

**AGREEMENT FOR SERVICES OF  
INDEPENDENT CONTRACTOR**

Between

COUNTY OF SANTA BARBARA  
DEPARTMENT OF BEHAVIORAL WELLNESS  
AND

TRANSITIONS – MENTAL HEALTH ASSOCIATION

FOR

MENTAL HEALTH SERVICES

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**STANDARD TERMS**  
**AND CONDITIONS**

**FIRST AMENDED AGREEMENT**

**FOR SERVICES OF INDEPENDENT CONTRACTOR**

**THIS FIRST AMENDMENT to the AGREEMENT** for services of Independent Contractor, referenced as BC 19-011 by and between the County of Santa Barbara (County) and Transitions – Mental Health Association, a California public benefit corporation (Contractor), (hereafter Agreement) wherein Contractor agrees to provide and County agrees to accept the services specified herein.

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

**WHEREAS**, the County Board of Supervisors authorized the County to enter into a Board Contract for Services of Independent Contractor, referred to as BC 19-011, on June 19, 2018 for the provisions of mental health services, for a total amount not to exceed \$2,574,827 for the period of July 1, 2018 through June 30, 2019;

**WHEREAS**, the County and Contractor wish to extend the term of the Agreement to June 30, 2020 for a contract maximum not to exceed \$5,245,754 inclusive of the \$2,574,827 for FY18-19; and

**WHEREAS**, this First Amended Agreement shall replace in total the terms and conditions set forth in the contract approved by the County Board of Supervisors on June 19, 2018.

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

**1. DESIGNATED REPRESENTATIVE.**

Director at phone number 805-681-5220 is the representative of County and will administer this Agreement for and on behalf of County. Jill Bolster-White at phone number 805-540-6505 is the authorized representative for Contractor. Changes in designated representatives shall be made only after advance written notice to the other party.

**2. NOTICES.**

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

To County:                    Director  
                                      County of Santa Barbara  
                                      Department of Behavioral Wellness  
                                      300 N. San Antonio Road  
                                      Santa Barbara, CA 93110

FAX: 805-681-5262

To Contractor: Jill Bolster-White, Executive Director  
Transitions Mental Health Association  
P.O. Box 15408  
San Luis Obispo, CA 93406  
Phone: 805-540-6500  
Fax: 805-540-6501

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

### **3. SCOPE OF SERVICES.**

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

### **4. TERM.**

Contractor shall commence performance on 7/1/2018 and end performance upon completion, but no later than 6/30/2020 unless otherwise directed by County or unless earlier terminated.

### **5. COMPENSATION OF CONTRACTOR.**

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

### **6. INDEPENDENT CONTRACTOR.**

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

**7. STANDARD OF PERFORMANCE.**

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

**8. DEBARMENT AND SUSPENSION.**

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

**9. TAXES.**

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

**10. CONFLICT OF INTEREST.**

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

**11. OWNERSHIP OF DOCUMENTS AND INTELLECTUAL PROPERTY.**

County shall be the owner of the following items incidental to this Agreement upon production, whether or not completed: all treatment and service data collected from the time of collection and/or production whether or not performance under this Agreement is completed or terminated prior to completion. Contractor shall not release any of such items to other parties except after prior written approval of County. Contractor shall be the legal owner and Custodian of Records for all County client files generated pursuant to this Agreement, and shall comply with all Federal

and State confidentiality laws, including Welfare and Institutions Code (WIC) §5328; 42 United States Code (U.S.C.) §290dd-2; and 45 CFR, Parts 160 – 164 setting forth the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Contractor shall inform all of its officers, employees, and agents of the confidentiality provision of said laws. Contractor further agrees to provide County with copies of all County client file documents resulting from this Agreement without requiring any further written release of information. Within HIPAA guidelines, County shall have the unrestricted authority to publish, disclose, distribute, and/or otherwise use in whole or in part, any reports, data, documents or other materials prepared under this Agreement.

Unless otherwise specified in Exhibit A, Contractor hereby assigns to County the following items created by Contractor for County pursuant to this Agreement: all copyright, patent, and other intellectual property and proprietary rights to all data, documents, reports, photos, designs, sound or audiovisual recordings, software code, inventions, technologies, and other materials entirely funded by the County (collectively referred to as “Copyrightable Works and Inventions”). County shall have the nonexclusive right to use Copyrightable Works and Inventions not entirely funded by County. This provision shall survive termination of this Agreement. Contractor agrees to take such actions and execute and deliver such documents as may be needed to validate, protect and confirm the rights and assignments provided hereunder. Contractor warrants that any Copyrightable Works and Inventions and other items provided under this Agreement will not infringe upon any intellectual property or proprietary rights of any third party. Contractor at its own expense shall defend, indemnify, and hold harmless County against any claim that any Copyrightable Works or Inventions or other items provided by Contractor hereunder infringe upon intellectual or other proprietary rights of a third party, and Contractor shall pay any damages, costs, settlement amounts, and fees (including attorneys’ fees) that may be incurred by County in connection with any such claims. This Ownership of Documents and Intellectual Property provision shall survive expiration or termination of this Agreement.

## **12. NO PUBLICITY OR ENDORSEMENT.**

Contractor shall not use County’s name or logo or any variation of such name or logo in any publicity, advertising or promotional materials. Contractor shall not use County’s name or logo in any manner that would give the appearance that the County is endorsing Contractor. Contractor shall not in any way contract on behalf of or in the name of County. Contractor shall not release any informational pamphlets, notices, press releases, research reports, or similar public notices concerning the County or its projects, without obtaining the prior written approval of County which will be provided within 3 working days.

## **13. COUNTY PROPERTY AND INFORMATION.**

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

## **14. RECORDS, AUDIT, AND REVIEW.**

- A. Contractor shall make available for inspection, copying, evaluation, or audit, all of its premises; physical facilities, or such parts thereof as may be engaged in the

- performance of the Agreement; equipment; books; records, including but not limited to beneficiary records; prescription files; documents, working papers, reports, or other evidence; contracts; financial records and documents of account, computers; and other electronic devices, pertaining to any aspect of services and activities performed, or determination of amounts payable, under this Agreement (hereinafter referred to as “Records”), at any time by County, DHCS, CMS, Department of General Services, Bureau of State Audits, HHS Inspector General, U.S. Comptroller General, or other authorized federal or state agencies, or their designees (“Authorized Representative”) (hereinafter referred to as “Audit”).
- B. Any such Audit shall occur at the Contractor’s place of business, premises, or physical facilities during normal business hours, and to allow interviews of any employees who might reasonably have information related to such Records. Contractor shall maintain Records in accordance with the general standards applicable to such book or record keeping and shall follow accounting practices and procedures sufficient to evaluate the quality and quantity of services, accessibility and appropriateness of services, to ensure fiscal accountability, and to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. All records must be capable of verification by qualified auditors.
  - C. This Audit right will exist for 10 years from: the close of the State fiscal year in which the Agreement was in effect or if any litigation, claim, negotiation, Audit, or other action involving the Records has been started before the expiration of the 10-year period, the Records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 10-year period, whichever is later.
  - D. Contractor shall retain all records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Agreement, including beneficiary grievance and appeal records identified in 42 CFR § 438.416 and the data, information and documentation specified in 42 Code of Federal Regulations parts 438.604, 438.606, 438.608, and 438.610 for the 10-year period as determined in Paragraph 14.C.
  - E. If this Agreement is completely or partially terminated, the Records, relating to the work terminated shall be preserved and made available for the 10-year period as determined in Paragraph 14.C.
  - F. Contractor shall ensure that each of its sites keep a record of the beneficiaries being treated at each site. Contractor shall keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to Welfare & Institutions Code Section 14124.1 and 42 CFR 438.3(h) and 438.3(u). Contractor shall retain such records for the 10-year period as determined in Paragraph 14.C.
  - G. Contractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an Authorized Representative to inspect, audit or obtain copies of said



records, the Contractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

- H. The Authorized Representatives may Audit Contractor at any time if there is a reasonable possibility of fraud or similar risk.
- I. Contractor agrees to include a similar right to Authorized Representatives to audit records and interview staff in any subcontract related to performance of this Agreement.
- J. If federal, state or County audit exceptions are made relating to this Agreement, Contractor shall reimburse all costs incurred by federal, state, and/or County governments associated with defending against the audit exceptions or performing any audits or follow-up audits, including but not limited to: audit fees, court costs, attorneys' fees based upon a reasonable hourly amount for attorneys in the community, travel costs, penalty assessments and all other costs of whatever nature. Immediately upon notification from County, Contractor shall reimburse the amount of the audit exceptions and any other related costs directly to County as specified by County in the notification. The provisions of the Records, Audit, and Review section shall survive any expiration or termination of this Agreement.

#### **15. INDEMNIFICATION AND INSURANCE.**

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

#### **16. NONDISCRIMINATION.**

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

#### **17. NONEXCLUSIVE AGREEMENT.**

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

#### **18. NON-ASSIGNMENT.**

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

## 19. TERMINATION.

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

1. **For Convenience.** County may terminate this Agreement in whole or in part upon thirty (30) days written notice. During the thirty (30) day period, Contractor shall, as directed by County, wind down and cease its services as quickly and efficiently as reasonably possible, without performing unnecessary services or activities and by minimizing negative effects on County from such winding down and cessation of services.

2. **For Nonappropriation of Funds.**

i. The parties acknowledge and agree that this Agreement is dependent upon the availability of County, State, and/or federal funding. If funding to make payments in accordance with the provisions of this Agreement is not forthcoming from the County, State and/or federal governments for the Agreement, or is not allocated or allotted to County by the County, State and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of County to make payments after the effective date of such non-allocation or non-funding, as provided in the notice, will cease and terminate.

ii. As permitted by applicable State and Federal laws regarding funding sources, if funding to make payments in accordance with the provisions of this Agreement is delayed or is reduced from the County, State, and/or federal governments for the Agreement, or is not allocated or allotted in full to County by the County, State, and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of County to make payments will be delayed or be reduced accordingly or County shall have the right to terminate the Agreement. If such funding is reduced, County in its sole discretion shall determine which aspects of the Agreement shall proceed and which Services shall be performed. In these situations, County will pay Contractor for Services and Deliverables and certain of its costs. Any obligation to pay by County will not extend beyond the end of County's then-current funding period.

iii. Contractor expressly agrees that no penalty or damages shall be applied to, or shall accrue to, County in the event that the necessary funding to pay under the terms of this Agreement is not available, not allocated, not allotted, delayed or reduced.

3. **For Cause.** Should Contractor default in the performance of this Agreement or materially breach any of its provisions, County may, at County's sole option,

terminate or suspend this Agreement in whole or in part by written notice. Upon receipt of notice, Contractor shall immediately discontinue all services affected (unless the notice directs otherwise) and notify County as to the status of its performance. The date of termination shall be the date the notice is received by Contractor, unless the notice directs otherwise.

**B. By Contractor.**

**1. For Cause.**

- i. Should County fail to pay Contractor all or any part of the payment set forth in EXHIBIT B, Contractor may, at Contractor's option terminate this Agreement if such failure is not remedied by County within thirty (30) days of written notice to County of such late payment.
- ii. Should County default in the performance of this Agreement or materially breach any of its provisions other than for nonpayment discussed in Section 19.B.1.i, Contractor may, at Contractor's sole option, terminate or suspend this Agreement in whole or in part by written notice. Upon receipt of notice, County will be notified as to the status of Contractor's performance. The date of termination shall be 90 days after the date the notice is received by County.

**C. Upon Termination.** Contractor shall deliver to County all data, estimates, graphs, summaries, reports, and all other property, records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process, except such items as County may, by written permission, permit Contractor to retain. Notwithstanding any other payment provision of this Agreement, County shall pay Contractor for satisfactory services performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall Contractor be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. Contractor shall furnish to County such financial information as in the judgment of County is necessary to determine the reasonable value of the services rendered by Contractor. In the event of a dispute as to the reasonable value of the services rendered by Contractor, the decision of County shall be final. The foregoing is cumulative and shall not affect any right or remedy which County may have in law or equity.

**20. SECTION HEADINGS.**

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

**21. SEVERABILITY.**

If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable

from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

**22. REMEDIES NOT EXCLUSIVE.**

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

**23. TIME IS OF THE ESSENCE.**

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

**24. NO WAIVER OF DEFAULT.**

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

**25. ENTIRE AGREEMENT AND AMENDMENT.**

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

**26. SUCCESSORS AND ASSIGNS.**

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

**27. COMPLIANCE WITH LAW.**

Contractor shall, at its sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with regard to this Agreement. The

judgment of any court of competent jurisdiction, or the admission of Contractor in any action or proceeding against Contractor, whether County is a party thereto or not, that Contractor has violated any such ordinance or statute, shall be conclusive of that fact as between Contractor and County.

#### **28. CALIFORNIA LAW AND JURISDICTION.**

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

#### **29. EXECUTION OF COUNTERPARTS.**

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

#### **30. AUTHORITY.**

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

#### **31. SURVIVAL.**

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

#### **32. PRECEDENCE.**

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

#### **33. COMPLIANCE WITH HIPAA.**

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

#### **34. COURT APPEARANCES.**

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

### **35. MANDATORY DISCLOSURE.**

#### **A. Prohibited Affiliations**

1. Contractor shall not knowingly have any prohibited types of relationships with the following:
  - i. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. (42 C.F.R. § 438.610(a)(1).)
  - ii. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101 of a person described in this section. (42 C.F.R. § 438.610(a)(2).)
2. The Contractor and its subcontractors shall not have a relationship with an individual or entity that is excluded from participation in any Federal Health Care Program (as defined in section 1128B(f) of the Social Security Act) under either Section 1128, 1128A, 1156, or 18420(2) of the Social Security Act. (42 C.F.R. §§ 438.214(d)(1 ), 438.610(b); 42 U.S.C. § 1320c-5.)
3. The relationships described in paragraph A of this section, are as follows:
  - i. A director, officer, agent, managing employee, or partner of the Contractor. (42 U.S.C. § 1320a-7(b)(8)(A)(ii); 42 C.F.R. § 438.610(c)(1).)
  - ii. A subcontractor of the Contractor, as governed by 42 C.F.R. § 438.230. (42 C.F.R. § 438.610(c)(2).)
  - iii. A person with beneficial ownership of 5 percent or more of the Contractor's equity. (42 C.F.R. § 438.61 O(c)(3).)
  - iv. An individual convicted of crimes described in section 1128(b)(8)(B) of the Act. (42 C.F.R. § 438.808(b)(2).)
  - v. A network provider or person with an employment, consulting, or other arrangement with the Contractor for the provision of items
  - vi. and services that are significant and material to the Contractor's obligations under this Contract. (42 C.F.R. § 438.610(c)(4).)
  - vii. The Contractor shall not employ or contract with, directly or indirectly, such individuals or entities for the furnishing of health care, utilization review, medical social work, administrative services, management, or provision of medical services (or the establishment of policies or provision of operational support for such services). (42 C.F.R. § 438.808(b)(3).)

#### **B. Written Disclosures**

1. **Written Notice of Prohibited Affiliations.** The Contractor shall provide to County written disclosure of any Prohibited Affiliations identified by the Contractor or its

subcontractors. (42 C.F.R. §438.608(c)(1 ).)

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

3. **Timing for Disclosure of Ownership and Controlling Interests.** Contractor shall complete a Disclosure of Ownership or Controlling Interest form provided by County upon submitting a provider application; before entering into or renewing its contract; annually, upon request during the re-validation of enrollment process under 42 CFR 455.104; within 35 days after any change of ownership; or upon any person newly obtaining an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by Contractor, and that interest equals at least 5% of Contractor's property or assets.

4. **Business Transactions. (42 CFR 455.105).**

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

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

5. **Crimes**

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



- iii. **Timing for Disclosures of Crimes.** The Contractor shall supply disclosures regarding crimes before entering into the contract and at any time upon the County or DHCS' request.

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

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

**D. Remedies.**

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

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

**2. Other Remedies.**

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

**36. PROCUREMENT OF RECOVERED MATERIALS.**

Contractor shall comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring

only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

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

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

**38. PRIOR AGREEMENTS.**

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

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SIGNATURE PAGE FOLLOWS

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

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on July 1, 2018.

**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
STEVE LAVAGNINO, CHAIR  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

**ATTEST:**

MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy Clerk

Date: \_\_\_\_\_

**CONTRACTOR:**

TRANSITIONS – MENTAL HEALTH  
ASSOCIATION

By: \_\_\_\_\_  
Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED AS TO FORM:**

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By: \_\_\_\_\_  
Deputy County Counsel

**APPROVED AS TO ACCOUNTING FORM:**

BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy

**RECOMMENDED FOR APPROVAL:**

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

By: \_\_\_\_\_  
Director

**APPROVED AS TO INSURANCE FORM:**

RAY AROMATORIO  
RISK MANAGEMENT

By: \_\_\_\_\_  
Risk Management

**THIS AGREEMENT INCLUDES THE FOLLOWING EXHIBITS:**

**EXHIBIT A – MHS STATEMENT OF WORK**

- EXHIBIT A-1 General Provisions: MHS
- EXHIBIT A-2 Partners in Hope
- EXHIBIT A-3 Lompoc Assertive Community Treatment (ACT)
- EXHIBIT A-4 Supportive Community Services – North
- EXHIBIT A-5 Client-Led Programs (Recovery Learning Center)
- EXHIBIT A-6 Vocational Rehabilitation

**EXHIBIT B - FINANCIAL PROVISIONS**

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

**EXHIBIT C – STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS**

**EXHIBIT D - CERTIFICATIONS REGARDING LOBBYING**

**EXHIBIT E - PROGRAM GOALS, OUTCOMES AND MEASURES**

**EXHIBIT F – PROGRAM SITE**

**EXHIBIT A-1**  
**GENERAL PROVISIONS**  
**MENTAL HEALTH SERVICES (MHS)**  
**STATEMENT OF WORK**

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**EXHIBIT A-1- MHS**  
**GENERAL PROVISIONS**

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

**1. PERFORMANCE.**

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

## 2. STAFF.

- A. Contractor staff providing direct services to clients shall be trained and skilled at working with persons with serious mental illness (SMI), and shall adhere to professionally recognized evidence-based best practices for rehabilitation assessment, service planning, and service delivery. In addition, these staff shall receive Documentation Training in accordance with the *Behavioral Wellness Mandatory Trainings Policy and Procedure # 5.008*, as may be amended, available at [www.countyofsb.org/behavioral-wellness](http://www.countyofsb.org/behavioral-wellness).
- B. Contractor shall ensure that any staff identified on the Centers for Medicare & Medicaid Services (“CMS”) Exclusions List or other applicable list shall not provide services under this Agreement nor shall the cost of such staff be claimed to Medi-Cal. Contractor shall not employ or subcontract with providers excluded from participation in Federal health care programs under either sections 1128 or 1128A of the Social Security Act.
- C. All staff performing services under this Agreement with access to the Behavioral Wellness electronic medical record shall be reviewed and approved by Behavioral Wellness Quality Care Management (QCM) Division, in accordance with *Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Licensing*.
- D. Contractor shall notify County of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.A. (Reports: Staffing) below. Contractor shall notify [bwelcontractsstaff@co.santa-barbara.ca.us](mailto:bwelcontractsstaff@co.santa-barbara.ca.us) within three business days for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.
- E. At any time prior to or during the term of this Agreement, the County may require that Contractor staff performing work under this Agreement undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor’s staff passes or fails the background clearance investigation.
- F. County may request that Contractor’s staff be immediately removed from performing work under this Agreement for good cause during the term of the Agreement. Upon such request, Contractor shall remove such staff immediately.
- G. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to Contractor’s staff that does not pass such investigation(s) to the satisfaction of the County, or whose conduct is incompatible with County facility access.
- H. Disqualification, if any, of Contractor staff, pursuant to this Section regarding Staff or any other provision of law, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

### 3. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATIONS

- A. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certifications (including, but not limited to, certification as a Short-Doyle/Medi-Cal provider if Title XIX Short-Doyle/Medi-Cal services are provided hereunder), as required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives, which are applicable to Contractor's facility(ies) and services under this Agreement. Contractor shall further ensure that all of its officers, employees, and agents, who perform services hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits, registrations, accreditations, and certificates which are applicable to their performance hereunder. A copy of such documentation shall be provided to Behavioral Wellness QCM Division, upon request.
- B. In the event the license/certification status of any Contractor staff member cannot be confirmed, the staff member shall be prohibited from providing services under this Agreement.
- C. If Contractor is a participant in the Short-Doyle/Medi-Cal program, Contractor shall keep fully informed of and in compliance with all current Short-Doyle/Medi-Cal Policy Letters, including, but not limited to, procedures for maintaining Medi-Cal certification of all its facilities, and the requirements of *Department of Behavioral Wellness' Policy and Procedure # 4.005 – Site Certification for Specialty Mental Health Services*.

