

AGREEMENT

shall include the Contract number assigned by County. Contractor shall direct the invoice to County's "Accounts Payable Department" at the address specified under Exhibit B, Section VI, after completing the increments identified in Exhibit B.

6. **INDEPENDENT CONTRACTOR.** Contractor shall perform all of its services under this Agreement as an Independent Contractor and not as an employee of County. 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 insurance, and protection of tenure.
7. **STANDARD OF PERFORMANCE.** Contractor represents that it has the skills, expertise, and licenses and/or 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 manner which will conform to high standards of quality 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. Contractor shall obtain and maintain all permits and/or licenses required for performance under this Agreement without additional compensation, at Contractor's own expense.
8. **NON-DISCRIMINATION.** County hereby notifies Contractor that Santa Barbara County's Unlawful Discrimination Ordinance (Santa Barbara County Code, Chapter 2, Article XIII) applies to this Agreement and is incorporated herein by reference with the same force and effect as if the ordinance were specifically set out herein. Contractor hereby agrees to comply with said ordinance.
9. **CONFLICT OF INTEREST.** Contractor covenants that Contractor presently has no interest and shall not acquire any interest, direct or indirect, 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.
10. **RESPONSIBILITIES OF COUNTY.** County shall provide all information reasonably necessary to allow Contractor to perform the services contemplated by this Agreement.
11. **OWNERSHIP OF DOCUMENTS.** Upon production, County shall be the owner of the following items incidental to this Agreement, whether or not completed: all data collected and any material necessary for the practical use of the data and/or documents from the time of collection and/or production, whether or not performance under this Agreement is completed or terminated prior to completion. 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

AGREEMENT

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.

No materials produced in whole or in part under this Agreement shall be subject to copyright in the United States or in any other country except as determined at the sole discretion of County. 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.

12. **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 such records until such time that the State Department of Health Care Services completes its final audit for the fiscal year(s) covered by this Agreement, or not less than three (3) years from the end of the term of this Agreement, whichever is later. All account records shall be kept in accordance with generally accepted accounting practices. County shall have the right to audit and review all such documents and records, either at any time during Contractor's regular business hours, or upon reasonable notice to Contractor.
13. **COMPLIANCE WITH HIPAA.** Contractor is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.
14. **INDEMNIFICATION AND INSURANCE.** Contractor shall agree to defend, indemnify and hold harmless the County and to procure and maintain insurance in accordance with the provisions of Exhibit C attached hereto and incorporated herein by reference.
15. **TAXES.** 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 reimburse County within one (1) week for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but are not limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and Workers' Compensation insurance.
16. **DISPUTE RESOLUTION.** Any dispute or disagreement arising out of this Agreement shall first be addressed and resolved at the lowest possible staff level between the appropriate representatives of the Contractor and of the County. If the dispute or disagreement cannot be resolved at this level, it is to be elevated to the

AGREEMENT

Contractor's Program Manager and County's relevant Program Manager. If the Managers cannot resolve the dispute, they are to take the following actions:

- A. Decision – Each party shall reduce the dispute to writing and submit to the appropriate ADMHS Assistant Director. The Assistant Director shall assemble a team to investigate the dispute and to prepare a written decision. This decision shall be furnished to the Contractor within thirty (30) days of receipt of the dispute documentation. This decision shall be final unless appealed within ten (10) days of receipt.
- B. Appeal – The Contractor may appeal the decision to the Santa Barbara County Alcohol, Drug, and Mental Health Services Director or designee. The decision shall be put in writing within twenty (20) days and a copy thereof mailed to the Contractor's address for notices. The decision shall be final.
- C. Continued Performance - Pending final decision of the dispute hereunder, Contractor shall proceed diligently with the performance of this Agreement.
- D. Dispute Resolution - The finality of appeal described herein is meant to imply only that recourse to resolution of disputes through this particular dispute resolution mechanism has been concluded. This is in no way meant to imply that the parties have agreed that this mechanism replaces either party's rights to have its disputes with the other party heard and adjudicated in a court of competent jurisdiction.

17. **TERMINATION.**

- A. **BY COUNTY.** County, by written notice to Contractor, may terminate this Agreement in whole or in part at any time, whether for County convenience or because of the failure of Contractor to fulfill the obligations herein. Upon termination, Contractor shall deliver to County all data, estimates, graphs, summaries, reports, and all other records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process.
 - 1. **FOR CONVENIENCE.** County may terminate this Agreement upon thirty (30) days written notice. Following such notice of termination, Contractor shall notify County of the status of its performance and cease work at the conclusion of the thirty (30) day notice period.

Notwithstanding any other payment provision of this Agreement, County shall pay Contractor for 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 maximum budgeted amount for this Agreement as set forth in Exhibit B, or paid 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.

AGREEMENT

2. **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 this Agreement by written notice which shall be effective upon receipt by Contractor.
- B. **BY CONTRACTOR.** Contractor may, upon thirty (30) days written notice to County, terminate this Agreement in whole or in part at any time, whether for Contractor's convenience or because of the failure of County to fulfill the obligations herein. Following such termination, Contractor shall promptly cease work and notify County as to the status of its performance.
18. **ENTIRE AGREEMENT, AMENDMENTS, AND MODIFICATIONS.** In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties. 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 amended or modified only by the written mutual consent of the parties hereto. Requests for changes to the terms and conditions of this agreement after April 1 of the Fiscal Year for which the change would be applicable shall not be considered. All requests for changes shall be in writing. Changes shall be made by an amendment pursuant to this Section. Any amendments or modifications that do not materially change the terms of this Agreement (such as changes to the Designated Representative or Contractor's address for purposes of Notice) may be approved by the director of Alcohol, Drug & Mental Health Services. The Board of Supervisors of the County of Santa Barbara must approve all other amendments and modifications. Each party waives its 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.
19. **NON-EXCLUSIVE AGREEMENT.** Contractor understands that this is not an exclusive Agreement and that County shall have the right to negotiate and enter into contracts with others providing the same or similar services as those provided by Contractor as the County desires.
20. **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 parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.
21. **ASSIGNMENT.** Contractor shall not assign any of its rights nor transfer any of its obligations under this Agreement without the prior written consent of County. Any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.
22. **REMEDIES NOT EXCLUSIVE.** No remedy herein conferred upon or reserved to the parties 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, now or hereafter existing at law or in equity or otherwise.

AGREEMENT

23. **NO WAIVER OF DEFAULT.** No delay or omission of the parties 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 the parties shall be exercised from time-to-time and as often as may be deemed expedient in the sole discretion of either party.
24. **CALIFORNIA LAW.** 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.
25. **COMPLIANCE WITH LAW.** Contractor shall, at his 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 be 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.
26. **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.
27. **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. 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.
28. **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts. Each counterpart 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.
29. **TIME IS OF THE ESSENCE.** Time is of the essence in this Agreement, and each covenant and term is a condition herein.
30. **AUTHORITY.** All 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 have complied with all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement. Furthermore, by entering into this Agreement, Contractor hereby warrants that it shall not have breached the terms or conditions of any other Agreement or Agreement to which Contractor is obligated, which breach would have a material effect hereon.

AGREEMENT

31. **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.
32. **COMMUNICATION.** Contractor shall acknowledge in any public announcement regarding the program that is the subject of this Agreement that Santa Barbara County Alcohol, Drug, and Mental Health Department provides all or some of the funding for the program.
33. **PRIOR AGREEMENTS.** Upon execution, this Agreement supersedes all prior Mental Health Services agreements between County and Contractor.
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. **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.
 - 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 as provided in Section 17. 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.

AGREEMENT

THIS AGREEMENT INCLUDES:

- A. EXHIBIT A, A-1, A-2, A-3 – Statement of Work
 - 1. Attachment A - SANTA BARBARA COUNTY MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS
- B. EXHIBIT B – Financial Provisions
- C. EXHIBIT B-1 – Schedule of Rates
- D. EXHIBIT B-2 – Budget
- E. EXHIBIT C – Standard Indemnification and Insurance Provisions
- F. EXHIBIT D – Organizational Service Provider Site Certification
- G. EXHIBIT E – Program Goals, Outcomes and Measures

AGREEMENT

Agreement for Services of Independent Contractor between the County of Santa Barbara and Santa Maria Valley Youth & Family Center.

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

COUNTY OF SANTA BARBARA

By: _____
DOREEN FARR, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy Clerk
Date: _____

By: _____
Tax Id No 95-3144808.
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

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

By _____
Deputy County Counsel
Date: _____

By _____
Deputy

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

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____

Date: _____

EXHIBIT A

STATEMENT OF WORK

The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-3.

