan for the Program site and shall provide annual disaster training to staff.

8. **CONFIDENTIALITY**. Contractor agrees to maintain the confidentiality of patient records pursuant to 45 CFR §205.50 (requires patient, or patient representative, authorization specific to psychiatric treatment prior to release of information or a judge signed court order if patient authorization unavailable), Section 13 of this Agreement and Exhibit BAA, HIPAA Business Associate Agreement. Patient records must comply with all appropriate State and Federal requirements.

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 maintain a grievance policy and procedure to address Client/ family satisfaction complaints.

C. Contractor agrees to actively support and promote Consumer empowerment and commits to make a reasonable effort to ensure Client/Family Member representation on the Board of Directors.

D. Contractor will advance Client and Family Member participation at all levels by working with the ADMHS Consumer Empowerment Manager, ADMHS Division Chief, Special

Projects, and the Consumer and Family Member Advisory Committee during all phases of program development and implementation.

E. Contractor will provide Bi-Annual program, outcome and Client/Family Member satisfaction updates to the Consumer and Family Member Advisory Committee.

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, and the number of culturally diverse clients receiving Program services;

2. Efforts aimed at providing culturally competent services such as training provided to staff, changes or adaptations to service protocol, community education/Outreach, etc.

B. Contractor shall fill Program service staff positions with staff that reflects the ethnic makeup of North Santa Barbara County. At all times, the Contractor shall be staffed with personnel who are Bilingual (Spanish) and able to communicate in the client preferred language.

C. Contractor shall maintain Bilingual capacity and provide staff with regular training on cultural competency, sensitivity and the cultures within the community, pursuant to Attachment A.

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.

E. Materials provided to the public must be printed in Spanish (second threshold language).

F. Services and programs offered in English must also be made available in Spanish.

G. A measureable and documented effort must be made to conduct outreach to and to serve the underserved and the non-served communities through Santa Barbara County, as applicable.

H. For Partners in Hope, Contractor shall fill one (1.0) FTE Program service staff position with Bilingual (Spanish/English) and Bicultural personnel.

I. Contractor agrees to work with the ADMHS Latino Advisory Committee to ensure Cultural Competence, specifically with respect to Latino clients and families.

11. **NOTIFICATION REQUIREMENTS**

A. Contractor shall notify County immediately in the event of any suspected or actual misappropriation of funds under Contractor's control; known serious complaints against licensed staff; restrictions in practice or license as stipulated by the State Bureau of Medical Quality Assurance, Community Care Licensing Division of the Department of Social Services of the State, or other State agency; staff privileges restricted at a

hospital; legal suits initiated specific to the Contractor's practice; initiation of criminal investigation of the Contractor; or other action instituted which affects Contractor's license or practice (for example, sexual harassment accusations). "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the event. Contractor shall train all personnel in the use of the ADMHS Compliance Hotline.

B. Contractor shall immediately notify the County Care Coordinator in the event a Client with a case file (episode) open to the County presents any of the following Client indices: suicidal risk factors, homicidal risk factors, assaultive risk factors, side effects requiring medical attention or observation, behavioral symptoms presenting possible health problems, or any behavioral symptom that may compromise the appropriateness of the placement.

C. Contractor shall immediately notify the County Care Coordinator in the event a Family Member, regardless of whether the Family Member has a case file (episode) open to the County, should any of the following events occur: suicidal risk factors, homicidal risk factors, assaultive risk factors, side effects requiring medical attention or observation, behavioral symptoms presenting possible health problems, or any behavioral symptom that may compromise the appropriateness of the placement.

D. Contractor shall notify the County ADMHS Director or designee, regardless of whether the Client has a case file (episode) open with the County, should any of the following events occur: death, fire setting, police involvement, media contact, any behavior leading to potential liability, any behavioral symptom that may compromise the appropriateness of the placement.

12. **UTILIZATION REVIEW.**

A. Contractor agrees to abide by County Quality Management standards and cooperate with the County's utilization review process which ensures medical necessity, appropriateness and quality of care. This review may include clinical record peer review, Client survey, Family Member Survey (for Partners in Hope), and other utilization review program monitoring practices. Contractor will cooperate with these programs, and will furnish necessary assessment and treatment 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 ADMHS QA contact and will participate in monthly or quarterly provider QA meetings, to review current and coming quality of care issues.

13. **PERIODIC REVIEW.** 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. The Care Coordinators, Quality Improvement staff, and the Program Managers or their designees shall conduct periodic on-site reviews of Contractor's patient charting.

14. ADDITIONAL PROGRAM REQUIREMENTS

A. In accepting MHSA funding for the Program, Contractor shall adhere to the following MHSA principals:

1. Cultural Competence. Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.

2. Client and Family Driven System of Care. Clients and families of clients identify needs and preferences that result in the most effective services and support.

3. Community Collaboration. Individuals, families, agencies, and businesses work together for a shared vision.

4. Integrated Service Experiences. Services for clients and families are “seamless,” limiting the need for negotiating with multiple agencies and funding sources.

5. Focus on Wellness. Includes recovery and resilience: people diagnosed with a mental illness are able to live, work, learn and participate fully in their communities.

B. In addition to the information entered into the County MIS system, Contractor shall track the following, per MHSA requirements:

1. Number of clients served in which language (English/Spanish/Other);

2. Number of groups offered in which language (English/Spanish/Other).

Exhibit A-1
Partners in Hope

1. **PROGRAM SUMMARY.** Partners in Hope (hereafter "The Program") provides outreach, linkage to care and recovery–oriented activities to families of clients with Serious Mental Illness (SMI) in Santa Maria, Lompoc, and Santa Barbara. The Program will be headquartered at:

   A. 401 East Cypress, Lompoc, California.

   B. 500 West Foster Road, Santa Maria, California.

2. **SERVICES.**

   A. Contractor shall provide mental health services as defined in Title 9, CCR, which may include the following:

      1. **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 testing procedures.

      2. **Plan Development**. Plan Development consists of developing client plans, approving client plans, and/or monitoring the client's progress.

      3. **Rehabilitation.** Rehabilitation is defined as a service activity that includes, but is not limited to, assistance in improving, maintaining or restoring a client's or a group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education.

      4. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment plan. 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 relatives of the client. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other Medi-Cal Service Providers is not considered a Collateral service.

      5. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit. 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 Sections 1810.338 and 1840.348 (CCR).

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. Therapy may be delivered to an individual and may include family therapy at which the client is present.

B. Contractor shall provide an appropriate combination of services individualized to meet each family members needs and assist them to achieve and sustain recovery. Services offered to families include, but are not limited to:

1. Outreach to under-served families and linkage to care;

2. Recovery-oriented supports and services, such as family support groups;

3. Recovery-oriented tools and education, such as Wellness and Recovery Action Plans (WRAP), and family education programs such as Family-to-Family;

4. Crisis support and training on consumer and family member issues;

5. Collaboration with the Justice Alliance staff, ADMHS clinical teams, and the ADMHS Crisis and Recovery Emergency Services (CARES) program.

C. Contractor shall provide mental health services, as described in Section 2 to:

1. 100 family members of adults/older adults with SMI annually. The Program may serve family members of adults with co-occurring substance abuse conditions.

2. As an outreach and engagement initiative, the Program will build relationships with families currently receiving little or no service.

3. The Contractor will work closely with the ADMHS Consumer Empowerment Program Manager, who will provide overall coordination of the Program.

D. Contractor shall attend all regularly scheduled Program staff meetings.

3. **REFERRALS.**

A. **Admission criteria and process.**

1. Contractor shall enroll Clients referred by County or sources other than County upon approval by the ADMHS Division Chief.