### 4. REPORTS.

- A. **Staffing.** Contractor shall submit quarterly staffing reports to County. These staffing reports shall be on a form acceptable to, or provided by, County and shall report actual staff hours worked by position and shall include the employees' names, licensure status, bilingual and bicultural capabilities, budgeted monthly salary, actual salary, hire date, and, if applicable, termination date. The staffing reports shall be received by County no later than 25 calendar days following the end of the quarter being reported.
- B. **Programmatic.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than 25 calendar days following the end of the quarter being reported. Programmatic reports shall include the following:
  - 1. Contractor shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and if not, shall specify what steps will be taken to achieve satisfactory progress;
  - 2. Contractor shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and Certifications, changes in population served and reasons for any such changes;



3. The number of active cases and number of clients admitted/ discharged; and
4. The Measures described in Exhibit E, Program Goals, Outcomes and Measures, as applicable, or as otherwise agreed by Contractor and Behavioral Wellness. Amendments to Exhibit E do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees. In addition, Contractor may include any other data that demonstrate the effectiveness of Contractor's programs.

**C. Annual Mandatory Training Report.** Contractor shall submit evidence of completion of the Mandatory Trainings identified in the Section regarding Training Requirements on an annual basis to the County Systems Training Coordinator. Training materials, competency tests and sign-in sheets shall be submitted for each training no later than June 15th of each year unless requested earlier by County.

**D. Additional Reports.**

1. Contractor shall maintain records and make statistical reports as required by County and DHCS or other government agency, on forms provided by or acceptable to the requesting agency. In addition to reports required under this Agreement, upon County's request, Contractor shall make additional reports as required by County concerning Contractor's activities as they affect the services hereunder. County will be specific as to the nature of information requested and allow thirty (30) days for Contractor to respond.
2. As a condition of funding for Quality Assurance (QA) activities, Contractor QA staff shall provide a monthly report to QCM consisting of documentation reviews performed, associated findings, and corrective action. The QA reports shall be received by County no later than 25 calendar days following the end of the month being reported.

**5. BACKGROUND CHECKS.**

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

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

1. Failure to cooperate with and provide accurate, timely information in response to all required Medi-Cal screening methods, including failure to submit fingerprints as required (42 CFR 455.416); or

2. Conviction of a criminal offense related to a person's involvement with Medi-care, Medi-Cal, or any other Title XX or XXI program in the last 10 years (42 CFR 455.416, 42 CFR 455.106).

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

## **7. SITE STANDARDS.**

- A. Contractor agrees to comply with all Medi-Cal requirements, including, but not limited to those specified in the *Department of Behavioral Wellness' Policies and Procedures referenced in Section 17 (Additional Program Requirements)*, and be approved to provide Medi-Cal services based on Medi-Cal site certification, per *Department of Behavioral Wellness' Policy and Procedure # 4.005- Site Certification for Specialty Mental Health Services*.
- B. For programs located at Contractor's sites, Contractor shall develop and maintain a written disaster plan for the Program site and shall provide annual disaster training to staff that addresses, at a minimum: emergency staffing levels for the continuation of services under the Program, patient safety, facility safety, safety of medication storage and dispensing medication, and protection of client records, as required by this Agreement.

## **8. CONFIDENTIALITY.**

- A. Contractor, its employees, agents, or subcontractors agree to maintain the confidentiality of patient records pursuant to: Title 42 United State Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (CFR), Part 2; Title 42 CFR Section 438.224; 45 CFR Section 96.132(e), 45 CFR Parts 160, 162, and 164; Title 22 California Code of Regulations (CCR) Section 51009; Welfare & Institutions Code (W&IC) Section 14100.2; Health and Safety Code (HSC) Sections 11812 and 11845.5; Civil Code Sections 56 – 56.37, 1798.80 – 1798.82, and 1798.85; and the Compliance with HIPAA section of this Agreement, as applicable. Patient records must comply with all appropriate State and Federal requirements.
- B. Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of this services under this Agreement or other uses authorized by law that are not in conflict with requirements for confidentiality contained in the preceding codes.
- C. Contractor shall comply with Exhibit F to the MHP to the extent Contractor is provided Personal Health Information ("PHI"), Personal Information ("PI"), or Personally Identifiable Information as defined in Exhibit F of the MHP from County to perform functions, services, or activities specified in this Agreement.
- D. Contractor shall make itself and any subcontractors, employees or agents assisting Contractor in the performance of its obligations under this Agreement, available to County

or DHCS at no cost to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against County, DHCS, its directors, officers or employees based upon claimed violation of HIPAA, or the HIPAA regulations, which involves inactions or actions by Contractor, except where Contractor or its subcontractor, employee or agent is a named adverse party.

- E. Upon termination or expiration of this Agreement for any reason, Contractor shall return or destroy all PHI, PI and PII accessed in a database maintained by County, received by Contractor from County, or acquired or created by Contractor in connection with performing functions, services, or activities specified in this Agreement on behalf of County that Contractor still maintains in any form, and shall retain no copies of such PHI, PI or PII. If return or destruction is not feasible, Contractor shall notify County of the conditions that make the return or destruction infeasible, and County and Contractor shall determine the terms and conditions under which Contractor may retain the PHI, PI or PII. Contractor shall continue to extend the protections of Exhibit F of the MHP to such PHI, PI and PII, and shall limit further use of such data to those purposes that make the return or destruction of such data infeasible. This paragraph shall also apply to Department PHI, PI and PII that is in the possession of subcontractors or agents of Contractor.

## **9. CLIENT AND FAMILY MEMBER EMPOWERMENT.**

- A. Contractor agrees to support active involvement of clients and their families in treatment, recovery, and policy development.
- B. Contractor shall actively participate in the planning design, and execution of County's Quality Improvement Program as described in Cal. Code. Regs., Title 9, §1810.440(a)(2)(A).
- C. Contractor shall adopt *Department of Behavioral Wellness' Policy and Procedures # 4.020 Client Problem Resolution Process*, available at [www.countyofsb.org/behavioral-wellness](http://www.countyofsb.org/behavioral-wellness), to address client/family complaints in compliance with beneficiary grievance, appeal, and fair hearing procedures and timeframes as specified in 42 CFR 438.400 through 42 CFR 438.424.
- D. Contractor shall take a beneficiary's rights into account when providing services and comply with *Department of Behavioral Wellness' Policy and Procedure #3.000 Beneficiary Rights*.
- E. Contractor shall obtain and retain a written medication consent form signed by the beneficiary in accordance with *Department of Behavioral Wellness' Policy and Procedures # 8.009* to the extent Contractor is a "provider" as defined by the MHP.

## **10. CULTURAL COMPETENCE.**

- A. Contractor shall report on its capacity to provide culturally competent services to culturally diverse clients and their families upon request from County, including:

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

## **11. COMPLIANCE PROGRAM**

- A.** If Contractor identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste or abuse, in addition to notifying County, Contractor shall conduct an internal investigation to determine the validity of the issue/complaint, and develop and implement corrective action, if needed.
- B.** County shall suspend payments to Contractor when it or the State determines there is a credible allegation of fraud. Contractor shall implement and maintain arrangements or procedures that include provision for the suspension of payments to independent contractors for which the State, or County, determines there is a credible allegation of fraud. (42 C.F.R. §§ 438.608(a), (a)(8) and 455.23.)
- C.** Contractor shall notify County within 30 calendar days when it has identified payments in excess of amounts specified for reimbursements of Medi-Cal services or when it has

identified or recovered over payments due to potential fraud, (42 C.F.R. §§ 438.608(a), (a)(2).) Contractor shall return any overpayments pursuant to Exhibit B, Section VI.H (Overpayments) of this Agreement.

## **12. NOTIFICATION REQUIREMENTS.**

- A.** Contractor shall maintain and share, as appropriate, a beneficiary health record in accordance with professional standards. (42 C.F.R. § 438.208(b)(5).) Contractor shall ensure that, in the course of coordinating care, each beneficiary's privacy is protected in accordance with this Agreement all federal and state privacy laws, including but not limited to 45 C.F.R. § 160 and § 164, subparts A and E, to the extent that such provisions are applicable. (42 C.F.R. § 438.208(b)(6).)
- B.** Contractor shall immediately notify Behavioral Wellness Quality Care Management (“QCM”) Division at 805-681-5113 in the event of:
  - 1. Known serious complaints against licensed/certified staff;
  - 2. Restrictions in practice or license/certification as stipulated by a State agency;
  - 3. Staff privileges restricted at a hospital;
  - 4. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations); or
  - 5. Any event triggering Incident Reporting, as defined in Behavioral Wellness Policy and Procedure #28, Unusual Occurrence Incident Report.
- C.** Contractor shall immediately contact the Behavioral Wellness Compliance Hotline (805-884-6855) should any of the following occur:
  - 1. Suspected or actual misappropriation of funds under Contractor’s control;
  - 2. Legal suits initiated specific to the Contractor’s practice;
  - 3. Initiation of criminal investigation of the Contractor; or
  - 4. HIPAA breach.
- D.** For clients receiving direct services from both Behavioral Wellness and Contractor staff, Contractor shall immediately notify the client’s Behavioral Wellness Case Manager or other Behavioral Wellness staff involved in the client’s care, or the applicable Regional Manager should any of the following occur:
  - 1. Side effects requiring medical attention or observation;
  - 2. Behavioral symptoms presenting possible health problems; or

- 3. Any behavioral symptom that may compromise the appropriateness of the placement.
- E. Contractor may contact Behavioral Wellness Contracts Division at [bwelcontractsstaff@co.santa-barbara.ca.us](mailto:bwelcontractsstaff@co.santa-barbara.ca.us) for any contractual concerns or issues.
- F. "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the triggering event. Contractor shall train all personnel in the use of the Behavioral Wellness Compliance Hotline (805-884-6855).

### 13. MONITORING

- A. Contractor agrees to abide by the *Department of Behavioral Wellness' Policies and Procedures* referenced in Section 17 (Additional Program Requirements) and to cooperate with the County's utilization review process which ensures medical necessity, appropriateness and quality of care. This review may include clinical record review, client survey, and other utilization review program monitoring practices. Contractor shall cooperate with these programs, and will furnish necessary assessment and Client Service Plan information, subject to Federal or State confidentiality laws and provisions of this Agreement.
- B. Contractor shall identify a senior staff member who will be the designated Behavioral Wellness QCM Division contact and will participate in any provider QCM meetings to review current and coming quality of care issues.

#### 1. Quality Assurance Requirements.

Contractor is permitted up to 2% of Medi-Cal program costs for quality assurance (QA) type activities. Quality assurance type activities include reviewing for compliance with:

- i. Medi-Cal documentation standards as identified in California Code of Regulations Title 9, Chapter 11 and DHCS Mental Health and Substance Abuse Disorder Information Notices;
  - ii. Assessment guidelines as identified in the *Department of Behavioral Wellness Policy and Procedure #8.100 Mental Health Client Assessment*.
  - iii. Client treatment plan requirements as identified in the *Department of Behavioral Wellness Policy and Procedure #8.101 Client Treatment Plans*.
  - iv. Progress note requirements in the *Department of Behavioral Wellness Policy and Procedure #8.102 Mental Health Progress Notes*.
- C. Contractor shall provide a corrective action plan if deficiencies in Contractor's compliance with the provisions of the MHP or this Agreement are identified by County.

- D.** County shall monitor the performance of Contractor on an ongoing basis for compliance with the terms of this Agreement. County shall assign senior management staff as contract monitors to coordinate periodic review meetings with Contractor's staff regarding quality of clinical services, fiscal and overall performance activity, and provider recertification requirements. County's Care Coordinators, Quality Improvement staff, and the Program Managers or their designees shall conduct periodic on-site and/or electronic reviews of Contractor's clinical documentation.
- E.** Contractor shall allow DHCS, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and its subcontractors', performance under this Agreement, including the quality, appropriateness, and timeliness of services provided. This right shall exist for 10 years from the term end date of this Agreement or in the event the Contractor has been notified that an audit or investigation of this Agreement has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. (See 42 C.F.R. §§ 438.3(h).) If monitoring activities identify areas of non-compliance, Contractor will be provided with recommendations and a corrective action plan. Contractor shall be liable to County for any penalties assessed against County for Contractor's failure to comply with the required corrective action.

#### **14. NONDISCRIMINATION.**

##### **A. State Nondiscrimination Provisions**

1. **No Denial of Benefits on the Basis of Protected Classification.** During the performance of this Agreement, Contractor and its subcontractors shall not deny this Agreement's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military and veteran status, or other protected category and will not use any policy or practice that has the effect of discriminating on such basis.
2. **No Discrimination on the Basis of Health or Protected Classification.** Consistent with the requirements of applicable federal law, such as 42 Code of Federal Regulations, part 438.3(d)(3) and (4), and state law, the Contractor shall not, on the basis of health status or need for health care services, discriminate against Medi-Cal eligible individuals in Santa Barbara County who require an assessment or meet medical necessity criteria for specialty mental health services. Nor shall Contractor engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability.

3. **No Discrimination against Handicapped Persons.** The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.
4. **Determination of Medical Necessity.** Notwithstanding other provisions of this section, the Contractor may require a determination of medical necessity pursuant to California Code of Regulations, Title 9, Sections 1820.205, 1830.205 and/or 1830.210, prior to providing covered services to a beneficiary.
5. **No Discrimination under State Law.** Contractor shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Contractor shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.)

#### **B. Federal Nondiscrimination Provisions**

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the



affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.

2. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.
3. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.
5. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
6. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal

and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

7. The Contractor shall include the provisions of Paragraphs 14(B)(1) through 14(B)(7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by DHCS, the Contractor may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

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

## **15. COLLABORATIVE MEETINGS.**

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

## **16. TRAINING REQUIREMENTS.**

- A. Contractor shall ensure that all staff providing services under this Agreement complete mandatory trainings, including through attendance at County-sponsored training sessions as available. The following trainings must be completed at hire and annually thereafter:

1. HIPAA Privacy and Security
2. Consumer and Family Culture
3. Code of Conduct
4. Cultural Competency
5. Clinician's Gateway
6. County Management Information System (MIS), including the California Outcomes Measurement System (CalOMS) Treatment, for service staff who enter data into the system
7. Applicable evidence-based treatment models and programs as agreed between Contractor and County in writing.

## **17. ADDITIONAL PROGRAM REQUIREMENTS**

- A. Beneficiary Handbook.** Contractor shall provide the County of Santa Barbara Beneficiary Handbook to each potential beneficiary and beneficiary in an approved method listed in the *Department of Behavioral Wellness' Policy and Procedures # 2.002 Beneficiary Informing Materials* when first receiving Specialty Mental Health Services and upon request. Contractor shall document the date and method of delivery to the beneficiary in the beneficiary's file. Contractor shall inform beneficiaries that information is available in alternate formats and how to access those formats. (1915(b) Medi-Cal Specialty Mental Health Services Waiver, § (2), subd. (d), at p. 26, attachments 3, 4; Cal. Code Regs., tit. 9, § 1810.360(e); 42 C.F.R. § 438.10.)
- B. Written Materials in English and Spanish.** Contractor shall provide all written materials for beneficiaries and potential beneficiaries, including provider directories, County of Santa Barbara Beneficiary Handbook, appeal and grievance notices, denial and termination notices, and Santa Barbara County's mental health education materials, in English and Spanish as applicable. (42 C.F.R. § 438.10(D)(3).) Contractor shall maintain adequate supply of County-provided written materials and shall request additional written materials from County as needed.
- C. Maintain Provider Directory.** Contractor shall maintain a provider directory on its agency website listing licensed individuals employed by the provider to deliver [mental health] services; the provider directory must be updated at least monthly to include the following information:
  1. Provider's name;
  2. Provider's business address(es);
  3. Telephone number(s);
  4. Email address;
  5. Website as appropriate;

6. Specialty in terms of training, experience and specialization, including board certification (if any);
  7. Services/ modalities provided;
  8. Whether the provider accepts new beneficiaries;
  9. The provider's cultural capabilities;
  10. The provider's linguistic capabilities;
  11. Whether the provider's office has accommodations for people with physical disabilities;
  12. Type of practitioner;
  13. National Provider Identifier Number;
  14. California License number and type of license; and
  15. An indication of whether the provider has completed cultural competence training.
- D.** Policy and Procedure # 3.004. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 3.004* on advance directives and the County's obligations for Physician Incentive Plans, as applicable.
- E.** Policy and Procedure # 2.001. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 2.001 Network Adequacy Standards and Monitoring*.
- F.** Policy and Procedure # 2.002. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 2.002 Beneficiary Informing Materials*.
- G.** Policy and Procedure # 3.000. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #3.000 Beneficiary Rights*.
- H.** Policy and Procedure # 4.012. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 4.012 Contracted Provider Relations*.
- I.** Policy and Procedure # 5.008. Mandatory Trainings Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 5.008 Mandatory Training*.
- J.** Policy and Procedure # 8.100. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 8.100 Mental Health Client Assessment*.
- K.** Policy and Procedure # 8.101. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 8.101 Client Treatment Plans*.
- L.** Policy and Procedure # 8.102. Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures # 8.102Mental Health Progress Notes*.
- M.** Policy and Procedure # 9. Contractor shall comply with *Department of Behavioral*

*Wellness' Policy and Procedures #9 Service Triage for Urgent and Emergency Conditions.*

- N. Accessibility. Contractor shall ensure that it provides physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities. (42 C.F.R. § 438.206(b)(1) and (c)(3).)
- O. Hours of Operation. Contractor shall maintain hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which Contractor offers services to non-Medi-Cal beneficiaries. If Contractor only offers services to Medi-Cal beneficiaries, maintain hours of operation which are comparable to the hours Contractor makes available for Medi-Cal services not covered by County or another Mental Health Plan.
- P. Access to Routine Appointments. Contractor shall provide access to routine appointments (1st appointment within 10 business days). When not feasible, Contractor shall give the client the option to re-contact the County's Access team toll free at (888) 868-1649 and request another provider who may be able to serve the client within the 10 business day standard).
- Q. Hold Harmless. Contractor agrees to hold harmless the State and beneficiaries in the event the County cannot or does not pay for services performed by the Contractor.

