

AGREEMENT

FOR SERVICES OF INDEPENDENT CONTRACTOR

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THIS AGREEMENT (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter County) and **Mental Health Association in Santa Barbara County (DBA Mental Wellness Center)** with an address at 617 Garden St., Santa Barbara, CA (hereafter Contractor) wherein Contractor agrees to provide and County agrees to accept the services specified herein.

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

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

1. DESIGNATED REPRESENTATIVE

Director at phone number 805-681-5220 is the representative of County and will administer this Agreement for and on behalf of County. Annmarie Cameron at phone number 8058848440 is the authorized representative for Contractor. Changes in designated representatives shall be made only after advance written notice to the other party.

2. NOTICES

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

To County: Director
Santa Barbara County
Alcohol, Drug, and Mental Health Services
300 N. San Antonio Road
Santa Barbara, CA 93110
FAX: 805-681-5262

To Contractor: Annmarie Cameron, Executive Director
Mental Health Association in Santa Barbara County (DBA Mental Wellness Center)
617 Garden St.
Santa Barbara, CA 93101
FAX: 8058848445

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

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3. SCOPE OF SERVICES

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

4. TERM

Contractor shall commence performance on 7/1/2015 and end performance upon completion, but no later than 6/30/2016 unless otherwise directed by County or unless earlier terminated.

5. COMPENSATION OF CONTRACTOR

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

6. INDEPENDENT CONTRACTOR

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

7. STANDARD OF PERFORMANCE

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

8. DEBARMENT AND SUSPENSION

Contractor certifies to County that it and its employees and principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts. Contractor certifies that it shall not contract with a subcontractor that is so debarred or suspended.

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9. TAXES

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

10. CONFLICT OF INTEREST

Contractor covenants that Contractor presently has no employment or interest and shall not acquire any employment or interest, direct or indirect, including any interest in any business, property, or source of income, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. Contractor further covenants that in the performance of this Agreement, no person having any such interest shall be employed by Contractor. Contractor must promptly disclose to the County, in writing, any potential conflict of interest. County retains the right to waive a conflict of interest disclosed by Contractor if County determines it to be immaterial, and such waiver is only effective if provided by County to Contractor in writing. As required by 42 CFR sections 455.101 and 455.104, Contractor will complete a Conflict of Interest form provided by County.

11. OWNERSHIP OF DOCUMENTS AND INTELLECTUAL PROPERTY

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

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

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

12. NO PUBLICITY OR ENDORSEMENT

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

13. COUNTY PROPERTY AND INFORMATION

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

14. RECORDS, AUDIT, AND REVIEW

Contractor shall keep such business records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of Contractor's profession and shall maintain all records until such time that the State Department of Health Care Services completes all actions associated with the final audit, including appeals, for the fiscal year(s) covered by this Agreement, or not less than four (4) years following the termination of this Agreement, whichever is later. All accounting records shall be kept in accordance with generally accepted accounting principles. County shall have the right to audit and review all such documents and records at any time during Contractor's regular business hours or upon reasonable notice. In addition, if this Agreement exceeds ten thousand dollars (\$10,000.00), Contractor shall be subject to the examination and audit of the California State Auditor, at the request of the County or as part of any audit of the County, for a period of three (3) years after final payment under the Agreement (Cal. Govt. Code Section 8546.7). Contractor shall participate in any audits and reviews, whether by County or the State, at no charge to County.

If federal, state or County audit exceptions are made relating to this Agreement, Contractor shall reimburse all costs incurred by federal, state, and/or County governments associated with defending against the audit exceptions or performing any audits or follow-up audits, including but not limited to: audit fees, court costs, attorneys' fees based upon a reasonable hourly amount for attorneys in the community, travel costs, penalty assessments and all other costs of whatever nature. Immediately upon notification from County, Contractor shall reimburse the amount of the audit exceptions and any other related costs directly to County as specified by

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County in the notification. The provisions of the Records, Audit, and Review Section shall survive any expiration or termination of this Agreement.

15. INDEMNIFICATION AND INSURANCE

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

16. NONDISCRIMINATION

County hereby notifies Contractor that County's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and Contractor agrees to comply with said ordinance.

17. NONEXCLUSIVE AGREEMENT

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

18. NON-ASSIGNMENT

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

19. TERMINATION

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

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

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20. SECTION HEADINGS

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

21. SEVERABILITY

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

22. REMEDIES NOT EXCLUSIVE

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

23. TIME IS OF THE ESSENCE

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

24. NO WAIVER OF DEFAULT

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

25. ENTIRE AGREEMENT AND AMENDMENT

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

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26. SUCCESSORS AND ASSIGNS

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

27. COMPLIANCE WITH LAW

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

28. CALIFORNIA LAW AND JURISDICTION

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

29. EXECUTION OF COUNTERPARTS

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

30. AUTHORITY

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

31. SURVIVAL

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

32. PRECEDENCE

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

33. COMPLIANCE WITH HIPAA

Contractor is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and

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demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.

34. COURT APPEARANCES.

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

35. PRIOR AGREEMENTS.

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

36. MANDATORY DISCLOSURE

Contractor must disclose, in a timely manner, in writing to the County all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. Section 75.371, including suspension or debarment. (See also 2 C.F.R. part 180 and 376, and 31 U.S.C. 3321.)

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THIS AGREEMENT INCLUDES:

I. EXHIBIT A

1. EXHIBIT A – Statement of Work – Mental Health (MH) Services
2. EXHIBIT A-1: Statement of Work-MH – Casa Juana Maria (Intensive Residential Program)
3. EXHIBIT A-2: Statement of Work-MH –Client-Led Program (Recovery Learning Center)
4. EXHIBIT A-3: Statement of Work-MH – Computer Lab (Recovery Learning Center)
5. EXHIBIT A-4: Statement of Work- MH – Family Advocate
6. EXHIBIT A-5: Statement of Work-MH – Mental Health First Aid
7. EXHIBIT A-6: Statement of Work – MH – Alameda House
8. ATTACHMENT A – Santa Barbara County Mental Health Plan, Quality Management Standards
9. ATTACHMENT D – Organizational Service Provider Site Certification
10. ATTACHMENT E – Program Goals, Outcomes, and Measures

II. EXHIBIT B

1. EXHIBIT B – Financial Provisions - MH
2. EXHIBIT B-1 MH – Schedule of Rates and Contract Maximum
3. EXHIBIT B-2 – Contractor Budget

III. EXHIBIT C –Indemnification and Insurance Provisions

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Agreement for Services of Independent Contractor between the County of Santa Barbara and Mental Health Association in Santa Barbara County (DBA Mental Wellness Center).

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

COUNTY OF SANTA BARBARA

By: _____
JANET WOLF, CHAIR
BOARD OF SUPERVISORS

Date: _____

CONTRACTOR

MENTAL HEALTH ASSOCIATION IN SANTA
BARBARA COUNTY (DBA MENTAL WELLNESS
CENTER)

By: _____

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

By _____
Deputy

Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

Date: _____

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By _____
Deputy County Counsel

Date: _____

RECOMMENDED FOR APPROVAL :
ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES
ALICE A. GLEGHORN PHD DIRECTOR

By _____
Director

Date: _____

EXHIBIT A – Mental Health
STATEMENT OF WORK

THIS EXHIBIT A MH INCLUDES THE FOLLOWING PARTS:

1. EXHIBIT A – Statement of Work – Mental Health (MH) Services
2. EXHIBIT A-1: Statement of Work-MH – Casa Juana Maria (Intensive Residential Program)
3. EXHIBIT A-2: Statement of Work-MH –Client-Led Program (Recovery Learning Center)
4. EXHIBIT A-3: Statement of Work-MH – Computer Lab (Recovery Learning Center)
5. EXHIBIT A-4: Statement of Work- MH – Family Advocate
6. EXHIBIT A-5: Statement of Work-MH – Mental Health First Aid
7. EXHIBIT A-6: Statement of Work – MH – Alameda House
8. ATTACHMENT A – Santa Barbara County Mental Health Plan, Quality Management Standards
9. ATTACHMENT D – Organizational Service Provider Site Certification
10. ATTACHMENT E – Program Goals, Outcomes, and Measures

EXHIBIT A – Mental Health
STATEMENT OF WORK

The following terms shall apply to all programs operated under this Agreement, included as Exhibits A-1 through A-6, as though separately set forth in the scope of work specific to each Program.

1. **PERFORMANCE.** Contractor shall adhere to all County requirements and all relevant provisions of law that are now in force or which may hereafter be in force, including all relevant provisions of the following:
 - A. The County Mental Health Plan, Contract 12-89394 between the County Department of Alcohol and Drug, and Mental Health Services (ADMHS) and the State Department of Health Care Services (DHCS), available at <http://cosb.countyofsb.org/admhs/>;
 - B. The ADMHS Steering Committee Vision and Guiding Principles, available at <http://cosb.countyofsb.org/admhs/>;
 - C. California’s Mental Health Services Act; and
 - D. California Code of Regulations Title 9, Division 1.

2. **STAFF.**
 - A. Program Staff providing direct services to clients shall be trained and skilled at working with persons with serious mental illness (SMI), and shall adhere to professionally recognized evidence-based best practices for rehabilitation assessment, service planning, and service delivery. In addition, these staff shall receive Documentation Training in accordance with the ADMHS Mandatory Trainings Policy and Procedure.
 - B. Contractor shall ensure that staff identified on the Centers for Medicare & Medicaid Services (CMS) Exclusions List or other applicable list shall not provide services under this Agreement nor shall the cost of such staff be claimed to Medi-Cal.
 - C. All staff performing services under this Agreement with access to the ADMHS electronic medical record shall be reviewed and approved by ADMHS Quality Care Management (QCM) Division, in accordance with ADMHS Policy and Procedure #34, Staff Credentialing and Licensing.
 - D. Contractor shall notify County of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.A. Reports Staffing herein. Contractor shall notify admhscontractsstaff@co.santa-barbara.ca.us within one business day for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.
 - E. At any time prior to or during the term of this Agreement, the County may require that Contractor staff performing work under this Agreement undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor’s staff passes or fails the background clearance investigation.

EXHIBIT A – Mental Health
STATEMENT OF WORK

- F. County may request that Contractor's staff be immediately removed from working on the County Agreement for good cause during the term of the Agreement.
- G. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to Contractor's staff that does not pass such investigation(s) to the satisfaction of the County, or whose conduct is incompatible with County facility access.
- H. Disqualification, if any, of Contractor staff, pursuant to this Section, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

3. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND 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 to ADMHS QCM Division, upon request.
- B. In the event the license/certification status of any Contractor staff member cannot be confirmed, the staff member shall be prohibited from providing services under this Agreement.
- C. If Contractor is a participant in the Short-Doyle/Medi-Cal program, Contractor shall keep fully informed of and in compliance with all current Short-Doyle/Medi-Cal Policy Letters, including, but not limited to, procedures for maintaining Medi-Cal certification of all its facilities.

