FOURTH AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This Fourth Amendment to the Agreement for Services of Independent Contractor, **BC #19-153**, (hereafter Fourth Amended Agreement) is made by and between the **County of Santa Barbara** (County) and **Family Service Agency of Santa Barbara County** (Contractor), for the continued provision of 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 referenced herein;

WHEREAS, the County Board of Supervisors authorized the County to enter into a Board Contract for Services of Independent Contractor, referred to as BC 19-153, on November 13, 2018 for the provisions of alcohol and drug services for the period of December 1, 2018 through June 30, 2021 for a total Maximum Contract Amount not to exceed **$1,517,062**; and delegated authority to terminate the contract for convenience, cause, or nonappropriation based on departmental operational needs or as directed by the state Department of Health Care Services without returning to the Board;

WHEREAS, the First Amendment to the Agreement authorized by the County Board of Supervisors on June 18, 2019 updated language for compliance with state and federal regulations, added mental health services to the contract, and increased the contract by $3,476,976 inclusive of **$3,168,606** in Mental Health Services (MHS) funds consisting of $1,584,303 for FY 19-20 and $1,584,303 for FY 20-21; increased the contract by $308,370 in Alcohol and Drug Services (ADP) funds, consisting of $78,170 in FY 18-19, $115,100 for FY 19-20, and $115,100 for FY 20-21 for a ADP Maximum Contract Amount of **$1,825,432,** inclusive of $439,162 for FY 18-19, $693,135 for FY 19-20, and $693,135 for FY 20-21, for a Maximum Contract Amount not to exceed **$4,994,038** for FYs 18-21; delegated authority to reallocate funds between funding sources at without altering the Maximum Contract Amount or requiring an formal amendment; subject to the Board's ability to rescind the delegated authority at any time and replaced in total the terms and conditions set forth in the contract approved by the County Board of Supervisors on November 13, 2018;

WHEREAS, the Second Amendment to the Agreement authorized by the County Board of Supervisors on November 5, 2019 terminated the Drug Medi-Cal Organized Delivery System for adolescent and Transitional Age Youth program services under Exhibits A-2 (Outpatient Services and Intensive Outpatient Services) and A-3 (Medication Assisted Treatment) effective November 30, 2019 pursuant to Section 19.A.1 of the First Amendment; added 2.8 FTEs and 0.6 FTEs Supervisor to Exhibit A-6 (Intensive In-Home); added updated language to Exhibit A-9 (Pathways to Well-Being); decreased the ADP funds by $847,297 for a ADP Maximum Contract amount of **$978,135,** inclusive of $439,162 for FY 18-19, $380,973 for FY 19-20, and $158,00 for FY 20-21; increased the MHS funds by $452,975 for a MHS Maximum Contract Amount not to exceed $**3,621,581,** inclusive of $1,739,063 for FY 19-20 and $1,882,518 for FY 20-21; with an overall Maximum Contract Amount not to exceed **$4,559,716** for FYs 18-21; delegated authority to change staffing requirements at the discretion during the term without altering the Maximum Contract Amount or requiring a formal amendment, subject to the Board's ability to rescind the delegated authority at any time; and incorporated the terms and conditions set forth in the First Amended Agreement approved by the County Board of Supervisors on June 18, 2019, excepted as modified in this Second Amended Agreement;

WHEREAS, the Third Amendment to the Agreement authorized by the County Board of Supervisors on February 4, 2020 added Exhibit A-10 (ADP Step Down Housing Case Management Services) for the provision of case management supportive services and increased the ADP funding by $140,471, inclusive of $60,320 for FY 19-20 and $80,151 for FY 20-21 due to Bureau of State and Community Corrections Proposition 47 grant funds awarded to the County's Public Defender's Office in collaboration with Behavioral Wellness effective January 1, 2020, for an ADP Maximum Contract Amount not to exceed **$1,118,606,** consisting of $439,162 for FY 18-19, $441,293 for FY 19-20, and $238,151 for FY 20-21; with no change to the MHS Maximum Contract Amount not to exceed **$3,621,581,** inclusive of $1,739,063 for FY 19-20 and $1,882,518 for FY 20-21, for an overall Maximum Contract Amount of **$4,740,187** for FYs 18-21; delegated authority to make immaterial changes to the agreement without altering the Maximum Contract Amount or requiring formal amendment to the agreement, subject to the Board's ability to rescind the delegated authority at any time and incorporated the terms and condition set forth in the Second Amended Agreement approved by the County Board of Supervisors on November 5, 2019, and the First Amended Agreement approved on June 18, 2019, except as modified in the Third Amended Agreement; and

WHEREAS, this Fourth Amended Agreement updates language to comply with changes to State and Federal requirements for Exhibit A-1 Statement of Work: ADP General Provisions, Exhibit A-2 ADP Outpatient Services (OS) and Intensive Outpatient Services (IOS), Exhibit B ADP Financial Provisions, and Exhibit B-1 Schedule of Rates for FY 18-19, FY 19-20, and FY 20-21 due to a decrease of $25,002 in ADP funding for Step Down Facility for FY 19-20; reallocate $700 to realignment/SAPT Discretionary funds and increase ADP funds to $25,002 for FY 20-21 for Step Down Facility; add a ADP Exhibit B-3 Sliding Fee Scale for FY 20-21, Exhibit A-5 MHS Statement of Work: General Provisions, Exhibit A-6 MHS Statement of Work: Intensive In-Home Services, Exhibit A-7 MHS: Statement of Work Managed Care Mental Health/Brief Therapy Services, Exhibit A-8 MHS Statement of Work: School-Based Mental Health Services, Exhibit A-9 MHS Statement of Work: Pathways to Well-Being (CWS Katie A), Exhibit B MHS Financial Provisions, Exhibit B-1 MHS Schedule of Rates and Contract Maximum for FY 19-20 and FY 20-21, Exhibit B-2 ADP and MHS Entity Budget by Program for FY 19-20 and FY 20-21 with no change to the ADP Contract Maximum Amount of **$1,118,606,** inclusive of $439,162 for FY 18-19, $416,291 for FY 19-20, and $263,153 for FY 20-21 and with no change to the MHS Maximum Contract Amount of **$3,621,581** inclusive of $1,739,063 for FY 19-20 and $1,882,518 for FY 20-21, and with no change to the overall Maximum Contract Amount of **$4,740,187** for FYs 18-20; update the Exhibit E ADP Program Goals, Outcomes, and Measures for Step Down Housing; delegate the authority to amend program staffing requirements for Exhibits A-6 through A-9 of the Agreement, amend the program goals, outcomes, and measures in Exhibit E of the Agreement, and increase or waive the Contract Maximum Allowable rate based on operating needs during the term of the Agreement and to waive the CMA rate for year-end cost settlement purposes without requiring a formal amendment, subject to the Board's authority to rescind this delegated authority at any time; and incorporate the terms and conditions set forth in the Third Amended Agreement approved by the County Board of Supervisors on February 4, 2020, the Second Amended Agreement approved on November 5, 2019, and the First Amended Agreement approved on June 18, 2019, except as modified in this Fourth Amended Agreement; and

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

I. Add the following Section 39 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards to Standard Terms and Conditions:

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

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

II. Delete Exhibit A-1 Statement of Work: ADP (General Provisions), Section 2 (Staff) and replace with the following:

2. STAFF.

A. Training Upon Hire and Annually Thereafter. Contractor shall ensure the following training, including attendance at County-sponsored training sessions as required, of each Program staff member within thirty (30) days of the date of hire or beginning services, and at least once annually thereafter (unless otherwise indicated):

1. **For Treatment Programs:**

i. HIPAA Privacy and Security Training;

ii. 42 CFR, Part 2 Training;

iii. Behavioral Wellness Code of Conduct Training;

iv. Cultural Competence Training;

v. Consumer and Family Culture Training;

vi. *ASAM Multidimensional Assessment* by the Change Companies (only required once prior to providing DMC-ODS services);

vii. *From Assessment to Service Planning and Level of Care* by the Change Companies (only required once prior to providing DMC-ODS services);

viii. ADP Clinician's Gateway Training (only required once upon hire);

ix. DMC-ODS Documentation Training; and

x. ADP ShareCare Training/CalOMS Data Entry (for ShareCare users only).

B. Additional Mandatory Trainings: Contractor shall ensure the completion of the following mandatory trainings. In order to meet this requirement, trainings must be provided by the County or must be certified by the County QCM Manager, or designee, as equivalent to the County-sponsored training. Program staff must complete the following additional trainings at least once annually:

1. **For Treatment Programs:**

i. DMC-ODS Continuum of Care Training;

ii. Motivational Interviewing Training;

iii. Cognitive Behavioral Treatment/Counseling Training; and

iv. All applicable evidence-based prevention models and programs as agreed between provider and County in writing.

C. 18 CEU Hours of Alcohol and Other Drug Clinical Training. All direct service staff who provide direct SUD treatment services are required to complete a minimum of 18 CEU hours of alcohol and other drug-specific clinical training per year.

D. Continuing Medical Education in Addiction Medicine. Contractor physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year; training shall be documented in the personnel records.

E. Overdose Prevention Training. Contractor shall:

1. Ensure all direct treatment staff become familiar with overdose prevention principles and techniques, including through trainings and materials provided by Behavioral Wellness; and
2. Make available and distribute prevention overdose materials, as provided by Behavioral Wellness, to all staff and clients.

F. Experienced Staff for Direct Client Services. Staff hired to work directly with clients shall have competence and experience in working with clients with substance use disorders and co-occurring disorders.

G. Notice of Staffing Changes Required. Contractor shall notify County of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.B. (Reports). Contractor shall notify QCM ADP BwellQCMADP@SBCBWELL.org and bwellcontractsstaff@co.santa-barbara.ca.us within one business day for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.

H. Staff Background Investigations. 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 of if the Contractor's staff passes or fails the background clearance investigation.

I. Staff Removal for Good Cause Shown. County may request that Contractor's staff be immediately removed from working on the County Agreement for good cause during the term of the Agreement.

J. Denial or Termination of Facility Access. 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 do not pass such investigation(s) to the satisfaction of the County whose background or conduct is incompatible with County facility access.

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

III. Delete Exhibit A-1 Statement of Work: ADP (General Provisions), Section 3 (Licenses, Permits, Registrations, Accreditations, and Certifications) and replace with the following:

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

A. Obtain and Maintain Required Credentials. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates (including, but not limited to, certification as a Drug Medi-Cal provider if Title 22 California Code of Regulations (CCR) Drug 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(s) 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 the Department of Behavioral Wellness Quality Care Management in alignment with *Department Policy #4.015 Staff Credentialing and Licensing.*

B. Pre-Registration Requirements for New AOD Counselors. Contractor shall follow the pre-registration requirements for new alcohol and other drug (AOD) counselors in California. California law requires registration and certification of individuals providing AOD counseling services, as specified in Title 9 CCR, Division 4, Chapter 8, Sections 13000 et seq. (This new requirement does NOT apply to counselors already registered with or certified by State-approved and nationally-accredited agencies, or to interns registered with the California Board of Psychology or the California Board of Behavioral Sciences, in accordance with Title 9 CCR, Section 13015.)