**18. SIGNATURE PAD.**

County shall purchase one signature pad for the duration of the term of this Agreement for each physical address identified for Contractor in this Agreement. The signature pad will be compatible with the County's Electronic Health Record (EHR) Clinicians Gateway. Contractor shall use the electronic versions of the Client Assessment, Client Plan, and Medication Consent Form to ensure a complete client medical record exists within Clinicians Gateway. Contractor shall obtain client signatures on these electronic documents using the signature pads. Upon initial purchase, County shall install the signature pads on Contractor's hardware and provide a tutorial for Contractor's staff. Contractor shall be responsible for ongoing training of new staff.

- A. In the event that Contractor damages or loses the signature pads provided by County, Contractor shall be responsible for purchasing a new Clinicians Gateway compatible signature pad as a replacement from the County inventory at the current cost of replacement. The expected life of a signature pad is a minimum of three years.

**19. STATE CONTRACT COMPLIANCE.**

- A. This Agreement is subject to any additional statutes, restrictions, limitations, or conditions enacted by the Congress which may affect the provisions, terms, or funding of this Agreement in any manner. Either the County or Contractor may request consultation and discussion of new or changed statutes or regulations, including whether contract amendments may be necessary.

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

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**EXHIBIT A-2**  
**STATEMENT OF WORK: MHS**  
**Partners in Hope**

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1. **PROGRAM SUMMARY.** Partners in Hope (hereafter “The Program”) provides outreach, education, linkage to care and recovery-oriented activities to families of clients with Serious Mental Illness (SMI) in Santa Maria and Lompoc. The Program will be headquartered at:
  - A. 401 E. Cypress Street 2<sup>nd</sup> floor, Lompoc, California.
  - B. 500 West Foster Road, Santa Maria, California.
2. **SERVICES.**
  - A. Contractor shall provide an appropriate combination of services individualized to meet each family member’s needs and to assist them to achieve and sustain recovery for the client. Services offered to families shall include, but are not limited to:
    1. Outreach to under-served families and linkage to care;
    2. Recovery-oriented supports, services, tools and education, and family education programs such as Family-to-Family, and family support groups;
    3. Crisis support and training on client and family member issues;
    4. Collaboration with the Justice Alliance staff and Behavioral Wellness clinical teams; and
    5. As an outreach and engagement initiative, the Program will build relationships with families currently receiving little or no service.
3. **CLIENTS AND PROGRAM CAPACITY.** Contractor shall provide mental health services, as described in Section 2 (Services) to 200 family members per year living with or supporting adults or older adults with Serious Mental Illness (SMI) annually. The Program may serve family members of adults with co-occurring substance abuse conditions.
4. **REFERRALS.**
  - A. **Admission criteria and process:**
    1. Contractor shall enroll Clients referred by County or sources other than County upon approval by the Behavioral Wellness Division Chief.
    2. Contractor shall respond to referrals within five (5) business days.

**5. STAFFING.**

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- A. Contractor shall employ 1.5 Full-Time Equivalent (FTE) Family Partners, who are family members of individuals with SMI. The Family Advocates shall function as liaisons with client family members, care givers, clients, County, local National Association of Mental Illness (NAMI) groups, and other County treatment contractors to provide support, education, information and referral, and community outreach for clients' families.
- B. Contractor shall employ .04 FTE Clinical Director and 0.2 FTE Program Manager.
- C. Contractor shall work closely with other Program staff hired by the County, including Peer Recovery Specialists, who are or have been recipients of mental health services for SMI. Peer Recovery Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.

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- D. Contractor shall employ 1.5 Full-Time Equivalent (FTE) Family Partners, who are family members of individuals with SMI. The Family Advocates shall function as liaisons with client family members, care givers, clients, County, local National Association of Mental Illness (NAMI) groups, and other County treatment contractors to provide support, education, information and referral, and community outreach for clients' families.
- E. Contractor shall employ .04 FTE Clinical Director and 0.15 FTE Program Manager.
- F. Contractor shall work closely with other Program staff hired by the County, including Peer Recovery Specialists, who are or have been recipients of mental health services for SMI. Peer Recovery Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.



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**EXHIBIT A-3**

**STATEMENT OF WORK: MHS**

**Lompoc Assertive Community Treatment (ACT)**

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1. **PROGRAM SUMMARY.** The Lompoc Assertive Community Treatment (ACT) Program, hereafter, “the Program,” is an evidence-based psychiatric treatment, rehabilitation and support service for clients with serious mental illness who demonstrate the need for this most intensive level of nonresidential community service. The Program is designed for adults whose symptoms of mental illness cause, or create high risk for, the most substantial levels of disability and functional impairment. The Program will be headquartered at 401 E. Cypress, Lompoc, California.

2. **PROGRAM GOALS.** The mission of the Program is to:

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- A. Assist clients in attaining community stability and reaching their recovery and rehabilitation goals, including helping clients to find and keep employment;
- B. Reduce mental health and substance abuse symptoms to reduce utilization of involuntary care and emergency rooms for mental health and non-acute physical health problems;
- C. Assist clients with their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community;
- D. Improve treatment outcomes for Lompoc ACT clients by developing a post-graduation transition and recovery plan using Mental Health Advocates;
- E. Lower relapse rates amongst Lompoc ACT graduates participating in Tier 1 transition program;
- F. Decrease Psychiatric Facility admissions after graduation;
- G. Increase follow-through rates on treatment;
- H. Maintain stable housing throughout transition and after graduation;
- I. Improve ability to achieve self-selected personal goals;
- J. Allow movement and flow in the system of care, and increase ability for Lompoc ACT to serve additional clients; and
- K. Give Mental Health Advocates the opportunity to experience an increase in their own sense of recovery and wellness.

Applicable to FY 19-20

- L. Assist clients in attaining community stability and reaching their recovery and rehabilitation goals, including helping clients to find and keep employment;
- M. Reduce mental health and substance abuse symptoms to reduce utilization of involuntary care and emergency rooms for mental health and non-acute physical health problems;
- N. Assist clients with their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community;
- O. Decrease Psychiatric Facility admissions after graduation;
- P. Increase follow-through rates on treatment;
- Q. Maintain stable housing throughout transition;
- R. Improve ability to achieve self-selected personal goals;
- S. Allow movement and flow in the system of care, and increase ability for Lompoc ACT to serve additional clients;
- T. Give Mental Health Advocates the opportunity to experience an increase in their own sense of recovery and wellness;
- U. Assist clients in attaining community stability and reaching their recovery and rehabilitation goals, including helping clients to find and keep employment;
- V. Reduce mental health and substance abuse symptoms to reduce utilization of involuntary care and emergency rooms for mental health and non-acute physical health problems; and
- W. Assist clients with their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community.

**3. CLIENTS AND PROGRAM CAPACITY.**

- A. Contractor shall provide the services described herein to approximately 100 clients ages 18 and over with serious mental illness. A minimum of 10 clients shall be transition-age youth (TAY), aged 18-25, with serious emotional disturbance. Contractor will also provide outreach and engagement services to a maximum of 10 Assisted Outpatient Treatment (AOT) pilot project clients as referred by County. In addition, the following tiered system will differentiate the appropriate treatment level for clients who are referred to the ACT Program:

- i. Tier 3 (45 clients) ACT-level services requiring 2-3 contacts per week with flexibility to offer 2-3 contacts per day;
- ii. Tier 2 (45 clients) Supportive Community level requiring 1 contact per week with the flexibility to offer 2-3 contacts per week; and
- iii. Tier 1 (10 clients) ready to graduate from intensive services to a lower level of care. These clients would have access to Mental Health Advocate Staff who will help ACT clients in navigating the process of leaving intensive-level services or Transition Assistance and Relapse Prevention (TARP).

Applicable to FY 19-20 only

B. Contractor shall provide the services described herein to approximately 80 clients ages 18 and over with serious mental illness. A minimum of 10 clients shall be transition-age youth (TAY), aged 18-25, with serious emotional disturbance. Contractor will also provide outreach and engagement services to a maximum of 10 Assisted Outpatient Treatment (AOT) pilot project clients as referred by County. In addition, the following tiered system will differentiate the appropriate treatment level for clients who are referred to the ACT Program:

- i. Tier 3 ACT-level services requiring 2-3 contacts per week with flexibility to offer 2-3 contacts per day;
- ii. Tier 2 Supportive Community level requiring 1 contact per week with the flexibility to offer 2-3 contacts per week; and
- iii. Whenever a new client is referred to Tier 3, all efforts will be made to refer a tier 2 client to the clinic or another appropriate lower level of care in order to make room for the higher Tier 3 level client.

4. **ADMISSION CRITERIA.** Clients shall meet the criteria below; however, all admissions will be voluntary.

A. Assisted Outpatient Treatment (AOT) clients shall be adults aged 18 and over who meet all of the following criteria:

- 1. A clinical determination that the person is unlikely to survive safely in the community without supervision;
- 2. A history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
  - a. The client's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility; or
  - b. The client's mental illness has resulted in one or more acts of serious and violent behavior toward himself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months;

3. The client has been offered an opportunity to participate in a Client Service Plan at a lower level of care, and the client continues to struggle to engage in treatment;
  4. The client's condition is substantially deteriorating;
  5. Participation in the AOT program would be the least restrictive placement necessary to ensure the client's recovery and stability;
  6. In view of the client's treatment history and current behavior, the client is in need of AOT services in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in WIC Section 5150; and
  7. It is likely that the client will benefit from AOT services.
- B. All other clients shall be transition-age youth aged 18-25 and adults aged 18 and over who meet all of the following criteria:
1. Experiencing mental illness symptoms that seriously impact his or her ability to maintain community living;
  2. Primary psychiatric diagnoses of schizophrenia, other psychotic disorders, major depression, and bipolar disorders; and
  3. One or more of the following related to their mental illness:
    - a. Two or more psychiatric inpatient hospitalizations in the past year;
    - b. Significant independent living instability such that the client would be in a long term residential or hospital placement without intensive community-based rehabilitation, treatment and support services;
    - c. Co-occurring addictions disorders;
    - d. Homelessness or high risk of becoming homeless;
    - e. Frequent use of mental health and related services yielding poor outcomes, such as contacts with the criminal justice system, recent housing evictions or frequent use of emergency departments;
    - f. Need for mental health services that cannot be met with other available community-based services as determined by an Behavioral Wellness Psychiatrist; or
    - g. High risk of experiencing a mental health crisis or requiring a more restrictive setting if intensive rehabilitative mental health services are not provided.

## 5. **REFERRALS.**

- A. Contractor shall admit clients referred by Behavioral Wellness. Other referral sources must be authorized by designated Behavioral Wellness staff. A biannual or more frequent Behavioral Wellness Quality Care Management (QCM) Division review and ongoing authorization will occur to assure that clients served have a medical necessity for the Services and meet the criteria for the Program.
- B. Contractor shall begin the engagement and outreach process for accepted referrals within five (5) days of referral.
- C. **Referral Packet.** Contractor shall receive a referral packet for each client referred and treated. Any items provided in hard copy that are also available in the Behavioral Wellness Medical Record system shall be shredded by Contractor upon opening the client to the program. The referral packet shall include:
  - 1. A copy of the County referral form;
  - 2. A client face sheet listing all of the programs that the client has been admitted to over time, and is currently admitted to, including hospitalizations;
  - 3. A copy of the most recent comprehensive assessment or assessment update;
  - 4. A copy of an updated treatment plan with the Contractor added as a provider service.
  - 5. A copy of the currently valid County Client Service Plan indicating the goals for client enrollment in the ACT Program and identifying the Contractor as service provider.
  - 6. A copy of the most recent medication record and health questionnaire;
  - 7. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout, as provided to Contractor in the initial Referral Packet. Thereafter, it will be Contractor's responsibility to verify continued Medi-Cal eligibility; and
  - 8. Written approval to provide services from a public or private conservator or other legal guardian.

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

- A. Criteria for discharge or transfer to less intensive services include any of the following:
  - 1. Client ability to function without assistance at work, in social settings, and at home;
  - 2. No inpatient hospitalization for one year;
  - 3. Stable housing maintained for at least one year;

4. Client is receiving one contact per month from the ACT Team and rated by the ACT Team as functioning independently;
  5. Client declines services and requests discharge, despite persistent, well documented efforts by the ACT Team to provide outreach and to engage the client in a supportive relationship;
  6. Client moves out of the Lompoc Region for a period greater than 30 days; or
  7. When a public and/or private guardian withdraws permission to provide services.
- B. Before discharging a client, Contractor shall review the client's case with the Behavioral Wellness Community Treatment Services (CTS) team or Regional Manager.

**7. STAFFING REQUIREMENTS.**

- A. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise agreed to by Behavioral Wellness in writing:
1. The Program shall include qualified bilingual and bicultural clinicians and staff able to meet the diverse needs represented in the local community. Contractor shall work towards filling 33% of direct service positions with bilingual staff in County's second threshold language, Spanish. As needed, the Program shall have access to qualified interpreters and interpreters services, experienced in behavioral healthcare, appropriate to the needs of the clients served. Contractor shall maintain a list of qualified interpreters to be used in the event the Program must seek interpretation services outside of the Team.
  2. In hiring all positions for the ACT Team, Contractor shall give strong consideration to qualified individuals who are or have been recipients of mental health services.
- B. The Program shall include a combination of Contractor and County staff, with County staff assuming responsibility for psychiatric treatment functions (functions performed by a psychiatrist, nurse, or psychiatric technician). Contractor Staff shall work collaboratively with County staff as part of the ACT Team.
- C. Staffing Definitions:
1. Full Time Equivalent (FTE): staff hours based on a 40-hour work week.
  2. Mental Health Worker (MHW): MHWs shall have at minimum one year of experience working with individuals with serious mental illness and experience working in a community setting. MHWs may only provide services under this contract with prior approval of the Behavioral Wellness Quality Care Management (QCM) Division and Contractor shall ensure they comply with all standards/requirements established by the Behavioral Wellness QCM Division. These staff should have experience working with clients with serious mental illness or related training/work/life experience.

3. Mental Health Professional: a licensed/waivered/registered mental health professional as described in Title 9, CCR 1810.223 and 1810.254.
4. Qualified Mental Health Worker (QMHW): QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined to have mental health application, and who satisfy the following experience standards:
  - 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 full-time experience; or
  - c. No experience is required for staff with a Master's or Doctoral degree.

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D. Contractor shall employ 13.0 FTE administrative and direct service staff as follows:

1. One half-time (0.5 FTE) Clinical Director.
2. One (1.0) FTE Team Leader and Administrator who is the clinical and administrative supervisor of the ACT Team. The Team Leader/Administrator shall be a Mental Health Professional, and shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting.
3. One (1.0) FTE Lead Clinician who shall be a Master's Level Mental Health Professional or a MHW, to assist the Psychiatrist and Team Leader/Administrator to provide clinical leadership during Client Service Planning meetings, conduct psychosocial assessments, assume oversight of the more challenging Individual Treatment Team assignments, assist with the provision of side-by-side supervision and work interchangeably with the lead Registered Nurse (County staff). The Lead Clinician will provide support and back-up to the Team Leader/Administrator in his or her absence.
4. Two (2.0) FTE Qualified Mental Health Workers (QMHWs) with designated responsibility for the role of Vocational Specialist, who shall be at minimum QMHWs with experience in providing individualized job development and supported employment on behalf of persons with physical or mental disabilities.
5. Two (2.0) FTE Mental Health Professionals with designated responsibility for the role of Substance Abuse Specialist, who shall be at minimum QMHWs, with experience providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders.

6. Two (2.0) FTE Personal Service Coordinators who may be individuals who do not meet the qualifications of QMHW, and may be classified as Mental Health Workers (MHW).
7. Three (3.0) FTE Mental Health Specialists who are or have been recipients of mental health services for serious mental illness. Mental Health Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Mental Health Advocates will assist Tier 1 Lompoc Act clients to transition out of intensive treatment into a self-supported system of care. Advocates will provide coaching and assistance necessary to increase long term recovery, as well as reduce relapse and recidivism rates among clients. Total Mental Health Specialists staffing shall include two one-half (0.5) FTE Mental Health advocate positions for the TARP component only. One (1.0) FTE Mental Health Advocate will remain vacant and can be filled only after pre-approval by Behavioral Wellness and once the client census reaches 90.
8. One and one-half (1.5) FTE Administrative Assistants who are responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, providing receptionist activities including triaging calls and coordinating communication between the ACT Team and clients.
9. County shall staff the program with the following staff who, along with the Contractor's staff, will comprise the ACT Team. The County shall assume the responsibility for financial oversight and supervision for the following staff. County staff shall work in conjunction with Contractor staff to assure provision of seamless multi-disciplinary treatment, rehabilitation and support services.
  - a. One (0.8) FTE Psychiatrist or Psychiatrist Nurse Practitioner who works with the Team Leader/Administrator to oversee the clinical operations of the ACT Team, to provide clinical services to all ACT clients, to monitor each client's clinical status and response to treatment, to supervise staff delivery of services, to provide supervision in the community during routine and crisis interventions and to direct psychopharmacologic and medical treatment.
  - b. One and one-half (1.5) FTE Registered Nurses, who work with the Team Leader/Administrator and Psychiatrist to ensure systematic coordination of medical treatment and the development, implementation and fine-tuning of the medication policies and procedures.
  - c. Two (2.0) FTE Licensed Psychiatric Technicians, who work with the Psychiatrist and the Registered Nurses to ensure proper medication monitoring, timely medication refills, and the development and implementation of medication policies and procedures.
10. Contractor shall request County approval prior to altering any of the staffing disciplines/specialties or number of staff.



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E. Contractor shall employ 10.1 FTE administrative and direct service staff as follows:

1. One 0.46 FTE Clinical Director.
2. One (1.0) FTE Team Leader and Administrator who is the clinical and administrative supervisor of the ACT Team. The Team Leader/Administrator shall be a Mental Health Professional, and shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting and shall assist with direct care of clients.
3. One (1.0) FTE Lead Clinician who shall be a Master's Level Mental Health Professional or a MHW, to assist the Psychiatrist and Team Leader/Administrator to provide clinical leadership during Client Service Planning meetings, conduct psychosocial assessments, assume oversight of the more challenging Individual Treatment Team assignments and clients, assist with the provision of side-by-side supervision and work interchangeably with the lead Registered Nurse (County staff). The Lead Clinician will provide support and back-up to the Team Leader/Administrator in his or her absence.
4. One (1.0) FTE Qualified Mental Health Workers (QMHWs) with designated responsibility for the role of Vocational Specialist, who shall be at minimum QMHWs with experience in providing individualized job development and supported employment on behalf of persons with physical or mental disabilities.
5. Two (2.0) FTE QMHWs with designated responsibility for the role of Substance Abuse Specialist, who shall be at minimum QMHWs, with experience providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders.
6. Two (2.0) FTE Personal Service Coordinators who may be individuals who do not meet the qualifications of QMHW, and may be classified as Mental Health Workers (MHW).
7. One (1.0) FTE Mental Health Specialists who are or have been recipients of mental health services for serious mental illness. Mental Health Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services.
8. One and one-half (1.5) FTE Administrative Assistants who are responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, providing receptionist activities including triaging calls and coordinating communication between the ACT Team and clients.