2. Contractor shall respond to referrals within five (5) days.

B. **Referral Packet.** Contractor shall maintain a referral packet within its files (hard copy or electronic), for each family member of each County Client referred and treated, which shall contain the following items:

1. A copy of the County and Contractor referral form;

2. Release of Information signed by the client;

3. A Client face sheet (Form MHS 140);

4. A copy of the most recent comprehensive assessment and/or assessment update;

5. A copy of the most recent medication record and health questionnaire;

6. A copy of the currently valid Coordination and Service Plan (CSP) indicating the goals for family member involvement in the Program and which names Contractor as service provider;

7. Other documents as reasonably requested by County.

4. **STAFFING.**

A. Contractor shall employ two (2.0) FTE Family Advocates, who are family members of individuals with serious mental illness. The Family Advocates shall function as liaisons with family members, care givers, clients, County, local National Association of Mental Illness (NAMI) groups, and other County treatment contractors to provide support, education, information and referral, and community outreach for clients' families.

B. Contractor shall work closely with other Program staff hired by the County, including three (3.0) FTE Peer Recovery Specialists, who are or have been recipients of mental health services for serious mental illness. Peer Recovery Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.

5. **ADDITIONAL PROGRAM REQUIREMENTS.** Contractor shall provide a written report to County on a monthly basis regarding Program progress toward accomplishment of program goals and objectives consistent with MHSA principles.

Exhibit A-2
Lompoc ACT

1. **PROGRAM SUMMARY.** The Lompoc Assertive Community Treatment (ACT) Program, hereafter, "the Program," is an evidence-based psychiatric treatment, rehabilitation and support service for clients with serious mental illness who demonstrate the need for this most intensive level of nonresidential community service. The Program is designed for adults whose symptoms of mental illness cause, or create high risk for, the most substantial levels of disability and functional impairment. The Program will be headquartered at 648 North H Street, Lompoc, California.

   The mission of the Program is to assist clients in attaining community stability and reaching their recovery and rehabilitation goals, including helping clients to find and keep employment.

   The Program provides a multidisciplinary team approach that includes a Psychiatrist, a mental health professional who serves as the Team Leader/Administrator, and other staff trained in the areas of social work, nursing, co-occurring substance abuse treatment, rehabilitation and peer support (hereafter 'the ACT Team"). Contractor's staff, in addition to the County psychiatrist and nursing staff, shall be responsible for providing virtually all needed community services to Program clients. This excludes: acute/sub-acute/residential or any other treatment not considered as "out-patient" services.

   The ACT Team shall also include County staff employed by the Santa Barbara County Department of Alcohol, Drug and Mental Health Services (ADMHS). The County staff (Psychiatrist and Nursing staff) will be responsible for providing the psychiatric treatment capacity for the Program. The Program including Contractor and County staff shall be available 24 hours per day, 7 days per week. Contractor shall follow the "National Program Standards for ACT Teams" (Allness and Knoedler, revised June 2003) disseminated by the National Alliance for Mental Illness (NAMI).

2. **PROGRAM GOALS**.

   A. Build relationships with clients based on mutual trust and respect.

   B. Offer individualized assistance. The Program shall emphasize an in-depth process of assessment, carried out over time through listening to and learning about each client's subjective experiences.

   C. Adopt a no-reject approach to clients. Clients are not terminated from the Program if they express anger and frustration with current or past services, if they do not "follow the rules," if they do not "fit in." Instead, such statements or actions offer an opportunity for staff to learn more about each client and his/her experiences with services, with the effects of mental illness and with general life circumstances.

   D. Understand and use the strengths of the local culture in service delivery. Assessment, planning and service delivery should be consistent with the resources and practices of each client's racial and ethnic community.

   E. Provide continuity across time. The frequency and type of supports can readily be adjusted in response to clients' changing needs or life situations. As a client's goals and preferences change, the ACT Team follows along as the client "sets the pace."

F. Use a flexible, non-programmatic approach. Program staff shall spend most of their time with clients in the community, offering side by side, "hands on" support to clients who may need help to gain greater control and management of their lives. Adhering to the principle of "whatever it takes," the Program helps prevent mental illness from being the driving force in clients' lives. Service delivery in office or clinic settings should be minimized.

G. Operate as a comprehensive, self-contained service. The Program does not refer clients to a variety of different programs. Rather, Program staff are responsible for providing virtually all of the needed treatment, rehabilitation and support services for clients. If the services of another provider are needed (e.g., medical care), the ACT Team is responsible for providing linkage to and assistance with obtaining the needed services.

H. Consistent with each client's preferences and wishes, the Program shall support family members and others with whom the client has a significant relationship, and assure special consideration to the needs of clients who are parents and to the needs of their minor children.

I. Provide services as long as they are medically needed, not based on predetermined timelines.

3. **CLIENTS/PROGRAM CAPACITY.**

A. Due to the severity of their symptoms and functional issues, Program clients shall have significant need for treatment, rehabilitative and support services in order to live successfully in the community and achieve their individual recovery goals. These individuals often face multiple barriers to stable community living including: co-occurring substance abuse or dependence, homelessness, unemployment, criminal justice involvement, challenges with illness management, physical health concerns, frequent and persistent use of hospital emergency departments as well as inpatient psychiatric treatment.

B. Contractor shall provide the services described herein to a total of 100 clients. Twenty-five (25) clients shall be transition-age youth (TAY), aged 16-25, with serious emotional disturbance; seventy-five (75) clients shall be adults and older adults with serious mental illness.

4. **ADMISSION CRITERIA.** Clients shall be transition-age youth aged 16-25 and adults aged 18 and over who have:

A. Mental illness symptoms that seriously impact their ability to maintain community living.

B. Primary Psychiatric diagnoses of schizophrenia, other psychotic disorders, major depression, and bipolar disorders.

C. Substantial disability and functional impairment informed, in part, by an assessment of level 3 or 4 on the Level of Care and Recovery Inventory (LOCRI).

D. One or more of the following related to their mental illness:

1. Two or more psychiatric inpatient hospitalizations in the past year.

2. Significant independent living instability such that the client would be in a long term residential or hospital placement without intensive community-based rehabilitation, treatment and support services.

3. Co-occurring addictions disorders.

4. Homelessness or high risk of becoming homeless.

5. Frequent use of mental health and related services yielding poor outcomes, such as contacts with the criminal justice system, recent housing evictions or frequent use of emergency departments.

6. Need for mental health services that cannot be met with other available community-based services as determined by an ADMHS Psychiatrist.

7. High risk of experiencing a mental health crisis or requiring a more restrictive setting if intensive rehabilitative mental health services are not provided.

E. All admissions will be voluntary.

5. **REFERRALS.**

A. Contractor shall admit clients referred by the County from County Crisis and Recovery Emergency Services (CARES), CARES Crisis Residential, ADMHS Psychiatric Health Facility, and County Treatment Teams. Referral sources other than these approved by the County must be authorized by designated ADMHS staff. An annual Utilization Management review and ongoing authorization will occur to assure that clients served meet the criteria for the Program.

B. Contractor shall begin the admission process within five (5) days of referral.

C. **REFERRAL PACKET**. Contractor shall maintain a referral packet within its files (hard copy or electronic) 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 (Form MHS 140).

3. A copy of the most recent comprehensive assessment and/or assessment update.

4. A copy of the most recent medication record and health questionnaire.

5. A copy of the currently valid County Coordination and Service Plan indicating the goals for client enrollment in the ACT and identifying the Contractor as service provider.

6. 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.