C. Confirmation of Staff Licensure/Certification. In the event license/certification status of a staff member cannot be confirmed, the staff member shall be prohibited from providing services under this Agreement per *Department Policy #4.015 Staff Credentialing and Licensing.*

D. Reduction of Services or Relocation. Contractor shall not implement any reduction of covered services or relocations until the approval is issued by DHCS. Within 35 days of receiving notification of Contractor's intent to reduce covered services or relocate, the County shall submit, or require Contractor to submit, a DMC certification application to Provider Enrollment Division (PED). The DMC certification application shall be submitted to PED 60 days prior to the desired effective date of the reduction of covered services or relocation.

E. Keep Informed of Current Guidelines. If Contractor is a participant in the Drug Medi-Cal Organized Delivery System, Contractor shall keep fully informed of all current guidelines disseminated by the Department of Health Care Services (DHCS), Department of Public Health (DPH) and Department of Social Services (DSS), as applicable, including, but not limited to, procedures for maintaining Drug Medi-Cal certification of all its facilities in alignment with DHCS rules and regulations.

F. Enrollment in DATAR. By its signature on this Agreement, Contractor attests that it is enrolled in DATAR at the time of execution of this Agreement.

IV. Delete Exhibit A-1 Statement of Work: ADP (General Provisions), Section 4 (Reports) and replace with the following:

4. REPORTS.

A. Treatment Programs. In accepting funds for treatment services, Contractor agrees to submit the following:

1. Electronic Drug & Alcohol Treatment Access Report (DATAR) for each treatment site, per 45 Code of Federal Regulations (CFR) Section 96.126. These reports shall be submitted using the DHCS DATAR system on a monthly basis and must be completed no later than 10 calendar days from the last day of the month;
2. Complete CalOMS County Admission Assessments and CalOMS County Discharge Assessments in the County MIS system for each client within 30 days from admission/discharge. CalOMS County Annual Update Assessments must be completed for clients in treatment for 12 continuous months or more and must be completed no later than 12 months from the admission date; and
3. Contractor shall report to Behavioral Wellness monthly on the rate of timely completion of Comprehensive ASAM Assessments.

B. Staffing. Contractor shall submit quarterly Staffing Reports to County. These reports shall be on a form acceptable to, or provided by the 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 reports shall be received by County no later than 25 calendar days following the end of the quarter being reported.

C. 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 shall 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/or Certifications, changes in population served and reasons for any such changes;
3. The number of active cases and the number of clients admitted or discharged;
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 in its report any other data that demonstrate the effectiveness of Contractor's programs; and
5. For Perinatal programs, report shall include the number of women and children served, number of pregnant women served, and the number of births.

D. Network Adequacy Certification Tool (NACT). Contractor shall submit all required information to the County in order to comply with the *Department's Policy and Procedure #2.001 Network Adequacy Standards and Monitoring.* Network data reporting shall be submitted to QCM ADP BwellQCMADP@SBCBWELL.org as required by the State Department of Health Care Services.

E. Additional Reports. Contractor shall maintain records and make statistical reports as required by County State Department of Health Care Services (DHCS), Department of Public Health (DPH), or Department of Social Services (DSS), as applicable, on forms provided by or acceptable to the requesting 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 30 days for Contractor to respond.

V. Delete Exhibit A-1 Statement of Work: ADP (General Provisions), Section 8 (Client and Family Member Empowerment) and replace with the following:

8. CLIENT AND FAMILY MEMBER EMPOWERMENT.

A. Support Active Involvement. Contractor agrees to support active involvement of clients and their families in treatment, recovery, and policy development.

B. Beneficiary Rights. Contractor shall comply with any applicable federal and state laws that pertain to beneficiary rights and comply with *Department of Behavioral Wellness' Policy and Procedure #3.000 Beneficiary Rights*, available at www.countyofsb.org/behavioral-wellness/policies, and ensure that its employees and/or subcontracted providers observe and protect those rights.

C. Maintain Grievance Policy/Procedure. Contractor shall adopt *Department Policy #4.020 Client Problem Resolution Process* available at www.countyofsb.org/behavioral-wellness/policies , 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.

VI. Delete Exhibit A-1 Statement of Work: ADP (General Provisions), Section 10 (Notification Requirements) and replace with the following:

10. NOTIFICATION REQUIREMENTS.

A. Notice to QCM. Contractor shall immediately notify Behavioral Wellness' Quality Care Management (QCM) 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 that 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 #4.004 Unusual Occurrence Reporting*, available at www.countyofsb.org/behavioral-wellness/policies.

B. Notice to Compliance Hotline. 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.

C. Notice to Case Manager/Regional Manager/Staff. 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.

D. Notice to Contracts Division. Contractor may contact the Behavioral Wellness' Contracts Division at bwellcontractsstaff@co.santa-barbara.ca.us for any contractual concerns or issues.

E. Definition of "Immediately." "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 (phone number: 805-884-6855).

F. Beneficiary's Health Record. 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).)

VII. Delete Exhibit A-1 Statement of Work: ADP (General Provisions), Section 13 (Signature Pads) and replace with the following:

13. SIGNATURE PADS.

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

B. Contractor Replacement Due to Loss or Damage. In the event that Contractor damages or loses the signature pads provided by County, Contractor shall be responsible for purchasing a new Clinician's Gateway compatible signature pad as a replacement from the County inventory at the current cost of replacement.

VIII. Delete Exhibit A-1 Statement of Work: ADP (General Provisions), Section 14 (Additional Program Requirements) and replace with the following:

14. ADDITIONAL PROGRAM REQUIREMENTS.

A. Coordination of Services. Contractor shall provide services in coordination and collaboration with Behavioral Wellness, including Mental Health Services, Probation, other County departments, and other community-based organizations, as applicable.

B. Recovery Environment. Contractor shall provide a safe, clean, and sober environment for recovery.

C. Provide DMC-ODS Beneficiary Handbook to Clients. Contractor shall provide the County of Santa Barbara DMC-ODS Beneficiary Handbooks to all clients in an approved method listed in the *Department of Behavioral Wellness' Policy and Procedures #4.008 Beneficiary Informing Materials*, upon beneficiary enrollment into DMC-ODS treatment program or upon request within five business days, and shall inform all clients of where the information is placed on the County website in electronic form. The Handbook shall contain all information specified in 42 CFR Section 438.10(g)(2)(xi) about the grievance and appeal system.

D. Provide Materials in English and Spanish. Contractor shall make its written materials that are critical to obtaining services available to all clients in both English and Spanish including, at a minimum, provider directories, County of Santa Barbara Beneficiary Handbooks, appeal and grievance notices, denial and termination notices, and program curriculum. (42 C.F.R. § 438.10(D)(3).) Contractor shall maintain an adequate supply of County-provided written materials and shall request additional written materials from County as needed.

E. Maintain Provider Directory. Contractor shall collaborate with the County to maintain a current provider directory, as required by the Intergovernmental Agreement, Contract Number 18-95148, by providing monthly updates as applicable. Contractor shall ensure that all licensed individuals employed by the Contractor to deliver DMC-ODS services are included on the County provider directory with 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.

F. Specific Curricula:

1. Contractor shall stay informed on and implement current evidence-based practice curriculum that is approved by the County in providing treatment services.

2. Contractor shall provide Seeking Safety (training provided by County) or other trauma-informed services where indicated.

3. Contractor shall utilize Motivational Interviewing techniques, as defined by Treatment Improvement Protocol (TIP) 35: Enhancing Motivation for Change in Substance Use Disorder Treatment (SAMHSA), in providing treatment services (training provided by County).

4. Contractor shall utilize Cognitive Behavioral Treatment (CBT) in providing treatment services (training provided by County).

G. Support Groups. Contractor shall require clients to attend Twelve Step or other self-help support groups and activities unless not clinically indicated.

H. Tuberculosis (TB) Screening. Contractor shall require each client to be screened for Tuberculosis (TB) prior to admission using the Alcohol and Drug Program (ADP) TB Screening Questions and Follow-Up Protocol available at https://www.countyofsb.org/behavioral-wellness/formsforstaff-providers.sbc.

I. Referral to Perinatal Specialized Services. Contractor shall refer pregnant clients to perinatal specialized services, as clinically indicated.

J. Compliance with Requirements. Contractor shall adhere to all applicable State, Federal, and County requirements, with technical assistance from Behavioral Wellness.

K. Compliance with Grant Requirements. Grant-funded services, such as those funded by Substance Abuse and Mental Health Services Administration (SAMHSA), shall adhere to the terms and conditions of the Notice of Grant Award, the original grant proposal, and any subsequent grant reapplications, as provided by Behavioral Wellness, if applicable.

L. Attendance at Department ADP User Group and CBO Collaborative Meetings. Contractor shall attend Behavioral Wellness ADP User Group and CBO Collaborative meetings to receive information and support in addressing treatment concerns.

M. Recordkeeping Requirements. Contractor shall retain, as applicable, the following information for a period of no less than 10 years:

1. Beneficiary grievance and appeal records specified in 42 CFR section 438.416 and maintained in accordance with the Intergovernmental Agreement, Contract Number 18-95148, including at minimum, all of the following information:

   i. A general description of the reason for the appeal or grievance;

   ii. The date received;

iii. The date of each review, or if applicable, review meeting;

iv. Resolution at each level of the appeal or grievance, if applicable;

v. Date of resolution at each level, if applicable; and

vi. Name of the covered person for whom the appeal or grievance was filed.

2. Data, information, and documentation specified in 42 CFR sections 438.604, 438.606, 438.608, and 438.610;

3. Records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR sections 438.3(h) and 438.3(u); and

4. Should Contractor discontinue its contractual agreement with the County or cease to conduct business in its entirety, Contractor shall provide to County its fiscal and program records for the required retention period. DHCS Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to state funds. Contractor shall follow SAM requirements located at http://sam.dgs.ca.gov/TOC/1600.aspx.

N. Parity in Mental Health and Substance Use Disorder Benefits (42 CFR §438.900 et seq.) To ensure compliance with the parity requirements set forth in 42 CFR § 438.900 et seq., Contractor shall not impose, or allow its subcontractors, if any, to impose any financial requirements, Quantitative Treatment Limitations, or Non-Quantitative Treatment Limitations in any classification of benefit (inpatient, outpatient, emergency care, or prescription drugs) other than those limitations permitted and outlined in the Intergovernmental Agreement, Contract Number 18-95148.

O. Timely Access to Services.

1. Contractor shall meet State standards for timely access to care and services, taking into account the urgency of the need for services.

2. Contractor shall ensure that its hours of operations are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid FFS, if Contractor serves only Medicaid beneficiaries.

3. Contractor shall make the services included in this Agreement available 24 hours a day, 7 days a week, when medically necessary.

4. Contractor shall have policies and procedures in place to screen for emergency medical conditions and immediately refer beneficiaries to emergency medical care.

IX. Delete Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services), Section 3 (Services) and replace with the following:

3. SERVICES.

A. Outpatient Services (OS) ASAM Level 1.0.

1. **OS ASAM Level 1.0 - Frequency and Setting.**

Outpatient Services shall consist of services, when determined to be medically necessary and in accordance with an individualized treatment plan, and made available:

i. To adults, for up to nine (9) hours per week, and

ii. To adolescents, for less than six (6) hours per week.