9. One (0.11) FTE Quality Assurance who is responsible for reviewing and training staff on County and Contractor policies and procedures. Will conduct periodic chart reviews, including Medi-Cal documentation, assessments, and client treatment plans. Will attend the monthly County QIC meetings.
10. County shall staff the program with the following staff who, along with the Contractor's staff, will comprise the ACT Team. The County shall assume the responsibility for financial oversight and supervision for the following staff. County staff shall work in conjunction with Contractor staff to assure provision of seamless multi-disciplinary treatment, rehabilitation and support services.
  - d. One (0.8) FTE Psychiatrist or Psychiatrist Nurse Practitioner who works with the Team Leader/Administrator to oversee the clinical operations of the ACT Team, to provide clinical services to all ACT clients, to monitor each client's clinical status and response to treatment, to supervise staff delivery of services, to provide supervision in the community during routine and crisis interventions and to direct psychopharmacologic and medical treatment.
  - e. One and one-half (1.5) FTE Registered Nurses, who work with the Team Leader/Administrator and Psychiatrist to ensure systematic coordination of medical treatment and the development, implementation and fine-tuning of the medication policies and procedures.
  - f. Two (2.0) FTE Licensed Psychiatric Technicians, who work with the Psychiatrist and the Registered Nurses to ensure proper medication monitoring, timely medication refills, and the development and implementation of medication policies and procedures.
11. Contractor shall request County approval prior to altering any of the staffing disciplines/specialties or number of staff.

## 8. OPERATIONS

- A. **Service Intensity.** The Program shall have the organizational capacity to provide multiple contacts per week (flexibly) to clients, based on individual preference and need. These multiple contacts may be as frequent as two to three times per day, seven days per week. The ACT Team shall share responsibility for addressing the recovery needs of all clients requiring frequent contacts. The ACT Team shall provide an average of two to three face-to-face contacts per week for each Tier 3 client.
- B. **Treatment Location.** The majority of Program services will occur outside program offices in the community, within the client's life context.
- C. **Staff to Client Caseload Ratios.** The Program shall operate with a staff to client ratio that does not exceed 13 to 1 (13 clients per 1.0 FTE direct service staff member), or as otherwise indicated by the agreed-upon ACT evidence-based practice for a particular service, excluding the Psychiatrist and Administrative Assistants. These staff will not

carry an individual caseload. Caseloads of individual staff members will vary based upon their overall responsibilities within the ACT Team (for example, Team Leader/Administrator and nurses will carry smaller caseloads).

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

1. The Program shall be available to provide treatment, rehabilitation and support activities seven days per week, 365 days per year. Program hours shall be as follows, or as otherwise agreed to by Behavioral Wellness in writing:
  - a. Monday through Friday, the Program shall operate a minimum of 8.5 hours per day.
  - b. On each Saturday day and every holiday the Program shall operate for eight (8) hours, with staffing sufficient to meet the needs of the clients.
2. The Program shall operate an after-hours on-call system that is available 365 days per year. Contractor staff skilled in crisis-intervention procedures will be on call and available to respond to clients both by telephone and in person. In case of a psychiatric emergency, Contractor shall respond in person no later than 60 minutes from the time of the call.
3. Behavioral Wellness Psychiatrist back up will be available via phone at all times, including evenings, weekends and holidays. Behavioral Wellness Mobile Crisis will be available to back up the ACT Team in responding to crisis calls after hours.
4. Contractor shall ensure that the Team Leader/Administrator or his/her designee shall be available to Behavioral Wellness staff, either in person or by telephone at all times. Contractor shall promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to assure the health and safety of clients.

**E. Team Organization and Communications.**

1. The Program organizational structure emphasizes a team approach to ensure the integration of clinical, rehabilitative and support services. A key to this integrative process is the “team-within-a-team” (hereafter “Individual Treatment Team”) concept. Through an Individual Treatment Team each client has the opportunity to work with a small core of staff whose overall abilities, specialty skills and personality match the client’s interests and goals. This Individual Treatment Team interfaces with the larger ACT Team and has responsibility for soliciting and blending in the perspective and analysis of all ACT Team members. The overall ACT Team’s organization and communication shall be structured as follows:
  - a. The ACT Team shall conduct Daily Organizational Staff Meetings at a regularly scheduled time that accommodates overlapping shifts, Monday through Friday. The Team will review pertinent cases and daily scheduling, and in the course of the week, the Team will review all client cases. At the Daily Organizational Staff Meeting, Program staff shall be available for emergency and crisis situations, and

shall add service contacts to the daily staff assignment schedule as clinically necessary.

- b. The ACT Team shall maintain a written or electronic daily log for each client of any treatment or service contacts which have occurred during the day, and a concise, behavioral description of the client's daily status.
  - c. The ACT Team shall maintain a Weekly Client Contact Schedule for each client.
  - d. The ACT Team shall develop a Daily Staff Assignment Schedule of all the treatment, rehabilitation and service contacts to take place that day, and shall assign and supervise staff to carry out the treatment, rehabilitation and service activities scheduled to occur that day.
2. The ACT Team shall conduct Client Service Planning Meetings under the supervision of the Team Leader/Administrator and the Psychiatrist.
9. **SERVICES.** The Program shall provide an appropriate combination of services individualized to meet each client's needs and to assist each client to achieve and sustain recovery, as described herein. Contractor shall follow evidence-based practices for ACT model programs, as mutually agreed by Behavioral Wellness and Contractor. Services offered to Program clients shall be consistent with those described in the "National Program Standards for ACT Teams" which states:
- A. "ACT teams shall have the capacity to provide multiple contacts a week with clients experiencing severe symptoms, trying a new medication, experiencing a health problem or serious life event, trying to go back to school or starting a new job, making changes in living situations or employment, or having significant ongoing problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week and depend on client need and a mutually agreed upon plan between clients and program staff. Many, if not all, staff shall share responsibility for addressing the needs of all clients requiring the frequent contact.
  - B. The ACT team shall have the capacity to rapidly increase service intensity to a client when his or her status requires it or a client requests it.
  - C. The ACT team shall provide an average of two contacts per week for all clients. Data regarding the frequency of client contact shall be collected and reviewed as part of the program's Quality Care Management (QCM) plan.
  - D. The ACT Team shall also include County staff employed by the Santa Barbara County Department of Behavioral Wellness. The County staff (Psychiatrist and Nursing staff) will be responsible for providing the psychiatric treatment capacity for the Program.
  - E. The Program including Contractor and County staff shall be available 24 hours per day, 7 days per week. Contractor shall follow evidence-based practices for ACT model programs, as mutually agreed by Behavioral Wellness and ACT providers.

F. As part of the ACT Team, the Contractor shall provide, in whole or in part, all of the following services:

1. **Care Management.** Care Management is a core function provided by the Program. Care management activities are led by one mental health professional on the ACT Team, known as the “primary care manager”. The primary care manager coordinates and monitors the activities of the ACT Team staff who have shared ongoing responsibility to assess, plan, and deliver treatment, rehabilitation and support services to each client.
2. **Crisis Assessment and Intervention.** The Program shall ensure availability of telephone and face-to-face contact with clients 24 hours per day, seven days per week. Services may be provided in collaboration with Mobile Crisis, as appropriate. However, Mobile Crisis shall augment, not substitute for, ACT Team on-call telephone and face-to-face responsibility.
3. **Symptom Assessment, Management and Individual Supportive Therapy.** These interventions assist clients to address the distressing and disabling problems associated with psychotic symptoms; to help ease the emotional pain associated with having a serious mental illness (e.g., severe anxiety, despair, loneliness, unworthiness and depression) and to assist clients with symptom self-management efforts that may reduce the risk of relapse and minimize levels of social disability. These activities may include:
  - a. Ongoing assessment of the client’s mental illness symptoms and his or her response to treatment;
  - b. Education of the client regarding his or her illness and the effects and side effects of prescribed medication, in collaboration with County medical staff;
  - c. Encouragement of symptom self-management practices which help the client to identify symptoms and their occurrence patterns and develop methods (internal, behavioral, adaptive) to lessen their effects. These may include specific cognitive behavioral strategies directed at fostering feelings of self-control;
  - d. Supportive psychotherapy to address the psychological trauma of having a major mental illness; or
  - e. Generous psychological support to each client, provided both on a planned and as needed basis, to help the client accomplish personal goals and cope with the stresses of everyday living.

4. **Medication Services.**

- a. All ACT Team members shall work closely with the Team Psychiatrist to assess and document each client's mental illness symptoms and behavior in response to medication, and shall monitor clients for medication side effects.
  - b. ACT Team members shall follow Behavioral Wellness policies and procedures regarding medication. County medical staff shall:
    - i. Facilitate client education and informed consent about medication;
    - ii. Record physician orders;
    - iii. Order medication;
    - iv. Arrange for all medication related activities to be organized by the ACT Team and documented in the Weekly Client Contact Schedule and Daily Staff Assignment Schedules; and
    - v. Provide security for storage of medications, including setting aside a private area for set up of medications by the ACT Team's nursing staff.
5. **Coordination with Health Care and Other Providers.** The Program represents a unique program model, whereby one self-contained team of staff provides an integrated package of treatment, rehabilitation, and support services to each client. There shall be minimal referral to external mental health treatment and rehabilitation services. However, the Program shall provide a high degree of coordination with healthcare providers and others with whom clients may come in contact. The Program shall be responsible for:
- a. Coordinating and ensuring appropriate medical, dental and vision services for each client. Based on client consent, the ACT Team shall establish close working relationships with primary care physicians to support optimal health and to assist with monitoring any medical conditions (e.g., diabetes, high cholesterol);
  - b. Coordinating with psychiatric and general medical hospitals throughout an individual's inpatient stay. Whenever possible, ACT Team staff should be present when the client is admitted, and should contact the hospital daily for care coordination and discharge planning purposes;
  - c. Maintaining relationships with detoxification and substance abuse treatment services to coordinate care when ACT clients may need these services;
  - d. Maintaining close working relationships with criminal justice representatives to support clients involved in the adult justice system (e.g., courts, probation officers, jails and correctional facilities, parole officers);

- e. Knowing when to be proactive in situations when an individual may be a danger to self or others. Staff should maintain relationships with local emergency service systems as backup to the ACT Team's 24-hour on-call capacity;
  - f. Establishing close working relationships with self-help groups (AA, NA, etc.), peer support and advocacy resources, and education and support groups for families and significant others;
  - g. Fostering close relationships with local housing organizations; and
  - h. Creating a referral and resource guide for self-help groups and other community resources (e.g., legal aid organizations, food co-ops, etc.).
6. **Substance Abuse Services.** The Program shall provide substance abuse education and relapse prevention services, based on each client's assessed needs. Services shall include, but not be limited to, individual and group interventions to assist individuals who have co-occurring mental illness and substance abuse problems with the following areas:
- a. Identifying substance use, effects and patterns;
  - b. Recognizing the relationship between substance use and mental illness, and psychotropic medications;
  - c. Accessing information and feedback to raise their awareness and hope for the possibility of change;
  - d. Building client motivation for change;
  - e. Finding the best change action specific to their unique circumstances;
  - f. Identifying and using strategies to prevent relapse;
  - g. Renewing the processes of contemplation, determination and action, without being stuck or demoralized because of relapse; and
  - h. Developing connections to self-help groups such as Double Trouble and Dual Recovery programs.
7. **Housing Services and Support.** The Program shall provide housing support services (but not physical housing) to help clients obtain and keep housing consistent with their recovery objectives. Safe, affordable housing is essential to helping clients fully participate in, and benefit from, all other assistance the Program offers. Many clients referred for Program services may be homeless or have unstable living arrangements. ACT Team staff shall become familiar with the availability and processes for clients accessing affordable housing programs. Affordable housing units or subsidies may be accessed from other agencies and the general public or private housing market. ACT Team staff shall develop and maintain working relationships with local housing

agencies from whom housing units, any necessary rental subsidies, and other available housing-related services or resources may be accessed on behalf of clients. Program housing services and support shall include but not be limited to assisting clients in:

- a. Finding apartments or other living arrangements;
  - b. Securing rental subsidies;
  - c. Developing positive relationships with landlords;
  - d. Executing leases;
  - e. Moving and setting up the household;
  - f. Meeting any requirements of residency;
  - g. Carrying out household activities (e.g, cleaning); and
  - h. Facilitating housing changes when desirable or necessary.
8. **Employment and Educational Supports.** Contractor shall provide work-related support services help clients who want to find and maintain employment or volunteerism in community-based job sites. Educational supports help clients who wish to pursue the educational programs necessary for securing a desired vocation.
- a. ACT Team staff shall use their own expertise, service capacities and counseling assistance to help clients pursue educational, training or vocational goals. Program staff shall maintain relationships with employers, academic or training institutions, and other such organizations of interest to clients.
  - b. ACT Team staff may help clients find employment that is part- or full- time, temporary or permanent, based on the unique interests and needs of each client. As often as possible, however, employment should be in real life, independent integrated settings with competitive wages.
  - c. Employment and Educational Support services shall include but not be limited to:
    - i. Assessment of client's educational and job-related interests and abilities, through a complete education and work history assessment, as well as on-site assessments in educational and community-based job sites;
    - ii. Assessment of the effect of the client's mental illness on employment or educational learning, identifying specific behaviors that interfere with the client's work or learning performance and developing interventions to reduce or eliminate those behaviors;



- iii. Development of an ongoing supportive educational or employment rehabilitation plan to help each client establish the skills necessary to find and maintain a job or to remain in an educational setting;
  - iv. Providing benefits counseling expertise to help clients understand how gainful employment will affect Social Security Administration (SSA) disability payments and health coverage. The counseling will also be expected to address work incentive benefits available through SSA and other agencies;
  - v. Providing individual supportive therapy to assist clients with identifying and coping with symptoms of mental illness that may interfere with work performance or learning;
  - vi. Providing on-the-job or work related crisis intervention services to address issues related to the client's mental illness such as interpersonal relationships with co-workers and symptom management, as indicated;
  - vii. Providing work-related supportive services, such as assistance with grooming or personal hygiene, securing appropriate clothing, providing wake-up calls, transportation, etc; and
  - viii. Building cooperative relationships with publicly funded "mainstream" employment, education, training, and vocational rehabilitation agencies/organizations in the community.
9. **Social System Interventions.** Social system interventions, such as supportive socialization, recreation, leisure-time activities, and peer support, help clients maintain and expand a positive social network to reduce social isolation. Contractor shall work with each client to provide the following:
- a. Assess and identify the client's joys, abilities and accomplishments in the present and in the past, and also what the client would like to occur in the future;
  - b. Identify the client's beliefs and meanings and determine what role they play in the client's overall well-being (e.g. how does the client make sense of his/her life experience? How is meaning or purpose expressed in the person's life? Are there any rituals and practices that give expression to the person's sense of meaning and purpose? Does this client participate in any formal or informal communities of shared belief, etc?);
  - c. Identify and address potential obstacles to establishing positive social relationships (e.g., shyness; anxiety; client's expectations for success and failure);
  - d. Provide side-by-side support and coaching, as needed, to build client's confidence and success in relating to others;

- e. Provide supportive individual therapy (e.g., problem-solving, role-playing, modeling and support), social-skill teaching and assertiveness training;
  - f. Connect clients to peer advocates or peer supports; and
  - g. Help clients to make plans with peers or friends for social and leisure time activities within the community.
10. **Activities of Daily Living.** Contractor shall provide services to support clients' activities of daily living in community-based settings, including individualized assessment, problem-solving, side-by-side assistance and support, skills training, ongoing supervision (e.g., monitoring, encouragement) and environmental adaptations to assist clients to gain or use the skills required to:
- a. Carry out personal care and grooming tasks;
  - b. Perform activities such as cooking, grocery shopping and laundry;
  - c. Procure necessities such as a telephone, microwave;
  - d. Develop ways to budget money and resources; and
  - e. Use available transportation.
11. **Support Services.** Contractor shall help clients access needed community resources, including but not limited to:
- a. Medical and dental services (e.g., having and effectively using a personal physician and dentist);
  - b. Financial entitlements;
  - c. Social services; and
  - d. Legal advocacy and representation.
12. **Peer Support Services.** Contractor shall provide services to validate clients' experiences and to guide and encourage clients to take responsibility for and to actively participate in their own recovery. Contractor shall also provide services to help clients identify, understand, and combat stigma and discrimination against mental illness and shall develop strategies to reduce clients' self-imposed stigma, through:
- a. Peer counseling and support; and
  - b. Introduction and referral of clients to client self-help programs and advocacy organizations that promote recovery.

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

- a. Individualized psychoeducation about the client's illness and the role of the family and other significant people in the therapeutic process;
  - b. Interventions to restore contact, resolve conflict, and maintain relationships with family and or other significant people;
  - c. Ongoing communication and collaboration, face-to-face and by telephone, between the ACT Team and the family;
  - d. Introduction and referral to family self-help programs and advocacy organizations that promote recovery; and
  - e. Assistance to clients with children (including individual supportive counseling, parenting training, and service coordination) including but not limited to:
    - i. Services to help clients throughout pregnancy and the birth of a child;
    - ii. Services to help clients fulfill parenting responsibilities and coordinate services for the child/children; and
    - iii. Services to help clients restore relationships with children who are not in the client's custody.
- G. Contractor shall provide the following mental health services, billed under the Service Function Codes listed in Exhibit B-1, as defined in Title 9, California Code of Regulations (CCR):
1. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in 9 CCR Section 1810.204. This service will be provided annually to ensure clients have current assessments documenting medical necessity for services. An initial assessment will not be required by Contractor if there is a current, valid assessment on file completed by County and there are no significant changes.
  2. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client and achieving the goals of the client's Client Service Plan, as defined in 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in 9 CCR Section 1810.246.1.

Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.

3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in 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 (excluding services provided under Medication Support, as defined in 9 CCR Section 1810.225), as defined in 9 CCR Section 1810.243.
  5. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
  6. **Targeted 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 9 CCR Section 1810.249.
  7. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in 9 CCR Section 1810.209. Service activities include, but are not limited to: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site and staffing requirements as defined in 9 CCR Sections 1840.338 and 1840.348. Contractor shall be available 24 hours per day, 7 days per week to provide crisis intervention services.
10. **DOCUMENTATION REQUIREMENTS.** Contractor shall complete the following for each client:
- A. A diagnostic assessment that establishes the presence of a serious mental illness, providing a basis for the medical necessity of ACT-level services and a foundation for the Client Service Plan. The diagnostic assessment shall be completed by the ACT Team Psychiatrist or by another team member who is a properly licensed mental health professional within

thirty (30) days of admission, and shall be updated at least annually or prior to discharge, or at discharge, whichever occurs first. This will not be required if there is a recent assessment completed by County staff prior to ACT referral.

- B. Contractor shall complete a Client Service Plan and assessments for each client receiving Program services in accordance with the Behavioral Wellness Documentation Manual, available at [http://cosb.countyofsb.org/Behavioral Wellness](http://cosb.countyofsb.org/BehavioralWellness).

**11. POLICIES AND PROCEDURES.** Contractor shall follow County's policies and procedures that set expectations for ACT Team staff and establish consistency of effort. The written policies and procedures will be consistent with all applicable County, state, and federal standards and shall address the following:

- A. Informed consent for treatment.
- B. Client rights, including right to treatment with respect and dignity, under the least restrictive conditions, delivered promptly and adequately.
- C. Process for client filings of grievances and complaints.
- D. Management of client funds, as applicable, including protections and safeguards to maximize clients' control of their own money
- E. Admission and discharge (e.g. admission criteria and process; discharge criteria, process and documentation).
- F. Personnel (e.g. required staff, staffing ratios, qualifications, orientation and training).
- G. Hours of operation and coverage, service intensity, staff communication and planning emphasizing a team approach, and staff supervision.
- H. Assessment and treatment processes and documentation (e.g. comprehensive assessment, Client Service Planning, progress notes).
- I. Treatment, rehabilitation and support services.
- J. Client medical record maintenance.
- K. Program evaluation and performance (quality assurance).
- L. Procedures for compliance with applicable State and Federal laws, including all Equal Employment Opportunity (EEO)/Affirmative Action (AA) requirements. Contractors must comply with the Americans with Disabilities Act.