7. Written approval to provide services from public/private conservator or other legal guardian

8. Other documents as reasonably requested by County.

6. **DISCHARGE CRITERIA.** Contractor shall determine the appropriateness of client discharge or transfer to less intensive services on a case by case basis. Criteria for discharge or transfer to less intensive services include:

   A. Client ability to function without assistance at work, in social settings, and at home.

   B. No inpatient hospitalization for one year.

   C. Stable housing maintained for at least one year.

   D. Client is receiving one contact per month from the ACT Team and rated by the ACT Team as functioning independently.

   E. Client declines services and requests discharge, despite persistent, well documented efforts by the ACT Team to provide outreach and to engage the client in a supportive relationship.

   F. Client moves out of North Santa Barbara County for a period greater than 30 days.

   G. When a public and/or private guardian withdraws permission to provide services.

7. **DISCHARGES/TRANSFER/READMISSION POLICY**

   A. **Discharge Requirements**.

      1. The ACT Team shall work in close partnership with each client to establish a written discharge plan that is responsive to the client's needs and personal goals.

      2. Contractor shall notify County Utilization Review Department Liaison within ten (10) days of any pending discharge decision made by the ACT Team.

      3. County Utilization Review Department shall receive a copy of the final discharge plan summary, which shall be prepared by the ACT Team at the time of client discharge. Discharge summaries shall be submitted to ADMHS no later than ten (10) days after the client's discharge from the Program.

   B. **Transfer Requirements**. In the event of client transfer to another service provider, Contractor shall ensure:

      1. Partnership with the client throughout the transfer planning process to assure responsiveness to his or her individual needs, goals and preferences.

2. Continuity of client care before and after transfer which shall include a gradual transfer process with a period of overlapping services.

C. **Discharge and Readmission Policy.** Contractor shall maintain a discharge and readmission policy, subject to approval by the designated County staff, to address the following:

1. Discharge of clients to lower or higher levels of care.

2. Discharge based on client requests.

3. Discharge of clients who decline to participate in services or are assessed to be non-compliant with services. The ACT Team shall carry out consistent outreach efforts to establish supportive treatment. All such contacts must be clearly documented with approval from County Utilization Review prior to termination of services and discharge.

4. Re-admission of clients previously enrolled in the Program.

8. **STAFFING REQUIREMENTS.**

A. Contractor shall adhere to the Program staffing requirements outlined below:

1. 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, appropriate to the needs of the clients served. Contractor shall maintain a list of qualified translators to be used in the event the Program must seek translation services outside of the Team.

2. In hiring all positions for the ACT Team, Contractor shall give strong consideration to qualified clients who are or have been recipients of mental health services.

B. 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). With these combined resources, the ACT Team will have a total of 18.0 full time equivalent (FTE) staff.

C. Contractor shall employ 14.0 FTE, including 12.0 FTE direct service staff, as described below. Staff shall work collaboratively with County staff as part of the ACT Team, as follows:

1. One (1.0) FTE Team Leader/Administrator who is the clinical and administrative supervisor of the ACT Team. The Team Leader/Administrator shall have at least a master's degree in nursing, social work, psychiatric rehabilitation, psychology or mental health counseling. The Team Leader/Administrator shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting.

2. One (1.0) FTE Master's level lead clinician to assist the Psychiatrist and Team Leader/Administrator to provide clinical leadership during treatment planning meetings, conduct psychosocial assessments, assume oversight of the more challenging Individual Treatment Team assignments, assist with the provision of side-by-side supervision and work interchangeably with the lead Registered Nurse (County staff). The lead clinician will provide support and back-up to the Team Leader/Administrator in his or her absence.

3. Two (2.0) FTE mental health professionals with designated responsibility for the role of vocational specialist. At least one FTE shall be required to have a master's degree in rehabilitation counseling and at least one year of experience in providing individualized job development and supported employment on behalf of persons with physical or mental disabilities. If one of the two FTEs has a bachelor's degree, it must be in a related field and the individual must have at least two years of supervised experience in the aforementioned service area.

4. Two (2.0) FTE mental health professionals with designated responsibility for the role of substance abuse specialist. At least one FTE shall be required to have a master's degree and at least one year of supervised experience in providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders. If one of the 2 FTEs has a bachelor's degree, it must be in a related field and the individual must have at least two years of supervised experience in the aforementioned service area.

5. Three (3.0) FTE Personal Service Coordinators who may be bachelor's level and paraprofessional mental health workers. These staff should have experience working with clients with serious mental illness or related training/work/life experience.

6. Three (3.0) FTE Peer Specialists who are or have been recipients of mental health services for serious mental illness. Peer Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making. One (1.0) FTE shall be a Transitional Age Youth.

7. Two (2.0) FTE Administrative Assistants who are responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, providing receptionist activities including triaging calls and coordinating communication between the ACT Team and clients.

D. County shall employ the following four (4.0) FTE staff who, along with the Contractor's 14.0 FTE staff, will comprise the ACT Team. The County shall assume the responsibility for financial oversight and supervision for these 4.0 FTE staff. County staff shall work in conjunction with Contractor staff to assure provision of seamless multi-disciplinary treatment, rehabilitation and support services.

1. One (1.0) FTE Psychiatrist who works with the Team Leader/Administrator to oversee the clinical operations of the ACT Team, provide clinical services to all ACT clients, work with the Team Leader/Administrator to monitor each client's clinical status and response to treatment, supervise staff delivery of services, provide supervision in the community during routine and crisis interventions and direct psychopharmacologic and medical treatment.

2. Two (2.0) FTE Registered Nurses, who work with the Team Leader/Administrator and Psychiatrist to ensure systematic coordination of medical treatment and the development, implementation and fine-tuning of the medication policies and procedures.

3. One (1.0) FTE Psychiatric Technician, who works with the Psychiatrist and the Registered Nurses to ensure proper medication monitoring, timely medications refills, and the development and implementation of medication policies and procedures.

E. Contractor shall request County approval prior to altering any of the staffing disciplines/specialties or number of staff.

9. **SERVICE INTENSITY/ TREATMENT LOCATION/ STAFF CASELOADS/ HOURS OF OPERATION AND COVERAGE**

A. **Service Intensity.** The Program shall have the organizational capacity to provide multiple contacts per week (flexibly) to clients, based on individual preference and need. These multiple contacts may be as frequent as two to three times per day, seven days per week. Many, if not all, staff shall share responsibility for addressing the recovery needs of all clients requiring frequent contacts. The ACT Team shall provide an average of two to three face-to-face contacts per week for each client.

B. **Treatment Location**. The majority of Program services (at least 75 percent) will occur outside program offices in the community, within the client's life context. The ACT Team will maintain data to verify these goals are met.

C. **Staff to Client Caseload Ratios**. The Program shall operate with a staff to client ratio that does not exceed 1 to 10 (10 clients per one (1.0) FTE staff member), excluding the Psychiatrist and Administrative Assistants. These staff will not carry an individual caseload. Caseloads of individual staff members will vary based upon their overall responsibilities within the ACT Team (for example, Team Leader/Administrator and nurses will carry smaller caseloads).

D. **Hours of Operation and Staff Coverage.**

1. The Program shall be available to provide treatment, rehabilitation and support activities seven days per week, 365 days per year.

    a. The Program shall operate a minimum of 12 hours per day through two overlapping eight (8) hour shifts.

    b. On each weekend day and every holiday the Program shall operate for eight (8) hours with at least two staff providing services.

2. The Program shall operate an after-hours on-call system. Team staff experienced in ACT and skilled in crisis-intervention procedures will be on call and available to respond to clients both by telephone and in person. If a physical response is required, staff shall arrive no later than 30 minutes from the time of the call.