Services may be provided in-person, by telephone, or by telehealth and in appropriate settings in the community in compliance with *Policy #7.009 Drug Medi-Cal Organized Delivery System (DMC-ODS) Outpatient Treatment Services.*

2. **OS ASAM Level 1.0 Services.**

Contractor shall ensure that ASAM Level 1.0 services are provided, including group counseling, intake and assessment, treatment planning, collateral services, crisis services, discharge services, individual counseling, and medication services as follows:

i. **Outpatient Services (OS) - Group Counseling.** Group counseling services means face-to-face contact with one or more therapists or counselors who treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. Contractor shall ensure that each client receives counseling sessions depending on the client's needs and treatment plan, or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided as scheduled. Clients must be DMC eligible to claim DMC reimbursement for the group session.

ii. **Outpatient Services (OS) - Individual.** Individual services are contacts between a client and a Licensed Practitioner of the Healing Arts (LPHA) or counselor and may include the following services:

a. **OS Individual - Intake and Assessment:** The process of determining that a client meets the Medical Necessity criteria and admitting the client into a substance use disorder (SUD) treatment program. Intake must include: completion of all intake paperwork, evaluation or analysis of substance use disorders, diagnosis of substance use disorders, and assessment of treatment needs to provide medically necessary services. Intake may also include a physical examination and laboratory testing necessary for substance use disorder treatment and treatment planning.

b. **OS Individual - Treatment Planning:** Contacts between a client and a LPHA or counselor to prepare and/or update an individualized written treatment plan.

c. **OS Individual - Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. "Significant persons" are individuals that have a personal, not official or professional, relationship with the client.

d. **OS Individual - Crisis Intervention Services:** Contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the client an imminent threat of relapse. Crisis Intervention Services shall be limited to the stabilization of the client's emergency situation.

e. **OS Individual - Discharge Services:** The process to prepare the client for referral into another level of care, post-treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

f. **OS Individual - Individual Counseling:** Face-to face contacts between a client and a therapist or counselor which will focus on psychosocial issues related to substance use and goals outlined in the client's individualized treatment plan. Individual counseling may also include family support, family therapy or patient education as defined below:

1) **Family Support:** Linkages to childcare, parent education, child development support services, and family and marriage education.

2) **Family Therapy:** Including a beneficiary's family members and loved ones in the treatment process and education about factors that are important to the beneficiary's recovery, as well as their own recovery can be conveyed. Family members may provide social support to beneficiaries, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.

3) **Patient Education:** Providing research-based education on addiction, treatment, recovery, and associated health risks.

g. **Medication Services:** The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice or licensure.

B. <u>Intensive Outpatient Services (IOS) ASAM Level 2.1</u>.

1. **Intensive Outpatient Services (IOS) - Frequency and Setting.** Intensive Outpatient Services are structured programming services provided to beneficiaries when determined to be medically necessary and in accordance with an individualized treatment plan made available:

i. To adults, a minimum of nine (9) hours with a maximum of 19 hours a week, and

ii. To adolescents, a minimum of six (6) hours with a maximum of 19 hours a week.

Services may be provided in-person, by telephone, or by telehealth and in appropriate settings in the community in compliance with *Department Policy #7.009 Drug Medi-Cal Organized Delivery System (DMC-ODS) Outpatient Treatment Services.*

2. **IOS ASAM Level 2.1 Services.** Contractor shall ensure that ASAM Level 2.1 services are provided, including assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination, as defined in Section 3.A.2 (Outpatient Services (OS)–Individual) above, and following:

i. **Intensive Outpatient Services (IOS) – Group Counseling.** Group counseling services means face-to-face contacts with one or more therapists or counselors who treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. Contractor shall ensure that each client receives counseling sessions depending on the client's needs and treatment plan

or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided as scheduled. Clients must be DMC eligible to claim DMC reimbursement for the group session.

C. Case Management Services.

Case Management Services are medically necessary services provided by a LPHA or registered/certified AOD counselor to assist clients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use disorder (SUD) care, integration around primary care (especially for clients with a chronic SUD), and interaction with the criminal justice system, if needed. All Case Management services should be provided in the context of an individualized client treatment plan that includes specific Case Management goals and identifies Case Management services. Contractor shall provide Case Management to clients who meet medical necessity as outlined in the *Department Policy #7.008 Drug Medi-Cal Organized Delivery System (DMC-ODS) Case Management*. Case Management may include:

1. **Transition to a Higher or Lower Level of Substance Use Disorder (SUD) Care.** Transfers to the next service provider will be completed through "warm hand-offs."
2. **Communication, Coordination, Referral, and Related Activities.** These activities help link the client with medical, social, and educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the client treatment plan.
3. **Monitoring Service Delivery to Ensure Client Access to Service and the Service Delivery System.** Monitoring and associated follow-up activities are necessary to adequately address the client's needs, and may be done with the client, family members, service providers, or other entities or individuals and may be conducted as frequently as necessary.
4. **Monitoring the Client's Progress.** This includes making any necessary modifications to the client's treatment plan and updating service arrangements with providers. Monitoring does not include evaluation or "check-ins" with a client when all client treatment plan goals have been met.
5. **Patient Advocacy, Linkages to Physical and Mental Health Care, Transportation. and Retention in Primary Care Services.** All services, including transportation for the purposes of continuous engagement, support, and linkage to treatment services must link back to the stated goals and interventions in the client's treatment plan.

D. Recovery Services.

Recovery Services are medically necessary services to assist clients in the recovery and wellness process following a completed course of treatment. Recovery Services are designed to emphasize the client's central role in managing their health, promote the use of effective self-management support strategies, and provide internal and community resources to support ongoing self-management. All Recovery Services should be provided in the context of an individualized client treatment plan that includes specific goals and identifies Substance Use Disorder Assistance services, including peer-to-peer services and relapse prevention as needed. Contractor shall provide Recovery Services to clients who have completed their

course of treatment and meet medical necessity as outlined in the *Department Policy #7.010 Drug Medi-Cal Organized Delivery System (DMC-ODS) Recovery Services.* Recovery Services may include:

1. **Outpatient Counseling Services in the Form of Individual or Group Counseling.** Outpatient counseling services are intended to stabilize the client and then reassess if the client needs further care.
2. **Recovery Monitoring.** Recovery monitoring includes recovery coaching and monitoring via telephone, telehealth, and the internet.
3. **Substance Use Disorder Assistance.** This includes peer-to-peer services and relapse prevention provided by SUD Peer Support Staff. The amount, duration, and scope of peer-to-peer services must be specified in the client's treatment plan. Services must be provided by qualified peer support staff who assists clients with recovery from their SUDs in accordance with the Peer Support Training Plan.
4. **Support for Education and Job Skills.** This includes linkages to life skills, employment services, job training, and education services.
5. **Family Support.** This includes linkages to childcare, parent education, child development support services, and family/marriage education.
6. **Support Groups.** This includes linkages to self-help and faith-based support groups.
7. **Ancillary Services.** This includes linkages to housing assistance, transportation, case management, and individual services coordination.

E. <u>Drug Testing</u>.

Contractor shall provide random drug testing at laboratories in accordance with Clinical Laboratory Improvement Amendments of 1988 (CLIA) and section 353 of the Public Health Act as indicated for clients enrolled in OS and IOS services.

F. <u>For Clients Needing Medication Assisted Treatment (MAT)</u>.

1. **Contractor Will Accept Clients on Medication Assisted Treatment.** Contractor shall not deny services to any client who meets medical necessity and who is authorized for Outpatient Treatment Services while also receiving Medication Assisted Treatment.
2. **Assessments.** Contractor will assess all clients for opioid use disorders and alcohol use disorders that may benefit from Medicated Assisted Treatment and these clients will be referred to a psychiatrist/physician (MD), physician's assistant (PA) or nurse practitioner (NP) for further evaluation. Clients deemed eligible and willing to participate in MAT will be linked with an Opioid Treatment Program/Narcotic Treatment Program (OTP/NTP) or considered for MAT treatment within a contracted SUD provider.
3. **Coordination of Care.** Contractor will pursue coordination of care for clients on Medication Assisted Treatment to the extent allowed by the Welfare and Institutions Code (WIC), the Health Insurance Portability and Accountability Act (HIPAA), and the Code of Federal Regulations (CFR) Title 42, Part 2 by making reasonable efforts to obtain client releases of information (ROI) for any health care or health service providers also serving the client.

G. Physician Consultation.

Contractor may bill and be reimbursed for their Medical Director and/or licensed physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists for complex cases to address medication selection, dosing, side effect management, adherence, drug-to-drug interactions, or level of care considerations.

H. Youth and Family Treatment. Contractor will provide Youth and Family treatment to address youth-specific developmental issues, provide comprehensive and integrated services, involve families, and allow youth to remain in the most appropriate, but least restrictive setting so they can be served within their families, group, and community. Contractor will provide Youth and Family treatment services, which shall include:

1. Individual, group counseling and drug testing that is age appropriate in alignment with the State of California Youth Treatment Guidelines: http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf
2. Family engagement activities and services which initiate and encourage family participation in treatment, such as groups to provide an introduction and orientation to the treatment program.
    i. Family education activities and services that educate families about relevant topics such as substance abuse, treatment, recovery, and relapse prevention.
    ii. Parenting education activities and services that foster effective parenting, with an emphasis on positive parenting, communication between parents and their children, setting clear and appropriate behavioral expectations and logical consequences, awareness of social issues that confront children and how parents can help, and other topics which increase parent effectiveness and family functioning.
    iii. Substance use treatment services to families or other significant persons in a client's life which focus on the client's treatment needs to support the client's treatment goals. All treatment services must include Motivational Interviewing and/or Cognitive Behavioral Treatment. Services must address specific needs and goals in the client's treatment plan.
    iv. Specific and scheduled outreach activities designed to increase local community awareness of treatment services.

I. Transitions to Other Levels of Care (LOC):

Contractor shall ensure all clients are reassessed using the ASAM LOC Screening at a minimum of every 90 days, unless medical necessity warrants more frequent reassessments, to ensure clients are receiving treatment in the appropriate LOC. Contractor shall ensure that clients are transitioned to the appropriate LOC no later than 10 business days from the time of the assessment/reassessment or screening, with no interruption in treatment services.

J. Additional Contractor-Specific Services. Contractor shall provide the additional services indicated below:

1. Contractor shall provide Co-Occurring Enhanced treatment services as defined by the American Society of Addiction Medicine (ASAM). Co-Occurring Enhanced services ensure that all staff are cross-trained in addiction and mental health and are competent to understand and identify signs and symptoms of acute psychiatric and substance use

conditions and treat both unstable mental and substance use disorders concurrently; treatment for both mental health and substance use disorders are integrated.

i. Contractor shall routinely serve clients who have mental health or cognitive conditions that are more acute or associated with more serious disabilities.

ii. Treatment planning and group programming shall be integrated in order to serve clients with acute addiction and withdrawal management needs, which can be managed by an enhanced program concurrent with mental health services.

iii. Contractor shall ensure higher levels of staffing, smaller client-to-staff ratios, and a generally greater mix of mental health specialty staff.