12. **EVALUATION.** Contractor shall work with County to ensure satisfactory data collection, as follows:

- A. Periodic review of client encounter data from the Client’s medical record, to ensure that clients are receiving the majority of needed services from the Program and not from external sources such as hospitals, emergency room visits, or other programs.
- B. Periodic review of a random sample of client assessments, Client Service Plans, and client progress notes to assess the quality of the ACT Team’s planning and service delivery activities.

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13. **FACILITY REQUIREMENTS.**

- A. The Program will operate out of the following County-owned building: 401 E. Cypress, Second Floor, Lompoc, California (“Program Site”) (Exhibit F). County grants to Contractor a personal, revocable and non-assignable right to enter upon and use the Program Site. Notwithstanding the County shall have access rights as necessary for maintenance, emergencies, etc. The license shall continue until execution of a lease agreement for the Program Site between the parties or upon earlier termination by the County.
- B. The lease is ancillary to this Agreement and shall be independently executed and approved by Contractor and County. However, the term of the lease shall coincide with the term of this Agreement for Services of Independent Contractor.
- C. Contractor shall have oversight of the Program Site and shall manage the Program for the benefit of the clients. Contractor shall use the Program Site exclusively for administering the Program.
- D. Contractor acknowledges and agrees that any and all County funded personal property, fixtures, or other items needed to run the day-to-day operations of the Program currently located at the Program Site or obtained for the Program Site either by County or by Contractor and reimbursed by County are, and shall remain, the property of County.
- E. Contractor agrees to pay the County monthly rent in the amount of \$11,000 for the Program Site. Monthly rent of \$11,000 shall include operating costs incurred by County to maintain the Program Site, including but not limited to, utilities, and janitorial, services.

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**EXHIBIT A-4**

**STATEMENT OF WORK: MHS**

**Supportive Community Services**

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1. **PROGRAM SUMMARY.** The Supportive Community Services North Program (formerly known as Supported Housing North Program in the MHSA Plan; hereafter, “The Program”) shall deliver treatment, rehabilitative and supportive services to clients “in vivo” in regular community settings (e.g., home, apartment, job site). The Program will be headquartered at 117 W. Tunnell Street, Santa Maria, California.

Program clients shall have significant personal difficulties functioning in major life domains. These domains include, but are not limited to, affordable and safe housing, and meaningful daily pursuits such as employment and satisfying interpersonal relationships. Addressing the rehabilitation needs of clients in these key domains will be the Program’s essential purpose.

The Program shall provide team-based services that are closely coordinated with the Behavioral Wellness County Clinic Psychiatrists to individuals in the identified client population. County Psychiatrists will be accountable for the overall clinical treatment of Program clients. The work of Contractor’s Program staff (hereafter, “the Supportive Community Team”) and Behavioral Wellness Psychiatrists shall be complementary and driven by a unified assessment and Client Service Plan. Critical treatment activities will be the responsibility of Contractor and shall include but not be limited to:

- A. Early identification of changes in a client’s symptoms or functioning that could lead to crisis;
- B. Recognition and quick follow-up on medication effects or side-effects; and
- C. Assistance to individuals with symptom self-management.

The foundation of the Program shall be integrated treatment, rehabilitation and support services. The Program shall incorporate at least two pivotal evidence-based practices: Supported Employment and Integrated Treatment of Co-occurring Disorders.

2. **PROGRAM GOALS.**

- A. Build relationships with clients based on mutual trust and respect.
- B. Offer individualized assistance to clients, emphasizing a comprehensive bio-psychosocial process of client assessment, gathered and documented over time through listening to and learning about each client’s subjective experiences.
- C. Adopt an engagement oriented approach to clients. Clients are not terminated from Program services if they express anger and frustration with current or past services, if they do not “follow the rules,” or if they do not “fit in.” Instead, such statements or actions offer an

opportunity for staff to learn more about each client and his or her experiences with services, with the effects of mental illness and with general life circumstances.

- D. Meet clients at their stage of treatment readiness. While clients are asked to commit to actively working with the Supportive Community Team, they are not required to be abstinent from alcohol or other drugs. Housing placements are made in both alcohol and drug free community settings and in settings that do not require abstinence. In working with people who continue to use alcohol or drugs, an emphasis is placed on harm reduction and encouraging the adoption of lifestyle changes that will not jeopardize their housing.
- E. Understand and use the strengths of the local culture in service delivery to clients. The Supportive Community Team's assessment, treatment planning and service delivery should be consistent with the resources and practices of each client's racial and ethnic community.
- F. Provide continuity of client support across time. The frequency and type of supports can readily be adjusted in response to clients' changing needs or life situations. As a client's goals and preferences change, Contractor's staff follow along as the client "sets the pace."
- G. Use a flexible, non-programmatic approach to client service delivery. The Supportive Community Team shall spend most of their time with clients in the community, offering side by side, "hands on" support to clients who may need help to gain greater control and management of their lives. The Supportive Community Team helps prevent mental illness from being the driving force in clients' lives. Service delivery in office or clinic settings should be minimized.
- H. Operate as a cohesive team responsible for delivery of most services required by clients with minimal referral to different programs, though County Psychiatrists will have overall accountability for the psychiatric treatment of Program clients. Whenever a provider outside the Program is needed (e.g., physical health care), the Program is responsible for making certain that clients receive the required services.
- I. Consistent with each client's preferences and wishes, support family members and others with whom the client has significant relationships and assure special consideration to the needs of clients who are parents and to the needs of their minor children.
- J. Provide services as long as they are medically needed, not based on predetermined timelines.

### **3. CLIENTS AND PROGRAM CAPACITY.**

- A. Clients shall be individuals who have serious mental illness with symptoms that are currently moderate or intermittent in severity. Clients have significant difficulty living successfully in the community and assuming valued life roles such as that of employee, student, neighbor, and parent.
- B. Most, but not all, clients will require weekly service contacts; however, some clients will require multiple daily service contacts. The Contractor shall provide services through organized treatment, rehabilitation, and housing support that "wraparound" the client.



- C. Contractor shall provide the services described in Section 10 (Services) to approximately 85 adults that meet the admission criteria provided in Section 4 (Admission Criteria) in the Santa Maria area.
4. **ADMISSION CRITERIA.** Clients shall be adults aged 18 and over who meet all of the following:
- A. Experiencing mental illness symptoms which are currently moderate or intermittent in severity;
  - B. Has a primary psychiatric diagnosis of schizophrenia, other psychotic disorders, or mood disorders;
  - C. Has experienced one or more of the following related to their mental illness:
    - 1. Within the last year, one or more psychiatric inpatient hospitalizations or occasional use of emergency departments.
    - 2. Functional impairments over the past year in at least three of the following life domains:
      - a. Difficulty in performance of some daily living tasks or personal care activities such as personal hygiene; meeting nutritional needs; obtaining medical, legal and housing services; recognizing and avoiding common dangers to self and possessions; transportation access;
      - b. Difficulty keeping and maintaining interpersonal relationships;
      - c. Difficulty performing occupation roles (e.g., acquires a job but is not able to remain employed and achieve a self-sustaining income);
      - d. Difficulty maintaining safe, secure living situation;
      - e. Co-occurring addiction disorders;
      - f. History of or risk of homelessness; or
      - g. Involvement or risk of involvement in criminal justice system.
    - 3. Need for mental health services that cannot be met with other available community-based services, as determined by an Behavioral Wellness Psychiatrist.
5. **REFERRALS.**
- A. Contractor shall admit clients referred by Behavioral Wellness. Referral sources other than Behavioral Wellness must be authorized by designated Behavioral Wellness staff. A biannual or more frequent Behavioral Wellness Quality Care Management (QCM) Division review and ongoing authorization will occur to assure that clients served meet the criteria for the Program.

B. Contractor shall begin the engagement and admission process for accepted referrals within five (5) days of referral.

C. **REFERRAL PACKET.** Contractor shall receive a referral packet from Behavioral Wellness for each client referred and treated. Hard copies of any Packet documents that are also available in the Behavioral Wellness Medical Record system shall be shredded by Contractor upon opening the client to the Program. The referral packet shall include:

1. A copy of the County referral form.
2. A client face sheet listing all of the programs that the client has been admitted to over time, and is currently admitted to, including hospitalizations.
3. A copy of the most recent comprehensive assessment or assessment update.
4. A copy of the most recent medication record and health questionnaire.
5. A copy of the currently valid Client Service Plan indicating the goals for client enrollment in the Program and which names Contractor as service provider.
6. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout, as provided to Contractor in the initial Referral Packet. Thereafter, it will be Contractor's responsibility to verify client's continued Medi-Cal eligibility.
7. Other documents as reasonably requested by County.

6. **DISCHARGE CRITERIA.** The appropriateness for client discharge or transfer to less intensive services shall be determined on a case by case basis. Criteria for discharge or transfer to less intensive services include any of the following:

- A. Significant improvement in client's ability to function without assistance at work, in social settings, and at home;
- B. Client experiences no inpatient hospitalizations for one year;
- C. Client maintains stable housing for at least one year;
- D. Client is receiving one contact per month from the Program and is rated by the Supportive Community Team as well as Behavioral Wellness Psychiatrist as functioning without assistance in key areas of community living; or
- E. Client declines services and requests discharge, despite persistent, well documented, efforts by the Program staff to provide outreach and to engage the client in a supportive relationship.

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

**A. Discharge Requirements.**

1. The Supportive Community Team and County Psychiatrist responsible for treatment shall work in close partnership with each client to establish a written discharge plan that is responsive to the client's needs and personal goals.
2. Contractor shall notify County Regional Manager and discuss pending changes in client status at the Community Treatment Services (CTS) meeting, and shall follow current Behavioral Wellness policies and procedures located at <http://countyofsb.org/behavioral-wellness/policies> related to change in client status.
3. Behavioral Wellness QCM Division shall be able to request a copy of the final discharge plan summary, which shall be prepared by the Supportive Community Team at the time of client discharge. When requested, discharge summaries shall be submitted to Behavioral Wellness no later than ten (10) days after the client's discharge from the Program.

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

1. Partnership with the client throughout the transfer planning process and responsiveness to his or her individual needs, goals and preferences.
2. Continuity of client care before and after transfer which shall include a gradual transfer process with a period of overlapping services.

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

1. Discharge of clients to lower or higher levels of care;
2. Discharge based on client requests;
3. Discharge of clients who decline to participate in services or who are assessed to be non-compliant with services. The Program shall carry out consistent, outreach efforts to establish supportive treatment. All such contacts must be clearly documented with approval from Behavioral Wellness QCM Division prior to termination of services and discharge; and
4. Readmission process of clients previously enrolled in the Program.

**8. STAFFING REQUIREMENTS.**

**A.** Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing:

1. The Program shall include qualified bilingual and bicultural clinicians and staff able to meet the diverse needs represented in the local community. Hiring activities to meet this goal shall be a major operational priority of the Program. As needed, the Supportive

Community Team shall have access to qualified interpreters and interpreters services, experienced in behavioral healthcare, appropriate to the needs of the clients served. In the event that the Program must seek interpretation services outside of the Supportive Community Team, Contractor shall maintain a list of qualified interpreters to assist in providing this service.

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

B. Staff shall work collaboratively with Behavioral Wellness Psychiatrists who are program-based to deliver necessary services.

C. Staffing Definitions:

1. Mental Health Professional: a licensed/waivered/registered mental health professional described in 9 CCR 1810.223 and 1810.254.
2. Registered Nurses (RN): a nurse who shall work side-by-side with the Team Leader and Behavioral Wellness Psychiatrists who are clinic-based to ensure systematic coordination of medical treatment and the development, implementation and fine-tuning of the medication policies and procedures.
3. Psychiatric Technician: A licensed individual who under the direction of psychiatrists and psychologists are utilized to provide direct care to clients who need mental or behavioral health treatment.
4. Licensed Vocational Nurse: A licensed individual who provides basic nursing care, under the direction of registered nurses and doctors.
5. Mental Health Worker (MHW): MHWs shall have at minimum one year of experience working with individuals with serious mental illness and experience working in a community setting. MHWs may only provide services under this contract with prior approval of the Behavioral Wellness Quality Care Management (QCM) Division and Contractor shall ensure they comply with all standards/requirements established by the Behavioral Wellness QCM Division. These staff should have experience working with clients with serious mental illness or related training/work/life experience.
6. Qualified Mental Health Worker (QMHW): QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application, and who satisfy the following standards:
  - 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 full-time experience; or
- c. No experience is required for staff with a Master's or Doctoral degree.

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D. Contractor shall employ 9.5 FTE administrative and direct service staff as follows:

1. One half-time (.5 FTE) Clinical Director.
2. One (1.0) FTE Team Leader who is the clinical and administrative supervisor of the Program who shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting.
3. One (1.0) FTE Registered Nurses and one (1.0) FTE Psychiatric Technician or Licensed Vocational Nurse;

One (1.0) FTE Master's level Lead Clinician Mental Health Professional to provide clinical leadership during Client Service Planning meetings, conduct psychosocial assessments, assist with the provision of side-by-side supervision to staff, provide supportive counseling to individuals and families and work interchangeably with the Registered Nurses. The Lead Clinician will provide support and back-up to the Supportive Community Team Leader in his or her absence. This position is vacant and can only be filled after pre-approval from Behavioral Wellness once the client census has reached 90.

4. Six (6.0) FTE Rehabilitation Specialists who shall be Qualified Mental Health Workers (QMHWs), with direct experience working with adults with mental illness or related training or life experiences. The following are required to be included as part of the six (6.0) FTE Rehabilitation Specialist:
  - a. Three (3.0) FTE Rehabilitation Specialists shall have primary responsibility for assuring that supported employment services are integrated into the Program's service delivery. These Rehabilitation Specialists shall have experience providing individualized job development and supported employment on behalf of persons with physical or mental disabilities or a related field.
  - b. One (1.0) FTE Rehabilitation Specialist shall have responsibility for strengthening the Program's capacity to respond to the needs of clients with addictions disorders. This staff person shall help to support the Program's implementation of Integrated Treatment of Co-Occurring Disorders. This Rehabilitation Specialist shall have supervisory experience in providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders.
  - c. One (1.0) FTE Rehabilitation Specialist comprised of one full-time or several part-time staff who are or have been recipients of mental health services for serious mental

illness. Peer Specialists may be individuals who do not meet the qualifications of QMHW, as described above, and may be classified as Mental Health Workers (MHW). MHWs shall have at minimum one year of experience working with individuals with serious mental illness and experience working in a community setting. MHWs may only provide services under this Agreement with prior approval of the Behavioral Wellness QCM Division and Contractor shall ensure the Peer Specialist(s) comply with all standards/requirements established by the Behavioral Wellness QCM Division. Peer Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.

5. One (1.0) FTE Administrative Assistant who is responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, providing receptionist activities including triaging calls and coordinating communication between the Supportive Community Team and clients.

E. Contractor shall not provide Psychiatric support to clients served by the Program. Psychiatric support for the individuals served will be provided by the treating Behavioral Wellness County Psychiatrist, based at the program site. Contractor staff shall work in conjunction with County staff to deliver provision of seamless multi-disciplinary treatment, rehabilitation and support services.

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F. Contractor shall employ 10.5 FTE administrative and direct service staff as follows:

1. One (.42 FTE) Clinical Director.
2. One (1.0) FTE Team Leader who is the clinical and administrative supervisor of the Program who shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting.
3. One (1.0) FTE Registered Nurses and one (1.0) FTE Psychiatric Technician or Licensed Vocational Nurse.
4. One (1.0) FTE Master's level Lead Clinician Mental Health Professional to provide clinical leadership during Client Service Planning meetings, conduct psychosocial assessments, assist with the provision of side-by-side supervision to staff, provide supportive counseling to individuals and families and work interchangeably with the Registered Nurses. The Lead Clinician will provide support and back-up to the Supportive Community Team Leader in his or her absence. This position is vacant and can only be filled after pre-approval from Behavioral Wellness once the client census has reached 90.

5. Five (5.0) FTE Rehabilitation Specialists who shall be Qualified Mental Health Workers (QMHWs), with direct experience working with adults with mental illness or related training or life experiences. The following are required to be included as part of the five (5.0) FTE Rehabilitation Specialist:
    - a. Three (3.0) FTE Rehabilitation Specialists shall have primary responsibility for assuring that supported employment services are integrated into the Program's service delivery. These Rehabilitation Specialists shall have experience providing individualized job development and supported employment on behalf of persons with physical or mental disabilities or a related field.
    - b. One (1.0) FTE Rehabilitation Specialist shall have responsibility for strengthening the Program's capacity to respond to the needs of clients with addictions disorders. This staff person shall help to support the Program's implementation of Integrated Treatment of Co-Occurring Disorders. This Rehabilitation Specialist shall have supervisory experience in providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders.
    - c. One (1.0) FTE Rehabilitation Specialist comprised of one full-time or several part-time staff who are or have been recipients of mental health services for serious mental illness. Peer Specialists may be individuals who do not meet the qualifications of QMHW, as described above, and may be classified as Mental Health Workers (MHW). MHWs shall have at minimum one year of experience working with individuals with serious mental illness and experience working in a community setting. MHWs may only provide services under this Agreement with prior approval of the Behavioral Wellness QCM Division and Contractor shall ensure the Peer Specialist(s) comply with all standards/requirements established by the Behavioral Wellness QCM Division. Peer Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.
  6. One (1.0) FTE Administrative Assistant who is responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, providing receptionist activities including triaging calls and coordinating communication between the Supportive Community Team and clients.
  7. 0.11 FTE Quality Assurance Staff who is responsible for reviewing and training staff on County and Contractor policies and procedures. Will conduct periodic chart reviews, including Medi-Cal documentation, assessments, and client treatment plans. Will attend the monthly County QIC meetings.
- G. Contractor shall not provide Psychiatric support to clients served by the Program. Psychiatric support for the individuals served will be provided by the treating Behavioral Wellness County Psychiatrist, based at the program site. Contractor staff shall work in conjunction with County

staff to deliver provision of seamless multi-disciplinary treatment, rehabilitation and support services.

## 9. OPERATIONS.

A. **SERVICE INTENSITY.** Contractor shall have the capacity to provide multiple client contacts per day or per week to persons served who are experiencing significant mental illness symptoms or significant problems in daily living. The Contractor shall have the capacity to increase the service intensity for a client served within hours of his or her status requiring it.

1. Each client served by the Contractor shall receive a total of at least four (4) hours of service each month, preferably, but not necessarily provided at a frequency of at least one (1) hour per week. Services shall be provided in the community in the individual's natural setting per Section 9.B. (Treatment Location).
2. Contractor shall ensure that the Supportive Community Team Leader or his or her designee shall be available to staff, either in person or by telephone at all times. Contractor shall promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to assure the health and safety of clients.

B. **Treatment Location.** The majority of Program services (at least 85%) will occur outside program offices in the community, within each client's life context. The Contractor shall maintain data to verify these goals are met.

C. **Staff to Client Caseload Ratios.** The Contractor shall operate with a staff to client ratio that does not exceed 15 to 1 (15 clients per 1.0 FTE staff member), excluding Behavioral Wellness Psychiatrist and Contractor Administrative Staff. These staff will not carry an individual caseload. Caseloads of individual staff members will vary based upon their overall responsibilities within the team (for example, Team Leader and Nurses will carry smaller caseloads).