3. County Psychiatrist back up will be available at all times, including evenings, weekends and holidays.

4. Contractor shall ensure that the Team Leader/Administrator or his/her designee shall be available to staff, either in person or by telephone at all times. Contractor shall promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to assure the health and safety of clients;

E. **Team Organization and Communications.**

1. The Program organizational structure emphasizes a team approach to assure the integration of clinical, rehabilitative and support services. A key to this integrative process is the "team-within-a-team" (hereafter Individual Treatment Team) concept. Through an Individual Treatment Team each client has the opportunity to work with a small core of staff whose overall abilities, specialty skills and personality match the client's interests and goals. This Individual Treatment Team interfaces with the larger ACT Team and has responsibility for soliciting and blending in the perspective and analysis of all ACT Team members. ACT Team communications are also essential to delivering an individualized mix of treatment, rehabilitation and support services to each client.

2. The overall ACT Team's organization and communication is structured in two major ways – through meetings and documentation. The protocols for these activities are outlined in the NAMI "National Program Standards for ACT Teams."

3. The ACT Team shall conduct Daily Organizational Staff Meetings at a regularly scheduled time that accommodates overlapping shifts, Monday through Friday. The Daily Organizational Staff Meeting shall consist of a daily review of the status of each client to update staff on the treatment contacts which occurred the day before and to provide a systematic means for the ACT Team to assess the day-to-day progress and status of all clients. At the Daily Organizational Staff Meeting, the ACT Team will also revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.

4. The ACT Team shall maintain a written daily log of any treatment or service contacts which have occurred during the day, and a concise, behavioral description of the client's daily status.

5. The ACT Team shall maintain a Weekly Client Contact Schedule for each client.

6. The ACT Team shall develop a Daily Staff Assignment Schedule of all the treatment, rehabilitation and service contacts to take place that day, and assign and supervise

staff to carry out the treatment, rehabilitation and service activities scheduled to occur that day.

7. The ACT Team will conduct Treatment Planning Meetings under the supervision of the Team Leader/Administrator and the Psychiatrist.

10. **SERVICES**. The Program shall provide an appropriate combination of services individualized to meet each client's needs and to assist each client to achieve and sustain recovery, as described herein. Services offered to Program clients shall be consistent with those described in the "National Program Standards for ACT Teams." Services shall include:

A. **Care Management.** Care Management is a core function provided by the Program. Care management activities are led by one mental health professional on the ACT Team, known as the "primary care manager". The primary care manager coordinates and monitors the activities of the ACT Team staff who have shared ongoing responsibility to assess, plan, and deliver treatment, rehabilitation and support services to each client. The primary care manager:

1. Develops an ongoing relationship with clients based on mutual trust and respect. This relationship should be maintained whether the client is in a hospital, in the community or involved with other agencies (e.g. in a detox center, involved with corrections).

2. Works in partnership with clients to develop a recovery-focused treatment plan.

3. Provides individual supportive therapy and symptom management.

4. Makes immediate revisions to the treatment plan, in conjunction with the client, as his/her needs and circumstances change.

5. Is responsible for working with clients on crisis planning and management.

6. Coordinates and monitors the documentation required in the client's medical record.

7. Advocates for the client's rights and preferences.

8. Provides the primary support to the client's family.

B. **Crisis Assessment and Intervention.** The Program shall ensure availability of telephone and face-to-face contact with clients 24 hours per day, seven days per week. Services may be provided in collaboration with CARES, as appropriate. However, CARES shall augment, not substitute for, ACT Team on-call telephone and face-to-face responsibility.

C. **Symptom Assessment, Management and Individual Supportive Therapy.** These interventions assist clients to address the distressing and disabling problems associated with psychotic symptoms; help to ease the emotional pain associated with having a serious mental illness (e.g., severe anxiety, despair, loneliness, unworthiness and depression) and assist clients with symptom self-management efforts that may reduce the risk of relapse and minimize levels of social disability. These activities, which may be carried out by the ACT Team Psychiatrist, nurses, or other staff include:

1. Ongoing assessment of the client's mental illness symptoms and his or her response to treatment.

2. Education of the client regarding his or her illness and the effects and side effects of prescribed medication, where appropriate.

3. Encouragement of symptom self-management practices which help the client to identify symptoms and their occurrence patterns and develop methods (internal, behavioral, adaptive) to lessen their effects. These may include specific cognitive behavioral strategies directed at fostering feelings of self-control.

4. Supportive psychotherapy to address the psychological trauma of having a major mental illness.

5. Generous psychological support to each client, provided both on a planned and as needed basis, to help the client accomplish personal goals and to cope with the stresses of everyday living.

D. **Medication Prescription, Administration, Monitoring and Documentation.**

1. All ACT Team members shall work closely with the Team Psychiatrist to assess and document the client's mental illness symptoms and behavior in response to medication and shall monitor for medication side effects.

2. The ACT Team shall establish medication policies and procedures that identify processes to:

    a. Facilitate client education and informed consent about medication.

    b. Record physician orders.

    c. Order medication.

    d. Arrange for all medication related activities to be organized by the ACT Team and documented in the Weekly Client Contact Schedule and Daily Staff Assignment Schedules.

    e. Provide security for storage of medications, including setting aside a private area for set up of medications by the ACT Team's nursing staff.

3. Contractor shall provide medication monitoring weekly. At least monthly, each client shall meet with the County Psychiatrist.

E. **Coordination with Health Care and Other Providers.** The Program represents a unique program model, whereby one self-contained team of staff provides an integrated package of treatment, rehabilitation, and support services to each client. There shall be minimal referral to external mental health treatment and rehabilitation services. However, the Program shall provide a high degree of coordination with healthcare providers and others with whom clients may come in contact. The Program shall be responsible for:

1. Coordinating and ensuring appropriate medical, dental and vision services for each client. Based on client consent, the ACT Team will establish close working relationships with primary care physicians to support optimal health and assist in monitoring any medical conditions (e.g., diabetes, high cholesterol).

2. Coordinating with psychiatric and general medical hospitals throughout an individual's inpatient stay. Whenever possible, Team staff should be present when the client is admitted and should visit the hospital daily for care coordination and discharge planning purposes.

3. Maintaining relationships with detoxification and substance abuse treatment services to coordinate care when ACT clients may need these services.

4. Maintaining close working relationships with criminal justice representatives to support clients involved in the adult justice system (e.g., courts, probation officers, jails and correctional facilities, parole officers).

5. Knowing when to be proactive in situations when an individual may be a danger to self or others. Staff should maintain relationships with local emergency service systems as backup to the ACT Team's 24-hour on-call capacity.

6. Establishing close working relationships with self-help groups (AA, NA, etc.), peer support and advocacy resources and education and support groups for families and significant others.

7. Fostering close relationships with local housing organizations.

8. Creating a referral and resource guide for self-help groups and other community resources (e.g., legal aid organizations, food co-ops).

F. **Substance Abuse Services.** The Program shall provide substance abuse treatment services, based on each client's assessed needs. Services shall include, but not be limited to, individual and group interventions to assist individuals who have co-occurring mental illness and substance abuse problems to:

1. Identify substance use, effects and patterns.

2. Recognize the relationship between substance use and mental illness and psychotropic medications.

3. Provide the client with information and feedback to raise their awareness and hope for the possibility of change.

4. Employ various strategies for building client motivation for change.

5. Enable the client to find the best change action specific to their unique circumstances.

6. Help the client to identify and use strategies to prevent relapse.

7. Help the client renew the processes of contemplation, determination and action, without being stuck or demoralized because of relapse.