1. STAFF.

A. TRAINING.

1. Staff shall be trained and skilled at working with persons with serious mental illness (SMI), shall adhere to professionally recognized best practices for rehabilitation assessment, service planning, and service delivery, and shall become proficient in the principles and practices of Integrated Dual Disorders Treatment.
2. Within 30 days of the date of hire, Contractor shall provide training relevant to working with high risk mental health clients.
3. 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. County shall host training sessions regarding documentation requirements under Medi-Cal, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and other related State, Federal and local regulations twice yearly. Contractor shall ensure that each staff member providing clinical services attends one training session each year.

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

C. Contractor shall conduct a check of all clinical and support staff against Centers for Medicare & Medicaid Services (CMS) Exclusions List and staff found to be on this list shall not provide services under this Agreement nor shall the cost of such staff be claimed to Medi-Cal.

D. County shall review Contractor's staff and only staff approved by County shall provide services under this Agreement.

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

F. 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

STATEMENT OF WORK

- G. 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.
- H. 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 background or conduct is incompatible with County facility access.
- I. 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.

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

- A. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates (including, but not limited to, certification as a Short-Doyle/Medi-Cal provider if Title XIX Short-Doyle/Medi-Cal services are provided hereunder), as required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives, which are applicable to Contractor's facility(ies) and services under this Agreement. Contractor shall further ensure that all of its officers, employees, and agents, who perform services hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits, registrations, accreditations, and certificates which are applicable to their performance hereunder. A copy of such documentation shall be provided, in duplicate, to Alcohol, Drug and Mental Health Services (ADMHS) Contracts Division.
- B. Contractor shall ensure that all staff providing services under this Agreement retain active licensure. In the event license status 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 all current Short-Doyle/Medi-Cal Policy Letters, including, but not limited to, procedures for maintaining Medi-Cal certification of all its facilities.

3. **REPORTS.**

- A. **SERVICE LEVEL REPORTS.** Contractor shall use the County Management Information System (MIS) to track required data elements. These data elements include: units of service, the number of clients admitted to the Program, unique clients served, total number of clients discharged and number of clients discharged to a lower/higher level of care, and provide summary reports from other Contractor data sources, as requested.

EXHIBIT A

STATEMENT OF WORK

- B. STAFFING.** Contractor shall submit monthly staffing Reports to County. These reports shall be on a form acceptable to, or provided by, County and shall report actual staff hours worked by position, Documented Service Hours (DSH'S) provided by position, caseload by position, and shall include the employees' names, licensure status, bilingual and bicultural capabilities, budgeted monthly salary, actual salary, and hire and/or termination date. The reports shall be received by County no later than twenty (20) calendar days following the end of the month being reported.
- C. PROGRAMMATIC.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than twenty (20) calendar days following the end of the quarter being reported. Programmatic reports shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, number of active cases, number of clients admitted/ discharged, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes in population served and reasons for any such changes. Contractor shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and if not, shall specify what steps will be taken to achieve satisfactory progress.

In addition, Contractors receiving MHSA-funding shall track and report the following to County in Contractor's Quarterly Programmatic Report per MHSA requirements:

1. Client age;
2. Client zip code;
3. Number of types of services, groups, or other services provided;
4. Number of clients served in which language (English/Spanish/Other);
5. Number of groups offered in which language (English/Spanish/Other).

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

EXHIBIT A

STATEMENT OF WORK

4. **PERFORMANCE.** Contractor shall adhere to all County requirements, all relevant provisions of the California Code of Regulations Title 9, Chapter 14 and all relevant provisions of applicable law that are now in force or which may hereafter be in force.
5. **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.
6. **BILLING DOCUMENTATION.**
 - A. Contractor shall complete electronic progress notes using County's MIS system for each client contact. These notes will serve as documentation for billable Medi-Cal units of service. For all programs, service records documenting services provided, in the form of electronic progress notes that meet County specifications, will be submitted to the County MIS Unit within 72 hours of service delivery.
 - B. Electronic progress notes that describe the interventions conducted, as described in this Exhibit A, Section 6, and Attachment A, Progress Notes and Billing Records, including, at minimum:
 1. The exact total number of minutes of service provided which shall be calculated by using the exact start and stop times.
 2. The goal from the rehabilitation plan that was addressed in the encounter.
 3. The intervention that was provided by the staff member.
 4. The response to that intervention by the client.
 5. The plan for the next encounter with the client, and other significant observations.
7. **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.
8. **STANDARDS**
 - A. Contractor agrees to comply with Medi-Cal requirements and be approved to provide Medi-Cal services based on Medi-Cal site certification, per Exhibit D, Organizational Service Provider Site Certification.
 - B. Contractor shall make its service protocols and outcome measures data available to County and to Medi-Cal site certification reviewers.

EXHIBIT A

STATEMENT OF WORK

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

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

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. Contractor shall fill Program service staff positions with staff that reflects the ethnic makeup of North Santa Barbara County. At all times, the Contractor shall be staffed with personnel, or provide individuals who are able to communicate in the client preferred language;

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

D. Contractor shall provide services that consider the culture of mental illness, as well as the ethnic and cultural diversity of clients and families served;

11. NOTIFICATION REQUIREMENTS

A. Contractor shall notify County immediately in the event of any suspected or actual misappropriation of funds under Contractor's control; known serious complaints against licensed staff; restrictions in practice or license as stipulated by the State Bureau of Medical Quality Assurance, Community Care Licensing Division of the Department of Social Services of the State, or other State agency; staff privileges restricted at a hospital; legal suits initiated specific to the Contractor's practice; initiation of criminal investigation of the Contractor; or other action instituted which affects Contractor's license or practice (for example, sexual harassment accusations). "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the event. Contractor shall train all personnel in the use of the ADMHS Compliance Hotline.

EXHIBIT A

STATEMENT OF WORK

- B. Contractor shall immediately notify the County Liaison in the event a client with a case file (episode) open to the County presents any of the following client indices: suicidal risk factors, homicidal risk factors, assaultive risk factors, side effects requiring medical attention or observation, behavioral symptoms presenting possible health problems, or any behavioral symptom that may compromise the appropriateness of the placement.
- C. Contractor shall immediately notify the County ADMHS Director or designee, regardless of whether the client has a case file (episode) open with the County, should any of the following events occur: death, fire setting, police involvement, media contact, any behavior leading to potential liability, any behavioral symptom that may compromise the appropriateness of the placement.

12. UTILIZATION REVIEW.

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

13. PERIODIC REVIEW. County shall assign senior management staff as contract monitors to coordinate periodic review meetings with Contractor's staff regarding quality of clinical services, fiscal and overall performance activity. The Care Coordinators, Quality Improvement staff, and the Program Managers or their designees shall conduct periodic on-site reviews of Contractor's patient charting.

14. ADDITIONAL PROGRAM REQUIREMENTS FOR MHSA-FUNDED PROGRAMS. In accepting MHSA funding for the Program, Contractor shall adhere to the following MHSA principals:

- A. Cultural Competence. Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- B. Client and Family Driven System of Care. Clients and families of clients identify needs and preferences that result in the most effective services and support.
- C. Community Collaboration. Individuals, families, agencies, and businesses work together for a shared vision.
- D. Integrated Service Experiences. Services for clients and families are "seamless," limiting the need for negotiating with multiple agencies and funding sources.

EXHIBIT A

STATEMENT OF WORK

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

EXHIBIT A-1
STATEMENT OF WORK –

Intensive In-Home

STATEMENT OF WORK - INTENSIVE IN-HOME

1. **PROGRAM SUMMARY.** The Intensive In-Home Program (hereafter “the Program”) is a home-based model of intensive mental health service delivery developed to help a child (hereafter “client”) and their family to solve problems in the home environment. Program staff demonstrate and implement cognitive-behavioral therapy techniques with the family as a means to improve client behavior and provide structure and routine to the home environment. The Program offers intensive, individualized, and if clinically indicated, family counseling services to children and youth and their families primarily in client homes. Program staff seek to develop, support and empower family units by identifying strengths and needs and teaching problem solving skills. Services are aimed at preventing further incidents of behavioral, emotional and/or social disturbance that may lead to out-of-home placement. The Program shall serve the Santa Maria area and shall be headquartered at 105 North Lincoln Street, Santa Maria, California.