4. REPORTS.

- A. **Staffing.** Contractor shall submit quarterly 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 and shall include the employees' names, licensure status, bilingual Spanish capabilities, budgeted monthly salary, actual salary, hire date, and, if applicable, termination date. The reports shall be received by County no later than 25 calendar days following the end of the quarter being reported.
- B. **Programmatic.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than 25 calendar days following the end of the quarter being reported. Programmatic reports shall include the following:
 - 1. Contractor shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and if not, shall specify what steps will be taken to achieve satisfactory progress;

EXHIBIT A – Mental Health
STATEMENT OF WORK

2. Contractor shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and Certifications, changes in population served and reasons for any such changes;
3. The number of active cases and number of clients admitted/ discharged;
4. The Measures described in Attachment E, Program Goals, Outcomes and Measures, as applicable, or as otherwise agreed by Contractor and ADMHS. Amendments to Attachment E do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees. In addition, Contractor may include any other data that demonstrate the effectiveness of Contractor's programs; and
5. Contractors receiving MHSA-funding shall track and report the following to County in Contractor's Quarterly Programmatic Report per MHSA requirements, if not entered into the County's Management Information System (MIS)
 - a) Client age;
 - b) Client zip code;
 - c) Number of types of services, groups, or other services provided;
 - d) Number of clients served in which language (English/Spanish/Other);
 - e) Number of groups offered in which language (English/Spanish/Other).
5. **Additional Reports.** Contractor shall maintain records and make statistical reports as required by County and the State Department of Health Care Services or applicable agency, 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.
6. **MEDI-CAL VERIFICATION.** Contractor shall be responsible for verifying client's Medi-Cal eligibility status and will take steps to reactivate or establish eligibility where none exists.
7. **SITE STANDARDS.**
 - A. Contractor agrees to comply with all Medi-Cal requirements, including, but not limited to those specified in Attachment A, and be approved to provide Medi-Cal services based on Medi-Cal site certification, per Attachment D, Organizational Service Provider Site Certification.
 - B. For programs located at Contractor's offices, 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: Title 42 United State Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (CFR), Part 2; 45 CFR Section 96.132(e), 45 CFR Parts 160, 162, and 164;

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Title 22 California Code of Regulations (CCR) Section 51009; Welfare & Institutions Code (W&IC) Section 14100.2; Health and Safety Code (HSC) Sections 11812 and 11845.5; Civil Code Sections 56 – 56.37, 1798.80 – 1798.82, and 1798.85; and the Compliance with HIPAA section of this Agreement. Patient records must comply with all appropriate State and Federal requirements. Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of this program or other uses authorized by law that are not in conflict with requirements for confidentiality contained in the preceding codes.

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.

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 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. At all times, the Contractor's Program(s) shall be staffed with personnel who can communicate in the client preferred language, or Contractor shall provide interpretation services;
- C. Contractor shall maintain Spanish bilingual capacity with the goal of filling 40% of direct service positions with bilingual staff in County's second threshold language, Spanish.
- D. Contractor shall provide staff with regular training on cultural competency, sensitivity and the cultures within the community, pursuant to Attachment A;
- E. Contractor shall provide services that consider the culture of mental illness, as well as the ethnic and cultural diversity of clients and families served; materials provided to the public must also be printed in Spanish (second threshold language).
- F. Services and programs offered in English must also be made available in Spanish, if clients identify Spanish as their preferred language, as specified in section B above.
- G. As applicable, a measurable and documented effort must be made to conduct outreach to and to serve the underserved and the non-served communities of Santa Barbara County.

11. NOTIFICATION REQUIREMENTS.

- A. Contractor shall immediately notify ADMHS QCM Division at 805-681-5113 in the event of:

EXHIBIT A – Mental Health
STATEMENT OF WORK

1. Known serious complaints against licensed/certified staff;
 2. Restrictions in practice or license/certification as stipulated by a State agency;
 3. Staff privileges restricted at a hospital; or
 4. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations).
 5. Any event triggering Incident Reporting, as defined in ADMHS Policy and Procedure #28, Unusual Occurrences Incident Report.
- B. Contractor shall immediately contact the ADMHS Compliance Hotline (805-884-6855) should any of the following occur:
1. Suspected or actual misappropriation of funds under Contractor's control
 2. Legal Suits initiated specific to the Contractor's practice;
 3. Initiation of criminal investigation of the Contractor
 4. HIPAA breach
- C. For clients receiving direct services from both ADMHS and Contractor staff, Contractor shall immediately notify the client's ADMHS Case Manager or other ADMHS staff involved in the client's care, or the applicable Regional Manager should any of the following occur: 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 may contact admhscontractsstaff@co.santa-barbara.ca.us for any contractual concerns or issues.
- E. "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the triggering event. Contractor shall train all personnel in the use of the ADMHS Compliance Hotline (Phone number: 805-884-6855).

12. UTILIZATION REVIEW.

- A. Contractor agrees to abide by County Quality Management standards, provided in Attachment A, and to cooperate with the County's utilization review process which ensures medical necessity, appropriateness and quality of care. This review may include clinical record review; client survey; and other utilization review program monitoring practices. Contractor will cooperate with these programs, and will furnish necessary assessment and Client Service Plan information, subject to Federal or State confidentiality laws, and provisions of this agreement.
- B. Contractor shall identify a senior staff member who will be the designated ADMHS QCM Division contact and will participate in any provider QCM meetings, to review current and coming quality of care issues.

EXHIBIT A – Mental Health
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13. REVIEWS.

- A. 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 and/or electronic reviews of Contractor's clinical documentation.
- B. The Contractor agrees to make all records pertaining to the services furnished under the terms of this contract available for inspection, examination or copying by the U.S. Department of Health and Humans Service, the Comptroller General of the United States, the DHCS, the County, and other authorized federal and state agencies, or their duly authorized representatives. Inspection shall occur at all reasonable times, at Contractors place of business, or at such other mutually agreeable location in California, in a form maintained in accordance with the general standards applicable to such book or record keeping, for a term of at least five years from the close of the state fiscal year in which the subcontract was in effect.

14. QUARTERLY MEETINGS. ADMHS shall conduct quarterly meetings, as indicated, with Contractor to collaboratively discuss Programmatic, Fiscal, and Contract matters.

15. ADDITIONAL PROVISIONS.

- A. Contractor agrees to hold harmless the State and beneficiaries in the event the County cannot or does not pay for services performed by the contractor.
- B. The Contractor will not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. §438.6(d)(3).
- C. Contractor agrees to comply with all applicable federal and state law, particularly the statutes and regulations incorporated by reference below. Contractor agrees to comply with any changes to these statutes and regulations that may occur during the contract period and any new applicable statutes or regulations, but either the County or Contractor may request consultation and discussion of new or changed statutes or regulations, including whether contract amendments may be necessary.
- D. Pursuant to Welf. & Inst. Code § 14704, a regulation or order concerning Medi-Cal specialty mental health services adopted by the State Department of Mental Health pursuant to Division 5 (commencing with Section 5000), as in effect preceding the effective date of this section, shall remain in effect and shall be fully enforceable, unless and until the readoption, amendment, or repeal of the regulation or order by the State Department of Health Care Services (DHCS), or until it expires by its own terms.
- E. The following federal law applies to this contract:
 - 1. Title 42 United States Code, to the extent that these requirements are applicable;
 - 2. 42 C.F.R. to the extent that these requirements are applicable;
 - 3. 42 C.F.R. § 438 – Managed Care, limited to those provisions that apply to Prepaid Inpatient Health Plans (PIHP);

EXHIBIT A – Mental Health
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4. 45 C.F.R. §§ 160 and 164 to the extent that these requirements are applicable;
5. Title VI of the Civil Rights Act of 1964;
6. Title IX of the Education Amendments of 1972;
7. Age Discrimination Act of 1975;
8. Rehabilitation Act of 1973;
9. Titles II and III of the Americans with Disabilities Act;
10. Deficit Reduction Act of 2005;
11. Balanced Budget Act of 1997;
12. The Contractor shall comply with the provisions of the Copeland Anti- Kickback Act, which requires that all contracts and subcontracts in excess of \$2000 for construction or repair awarded by the Contractor and its subcontractors shall include a provision for compliance with the Copeland Anti-Kickback Act.
13. The Contractor shall comply with the provisions of the Davis-Bacon Act, as amended, which provides that, when required by Federal Medicaid program legislation, all construction contracts awarded by the Contractor and its subcontractors of more than \$2,000 shall include a provision for compliance with the Davis-Bacon Act as supplemented by Department of Labor regulations.
14. The Contractor shall comply with the provisions of the Contract Work Hours and Safety Standards Act, as applicable, which requires that all subcontracts awarded by the Contractor in excess of \$2,000 for construction and in excess of \$2,500 for other subcontracts that involve the employment of mechanics or laborers shall include a provision for compliance with the Contract Work Hours and Safety Standards Act.

F. The following State law applies to this contract:

1. Division 5, Welf. & Inst. Code, to the extent that these requirements are applicable to the services and functions set forth in this contract;
2. Welf. & Inst. Code §§ 5779-5782;
3. Welf. & Inst. Code §§ 14680-14685.1;
4. Welf. & Inst. Code §§ 14700-14726;
5. Chapter 7, Division 9, Welf. & Inst. Code, to the extent that these requirements are applicable to the services and functions set forth in this contract;
6. Cal. Code Regs., tit. 9, § 1810.100 et. seq. – Medi-Cal Specialty Mental Health Services;

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7. Cal. Code Regs., tit. 22, §§ 50951 and 50953;
8. Cal. Code Regs., tit. 22, §§ 51014.1 and 51014.2.

EXHIBIT A-1
STATEMENT OF WORK-MH
(Intensive Residential Program)

1. **PROGRAM SUMMARY.** Contractor operates two intensive residential programs, Casa Juana Maria and CG House, (hereafter “the Program”) which provide mental health services to Medi-Cal eligible adults with Serious Mental Illness (SMI). The Programs shall be licensed as an Adult Residential Facility by the California Department of Social Services Community Care Licensing Division (CCLD). The Programs are located at:
 - A. Casa Juana Maria, 106 Juana Maria Street, Santa Barbara, California.
 - B. CG House, 224 Cottage Grove, Santa Barbara, California
2. **PROGRAM GOALS.**
 - A. Maintain the client’s residential placement at the lowest appropriate level, and/or enable client to successfully move to a lower level of care;
 - B. Connect clients to social services and community resources;
 - C. Assist clients with developing independent living skills and psychological and social skills necessary for recovery;
 - D. Assist clients to manage symptoms;
 - E. Successfully engage and stabilize clients transitioning from Institutes for Mental Diseases (IMDs), Acute Care Facilities or other residential settings; and
 - F. Provide 24/7 in-person supports to manage crisis.
3. **SERVICES.** Contractor shall provide twenty-four (24) hour per day, seven (7) days per week psychiatric rehabilitation, residential care and room and board for clients placed at the Program as described in Section 7 (Referrals).
 - A. Contractor shall provide the following mental health services, as needed and indicated on the Client Service Plan (see Section 8 Documentation Requirements), to Program clients:
 1. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
 2. **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 (excludes services provided under Medication Support, as defined in Title 9 CCR Section 1810.225), as defined in Title 9 CCR Section 1810.243.
 3. **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

EXHIBIT A-1
STATEMENT OF WORK-MH
(Intensive Residential Program)

Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client. , as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, 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 service providers is not considered a Collateral service.