8. Develop connections to self-help groups such as Double Trouble and Dual Recovery programs.

G. **Housing Services and Support.** The Program shall provide housing support services to help clients obtain and keep housing consistent with their recovery objectives. Safe, affordable housing is essential to helping clients fully participate in, and benefit from, all other assistance the Program offers. Many clients referred for Program services may be homeless or have unstable living arrangements. It is important for Program staff to be familiar with the availability and workings of affordable housing programs. Affordable housing units or subsidies may be accessed from other agencies and the general public or private housing market. Program staff shall develop and maintain working relationships with local housing agencies from whom housing units, any necessary rental subsidies, and other available housing-related services or resources may be accessed on behalf of clients. Program housing services and support shall include but not be limited to assisting clients in:

1. Finding apartments or other living arrangements.

2. Securing rental subsidies.

3. Developing positive relationships with landlords.

4. Executing leases.

5. Moving and setting up the household.

6. Meeting any requirements of residency.

7. Carrying out household activities (i.e., cleaning).

8. Facilitating housing changes when desirable or necessary.

H. **Employment and Educational Supports.** Work-related support services help clients who want to find and maintain employment in community-based job sites. Educational supports help clients who wish to pursue the educational programs necessary for securing a desired vocation.

1. Program staff shall use their own expertise, service capacities and counseling assistance to help clients pursue educational, training or vocational goals. Program staff shall maintain relationships with employers, academic or training institutions, and other such organizations of interest to clients.

2. Program staff can help clients find employment that is part or full time, temporary or permanent, based on the unique interests and needs of each client. As often as possible, however, employment should be in real life, independent integrated settings with competitive wages.

3. Services shall include but not be limited to:

    a. Assessment of educational and job-related interests and abilities, through a complete education and work history assessment, as well as on-site assessments in educational and community-based job sites.

    b. Assessment of the effect of the client's mental illness on employment or educational learning, with identification of specific behaviors that interfere with the client's work or learning performance and development of interventions to reduce or eliminate those behaviors.

    c. Development of an ongoing supportive educational or employment rehabilitation plan to help each client establish the skills necessary to find and maintain a job or to remain in an educational setting.

    d. Benefits counseling expertise to help clients understand how gainful employment will affect Social Security Administration (SSA) disability payments and health coverage. The counseling will also be expected to address work incentive benefits available through SSA and other agencies.

    e. Individual supportive therapy to assist clients to identify and cope with symptoms of mental illness that may interfere with work performance or learning

    f. On-the-job or work related crisis intervention to address issues related to the client's mental illness such as interpersonal relationships with co-workers and/or symptom management.

    g. Work-related supportive services, such as assistance with grooming or personal hygiene, securing of appropriate clothing, wake-up calls, transportation, etc.

    h. Building of cooperative relationships with publicly funded "mainstream" employment, education, training, and vocational rehabilitation agencies/organizations in the community.

I. **Social System Interventions (e.g. Supportive Socialization, Recreation, Leisure-Time Activities, Peer Support).** Social system interventions help clients maintain and expand a positive social network to reduce social isolation. Contractor shall work with each client to:

1. Assess and identify the client's joys, abilities and accomplishments in the present and in the past, and also what the client would like to occur in the future.

2. Identify the client's beliefs and meanings and determine what role they play in the client's overall well being (e.g. how does the client make sense of his/her life experience? How is meaning or purpose expressed in the person's life? Are there any rituals and practices that give expression to the person's sense of meaning and purpose? Does this client participate in any formal or informal communities of shared belief, etc?).

3. Identify and address potential obstacles to establishing positive social relationships (e.g., shyness; anxiety; client's expectations for success and failure).

4. Provide side-by-side support and coaching, as needed, to build client's confidence and success in relating to others.

5. Provide supportive individual therapy (e.g., problem-solving, role-playing, modeling and support), social-skill teaching and assertiveness training.

6. Make connections to peer advocates or peer supports.

7. Help make plans with peers or friends for social and leisure time activities within the community.

J. **Activities of Daily Living.** Contractor shall provide services to support activities of daily living in community-based settings include individualized assessment, problem-solving, side-by-side assistance and support, skills training, ongoing supervision (e.g., monitoring, encouragement) and environmental adaptations to assist clients to gain or use the skills required to:

1. Carry out personal care and grooming tasks.

2. Perform activities such as cooking, grocery shopping and laundry.

3. Procure necessities such as a telephone, microwave.

4. Develop ways to budget money and resources.

5. Use available transportation.

K. **Support Services.** Contractor shall help clients access needed community resources, including but not limited to:

1. Medical and dental services (e.g., having and effectively using a personal physician and dentist).

2. Financial entitlements.

3. Social services.

4. Legal advocacy and representation.

L. **Peer Support Services.** Contractor shall provide services to validate clients' experiences and to guide and encourage clients to take responsibility for and actively participate in their own recovery, as well as services to help clients identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce clients' self-imposed stigma:

1. Peer counseling and support.

2. Introduction and referral to consumer self-help programs and advocacy organizations that promote recovery.

3. Recovery-oriented training including WRAP (Wellness Recovery Action Plan) and UCLA/PAL Independent Living Skills modules.

M. **Education, Support, and Consultation to Clients' Families and Other Major Supports.** Contractor shall provide services regularly to clients' families and other major supports, with client agreement or consent, including:

1. Individualized psychoeducation about the client's illness and the role of the family and other significant people in the therapeutic process.

2. Interventions to restore contact, resolve conflict, and maintain relationships with family and or other significant people.

3. Ongoing communication and collaboration, face-to-face and by telephone, between the ACT Team and the family.

4. Introduction and referral to family self-help programs and advocacy organizations that promote recovery.

5. Assistance to clients with children (including individual supportive counseling, parenting training, and service coordination) including but not limited to:

a. Services to help clients throughout pregnancy and the birth of a child.

b. Services to help clients fulfill parenting responsibilities and coordinate services for the child/children.

c. Services to help clients restore relationships with children who are not in the client's custody.

11. **DOCUMENTATION REQUIREMENTS.** Contractor shall complete the following for each client, consistent with the NAMI "National Program Standards for ACT Teams":

A. A diagnostic assessment that establishes the presence of a serious mental illness, providing a basis for the medical necessity of ACT-level services and a foundation for the treatment plan. The diagnostic assessment shall be completed by the ACT Team Psychiatrist or by another team member who is a properly licensed mental health professional within thirty (30) days of admission and updated at least every six (6) months or prior to discharge, or at discharge, whichever comes first;

B. A treatment plan that provides overall direction for the ACT Team's work with the client shall be completed within thirty (30) days of admission and reviewed and updated at least every six (6) months with the client. The treatment plan shall include:

1. Client's recovery goals or recovery vision, which guides the service delivery process.

2. Client's major rehabilitation goals, which typically identify one- to two-year targets for the rehabilitative process and may serve as intermediate steps toward the achievement of the client's recovery goals or vision.

3. Objectives describing the skills and behaviors that the client will learn as a result of the Team's rehabilitative interventions during the following three (3) to six (6) months.

4. Interventions planned for the following three to six months to help the client reach the objectives.

12. **POLICIES AND PROCEDURES.** The Program shall develop written policies and procedures to set expectations for Program staff and establish consistency of effort. The written policies and procedures should be consistent with all applicable state and federal standards and should cover:

A. Informed consent for treatment, including medication.

B. Client rights, including right to treatment with respect and dignity, under the least restrictive conditions, delivered promptly and adequately.

C. Process for client filings of grievances and complaints.

D. Management of client funds, as applicable, including protections and safeguards to maximize clients' control of their own money

E. Admission and discharge (e.g. admission criteria and process; discharge criteria, process and documentation).

F. Personnel (e.g. required staff, staffing ratios, qualifications, orientation and training).

G. Hours of operation and coverage, service intensity, staff communication and planning emphasizing a team approach, and staff supervision.

H. Assessment and treatment processes and documentation (e.g. comprehensive assessment, treatment planning, progress notes).