D. **HOURS OF OPERATION AND COVERAGE. CONTRACTOR SHALL ENSURE PROGRAM STAFF IS AVAILABLE FOR TELEPHONE AND FACE-TO-FACE CONTACT WITH CLIENTS 24 HOURS PER DAY, SEVEN DAYS PER WEEK.**

1. **Operating Hours.** The Supportive Community Team shall be available to provide treatment, rehabilitation, and support services described in Section 10 (Services) six (6) days per week and shall operate a minimum of 8.5 hours per day on weekdays and six (6) hours per day on one weekend day, or as otherwise approved by Behavioral Wellness in writing, but not requiring a formal amendment to this Agreement. Program hours should be adjusted so that Program staff members are available when needed by the client, particularly during evening hours
2. **On-Call Hours.** The Contractor shall operate an after-hours on-call system to respond to client needs outside of the Program Operating Hours described above. Contractor shall ensure that experienced staff with skill in crisis-intervention procedures shall be on call and available to respond to requests by Behavioral Wellness staff in the event that clients



experiencing crisis present to another Behavioral Wellness Program and specialty knowledge from the Program is required.

3. A Behavioral Wellness Psychiatrist shall be available as back up via phone at all times, including evenings, weekends and holidays.

**E. Team Organization and Communications.** The overall Program's organization and communication shall be structured primarily through both meetings and documentation, as follows:

1. The Supportive Community Team shall maintain a written Daily Log. The Daily Log shall provide a roster of all clients currently served by the Program, as well as brief documentation of any service contacts that occurred during the last 24 hours, and a concise, brief description of each client's daily status.
2. The Supportive Community Team shall maintain a Weekly Client Contact Schedule for each client. This schedule shall contain all planned service contacts that staff must carry out to enable each client to achieve the goals and objectives in his or her Client Service Plan. The time, date, defined interventions and staff assigned shall be specified for each contact on the schedule. The Contractor shall create and maintain a central file that will be updated, at a minimum, once each week, of all Weekly Client Contact Schedules. This Weekly Client Contact Schedule will be available for review by Behavioral Wellness on request.
3. The Supportive Community Team shall develop a Daily Team Assignment Schedule that lists all planned contacts that are based on the Weekly Client Contact Schedule of all the treatment, rehabilitation and service contacts to take place that day.
4. The Supportive Community Team shall conduct an organizational clinical staff meeting five (5) days per week at a regularly scheduled time established by the Team Leader and shall occur during weekdays when maximum numbers of staff are present. At least one (1) meeting per week shall begin with a review of the entire Daily Log, which updates staff on the service contacts from the prior day and provides a systematic means for the Supportive Community Team to assess the day-to-day progress and status of each client served by the Program. The remaining meetings may, at the discretion of the Team Leader, review only the clients who received services the previous day and those who are scheduled for services on the day of the meeting. The meeting shall include a review of the Daily Team Assignment Schedule to cover the period until the next organizational clinical staff meeting. During the meeting, the Team Leader or designee shall assign staff to carry out the interventions scheduled to occur during that period. The meeting shall also be an opportunity to revise Client Service Plans as needed, be available for emergency and crisis situations, and add service contacts to the Daily Team Assignment Schedule per the revised Client Service Plans.
5. All available staff must be physically present for the weekly comprehensive meeting during which staff reviews the entire Daily Log and which updates staff on the service contacts

from the prior day and provides a systematic means for the team to assess the day-to-day progress and status of each client served by the Program.

10. **SERVICES.** The Program shall have primary responsibility to provide an appropriate combination of services to meet each client's specific needs and preferences, and to assist each client in achieving and sustaining recovery. As part of the Supportive Community Team, the Contractor shall provide, in whole or in part, all of the following services:

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

1. Develops an ongoing relationship with clients based on mutual trust and respect. This relationship should be maintained whether the client is in a hospital, in the community or involved with other agencies (e.g. in a detox center, involved with corrections, etc.).
2. Works in partnership with clients to develop a recovery-focused treatment plan.
3. Provides individual supportive therapy and symptom management.
4. Makes immediate revisions to the treatment plan, in conjunction with client, as his/her needs and circumstances change.
5. Is responsible for working with clients on crisis planning and management.
6. Coordinates and monitors the documentation required in the client's medical record.
7. Advocates for the client's rights and preferences.
8. Provides the primary support to the client's family.

B. **Crisis Assessment and Intervention.** Contractor shall ensure availability of telephone and face-to-face contact with clients 24 hours per day, seven days per week to respond to requests by Behavioral Wellness in the event that specialized knowledge from the Program is required. Response to Behavioral Wellness may be by both telephone and in person. If an in-person response is required, staff shall arrive no later than 60 minutes from the time of the call.

C. **Housing Services and Support.** The Program shall provide housing support services (but not physical housing) to help clients obtain and keep housing consistent with their recovery objectives. Program staff shall become familiar with the availability and processes for clients accessing affordable housing programs. Affordable housing units or subsidies may be accessed from other agencies and the general public or private housing market. The Supportive Community Team staff shall develop and maintain working relationships with local housing agencies from whom housing units, any necessary rental subsidies, and other available housing-related services or resources, may be accessed on behalf of clients.

- D. **Activities of Daily Living.** Contractor shall provide services to support clients' activities of daily living in community-based settings, including individualized assessment, problem-solving, side-by-side assistance and support, skills training, ongoing supervision (e.g., monitoring, encouragement, etc.) and environmental adaptations, to assist clients to gain or use the skills required to:
1. Carry out personal care and grooming tasks;
  2. Perform activities such as cooking, grocery shopping and laundry;
  3. Procure necessities such as a telephone, microwave;
  4. Develop ways to budget money and resources; and
  5. Use available transportation.
- E. **Support Services.** Contractor shall help clients access needed community resources, including but not limited to:
1. Medical and dental services (e.g., having and effectively using a personal physician and dentist);
  2. Financial entitlements;
  3. Social services; and
  4. Legal advocacy and representation.
- F. **Employment and Educational Supports.** Contractor shall provide work-related support services to help clients who want to find and maintain employment in community-based job sites as well as educational supports to help clients who wish to pursue the educational programs necessary for securing a desired vocation.
1. The Supportive Community Team staff shall use their own expertise, service capacities and counseling skills to help clients pursue educational, training or vocational goals. The Supportive Community Team will maintain relationships with employers, academic or training institutions, and other such organizations of interest to clients.
  2. The Supportive Community Team staff may help clients find employment that is part- or full- time, temporary or permanent, based on the unique interests and needs of each client. As often as possible, however, employment should be in real life, independent integrated settings with competitive wages.

3. Employment and Educational Support services shall include but not be limited to:
  - a. Assessment of client's educational and job-related interests and abilities, through a complete education and work history assessment, as well as on-site assessments in educational and community-based job sites;
  - b. Assessment of the effect of the client's mental illness on employment or educational learning, identifying specific behaviors that interfere with the client's work or learning performance and developing interventions to reduce or eliminate those behaviors;
  - c. Development of an ongoing supportive educational or employment rehabilitation plan to help each client establish the skills necessary to find and maintain a job or to remain in an educational setting;
  - d. Providing benefits counseling expertise to help clients understand how gainful employment will affect Social Security Administration (SSA) disability payments and health coverage. The counseling will also be expected to address work incentive benefits available through SSA and other agencies;
  - e. Providing individual supportive therapy to assist clients with identifying and coping with symptoms of mental illness that may interfere with work performance or learning;
  - f. Providing on-the-job or work related crisis intervention services to address issues related to the client's mental illness, such as interpersonal relationships with co-workers and symptom management, as indicated;
  - g. Providing work-related supportive services, such as assistance with grooming or personal hygiene, securing appropriate clothing, providing wake-up calls, transportation, etc.; and
  - h. Building cooperative relationships with publicly funded "mainstream" employment, education, training, and vocational rehabilitation agencies/organizations in the community.

**G. Social System Interventions.** Social system interventions, such as supportive socialization, recreation, leisure-time activities, and peer support, help clients maintain and expand a positive social network to reduce social isolation. Contractor shall work with each client to provide the following:

1. Assess and identify the client's joys, abilities and accomplishments in the present and in the past, and also what the client would like to occur in the future;
2. Identify the client's beliefs and meanings and determine what role they play in the client's overall well-being (e.g. how does the client make sense of his/her life experience? How is meaning or purpose expressed in the client's life? Are there any rituals and practices that give expression to the client's sense of meaning and purpose? Does this client participate in any formal or informal communities of shared belief, etc.?);

3. Identify and address potential obstacles to establishing positive social relationships (e.g., shyness; anxiety; client's expectations for success and failure);
4. Provide side-by-side support and coaching, as needed, to build client confidence and success in relating to others;
5. Provide supportive individual therapy (e.g., problem-solving, role-playing, modeling and support), social-skill teaching and assertiveness training;
6. Connect clients to peer advocates or peer supports; and
7. Help clients to make plans with peers or friends for social and leisure time activities within the community.

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

1. Peer counseling and support; and
2. Introduction and referral of clients to client self-help programs and advocacy organizations that promote recovery.

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

1. Ongoing assessment of the client's mental illness symptoms and his/her response to treatment;
2. Education of the client regarding his/her illness and the effects and side effects of prescribed medication, where appropriate;
3. Encouragement of symptom self-management practices which help the client to identify symptoms and their occurrence patterns and develop methods (internal, behavioral, adaptive) to lessen their effects. These may include specific cognitive behavioral strategies directed at fostering feelings of self-control;
4. Supported psychotherapy to address the psychological trauma of having a major mental illness; and

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

J. **Medication Services.** An important distinguishing feature of the Program will be the role of Behavioral Wellness Psychiatrists who are program-based as the treating doctors for Program clients. Program and County will establish practices and protocols that promote a seamless interface between Program and County Clinic staff in support of integrated, non-duplicated clinical care.

1. Supportive Community Team members shall work closely with each client and his or her Behavioral Wellness Psychiatrist to assess and document each client's mental illness symptoms and behavior in response to medication and medical staff shall monitor for client's medication side effects.
2. Supportive Community Team members shall follow Behavioral Wellness policies and procedures regarding medication.
3. Contractor may provide medication monitoring weekly for clients who need that level of medication support. At least monthly or as otherwise determined by the Client Service Plan, each client shall meet with the Behavioral Wellness Psychiatrist who prescribes and monitors psychiatric medications and provides psychotherapy as needed.

K. **Substance Abuse Services.** The Program shall be co-occurring capable, and shall link clients to substance abuse treatment services as clinically indicated. The Contractor shall maintain relationships with detoxification and substance abuse treatment services to coordinate care when Program clients may need these services.

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

1. Individualized psycho education about the client's illness and the role of the family and other significant people in the therapeutic process;
2. Interventions to restore contact, resolve conflict, and maintain relationships with family and or other significant people;
3. Ongoing communication and collaboration, face-to-face and by telephone, between the Program and the family;
4. Introduction and referral to family self-help programs and advocacy organizations that promote recovery; and
5. Assistance to clients with children (including individual supportive counseling, parenting training, and service coordination) including but not limited to:

- a. Services to help clients throughout pregnancy and the birth of a child;
- b. Services to help clients fulfill parenting responsibilities and coordinate services for the child/children; and
- c. Services to help clients restore relationships with children who are not in the client's custody.

**M. Coordination with Health Care and Other Providers.** The Supportive Community Housing Team represents a unique program model, whereby one team of staff provides an integrated package of treatment, rehabilitation, and support services to each client. There shall be minimal referral to external mental health treatment and rehabilitation services. However, successful Supportive Community Teams will include a high degree of coordination with healthcare providers and others with whom clients may come in contact. The Program shall:

1. Collaborate closely with agencies from whom housing units, any necessary rental subsidies, and other available housing-related services or resources may be accessed on behalf of clients;
2. Coordinate and ensure appropriate medical, dental and vision services for each client. Based on client consent, the Supportive Community Team will establish close working relationships with primary care physicians to support optimal health and to assist with monitoring any medical conditions (e.g., diabetes, high cholesterol);
3. Coordinate with psychiatric and general medical hospitals throughout a client's inpatient stay. Program staff should be present when the client is admitted and should visit the hospital daily for care coordination and discharge planning purposes;
4. Maintain close working relationships with criminal justice representatives to support clients involved in the adult justice system (e.g., courts, probation officers, jails and correctional facilities, parole officers);
5. Know when to be proactive in situations when a client may be a danger to self or others. Supportive Community Team staff should maintain relationships; with local emergency service systems as backup to Behavioral Wellness crisis services 24-hour on-call capacity.
6. Establish close working relationships with self-help groups (AA, NA, etc.), peer support and advocacy resources and education and support groups for families and significant others;
7. Foster close relationships with local housing organizations; and
8. Create a referral and resource guide for self-help groups and other community resources (e.g., legal aid organizations, food co-ops).

N. Contractor shall provide the following mental health services, billed under the Service Function Codes listed in Exhibit B-1, as defined in Title 9, California Code of Regulations (CCR):

1. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in 9 CCR Section 1810.204.
2. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's Client Service Plan, as defined in 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in 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 (excluding services provided under Medication Support, as defined in 9 CCR Section 1810.225), as defined in 9 CCR Section 1810.243.
5. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
6. **Targeted 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 9 CCR Section 1810.249.



7. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in 9 CCR Section 1810.209. Service activities include, but are not limited to: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site and staffing requirements as defined in 9 CCR Sections 1840.338 and 1840.348. Contractor shall be available 24 hours per day, 7 days per week to provide crisis intervention services.
8. **Medication Support Services.** Medication support services are services that include prescribing, administering, dispensing and monitoring psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities include but are not limited to, evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the client, as defined in 9 CCR Section 1810.225.

11. **DOCUMENTATION REQUIREMENTS.** Contractor shall complete the following for each client:

- A. A comprehensive bio-psychosocial assessment, conducted in conjunction with the Behavioral Wellness Psychiatrist, that establishes the presence of a serious mental illness and details difficulties the client faces in areas of life functioning. This assessment shall provide a foundation for the Client Service Plan. The comprehensive bio-psychosocial assessment shall be completed by a Supportive Community Housing Team staff member who is a properly licensed mental health professional within thirty (30) days of the client's admission and shall be updated annually or prior to discharge, or at discharge, whichever occurs first. A new assessment will not be required if there is a recent assessment in the client's chart completed by County staff prior to referral and there are no significant changes.
- B. A Client Service Plan that provides overall direction for the joint work of the client, the Program and client's Behavioral Wellness Psychiatrist shall be completed in accordance with the Behavioral Wellness Documentation Manual, available at [www.countyofsb.org/behavioral-wellness](http://www.countyofsb.org/behavioral-wellness).

12. **POLICIES AND PROCEDURES.** Contractor shall develop written policy and procedures to set expectations for the Supportive Community Team staff and establish consistency of effort. The written policies and procedures shall be consistent with all applicable County, state and federal standards and shall address the following:

- A. Informed consent for treatment.
- B. Client rights, including right to treatment with respect and dignity, under the least restrictive conditions, delivered promptly and adequately.
- C. Process for client filings of grievances and complaints.

- D. Management of client funds, as applicable, including protections and safeguards to maximize clients' control of their own money.
- E. Admission and discharge (e.g. admission criteria and process; discharge criteria, process and documentation).
- F. Personnel (e.g. required staff, staffing ratios, qualifications, orientation and training).
- G. Hours of operation and coverage, service intensity, staff communication and planning emphasizing a team approach, and staff supervision.
- H. Assessment and treatment processes and documentation (e.g. comprehensive assessment, Client Service Planning, progress notes).
- I. Treatment, rehabilitation and support services.
- J. Client medical record maintenance.
- K. Program evaluation and performance (quality assurance).
- L. Procedures for compliance with applicable State and Federal laws, including all Equal Employment Opportunity (EEO)/Affirmative Action (AA) requirements. Contractors must comply with the Americans with Disabilities Act.

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**EXHIBIT A-5**

**STATEMENT OF WORK: MHS**

**Client-Led Programs (Recovery Learning Centers)**

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1. **PROGRAM SUMMARY.** The Santa Maria and Lompoc Client-Led Programs (hereafter “the Programs”) provide a combination of wellness and recovery-oriented services to persons with mental illness and their families (hereafter “Participants”). The Programs will be located at 225 E. Inger Drive, Suites 101 A & B, Santa Maria, California, and 513 N. G Street, Lompoc, California. The Programs shall provide services designed and led by clients and shall be responsible for developing and supporting the following:
  - A. Peer-led wellness and recovery-oriented groups and trainings, as well as one-to-one peer support;
  - B. Assistance to persons with mental illness to develop social relationships and activities in the community;
  - C. Connections among individuals living with mental illness;
  - D. Peer support competencies and leadership skills for those clients interested in achieving these goals;
  - E. Family support and empowerment activities, such as family support groups;
  - F. Resource information for community members, clients, and families of individuals with mental illness, to increase understanding of mental illness and bolster the community’s ability to support persons with mental illness; and
  - G. A Computer Lab in a dedicated room separate from the general area of the Recovery Learning Center (RLC) which can be secured when the Lab is closed in accordance with the Mental Health Services Act (MHSA) Capital Facilities and Technology Plan. The Computer Lab shall:
    - (1) Focus on client and family empowerment, training, education and information accessibility; and
    - (2) Enable clients to acquire skills that improve opportunities for education and gainful employment.
2. **SERVICES.** Contractor shall provide a Program that is client-designed and client-led. Program staff shall assure a comfortable, supportive, culturally competent approach through which Participants will receive peer support, participate in learning opportunities, social activities and meaningful interactions with others. In addition, Contractor shall collaborate with Behavioral Wellness and selected Participants in on-going development of the Program.

- A. Contractor shall provide mentoring, management, and leadership opportunities for peer recovery staff and other interested Participants that will enhance Program oversight. Program staff shall assist Participants in developing proposals for Program activities, and reach out to clients involved in the planning process, in a respectful, receptive environment;
- B. Contractor shall provide activities designed to promote mental health recovery, social interaction and independence. These include programs in interpersonal relationships, effective communication and conflict resolution, accessing community resources (therapeutic, health, vocational, educational), and strengthening bonds with family, friends and significant others. Wellness Recovery Action Plan (WRAP) groups will be run on a regular basis by peer recovery staff. Contractor shall offer oversight for Participant-prepared presentations;
- C. Program will function as a client-operated program with peer recovery staff and other Program staff providing positive and inspirational role models for others;
- D. Contractor shall facilitate participant-led (volunteer or stipend) groups focusing on various topics and activities, based on the interests and skills of the Participants. These groups, such as WRAP, peer support groups, benefits planning and career exploration, will provide a structured opportunity for Participants to learn new skills, interact with one another, and learn about the accessing of community resources. In particular, there shall be an emphasis on bilingual presentations using available bilingual staff or volunteers from the County or the Partners in Hope programs.
- E. Contractor shall refer families to Partners in Hope Family Partners for services, and support groups. The Program will have a resource list available to family members;
- F. Contractor shall encourage Participants to share in the upkeep of the physical location which serves as a “hub” for the overall Program, via the current system as designed by the members of the RLC;
- G. Contractor shall work with the local community to obtain support for activities in the form of in-kind donations and financial support;
- H. Contractor shall assist in creating an informational resource hub for community resources and activities, and will provide a resource list, in English and Spanish, that is available to Participants; and.
- I. Contractor shall operate the RLC Computer Lab as follows:
  - (1) The RLC Computer Lab shall be open not less than 15 hours per week, including formal computer classes.
  - (2) Contractor shall provide computer classes, as follows:

- (i) Hire qualified professional Computer Instructor(s). The Computer Instructor will conduct all substantive computer classes and may provide training to the Computer Lab Technicians.
    - a. Contractor shall provide computer classes a minimum of one (1) time per week, depending on demand.
  - (ii) Contractor shall use a web based or other no-cost instruction curriculum.
    - a. Computer Lab participants will provide feedback and suggestions to influence future class topics.
- (3) Contractor shall recruit for and hire individuals with lived experience as Computer Lab Technicians. Duties of Computer Lab Technicians shall include, but not be limited to:
- (i) Supervise use of the computers and provide technical support to Computer Lab users;
  - (ii) Provide general oversight of operation of the Computer Lab, including welcoming users, keeping equipment in good working order and keeping the room(s) clean and organized;
  - (iii) Teach an Introduction course for participants who are interested in using the Computer Lab; and
  - (iv) Maintain records of authorized Computer Lab users.
- (4) Contractor shall ensure that all participants successfully complete an Introduction Class prior to receiving authorization to use the Computer Lab. Use of the Computer Lab shall be open to all Participants who successfully complete the Introduction Class.
3. **CLIENTS.** Contractor shall provide services as described in Section 2 (Services) to a minimum of 135 unduplicated clients per month in Santa Maria and Lompoc combined. The Participant population will be clients with Serious Mental Illness (SMI), and their families, and the Program will allow participation by clients at varying stages of recovery.
4. **HOURS.** The Santa Maria and Lompoc Centers will be open a minimum of 35 hours per week. From time to time, Contractor may change operating hours in response to client demand; Contractor shall notify County of such changes by providing a schedule of operating hours. Additional activities of the Program are expected to occur outside of the Center hours.
5. **STAFFING.** Contractor will employ an appropriate mix of FTE employees as indicated below, along with part-time stipend staff and volunteer staff, to provide Participant-desired events and services. In addition, Allan Hancock College Nursing Students may provide periodic health, nutrition and chronic disease education on-site.