2. **PROGRAM GOALS.**
 - A. Keep families together by reducing crisis in the home environment;
 - B. Prevent out-of-home, out-of-county, and/or foster placement of the client;
 - C. Reduce “at-risk” behavior such as self-injurious behavior, criminal activity, and substance use;
 - D. Reduce hospitalizations;
 - E. Stabilize the client and family who reside together;
 - F. Improve the family’s level of functioning and the quality of life for the client through the use of various educational, behavioral and clinical interventions;
 - G. Utilize a “Whatever It Takes” approach to identify and integrate thoughtful, responsive and creative interventions for clients and their families;
 - H. Operate as a cohesive team responsible for delivery of most services required by clients with minimal referral to a variety of different programs. As one exception, County will have overall accountability for the psychiatric treatment of Program clients.

3. **SERVICES.** Contractor shall develop, support and empower family units by identifying existing strengths and areas of need, and teaching problem solving skills.
 - A. Contractor shall provide the following services, as defined in California Code of Regulations (CCR), Title 9:
 1. **Case Management.** Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to,

EXHIBIT A-1
STATEMENT OF WORK –

Intensive In-Home

- 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.
2. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental 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.
 3. **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.
 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, as defined in Title 9 CCR Section 1810.243.
 5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment 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. 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.
 6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
- B. Contractor shall utilize a variety of effective evidence based treatment modalities including family therapy, cognitive therapy, play therapy and bibliotherapy to provide intensive in-home interventions. Contractor shall include parenting

EXHIBIT A-1
STATEMENT OF WORK –

Intensive In-Home

education and household management skill building as components of the family's service plan. Intensive in-home interventions may include:

1. Assisting family members with stress management;
2. Building communication skills;
3. Teaching anger management skills;
4. Teaching and modeling effective parenting skills;
5. Assisting families to develop links to community partners and encouraging and empowering families to use those resources. Examples may include clergy, family members, and friends;
6. Developing and guiding parents in behavioral interventions;
7. Using cognitive-behavioral therapy techniques to identify and reinforce appropriate family roles and relationships;
8. Identifying communication patterns among family members and teaching family members appropriate response and coping mechanisms.

C. County shall provide medication support services to clients as needed. 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 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.

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

A. Service Intensity.

1. Contractor shall provide Program services to each client at least one (1) time per week, an average of four (4) hours of service per week during the course of treatment. Service levels shall be based upon individualized needs of the client and may be adjusted to prevent client's move to a higher level of care.
2. County shall authorize services for up to six (6) months upon client's admission into the Program. Additional Program services will require review and approval by the ADMHS Treatment Team. The goal of treatment is to improve the family's functioning and stability so that intensive services are not required beyond the six (6) month authorization. As such, any request for

EXHIBIT A-1
STATEMENT OF WORK –

Intensive In-Home

reauthorization of services will be considered an unusual and exceptional circumstance.

B. Treatment Location. The primary service location will be the client's home.

C. Staff to Client Caseload Ratios. The Program shall operate with a staff to client ratio that does not exceed 1 to 10 (10 clients per one (1.0) FTE staff member), but shall not be less than 1 to 7 depending on the intensity of clients' needs.

D. Hours of Operation and Staff Coverage.

1. Contractor shall have staff available 24 hours per day, 7 days per week to receive client phone calls and respond as appropriate. In the event of a client experiencing a psychiatric emergency, Contractor shall refer the client to County's Safe Alternatives for Treating Youth (SAFTY) program for an evaluation of their condition and a determination of the need for hospitalization, pursuant to WIC §5150. Notwithstanding the aforementioned, Contractor shall not be relieved of the responsibility to ensure staff availability 24/7 to respond to Program clients;
2. Contractor shall operate a schedule which shall be flexible to accommodate the client and family to allow Contractor's staff to meet with the client in their home Monday through Friday and weekends as needed.

5. CLIENTS/PROGRAM CAPACITY.

- A. Contractor shall provide services to clients aged 0 to 21 years, diagnosed with serious emotional disturbance (SED) and/or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, CCR, Chapter 11, and their families.
- B. Contractor shall provide the services described in Section 3 to an average caseload of 20 clients. Contractor's caseload may fluctuate if clients shift between the Program and Contractor's Therapeutic Foster Care (HOPE) Program as described in Exhibit A-2. The combined total caseload served by the Program and HOPE shall be an average of 40 clients.

6. ADMISSION CRITERIA.

- A. Clients shall be children and youth who have a diagnosis of SED and/or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, CCR, Chapter 11;

AND factors in both B and C below:

- B. Possible suicidal ideation and depression or negative behavior issues such as substance abuse and truancy;

EXHIBIT A-1
STATEMENT OF WORK –

Intensive In-Home

C. A rating of Level 3 or 4 in the Child and Adolescent Level of Care Utilization System (CALOCUS) as described below:

1. Level 3: Significant risk of harm, moderate deterioration in interactions or withdrawal from social activities, significant co-morbidity of another medical/substance dependence/developmental disability, moderate stressful environment, limited support from family or community, ambivalent relationship/engagement of the client and/or parent with treatment providers.
2. Level 4: Serious risk of harm, severe deterioration in interactions or withdrawal from social activities, major co-morbidity of another medical/substance dependence/developmental disability, highly stressful environment, minimal support from family or community, adversarial relationship/engagement of the client and/or parent with treatment providers.

7. REFERRALS.

- A. Contractor shall admit clients referred by the ADMHS Children's Clinic.
- B. To perform and receive reimbursement for Program services, Contractor shall obtain a Community Based Organization (CBO) Request for Service form along with the Referral Packet.
- C. Contractor shall respond to referrals and initiate services for those clients that are admitted within five (5) business days.
- D. **Referral Packet.** Contractor shall have shared access to ADMHS' client file, and shall access the file for each client referred and treated to review the following:
 1. A copy of the County referral form;
 2. A client face sheet;
 3. A copy of the most recent comprehensive assessment and/or assessment update;
 4. A copy of the most recent medication record and health questionnaire;
 5. A copy of the currently valid Treatment Plan indicating the goals for client enrollment in the Program and identifying the Contractor as service provider;
 6. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout will be provided to Contractor in the initial Referral Packet;
 7. Other documents as reasonably requested by County.

8. DISCHARGE PLAN.

- A. For clients receiving medication support from the ADMHS Children's Clinic, the

EXHIBIT A-1
STATEMENT OF WORK –

Intensive In-Home

ADMHS Treatment Team shall work in concert with Contractor staff to develop a written discharge plan that is responsive to the client's needs and personal goals.

- B. For clients who are not receiving medication support, Contractor staff shall work closely with each client to establish a written discharge plan that is responsive to the client's needs and personal goals.

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

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

10. **STAFFING REQUIREMENTS.** Contractor shall adhere to the Program staffing requirements outlined below.

- A. The Program shall include a combination of Contractor and County staff, with County staff assuming responsibility for psychiatric treatment functions (functions performed by a psychiatrist, nurse, or psychiatric technician). County shall provide psychiatric/medication support to Program clients who require these services. County staff shall work in conjunction with Contractor staff to deliver seamless multi-disciplinary treatment, rehabilitation and support services.
- B. Contractor shall employ 2.9 FTE staff, as described below. Program staffing levels between the Intensive In-Home and HOPE programs may be adjusted as client volume fluctuates between the two programs:
 - 1. 2.5 FTE Family Specialists who shall be Qualified Mental Health Workers (QMHW) or licensed/waivered/registered mental health professionals as described in Title 9, CCR. QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application:

EXHIBIT A-1
STATEMENT OF WORK –

Intensive In-Home

- a. Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, and/or vocational adjustment;
 - b. Staff with a Bachelor's degree must have the equivalent of one year of such fulltime experience;
 - c. No experience is required for staff with a Master's or Doctoral degree.
2. 0.4 FTE Program Manager who shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR. The Program Manager shall be responsible to provide some direct service to clients.

11. DOCUMENTATION REQUIREMENTS.

- A. **Treatment Plan.** For clients who are in need of medication supports, the ADMHS Treatment Team shall complete a treatment plan in collaboration with Contractor for each client receiving Program services within thirty (30) days of enrollment into the Program.
- B. Contractor shall participate in 30-day review meetings to discuss and review clients who are receiving medication support from the ADMHS Children's Clinic.
- C. For clients referred to Contractor who are not in need of medication supports, Contractor shall develop a treatment plan for each client receiving Program services within thirty (30) days of enrollment into the Program. The Treatment Plan shall provide overall direction for the collaborative work of the client, the Program, and the ADMHS Treatment Team.
- D. Treatment Plans shall include:
 1. Client's recovery goals or recovery vision, which guides the service delivery process;
 2. Objectives describing the skills and behaviors that the client will be able to learn as a result of the Program's behavioral interventions;
 3. Interventions to help the client reach their goals.