I. Treatment, rehabilitation and support services.

J. Client medical record maintenance.

K. Management of client funds, as applicable.

L. Program evaluation and performance (quality assurance).

M. Procedures for compliance with applicable State and Federal laws, including all Equal Employment Opportunity (EEO)/Affirmative Action (AA) requirements. Contractors must comply with the Americans with Disabilities Act.

13. **PHYSICAL SPACE.** The physical set-up of the Program space shall include:

    A. Easy access for clients and families, including access for persons who have physical handicaps.

    B. Common work space to facilitate communication among staff.

    C. Three or four rooms which can also serve as office space for the Team Leader/Administrator and the Psychiatrist or as interview rooms or quiet workspace for all staff to use.

    D. Space for temporary storage of client possessions.

    E. Room for medication storage.

    F. Space for office machines (copy machine, fax machine) and storage of office supplies.

    G. Parking for ACT staff, clients and families.

14. **EVALUATION.** In addition to the requirements described in Exhibit A, Section 3, Contractor shall work with County to ensure satisfactory data collection, as follows:

    A. **Client Outcomes**.

        1. Yearly goals will be established for key Program outcomes, using the measures described in Exhibit E.

        2. Each Program outcome will be reviewed, at a minimum, every six months by County and adjustments will be made as necessary. The Contractor(s) must have in place mechanisms to collect outcome data, analyze the data and incorporate the knowledge gained into the design and/or operation of the program.

        3. In addition to Client Outcomes, other methods County will use to evaluate the Program may include:

            a. Periodic review of encounter data to ensure that clients are receiving the majority of needed services from the Program and not from external sources (e.g., hospitals/ERs and other programs).

            b. Regular review of a random sample of client assessment, treatment plans and progress notes to assess the quality of the ACT Team's planning and service delivery activities.

            c. Annual on-site Fidelity Reviews to ensure that the Program is adhering to the NAMI "National Program Standards for ACT Teams." This will include a comprehensive review of program activities and operations, including:

                i. Policies and procedures.

                ii. Admission/discharge criteria.

iii. Service capacity.

iv. Staff requirements.

v. Program organization.

vi. Assessment and treatment planning.

vii. Services provided.

viii. Performance improvement/program evaluation.

ix. Client and family satisfaction.

IV. Delete Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B

FINANCIAL PROVISIONS

(With attached Schedule of Rates [Exhibit B-1])

This Agreement provides for reimbursement for adult mental health services up to a Maximum Contract Amount. For Title XIX Short-Doyle/Medi-Cal (SD/MC), MHSA and all other services provided under this Agreement, Contractor will comply with all applicable requirements necessary for reimbursement in accordance with Welfare and Institutions Code §§5704-5724, and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

I. PAYMENT FOR SERVICES

A. Performance of Services. Contractor shall be compensated on a cost reimbursement basis for provision of the Units of Service (UOS) established in Exhibit B-1 based on satisfactory performance of the adult mental health services described in Exhibit A.

B. Medi-Cal Services. The services provided by Contractor's Program described in Exhibit A are covered by the Medi-Cal Program and will be reimbursed by County from Federal Financial Participation (FFP) and state and local funds, as specified in Exhibit B-1.

C. Non-Medi-Cal Services. County recognizes that some of the services provided by Contractor's Program, described in Exhibit A, may not be reimbursable by Drug Medi-Cal, or may be provided to individuals who are not Drug Medi-Cal eligible, and such services may be reimbursed by other County, State, and Federal funds only to the extent specified in Exhibit B-1. 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. 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 to this Agreement. Expenses shall comply with the requirements established in OMB A-87 and applicable regulations. Violation of this provision or use of County funds for purposes other than those described in Exhibit A shall constitute a material breach of this Agreement.

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **$1317117** Dollars. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. 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 net of revenues as described in this Exhibit B, Section IV (Accounting for Revenues)**.** Contractor's approved Operating Budget shall be used to confirm the Provisional Rate to be paid to Contractor as set forth in Exhibit B-1, for the services to be provided pursuant to this Agreement.

B. Provisional Rate. County agrees to reimburse Contractor at a Provisional Rate (the "Provisional Rate") during the term of this Agreement. The Provisional Rate shall be established by using the rates from the Contractor's most recently filed cost report, as set forth in Exhibit B-1. At any time during the term of this agreement, Director shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues, as reflected in Contractor's approved Operating Budget. Payment will be based on the UOS accepted into the County's MIS system on a monthly basis.

C. Adjustment of Provisional Rates. Contractor acknowledges that the Provisional Rates shall be adjusted at the time of the settlement specified in this Exhibit B, Section VIII (Pre-Audit Cost Report Settlement).

IV. ACCOUNTING FOR REVENUES

A. Accounting for Revenues**.** Contractor shall comply with all County, State, and Federal requirements and procedures, as described in WIC Sections 5709, 5710 and 5721, 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 EPSDT/Medi-Cal, Healthy Families, 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.

B. Internal Procedures. Contractor shall maintain internal financial controls which adequately ensure proper billing and collection procedures. Contractor's procedures shall specifically provide for the identification of delinquent accounts and methods for pursuing such accounts. Contractor shall pursue payment from all potential sources in sequential order, with SD/MC as payor of last resort. Contractor is to attempt to collect first from Medicare (if site is Medicare certified), then from insurance. 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 mental health service units specified in this Agreement.

V. REALLOCATION OF PROGRAM FUNDING

Contractor shall make written application to Director, in advance, to reallocate funds as outlined in Exhibit B-1 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 Director's decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor.

VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS:

A. Submission of Claims and Invoices. Claims for services, are to be entered into the County's Management Information System (MIS) within 10 calendar days of the end of the month in which mental health services are delivered, although late claims may be submitted as needed in accordance with State and federal regulations. In addition to claims submitted into MIS, Contractor shall submit a written invoice within 10 calendar days of the end of the month in which mental health services are delivered that: i) summarizes the information submitted into MIS, including the UOS provided for the month, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered electronically to the County designated representative or to:

Santa Barbara County Alcohol, Drug, and Mental Health Services
ATTN: Accounts Payable
300 North San Antonio Road Bldg. 3
Santa Barbara, CA 93110 –1316

Contractor agrees that it shall be solely liable and responsible for all data and information submitted by the County to the State on behalf of Contractor. Payment will be based on the UOS accepted into MIS on a monthly basis.

The Director or designee shall review the monthly claim(s) and invoice to confirm accuracy of the data submitted. With the exception of the final month's payment under this Agreement, County shall make provisional payment for approved claims within thirty (30) calendar days of the receipt of said claim(s) and invoice by County subject to the contractual limitations set forth below.

B. Monthly Expenditure and Revenue Report and Projection Report**.** Contractor shall submit a monthly Expenditure and Revenue Report and Projection Report as described in the Reports Section of Exhibit A to this Agreement.

C. Withholding Of Payment for Non-submission of MIS and Other Information**.** If any required MIS data, invoice or report(s) 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 Director or designee. Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.

D. Withholding Of Payment for Unsatisfactory Clinical Documentation**.** Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum State and County written standards.

E. Claims Submission Restrictions**.**

1. Six-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 six (6) months from the date of service to avoid possible payment reduction or denial for late billing. Original (or initial) claims received after this six month billing limit without an acceptable delay reason code are subject to reduction and/or denial by either the State or County. Exceptions to the six month billing limit can be made for months seven through twelve following the month in which the services were rendered if the reason for the late billing is allowed by WIC Section 14115 and Title 22, California Code of Regulations section 51008.5.

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. Tracking of Expenses. Contractor shall inform County when seventy-five percent (75%) of the Maximum Contract Amount has been incurred based upon Contractor's own billing records. Contractor shall send such notice to those persons and addresses which are set forth in the Agreement, Section 2 (NOTICES).