4. **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, as defined in Title 9 CCR Section 1810.204.
5. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in Title 9 CCR Section 1810.232.
6. **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, as defined in Title 9 CCR Section 1810.209. 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 1840.338 and 1840.348 (CCR). Contractor shall be available 24 hours per day, 7 days per week to provide crisis intervention services.
 - a. When clients have an emergent need while at the Program, Contractor shall work to manage the client's needs to prevent crisis. If crisis assistance is needed, Contractor will work directly with ADMHS crisis service teams and/or mental health clinic staff to engage in a supported response to the client's needs.
 - b. Contractor shall ensure availability of telephone and face-to-face contact with clients 24 hours per day, seven days per week to respond to requests by ADMHS in the event that specialized knowledge from the Program is required. Response to ADMHS may be by both telephone and in person. If a physical response is required, staff shall arrive no later than 30 minutes from the time of the call.

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STATEMENT OF WORK-MH
(Intensive Residential Program)

B. Activities of Daily Living. Contractor shall provide Activities of Daily Living (ADL) support, including:

1. Assisting clients in developing and maintaining knowledge of medications, skills in self administration of medication and compliance with medication treatment;
2. Accessing and using laundry facilities (both in-home and coin-operated facilities);
3. Maintaining clean and well-kept living quarters, this shall include assigning household chores to be completed weekly;
4. Practicing good personal hygiene; including physical health, such as hygiene, prevention and management of medical condition(s);
5. Scheduling and keeping appointments;
6. Learning and practicing psychosocial skills, such as effective interpersonal communication and conflict resolution.

C. Skill Building. Contractor shall provide skill building in Social and Recreational Activities, including:

1. Providing structured direction so clients learn how to engage in group activities that can provide meaningful social connections with others;
2. Providing structured direction so clients learn how to engage in community activities to prepare for more independent living;
3. Assisting clients to:
 - a. Identify, access and independently participate in social and/or recreational activities in the community with the goal of encouraging and promoting positive interaction with others, physical exercise and participating in health-related activities;
 - b. Develop conversational skills; and
 - c. Access activities that are cost-appropriate to the client's budget.
4. Instructing clients how to access necessary services for routine, urgent, or emergency needs. Contractor shall assist clients in learning how to access community services for on-going supports (i.e. alcohol and drug programs, outpatient mental health treatment services, routine medical services, etc.), Mobile Crisis for psychological emergencies, and hospital emergency rooms for medical emergencies.
5. Assist clients in developing skills to use natural supports for transportation and community recreational resources (e.g. YMCA, Adult Education, etc.) which afford clients opportunities to practice the skills they are developing and/or learning;

EXHIBIT A-1
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(Intensive Residential Program)

6. Contractor shall provide family psychoeducational activities such as education to the family regarding mental illness, medications, and recognizing symptoms;
 7. Contractor shall provide work-related support services to help clients who want to find and maintain employment in community-based job sites as well as educational supports to help clients who wish to pursue the educational programs necessary for securing a desired vocation.
 - a. Program staff shall assist clients to 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.
 - b. Services shall include but not be limited to:
 - i. 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;
 - ii. 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;
 - iii. Individual supportive therapy to assist clients to identify and cope with symptoms of mental illness that may interfere with work performance or learning; and
 - iv. Work-related supportive services, such as assistance with grooming or personal hygiene, securing of appropriate clothing, wake-up calls, transportation, etc.
- D. **Support Services.** Contractor shall assist clients to 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; and
 4. Legal advocacy and representation.
- E. **Vocational Skills.** Contractor shall assist clients improve and enhance their vocational skills, such as:
1. Accessing and using public transportation;

EXHIBIT A-1
STATEMENT OF WORK-MH
(Intensive Residential Program)

2. Accessing and using public libraries; and
 3. Accessing and using educational and vocational resources (i.e. community colleges, Vocational Rehabilitation, etc.)
- F. **Budgeting.** Contractor shall assist client with developing individual budgets based on income and expenses and assisting clients with managing finances, including bill-paying and living on fixed incomes.
- G. **Cooking and Meal Planning.** Contractor shall assist clients develop skills related to cooking and meal planning, including:
1. Learning and developing healthy eating habits;
 2. Learning to maintain a safe and sanitary kitchen; and
 3. Shopping for and preparing meals with the assistance of Program staff.
4. **CLIENTS.** Contractor shall provide the services described in Section 3 to a caseload of six (6) clients at Casa Juana Maria and six (6) clients at Cottage House.
- A. Clients shall be individuals with SMI whose symptoms of mental illness cause the most substantial levels of disability and functional impairment. Due to the severity of the clients' symptoms and functional issues, individuals who receive these services are in the greatest need of rehabilitative services in order to live successfully in the community and achieve their personal recovery goals. Multiple barriers to successful functioning are common in this group and may include: co-occurring substance abuse or dependence, homelessness, unemployment, out-of-control illness management, frequent and persistent use of hospital emergency departments and inpatient psychiatric treatment, and problems with the legal system. Priority of population served will include individuals with SMI who are transitioning from or at risk of placement at Institutions for Mental Disease (IMDs), acute inpatient facility settings or other residential living settings.
- B. County shall be responsible to open Mental Health Services Act (MHSA)-funded clients to Full Service Partnership programs concurrently with placement in Contractor's program, as applicable.

5. Admission Criteria

- A. Program clients should have symptoms that seriously impair their functioning in independent living community settings. Because of mental illness, the client has substantial disability and functional impairment as indicated by client's assessment and previous treatment history; and
- B. Priority should be given to clients with long term psychiatric disabilities such as schizophrenia, other psychotic disorders and bipolar disorders.

EXHIBIT A-1
STATEMENT OF WORK-MH
(Intensive Residential Program)

5. LENGTH OF STAY/SERVICE INTENSITY.

- A. Contractor and County shall review cases every ninety (90) days, to include Client Service Plan development, effectiveness of interventions and discharge planning.
- B. Contractor shall work with County to develop and attain goals for assisting clients to move to lower levels of supportive housing or community support.

6. STAFF. Contractor shall abide by CCLD staffing requirements for 24/7 coverage with on-call staff as necessary for emergency situations.

7. REFERRALS.

- A. Contractor shall admit clients seven (7) days per week; and
- B. Contractor shall admit and provide services to clients referred by ADMHS in order for those services to be reimbursed by County.

C. Admission Process.

- 1. Contractor shall notify County that a program slot has been vacated as described in Section 9 (Discharge Plan).
- 2. County Regional Manager shall review open cases to determine those appropriate for placement. County Regional Manager or designee shall send the Referral Packet, described in Section 7.D, for the selected client to Contractor.
- 3. Contractor shall respond to referrals within five (5) days from the date of receipt of the referral.
- 4. Contractor shall interview client referred by County. Referrals may also require CCLD approval if there is an exception needed for admission for residential treatment.
- 5. In the event a referral is not accepted per Section 7.E, Contractor shall notify County of the reason for not accepting the referral.

D. Referral Packet. Contractor shall receive a referral packet for each client referred and treated. Hard copies of any Packet documents that are available in the ADMHS Medical Record system shall be shredded by Contractor upon opening the client to the program::

- 1. The Referral Packet shall contain each of the following (as available):
 - a. A copy of the County referral form;
 - b. A client face sheet listing all of the County programs that the client has been admitted to over time, and is currently admitted to, including hospitalizations;

EXHIBIT A-1
STATEMENT OF WORK-MH
(Intensive Residential Program)

- c. A copy of the most recent comprehensive assessment and/or assessment update;
 - d. A copy of the most recent medication record and health questionnaire;
 - e. ADMHS will update the Coordinated Care Plan (CCP) indicating the goals for client enrollment in the Program and which names Contractor as service provider , prior to client's admission to the program;
 - f. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout will be provided to Contractor in the initial Referral Packet. Thereafter, it will be Contractor's responsibility to verify continued Medi-Cal eligibility as described in Exhibit A-Mental Health Statement of Work,, Section 6; and
 - g. Other documents as reasonably requested by County.
- E. **Exclusion Criteria and Process.** Individuals with restricted health conditions as defined by CCLD and those who are not classified as "ambulatory" will be excluded from Program participation in accordance with licensing requirements. On a case-by-case basis, the following may be cause for client exclusion from the Program, subject to approval by the ADMHS Regional Manager or other designee in collaboration with Contractor: individual's recent history (conviction or charges within the past six (6) months) of violent crime or sexual predation; and individuals with Anti-Social Personality Disorder.

8. DOCUMENTATION REQUIREMENTS.

- A. **ADMHS Client Service Plan (CSP).** The ADMHS Treatment Team shall complete a CSP in collaboration with Contractor for each client receiving Program services in accordance with the ADMHS Clinical Documentation Manual, available at <http://cosb.countyofsb.org/admhs/>. Contractor shall verify the presence of a current, valid, active Client Service Plan and ensure that the services provided by Contractor are authorized by the Client Service Plan.
- B. **Action Plan.** Contractor shall provide a copy of the individualized plan with specific rehabilitation goals the Contractor is working on with the client to the client's ADMHS Treatment Team. The individualized plan will be developed collaboratively with Contractor, ADMHS Treatment Team, and client.
- C. Contractor shall provide services as determined by each client's CSP and Action Plan. The Action Plan shall be completed within 30 days of enrollment into the Program and shall align with the overall goals of the client's CSP. Copies of clients' Action Plans shall be provided to ADMHS upon completion and upon any further updates or revisions, as applicable.

9. **DISCHARGE PLAN.** The ADMHS Treatment Team shall work closely with each client and with Program staff to establish a written discharge plan that is responsive to the client's needs and personal goals.

EXHIBIT A-1
STATEMENT OF WORK-MH
(Intensive Residential Program)

- A. ADMHS Treatment Team shall participate in the development of discharge plans, and shall provide assistance to clients in completion of their plan. Contractor and County shall collaborate in planning for discharge and transition.
- B. Clients and their families shall be involved as much as possible in the discharge and graduation process.
- C. Contractor shall notify ADMHS immediately of any decision to discharge or evict.;
- D. The discharge plan shall be documented in the ADMHS Management Information System (MIS) system.
- E. Contractor shall notify County of final discharge date immediately.
- F. Residential clients may be discharged by Contractor according to CCLD requirements.

EXHIBIT A-2
STATEMENT OF WORK-MH
CLIENT-LED PROGRAM (RECOVERY LEARNING CENTER)

1. **PROGRAM SUMMARY:** The Santa Barbara Client-Led Program (hereafter “the Program”) provides a combination of wellness and recovery-oriented services to persons with severe mental illness (SMI) (hereafter “clients”) and their families (collectively referred to hereafter as “Participants”). The Program is located at 617 Garden Street, Santa Barbara, California. The Program shall provide services designed and led by clients and shall be responsible for developing and supporting the following:
 - A. Peer-led wellness and recovery-oriented groups and trainings, as well as one-to-one peer support;
 - B. Assistance to persons with mental illness to develop social relationships and activities in the community;
 - C. Connections among individuals living with mental illness;
 - D. Peer support competencies and leadership skills for those clients interested in achieving these goals;
 - E. Family support activities, such as family support groups; and
 - F. Resource information for community members, clients, and families of individuals with mental illness, to increase understanding of mental illness and bolster the community’s ability to support persons with mental illness.