EXHIBIT A-2
STATEMENT OF WORK –
HOPE

1. **PROGRAM SUMMARY.** The Therapeutic Foster Care HOPE Program (hereafter “the Program”) is a home-based model of intensive mental health service delivery developed to help a child (hereafter “client”) and their foster family to solve problems in the home environment. Program staff demonstrate and implement behavior modification techniques with the foster family as a means to improve the client’s behavior and provide structure and routine to the foster home environment. The Program offers intensive, individualized, and if clinically indicated, family counseling services to children and youth and their foster families primarily in their foster homes. Program staff seek to develop, support and empower family units by identifying strengths and needs and teaching problem solving skills. Services are aimed at preventing further incidents of behavioral, emotional and/or social disturbance that may lead to removal from the foster home or out-of-county placement. Program services are designed for children and youth and their foster families. The Program shall serve the Santa Maria area and shall be headquartered at 105 North Lincoln Street, Santa Maria, California.

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

3. **SERVICES.** Contractor shall develop, support and empower foster family units by identifying existing strengths and areas of need, and teaching problem solving skills.
 - A. Contractor shall provide mental health services, as defined in Title 9, CCR which may include the following:
 1. **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.

EXHIBIT A-2
STATEMENT OF WORK –
HOPE

2. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental 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.
 3. **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.
 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, as defined in Title 9 CCR Section 1810.243.
 5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment 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. 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.
 6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
- B. Contractor shall provide intensive in-home interventions, which may include:
1. Assisting foster family members with stress management;
 2. Building communication skills;
 3. Teaching anger management skills;
 4. Teaching and modeling effective parenting skills;

EXHIBIT A-2
STATEMENT OF WORK –

HOPE

5. Assisting foster families to develop links to community partners and encouraging and empowering families to use those resources. Examples may include clergy, family members, and friends;
 6. Developing and guiding parents in behavioral interventions;
 7. Using behavior modification techniques to identify and reinforce appropriate family roles and relationships;
 8. Identifying communication patterns among family members and teaching family members appropriate response and coping mechanisms.
- C. Contractor shall utilize a variety of treatment modalities including family therapy, cognitive therapy, play therapy and bibliotherapy. Contractor shall include parenting education and household management skill building as components of the service plan.
- D. Services shall be provided to children in foster care, foster families and, when appropriate, the client's biological parents. These services shall be: i) for a length of stay of less than six (6) months unless authorized in advance by County, ii) intensive, and iii) crisis or urgent-intervention based and intended to maintain the child's placement within the foster home.
- E. Contractor shall employ a Child Services Screener (CSS) for Santa Maria. The CSS shall assess the mental health needs of clients who are served by Child Welfare Services (CWS) and shall provide assistance in obtaining appropriate mental health services. The CSS shall provide ongoing consultation to CWS staff on clients mental health service needs and shall assist with urgent situations in collaboration with other children's service providers. CSS shall be co-located at the CWS site in Santa Maria. CSS shall perform duties as described and approved by ADMHS which shall include but not be limited to the following:
1. Work as part of an assessment team to conduct a strengths-based assessment and link the client with appropriate resources;
 2. Conduct a brief evaluation and screening of the client in order to determine the client's mental health needs.
4. **SERVICE INTENSITY/TREATMENT LOCATION/STAFF CASELOADS/HOURS OF OPERATION AND COVERAGE**
- A. **Service Intensity.** Contractor shall provide Program services to each client at least one (1) time per week, an average of four (4) hours of service per week during the course of treatment.
- B. **Treatment Location.** The primary service location will be the client's foster home.

EXHIBIT A-2
STATEMENT OF WORK –
HOPE

C. **Staff to Client Caseload Ratios.** The Program shall operate with a staff to client ratio that does not exceed 1 to 10 (10 clients to one (1.0) FTE staff member), but shall not be less than 1 to 7 depending on the intensity of the clients' needs.

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

1. Contractor shall have staff available 24/7 to receive client phone calls and respond as appropriate. In the event of a client experiencing a psychiatric emergency, Contractor shall refer the client to County's Safe Alternatives for Treating Youth (SAFTY) program for an evaluation of their condition and a determination of the need for hospitalization, pursuant to WIC §5150. Notwithstanding the aforementioned, Contractor shall not be relieved of the responsibility to ensure staff availability 24/7 to respond to Program clients;
2. Contractor shall operate a schedule which shall be flexible to accommodate the client and family to allow Contractor's staff to meet with the client in their home.

5. **CLIENTS/PROGRAM CAPACITY.**

A. Contractor shall provide Program services to Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, CCR, Chapter 11, who are residing in foster or residential placement and their foster families regardless if the client is served by ADMHS Children's Clinics.

1. County shall only reimburse Contractor for Program services provided to clients who:
 - a. Are Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, CCR, Chapter 11,

AND

- b. Have an open case file (episode) entered by Contractor into County's MIS system.

B. Contractor shall provide the services described in Section 3 to an average caseload of 20 clients. Contractor's caseload may fluctuate if clients shift between the Program and Contractor's Intensive In-Home Program as described in Exhibit A-1. The combined total caseload served by the Program and Intensive In-Home shall be an average of 40 clients.

6. **REFERRALS.**

A. CWS shall provide all initial referrals for Program services when a child is placed in a foster home or residential placement. Program staff shall then determine the level of services and support for the child and foster family and complete a statement of medical necessity which shall be submitted to ADMHS Quality Assurance (QA) division.

EXHIBIT A-2
STATEMENT OF WORK –
HOPE

- B. Contractor shall respond to referrals and initiate services for those clients that are admitted within five (5) business days.
- C. Client Documentation. Contractor shall maintain the following client documentation within its files (hard copy or electronic), for each client referred and treated, which shall contain the following items:
 - 1. The referral form.
 - 2. A client face sheet.
 - 3. The most recent comprehensive assessment and/or assessment update.
 - 4. A copy of the most recent medication record and health questionnaire.
 - 5. A copy of the currently valid Treatment Plan indicating the goals for client enrollment in the Program and identifying the Contractor as a service provider.
 - 6. Client's Medi-Cal Eligibility Database Sheet (MEDS).
 - 7. Other documents as reasonably requested by County.
- 7. **DISCHARGE PLAN.** Program staff shall work closely with each client to establish a written discharge plan that is responsive to the client's needs and personal goals.
- 8. **DISCHARGE CRITERIA.** The appropriateness for client discharge shall be determined by Contractor on a case by case basis. Criteria for discharge include:
 - A. Treatment goals have been sufficiently met;
 - B. The determination that the treatment goals have not been met as determined by Contractor. The client shall be provided with referrals to more appropriate treatment;
 - C. The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the intensive level of services provided by the Program;
 - D. The client's request to terminate services;
 - E. Client and family relocating from the Program's service area.
- 9. **STAFFING REQUIREMENTS.** The Program shall be staffed by 3.9 full time equivalent (FTE) direct service staff, described below. Program staffing levels between the Intensive In-Home and HOPE programs may be adjusted as client volume fluctuates between the two programs:
 - A. 2.5 FTE Family Specialists who shall be Qualified Mental Health Workers (QMHW) or licensed/waivered/registered mental health professionals as

EXHIBIT A-2
STATEMENT OF WORK –
HOPE

described in Title 9, CCR. QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application:

1. Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, and/or vocational adjustment;
 2. Staff with a Bachelor's degree must have the equivalent of one year of such fulltime experience;
 3. No experience is required for staff with a Master's or Doctoral degree.
- B. 0.4 FTE Program Manager who shall be a QMHW as described above or shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR;
- C. One (1.0) FTE Child Services Screener (CSS) who shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR. The CSS shall be located in Santa Maria.
10. **DOCUMENTATION REQUIREMENTS.** Treatment Plan. Contractor shall complete a treatment plan for each client receiving Program services within thirty (30) days of enrollment into the Program. The treatment plan shall include:
- A. Client's recovery goals or recovery vision, which guides the service delivery process;
 - B. Objectives describing the skills and behaviors that the client will be able to learn as a result of the Program's behavioral interventions;
 - C. Interventions planned to help the client reach their goals.