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- A. Contractor shall employ 4.88 FTE, including a .08 FTE Clinical Director, and two (1.0 FTE) Assistant Center Supervisors, one-half (.5 FTE) Program Manager, two (1.0 FTE) Program Supervisors and .3 Peer Support Staff. These positions will cover both the Lompoc and Santa Maria sites as needed to ensure program hours are maintained.
- B. Contractor may need to hire temporary Spanish interpretation staff when regular Spanish speaking staff is unavailable for any reason.
- C. During situations when the Program staff is absent, depending on availability, Contractor may choose to cover some of the program hours with volunteers or relief workers paid via incentive cards or stipends in accordance with applicable law.
- D. All Program staff shall have experience in leading client activities and shall demonstrate responsiveness to Participant issues and concerns.
- E. Contractor shall ensure the Computer Lab is staffed by a minimum of 0.8 FTE Computer Lab Technicians at all times during operating hours.

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- F. Contractor shall employ 6.48 FTE, including a 0.08 FTE Clinical Director, and two (1.0 FTE) Assistant Center Supervisors, 1.0 FTE Program Manager, two (1.0 FTE) Program Supervisors and 1.0 FTE Support Host. These positions will cover both the Lompoc and Santa Maria sites as needed to ensure program hours are maintained.
  - G. Contractor may need to hire temporary Spanish interpretation staff when regular Spanish speaking staff is unavailable for any reason.
  - H. During situations when the Program staff is absent, depending on availability, Contractor may choose to cover some of the program hours with volunteers or relief workers paid via incentive cards or stipends in accordance with applicable law.
  - I. All Program staff shall have experience in leading client activities and shall demonstrate responsiveness to Participant issues and concerns.
  - J. Contractor shall ensure the Computer Lab is staffed by a minimum of 0.4 FTE Computer Lab Technicians at all times during operating hours.
6. **EQUIPMENT AND SUPPLIES.** As space permits, the RLC Computer Lab will accommodate up to seven (7) computers and associated equipment, as follows:
- A. Contractor Equipment.
    - i. Contractor shall maintain the following items, as specified by the RLC Computer Lab Steering Committee:
      - 1. Network capable, heavy-duty cycle printer;

2. Large screen TV, to be used for presentations during classes; and
3. Contractor shall be responsible to purchase supplies and any replacement parts necessary for ongoing operation of the Computer Lab, to include printer cartridges, paper, cleaning supplies, etc. This does not include replacement of County computers, in the event of irreparable damage or theft.
  - ii. Hardware purchased through this Contract shall be the property of the County and depreciated in accordance with generally accepted accounting practices. If the Computer Lab ceases operation or if the Agreement is terminated before the hardware is fully depreciated, Contractor shall return hardware to County.

**7. REPORTS.**

- A. Contractor shall submit quarterly reports to County which shall be received by County no later than twenty-five (25) calendar days following the end of the quarter being reported. Contractor shall track and report the number of unduplicated computer lab users, by month; the number of computer classes offered; and the number of computer class participants, both duplicated and unduplicated.
- B. Contractor shall maintain records and make statistical reports as required by County and the California State Department of Health Care Services or other State agency, on forms provided by either agency. Upon County's request, Contractor shall make additional reports as required by County concerning Contractor's activities as they affect the services hereunder. County will be specific as to the nature of information requested and allow thirty (30) days for Contractor to respond.

**8. PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES.**

Contractor shall work collaboratively with County to develop Program goals, performance outcomes, and measures.

- 9. MONITORING.** Contractor, in collaboration with the Behavioral Wellness Adult Division Chief and the MHSA Program Manager, shall develop regular meeting schedules and agenda content consistent with MHSA requirements.

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**EXHIBIT A-6**

**STATEMENT OF WORK: MHS**

**Vocational Rehabilitation**

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1. **PROGRAM SUMMARY.** Contractor shall provide services which assist Behavioral Wellness Mental Health Co-op clients with ongoing skill-development, supportive services which address the special needs of individuals while employed, and specialized case management linkage services which are required during and after periods of employment.
2. **GOALS.** Assist clients to become work-ready and to develop skills necessary to sustain employment.
3. **SERVICES.** The Contractor shall provide the following services:
  - A. Job Supports. Support activities that are client employment-related and needed to promote job adjustment, retention, and advancement. These services shall be based on the individual needs of the client with a focus on long-term retention of the person in the job after the initial training period.
  - B. A Vocational Specialist shall be available to conduct routine follow-up with both the client and the employer, if client has disclosed to the employer that he or she is working with a Vocational Specialist. A 0.1 FTE Program Manager will also be available. Services and supports may be provided on- or off- site depending upon the needs of the client.
  - C. Contractor shall schedule an appointment with each client within two weeks of initial contact or referral.
  - D. Support and education to the employer and other personnel regarding mental illness and working with people who have a mental illness.
  - E. A telephone answering service operating at the Contractor's primary place of business Monday through Friday, 8:00 A.M. to 5:00 P.M.
4. **STANDARDS, COMPLIANCE, AND/OR REFERENCE DOCUMENTS.**
  - A. Discharged, Expired Authorization and Non-Referred Clients:
    1. At the close of the approved or covered sessions, or whenever clinically appropriate to the client's needs, Contractor shall refer the client back to the County Care Coordinator for continued care or aftercare, as indicated.
    2. Any continued services provided by Contractor, after the termination date as specified in the approved Client Service Plan developed by Behavioral Wellness, shall not be reimbursable by the County or the client.
    3. Services to non-Behavioral Wellness Mental Health Co-Op referred clients will not be



reimbursed by County.

- B. Service Documentation Standards. Services will be documented as directed by the Behavioral Wellness Rehabilitation Specialist.
- C. Frequency of Service. Contractor is expected to provide a decreasing level of service to each referred client. Frequency and rate of decrease are to be client specific as agreed upon by the County Rehabilitation Specialist and Contractor.
- D. Service Standards. Contractor and its employees shall provide services as stipulated in the County's Coordination & Service Plan, as provided by Behavioral Wellness, for each client served.

**EXHIBIT B**  
**FINANCIAL PROVISIONS**

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## EXHIBIT B

### FINANCIAL PROVISIONS- MHS

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(Applicable to programs described in Exhibit A-2 – A-6)

(With attached Exhibit B-1 MHS, Schedule of Rates and Contract Maximum)

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

#### I. PAYMENT FOR SERVICES

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

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

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

**G. Beneficiary Liability for Payment.**

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

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

## **II. MAXIMUM CONTRACT AMOUNT**

The Maximum Contract Amount of this Agreement shall not exceed \$2,574,827 for FY 18-19 and \$2,670,927 for FY 19-20 for a total contract maximum not to exceed \$5,245,754 and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MHS and subject to the provisions in Section I (Payment for Services). Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor’s performance hereunder without a properly executed amendment.

### **III. OPERATING BUDGET AND PROVISIONAL RATE**

- A. Operating Budget.** Prior to the Effective Date of this Agreement, Contractor shall provide County with an Operating Budget on a format acceptable to, or provided by County, based on costs of net of revenues as described in this Exhibit B-MH, Section IV (Accounting for Revenues). The approved Operating Budget shall be attached to this Agreement as Exhibit B-2. County may disallow any expenses in excess of the adopted operating budget. Indirect costs are limited to 15% of direct costs for each program and must be allocated in accordance with a cost allocation plan that adheres with OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- B. Provisional Rate.** County agrees to reimburse Contractor at a Provisional Rate (the “Provisional Rate”) during the term of this Agreement. For recurring contracts, the Provisional Rate shall be established by using the historical data from prior fiscal periods. The County Maximum Allowable rate will be the Provisional Rate for all new contracts. Quarterly, or at any time during the term of this Agreement, Behavioral Wellness Director or designee shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues and the volume of services provided in prior quarters.

### **IV. ACCOUNTING FOR REVENUES**

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

### **V. REALLOCATION OF PROGRAM FUNDING**

Funding is limited by program to the amount specified in Exhibit B-1-MH. Contractor cannot move funding between programs without explicit approval by Behavioral Wellness Director or designee. Contractor shall make written application to Behavioral Wellness Director or designee, in advance and no later than April 1 of each Fiscal Year, to reallocate funds as outlined in Exhibit B-1-MH between programs, for the purpose of meeting specific program

needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The Behavioral Wellness Director's or designee decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor. The Behavioral Wellness Director or designee also reserves the right to reallocate between programs in the year end cost settlement and will notify Contractor of any reallocation during the cost settlement process.

## **VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS**

### **A. Submission of Claims and Invoices.**

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

[financecbo@co.santa-barbara.ca.us](mailto:financecbo@co.santa-barbara.ca.us)

Santa Barbara County Department of Behavioral Wellness  
ATTN: Accounts Payable  
429 North San Antonio Road  
Santa Barbara, CA 93110-1316

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

2. Submission of Claims and Invoices for Non Medi-Cal Services. Contractor shall submit a written invoice within 10 calendar days of the end of the month in which non-Medi-Cal services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, including the provisional Medi-Cal payment as described in VI.A.1 of this Exhibit B MH, as appropriate, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VI.A.1 (Submission of Claims and Invoices for Medi-Cal Services) of this Exhibit B MH. Actual cost is the actual amount paid or incurred, including direct labor and costs supported by financial statements, time records, invoices, and receipts.

3. The Program Contract Maximums specified in Exhibit B-1-MH and this Exhibit B MH are intended to cover services during the entire term of the Agreement, unless otherwise specified in the Exhibit A(s) to this Agreement (such as time-limited or services tied to the school year). Under no circumstances shall Contractor cease services prior to June 30 due to an accelerated draw down of funds earlier in the Fiscal Year. Failure to provide services during the entire term of the Agreement may be considered a breach of contract and subject to the Termination provisions specified in the Agreement.

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

- B. Subsidy Payments.** This section applies to providers with programs that have subsidy funding allocations. For each program with subsidy funding comprising 5% or less, of the total program funding allocation set forth in Exhibit B-1, payment of subsidy will occur at cost settlement after the year end cost report has been submitted and costs are determined to be in compliance with contract terms and State and Federal regulations. For providers with more than 5% total subsidy funding in any program, the final subsidy payment, or up to a maximum of 20% of total subsidy funding allocated for the given program in Exhibit B-1, will be withheld until the year end cost report has been submitted and costs are determined to be in compliance with contract terms and State and Federal regulations.
- C. Monthly Financial Statements.** Within 15 calendar days of the end of the month in which services are delivered, Contractor shall submit monthly financial statements reflecting the previous month's and cumulative year to date direct and indirect costs and other applicable revenues for Contractor's programs described in the Exhibit A(s). If a program has both Medi-Cal billable costs and Non-Medi-Cal billable costs, Contractor shall separately identify Non-Medi-Cal billable costs on their financial statements.
- D. Withholding of Payment for Non-submission of Service Data and Other Information.** If any required service data, invoice, financial statement or report is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Behavioral Wellness Director or designee. Behavioral Wellness Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- E. Withholding of Payment for Unsatisfactory Clinical Documentation.** Behavioral Wellness Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum Federal, State and County written standards.
- F. Claims Submission Restrictions.**
  1. 12-Month Billing Limit. Unless otherwise determined by State or federal regulations (e.g.

Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within 12 months from the month of service to avoid denial for late billing.

2. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

**G. 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.

**H. Overpayments:** Any overpayments of contractual amounts must be returned via direct payment within 30 days to the County. County may withhold amounts from future payments due to Contractor under this Agreement or any subsequent agreement if Contractor fails to make direct payment within required timeframe.

## **VII. COST REPORT**

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

**B. Cost Report to be Used for Settlement.** The Cost Report shall be the financial and statistical report submitted by Contractor to County, and shall serve as the basis for settlement with Contractor as set forth in Section VIII (Pre-audit Cost Report Settlements) below. Contractor shall document that costs are reasonable and allowable and directly or indirectly related to



the services to be provided hereunder.

**C. Penalties.** Failure of Contractor to submit accurate and complete Annual Cost Report(s) within 45 days after the due date set in Section VII.A (Submission of Cost Report) above or the expiration or termination date of this Agreement shall result in:

1. A Late Penalty of ONE HUNDRED DOLLARS (\$100) for each day that the accurate and complete Annual Cost Report(s) are not submitted. The Late Penalty shall be assessed separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the forty-sixth (46<sup>th</sup>) day after the deadline or the expiration or termination date of this Agreement. The late fee will be invoiced separately or deducted from future payments due to Contractor under this Agreement or a subsequent agreement.
2. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred and fifth (105<sup>th</sup>) day after the due date set in Section VII.A (Submission of Cost Report) or the expiration or termination date of this Agreement, then all amounts paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) are outstanding shall be repaid by Contractor to County. Further, County may terminate any current contracts entered into with Contractor for programs covered by the outstanding Annual Cost Reports.
3. In addition, County may withhold payments of additional funds owed to Contractor until the cost report that is due has been submitted if Contractor does not submit the cost report by the reporting deadline.

**D. Audited Financial Reports:** Each year of the Agreement, the Contractor shall submit to County a copy of their audited annual financial statement, including management comments. This report shall be submitted within thirty (30) days after the report is received by Contractor.

**E. Single Audit Report:** If Contractor is required to perform a single audit and/or program specific audit, per the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

## **VIII. PRE-AUDIT COST REPORT SETTLEMENTS**

**A. Pre-audit Cost Report Settlements.** Based on the original and final/reconciled Annual Cost Report(s) submitted pursuant to this Exhibit B MH Section VII (Cost Reports) and State approved UOS, at the end of each Fiscal Year or portion thereof that this Agreement is in effect, the County will perform pre-audit cost report settlement(s). Such settlements will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies and procedures, or requirements pertaining to cost reporting and settlements for applicable Federal and/or State programs. In no event shall the settlement exceed the maximum amount of this Agreement. Settlement for services shall be adjusted to the lower of:

1. Contractor's published charge(s) to the general public, as approved by the Contractor's governing board; unless the Contractor is a Nominal Fee Provider. This federal published charges rule is applicable only for the outpatient, rehabilitative, case management and 24-hour services.
  2. The Contractor's actual costs.
  3. The County Maximum Allowable rate.
- B. Issuance of Findings.** County's issuance of its pre-audit cost report settlement findings shall take place no later than one-hundred-twenty (120) calendar days after Contractor's submission of the original and final/reconciled cost reports.
- C. Payment.** In the event that Contractor adjustments based on any of the above methods indicate an amount due the County, Contractor shall pay County by direct payment within thirty (30) days or from deductions or withholding of future payments due to Contractor under this Agreement or a subsequent agreement, if any, at the sole discretion of the Behavioral Wellness Director or designee.

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

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

process established by the Responsible Auditing Party performing the audit.

**EXHIBIT B-1- MHS**  
**SCHEDULE OF RATES AND CONTRACT MAXIMUM**  
 (Applicable to programs in FY 18-19)

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

CONTRACTOR NAME:

Transitions Mental Health Association

FISCAL YEAR: 2018-2019

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.46
			Collateral	Minutes	10	\$3.18
			MHS- Assessment	Minutes	30	\$3.18
			MHS - Plan Development	Minutes	31	\$3.18
			MHS- Therapy (Family, Individual)	Minutes	11, 40	\$3.18
			MHS - Rehab (Individual, Group)	Minutes	41, 51	\$3.18
			Medication Support and Training	Minutes	61, 62	\$5.87
			Crisis Intervention	Minutes	70	\$4.73
Non - Medi-Cal Billable Services	Support Services	60	Client Housing Support	N/A	70	Actual Cost
			Client Flexible Support	N/A	72	Actual Cost
			Other Non Medi-Cal Client	N/A	78	Actual Cost

	PROGRAM					TOTAL
	Partners in Hope	Lompoc ACT	Supported Housing North	Consumer-Led (SM and LM)	Vocational Rehab	
GROSS COST:	\$ 119,017	\$ 1,081,441	\$ 962,405	\$ 415,464	\$ 74,000	\$2,652,327
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
OTHER (LIST): Foundations and Trusts			\$ 6,000		\$ 71,500	\$ 71,500
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ 6,000	\$ -	\$ 71,500	\$77,500
<b>MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:</b>	<b>\$ 119,017</b>	<b>\$ 1,081,441</b>	<b>\$ 956,405</b>	<b>\$ 415,464</b>	<b>\$ 2,500</b>	<b>\$ 2,574,827</b>

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)		\$ 877,481	\$ 860,765			\$ 1,738,246
NON-MEDI-CAL	\$ 119,017			\$ 415,464	\$ 2,500	\$ 536,981
SUBSIDY		\$ 203,960	\$ 95,641			\$ 299,600
OTHER (LIST):						\$ -
<b>TOTAL (SOURCES OF FUNDING)</b>	<b>\$ 119,017</b>	<b>\$ 1,081,441</b>	<b>\$ 956,405</b>	<b>\$ 415,464</b>	<b>\$ 2,500</b>	<b>\$ 2,574,827</b>

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

(1) Additional services may be provided if authorized by Director or designee in writing.