2. **SERVICES.** Contractor shall provide a Program that is client-designed and client-led. Program staff shall assure a comfortable, supportive, culturally competent approach through which Participants will receive peer support, participate in learning opportunities, social activities and meaningful interactions with others. In addition, Contractor shall continue to collaborate with ADMHS and selected Participants in on-going development of the Program.
 - A. Contractor shall provide intern placement opportunities for peer recovery staff trained through the MHS Workforce Education and Training Program;
 - B. Contractor shall provide mentoring, management, and leadership opportunities for peer recovery staff and other interested Participants that will enhance Program oversight. Program staff shall assist Participants in developing proposals for Program activities, and reach out to clients involved in the planning process, in a respectful, receptive environment;
 - C. Contractor shall provide activities designed to promote mental health recovery, social interaction and independence. These include programs in interpersonal relationships, effective communication and conflict resolution, accessing community resources (therapeutic, health, vocational, educational), and strengthening bonds with family, friends and significant others. Wellness Recovery Action Plan (WRAP) groups will be run on a regular basis by peer recovery staff. Contractor shall offer oversight for Participant-prepared presentations;
 - D. Program will function as a client-operated program with peer recovery staff and other Program staff providing positive and inspirational role models for others;
 - E. Contractor shall collaborate with County and the Southern Santa Barbara County Peer Guidance Council in the on-going development of the Program. Contractor shall attend

EXHIBIT A-2
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CLIENT-LED PROGRAM (RECOVERY LEARNING CENTER)

monthly meetings with the County and the Southern Santa Barbara County Peer Guidance Council to foster continued program development, determine the recovery-oriented groups and activities to be developed, ensure that recovery-oriented groups and activities are developed or identified for the mono-lingual Spanish speaking Participants, interview and select Participants who will lead groups or activities at the program, and develop incentives to encourage participation. Quarterly, the South County and North County Peer Guidance Councils shall meet to confer on Program design, and Program staff shall attend these quarterly meetings;

- F. Contractor shall facilitate participant-led (volunteer or stipend) led groups focusing on various topics and activities, based on the interests and skills of the Participants. These groups, such as WRAP, peer support groups, benefits planning and career exploration, will provide a structured opportunity for Participants to learn new skills, interact with one another, and learn about accessing of community resources. In particular, there will be an emphasis on bilingual presentations. Families will be referred to the Family Partner program for services and support groups. The Program will have a resource list available to family members;
- G. Contractor shall encourage Participants to share in the upkeep of the physical location which serves as a “hub” for the overall Program;
- H. Contractor shall work with the local community to obtain support for activities in the form of in-kind donations and financial support; and
- I. Contractor shall assist in creating an informational resource hub for community resources and activities, and will provide a resource list, in English and Spanish, that is available to participants.
- J. In addition, Contractor may provide the following Medi-Cal billable services, as needed and indicated on the ADMHS Client Service Plan, to Program clients:
 - 1. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
 - 2. **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 (excludes services provided under Medication Support, as defined in Title 9 CCR Section 1810.225), as defined in Title 9 CCR Section 1810.243.
 - 3. **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 Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client’s spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not

EXHIBIT A-2
STATEMENT OF WORK-MH
CLIENT-LED PROGRAM (RECOVERY LEARNING CENTER)

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 service providers is not considered a Collateral service.

4. **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, as defined in Title 9 CCR Section 1810.204.
 5. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in Title 9 CCR Section 1810.232.
 6. **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, as defined in Title 9 CCR Section 1810.209. 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 1840.338 and 1840.348 (CCR).
3. **CLIENTS.** Contractor shall provide services as describe in Section 2.A-I to approximately 150 unduplicated Participants per month. In addition, Contractor shall provide services described in Section 2.J to approximately 20 unduplicated clients per year. The Participant population will be comprised of clients with SMI and their families, and the Program will allow participation by clients at varying stages of recovery.
 4. **HOURS.** The Center will be open a minimum of 30 hours per week. From time to time, Contractor may change operating hours in response to client demand; Contractor shall notify County of such changes by providing a schedule of operating hours. Additional activities of the Program are expected to occur outside of the Center hours.
 5. **STAFFING.** Contractor shall employ an appropriate mix of full time equivalent (FTE), part-time stipend and volunteer staff to provide Participant desired events and services.
 - A. Contractor shall employ 3.0 FTE Peer Facilitators to mentor Participants and coordinate on-site development and governance. These staff will be Mental Health Workers, as defined in the ADMHS Credentialing Policy and Procedure #34, available at: http://cosb.countyofsb.org/uploadedFiles/admhs_new/staff_and_providers/policies_and_procedures/PP34%20Staff%20Credentialing%20and%20Licensing%20REVISED%2010-10-2012.pdf.
 - B. During situations when primary staff is absent, depending on availability, Contractor may choose to cover some of the program hours with volunteers or relief workers paid via incentive cards or stipends.
 - C. Staff shall have experience in leading client activities and demonstrate responsiveness to Participant issues and concerns.

EXHIBIT A-2
STATEMENT OF WORK-MH
CLIENT-LED PROGRAM (RECOVERY LEARNING CENTER)

6. PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES

- A. Contractor shall work collaboratively with County to develop Program goals, performance outcomes, and measures.
- B. Monitoring. Contractor, in collaboration with the ADMHS Adult Division Chief and the MHSA Program Manager, shall develop regular meeting schedules and agenda content consistent with MHSA requirements.

EXHIBIT A-3
STATEMENT OF WORK-MH
COMPUTER LAB (Recovery Learning Center)

1. **PROGRAM SUMMARY.** Contractor shall operate the Recovery Learning Center (RLC) Computer Lab in accordance with the Mental Health Services Act (MHSA) Capital Facilities and Technology Plan. The Computer Lab will be client-supported and shall focus on client and family empowerment, training, education and information accessibility. Computer resources will be made available to enable clients to acquire skills that improve opportunities for education and gainful employment. The RLC Computer Lab is in a dedicated room, separate from the general area of the RLC and can be secured when the Lab is closed. The Computer Lab will be located at 617 Garden Street, Santa Barbara, California.
2. **SERVICES.** Contractor shall operate the RLC Computer Lab, as follows:
 - A. The RLC Computer Lab shall be open not less than 15 hours per week, including formal computer classes.
 - B. Contractor shall provide computer classes, as follows:
 1. Hire a professional Computer Instructor(s) in accordance with the recommendations of the RLC Computer Lab Steering Committee. The Computer Instructor will conduct all substantive computer classes and may provide training to the Computer Lab Technicians.
 - a. Contractor shall provide computer classes a minimum of one (1) time per week, depending on demand.
 2. Contractor shall purchase a training curriculum specified by the RLC Computer Lab Steering Committee to ensure parity among the RLCs in the different regions of the County.
 - a. Classes selected for instruction must be approved by the RLC Computer Lab Steering Committee prior to being incorporated into the curriculum;
 - b. Computer Lab participants will provide feedback and suggestions to influence future class topics.
 - C. Contractor shall recruit for and hire peers as Computer Lab Technicians. Duties of Computer Lab Technicians shall include, but not be limited to:
 1. Supervise use of the computers and provide technical support to Computer Lab users;
 2. Provide general oversight of operation of the Computer Lab, including welcoming users, keeping equipment in good working order and keeping the room(s) clean and organized;
 3. Teach an Introduction course for participants who are interested in using the Computer Lab.
 4. Maintain records of authorized Computer Lab users.
 - D. Contractor shall ensure that all participants successfully complete an Introduction Class prior to receiving authorization to use the Computer Lab. Use of the Computer Lab shall be open to all participants who successfully complete the Introduction Class.

EXHIBIT A-3
STATEMENT OF WORK-MH
COMPUTER LAB (Recovery Learning Center)

- E. Contractor shall ensure the Computer Lab is staffed by a minimum of one (1) Computer Lab Technician at all times during operating hours.
3. **EQUIPMENT AND SUPPLIES.** As space permits, the RLC Computer Lab will accommodate up to ten (10) computers and associated equipment, as follows:
- A. Contractor Equipment.
1. Contractor shall maintain the following items, as specified by the RLC Computer Lab Steering Committee:
 - a. Network capable, heavy-duty cycle printer;
 - b. Large screen TV, to be used for presentations during classes; and
 - c. Contractor shall be responsible to purchase supplies and any replacement parts necessary for ongoing operation of the Computer Lab, to include printer cartridges, paper, cleaning supplies, etc. This does not include replacement of County computers, in the event of irreparable damage or theft.
 2. Hardware purchased through this Contract shall be the property of the County and depreciated in accordance with generally accepted accounting practices. If the Computer Lab ceases operation or if the Agreement is terminated before the hardware is fully depreciated, Contractor shall return hardware to County.
- B. County Property. County has purchased ten (10) computers (including monitor, keyboard, mouse and CPU) for use in the Computer Lab. If the Computer Lab does not have sufficient space for the ten (10) computers, County will hold remaining computers which will be used for replacements, should the need arise. The computers are the property of the County of Santa Barbara. Contractor shall take reasonable steps to ensure County property is secured and not damaged, misused or stolen. The computers shall be returned to County upon termination of this Agreement.
1. Contractor shall contact the Alcohol, Drug and Mental Health Services (ADMHS) Management Information System (MIS) Help Desk at (805) 681-4006 within one (1) business day of significant issues affecting County computers.
- C. Exclusions. Under no circumstance shall the MHSA Capital Facilities and Technology funds awarded through this Agreement be used to reimburse for furniture purchases for the Computer Lab.
4. **RLC COMPUTER LAB STEERING COMMITTEE.** The RLC Computer Lab Steering Committee (hereafter the "Committee") shall provide guidance and oversight of the Computer Lab. The Committee shall be comprised of representatives from the following, or as otherwise determined by the ADMHS Director:
- A. ADMHS MIS; Medical Records; and Consumer Empowerment Program Manager;
 - B. Contractors providing RLC Computer Lab services.
5. **TECHNICAL SUPPORT.** County staff at the ADMHS MIS Help Desk (805-681-4006) shall be available to provide technical assistance/support directly to the RLC Computer Lab.

EXHIBIT A-3
STATEMENT OF WORK-MH
COMPUTER LAB (Recovery Learning Center)

6. REPORTS.

- A. Contractor shall submit quarterly reports to County which shall be received by County no later than twenty (20) calendar days following the end of the quarter being reported. Contractor shall track and report the number of unduplicated computer lab users, by month; the number of computer classes offered; and the number of computer class participants, both duplicated and unduplicated.

- B. Additional Reports. Contractor shall maintain records and make statistical reports as required by County and the California State Department of Health Care Services or other State agency, 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.

EXHIBIT A-4
STATEMENT OF WORK-MH
FAMILY ADVOCATE

1. **PROGRAM SUMMARY.** Family Advocate (hereafter “the Program”) provides outreach, linkage to care and recovery-oriented activities to family members of clients, defined as persons living with Serious Mental Illness (SMI), in Santa Barbara. The Program will be headquartered at 617 Garden Street, Santa Barbara, California.
2. **SERVICES.**
 - A. Contractor shall provide an appropriate combination of services individualized to meet each family member’s needs to equip family members to support clients to achieve and sustain recovery.
 - B. Contractor shall provide services to families including, but 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, and family education programs such as Family-to-Family;
 4. Crisis support and training on client and family member issues; and
 5. Collaboration with the Justice Alliance staff, and ADMHS clinical teams.
 - C. The Contractor shall, as an outreach and engagement initiative, build relationships with families currently receiving little or no service.
 - D. The Contractor shall work closely with the ADMHS Consumer Empowerment Manager.
 - E. Contractor shall attend all regularly scheduled Program staff meetings.
3. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide the services described in Section 2 to 125 family members of adults/older adults with SMI per quarter and approximately 200 unduplicated family members annually. The program may serve family members of adults with co-occurring substance abuse conditions.
4. **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.
5. **STAFFING.**
 - A. Contractor shall employ 1.2 FTE Family Advocate, who is a family member of individuals with serious mental illness. The Family Advocate shall function as a liaison with family members, care givers, clients, County, local National Association of Mental Illness

EXHIBIT A-4
STATEMENT OF WORK-MH
FAMILY ADVOCATE

(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 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.