VII. COST REPORT

A. Submission of Cost Report. Within forty-five (45) days after the close of the Fiscal Year covered by this Agreement, Contractor shall provide County with an accurate and complete Annual Cost Report with a statement of expenses and revenue for the 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 Director or Designee upon reasonable notice.

B. Cost Report to be Used for Final Settlement. The Cost Report shall be the final financial and statistical report submitted by Contractor to County, and shall serve as the basis for final settlement to Contractor. Contractor shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder.

C. Withholding Payment. County shall withhold the final month's payment under this Agreement until such time that Contractor submits its complete Annual Cost Report.

D. Penalties. In addition, failure of Contractor to submit accurate and complete Annual Cost Report(s) by the ninetieth (90^{th}) day after the close of the Fiscal Year 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) is (are) not submitted. The Late Penalty shall be assessed separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the ninety-first (91^{st}) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement. County shall deduct the Late Penalty assessed against Contractor from the final month's payment due under the Agreement.

2. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred fiftieth (150^{th}) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement, then all amounts covered by the outstanding Annual Cost Report(s) and paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) is (are) outstanding shall be repaid by Contractor to County**.** Further, County shall terminate any current contracts entered into with Contractor for programs covered by the outstanding Annual Cost Reports.

E. Audited Financial Reports: Each year of the Agreement, the Contractor shall 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.

F. Single Audit Report: If Contractor is required to perform a single audit, per the requirements of OMB circular A-133, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

VIII. PREAUDIT COST REPORT SETTLEMENT.

A. Pre-audit Cost Report Settlement. Based on the Annual Cost Report(s) submitted pursuant to this Exhibit B 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 State and County will perform a pre-audit cost report settlement. Such settlement 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. Settlement 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 Charge 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 State's Schedule of Maximum Allowances (SMA).

4. The Maximum Contract Amount (MCA) of this Agreement.

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 the receipt by County from the State of the State's Final Cost Report Settlement package for a particular fiscal year.

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 from future payments, if any, at the sole discretion of the Director.

IX. AUDITS, AUDIT APPEALS AND POST-AUDIT SHORT-DOYLE/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 the 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 hereunder.

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 SD/MC audit, the State and County will perform a post-audit SD/MC 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.

C. Invoice for Amounts Due. County shall issue an invoice to Contractor for any amount due 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 party performing the audit.

V. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

Exhibit B-1
Schedule of Rates and Contract Maximum

EXHIBIT B-1
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES
SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: **Transitions Mental Health Association** **FISCAL YEAR: 2009-2010**

		PROGRAM			TOTAL
		Partners in Hope	Lompoc ACT		
	DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):			
	Outpatient - Placement/Brokerage (15/01-09)	-	5,889	-	5,889
	Outpatient Mental Health Services (15/10-59)	48,890	446,637	-	495,527
	Outpatient Crisis Intervention (15/70-79)		3,066		3,066
	SERVICE TYPE: M/C, NON M/C	M/C	M/C		
	UNIT REIMBURSEMENT	minute	minute		
	COST PER UNIT/PROVISIONAL RATE:				
	Outpatient - Placement/Brokerage (15/01-09)	$2.02			
	Outpatient Mental Health Services (15/10-59)	$2.61			
	Outpatient Crisis Intervention (15/70-79)	$3.88			
	GROSS COST:	$ 127,603	$ 1,189,514		$1,317,117
	LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)				
A	PATIENT FEES				$0
B	PATIENT INSURANCE				$0
C	CONTRIBUTIONS				$0
D	FOUNDATIONS/TRUSTS				$0
E	SPECIAL EVENTS				$0
F	OTHER (LIST):				$0
	TOTAL CONTRACTOR REVENUES	$ -	$ -	$ -	$0
	MAXIMUM CONTRACT AMOUNT:	**$ 127,603**	**$ 1,189,514**	**$ -**	**$ 1,317,117**
	SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT				
A	MEDI-CAL/FFP	$ 3,802	$ 484,293		$ 488,095
B	OTHER FEDERAL FUNDS				$ -
C	REALIGNMENT/VLF FUNDS				$ -
D	STATE GENERAL FUNDS				$ -
E	COUNTY FUNDS				$ -
F	HEALTHY FAMILIES				$ -
G	TITLE 4E				$ -
H	AB 3632				$ -
I	EPSDT		$ 108,967		$ 108,967
J	FIRST 5 GRANT				$ -
K	MHSA*	$ 120,001	$ 220,927		$ 340,928
L	MHSA MEDI-CAL MATCH	$ 3,801	$ 375,327		$ 379,128
	TOTAL (SOURCES OF FUNDING)	$ 127,603	$ 1,189,514	$ -	$ 1,317,117

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*MHSA Funding may be offset by additional Medi-Cal funding

Exhibit B-2
Contractor Budget

VI. Add Exhibit B-2, Provider Budget:

AGENCY NAME: Transitions - Mental Health Association

COUNTY FISCAL YEAR: 09/10

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN # 1	2	3	4	5	6	7	8	9	10
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Vida Nueva Lompoc	Santa Maria Consumer-led Program	Lompoc Consumer led Program	Santa Maria SHS North	Partners in Hope	Homeless Services Clinician	
1	Contributions	$ -	$ -							
2	Foundations/Trusts	$ 50,000	$ -							
3	Special Events	$ -	$ -							
4	Legacies/Bequests	$ -	$ -							
5	Associated Organizations	$ -	$ -							
6	Membership Dues	$ -	$ -							
7	Sales of Materials	$ 153,000	$ -							
8	Investment Income	$ -	$ -							
9	Miscellaneous Revenue	$ -	$ -							
10	ADMHS Funding	$ 1,179,066	$ 1,179,066	$ 671,066	$ 190,000	$ 85,000	$ 38,000	$ 120,000	$ 75,000	
11	Other Government Funding	$ 4,143,919	$ -							
12	AFDC	$ -	$ -							
13	City of Lompoc	$ 4,000	$ 4,000			$ 4,000				
14	Rents	$ -	$ -							
15	Other (specify)		$ -							
16	Other (specify)		$ -							
17	Other (specify)		$ -							
18	Total Other Revenue (Sum of lines 1 through 17)	$ 5,529,985	$ 1,183,066	$ 671,066	$ 190,000	$ 89,000	$ 38,000	$ 120,000	$ 75,000	$ -
	I.B Client and Third Party Revenues:									
19	Medicare	$ 921,428	$ 868,051	$ 518,448			$ 342,000	$ 7,603		
20	Client Fees	$ 979,308	$ -							
21	Insurance		$ -							
22	SSI		$ -							
23	DR	$ 115,000	$ -							
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	2,015,736	868,051	518,448	-	-	342,000	7,603	-	-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	7,545,721	2,051,117	1,189,514	190,000	89,000	380,000	127,603	75,000	-