EXHIBIT A-3
STATEMENT OF WORK –
Managed Care Mental Health
(Brief Therapy)

1. **PROGRAM SUMMARY.** Managed Care Mental Health/Brief Therapy (hereafter “the Program”) is designed to serve children (hereafter “clients”) who are Medi-Cal beneficiaries that meet medical necessity criteria as defined in Title 9, California Code of Regulations and their families. The Program shall provide clients and their families with brief therapy which is time-limited and problem focused and is not intended to be long-term treatment. The Program shall serve the Santa Maria area and shall be located at 105 North Lincoln Street, Santa Maria, California.

2. **PROGRAM GOALS.**
 - A. Maintain the client in their homes and communities whenever possible;
 - B. Support the client’s ability to adapt and cope with changing life circumstances;
 - C. Define and refine family strengths, culture, vision and needs;
 - D. Prioritize family needs to create a plan that will help meet those needs;
 - E. Carry out the treatment plan one need at a time until the client no longer required Program supports because the family’s vision has been achieved.

3. **SERVICES.** The Program shall provide the following services to clients and their families:
 - A. Contractor shall utilize a variety of effective evidence based treatment modalities and other promising practices known to be effective with the population served;
 - B. Contractor shall provide the following mental health services as defined in Title 9, CCR:
 1. **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.
 2. **Assessment.** Assessment is designed to evaluate the current status of a client’s mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental 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.
 3. **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.

EXHIBIT A-3
STATEMENT OF WORK –

Managed Care Mental Health
(Brief Therapy)

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, as defined in Title 9 CCR Section 1810.243.
5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment 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. 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.
6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.

4. **SERVICE INTENSITY/TREATMENT LOCATIONS.**

A. **Service Intensity.**

1. Services provided by Contractor under this agreement shall be authorized by County on a case by case basis upon Contractor's submission of a medical necessity attestation to the ADMHS Quality Assurance (QA) Division. The initial authorization shall be six (6) sessions, or as otherwise authorized by the QA Division upon receipt of the medical necessity attestation.
2. In no event shall more than 30 total sessions be authorized for any one client, nor shall the length of treatment in the Program exceed six (6) months.

B. **Treatment Location.** Services shall be provided primarily at Contractor's offices. Services may be provided at the client's home as needed.

5. **CLIENTS.** Contractor shall provide Program services to clients diagnosed with serious emotional disturbance (SED) and/or Medi-Cal beneficiaries diagnosed as

EXHIBIT A-3
STATEMENT OF WORK –
Managed Care Mental Health
(Brief Therapy)

needing specialty mental health services as described in Title 9, CCR, Chapter 11 and their families.

6. **REFERRALS.** Contractor shall admit clients who are referred by the ADMHS Access Team or the ADMHS Care Coordinator. Contractor may provide services to clients who individually request services with no referral source, but must obtain authorization from ADMHS QA before providing services, regardless of the referral status.
7. **DISCHARGE PLAN.** For clients who have a case file (episode) open to the ADMHS Children's Clinic, the ADMHS Treatment Team shall work in concert with Program staff to develop a written discharge plan that is responsive to the client's needs and personal goals.
8. **DISCHARGE CRITERIA.** The appropriateness for client discharge shall be determined on a case by case basis. Criteria for discharge include:
 - A. Treatment goals have been sufficiently met;
 - B. The determination that the treatment goals have not been met. Contractor shall provide the client and family with referrals to more appropriate treatment;
 - C. The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the level of services provided by the Program;
 - D. The client's request to terminate services;
 - E. Client and family relocating from the Program's service area.
9. **DOCUMENTATION REQUIREMENTS.**
 - A. **Treatment Plan.** Contractor shall complete a treatment plan for each client receiving Program services within thirty (30) days of enrollment into the Program. The Treatment Plan shall provide overall direction for the collaborative work of the client, the Program and the ADMHS Treatment Team, as applicable. The Treatment Plan shall include:
 1. Client's recovery goals or recovery vision, which guides the service delivery process;
 2. Objectives describing the skills and behaviors that the client will be able to learn as a result of the Program's behavioral interventions;
 3. Interventions planned to help the client reach their goals.
 - B. Contractor shall maintain a client assessment within its files (hard copy or electronic), for each client referred and treated.

ATTACHMENT A

SANTA BARBARA COUNTY MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS

1. The Medi-Cal Mental Health Plan (MHP) of Santa Barbara County has established the following standards for all organizational, individual, and group providers. These standards apply equally to all services delivered under the umbrella of “traditional” Short-Doyle as well as the more recent “consolidated” Medi-Cal Fee-for-Service providers. The established standards are:
 - A. Assessment
 1. Initial: Each individual served for sixty days or more shall have a comprehensive assessment performed and documented by the 61st day of service. This assessment shall address areas detailed in the source document, MHP’s Agreement with the California State Department of Health Care Services.
 2. Update: A re-evaluation/re-assessment of key indicators will occur and be documented within the chart on an annual basis with reassessment of key clinical/functional variables. The time frame for this update is the sixty days prior to the anniversary date of the first day of the month of admission.
 3. A component of the Initial and/or Annual assessment is the completion of the Children’s Performance Outcome Survey (CPOS) instruments or Adult Performance Outcome Survey (APOS) instruments. In the absence of these survey instruments being completed, documentation of client refusal to participate must exist in the chart.
 - B. Specialty Use Providers: Those providers that operate as part of the continuum of care established by the Alcohol Drug and Mental Health Services (ADMHS) clinic/team and provide the assessment or most recent assessment update in order to meet the assessment requirements.
2. Plan of Care
 - A. Coordination and Service Plan (CSP): The plan of care is completed by the provider entity, which is designated by the MHP as an entity that may authorize services.

CSP: The organizations and/or gateways that authorize services through use of the CSP are: The MHP Access Team; the County Adult and Child Teams, traditional organizational providers and programs.
 - B. Frequency: The CSP is completed by the 61st day in all cases in which services will exceed sixty (60) days. Annually, within the sixty (60) days prior to the anniversary date of first opening a client file, this plan must be updated or re-written.

ATTACHMENT A

C. Service Plan (SP): This plan of care is written by any individual, group, or organizational provider that is authorized to deliver services to a beneficiary/client of the ADMHS system.

1. Frequency: Annually the plan (CSP and/or SP) shall be updated or rewritten.
2. Timeliness: The initial plan (CSP and/or SP) shall be written within sixty (60) days of initial contact. Plans shall be re-written during the sixty (60) day window that precedes the anniversary date of first opening of the client file.

D. Content of Client Plans:

1. Specific, observable or quantifiable goals.
2. Identify the proposed type(s) of intervention.
3. Have a proposed duration of intervention(s).
4. Be signed (or electronic equivalent) by: the person providing the service(s), or a person representing a team or program providing services, or a person representing the MHP providing services.
5. If the above staff are not of the approved category, review by and dated co-signature of the following is required:
 - a) A physician;
 - b) a licensed/"waivered" psychologist;
 - c) a licensed/registered/"waivered" social worker;
 - d) a licensed/registered/"waivered" Marriage and Family Therapist, or
 - e) a registered nurse.

E. Client plans shall be consistent with the diagnoses and the focus of intervention will be consistent with the client plan goals.

F. There will be documentation of the client's participation in and agreement with the plan. This includes client signature on the plan and/or reference to client's participation and agreement in progress notes.

G. The MHP will give a copy of the client plan to the client on request. (Each Provider must determine where and how this is documented.)

3. Progress Notes and Billing Records: The Santa Barbara ADMHS MHP services must meet the following criteria, as specified in the MHP'S Agreement with the California State Department of Health Care Services.

ATTACHMENT A

- A. All entries will include the date services were provided.
- B. The client record will contain timely documentation of care. Services delivered will be recorded in the client record within one working day of service delivery.
- C. Mental health staff/practitioners will use client records to document client encounters; relevant aspects of client care, including relevant clinical decisions and interventions.
- D. All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number.
- E. The record will be legible.
- F. The client record will document referrals to community resources and other agencies, when appropriate.
- G. The client record will document follow-up care, or as appropriate, a discharge summary.
- H. Timeliness/Frequency of Progress Notes
 - 1. Shall be prepared for every Service Contact including:
 - a) Mental Health Services (Assessment, Evaluation, Collateral, Individual/Group/Family Therapy, Individual/Group/Family Rehabilitation);
 - b) Medication Support Services;
 - c) Crisis Intervention;
 - d) Targeted Case Management.
 - 2. Shall be daily for:
 - a) Crisis Residential;
 - b) Crisis Stabilization (1x/23hr);
 - c) Day Treatment Intensive.
 - 3. Shall be weekly for:
 - a) Day Treatment Intensive for Clinical Summary;
 - b) Day Rehabilitation;
 - c) Adult Residential.