2. Contractor shall provide **Additional MAT - Monitoring (MAT)** to clients receiving Medication Assisted Treatment (MAT). Monitoring may include physician consultation and assessment of the side effects or results of the medication conducted by staff lawfully authorized to provide such services within their scope of practice or license. If the client refuses treatment services for a specified period of time, continuation of MAT medications will be reevaluated by the physician or licensed prescriber.

3. Contractor shall provide Transition Age Youth (TAY)-specific groups for clients aged 18-24.

X. Delete Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services), Section 6 (Admission Process) and replace with the following:

6. ADMISSION PROCESS.

A. ASAM Screening Form Review. Contractor shall review County approved ASAM screening form and referral information upon receiving it via electronic-fax.

B. Comprehensive ASAM Assessment. Contractor shall complete a Comprehensive ASAM Assessment within ten (10) business days of request for services. The Medical Director, licensed physician, or LPHA shall evaluate the assessment and intake information through a face-to-face or telehealth meeting with the client or the counselor who conducted the assessment in order to determine medical necessity in compliance with the DMC-ODS Special Terms and Conditions (STCs) 132 (e) and Title 22 Section 51303 and 51341.1.

C. Notice of Adverse Benefit Determination. If Contractor determines that the medical necessity criteria has not been met, then a written Notice of Adverse Benefit Determination (NOABD) shall be issued in accordance with 42 CFR 438.404 and 42 CFR 438.10.

D. Admit Clients Meeting Medical Necessity. Contractor shall admit clients referred by the Department who meet medical necessity, unless the client meets one or more conditions specified in Section 7 (Exclusion Criteria) or if space is not available in the Program, as described below.

E. Admission Documentation.

At Contractor's intake meeting with client, Contractor shall complete admission documentation with the following information:

1. Informed Consent to Treatment form, signed by client;

2. Release of Information form, signed by client;

3. Intake form, including financial assessment and contract for fees, signed by client;
4. Medication Consent form, signed by client;
5. Health Questionnaire, signed by client; and
6. Personal/demographic information of client, as described in State of California Alcohol and/or Other Drug Program Certification Standards, including:
    i. Social, economic, and family background;
    ii. Education;
    iii. Vocational achievements;
    iv. Criminal history,
    v. Legal status;
    vi. Medical history;
    vii. Psychiatric/psychological history;
    viii. Drug history;
    ix. Previous treatment; and
    x. Emergency contact information for client.

F. Notify Access Line/QCM If Client Not Accepted Into Program.

Contractor shall notify ACCESS Line/Quality Care Management (QCM) staff if client is not accepted into the Program based on Section 7 (Exclusion Criteria) within one business day of completing the intake or assessment.

G. QCM Documentation If Client Needs Another Level of Care.

Contractor shall document in the assessment the actual level of care placement. Any variance in placement shall be documented in the comprehensive assessment and will include the reasons for the difference in level of care.

H. Notify Access Line/QCM If Space Not Available in Program.

Should space not be available in the Program, Contractor shall notify ACCESS Line/Quality Care Management (QCM) staff within one business day of receiving the referral.

XI. Delete Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services), Section 8 (Documentation Requirements) and replace with the following:

8. DOCUMENTATION REQUIREMENTS.

A. Data Entry into County's MIS System. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more) and when the client is discharged from the treatment service.

B. **Comprehensive ASAM Multidimensional Assessment.** No later than ten (10) days after receipt of initial client referral, Contractor shall complete a Comprehensive ASAM Assessment. The Comprehensive ASAM Assessment shall be utilized for determination of medical necessity, determination of level of care, treatment planning, and discharge planning. For SATC clients, Contractor shall report the results of the Comprehensive ASAM Assessment and recommendations to the court.

C. **Treatment Plan.** No later than thirty (30) days after client admission into Program, Contractor shall complete a Treatment Plan. The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake and updated every ninety (90) days or more frequently as determined medically necessary. The treatment plan will be consistent with the qualifying diagnosis and will be signed by the client, the counselor, and/or LPHA or the Medical Director. The treatment plan and updates must include:

1. A statement of problems identified through the ASAM, other assessment tool(s), or intake documentation;
2. Goals to be reached that address each problem;
3. Action steps that will be taken by the Provider and/or client to accomplish identified goals;
4. Target dates for accomplishment of action steps and goals;
5. A description of services, including the type of counseling to be provided and the frequency thereof;
6. Assignment of a primary counselor;
7. The client's DSM-5 diagnosis language as documented by the Medical Director or LPHA;
8. If a client has not had a physical examination within 12 months prior to the client's admission to treatment date, a goal that the client have a physical examination should be present on the treatment plan;
9. If documentation of a client's physical examination, which was performed during the prior twelve months, indicates a client has a significant medical illness, a goal that the client obtains appropriate treatment for the illness shall be included on the treatment plan;
10. Individualization based on engaging the client in the treatment planning process; and
11. Treatment planning must conform to DMC Regulations as defined in Title 22, CCR Section 51341.1(h) (2).

D. **Additional Documentation Requirements.** Contractor must comply with all additional documentation requirements pursuant to Title 22 Section 51303 and 51341.1 and DMC-ODC Standard Terms and Conditions (STCs).

XII. Delete Exhibit A-5 (MHS General Provisions), Section 1 (Performance) and replace with the following:

1. PERFORMANCE.

A. Contractor shall adhere to all applicable County, State, and Federal laws, including the applicable sections of the state Medicaid plan and waiver, in the performance of this

Agreement, including but not limited to the statutes and regulations referenced therein and those set forth below. Contractor shall comply with any changes to these statutes and regulations that may occur during the Term of the Agreement and any new applicable statutes or regulations without the need for amendments to this Agreement. Contractor's performance shall be governed by and construed in accordance with the following:

1. All laws and regulations, and all contractual obligations of the County under the County Mental Health Plan ("MHP") (Contract No. 17-94613) between the County Department of Behavioral Wellness and the State Department of Health Care Services (DHCS), available at www.countyofsb.org/behavioral-wellness, including but not limited to subparagraphs C and F of the MHP, Exhibit E, Paragraph 7, and the applicable provisions of Exhibit D(F) to the MHP referenced in Paragraph 19.D of this Exhibit;
2. The Behavioral Wellness Steering Committee Vision and Guiding Principles, available at www.countyofsb.org/behavioral-wellness;
3. All applicable laws and regulations relating to patients' rights, including but not limited to Welfare and Institutions Code Section 5325, California Code of Regulations, Title 9, Sections 862 through 868, and 42 Code of Federal Regulations Section 438.100;
4. All applicable Medicaid laws and regulations, including applicable sub-regulatory guidance and contract provisions;
5. California's Mental Health Services Act;
6. California Code of Regulations Title 9, Division 1; and
7. 42 C.F.R. § 438.900 *et seq*. requiring provision of services to be delivered in compliance with federal regulatory requirements related to parity in mental health and substance use disorder benefits.

B. Contractor shall be at all times currently enrolled with the California Department of Health Care Services as a Medicaid provider, consistent with the provider disclosure, screening, and enrollment requirements of 42 CFR part 455, subparts B and E.

XIII. Delete Exhibit A-5 (MHS General Provisions), Section 16 (Training Requirements) and replace with the following:

16. TRAINING REQUIREMENTS.

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

1. HIPAA Privacy and Security;
2. Consumer and Family Culture;
3. Behavioral Wellness Code of Conduct;
4. Cultural Competency;
5. County Management Information System (MIS), including the California Outcomes Measurement System (CalOMS) Treatment for service staff who enter data into the system;

6. Applicable evidence-based treatment models and programs as agreed between Contractor and County in writing; and

7. MHSA (one time training).

B. Training Requirements for Mental Health Staff who provide direct service/document in Clinician's Gateway.

The following trainings are required and must be completed upon hire and annually thereafter:

1. Clinician's Gateway (one time training upon hire);

2. Documentation; and

3. Assessment and Treatment Plan.

XIV. Add Exhibit A-5 (MHS General Provisions), Section 17 (Additional Program Requirements) the new Subsection R (Client Service Plan) as follows:

R. Client Service Plan. Contractor shall complete a Client Service Plan and assessment for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual http://countyofsb.org/behavioral-wellness/asset.c/5670.

XV. Delete Exhibit A-6 MHS Statement of Work: Intensive In-Home Services, Section 3 A (Services) and replace with the following:

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

1. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.

   i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:

      a. Intake;

      b. Every 6 months thereafter; and

      c. Discharge.

   ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.

   iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of 0.70 or greater. Online training and certification is provided at www.canstraining.com.

   iv. CANS must be reported on the CBO Quarterly Reports to include the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:

      a. Functioning;

b. School;

c. Behavioral/Emotional;

d. Strength Behavior;

e. Risk Behavior; and

f. Caregiver Needs and Strengths.

v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:

a. Intake;

b. Every 6 months thereafter; and

c. Discharge.

vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents complete the document at intake and every 6 months.

2. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.

3. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1.

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

4. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

5. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.

6. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, ~~in~~ improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.

7. **Therapy.** Therapy is a service activity of therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.

8. **Intensive Care Coordination (ICC).** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to clients under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC services include assessing, service planning, and implementation; monitoring and adapting; and transition within the guidelines of the Katie A. Core Practice Model available at https://www.countyofsb.org/behavioral-wellness/asset.c/2194. ICC services are expanded to all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clients that qualify for IHBS/ICC.

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

   i. Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;

   ii. Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;

   iii. Supports the parent/caregiver in meeting their child/youth's needs;

   iv. Helps establish the CFT and provides ongoing support; and

   v. Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.

9. **Intensive Home-Based Services (IHBS).** IHBS are intensive, individualized, strength-based, and needs-driven intervention activities for clients under age 21 and designed to

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

XVI. Delete Exhibit A-6 MHS Statement of Work: Intensive In-Home Services, Section 12 (Staffing Requirements) and replace with the following:

12. STAFF. Contractor shall adhere to the Program staffing requirements outlined below. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

A. 9.0 FTE Counselors who shall be at minimum licensed, waivered, or registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254 and in Section D below with 4 FTE in Lompoc and 5 FTE in Santa Maria.

B. 1.83 FTE supervisory staff, which includes Clinical Supervisors, a Clinical Director, Program Director and Program Supervisor. Supervisory staff shall be licensed, waivered, or registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254 and in Section D below.

C. 0.10 FTE Program Data Compliance Specialist who shall be solely dedicated to the data analysis and structuring of the data and reports for required program outcomes and impact. Specifically, this position provides collaboration on the:

1. Quarterly staffing report;
2. Program outcomes/narrative reports;
3. ShareCare data analysis, reoccurrences of visits and number of sessions for the program compliance;
4. Network Adequacy Certification Tool; and
5. Day to day questions and data analysis support.

D. Title 9 CCR Sections 1810.223 and 1810.254 include:

1. **Licensed mental health professional** under Title 9 CCR Section 1810.223 includes:
   - i. Licensed physicians;
   - ii. Licensed psychologists;
   - iii. Licensed clinical social workers;
   - iv. Licensed marriage and family therapists;
   - v. Licensed psychiatric technicians;
   - vi. Registered Nurses; and
   - vii. Licensed Vocational Nurses.