EXHIBIT A-5
Statement of Work-MH
MENTAL HEALTH FIRST AID

1. **PROGRAM SUMMARY.** The Mental Health First Aid Program (hereafter “the Program”) is designed to give members of the public information about mental health conditions and provide them key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The Program, through the Mental Health Services (MHSA) Prevention and Intervention (PEI) component shall provide training to Community Mental Health Educators (CMHEs) who will specialize in providing outreach and education regarding mental health issues to community organizations and the general public. Staff of this Program will serve as liaisons with CMHEs hired by other community organizations through MHSA – PEI who work directly with unserved or underserved populations. The Program will provide the public with skills to assist individuals experiencing the onset of a mental health condition. The Program shall be headquartered at 617 Garden Street, Santa Barbara, California.

2. **PROGRAM GOALS.**
 - A. Increase mental health literacy by educating the general public regarding mental health issues and services that are available.
 - B. Reduce disparities in availability of mental health support for unserved communities.
 - C. Provide training to help participants provide appropriate assistance to individuals in need of mental health services.
 - D. Decrease the negative stigma associated with mental health conditions.

3. **SERVICES.** Contractor shall provide services to community members, community leaders and organizations, which may include Primary Care Clinics, childcare staff, teachers, and representatives of faith based/spiritual communities, who have contact with unserved and underserved members of the populations described in Section 4 (Target Population). Contractor shall provide the following services:
 - A. Outreach and Education. Contractor shall conduct outreach and education activities including educational workshops and, discussion groups regarding mental illness, to a minimum of 40 organizations and 250 individuals annually.
 - B. Community Engagement. Contractor shall provide culturally appropriate general training sessions for community members, community leaders and to service providers that focus on the identification of early signs of mental illness. General training shall include how to link the individual or family member to local mental health or other appropriate resources.
 - C. 8-hour Mental Health First Aid, available at <http://www.mentalhealthfirstaid.org/cs/>. Contractor shall provide at least twelve (12) 8-hour Mental Health First Aid trainings annually, six (6) in North Santa Barbara County and six (6) in South Santa Barbara County, or as otherwise mutually agreed with County so long as countywide coverage is provided. These trainings will help individuals who do not have clinical training assist someone experiencing a mental health crisis by teaching a single strategy including assessing risk, respectfully listening to and supporting the individual in crisis, and identifying and contacting appropriate professional help. The audience will be the general public, including friends and family of individuals with mental illness or addiction,

EXHIBIT A-5
Statement of Work-MH
MENTAL HEALTH FIRST AID

professionals (such as police officers and primary care workers), school and college leadership, faith communities or anyone interested in learning more about mental illness and addiction, Alcohol, Drug and Mental Health Services (ADMHS), and other community-based organizations (CBO) staff who have direct contact with the public. Contractor shall train a minimum of 250 people per year in these 8-hour Mental Health First Aid trainings.

- D. Contractor shall create and promote literature (i.e. brochures, flyers, posters) regarding mental health conditions in collaboration with CMHEs working for other organizations through MHSA-PEI in a bilingual and biculturally appropriate manner to ensure consistency and accuracy. The literature shall be supportive of the Community Mental Health Education and Mental Health First Aid projects in informing community members and organizational staff about mental health, including recognition of mental health problems and resources.
 - E. Contractor shall work collaboratively with ADMHS and CMHEs working for other organizations through MHSA-PEI to develop an evaluation to measure the outcomes of the CMHE and Mental Health First Aid programs.
 - F. Contractor shall host semi-annual meetings with CMHE staff working for other organizations through MHSA-PEI to share updates, develop collaborative materials and evaluation tools.
 - G. Contractor shall provide Spanish Mental Health First Aid trainings when a Spanish module is made available by the National Council for Community Behavioral Healthcare.
4. **TARGET POPULATION.** Contractor shall work with organizations and individuals within the community to provide the skills to help assist individuals experiencing a mental health condition and to provide education regarding mental health issues. Individuals who come into regular contact with and can have a positive impact on the individuals described below shall be prioritized for participation in the Mental Health First Aid Training:
- A. Spanish-speaking individuals who are primarily uninsured/underinsured;
 - B. Mixtec or other Oaxaquen-speaking individuals;
 - C. Individuals of Native American descent;
 - D. Individuals who are members of the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) community;
 - E. Individuals in crisis without a prior mental health diagnosis;
 - F. Individuals experiencing an emerging mental health condition;
 - G. Families with children who are school age and/or at risk of multiple systems involvement;
 - H. Families with children who may have experienced trauma or who are at risk of suicide;
and

EXHIBIT A-5
Statement of Work-MH
MENTAL HEALTH FIRST AID

I. Older adults experiencing mental health conditions.

5. STAFFING.

A. Contractor shall employ 0.3 FTE Community Mental Health Educator (CMHE) and an appropriate number of consultants/trainers to provide the services described herein. The Contractor shall have the capacity to provide bilingual (Spanish) and bicultural outreach and education services. CMHE and consultants/trainers shall be certified as Mental Health First Aid Instructors as described below in Section 5.B.1, and have at minimum, a background in mental health services, experience in providing training to groups and/or individuals and strong communication skills. Desirable qualifications include experience in working with families and individuals in community settings, experience in health education and health promotion, connection with service providers and community agencies.

B. Training.

1. Staff providing services under this contract shall complete the 40- hour Mental Health First Aid Instructor Program disseminated by the National Council for Community Behavioral Healthcare to be certified as a Mental Health First Aid instructor.
2. Staff providing services under this contract shall participate in all trainings identified by ADMHS as necessary to provide quality services to the identified community.

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

1. **PROGRAM SUMMARY.** Contractor operates a residential program at Alameda House (hereafter “the Program”) which provides an adult housing program for individuals with Serious Mental Illness (“SMI”) who do not require acute inpatient services but require 24 hour, 7 days per week support to live in a community setting. County and Contractor agree that the Program shall be licensed as an Adult Residential Facility by the California Department of Social Services Community Care Licensing Division (CCLD). The Program is located at 7167 Alameda Drive in Goleta, CA.

2. **PROGRAM GOALS.**
 - A. Provide an environment for restoration of client competency for trial in a controlled, out-patient setting, as applicable;
 - B. Maintain the client at a lower level of care when the criteria for acute inpatient services is no longer satisfied;
 - C. Connect clients to social services and community resources;
 - D. Assist clients with development of independent living skills; including support for clients to develop skills necessary for self-care, medication management, and use of community transportation; and
 - E. Provide 24/7 in-person supports to manage crisis.

3. **SERVICES PROVIDED BY CONTRACTOR.** Contractor shall provide twenty-four (24) hour per day, seven (7) days per week rehabilitation, residential care and room and board for clients placed at the Program as described in Section 8 (Referrals). The Contractor shall provide services at the Recovery Learning Center (Exhibit A-3 MH) and at Alameda House, as applicable, with transportation between locations provided by Contractor as described in Section 3.G (Transportation).
 - A. **Activities of Daily Living.** Contractor shall provide clients Activities of Daily Living (ADL) support, including but not limited to supporting Program Clients in the following areas:
 1. Accessing and using laundry facilities (both in-home and coin-operated facilities);
 2. Maintaining clean and well-kept living quarters, this shall include assigning household chores to be completed weekly;
 3. Practicing good personal hygiene; including physical health, such as hygiene, prevention and management of medical condition(s);
 4. Scheduling and keeping appointments; and
 5. Learning and practicing psychosocial skills, such as effective interpersonal communication and conflict resolution.
 - B. **Skill Building.** Contractor shall provide clients skill building in Social and Recreational Activities, including but not limited to:

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

1. Providing structured direction so clients learn how to engage in group activities that can provide meaningful social connections with others;
 2. Providing structured direction so clients learn how to engage in community activities to prepare for more independent living;
 3. Assisting clients to:
 - a. Identify, access and independently participate in social and/or recreational activities in the community with the goal of encouraging and promoting positive interaction with others, physical exercise and participating in health-related activities;
 - b. Develop conversational skills; and
 - c. Access activities that are cost-appropriate to the client's budget;
 4. Instructing clients how to access necessary services for routine, urgent, or emergency needs. Contractor shall assist clients in learning how to access community services for on-going supports (i.e. alcohol and drug programs, outpatient mental health treatment services, routine medical services, etc.), Triage Teams for psychological emergencies, and hospital emergency rooms for medical emergencies;
 5. Assisting clients in developing skills to use natural supports for transportation and community recreational resources (e.g. YMCA, Adult Education, etc.) which afford clients opportunities to practice the skills they are developing and/or learning; and
 6. Providing family psychoeducational activities such as education to the family regarding mental illness, medications, and recognizing symptoms.
- C. **Support Services.** Through use of Contractor's van, Contractor shall assist clients to 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).
- D. **Vocational Skills.** Contractor shall assist clients improve and enhance their vocational skills, such as:
1. Accessing and using public transportation;
 2. Accessing and using public libraries; and
 3. Accessing and using educational and vocational resources (i.e. community colleges, Vocational Rehabilitation, etc.).
- E. **Budgeting.** Contractor shall assist client with developing individual budgets based on income and expenses and assisting clients with managing finances,

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

F. **Cooking and Meal Planning.** Contractor shall provide clients food and snacks and assist clients to develop skills related to cooking and meal planning, including, but not limited to:

1. Learning and developing healthy eating habits;
2. Learning to maintain a safe and sanitary kitchen; and
3. Shopping for and preparing meals with the assistance of Program staff.

G. **Transportation.** Contractor shall provide transportation for clients to and from the Recovery Learning Center at the Fellowship Club and to behavioral health appointments.

4. **SERVICES PROVIDED BY COUNTY.**

A. **Competency Restoration Services.** County Justice Alliance Team members shall provide regular competency restoration services and training to Program clients ordered to competency restoration pursuant to California Penal Code Section 1370.01 on an outpatient basis.

1. County staff will be responsible for communicating with the courts, including court personnel, and attorneys regarding client treatment status, progress and coordination of services;
2. County staff will be responsible for transporting clients to and from Court appearances;
3. When County staff determines that a Program client's trial competence has been restored, County will place the client's case on the Court calendar and submit a certificate of competence to the Court. If County staff determines that the client is unlikely to be restored to competence in the foreseeable future, County will place the client's case on the Court calendar and submit to the Court a written opinion regarding lack of restorability to competence. Upon adjudication from the Court, the County will proceed to discharge the client from the Program, as outlined in Section 10 (Discharge Plan).

B. **Specialty Outpatient Mental Health Services.** County shall provide the following services to clients in the Program, either at ADMHS clinics or in the field.