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

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

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

**EXHIBIT B-1- MHS**  
**SCHEDULE OF RATES AND CONTRACT MAXIMUM**  
 (Applicable to programs described in Exhibit A2-A6)

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

**CONTRACTOR NAME:**

Transitions Mental Health Association

**FISCAL YEAR:** 2019-2020

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
			*MHS- Assessment	Minutes	30	\$3.25
			MHS - Plan Development	Minutes	31	\$3.25
			*MHS- Therapy (Family, Individual)	Minutes	11, 40	\$3.25
			MHS - Rehab (Individual, Group)	Minutes	41, 51	\$3.25
			Medication Support and Training	Minutes	61, 62	\$5.99
			Crisis Intervention	Minutes	70	\$4.82
Non - Medi-Cal Billable Services	Support Services	60	Client Housing Support	N/A	70	Actual Cost
			Client Flexible Support	N/A	72	Actual Cost
			Other Non Medi-Cal Client	N/A	78	Actual Cost

	PROGRAM					TOTAL
	Partners in Hope	Lompoc ACT	Supported Community Services	Consumer-Led (SM and LM) RLC	Vocational Rehabilitation	
GROSS COST:	\$ 119,017	\$ 1,110,337	\$ 1,046,763	\$ 408,728	\$ 74,000	\$2,758,845
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
Other (LIST): DOR Grant					\$ 71,500	\$ 71,500
OTHER (LIST): Foundations and Trusts			\$ 6,000	\$ 10,418		\$ 16,418
<b>TOTAL CONTRACTOR REVENUES</b>	\$ -	\$ -	\$ 6,000	\$ 10,418	\$ 71,500	\$87,918
<b>MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:</b>	<b>\$ 119,017</b>	<b>\$ 1,110,337</b>	<b>\$ 1,040,763</b>	<b>\$ 398,310</b>	<b>\$ 2,500</b>	<b>\$ 2,670,927</b>

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)		\$ 900,927	\$ 936,687			\$ 1,837,614
NON-MEDI-CAL	\$ 119,017			\$ 398,310	\$ 2,500	\$ 519,827
SUBSIDY		\$ 209,410	\$ 104,076			\$ 313,486
OTHER (LIST):						\$ -
<b>TOTAL (SOURCES OF FUNDING)</b>	<b>\$ 119,017</b>	<b>\$ 1,110,337</b>	<b>\$ 1,040,763</b>	<b>\$ 398,310</b>	<b>\$ 2,500</b>	<b>\$ 2,670,927</b>

CONTRACTOR SIGNATURE: \_\_\_\_\_  
 STAFF ANALYST SIGNATURE: \_\_\_\_\_  
 FISCAL SERVICES SIGNATURE: \_\_\_\_\_

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

**EXHIBIT B-2**  
**ENTITY BUDGET BY PROGRAM**  
**Applicable to FY 18-19**

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet Entity Budget By Program														
AGENCY NAME:		Transitions - Mental Health Association												
COUNTY FISCAL YEAR:		18/19												
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LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13
I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Partners in Hope	Lompoc Act	Supportive Community Services	Santa Maria and Lompoc Consumer- led	Vocational Rehabilitation	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	
1	Contributions		\$ -											
2	Foundations/Trusts	\$ 549,808	\$ 6,000			\$ 6,000	\$ -							
3	Miscellaneous Revenue	\$ -	\$ -											
4	Behavioral Wellness Funding	\$ 2,574,827	\$ 2,574,827	\$ 119,017	\$ 1,100,000	\$ 955,000	\$ 398,310	\$ 2,500						
5	Other Government Funding	\$ 7,738,345	\$ -											
6	Other (DOR)	\$ 310,187	\$ 71,500					\$ 71,500						
7	Other (sales)	\$ 529,121	\$ -											
8	Other (rents)	\$ 970,349	\$ -											
9	Other (AFDC)	\$ 855,000	\$ -											
10	Total Other Revenue	\$ 13,527,637	\$ 2,652,327	\$ 119,017	\$ 1,100,000	\$ 961,000	\$ 398,310	\$ 74,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I.B Client and Third Party Revenues:														
11	Client Fees		-											
12	SSI		-											
13	Other (specify)		-											
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)		-											
15	GROSS PROGRAM REVENUE BUDGET	13,527,637	2,652,327	119,017	1,100,000	961,000	398,310	74,000	-	-	-	-	-	-

III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Partners in Hope	Lompoc Act	Supportive Community Services	Santa Maria and Lompoc Consumer led	Vocational Rehabilitation	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
<b>III.A. Salaries and Benefits Object Level</b>												
16 Salaries (Complete Staffing Schedule)	6,366,656	\$ 1,490,341	\$ 78,100	\$ 608,226	\$ 533,577	\$ 229,738	\$ 40,700		\$ -	\$ -	\$ -	\$ -
17 Employee Benefits	1,818,892	\$ 408,937	\$ 17,851	\$ 175,630	\$ 141,252	\$ 62,935	\$ 11,269					
18 Consultants		\$ -										
19 Payroll Taxes	512,375	\$ 132,088	\$ 6,292	\$ 55,732	\$ 48,788	\$ 17,700	\$ 3,576					
20 Salaries and Benefits Subtotal	\$ 8,697,923	\$ 2,031,366	\$ 102,243	\$ 839,588	\$ 723,617	\$ 310,373	\$ 55,545	\$ -	\$ -	\$ -	\$ -	\$ -
<b>III.B Services and Supplies Object Level</b>												
21 Professional Fees/Contract Employees	85,400	\$ 37,000		\$ 17,000	\$ 17,000	\$ 3,000						
22 Office Supplies/Program Supplies	177,248	\$ 30,300	\$ 1,200	\$ 13,500	\$ 9,000	\$ 5,500	\$ 1,100					
23 Telephone	113,060	\$ 28,970	\$ 850	\$ 14,000	\$ 10,500	\$ 3,000	\$ 620					
24 Utilities	195,921	\$ 10,650			\$ 6,500	\$ 2,750	\$ 1,400					
25 Facility Costs (Rent/Lease/Mortgage)	1,778,683	\$ 66,900		\$ 4,800	\$ 44,400	\$ 14,700	\$ 3,000					
26 Repairs and Maintenance	79,997	\$ 5,750			\$ 5,000	\$ 500	\$ 250					
27 Printing/Publications	59,223	\$ -										
28 Transportation and Travel	145,075	\$ 52,076	\$ 1,300	\$ 28,000	\$ 17,000	\$ 2,976	\$ 2,800					
29 Depreciation		\$ -										
30 Insurance	76,703	\$ 17,440	\$ 300	\$ 8,700	\$ 6,000	\$ 2,100	\$ 340					
31 Board and Care (not Medi-Cal reimbursable)	15,412	\$ -		\$ -								
32 Staff Development/Training	107,175	\$ 20,946	\$ 1,000	\$ 10,000	\$ 6,000	\$ 3,217	\$ 729					
33 Printed material, Postage, Fees	45,903	\$ 3,250			\$ 3,000	\$ 250						
34 Advertising/Pre-Employment	15,187	\$ 1,100	\$ 100	\$ 500	\$ 100	\$ 100	\$ 300					
35 Recreation/ Client Expenses	67,900	\$ 1,200				\$ 1,200						
36 Program Stipends/Honorarium	14,050	\$ -										
37 COGS	222,794	\$ -										
38 Groceries	70,000	\$ 6,000				\$ 6,000						
39 Medications/Nursing Supplies	33,200	\$ 30,000		\$ 30,000	\$ -							
40 Services and Supplies Subtotal	\$ 3,302,931	\$ 311,582	\$ 4,750	\$ 126,500	\$ 124,500	\$ 45,293	\$ 10,539	\$ -	\$ -	\$ -	\$ -	\$ -
41 III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	77,340	\$ 22,388		\$ 16,588	\$ 5,800							
42 SUBTOTAL DIRECT COSTS	\$ 12,078,194	\$ 2,365,336	\$ 106,993	\$ 982,676	\$ 853,917	\$ 355,666	\$ 66,084	\$ -	\$ -	\$ -	\$ -	\$ -
<b>IV. INDIRECT COSTS</b>												
43 Administrative Indirect Costs (Reimbursement limited to 15%)	1,449,443	\$ 280,991	\$ 12,024	\$ 117,324	\$ 101,083	\$ 42,644	\$ 7,916					
44 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 42+43)	\$ 13,527,637	\$ 2,646,327	\$ 119,017	\$ 1,100,000	\$ 955,000	\$ 398,310	\$ 74,000	\$ -	\$ -	\$ -	\$ -	\$ -

**EXHIBIT B-2**  
**ENTITY BUDGET BY PROGRAM**  
**Applicable to FY 19-20**

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

AGENCY NAME: Transitions-Mental Health Associatio

COUNTY FISCAL YEAR: 2019-20

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LINE #	COLUMN #	1	2	3	4	5	6	7	8
	I. REVENUE SOURCES:		TOTAL AGENCY / ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Partners in Hope	Lompoc ACT	Supported Community Services	Santa Maria and Lompoc Consumer-Led (RLC)	Vocational Rehabilitation
1	Contributions			\$ -					
2	Foundations/Trusts		\$ 549,808	\$ 6,000			\$ 6,000	\$ -	
3	Miscellaneous Revenue			\$ -					
4	Behavioral Wellness Funding		\$ 2,788,032	\$ 2,670,927	\$ 119,017	\$ 1,110,337	\$ 1,040,763	\$ 398,310	\$ 2,500
5	Other Government Funding		\$ 7,738,345	\$ 10,418				\$ 10,418	
6	Other: Dept of Rehab		\$ 310,187	\$ 71,500					\$ 71,500
7	Other: Sales		\$ 526,121	\$ -					
8	Other: Rents		\$ 970,349	\$ -					
9	Other: AFDC		\$ 855,000	\$ -					
10	Total Other Revenue		\$ 13,737,842	\$ 2,758,845	\$ 119,017	\$ 1,110,337	\$ 1,046,763	\$ 408,728	\$ 74,000
I.B Client and Third Party Revenues:									
11	Client Fees			-					
12	SSI			-					
13	Other (specify)			-					
14	Total Client and Third Party Revenues		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	GROSS PROGRAM REVENUE BUDGET		\$ 13,737,842	\$ 2,758,845	\$ 119,017	\$ 1,110,337	\$ 1,046,763	\$ 408,728	\$ 74,000



	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Partners in Hope	Lompoc ACT	Supported Community Services	Santa Maria and Lompoc Consumer-Led (RLC)	Vocational Rehabilitation
	<b>III.A. Salaries and Benefits Object Level</b>							
16	Salaries (Complete Staffing Schedule)	6,375,605	\$ 1,529,468	\$ 77,499	\$ 562,731	\$ 609,526	\$ 235,670	\$ 44,042
17	Employee Benefits	1,818,892	\$ 338,203	\$ 13,800	\$ 121,756	\$ 135,216	\$ 55,498	\$ 11,933
18	Payroll Taxes	512,375	\$ 171,092	\$ 10,531	\$ 59,276	\$ 67,968	\$ 27,085	\$ 6,232
19			\$ -					
20	<b>Salaries and Benefits Subtotal</b>	<b>\$ 8,706,872</b>	<b>\$ 2,038,763</b>	<b>\$ 101,830</b>	<b>\$ 743,763</b>	<b>\$ 812,710</b>	<b>\$ 318,253</b>	<b>\$ 62,207</b>
	<b>III.B Services and Supplies Object Level</b>							
21	Cost of Goods Sold	244,669	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	Rent	1,278,340	\$ 145,746	\$ -	\$ 132,000	\$ -	\$ 13,746	\$ -
23	Office Rent/Occupancy Fee	569,900	\$ 39,000	\$ -	\$ -	\$ 36,000	\$ -	\$ 3,000
24	Nursing Supplies	4,500	\$ 4,500	\$ -	\$ 3,000	\$ 1,500	\$ -	\$ -
25	Medications	30,000	\$ 10,000	\$ -	\$ 10,000	\$ -	\$ -	\$ -
26	Program Supplies	53,690	\$ 4,500	\$ -	\$ -	\$ 4,500	\$ -	\$ -
27	Office Supplies	80,931	\$ 28,000	\$ 250	\$ 13,750	\$ 5,850	\$ 8,000	\$ 150
28	Insurance	76,703	\$ 14,935	\$ 360	\$ 6,500	\$ 6,000	\$ 1,800	\$ 275
29	Utilities	195,921	\$ 9,000	\$ -	\$ -	\$ 6,500	\$ 2,500	\$ -
30	Staff Development/Training	107,175	\$ 21,100	\$ 1,500	\$ 10,000	\$ 5,500	\$ 4,000	\$ 100
31	Repairs and Maintenance	79,997	\$ 6,800	\$ -	\$ -	\$ 5,000	\$ 1,500	\$ 300
32	Telephone	112,540	\$ 29,700	\$ 1,250	\$ 14,000	\$ 10,500	\$ 3,100	\$ 850
33	Transportation	283,763	\$ 47,500	\$ 2,000	\$ 23,000	\$ 17,000	\$ 2,700	\$ 2,800
34	Advertising/Pre-Employment	15,974	\$ 1,160	\$ 60	\$ 350	\$ 600	\$ 100	\$ 50
35	Dues & Subscriptions	6,750	\$ 400	\$ -	\$ -	\$ -	\$ 400	\$ -
36	Professional Fees	85,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
37	Marketing/Public Relations	11,333	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38	Printed Material & Postage	21,625	\$ 100	\$ -	\$ -	\$ -	\$ 100	\$ -
39	Furniture and Equipment	37,598	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Taxes, Licenses & Fees	7,953	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Other Expenses	4,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Credit Card Fees	8,650	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Courier Expense	1,750	\$ 1,650	\$ -	\$ 1,500	\$ 150	\$ -	\$ -
44	Sub Contractors	34,000	\$ 34,000	\$ -	\$ 17,000	\$ 17,000	\$ -	\$ -
45	<b>Services and Supplies Subtotal</b>	<b>\$ 3,353,162</b>	<b>\$ 398,091</b>	<b>\$ 5,420</b>	<b>\$ 231,100</b>	<b>\$ 116,100</b>	<b>\$ 37,946</b>	<b>\$ 7,525</b>
46	<b>III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)</b>	<b>211,240</b>	<b>\$ 34,388</b>	<b>\$ -</b>	<b>\$ 16,588</b>	<b>\$ 5,800</b>	<b>\$ 12,000</b>	<b>\$ -</b>
47	Client Expenses	58,840	\$ 19,200	\$ -	\$ 13,400	\$ 5,800	\$ -	\$ -
48	Groceries	70,000	\$ 10,600	\$ -	\$ -	\$ -	\$ 10,600	\$ -
49	Recreation	67,900	\$ 1,400	\$ -	\$ -	\$ -	\$ 1,400	\$ -
50	Hotel Room Vouchers	13,000	\$ 1,500	\$ -	\$ 1,500	\$ -	\$ -	\$ -
51	Clothing/Food/Hygiene	1,500	\$ 1,688	\$ -	\$ 1,688	\$ -	\$ -	\$ -
52	<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 12,271,274</b>	<b>\$ 2,471,242</b>	<b>\$ 107,250</b>	<b>\$ 991,451</b>	<b>\$ 934,610</b>	<b>\$ 368,199</b>	<b>\$ 69,732</b>
53	<b>IV. INDIRECT COSTS</b>							
54	Administrative Indirect Costs (Reimbursement limited to 15%)	1,466,568	\$ 287,603	\$ 11,767	\$ 118,886	\$ 112,153	\$ 40,529	\$ 4,268
55	<b>GROSS DIRECT AND INDIRECT COSTS</b>	<b>\$ 13,737,842</b>	<b>\$ 2,758,845</b>	<b>\$ 119,017</b>	<b>\$ 1,110,337</b>	<b>\$ 1,046,763</b>	<b>\$ 408,728</b>	<b>\$ 74,000</b>

**EXHIBIT C**  
**STANDARD**  
**INDEMNIFICATION**  
**AND**  
**INSURANCE PROVISIONS**

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## EXHIBIT C

### INDEMNIFICATION AND INSURANCE REQUIREMENTS

(For Professional Contracts version 2014 04 04)

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#### INDEMNIFICATION

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

#### NOTIFICATION OF ACCIDENTS AND SURVIVAL OF INDEMNIFICATION PROVISIONS

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

#### INSURANCE

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

##### A. Minimum Scope of Insurance

Coverage shall be at least as broad as:

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

4. **Professional Liability** (Errors and Omissions) Insurance appropriate to the Contractor's profession, with limit of no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate.

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

#### B. Other Insurance Provisions

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

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

prior to the work beginning shall not waive the Contractor's obligation to provide them. The Contractor shall furnish evidence of renewal of coverage throughout the term of the Agreement. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

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

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

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

**EXHIBIT D**

**LOBBYING**

**CERTIFICATIONS**

**Attachment 1**  
**State of California**  
**Department of Health Care Services**

**CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

Name of Contractor	Printed Name of Person Signing for Contractor
Contract / Grant Number	Signature of Person Signing for Contractor
Date	Title

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

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

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





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

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

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

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

**EXHIBIT E –FY 18-20**

<b>Program Goals, Outcomes, and Measures Partners in Hope (Exhibit A-1)</b>		
<b>Program Goals</b>	<b>Outcomes</b>	<b>Measure/Data Elements</b>
<p>❖ Enhance the existing recovery-based model by involving people in recovery and family members at every level in the system of care</p>	<p>✓ Integration of clients and family members into existing service delivery teams</p> <p>✓ Increased service provision by peers, clients and family members</p>	<p>➤ Number of family members linked to, engaged and/or enrolled in additional services</p> <p>➤ Number of family support groups held</p> <p>➤ Number of trainings held on client and family member issues</p> <p>➤ Number of clients and family members participating in support activities for self-care</p>
<p>❖ Integrate members of un-served and under-served communities into the system of care</p>	<p>✓ Enroll previously un-served/under-served populations (e.g., ethnic groups, gender groups, geographic regions) in services</p> <p>✓ Increased outreach and service provision to family members</p> <p>✓ Increased sense of empowerment, hope and wellness in clients and family members employed as well as those that are enrolled</p>	<p>➤ Number of family members enrolled that are part of an un-served or under-served group</p> <p>➤ Number of un-served and under-served communities served</p> <p>➤ Number of family members receiving services in second threshold or other non-English language</p>

Adult Program Evaluation Full Service Partnership Programs			
Program Goal	Outcome	ACT	Supportive Communitive Services
❖ Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems	Maintain the percent of clients that become incarcerated per quarter at X% or less.	10%	=<5%
	Maintain the average quarterly percentage of psychiatric inpatient admissions at 5% or less.	=<5%	=<5%
	Maintain the percent of clients hospitalized for physical health reasons per quarter at X% or less.	10%	=<5%
	Maintain the average quarterly percentage of emergency room visits for physical health care at X% or less.	15%	10%
❖ Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community	Reduce homelessness by maintaining the percent of clients with stable/permanent housing (i.e., were not evicted or lost housing) at X% or more.	93%	95%
	Maintain client life skills needed to participate in purposeful activity and increase quality of life: ✓ Maintain the percent of clients employed, enrolled in school or training, actively participating in groups, or volunteering at X% or more.	20%	20%
	✓ X% of clients will maintain or improve their level of recovery, as measured by increased scores on the Milestones of Recovery Scale (MORS).	80%	80%
	✓ Maintain the quarterly percentage of clients transitioning to a higher level of care due to psychiatric conditions at X% or lower.	10%	10%
	✓ Maintain the quarterly number of clients graduating to a lower level of care at 5% or less.	=<5%	=<5%

**EXHIBIT E –FY 19-20**

**PROGRAM GOALS, OUTCOMES AND MEASURES**

<b>Program Evaluation</b>		
<b>Program Goals</b>	<b>Outcomes</b>	<b>Transitions Mental Health Association (all outcomes are in %)</b>
		<b>FSP (Intensive Services)</b>
1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems	A. Incarcerations / Juvenile Hall	≤5
	B. Psychiatric Inpatient Admissions	≤5
	C. Physical Health Hospitalizations	≤5
	D. Physical Health Emergency Care	≤10
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community.	A. Stable/Permanent Housing	≥90
	B. Engaged in Purposeful Activity	≥15
	C. <b>Of those who discharged (#dc = denominator):</b> % who transitioned to a higher level of care	≤15
	D. <b>Of those who discharged (#dc = denominator):</b> % who transitioned to a lower level of care (or graduated/discharged bc care no longer needed or medical necessity not met)	≥20
	E. Incidents requiring a higher level of supervision	N/A
	F. Percent of clients who “showed improvement” on the Milestones of Recovery (MORS	≥20

**EXHIBIT F**  
**PROGRAM SITE**