ATTACHMENT A

4. On each shift for other services such as Psychiatric Health Facility.
4. EPSDT Notification. Shall be provided for any Medi-Cal beneficiary under 21 who has been admitted with an emergency psychiatric condition to a hospital with which the MHP has a Agreement.
5. STATE MENTAL HEALTH PLAN REQUIREMENTS
 - A. Contractor shall display Medi-Cal Member Services Brochures in English and Spanish in their offices. In addition, providers 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 Mental Health Plan (MHP) self addressed envelopes to be used to send grievances or appeals to ADMHS Quality Assurance department.
 - B. Contractor shall be knowledgeable of 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 Cultural Competency Coordinator.
 - D. 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, & writing Spanish language. Additionally, interpreters and users of interpreters must attend one training per fiscal year on interpretation in the mental health field-this workshop is offered through the county at least one time per year. Contractor shall retain evidence of employees' attendance at these workshops.
 - E. 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 appt within 10 business days. When not feasible, Contractor shall give the beneficiary the option to re-contact the Access team and request another provider who may be able to serve the beneficiary within the 10 business day standard).
 3. Providers need to be informed that the MHP Quality Assurance team of Santa Barbara County monitors timeliness of service delivery.
 - F. Contractor shall not create, support or otherwise sanction any policies or procedures that discriminate against Medi-Cal beneficiaries. Contractor shall offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or, in the alternative, Contractor shall

ATTACHMENT A

offer hours of operation that are comparable to those hours offered to Medicaid fee-for-service clients, if the provider serves only Medicaid beneficiaries.

- G. 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. As identified in the new Provider Relations Policy approved by the Director and the Executive team, the proposed process for ensuring compliance and implementing corrective actions is as follows:
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 Assurance Manager within 30 calendar days to identify barriers to compliance. If an agreement is reached, the provider 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: Service and Documentation Standards of the State of California, Department of Mental Health.

EXHIBIT B

FINANCIAL PROVISIONS

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

This Agreement provides for reimbursement for children's mental health services up to a Maximum Contract Amount. 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 §§5704-5724, and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

I. PAYMENT FOR SERVICES

- A. Performance of Services. Contractor shall be compensated on a cost reimbursement basis, subject to the limitations described herein, for provision of the Units of Service (UOS) established in Exhibit B-1 based on satisfactory performance of the children's mental health services described in Exhibit A.
- B. Medi-Cal Services. The services provided by Contractor's Program described in Exhibit A are covered by the Medi-Cal Program and will be reimbursed by County from Federal Financial Participation (FFP), and State and local funds, as specified in Exhibit B-1.
- C. Healthy Families. The services provided by Contractor's Program described in Exhibit A may be covered by the Healthy Families Program and, as such, will be reimbursed by County from Federal Financial Participation (FFP) and local share, only when Contractor has obtained prior authorization from ADMHS to provide services to any Healthy Families participant. 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. Non-Medi-Cal Services. County recognizes that some of the services provided by Contractor's Program, described in Exhibit A, may not be reimbursable by Medi-Cal, or may be provided to individuals who are not Medi-Cal eligible, and such services may be reimbursed by other County, State, and Federal funds only to the extent specified in Exhibit B-1. Funds for these services are included within the Maximum Contract Amount, and are subject to the same requirements as funds for services provided pursuant to the Medi-Cal program.
- 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 A-87 and applicable regulations. Violation of this provision or use of County funds for purposes other than those described in Exhibit A shall constitute a material breach of this Agreement.

EXHIBIT B

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$688386**. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

III. OPERATING BUDGET AND PROVISIONAL RATE

- A. Operating Budget. Prior to the Effective Date of this Agreement, Contractor shall provide County with an Operating Budget on a format acceptable to, or provided by County, based on costs net of revenues as described in this Exhibit B, Section IV (Accounting for Revenues). The approved Operating Budget shall be attached to this Agreement as Exhibit B-2.
- B. Provisional Rate. County agrees to reimburse Contractor at a Provisional Rate (the "Provisional Rate") during the term of this Agreement. The Provisional Rate shall be established by using the rates from the Contractor's most recently filed cost report or final Provisional Rate for the prior Fiscal Year, as set forth in Exhibit B-1. Quarterly, or at any time during the term of this agreement, Director shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues 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, as described in WIC Sections 5709, 5710 and 5721, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP) (2) the eligibility of patients/clients for EPSDT/Medi-Cal, Healthy Families, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. Grants, and any other revenue, interest and return resulting from services/activities and/or funds paid by County to Contractor shall also be accounted for in the Operating Budget.
- B. Internal Procedures. Contractor shall maintain internal financial controls which adequately ensure proper billing and collection procedures. Contractor's procedures shall specifically provide for the identification of delinquent accounts and methods for pursuing such accounts. Contractor shall pursue payment from all potential sources in sequential order, with EPSDT Medi-Cal as payor of last resort. Contractor is to attempt to collect first from Medicare (if site is Medicare certified), then from insurance. All fees paid by or on behalf of patients/clients receiving

EXHIBIT B

services under this Agreement shall be utilized by Contractor only for the delivery of mental health service units specified in this Agreement.

V. REALLOCATION OF PROGRAM FUNDING

Contractor shall make written application to Director, in advance and no later than April 1 of each Fiscal Year, to reallocate funds as outlined in Exhibit B-1 between programs, for the purpose of meeting specific program needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The Director's decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor.

VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS:

A. Submission of Claims and Invoices.

1. Submission of Claims and Invoices for Medi-Cal Services. Claims for services are to be entered into the County's Management Information System (MIS) within 10 calendar days of the end of the month in which mental health services are delivered, although late claims may be submitted as needed in accordance with State and federal regulations. In addition to claims submitted into MIS, Contractor shall submit a written invoice within 20 calendar days of the end of the month in which mental health services are delivered that: i) summarizes the information submitted into MIS, including the UOS provided for the month, 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 and signature of Contractor's authorized representative. Invoices shall be delivered 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 by the County to the State on behalf of Contractor. Payment will be based on the UOS accepted into MIS and claimed to the State on a monthly basis.

2. Submission of Claims and Invoices for Non Medi-Cal Services. Contractor shall submit a written invoice within 20 calendar days of the end of the month in which mental health services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, ii) states the amount owed by County, and iii) includes the Agreement number and signature of

EXHIBIT B

Contractor's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VI.A of this Exhibit B. Payment will be based on the lower of actual costs less applicable revenues or 1/12th of the Maximum Contract Amount on a cumulative year to date basis.

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

- B. Monthly Financial Statements. Within 20 calendar days of the end of the month in which mental health services are delivered, Contractor shall submit monthly financial statements reflecting direct and indirect costs and other applicable revenues for Contractor's programs described in Exhibit A.
- C. Withholding Of Payment for Non-submission of MIS and Other Information. If any required MIS data, invoice or report(s) is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Director or designee. Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- D. Withholding Of Payment for Unsatisfactory Clinical Documentation. Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum State and County written standards.
- E. Claims Submission Restrictions.
 - 1. 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 date 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.

EXHIBIT B

- 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.

VII. COST REPORT

- A. Submission of Cost Report. Within forty-five (45) days after the close of the Fiscal Year covered by this Agreement, Contractor shall provide County with an accurate and complete Annual Cost Report with a statement of expenses and revenue for the prior fiscal year. The Annual Cost Report shall be prepared by Contractor in accordance with all applicable federal, state and County requirements and generally accepted accounting principles. Contractor shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice. All revenues received by Contractor shall be reported in its annual Cost Report, and shall be used to offset gross cost. Contractor shall maintain source documentation to support the claimed costs, revenues and allocations which shall be available at any time to Director or Designee upon reasonable notice.
- B. Cost Report to be Used for Final Settlement. The Cost Report shall be the final financial and statistical report submitted by Contractor to County, and shall serve as the basis for final settlement to Contractor. Contractor shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder.
- C. Withholding Payment. At its sole discretion, County may withhold the final month's payment under this Agreement until such time that Contractor submits its complete Annual Cost Report.
- D. Penalties. In addition, failure of Contractor to submit accurate and complete Annual Cost Report(s) by the ninetieth (90th) day after the close of the Fiscal Year or the expiration or termination date of this Agreement shall result in:
1. A Late Penalty of ONE HUNDRED DOLLARS (\$100) for each day that the accurate and complete Annual Cost Report(s) is (are) not submitted. The Late Penalty shall be assessed separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the ninety-first (91st) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement. County shall deduct the Late Penalty assessed against Contractor from the final month's payment due under the Agreement.
 2. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred fiftieth (150th) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement, then all amounts covered by the outstanding Annual Cost Report(s)

EXHIBIT B

and paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) is (are) outstanding shall be repaid by Contractor to County. Further, County shall terminate any current contracts entered into with Contractor for programs covered by the outstanding Annual Cost Reports.