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, as defined in Title 9 CCR Section 1810.204.
2. **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 Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, 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 service providers is not considered a Collateral service.

3. **Client Service Plan Development.** Client Service Plan (CSP) development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in Title 9 CCR Section 1810.232.
4. **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 (excludes services provided under Medication Support, as defined in Title 9 CCR Section 1810.225), as defined in Title 9 CCR Section 1810.243.
5. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
6. **Case Management.** Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
7. **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, as defined in Title 9 CCR Section 1810.209. 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 1840.338 and 1840.348 (CCR). Contractor shall be available 24 hours per day, 7 days per week to provide crisis intervention services.
8. **Medication Support Services.** Medication support services are services that include prescribing, administering, dispensing and monitoring psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities include but are not limited to, evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

medication; and collateral and plan development related to the delivery of the service and/or assessment of the client, as defined in Title 9 CCR Section 1810.225.

- C. **Community Connections.** County will provide linkage to other needed services such as detoxification and substance abuse treatment services, self-help groups, or other community based mental health services, as appropriate.
5. **CLIENTS.** Contractor shall provide the services described in Section 3 to a caseload of six (6) clients at any given point in time who either: 1) have been charged with a misdemeanor offense and found incompetent to stand trial (IST) and have been approved by the Superior Court as appropriate for outpatient restorative treatment; 2) adults with SMI who have been placed on LPS Conservatorship, do not require acute inpatient treatment, and are awaiting long-term placement at another facility; or 3) conserved individuals with SMI who are transitioning from out-of county LPS facilities, or IMDS or other residential living settings. Contractor acknowledges that multiple barriers to successful functioning are common in this group and may include: co-occurring substance abuse or dependence, homelessness, unemployment, out-of-control illness management, frequent and persistent use of hospital emergency departments and inpatient psychiatric treatment, and problems with the legal system.
6. **STAFFING.** Contractor shall abide by CCLD staffing requirements for 24/7 coverage with on-call staff as necessary for emergency situations. Contractor shall establish and employ approximately 6.3 Full Time Equivalent (FTE) service delivery team for the program, as follows:
- A. Program Supervisor (Clinical Program Director and Chief Operating Officer)– approximately 0.2 FTE: This position shall act as the clinical and administrative supervisor of the Program. The Program Supervisor shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR 1810.223 and 1810.254. The Program Supervisor 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.
1. Provide overall Program Supervision;
 2. Identify and develop and maintain facility standards of care congruent with the population seeking placement;
 3. Coordinate admissions with administrator including supervising assessments and move-ins; and
 4. Responsible for oversight of client admission interviews.
- B. House Manager (Administrator/Manager) is the administrative supervisor of the Program – approximately 0.3 FTE. The House Manager 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 and a minimum education of a AA, AS, BA, BS in a related mental health field.

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

1. Coordinate and develop facility standards of care congruent with the population seeking placement with Program Supervisor;
2. Maintain the facility in compliance with all local, state and federal requirements; and
3. Maintain sound practices and procedures for individual client care and individualized plans for clients

C. Direct Care workers (including Assistant Administrator) – approximately 5.2 FTE. Direct Care workers shall be at minimum Mental Health Workers, as defined in the ADMHS Credentialing Policy and Procedure #34, available at: http://cosb.countyofsb.org/uploadedFiles/admhs_new/staff_and_providers/policies_and_procedures/PP34%20Staff%20Credentialing%20and%20Licensing%20REVISED%2010-10-2012.pdf. Direct Care workers shall provide the following services:

1. Assist with activities of daily living, including passing out medication as assigned, following facility protocol, licensing regulation and guidelines for both client and employee safety;
2. Follow safety guidelines in the facility, including universal precautions when providing care to the clients; and
3. Follow the individual service plan and individual program plan for each client.

D. Direct Care Worker /Transportation Coordinator – FTE 0.5

1. Follow safety guidelines in the facility;
2. Follow the individual service plan and individual plan for each client; and
3. Function as a team member, assisting coworkers as the need arises.

7. LENGTH OF STAY/SERVICE INTENSITY.

- A. County will use its best efforts to ensure that clients referred to the Program stay no longer than six (6) months. Contractor and County shall review cases every 30 days, to include CSP development and amendment by County in collaboration with Contractor, assessing effectiveness of interventions, and discharge planning.
- B. Contractor shall work with County to develop goals for encouraging clients to move to lower levels of supportive housing or community support.

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

8. REFERRALS.

- A. Contractor shall admit clients seven (7) days per week.
- B. **Admission Process.** County ADMHS Psychiatric Health Facility (PHF) Medical Director shall provide Contractor Director or designee with a patient referral packet and other available documentation necessary to evaluate the client's appropriateness for the Program.
1. Contractor shall notify County of open Program slots.
 2. County will review open cases to determine those appropriate for placement. IST clients who have been approved by the Superior Court for outpatient competency restoration services shall be prioritized for placement.
 3. Contractor shall respond to referrals within five (5) days from the date of receipt of the referral.
 4. Contractor shall interview client referred by County. In the event a referral is not accepted per Section 8.D (Exclusion Criteria and Process), Contractor shall notify County in writing of the reason for not accepting the 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, as applicable. Any items provided in hard copy that are also available in the in the ADMHS Medical Record system shall be shredded by Contractor upon opening the client to the program; in compliance with HIPAA.
1. A copy of the County referral form;
 2. A client face sheet listing all of the County programs that the client has been admitted to over time, and is currently admitted to, including hospitalizations;
 3. Any custody records and any inpatient full commitment packets, including court reports, police reports, psychological evaluations and court orders;
 4. A copy of the most recent comprehensive assessment or assessment update; including Intake and admissions assessment and psychological assessment Discharge plan
 5. A copy of the most recent medication record and health questionnaire;
 6. A copy of the currently valid Client Service Plan (CSP) indicating the goals for client enrollment in the Program and identifying Contractor as service provider;
 7. Client Program Agreement outlining the terms and conditions of participation in the Program; and
 8. Other documents as reasonably requested by County.

EXHIBIT A-6
Statement of Work-MH
ALAMEDA HOUSE

D. **Exclusion Criteria and Process.** All clients referred are clients with only nonviolent misdemeanors. However, on a case-by-case basis, the following may be cause for client exclusion from the Program, subject to approval by the ADMHS PHF Medical Director and in collaboration with Contractor:

1. Individuals with a history of, or facing criminal charges of, fire setting, violent crime, or sexual predation;
2. Individuals with restricted health conditions as defined by CCLD and those who are not classified as “ambulatory”;
3. Individuals with Anti-Social Personality Disorder or at risk of self-harm.

9. **DOCUMENTATION REQUIREMENTS.**

A. **Client Service Plan.** The County will be responsible for developing the CSP and related documentation, as described in Section 4.B.3. As CSPs are amended and updated, County will provide the revised CSP to Contractor’s staff. The CSP will provide overall direction for the collaborative work of the client, the Program and the County Justice Alliance Team, as applicable.

10. **DISCHARGE PLAN.** County shall be responsible for discharge planning. ADMHS will work closely with each client and with Program staff to establish a written discharge plan that is responsive to the client’s needs and personal goals. County will begin discharge planning upon a client’s admission to the Program.

- A. Upon adjudication by the Superior Court that either: 1) competency has been restored; or 2) that a client cannot be restored to competency within the foreseeable future, the client will be discharged from the Program as soon as possible;
- B. Clients and their families shall be involved as much as possible in the discharge process;
- C. Contractor shall receive a copy of the final discharge plan; and
- D. Residential clients may be discharged by Contractor according to CCLD requirements.

ATTACHMENT A

SANTA BARBARA COUNTY MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS

(applicable to programs described in Exhibit A-1, A-2 and A-6)

The Santa Barbara County Alcohol, Drug and Mental Health Services Department is Santa Barbara County's Medi-Cal Mental Health Plan (MHP) and has established standards for Assessments, Plans of Care, and Progress Notes, as detailed in the ADMHS Clinical Documentation Manual, for all organizational, individual, and group providers furnishing Specialty Mental Health Services. This Attachment A and the ADMHS Clinical Documentation Manual available at <http://cosb.countyofsb.org/admhs/>, incorporated herein by reference, provides minimum standards for all services provided under this Agreement, unless a stricter standard is provided in the Exhibit A(s) to this Agreement.

1. Additional Requirements

- A. Contractor shall display Medi-Cal Member Services Brochures in English and Spanish in their offices. In addition, Contractors shall post grievance and appeal process notices in a visible location in their waiting rooms along with copies of English and Spanish grievance and appeal forms with MHP self-addressed envelopes to be used to send grievances or appeals to ADMHS Quality Care Management department.
- B. Contractor shall be knowledgeable of and adhere to MHP policies on Beneficiary Rights as outlined in the Medi-Cal Member Services Brochures.
- C. Contractor shall ensure that direct service staff attend two cultural competency trainings per fiscal year and shall retain evidence of attendance for the purpose of reporting to the ADMHS Cultural Competency Coordinator.
- D. Contractor staff performing services under this Agreement shall receive formal training on the Medi-Cal documentation process prior to providing any services under this Agreement. Contractor shall ensure that each staff member providing clinical services under this contract receives initial and annual training as specified in the ADMHS Mandatory Trainings Policy and Procedure #31.
- E. Contractor shall establish a process by which Spanish speaking staff who provide direct services in Spanish or interpretive services are tested for proficiency in speaking, reading, and writing Spanish language.
- F. Contractor shall provide timely access to care and service delivery in the following areas as required by the State MHP standards:
 1. Where applicable, 24 hours per day, 7 days per week access to "urgent" services (within 24 hours) and "emergency" services (same day);
 2. Access to routine appointments (1st appointment within 10 business days. When not feasible, Contractor shall give the client the option to re-contact the Access team and request another provider who may be able to serve the client within the 10 business day standard).

The MHP Quality Care Management team of Santa Barbara County shall monitor clinical documentation and timeliness of service delivery.

- G. Contractor shall not create, support or otherwise sanction any policies or procedures that discriminate against Medi-Cal beneficiaries. Contractor shall offer hours of operation

ATTACHMENT A

that are no less than the hours of operation offered to commercial beneficiaries or, in the alternative, Contractor shall offer hours of operation that are comparable to those hours offered to Medicaid fee-for-service clients, if the provider serves only Medicaid beneficiaries.

- H. Contractor shall be notified of possible corrective actions to be taken when the Contractor does not adhere to MHP established standards or respond to corrective actions. The process for ensuring compliance and implementing corrective actions is as follows, as described in ADMHS' Policy and Procedure #24:
1. If Contractor is identified as operating outside of the compliance standards, Contractor shall be notified of lack of compliance with Federal and State standards and shall be asked to rectify the areas in which they have been out of compliance. A copy of this notification shall be placed in the provider file. Contractors are expected to complete all corrections within 90 calendar days from the date of notice. This will be considered the Period of Review. The specific nature of the documentation to show evidence of compliance will be based on the infraction.
 2. Following the 90 day Period of Review, should Contractor be unable to fulfill contractual obligations regarding compliance, Contractor shall meet with the Quality Care Management Manager within 30 calendar days to identify barriers to compliance. If an agreement is reached, the Contractor shall have not more than 30 calendar days to provide proof of compliance. If an agreement is not forthcoming, the issue will be referred to the Executive Management Team which will review the issue and make a determination of appropriate action. Such action may include, but are not limited to: suspension of referrals to the individual or organizational provider, decision to de-certify or termination of Agreement, or other measures.