2. **Waivered/Registered Professional** under Title 9 CCR Section 1810.254 includes an individual who has:

   i. A waiver of psychologist licensure issued by the Department;

   ii. Registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.

E. Interns/Trainees. Contractor may utilize interns or trainees as staff to provide services but only as is consistent with any and all applicable laws, regulations, and policies, as may be amended, and as follows:

1. Graduate student Interns/Trainees under the direct supervision of Contractor's licensed, registered or waivered Mental Health clinician; and

2. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number, if a Livescan is provided by the Contractor.

XVII. Delete Exhibit A-7 MHS: Statement of Work Managed Care Mental Health/Brief Therapy Services, Section 3 (Services) Subsection B 1-7 and replace it with the following:

3. SERVICES.

B. Contractor shall provide the following array of services, as needed, to Program clients:

1. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.

   i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:

      a. Intake;

      b. Every 6 months thereafter; and

      c. Discharge.

   ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.

   iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of 0.70 or greater. Online training and certification is provided at www.canstraining.com.

   iv. CANS must be reported on the CBO Quarterly Reports to include the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:

      a. Functioning;

b. School;

c. Behavioral/Emotional;

d. Strength Behavior;

e. Risk Behavior; and

f. Caregiver Needs and Strengths.

v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:

a. Intake;

b. Every 6 months thereafter; and

c. Discharge.

vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents complete the document at intake and every 6 months.

2. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.

3. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1.

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

4. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

5. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.

6. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.

7. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.

XVIII. Add Exhibit A-7 MHS: Statement of Work Managed Care Mental Health/Brief Therapy Services, Section 10 (Staffing) as follows:

10. STAFFING. The Program shall be staffed by 1.20 full time equivalent (FTE) direct service staff, as described below. Contractor shall adhere to the Program staffing requirements outlined below. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

A. 1.20 FTE Counselors who shall be at minimum licensed, waivered, or registered mental health professionals as described in Title 9 CCR sections 1810.223 and 1810.254 and in Section F below for an average of twenty (20) clients for one (1.0) FTE.

B. 0.84 FTE Clinical Supervisor, Clinical Director and Program Director who shall oversee the program services and staff, who shall be at minimum licensed, waivered, or registered mental health professionals as described in Title 9 CCR sections 1810.223 and 1810.254 and in Section F below.

C. 0.10 FTE Program Data Compliance Specialist who shall be solely dedicated to the data analysis and structuring of the data and reports for required program outcomes and impact. Specifically, this position provides collaboration on the:

1. Quarterly staffing report;
2. Program outcomes/narrative reports;
3. ShareCare data analysis, reoccurrences of visits, and number of sessions for program compliance;
4. Network Adequacy Certification Tool; and
5. Day-to-day questions and data analysis support.

D. Title 9 CCR sections 1810.223 and 1810.254 include:

1. Licensed mental health professional under Title 9 CCR Section 1810.223 includes:
   i. Licensed physicians;

ii. Licensed psychologists;

iii. Licensed clinical social workers;

iv. Licensed marriage and family therapists;

v. Licensed psychiatric technicians;

vi. Registered Nurses; and

vii. Licensed Vocational Nurses.

2. Waivered/Registered Professional under Title 9 CCR Section 1810.254 includes an individual who has:

i. A waiver of psychologist licensure issued by the Department, or

ii. Registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.

XIX. Delete Exhibit A-8 MHS Statement of Work: School-Based Mental Health Services, Section 3 (Services), Subsection B 1-7 and replace it with the following:

3. Services.

B. Contractor shall provide the following array of services, as needed, to Program clients:

1. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.

i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:

a. Intake;

b. Every 6 months thereafter; and

c. Discharge.

ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.

iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of 0.70 or greater. Online training and certification is provided at www.canstraining.com.

iv. CANS must be reported on the CBO Quarterly Reports to include the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:

a. Functioning;

b. School;

c. Behavioral/Emotional;

d. Strength Behavior;

e. Risk Behavior; and

f. Caregiver Needs and Strengths.

v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:

a. Intake;

b. Every 6 months thereafter; and

c. Discharge.

vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents complete the document at intake and every 6 months.

2. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.

3. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1.

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

4. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

5. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.

6. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.

7. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.

XX. Delete <u>Exhibit A-8</u> MHS Statement of Work: School-Based Mental Health Services, <u>Section 9 (Staffing Requirements)</u> of and replace it with the following:

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

A. School-Based Mental Health.

1. 2.5 FTE Counselors who are Qualified Mental Health Workers (QMHW) as described below in Section D or licensed, waivered, or registered mental health professionals as described in Title 9 CCR sections 1810.223 and 1810.254 and below in Section C. Counselors shall be assigned by the County between the Lompoc and Santa Barbara area.

2. 0.81 FTE Supervisory staff, which includes a Licensed Program Manager and Licensed Clinical Supervisor. Supervisory staff shall be licensed/waivered/registered mental health professionals as described in Title 9 CCR sections 1810.223 and 1810.254.

3. 0.05 FTE Program Coordinator.

4. 0.10 FTE Program Data Compliance Specialist who shall be solely dedicated to the data analysis and structuring of the data and reports for required program outcomes and impact. Specifically, this position provides collaboration on the:

   i. Quarterly staffing report;

   ii. Program outcomes/narrative reports;

   iii. ShareCare data analysis, reoccurrences of visits, and number of sessions for program compliance;

   iv. Network Adequacy Certification Tool; and

   v. Day-to-day questions and data analysis support.

   vi. The position will support all school-based programs, including START.

B. START.

1. 1.4 FTE Counselors to provide direct service who are licensed/waivered/registered mental health professionals as described in Title 9 sections CCR 1810.223 and 1810.254 and below in Section C. Contractor, in partnership with the Council on Alcoholism and Drug Abuse (CADA), shall provide staff for the START Teams.
2. 0.18 FTE supervisory staff which include a Program Supervisor and Program Manager. Supervisory staff shall be licensed/waivered/registered mental health professionals as described in Title 9 sections CCR 1810.223 and 1810.254.
3. START Teams shall provide services at each campus in the CUSD.

C. Title 9 CCR Sections 1810.223 and 1810.254 include:

1. Licensed mental health professionals Title 9 CCR Section 1810.223 includes:
   i. Licensed physicians;
   ii. Licensed psychologists;
   iii. Licensed clinical social workers;
   iv. Licensed marriage and family therapists;
   v. Licensed psychiatric technicians;
   vi. Registered Nurses; and
   vii. Licensed Vocational Nurses.
2. Waivered/Registered Professional under Title 9 CCR Section 1810.254 includes an individual who has:
   i. A waiver of psychologist licensure issued by the Department; or
   ii. Registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.

D. Qualified Mental Health Worker (QMHW) is assigned to the job classification of Case Worker within the County and meet the education requirements as an "Other Qualified Provider". The employment standards for a QMHW are set at the discretion of the County. A QMHW qualifies for the position by meeting one of the following employment standards:

1. Possession of a B.A. degree in social or behavioral sciences, including psychology, social work or sociology, and six (6) months of experience performing work on a full-time basis providing client care in a mental health setting; or
2. Possession of a high school diploma or equivalent degree and two (2) years of experience performing work on a full-time basis providing client care in a mental health setting and/or support services to mental health clients and their families.

XXI. Delete <u>Exhibit A-9</u> MHS, Statement of Work: Pathways to Well-Being (CWS KATIE A) Mental Health Services, <u>Section 3 A (Services)</u> and replace with the following:

3. SERVICES. Contractor shall provide comprehensive assessments after Behavioral Wellness has determined the client to meet CLASS (mild-to-moderate mental health criteria), coordinate

program services with County and CWS, provide tracking data for CLASS youth and provide summary of (Katie A) reassessment reports to Behavioral Wellness and CWS every 6 months. Contractor shall develop, support, and empower foster family units by identifying existing strengths and areas of need, and teaching problem solving skills.

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

1. **Assessment/Reassessment.** Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.

    i. Contractor shall complete the Child & Adolescent Needs & Strengths (CANS) for each client. The CANS must be administered by trained clinical staff (County/CBO) at:

        a. Intake;

        b. Every 6 months thereafter; and

        c. Discharge.

    ii. The CANS must be shared with CWS/Probation with a Release of Information for open Child Welfare Services/Probation clients.

    iii. Annual training and certification of clinicians is required for use of the CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of 0.70 or greater. Online training and certification is provided at www.canstraining.com.

    iv. CANS must be reported on the CBO Quarterly Reports to include the percentage of completed CANS with the expectation of 100% and the positive change in at least half (3 out of 6) of the following CANS domains:

        a. Functioning;

        b. School;

        c. Behavioral/Emotional;

        d. Strength Behavior;

        e. Risk Behavior; and

        f. Caregiver Needs and Strengths.

    v. The Contractor shall oversee completion of the Pediatric Symptom Checklist (PSC) to be completed by the child's parent/guardian at:

        a. Intake;

        b. Every 6 months thereafter; and

        c. Discharge.

vi. Contractor shall report on the CBO quarterly report the percentage of parents/guardians completing the PSC, with an expectation that 100% of all parents complete the document at intake and every 6 months.

2. **Case Management.** Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.

3. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1.

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

4. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

   Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

5. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.

6. **Rehabilitation.** A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.

7. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.

8. **Intensive Care Coordination (ICC).** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to clients under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC services include assessing, service planning, and implementation; monitoring and adapting; and transition within the guidelines of the Katie A. Core Practice Model available at https://www.countyofsb.org/behavioral-wellness/asset.c/2194. ICC services are expanded to all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clients that qualify for IHBS/ICC.

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

   i. Ensures that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth-driven, and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;

   ii. Facilitates a collaborative relationship among the child/youth, his/her family, and systems involved in providing services to the child/youth;

   iii. Supports the parent/caregiver in meeting their child/youth's needs;

   iv. Helps establish the CFT and provides ongoing support; and

   v. Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.

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

XXII. Delete Exhibit A-9 MHS, Statement of Work: Pathways to Well-Being (CWS KATIE A) Mental Health Services, Section 11 (Staffing Requirements) and replace with the following:

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

A. The Program shall include a combination of Contractor and County staff, with clients referred to County psychiatric for treatment functions if needed (functions performed by a psychiatrist, nurse, or psychiatric technician). County shall provide psychiatric and medication support to Program clients who require these services. County staff shall work in conjunction with Contractor staff to deliver seamless multi-disciplinary treatment, rehabilitation, and support services.