Exhibit B-2
Contractor Budget

LINE #	COLUMN # 1	2	3	4	5	6	7	8	9
	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Vida Nueva Lompoc	Santa Maria Consumer-led Program	Lompoc Consumer led Program	Santa Maria SHS North	Partners in Hope	Homeless Services Clinician
26	Salaries (Complete Staffing Schedule)	3,760,619	$ 1,157,800	$ 693,500	$ 86,300	$ 34,100	$ 214,000	$ 77,500	$ 52,400
27	Employee Benefits	663,484	$ 223,655	$ 126,694	$ 21,424	$ 7,451	$ 46,748	$ 15,190	$ 6,148
28	Consultants		$ -						
29	Payroll Taxes	307,885	$ 97,133	$ 57,670	$ 7,393	$ 3,070	$ 17,900	$ 6,800	$ 4,300
30	Personnel Costs Total (Sum of lines 26 through 29)	$ 4,731,988	$ 1,478,588	$ 877,864	$ 115,117	$ 44,621	$ 278,648	$ 99,490	$ 62,848
31	Professional Fees/Client Stipends	76,666	$ 12,000		$ 8,000	$ 4,000			
32	Supplies	149,453	$ 22,982	$ 12,000	$ 1,500	$ 800	$ 4,500	$ 2,682	$ 1,500
33	Telephone	68,158	$ 13,425	$ 8,000	$ 2,700	$ 1,600		$ 1,125	
34	Postage & Shipping	6,500	$ 1,500	$ 1,500					
35	Occupancy (Facility Lease/Rent/Costs)	962,075	$ 84,600		$ 33,000	$ 21,000	$ 30,600		
36	Rental/Maintenance Equipment	61,396	$ 6,100	$ 4,000	$ 1,000	$ 100	$ 1,000		
37	Advertising/Pre employment	42,304	$ 10,400	$ 6,500	$ 500		$ 1,400	$ 2,000	
38	Transportation	185,866	$ 40,670	$ 22,000	$ 1,700	$ 1,870	$ 10,500	$ 3,000	$ 1,600
39	Conferences, Meetings, Etc	72,980	$ 16,950	$ 10,000	$ 1,000	$ 250	$ 3,000	$ 2,000	$ 700
40	Insurance	73,037	$ 16,025	$ 10,000	$ 2,200	$ 925	$ 2,000	$ 900	
41	Client Expense	224,962	$ 51,171	$ 39,000	$ 1,785	$ 4,134	$ 5,052	$ 1,200	
42	Client Housing	31,000	$ 31,000	$ 31,000					
43	Employment Services	8,975	$ 8,975	$ 8,975					
44	Medications	20,000	$ 20,000	$ 20,000					
45	Furniture and Equipment	11,200	$ 5,000	$ 5,000					
46	SUBTOTAL DIRECT COSTS	$ 6,726,560	$ 1,819,385	$ 1,055,839	$ 168,502	$ 79,300	$ 336,700	$ 112,397	$ 66,648
	III. INDIRECT COSTS								
47	Administrative Indirect Costs	819,161	$ 231,731	$ 133,675	$ 21,498	$ 9,700	$ 43,300	$ 15,206	$ 8,352
48	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	$ 7,545,721	$ 2,051,117	$ 1,189,514	$ 190,000	$ 89,000	$ 380,000	$ 127,603	$ 75,000

Exhibit E
Program Goals, Outcomes, and Measures

VII. Delete Exhibit E, Program Goals, Outcomes, and Measures, and replace with the following:

Outcomes – Partners in Hope		
Program Goals	**Outcomes**	**Measure/Data Elements**
❖ Enhance the existing recovery-based model by involving people in recovery at every level in the system of care, policy to service delivery	✓ Integration of clients and family members into existing service delivery teams ✓ Increased number of bilingual/bicultural staff in system ✓ Increase service provision by peers, clients and family members	➢ Number of clients and family members hired and located with a team ➢ Number of bilingual/bicultural staff ➢ Number of peer mentoring and client-provided services ➢ Number of clients and family members involved in management and advisory roles
❖ Integrate additional recovery-based activities as a main component of services at every service site provided by clients and family members	✓ Enroll previously un-served/under-served populations (e.g., ethnic groups, gender groups, geographic regions) in services ✓ Increased outreach and service provision by clients and family members ✓ Increased sense of empowerment, hope and wellness in clients and family members employed as well as those that are enrolled	➢ Number of un-served and under-served clients enrolled; communities served ➢ Number and type of WRAP and other recovery-based services provided ➢ Client and family member employee and enrollee empowerment survey ➢ Number of clients and family members attending weekly team meetings
❖ Develop system of workplace support for client and family members to promote professional development and symptom/stress management	✓ Retention, participation and promotion of client and family member staff ✓ Expansion of paid and volunteer roles for clients and family members throughout the system of care	➢ Participation of client and family member staff in support activities for self-care ➢ Participation in professional development activities ➢ Retention and

		promotion rates ➢ Number of paid and volunteer positions designated for clients and family members

Adult Program Evaluation **ACT Programs**		
Program Goal	**Outcome**	**Measure**
❖ Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems	✓ Decreased incarceration rates ✓ Decreased inpatient/acute care days and length of hospital stay ✓ Decreased emergency room utilization	➢ Number of incarceration days ➢ Number of hospital admissions; length of hospital stay ➢ Number of emergency room visits for physical and/or psychiatric care
❖ Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community	✓ Reduced homelessness by maintaining stable/permanent housing ✓ Increased life skills needed to participate in purposeful activity and increase quality of life	➢ Number of days in stable/permanent housing ➢ Number of clients employed, enrolled in school or training, or volunteering ➢ Number of clients graduating to a lower level of care

AMENDMENT

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Transitions Mental Health Association.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: _____
Chair, Board of Supervisors
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy
Date: _____

CONTRACTOR

By:_____
Tax Id No 95-3509040.
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

By_____
Deputy County Counsel
Date: _____

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By_____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES
ANN DETRICK, PH.D.
DIRECTOR

By_____
Director
Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____

Date: _____

AMENDMENT

CONTRACT SUMMARY PAGE **BC 09-017**

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>$25,000) or Purchasing (<$25,000). *See also "Contracts for Services" policy. Form is not applicable to revenue contracts.*

D1. Fiscal Year 09-10
D2. Budget Unit Number 043
D3. Requisition Number ..... N/A
D4. Department Name ..... Alcohol, Drug, & Mental Health
D5. Contact Person ..... Danielle Spahn
D6. Telephone ..... (805) 681-5229

K1. Contract Type *(check one)*: ρ Personal Service ρ Capital
K2. Brief Summary of Contract Description/Purpose ..... Partners in Hope and Lompoc ACT
K3. Contract Amount $1317117
K4. Contract Begin Date 7/1/2009
K5. Original Contract End Date 6/30/09
K6. Amendment History ……

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09	1317117		1317117	6/30/10	Renew for 09-10

B1. Is this a Board Contract? *(Yes/No)* ..... True
B2. Number of Workers Displaced *(if any)* ..... N/A
B3. Number of Competitive Bids *(if any)* ..... N/A
B4. Lowest Bid Amount *(if bid)* ..... N/A
B5. If Board waived bids, show Agenda Date ..... N/A
and Agenda Item Number .....
B6. Boilerplate Contract Text Unaffected? *(Yes / or cite* Yes

F1. Encumbrance Transaction Code 1701
F2. Current Year Encumbrance Amount $1317117
F3. Fund Number 0048
F4. Department Number 043
F5. Division Number *(if applicable)* .....
F6. Account Number 7460
F7. Cost Center number *(if applicable)* 4899
F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID ..... A= 697032
V2. Payee/Contractor Name ..... Transitions Mental Health
V3. Mailing Address ..... P. O. Box 15408.
V4. City, State (two-letter) Zip (include +4 if known) ..... San Luis Obispo, CA 93406
V5. Telephone Number 8055415144
V6. Contractor's Federal Tax ID Number *(EIN or SSN)* 95-3509040
V7. Contact Person ..... Jill Bolster-White Executive Director
V8. Workers Comp Insurance Expiration Date 7/1/2009
V9. Liability Insurance Expiration Date[s] 7/1/2009
V10. Professional License Number 000009144
V11. Verified by (name of county staff) ..... Danielle Spahn
V12 Company Type *(Check one):* Individual ρ Sole Proprietorship ρ Partnership ☒ Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page**.**

Date: _____ Authorized Signature: _____