- E. Audited Financial Reports. Each year of the Agreement, the Contractor shall submit to County a copy of their audited annual financial statement, including management comments. This report shall be submitted within thirty (30) days after the report is received by Contractor.
- F. Single Audit Report: If Contractor is required to perform a single audit, per the requirements of OMB circular A-133, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

VIII. PRE-AUDIT COST REPORT SETTLEMENTS

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

EXHIBIT B

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

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

EXHIBIT B-1

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

CONTRACTOR NAME: Santa Maria Valley Youth & Family **FISCAL YEAR:** 2012-13

	PROGRAM			TOTAL
	Intensive In-Home	HOPE (Therapeutic Foster Care)	Managed Care (FFS)	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):			
Outpatient - Placement/Brokerage (15/01-09)	3,199	1,804	314	5,317
Outpatient Mental Health Services (15/10-59)	143,048	193,185	57,560	393,793
SERVICE TYPE: M/C, NON M/C	M/C	M/C	M/C	
UNIT REIMBURSEMENT	minute	minute	minute	
COST PER UNIT/PROVISIONAL RATE:				
Outpatient - Placement/Brokerage (15/01-09)				\$1.34
Outpatient Mental Health Services (15/10-59)				\$1.73

GROSS COST:	\$ 251,759	\$ 336,627	\$ 100,000	\$ 688,386
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)				
PATIENT FEES				\$0
PATIENT INSURANCE				\$0
CONTRIBUTIONS				\$0
FOUNDATIONS/TRUSTS				\$0
SPECIAL EVENTS				\$0
OTHER (LIST):				\$0
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$0
MAXIMUM CONTRACT AMOUNT:	\$ 251,759	\$ 336,627	\$ 100,000	\$ 688,386

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT*				
MEDI-CAL/FFP**	\$ 125,880	\$ 168,314	\$ 50,000	\$ 344,193
OTHER FEDERAL FUNDS				\$ -
REALIGNMENT/EPSTD FUNDS	\$ 125,880	\$ 168,314	\$ 50,000	\$ 344,193
STATE GENERAL FUNDS				\$ -
COUNTY FUNDS				\$ -
MHSA - MEDI-CAL MATCH				\$ -
MHSA - NON-MEDI-CAL				\$ -
TOTAL (SOURCES OF FUNDING)	\$ 251,759	\$ 336,627	\$ 100,000	\$ 688,386

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*Funding sources are estimated at the time of contract execution and may be reallocated at ADMHS' discretion based on available funding sources

**Medi-Cal services may be offset by Healthy Families or Medicare qualifying services (funding) if approved by ADMHS.

EXHIBIT B-2

AGENCY NAME: Santa Maria Valley Youth & Family Center

COUNTY FISCAL YEAR: 2012-13

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LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Intensive In Home	HOPE	Children's Services Screener	Managed Care Fee- For-Service	Outpatient Treatment	Bridges To Recovery	School-Based Prevention	Enter PROGRAM NAME (Fac/Prog)	
1	Contributions	\$ 500	\$ -									
2	Foundations/Trusts		\$ -									
3	Special Events	\$ 4,000	\$ -									
4	Legacies/Bequests		\$ -									
5	Associated Organizations		\$ -									
6	Membership Dues		\$ -									
7	Sales of Materials		\$ -									
8	Investment Income		\$ -									
9	Miscellaneous Revenue	\$ 1,000	\$ -									
10	ADMHS Funding	\$ 928,496	\$ 928,496	\$ 251,759	\$ 251,759	\$ 84,869	\$ 100,000	\$ 172,660	\$ 47,450	\$ 20,000		
11	Other Government Funding	\$ 921,892	\$ -									
12	Other: School District Funding	\$ 1,032,235	\$ 1,000							\$ 1,000		
13	Other - SELPA	\$ 81,624	\$ -									
14	Other - Client Fees	\$ 2,000	\$ -									
15	Other (specify)		\$ -									
16	Other (specify)		\$ -									
17	Other (specify)		\$ -									
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 2,971,747	\$ 929,496	\$ 251,759	\$ 251,759	\$ 84,869	\$ 100,000	\$ 172,660	\$ 47,450	\$ 21,000	\$ -	
I.B Client and Third Party Revenues:												
19	Medicare		\$ -									
20	Client Fees		\$ -									
21	Insurance		\$ -									
22	SSI		\$ -									
23	Other (specify)		\$ -									
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	2,971,747	929,496	251,759	251,759	84,869	100,000	172,660	47,450	21,000	\$ -	

EXHIBIT B-2

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Intensive In Home	HOPE	Children's Services Screener	Managed Care Fee For-Service	Outpatient Treatment	Bridges To Recovery	School-Based Prevention	Enter PROGRAM NAME (Fac/Prog)
III.A. Salaries and Benefits Object Level											
26	Salaries (Complete Staffing Schedule)	1,939,999	\$ 590,971	\$ 159,830	\$ 159,830	\$ 53,300	\$ 61,674	\$ 111,363	\$ 30,827	\$ 14,147	
27	Employee Benefits	233,343	\$ 102,331	\$ 27,730	\$ 27,730	\$ 9,247	\$ 10,700	\$ 19,092	\$ 5,277	\$ 2,555	
28	Consultants		\$ -								
29	Payroll Taxes	140,395	\$ 45,210	\$ 12,227	\$ 12,227	\$ 4,078	\$ 4,718	\$ 8,520	\$ 2,358	\$ 1,082	
30	Salaries and Benefits Subtotal	\$ 2,313,737	\$ 738,512	\$ 199,787	\$ 199,787	\$ 66,625	\$ 77,092	\$ 138,975	\$ 38,462	\$ 17,784	\$ -
III.B Services and Supplies Object Level											
31	Professional Fees	20,166	\$ 14,744	\$ 2,075	\$ 2,075	\$ 4,000	\$ 784	\$ 5,500	\$ 250	\$ 60	
32	Supplies	24,672	\$ 6,050	\$ 946	\$ 946	\$ 50	\$ 558	\$ 3,000	\$ 500	\$ 50	
33	Telephone	22,302	\$ 5,420	\$ 1,860	\$ 1,860	\$ 380	\$ 750	\$ 500	\$ 45	\$ 25	
34	Postage & Shipping	2,343	\$ 748	\$ 287	\$ 287	\$ 9	\$ 70	\$ 65	\$ 20	\$ 10	
35	Occupancy (Facility Lease/Rent/Costs)	44,949	\$ 12,858	\$ 2,961	\$ 2,961	\$ 250	\$ 3,500	\$ 1,685	\$ 1,208	\$ 293	
36	Rental/Maintenance Equipment	6,880	\$ 1,698	\$ 500	\$ 500	\$ 65	\$ 150	\$ 380	\$ 75	\$ 28	
37	Printing/Publications		\$ -								
38	Transportation	43,261	\$ 16,773	\$ 6,074	\$ 6,074	\$ 1,200	\$ 75	\$ 2,500	\$ 600	\$ 250	
39	Conferences, Meetings, Etc	29,804	\$ 5,670	\$ 1,660	\$ 1,660	\$ 300	\$ 700	\$ 900	\$ 300	\$ 150	
40	Insurance	29,025	\$ 8,211	\$ 1,938	\$ 1,938	\$ 540	\$ 1,871	\$ 1,299	\$ 450	\$ 175	
41	Accounting/Audit	24,168	\$ 7,116	\$ 1,700	\$ 1,700	\$ 400	\$ 1,500	\$ 1,250	\$ 416	\$ 150	
42	Misc.: Advertising, dues, fees, etc.	6,205	\$ 1,325	\$ 400	\$ 400	\$ 50	\$ 200	\$ 200	\$ 50	\$ 25	
43	Subcontractor	25,337	\$ -								
44	Other (specify)		\$ -								
45	Services and Supplies Subtotal	\$ 279,112	\$ 80,613	\$ 20,401	\$ 20,401	\$ 7,244	\$ 10,158	\$ 17,279	\$ 3,914	\$ 1,216	\$ -
46	III.C. Client Expense Object Level Total		\$ -								
47	SUBTOTAL DIRECT COSTS	\$ 2,592,849	\$ 819,125	\$ 220,188	\$ 220,188	\$ 73,869	\$ 87,250	\$ 156,254	\$ 42,376	\$ 19,000	\$ -
IV. INDIRECT COSTS											
48	Administrative Indirect Costs (limited to 15%)	378,898	\$ 110,370	\$ 31,570	\$ 31,570	\$ 11,000	\$ 12,750	\$ 16,406	\$ 5,074	\$ 2,000	
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 2,971,747	\$ 929,495	\$ 251,758	\$ 251,758	\$ 84,869	\$ 100,000	\$ 172,660	\$ 47,450	\$ 21,000	\$ -