1. 1.20 FTE direct service staff, as described below. Program staffing levels between the Intensive In-Home and Pathways to Well-Being programs may be adjusted as client volume fluctuates between the two programs.
2. 1.20 FTE Counselors who shall be licensed/waivered/registered mental health professionals as described in Title 9 CCR sections 1810.223 and 1810.254 and below in section B for an average of 25 clients for 1 FTE.
3. 0.59 FTE clinical and Program supervisory staff, who shall be licensed/waivered/registered mental health professionals as described in Title 9 CCR Sections 1810.223 and 1810.254.
4. 0.10 FTE Program Data Compliance Specialist who shall be solely dedicated to the data analysis and structuring of the data and reports for required program outcomes and impact. Specifically, this position provides collaboration on the:
    i. Quarterly staffing report;
    ii. Program outcomes/narrative reports;
    iii. ShareCare data analysis, reoccurrences of visits, and number of sessions for program compliance;
    iv. Network Adequacy Certification Tool; and
    v. Day-to-day questions and data analysis support.

B. Title 9 CCR Sections 1810.223 and 1810.254 include:

1. Licensed mental health professionals Title 9 CCR Section 1810.223 includes:
    i. Licensed physicians;
    ii. Licensed psychologists;
    iii. Licensed clinical social workers;
    iv. Licensed marriage and family therapists;
    v. Licensed psychiatric technicians;
    vi. Registered Nurses; and
    vii. Licensed Vocational Nurses.

2. Waivered/Registered Professional under Title 9 CCR Section 1810.254 includes an individual who has:

   i. A waiver of psychologist licensure issued by the Department;

   ii. Registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.

3. Interns/Trainees. Contractor may utilize interns or trainees as staff for program services but only as is consistent with any and all applicable laws, regulations, and policies, as may be amended, and as follows:

   i. Graduate student Interns/Trainees under the direct supervision of Contractor's licensed, registered, or waivered Mental Health clinician; and

   ii. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number, if a Livescan is provided.

XXIII. Delete Exhibit B ADP Financial Provisions, Section II (Maximum Contract Amount) and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **$4,740,187** inclusive of **$1,118,606** in Alcohol and Drug Program funding inclusive of $439,162 for FY 18-19, $416,291 for FY 19-20, and $263,153 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. 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.

XXIV. Delete Exhibit B MHS Financial Provisions, Section III. (Operating Budget and Provisional Rate) and replace it with the following:

III. Operating Budget and Provisional Rate

A. Operating Budget. Prior to the Effective Date of this Agreement, Contractor shall provide County with an Operating Budget on a format acceptable to or provided by County, based on costs of net of revenues as described in this Exhibit B-MH, Section IV (Accounting for Revenues). The approved Operating Budget shall be attached to this Agreement as Exhibit B-2. County may disallow any expenses in excess of the adopted operating budget. Contractor shall request, in advance, approval from County for any budgetary changes. Indirect costs are limited to 15% of direct costs for each program and must be allocated in accordance with a cost allocation plan that adheres with OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

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

XXV. Delete Exhibit B MHS Financial Provisions, Section IV. (Accounting for Revenues), Subsection A (Accounting for Revenue) and replace it with the following:

IV. ACCOUNTING FOR REVENUES

A. Accounting for Revenues. Contractor shall comply with all County, State, and Federal requirements and procedures, including, but not limited to, those described in California Welfare and Institutions Code (WIC) Sections 5709, 5710 and 14710, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP), (2) the eligibility of patients/clients for Medi-Cal, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. Grants, and any other revenue, interest and return resulting from services/activities and/or funds paid by County to Contractor shall also be accounted for in the Operating Budget. Contributions designated in Exhibit B-1-MH shall be offset from invoices and the annual cost report, unless otherwise negotiated with the County and approved in writing.

XXVI. Delete Exhibit B MHS Financial Provisions, Section VI (Billing and Payment Procedures and Limitations), Subsection A. (Submission of claims and Invoices), and Subsection E. (Withholding of Payment for Unsatisfactory Clinical Documentation) and replace it with the following:

VI. Billing and Payment Procedures and Limitations.

A. Submission of Claims and Invoices.

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

   financecbo@co.santa-barbara.ca.us
   Santa Barbara County Department of Behavioral Wellness
   ATTN: Accounts Payable
   429 North San Antonio Road
   Santa Barbara, CA 93110 –1316

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

2. Submission of Claims and Invoices for Non Medi-Cal Services. Contractor shall submit a written invoice within 15 calendar days of the end of the month in which non-Medi-Cal services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, including the provisional Medi-Cal payment as described in VI.A.1 of this Exhibit B MH, as appropriate, ii) states the amount

owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VI.A.1 (Submission of Claims and Invoices for Medi-Cal Services) of this Exhibit B MH. Actual cost is the actual amount paid or incurred, including direct labor and costs supported by financial statements, time records, invoices, and receipts.

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

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

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. County may also deny payment for services that are provided without a current client service plan.

XXVII. Delete Exhibit B MHS Financial Provisions, Section VII (Cost Report), Subsection D (Audited Financial Reports) and replace it with the following:

VII. COST REPORT

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

XXVIII. Delete Exhibit B MHS Financial Provisions, Section VIII (Pre-audit Cost Settlements), Subsection A (Pre-audit Cost Report Settlements) and replace it with the following:

VIII. Pre-audit Cost 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. The federal published charges rule is applicable only for the outpatient, rehabilitative, case management, and 24-hour services.

2. The Contractor's actual costs.

3. The County Maximum Allowable rate, unless Director or designee approves in writing in the year-end cost settlement, that use of the County Maximum Allowable rate was waived for settlement purposes.

XXIX. Delete <u>Exhibit B-1 ADP Schedule of Rates and Contract Maximum FY 18-19, FY 19-20 and FY 20-21</u> and replace with the following:

EXHIBIT B-1- ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibit A2 through A-4 FY 18-19)

Exhibit B-1 ADP
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Family Service Agency **FISCAL YEAR:** 2018-19

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service***	Projected Number of Clients***
Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment	15 Minute Unit	91	91	5,549	59
		15	ODS Case Management	15 Minute Unit	93	93	1,126	13
		15	ODS Recovery Services	15 Minute Unit	95	95	916	11
		15	ODS Non-NTP Medically Assisted Treatment (MAT)	15 Minute Unit	99	99	60	2
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	1,388	45

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
Drug Medi-Cal Billable Services	Outpatient	15	ODS Group Counseling	15 Minute Unit	91	91	$33.81
		15	ODS Individual Counseling	15 Minute Unit	92	92	$33.81
		15	ODS Case Management	15 Minute Unit	93	93	$33.81
		15	ODS Recovery Services Individual	15 Minute Unit	95	95	$33.81
		15	ODS Recovery Services Group	15 Minute Unit	96	96	$33.81
		15	ODS Recovery Services Case Management	15 Minute Unit	97	97	$33.81
		15	ODS Recovery Services Monitoring	15 Minute Unit	98	98	$33.81
		15	ODS Non-NTP Medically Assisted Treatment (MAT)	15 Minute Unit	99	99	$141.59[1]
		15	ODS Non-NTP MAT - Buprenorphine-Naloxone Combination Product	Dose	100	100	$23.34
		15	ODS Non-NTP MAT - Disulfiram	Dose	101	101	$7.59
		15	ODS Non-NTP MAT - Acamprosate	Dose	104	104	$0.00[1]
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	$31.02
Non - Drug Medi-Cal Billable Services	Early Intervention	N/A	Information Dissemination	Cal OMS	N/A	12	Actual Cost
			Education	Cal OMS	N/A	13	Actual Cost
	Case Management	N/A	Case Management	Direct Service Hours	N/A	68	Actual Cost

	Program					TOTAL
	Outpatient Treatment Services - Start Up	Outpatient Treatment Services[2]	ODS Non-NTP Medically Assisted Treatment (MAT)[3]	Strengthening Families Program	Prop 47 Step Down Facility (starting Nov.1, 2019)	
	December 1, 2018 to June 30, 2019					
GROSS COST:	$ 35,376	$ 277,591	$ 23,000	$ 103,195	$ -	$ 439,162
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						$ -
CONTRIBUTIONS						$ -
OTHER (LIST):						$ -
TOTAL CONTRACTOR REVENUES	$ -	$ -	$ -	$ -	$ -	$ -
MAXIMUM CONTRACT AMOUNT PAYABLE:	**$ 35,376**	**$ 277,591**	**$ 23,000**	**$ 103,195**	**$ -**	**$ 439,162**

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**						
Drug Medi-Cal		$ 146,765	$ 23,000			$ 169,765
Realignment/SAPT - Discretionary						$ -
Realignment/SAPT - Perinatal						$ -
Realignment/SAPT - Adolescent Treatment	$ 35,376	$ 30,000				$ 65,376
Realignment/SAPT - Primary Prevention				$ 103,195		$ 103,195
CalWORKS						$ -
Other County Funds		$ 100,826				$ 100,826
FY18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ 35,376**	**$ 277,591**	**$ 23,000**	**$ 103,195**	**$ -**	**$ 439,162**
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ -**	**$ 216,896**	**$ 6,077**	**$ 158,000**	**$ 35,318**	**$ 416,291**
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ -**	**$ -**	**$ -**	**$ 158,000**	**$ 105,153**	**$ 263,153**
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ 35,376**	**$ 494,487**	**$ 29,077**	**$ 419,195**	**$ 140,471**	**$ 1,118,606**

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.
***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.
[1]Cost of Naltrexone tablets is bundled in the rate for ODS Non-NTP Medically Assisted Treatment (MAT).
[2]**Outpatient Treatment** funding includes $60,772 in funds for Intensive Outpatient Services (IOS), conditional upon DMC certification for IOS effective starting 12/1/18.
[3]**ODS Non-NTP Medically Assisted Treatment (MAT)** funding includes $1,703 for IOS client MAT services , conditional upon DMC certification for IOS effective starting 12/1/18.

EXHIBIT B-1- ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibit A2 through A-4 and A-10 FY 19-20)

Exhibit B-1 ADP
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Family Service Agency **FISCAL YEAR:** 2019-20

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service***	Projected Number of Clients***
Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment	15 Minute Unit	91	91	9,513	59
		15	ODS Case Management	15 Minute Unit	93	93	1,931	18
		15	ODS Recovery Services	15 Minute Unit	95	95	1,571	14
		15	ODS Non-NTP Medically Assisted Treatment (MAT)	15 Minute Unit	99	99	103	2
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	2,595	84

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
Drug Medi-Cal Billable Services	Outpatient	15	ODS Group Counseling	15 Minute Unit	91	91	$33.81
		15	ODS Individual Counseling	15 Minute Unit	92	92	$33.81
		15	ODS Case Management	15 Minute Unit	93	93	$33.81
		15	ODS Recovery Services Individual	15 Minute Unit	95	95	$33.81
		15	ODS Recovery Services Group	15 Minute Unit	96	96	$33.81
		15	ODS Recovery Services Case Management	15 Minute Unit	97	97	$33.81
		15	ODS Recovery Services Monitoring	15 Minute Unit	98	98	$33.81
		15	ODS Non-NTP Medically Assisted Treatment (MAT)	15 Minute Unit	99	99	$141.59[1]
		15	ODS Non-NTP MAT - Buprenorphine-Naloxone Combination Product	Dose	100	100	$26.57
		15	ODS Non-NTP MAT - Disulfiram	Dose	101	101	$9.49
		15	ODS Non-NTP MAT - Acamprosate	Dose	104	104	$0.00[1]
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	$31.02
Non - Drug Medi-Cal Billable Services	Early Intervention	N/A	Information Dissemination	Cal OMS	N/A	12	Actual Cost
			Education	Cal OMS	N/A	13	Actual Cost
	Case Management	N/A	Case Management	Direct Service Hours	N/A	68	Actual Cost