Reference: The County Mental Health Plan, Contract 12-89394, between the State of California, Department of Health Care Services and ADMHS, available at <http://cosb.countyofsb.org/admhs/>

ATTACHMENT D

ORGANIZATIONAL SERVICE PROVIDER SITE CERTIFICATION

(applicable to programs described in Exhibit A-1, A-2 and A-6)

COMPLIANCE REQUIREMENTS

1. In order to obtain site certification as a Medi-Cal provider, Contractor must be able to demonstrate compliance with the following requirements:
 - A. Contractor is currently, and for the duration of this Agreement shall remain, licensed in accordance with all local, State, and Federal licensure requirements as a provider of its kind.
 - B. The space owned, leased, or operated by the Contractor and used for services or staff meets all local fire codes. Contractor shall provide a copy of a current fire clearance to Quality Care Management.
 - C. The physical plant of the site owned, occupied, or leased by the Contractor and used for services or staff is clean, sanitary, and in good repair.
 - D. Contractor establishes and implements maintenance policies for the site owned, occupied, or leased by the Contractor and used for services or staff, to ensure the safety and well-being of clients and staff.
 - E. Contractor has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
 - F. The Contractor maintains client records in a manner that meets the requirements of the County pursuant to the latest edition of the County Mental Health Plan, Contract 12-89394 between ADMHS and DHCS, and applicable state and federal standards.
 - G. Contractor has staffing adequate to allow the County to claim federal financial participation for the services the Contractor delivers to Medi-Cal beneficiaries.
 - H. Contractor has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
 - I. Contractor has, as a head of service, a licensed mental health professional or rehabilitation specialist, in accordance with Title 9 California Code of Regulations Sections 622-630.
 - J. For Contractors that provide or store medications, the Contractor stores and dispenses medications in compliance with all pertinent State and Federal standards, specifically:
 1. All drugs obtained by prescription are labeled in compliance with Federal and State laws. Prescription labels may be altered only by authorized personnel.
 2. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.

ATTACHMENT D

3. All drugs are stored at proper temperatures. Room temperature drugs should be stored at 59 – 86 degrees Fahrenheit, and refrigerated drugs must be stored at 36 – 46 degrees Fahrenheit. Any room or refrigerator used to store drugs must be equipped with a thermometer.
 4. Drugs are stored in a locked area with access limited only to those medical personnel authorized to prescribe, dispense, or administer medication.
 5. Drugs are not retained after the expiration date. IM (Intramuscular) multi-dose vials are to be dated and initialed when opened.
 6. A drug log is to be maintained to ensure the Contractor disposes of expired, contaminated, deteriorated, and abandoned drugs in a manner consistent with State and Federal laws.
 7. Contractor's Policies and Procedures manual addresses the issues of dispensing, administration and storage of all medications.
2. **CERTIFICATION** - On-site certification is required every three (3) years. Additional certification reviews may be necessary if:
- A. The Contractor makes major staffing changes.
 - B. The Contractor makes organizational and/or corporate structural changes (i.e., conversion from non-profit status).
 - C. The Contractor adds Day Treatment or Medication Support services requiring medications to be administered or dispensed from Contractor's site.
 - D. There are significant changes in the physical plant of the provider site (some physical plant changes could require new fire clearance).
 - E. There is a change of ownership or location.
 - F. There are complaints regarding the Contractor.
 - G. There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.
 - H. On-site certification is not required for hospital outpatient departments which are operating under the license of the hospital. Services provided by hospital outpatient departments may be provided either on the premises or offsite.

**ATTACHMENT E
PROGRAM GOALS, OUTCOMES, AND MEASURES**

Adult Program Evaluation Residential Programs	
Program Goal	Outcome
❖ Prepare clients to transition from institutional care to community living and secure community living arrangements for client prior to graduation	<p>Increased life skills needed to participate in purposeful activity, increase quality of life and successfully transition to community living:</p> <ul style="list-style-type: none"> ✓ Maintain the percent of clients employed, enrolled in school or training, or volunteering per quarter at 30%. ✓ Reduce homelessness by maintaining the percent of clients with stable/permanent housing at 100%.
❖ Reduce mental health and substance abuse symptoms resulting in reduced need for involuntary or higher level of care services	<p>Maintain the percent of clients that become incarcerated per quarter at 0%.</p> <p>Maintain the average number of psychiatric inpatient admissions per quarter at 0.</p>

*Should reported data indicate a significant variance between target measures and performance, ADMHS and Contractor shall meet to discuss the reasons for the variance, and adopt a plan of correction, if indicated.

**EXHIBIT B
FINANCIAL PROVISIONS - MH**

THIS EXHIBIT B MH INCLUDES THE FOLLOWING PARTS:

I. EXHIBIT B

1. EXHIBIT B – Financial Provisions - MH

2. EXHIBIT B-1 MH – Schedule of Rates and Contract Maximum

3. EXHIBIT B-2 – Contractor Budget

EXHIBIT B FINANCIAL PROVISIONS - MH

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

(applicable to programs described in Exhibit A – MH and Exhibits A-1 through A-6)

This Agreement provides for reimbursement for services up to the Maximum Contract Amount, reflected in Section II below and Exhibit B-1-MH. For Medi-Cal 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 (WIC) §§14705-14711, and other applicable Federal, State and local laws, regulations, rules, manuals, policies, guidelines and directives.

I. PAYMENT FOR SERVICES

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

EXHIBIT B FINANCIAL PROVISIONS - MH

program. The ADMHS Director also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed \$1724054, inclusive of **\$1724054** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MH and subject to the provisions in Section I. 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-MH, Section IV (Accounting for Revenues). The approved Operating Budget shall be attached to this Agreement as Exhibit B-2. County may disallow any expenses in excess of the adopted operating budget. Indirect costs are limited to 15% of direct costs and must be allocated in accordance with a cost allocation plan that adheres with OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- B. Provisional Rate. County agrees to reimburse Contractor at a Provisional Rate (the "Provisional Rate") during the term of this Agreement. For recurring contracts, the Provisional Rate shall be established by using the historical data from prior fiscal periods. The County Maximum Allowable rate will be the Provisional Rate for all new contracts. Quarterly, or at any time during the term of this Agreement, ADMHS Director shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues and the volume of services provided in prior quarters.

IV. ACCOUNTING FOR REVENUES

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

EXHIBIT B FINANCIAL PROVISIONS - MH

V. REALLOCATION OF PROGRAM FUNDING

Funding is limited by program to the amount specified in Exhibit B-1-MH. Contractor cannot move funding between programs without explicit approval by ADMHS Director. Contractor shall make written application to ADMHS Director, in advance and no later than April 1 of each Fiscal Year, to reallocate funds as outlined in Exhibit B-1-MH between programs, for the purpose of meeting specific program needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The ADMHS Director's decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor. The ADMHS Director also reserves the right to reallocate between programs in the year end cost settlement and will notify Contractor of any reallocation during the cost settlement process.

VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS

A. Submission of Claims and Invoices.

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

admhsfinancecbo@co.santa-barbara.ca.us

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

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

2. Submission of Claims and Invoices for Non Medi-Cal Services. Contractor shall submit a written invoice within 10 calendar days of the end of the month in which non-Medi-Cal services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, including the provisional Medi-Cal payment as described in VI.A.1 of this Exhibit B MH, as appropriate, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VI.A.1 of this Exhibit B MH. Actual cost is the actual amount paid or incurred, including direct labor and costs supported by financial statements, time records, invoices, and receipts.
3. The Program Contract Maximums specified in Exhibit B-1-MH and this Exhibit B MH are intended to cover services during the entire term of the Agreement, unless otherwise specified in the Exhibit A(s) to this Agreement (such as time-limited or services tied to the school year). Under no circumstances shall Contractor cease services prior to June 30 due to an accelerated draw down of funds earlier in the Fiscal Year. Failure to provide

EXHIBIT B FINANCIAL PROVISIONS - MH

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

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

- B. Monthly Financial Statements. Within 15 calendar days of the end of the month in which services are delivered, Contractor shall submit monthly financial statements reflecting the previous month's and cumulative year to date direct and indirect costs and other applicable revenues for Contractor's programs described in the Exhibit A(s). If a program has both Medi-Cal billable costs and Non-Medi-Cal billable costs, Contractor shall separately identify Non-Medi-Cal billable costs on their financial statements.
- C. Withholding of Payment for Non-submission of Service Data and Other Information. If any required service data, invoice, financial statement or report is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by ADMHS Director or designee. ADMHS Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- D. Withholding of Payment for Unsatisfactory Clinical Documentation. ADMHS Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum Federal, State and County written standards.
- E. Claims Submission Restrictions.
 - 1. 12-Month Billing Limit. Unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within 12 months from the month of service to avoid denial for late billing.
 - 2. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.
- F. Claims Certification and Program Integrity. Contractor shall certify that all UOS entered by Contractor into MIS for any payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.
- G. Overpayments: Any overpayments of contractual amounts must be returned via direct payment within 30 days to the County. County may withhold amounts from future payments due to Contractor under this Agreement or any subsequent agreement if Contractor fails to make direct payment within required timeframe.

VII. COST REPORT

EXHIBIT B
FINANCIAL PROVISIONS - MH

- A. Submission of Cost Report. Within three weeks of the release of the cost report template by the Department of Health Care Services (DHCS) but no sooner than 30 days after the end of the fiscal year, Contractor shall provide County with an accurate and complete Annual Cost Report (original cost report) with a statement of expenses and revenue and other supporting schedules for the applicable prior fiscal year. The Annual Cost Report shall be prepared by Contractor in accordance with all applicable Federal, State and County requirements and generally accepted accounting principles. Contractor shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice. All revenues received by Contractor shall be reported in its annual Cost Report, and shall be used to offset gross cost. Contractor shall maintain source documentation to support the claimed costs, revenues and allocations which shall be available at any time to ADMHS Director or Designee upon reasonable notice. A final (reconciled) cost report is also due approximately 1-2 years after submission of the original cost report. The specific deadline for the final cost report is determined by the State. Contractor shall submit a final (reconciled) cost report within three weeks of the County's formal request.
- B. Cost Report to be Used for Settlement. The Cost Report shall be the financial and statistical report submitted by Contractor to County, and shall serve as the basis for settlement with Contractor as set forth in Section VIII (Pre-audit Cost Report Settlements) below. Contractor shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder.
- C. Penalties. Failure of Contractor to submit accurate and complete Annual Cost Report(s) within 45 days after the due date set in Section VII.A above or the expiration or termination date of this Agreement shall result in:
1. A Late Penalty of ONE HUNDRED DOLLARS (\$100) for each day that the accurate and complete Annual Cost Report(s) is (are) not submitted. The Late Penalty shall be assessed separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the forty-sixth (46th) day after the deadline or the expiration or termination date of this Agreement. The late fee will be invoiced separately or deducted from future payments due to Contractor under this Agreement or a subsequent agreement.
 2. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred and fifth (105th) day after the due date set in Section VII.A or the expiration or termination date of this Agreement, then all amounts paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) is (are) outstanding shall be repaid by Contractor to County. Further, County may terminate any current contracts entered into with Contractor for programs covered by the outstanding Annual Cost Reports.
- D. 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.
- E. Single Audit Report: If Contractor is required to perform a single audit and/or program specific audit, per the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

**EXHIBIT B
FINANCIAL PROVISIONS - MH**

VIII. PRE-AUDIT COST REPORT SETTLEMENTS.

- A. Pre-audit Cost Report Settlements. Based on the original and final/reconciled Annual Cost Report(s) submitted pursuant to this Exhibit B MH Section VII (Cost Reports) and State approved UOS, at the end of each Fiscal Year or portion thereof that this Agreement is in effect, the County will perform pre-audit cost report settlement(s). Such settlements will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies and procedures, or requirements pertaining to cost reporting and settlements for applicable Federal and/or State programs. In no event shall the settlement exceed the maximum amount of this agreement. Settlement for services shall be adjusted to the lower of:
1. Contractor's published charge(s) to the general public, as approved by the Contractor's governing board; unless the Contractor is a Nominal Fee Provider. This federal published charges rule is applicable only for the outpatient, rehabilitative, case management and 24-hour services.
 2. The Contractor's actual costs.
 3. The County Maximum Allowable rate.
- B. Issuance of Findings. County's issuance of its pre-audit cost report settlement findings shall take place no later than one-hundred-twenty (120) calendar days after Contractor's submission of the original and final/reconciled cost reports.
- C. Payment. In the event that Contractor adjustments based on any of the above methods indicate an amount due the County, Contractor shall pay County by direct payment within thirty (30) days or from deductions or withholding of future payments due to Contractor under this Agreement or a subsequent agreement, if any, at the sole discretion of the ADMHS Director.