EXHIBIT C

STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS for contracts REQUIRING professional liability insurance

1. INDEMNIFICATION

Indemnification pertaining to other than Professional Services:

Contractor shall defend, indemnify and save harmless the County, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of this Agreement or occasioned by the performance or attempted performance of the provisions hereof; including, but not limited to: any act or omission to act on the part of the Contractor or his agents or employees or other independent Contractors directly responsible to him; except those claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities resulting from the sole negligence or willful misconduct of the County.

Contractor shall notify the County immediately in the event of any accident or injury arising out of or in connection with this Agreement.

Indemnification pertaining to Professional Services:

Contractor shall indemnify and save harmless the County, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of the negligent performance or attempted performance of the provisions hereof; including any willful or negligent act or omission to act on the part of the Contractor or his agents or employees or other independent Contractors directly responsible to him to the fullest extent allowable by law.

Contractor shall notify the County immediately in the event of any accident or injury arising out of or in connection with this Agreement.

2. INSURANCE

Without limiting the Contractor's indemnification of the County, Contractor shall procure the following required insurance coverages at its sole cost and expense. All insurance coverage is to be placed with insurers which (1) have a Best's rating of no less than A: VII, and (2) are admitted insurance companies in the State of California. All other insurers require the prior approval of the County. Such insurance coverage shall be maintained during the term of this Agreement. Failure to comply with the insurance requirements shall place Contractor in default. Upon request by the County, Contractor shall provide a certified copy of any insurance policy to the County within ten (10) working days.

Workers' Compensation Insurance: Statutory Workers' Compensation and Employers Liability Insurance shall cover all Contractor's staff while performing any

EXHIBIT C

work incidental to the performance of this Agreement. The policy shall provide that no cancellation, or expiration or reduction of coverage shall be effective or occur until at least thirty (30) days after receipt of such notice by the County. In the event Contractor is self-insured, it shall furnish a copy of Certificate of Consent to Self-Insure issued by the Department of Industrial Relations for the State of California. This provision does not apply if Contractor has no employees as defined in Labor Code Section 3350 et seq. during the entire period of this Agreement and Contractor submits a written statement to the County stating that fact.

General and Automobile Liability Insurance: The general liability insurance shall include bodily injury, property damage and personal injury liability coverage, shall afford coverage for all premises, operations, products and completed operations of Contractor and shall include contractual liability coverage sufficiently broad so as to include the insurable liability assumed by the Contractor in the indemnity and hold harmless provisions of the Indemnification Section of this Agreement between County and Contractor. The automobile liability insurance shall cover all owned, non-owned and hired motor vehicles that are operated on behalf of Contractor pursuant to Contractor's activities hereunder. Contractor shall require all subcontractors to be included under its policies or furnish separate certificates and endorsements to meet the standards of these provisions by each subcontractor. County, its officers, agents, and employees shall be Additional Insured status on any policy. A cross liability clause, or equivalent wording, stating that coverage will apply separately to each named or additional insured as if separate policies had been issued to each shall be included in the policies. A copy of the endorsement evidencing that the policy has been changed to reflect the Additional Insured status must be attached to the certificate of insurance. The limit of liability of said policy or policies for general and automobile liability insurance shall not be less than \$1,000,000, per occurrence and \$2,000,000 in the aggregate. Any deductible or Self-Insured Retention {SIR} over \$10,000, requires approval by the County.

Said policy or policies shall include a severability of interest or cross liability clause or equivalent wording. Said policy or policies shall contain a provision of the following form:

"Such insurance as is afforded by this policy shall be primary and if the County has other valid and collectible insurance, that other insurance shall be excess and non-contributory."

If the policy providing liability coverage is on a 'claims-made' form, the Contractor is required to maintain such coverage for a minimum of three years following completion of the performance or attempted performance of the provisions of this agreement. Said policy or policies shall provide that the County shall be given thirty (30) days written notice prior to cancellation or expiration of the policy or reduction in coverage.

Professional Liability Insurance. Professional liability insurance shall include coverage for the activities of Contractor's professional staff with a combined single

EXHIBIT C

limit of not less than \$1,000,000, per occurrence or claim and \$2,000,000, in the aggregate. Said policy or policies shall provide that County shall be given thirty (30) days written notice prior to cancellation, expiration of the policy, or reduction in coverage. If the policy providing professional liability coverage is on a 'claims-made' form, the Contractor is required to maintain such coverage for a minimum of three (3) years (ten years [10] for Construction Defect Claims) following completion of the performance or attempted performance of the provisions of this agreement.

Contractor shall submit to the office of the designated County representative certificate(s) of insurance documenting the required insurance as specified above prior to this Agreement becoming effective. County shall maintain current certificate(s) of insurance at all times in the office of the designated County representative as a condition precedent to any payment under this Agreement. Approval of insurance by County or acceptance of the certificate of insurance by County shall not relieve or decrease the extent to which the Contractor may be held responsible for payment of damages resulting from Contractor's services of operation pursuant to the Agreement, nor shall it be deemed a waiver of County's rights to insurance coverage hereunder.

3. In the event the Contractor is not able to comply with the County's insurance requirements, County may, at their sole discretion and at the Contractor's expense, provide compliant coverage.

The above insurance requirements are subject to periodic review by the County. The County's Risk Manager is authorized to change the above insurance requirements, with the concurrence of County Counsel, to include additional types of insurance coverage or higher coverage limits, provided that such change is reasonable and based on changed risk of loss or in light of past claims against the County or inflation. This option may be exercised during any amendment of this Agreement that results in an increase in the nature of County's risk and such change of provisions will be in effect for the term of the amended Agreement. Such change pertaining to types of insurance coverage or higher coverage limits must be made by written amendment to this Agreement. Contractor agrees to execute any such amendment within thirty (30) days of acceptance of the amendment or modification.

EXHIBIT D

ORGANIZATIONAL SERVICE PROVIDER SITE CERTIFICATION

COMPLIANCE REQUIREMENTS

1. Contractor hereby represents and warrants the following, as applicable:
 - 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.
 - 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 beneficiaries 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 California State Mental Health Plan, 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 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.
 - 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.

EXHIBIT 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.
 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 two (2) 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 when medications will 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.
3. 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.

EXHIBIT E
PROGRAM GOALS, OUTCOMES AND MEASURES

Children's Program Evaluation		
Program Goals	Outcomes	Measure/Data Elements
<ul style="list-style-type: none"> ❖ Provide 24/7 mental health and substance abuse services for children and their families in order to prevent out-of-home and out-of-county placements 	<ul style="list-style-type: none"> ✓ Maintain children in their homes or community ✓ Return children placed out-of-home and out-of-county to the most appropriate, safe and stable living environment 	<ul style="list-style-type: none"> ➤ Number of out-of-home placements (county and out-of-county) ➤ Number of children returned to placement (home or out-of-home) in Santa Barbara County
<ul style="list-style-type: none"> ❖ Assist children in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives 	<ul style="list-style-type: none"> ✓ Improve quality of life for children ✓ Engagement in and/or maintenance of mental health treatment activities ✓ Reduced number of days in juvenile hall/jail/bookings ✓ Reduced number of crisis and acute care episodes ✓ Reduced number of hospitalization days per episode ✓ Increased number of days in stable/permanent housing ✓ Increased skill and success in vocational and educational activities 	<ul style="list-style-type: none"> ➤ If applicable, employment status ➤ Hospital admissions; length of hospital stay; reduction in hospitalization costs ➤ Number of incarceration days ➤ Number of clients with 100% of days in stable/permanent housing