	Program					TOTAL
	Outpatient Treatment Services - Start Up (ending June 30, 2019)	Outpatient Treatment Services[2] (ending November 30, 2019)	ODS Non-NTP Medically Assisted Treatment (MAT)[3] (ending November 30, 2019)	Strengthening Families Program	Prop 47 Step Down Facility (starting Nov.1, 2019)	
GROSS COST:	$ -	$ 216,896	$ 6,077	$ 158,000	$ 35,318	$ 416,291
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						$ -
CONTRIBUTIONS						$ -
OTHER (LIST):						$ -
TOTAL CONTRACTOR REVENUES	$ -	$ -	$ -	$ -	$ -	$ -
MAXIMUM CONTRACT AMOUNT PAYABLE:	**$ -**	**$ 216,896**	**$ 6,077**	**$ 158,000**	**$ 35,318**	**$ 416,291**

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**						
Drug Medi-Cal		$ 206,051	$ 6,077			$ 212,128
Realignment/SAPT - Discretionary					$ 700	$ 700
Realignment/SAPT - Perinatal						$ -
Realignment/SAPT - Adolescent Treatment		$ 10,845		$ 158,000		$ 168,845
Realignment/SAPT - Primary Prevention						$ -
CalWORKS						$ -
Other County Funds					$ 34,618	$ 34,618
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ -**	**$ 216,896**	**$ 6,077**	**$ 158,000**	**$ 35,318**	**$ 416,291**
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ -**	**$ -**	**$ -**	**$ 158,000**	**$ 105,153**	**$ 263,153**
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ -**	**$ 216,896**	**$ 6,077**	**$ 316,000**	**$ 140,471**	**$ 679,444**

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.
***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.
[1]Cost of Naltrexone tablets is bundled in the rate for ODS Non-NTP Medically Assisted Treatment (MAT).
[2]**Outpatient Treatment** funding includes $60,772 in funds for Intensive Outpatient Services (IOS), conditional upon DMC certification for IOS effective starting 12/1/18.
[3]**ODS Non-NTP Medically Assisted Treatment (MAT)** funding includes $1,703 for IOS client MAT services , conditional upon DMC certification for IOS effective starting 12/1/18.

EXHIBIT B-1- ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibit A-4 and A-10 FY 20-21)

Exhibit B-1 ADP
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Family Service Agency **FISCAL YEAR:** 2020-21

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
Non - Drug Medi-Cal Billable Services	Early Intervention	N/A	Information Dissemination	Cal OMS	N/A	12	Actual Cost
			Education	Cal OMS	N/A	13	Actual Cost
	Case Management	N/A	Case Management	Direct Service Hours	N/A	68	Actual Cost

	Program					TOTAL
				Strengthening Families Program	Prop 47 Step Down Facility - Case Management	
GROSS COST:	$ -	$ -	$ -	$ 158,000	$ 105,153	$ 263,153
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						$ -
CONTRIBUTIONS						$ -
OTHER (LIST):						$ -
TOTAL CONTRACTOR REVENUES	$ -	$ -	$ -	$ -	$ -	$ -
MAXIMUM CONTRACT AMOUNT PAYABLE:	**$ -**	**$ -**	**$ -**	**$ 158,000**	**$ 105,153**	**$ 263,153**

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**						
Drug Medi-Cal						$ -
Realignment/SAPT - Discretionary						$ -
Realignment/SAPT - Perinatal						$ -
Realignment/SAPT - Adolescent Treatment				$ 158,000		$ 158,000
Realignment/SAPT - Primary Prevention						$ -
CalWORKS						$ -
Other County Funds					$ 105,153	$ 105,153
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	**$ -**	**$ -**	**$ -**	**$ 158,000**	**$ 105,153**	**$ 263,153**

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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

XXIX. Delete Exhibit B-1 MHS Schedule of Rates and Contract Maximum FY 19-20 and FY 20-21 and replace with the following:

EXHIBIT B-1 - MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibit A6 through A9)

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

CONTRACTOR NAME: Family Service Agency (FSA) **FISCAL YEAR:** 2019-2020

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	$2.51
			Intensive Care Coordination	Minutes	07	$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 (Family, Individual)	Minutes	12, 41	$3.25
			MHS - IHBS	Minutes	57	$3.25
			Crisis Intervention	Minutes	70	$4.82

	PROGRAM					
	Intensive In-Home	Managed Care (FFS)	School Based Counseling	Carpinteria START	Pathways to Well Being (Formerly HOPE)	TOTAL
GROSS COST:	$ 903,363	$ 247,123	$ 284,595	$ 108,982	$ 195,000	$ 1,739,063
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						$ -
CONTRIBUTIONS						$ -
OTHER (LIST): School District Funding						$ -
TOTAL CONTRACTOR REVENUES	$ -	$ -	$ -	$ -		$ -
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	**$ 903,363**	**$ 247,123**	**$ 284,595**	**$ 108,982**	**$ 195,000**	**$ 1,739,063**
SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	$ 858,195	$ 234,767	$ 270,366	$ 65,389	$ 185,250	$ 1,613,966
NON-MEDI-CAL						$ -
SUBSIDY	$ 45,168	$ 12,356	$ 14,230	$ 43,593	$ 9,750	$ 125,097
OTHER (LIST):						$ -
TOTAL SOURCES OF FUNDING	**$ 903,363**	**$ 247,123**	**$ 284,595**	**$ 108,982**	**$ 195,000**	**$ 1,739,063**

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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

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

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

(4) CMA does not apply to FY19-20.

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

EXHIBIT B-1 - MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibit A6 through A9)

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

CONTRACTOR NAME: **Family Service Agency (FSA)** **FISCAL YEAR:** **2020-2021**

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	$2.58
			Intensive Care Coordination	Minutes	07	$2.58
			Collateral	Minutes	10	$3.33
			*MHS- Assessment	Minutes	30	$3.33
			MHS - Plan Development	Minutes	31	$3.33
			*MHS- Therapy (Family, Individual)	Minutes	11, 40	$3.33
			MHS - Rehab (Family, Individual)	Minutes	12, 41	$3.33
			MHS - IHBS	Minutes	57	$3.33
			Crisis Intervention	Minutes	70	$4.95

	PROGRAM					
	Intensive In-Home	Managed Care (FFS)	School Based Counseling	Carpinteria START	Pathways to Well Being (Formerly HOPE)	TOTAL
GROSS COST:	$ 1,046,818	$ 247,123	$ 284,595	$ 108,982	$ 195,000	$ 1,882,518
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						$ -
CONTRIBUTIONS						$ -
OTHER (LIST): School District Funding						$ -
TOTAL CONTRACTOR REVENUES	$ -	$ -	$ -	$ -		$ -
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	**$ 1,046,818**	**$ 247,123**	**$ 284,595**	**$ 108,982**	**$ 195,000**	**$ 1,882,518**
SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	$ 994,477	$ 234,767	$ 270,366	$ 65,389	$ 185,250	$ 1,750,249
NON-MEDI-CAL						$ -
SUBSIDY	$ 52,341	$ 12,356	$ 14,230	$ 43,593	$ 9,750	$ 132,270
OTHER (LIST):						$ -
TOTAL SOURCES OF FUNDING	**$ 1,046,818**	**$ 247,123**	**$ 284,595**	**$ 108,982**	**$ 195,000**	**$ 1,882,518**

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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

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

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

(4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

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

XXX. Delete Exhibit B-2 ADP and MHS Entity Budget by Program FY 19-20 and FY 20-21 and replace with the following:

EXHIBIT B-2
ENTITY BUDGET ADP AND MHS BY PROGRAM
FY 2019-2020

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

AGENCY NAME: Family Service Agency of Santa Barbara County
COUNTY FISCAL YEAR: 2019-20 Amd 4

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LINE #	COLUMN # 1	3	4	5	6	7	8	9	10	11	12
	I. REVENUE SOURCES:	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensive In Home	Managed Care	Pathways to Wellbeing	School Based Counseling	Carp Start	Outpatient Treatment Services[2]	ODS Non-NTP Medically Assisted Treatment (MAT)[3]	Strengthening Families Program	Prop 47 Step Down Facility (starting Nov.1, 2019)
1	Contributions	$ -									
2	Foundations/Trusts	$ -									
3	Miscellaneous Revenue	$ -									
4	Behavioral Wellness Funding	$ 2,155,354	$ 903,363	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 216,896	$ 6,077	$ 158,000	$ 35,318
5	Other Government Funding	$ -									
6	School District Funding	$ -									
7	Events (net)	$ -									
8	Private Contracts	$ -									
9	Draws	$ -									
10	Total Other Revenue	$ 2,155,354	$ 903,363	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 216,896	$ 6,077	$ 158,000	$ 35,318
	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	$ 2,155,354	$ 903,363	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 216,896	$ 6,077	$ 158,000	$ 35,318

	III. DIRECT COSTS	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensive In Home	Managed Care	Pathways to Wellbeing	School Based Counseling	Carp Start	Outpatient Treatment Services[2]	ODS Non-NTP Medically Assisted Treatment (MAT)[3]	Strengthening Families Program	Prop 47 Step Down Facility (starting Nov.1, 2019)
	III.A. Salaries and Benefits Object Level										
16	Salaries (Complete Staffing Schedule)	$ 1,292,044	$ 570,192	$ 150,648	$ 122,554	$ 177,006	$ 67,366	$ 119,046	$ -	$ 64,084	$ 21,149
17	Employee Benefits (includes Payroll Taxes)	$ 352,110	$ 153,952	$ 40,675	$ 33,090	$ 47,792	$ 18,189	$ 32,142	$ -	$ 17,303	$ 8,968
20	Salaries and Benefits Subtotal	$ 1,644,154	$ 724,143	$ 191,323	$ 155,643	$ 224,798	$ 85,555	$ 151,189	$ -	$ 81,387	$ 30,117
	III.B Services and Supplies Object Level										
21	Program Consultants	$ 47,092	$ 12,290	$ 3,867	$ 3,322	$ 7,344	$ 2,772	$ 10,328	$ 5,285	$ 1,885	$ -
22	Program Mileage/Travel	$ 23,650	$ 12,400	$ 2,500	$ 2,000	$ 1,500	$ 1,000	$ 2,500	$ -	$ 1,750	$ -
23	Program Supplies	$ 51,031	$ 15,000	$ 4,500	$ 1,200	$ 3,833	$ 640	$ 10,312	$ -	$ 15,000	$ 546
24	Subcontracts	$ 28,220	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,220	$ -
25	Program Utilities	$ 13,117	$ 5,600	$ 3,500	$ 900	$ 750	$ 200	$ 1,667	$ -	$ 500	$ -
26	Program Trainings	$ 10,643	$ 1,000	$ 700	$ 500	$ 3,000	$ 400	$ 3,443	$ -	$ 1,600	$ -
27	Program Telephone/Internet	$ 20,300	$ 5,500	$ 2,500	$ 3,000	$ 2,000	$ 500	$ 6,250	$ -	$ 500	$ 50
28	Program Bldg Maintenance	$ 21,617	$ 8,000	$ 6,000	$ 1,500	$ 1,500	$ 900	$ 2,917	$ -	$ 800	$ -
29	Program Rent	$ 13,300	$ 1,600	$ -	$ 1,500	$ 2,000	$ 2,700	$ -	$ -	$ 5,500	$ -
30	Program Outreach	$ 1,100	$ -	$ -	$ -	$ 750	$ 100	$ -	$ -	$ 250	$ -
31	Services and Supplies Subtotal	$ 230,069	$ 61,390	$ 23,567	$ 13,922	$ 22,676	$ 9,212	$ 37,416	$ 5,285	$ 56,005	$ 596
32	SUBTOTAL DIRECT COSTS	$ 1,874,223	$ 785,533	$ 214,890	$ 169,565	$ 247,474	$ 94,767	$ 188,605	$ 5,285	$ 137,392	$ 30,713
	IV. INDIRECT COSTS										
33	Administrative Indirect Costs (Reimbursement limited to 15%)	$ 281,131	$ 117,830	$ 32,233	$ 25,435	$ 37,121	$ 14,215	$ 28,291	$ 793	$ 20,609	$ 4,605
34	GROSS DIRECT AND INDIRECT COSTS	$ 2,155,354	$ 903,363	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 216,896	$ 6,077	$ 158,000	$ 35,318