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

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

EXHIBIT B
FINANCIAL PROVISIONS - MH

- D. Appeal. Contractor may appeal any such audit findings in accordance with the audit appeal process established by the Responsible Auditing Party performing the audit.

EXHIBIT B-1 MH

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

CONTRACTOR NAME: Mental Wellness Center

FISCAL
YEAR:

2015-2016

Contracted Services	Service Type	Mode	Service Description	Unit of Service	Service Function Code*	County Maximum Allowable Rate
Medi-Cal Billable Services	Outpatient Services	15	MHS - Rehab (Individual)	Minutes	41	\$2.61
			Crisis Intervention	Minutes	70	\$3.88
Non - Medi-Cal Billable Services	Support Services	60	Life Support: Board and Care	N/A	40	Actual Cost
			Other Case Management	N/A	60	Actual Cost

*Additional services may be provided as authorized by ADMHS in writing.

	PROGRAM								TOTAL
	Casa Juana Maria	Family Advocate	Consumer-Led Program (RLC)	RLC Computer Labs	Specialty Mental Health Services at RLC	Alameda House	CG House	MH First Aid	
GROSS COST:	\$ 373,727	\$ 87,688	\$ 410,750	\$ 47,573	\$ 107,338	\$ 471,607	\$ 521,392	\$ 60,141	\$2,080,216
LESS REVENUES COLLECTED BY CONTRACTOR:									
PATIENT FEES	\$ 70,152							\$ 3,000	\$ 73,152
CONTRIBUTIONS	\$ 935	\$ 23,164	\$ 243,750	\$ 7,573	\$ 7,338			\$ 250	\$ 283,010
OTHER (LIST):									\$ -
TOTAL CONTRACTOR REVENUES	\$ 71,087	\$ 23,164	\$ 243,750	\$ 7,573	\$ 7,338	\$ -	\$ -	\$ 3,250	\$356,162
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 302,640	\$ 64,524	\$ 167,000	\$ 40,000	\$ 100,000	\$ 471,607	\$ 521,392	\$ 56,891	\$ 1,724,054

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT (2)									
MEDI-CAL CORE MENTAL HEALTH (3)	\$ 274,885								\$ 274,885
MEDI-CAL MHSA (3)					\$ 100,000				\$ 100,000
NON-MEDI-CAL MHSA		\$ 64,524	\$ 167,000	\$ 40,000				\$ 56,891	\$ 328,415
NON-MEDI-CAL COUNTY/LOCAL									\$ -
MHSA SUBSIDY (3)									\$ -
COUNTY SUBSIDY (3)	\$ 27,755								\$ 27,755
OTHER FEDERAL FUNDS									\$ -
COUNTY FUNDS						\$ 471,607	\$ 521,392		\$ 992,999
OTHER (LIST):									\$ -
TOTAL (SOURCES OF FUNDING)	\$ 302,640	\$ 64,524	\$ 167,000	\$ 40,000	\$ 100,000	\$ 471,607	\$ 521,392	\$ 56,891	\$ 1,724,054

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

(1) MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician

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

(3) MHSA funding may be offset by additional Medi-Cal funding.

EXHIBIT B-2

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet Entity Budget By Program

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	
AGENCY NAME:		Mental Health Association in Santa Barbara										
COUNTY FISCAL YEAR:		7/1/2015	6/30/2016									
Gray Shaded cells contain formulas, do not overwrite												
	I. REVENUE SOURCES:	TOTAL AGENCY / ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Casa Juana Maria	Santa Barbara Consumer-Led Program (Recovery Learning Center)	RLC Medi Cal	Family Advocate	RLC Computer Lab	Mental Health First Aid	Alameda House	CG House	
1	Contributions	\$ 235,755	\$ 283,010	\$ 935	\$ 243,750	\$ 7,338	\$ 23,164	\$ 7,573	\$ 250			
2	Foundations/Trusts	\$ 320,500	\$ -									
3	Miscellaneous Revenue	\$ 5,102	\$ -									
4	ADMHS Funding	\$ 1,724,482	\$ 1,724,054	\$ 302,640	\$ 167,000	\$ 100,000	\$ 64,524	\$ 40,000	\$ 56,891	\$ 471,607	\$ 521,392	
5	Other Government Funding	\$ 158,000	\$ -									
6	Rental Income	\$ 117,097	\$ -									
7	Developer/Partnership Fee	\$ 61,940	\$ -									
8	Management / Administrative Fee	\$ 157,480	\$ -									
9	Other (specify)		\$ -									
10	Total Other Revenue	\$ 2,780,356	\$ 2,007,064	\$ 303,575	\$ 410,750	\$ 107,338	\$ 87,688	\$ 47,573	\$ 57,141	\$ 471,607	\$ 521,392	
I.B Client and Third Party Revenues:												
11	Client Fees	\$ 4,074	3,000						\$ 3,000			
12	SSI	\$ 70,000	70,152	\$ 70,152								
13	Other (specify)		-									
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	74,074	73,152	70,152	-	-	-	-	3,000	-	-	
15	GROSS PROGRAM REVENUE BUDGET	2,854,430	2,080,216	373,727	410,750	107,338	87,688	47,573	60,141	471,607	521,392	

EXHIBIT B-2

III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Casa Juana Maria	Santa Barbara Consumer-Led Program (Recovery Learning Center)	RLC Medi Cal	Family Advocate	RLC Computer Lab	Mental Health First Aid	Alameda House	CG House	
III.A. Salaries and Benefits Object Level											
16	Salaries (Complete Staffing Schedule)	1,669,075	\$ 1,021,716	\$ 208,378	\$ 194,958	\$ 31,400	\$ 51,201	\$ 17,639	\$ 15,392	\$ 235,674	\$ 235,674
17	Employee Benefits	402,344	\$ 242,892	\$ 52,095	\$ 45,733	\$ 6,280	\$ 12,800	\$ 3,528	\$ 4,618	\$ 58,919	\$ 58,919
18	Consultants		\$ 19,520					\$ 8,320	\$ 11,200		
19	Payroll Taxes		\$ -								
20	Salaries and Benefits Subtotal	\$ 2,071,419	\$ 1,284,128	\$ 260,473	\$ 240,691	\$ 37,680	\$ 64,001	\$ 29,487	\$ 31,210	\$ 294,593	\$ 294,593
III.B Services and Supplies Object Level											
21	Professional Fees	77,643	\$ 23,009	\$ 504	\$ 200		\$ 505		\$ 1,000	\$ 10,400	\$ 10,400
22	Supplies	140,401	\$ 89,211	\$ 15,654	\$ 11,631	\$ 11,530	\$ 896	\$ 1,000	\$ 10,500	\$ 19,000	\$ 19,000
23	Telephone	34,442	\$ 17,692	\$ 2,172	\$ 2,620	\$ 2,620	\$ 1,200	\$ 1,080		\$ 4,000	\$ 4,000
24	Utilities		\$ -								
25	Facility Costs (Rent/Lease/Mortgage/Util)	328,992	\$ 307,988	\$ 39,717	\$ 93,118	\$ 33,103	\$ 9,300	\$ 9,300	\$ 6,450	\$ 49,500	\$ 67,500
26	Repairs and Maintenance & Equip	166,022	\$ 42,400	\$ 1,000	\$ -	\$ 3,000			\$ 1,200	\$ 3,600	\$ 33,600
27	Printing/Publications	15,687	\$ 1,300		\$ -	\$ 300			\$ 1,000		
28	Transportation and Travel	32,568	\$ 33,277	\$ 2,004	\$ 4,325		\$ 348		\$ 600	\$ 23,000	\$ 3,000
29	Depreciation		\$ -								
30	Insurance	56,171	\$ 20,000	\$ 2,496		\$ 5,004		\$ 500		\$ 6,000	\$ 6,000
31	Miscellaneous	7,393	\$ 940	\$ 504	\$ -	\$ 100			\$ 336		
32	Events/Social/Recreational	3,372	\$ 3,200		\$ 3,200						
33	Dues/Subscriptions/Affiliations/License/Fees	12,901	\$ 1,166	\$ 456	\$ 710						
34	Start Up Fees - Licensing	9,917	\$ 15,291								\$ 15,291
35	Services and Supplies Subtotal	\$ 885,509	\$ 555,474	\$ 64,507	\$ 115,804	\$ 55,657	\$ 12,249	\$ 11,880	\$ 21,086	\$ 115,500	\$ 158,791
36	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)		\$ -								
37	SUBTOTAL DIRECT COSTS	\$ 2,956,928	\$ 1,839,602	\$ 324,980	\$ 356,495	\$ 93,337	\$ 76,250	\$ 41,367	\$ 52,296	\$ 410,093	\$ 453,384
IV. INDIRECT COSTS											
38	Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 271,233	\$ 48,747	\$ 53,474	\$ 14,001	\$ 11,438	\$ 6,206	\$ 7,845	\$ 61,514	\$ 68,008
39	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 2,956,928	\$ 2,110,835	\$ 373,727	\$ 409,969	\$ 107,338	\$ 87,688	\$ 47,573	\$ 60,141	\$ 471,607	\$ 521,392

EXHIBIT C

Indemnification and Insurance Requirements (For Professional Contracts)

INDEMNIFICATION

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

NOTIFICATION OF ACCIDENTS AND SURVIVAL OF INDEMNIFICATION PROVISIONS

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

INSURANCE

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

A. Minimum Scope of Insurance

Coverage shall be at least as broad as:

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

If the Contractor maintains higher limits than the minimums shown above, the County requires and shall be entitled to coverage for the higher limits maintained by the

EXHIBIT C

Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

B. Other Insurance Provisions

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

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

EXHIBIT C

the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

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

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

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