EXHIBIT B-2
ENTITY BUDGET ADP AND MHS BY PROGRAM
FY 2020-2021

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

AGENCY NAME: Family Service Agency of Santa Barbara County
COUNTY FISCAL YEAR: 2020-21 Amended

(round amounts the nearest dollar)

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LINE #	COLUMN #	1	3	4	5	6	7	8	9	10
		I. REVENUE SOURCES:	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensive In Home	Managed Care	Pathways to Wellbeing	School Based Counseling	Carp Start	Strengthening Families Program	ADP Prop47 Step Down Facility - Case Management
1		Contributions	$ -							
2		Foundations/Trusts	$ -							
3		Miscellaneous Revenue	$ -							
4		Behavioral Wellness Funding	$ 2,145,671	$ 1,046,818	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 158,000	$ 105,153
5		School District Funding	$ -							
6		Events (net)	$ -							
7		Private Contracts	$ -							
8		Draws	$ -							
9		Total Other Revenue	$ 2,145,671	$ 1,046,818	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 158,000	$ 105,153
		I.B Client and Third Party Revenues:								
10		Client Fees	-							
11		SSI	-							
12		Other (specify)	-							
13		Total Client and Third Party Revenues	$ -		$ -	$ -	$ -	$ -	$ -	$ -
14		GROSS PROGRAM REVENUE BUDGET	$ 2,145,671	$ 1,046,818	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 158,000	$ 105,153

	III. DIRECT COSTS	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensive In Home	Managed Care	Pathways to Wellbeing	School Based Counseling	Carp Start	Strengthening Families Program	ADP Prop47 Step Down Facility - Case Management
	III.A. Salaries and Benefits Object Level								
15	Salaries (Complete Staffing Schedule)	$ 1,318,953	$ 668,414	$ 150,648	$ 122,554	$ 177,006	$ 67,366	$ 64,084	$ 68,881
16	Employee Benefits (includes Payroll Taxes)	$ 360,076	$ 180,472	$ 40,675	$ 33,090	$ 47,792	$ 18,189	$ 17,303	$ 22,557
17	Salaries and Benefits Subtotal	$ 1,679,029	$ 848,886	$ 191,323	$ 155,643	$ 224,798	$ 85,555	$ 81,387	$ 91,438
	III.B Services and Supplies Object Level								
18	Program Consultants	$ 31,480	$ 12,290	$ 3,867	$ 3,322	$ 7,344	$ 2,772	$ 1,885	$ -
19	Program Mileage/Travel	$ 21,150	$ 12,400	$ 2,500	$ 2,000	$ 1,500	$ 1,000	$ 1,750	$ -
20	Program Supplies	$ 40,173	$ 15,000	$ 4,500	$ 1,200	$ 3,833	$ 640	$ 15,000	$ -
22	Program Utilities	$ 11,450	$ 5,600	$ 3,500	$ 900	$ 750	$ 200	$ 500	$ -
23	Program Trainings	$ 7,200	$ 1,000	$ 700	$ 500	$ 3,000	$ 400	$ 1,600	$ -
24	Program Telephone/Internet	$ 14,000	$ 5,500	$ 2,500	$ 3,000	$ 2,000	$ 500	$ 500	$ -
25	Program Bldg Maintenance	$ 18,700	$ 8,000	$ 6,000	$ 1,500	$ 1,500	$ 900	$ 800	$ -
26	Program Rent	$ 13,300	$ 1,600	$ -	$ 1,500	$ 2,000	$ 2,700	$ 5,500	$ -
27	Program Outreach	$ 1,100	$ -	$ -	$ -	$ 750	$ 100	$ 250	$ -
28	Services and Supplies Subtotal	$ 186,772	$ 61,390	$ 23,567	$ 13,922	$ 22,676	$ 9,212	$ 56,005	$ -
29	SUBTOTAL DIRECT COSTS	$ 1,865,801	$ 910,276	$ 214,890	$ 169,565	$ 247,474	$ 94,767	$ 137,392	$ 91,438
	IV. INDIRECT COSTS								
30	Administrative Indirect Costs (Reimbursement limited to 15%)	$ 279,869	$ 136,541	$ 32,233	$ 25,435	$ 37,121	$ 14,215	$ 20,609	$ 13,715
31	GROSS DIRECT AND INDIRECT COSTS	$ 2,145,671	$ 1,046,818	$ 247,123	$ 195,000	$ 284,595	$ 108,982	$ 158,000	$ 105,153

XXXI. Add FY 20-21 to Exhibit B-3 ADP Sliding Fee Scale as follows:

EXHIBIT B-3 ADP
SLIDING FEE SCALE FY 2020-2021

COUNTY OF SANTA BARBARA
ALCOHOL & DRUG PROGRAM
FEE SCHEDULE *
2020-2021

ANNUAL GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	17,236	23,336	29,435	35,535	41,635	47,734	53,734	59,834
10	21,556	27,656	33,755	39,855	45,955	52,054	58,054	64,154
15	25,876	31,976	38,075	44,175	50,275	56,374	62,374	68,474
20	30,196	36,296	42,395	48,495	54,595	60,694	66,694	72,794
25	34,516	40,616	46,715	52,815	58,915	65,014	71,014	77,114
30	38,836	44,936	51,035	57,135	63,235	69,334	75,334	81,434
35	43,156	49,256	55,355	61,455	67,555	73,654	79,654	85,754
40	47,476	53,576	59,675	65,775	71,875	77,974	83,974	90,074
45	51,796	57,896	63,995	70,095	76,195	82,294	88,294	94,394
50	56,116	62,216	68,315	74,415	80,515	86,614	92,614	98,714
55	60,436	66,536	72,635	78,735	84,835	90,934	96,934	103,034
60	64,756	70,856	76,955	83,055	89,155	95,254	101,254	107,354
65	69,076	75,176	81,275	87,375	93,475	99,574	105,574	111,674
70	73,396	79,496	85,595	91,695	97,795	103,894	109,894	115,994
75	77,716	83,816	89,915	96,015	102,115	108,214	114,214	120,314
80	82,036	88,136	94,235	100,335	106,435	112,534	118,534	124,634
85	86,356	92,456	98,555	104,655	110,755	116,854	122,854	128,954
90	90,676	96,776	102,875	108,975	115,075	121,174	127,174	133,274

MONTHLY GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	1,436	1,945	2,453	2,961	3,470	3,978	4,478	4,986
10	1,796	2,305	2,813	3,321	3,830	4,338	4,838	5,346
15	2,156	2,665	3,173	3,681	4,190	4,698	5,198	5,706
20	2,516	3,025	3,533	4,041	4,550	5,058	5,558	6,066
25	2,876	3,385	3,893	4,401	4,910	5,418	5,918	6,426
30	3,236	3,745	4,253	4,761	5,270	5,778	6,278	6,786
35	3,596	4,105	4,613	5,121	5,630	6,138	6,638	7,146
40	3,956	4,465	4,973	5,481	5,990	6,498	6,998	7,506
45	4,316	4,825	5,333	5,841	6,350	6,858	7,358	7,866
50	4,676	5,185	5,693	6,201	6,710	7,218	7,718	8,226
55	5,036	5,545	6,053	6,561	7,070	7,578	8,078	8,586
60	5,396	5,905	6,413	6,921	7,430	7,938	8,438	8,946
65	5,756	6,265	6,773	7,281	7,790	8,298	8,798	9,306
70	6,116	6,625	7,133	7,641	8,150	8,658	9,158	9,666
75	6,476	6,985	7,493	8,001	8,510	9,018	9,518	10,026
80	6,836	7,345	7,853	8,361	8,870	9,378	9,878	10,386
85	7,196	7,705	8,213	8,721	9,230	9,738	10,238	10,746
90	7,556	8,065	8,573	9,081	9,590	10,098	10,598	11,106

* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

XXXII. Delete Exhibit E Program Goals, Outcomes and Measures Case Management Step-Down Housing and replace it with the following:

EXHIBIT E - ADP
PROGRAM GOALS, OUTCOMES AND MEASURES

Program Evaluation **Step Down Housing**		
Program Goals	**Outcomes+**	**(all outcomes are in %)**
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	≤10
	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	≥95
	B. Engaged in Purposeful Activity	≥40
	C. **Of those who discharged (#dc = denominator):** % who transitioned to a higher level of care	≤15
	D. **Of those who discharged (#dc = denominator):** % who transitioned to a lower level of care (or graduated/discharged from care no longer needed or medical necessity not met)	≥85
3. Provide Case Management Services to assist clients with engagement to self-sufficiency and engagement to treatment services.	A. % clients referred to SUD or MH treatment services	50%
	B. % initiated Treatment	60%
	C. % clients referred to healthcare services	50%
	D. % clients referred to Other** Services	50%
	E. % clients obtained permanent housing	75%
4. Provide staffing to provide on-site recovery assistance and support services.	A. Maintain a 20 client caseload at any one time	100%
+Additional program goals and outcomes may be established as part of the Proposition 47 evaluation process. **Other = Vets Services, Food Distribution, Clothing, Personal/Grooming Needs, Household Goods, Local Transportation, Educational Support Services		

XXXIII. All other terms remain in full force and effect.

SIGNATURE PAGE

Fourth Amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Family Service Agency of Santa Barbara County**.

IN WITNESS WHEREOF, the parties have executed this Fourth Amendment to the Agreement for Services of Independent Contractor to be effective on July 1, 2020.

COUNTY OF SANTA BARBARA:

By: _____
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:
MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:
FAMILY SERVICE AGENCY OF SANTA BARBARA COUNTY

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.
DEPARTMENT OF BEHAVIORAL WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO, RISK MANAGER
DEPARTMENT OF RISK MANAGEMENT

By: _____
Risk Manager