

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND YOUTH LEADERSHIP INSTITUTE**

THIS AMENDMENT TO THE AGREEMENT, entered into this ____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and YOUTH LEADERSHIP INSTITUTE, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement on September 6, 2016 for professional services, in the amount of \$528,386, for the term July 1, 2016 through June 30, 2018;

WHEREAS, on October 31, 2017, the Chief of the Health System approved an amendment to the agreement for a cost of living adjustment, increasing the amount of the agreement by \$2,325 to \$530,711 with no change to the agreement term;

WHEREAS, on February 27, 2018, our Board approved an amendment to the agreement to provide tobacco prevention throughout San Mateo County, increasing the amount of the agreement by \$60,000 to \$590,711, with no change to the agreement term; and

WHEREAS, on December 4, 2018, our Board approved an amendment to the agreement to for alcohol and other drug services and tobacco prevention services, extending the term of the agreement through June 30, 2020, increasing the maximum obligation by \$478,250 to \$1,068,961; and

WHEREAS, the parties wish to amend the Agreement to provide peer-led outreach and engagement for behavioral health technology interventions, increasing the maximum amount by \$300,000 to \$1,368,961.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 4. Payments of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A4," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B4." County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed ONE MILLION THREE HUNDRED SIXTY-EIGHT THOUSAND NINE HUNDRED SIXTY-ONE DOLLARS (\$1,368,961).

2. Exhibit A3 is hereby deleted and replaced with Exhibit A4 attached hereto.
3. Exhibit B3 is hereby deleted and replaced with Exhibit B4 attached hereto.
4. All other terms and conditions of the agreement dated October 31, 2017, between the County and Contractor shall remain in full force and effect.

*** SIGNATURE PAGE FOLLOWS ***

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

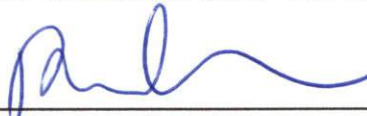
By: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

YOUTH LEADERSHIP INSTITUTE



Contractor's Signature

Date: 7/10/19

EXHIBIT A4 – SERVICES
YOUTH LEADERSHIP INSTITUTE
FY 2016 – 2020

Behavioral Health and Recovery Services (BHRS) provides a continuum of comprehensive services to meet the complex needs of our clients and is designed to promote healthy behavior and lifestyles (a primary driver of positive health outcomes). A full range of high quality services is necessary to meet the varied needs of the diverse population residing in San Mateo County. As financing, program structure and redesign changes occur, the services within this agreement may fluctuate or be further clarified.

In consideration of the payments set forth in Exhibit B4, Contractor shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

In providing its operations, Contractor will maintain compliance with the requirements listed and referred to in the San Mateo County Behavioral Health and Recovery Services (BHRS) Alcohol and Other Drug Services (AOD) Policy and Procedure Manual. In doing so, Contractor will follow, and assure that the Community-Based Partnership follows federal, state, and local requirements, including general administrative, fiscal, and reporting responsibilities. These requirements and responsibilities are set forth in the AOD Policy and Procedure Manual located at <http://smchealth.org/bhrs/aod/handbook>, and is incorporated by reference herein.

A. Community-Based Partnership (July 1, 2016 – June 30, 2017)

Community-Based Partnerships are comprised of local government, parents, youth, community activists, educators, law enforcement, businesses, faith-based leaders, health providers, and others who are mobilizing at the local level to make their communities safer, healthier, and to reduce the problems associated with alcohol and other drugs. A Community-Based Partnership is an evidenced-based strategy that promotes coordination and collaboration and makes efficient use of limited resources. By connecting multiple sectors of the community in a comprehensive approach, community-based partnerships are able to plan and implement strategies, coordinate activities and achieve measurable outcomes.

Contractor will be the fiscal and lead agency for the Community-Based Partnership for the provision of alcohol and other drug-related prevention services in the Half Moon Bay and Pescadero community of San Mateo County. Contractor is responsible for convening the Community-Based Partnership.

1. Work Plan and Budget Development and Approval:
 - a. Contractor will develop a Work Plan in collaboration with the Community-Based Partnership, based on the Partnership's assessment of community-level conditions, priorities, and capacity with respect to alcohol and other drug issues.
 - b. Contractor will consult with the Community-Based Partnership and develop a Budget that includes a Budget Justification. The Budget must be consistent with the scope of work reflected in the Work Plan and shall include a twenty percent (20%) in-kind match. The Governor of California has signed a directive stating that state funds can no longer be used to purchase promotional items, colloquially known as SWAG (Stuff We All Get). This includes items such as t-shirts, mugs, key chains, etc. See the following link: <http://gov.ca.gov/news.php?id=16911>. A list of non-allowable expenditures can also be found in the AOD Provider Handbook.
 - c. Contractor will allocate a minimum of SEVEN THOUSAND FIVE HUNDRED DOLLARS (\$7,500) for evaluation services.
 - d. Contractor will allocate a minimum of ONE THOUSAND DOLLARS (\$1,000) for training, and will include:
 - i. Sending two (2) to four (4) staff members and partners, to attend one (1) to two (2) California Department of Health Care Services (DHCS) sponsored alcohol and other drug prevention trainings each fiscal year.
 - e. Contractor's Work Plan and Budget must be approved by the BHRS AOD Administrator or designee and uploaded to the Primary Prevention SUD Data Service site no later than July 30th. Failure to meet this deadline will result in the suspension of payment. The approved Work Plan and Budget are hereby incorporated by reference. The Work Plan requirements include, but are not limited to:
 - i. Work Plan shall align with the AOD Strategic Prevention Framework 2014-2019 (SPF) and with the San Mateo County AOD Work Plan, as incorporated in the SPF. These documents are in the AOD Provider Handbook.
 - ii. Using the SPF and the San Mateo County AOD Work Plan, the Community-Based Partnership shall:
 - 1) Select at least one (1) Problem Statement and Goal in Priority Area 1; identify and implement

- at least three (3) Interventions/Strategies that address the Problem Statement.
- 2) Select at least one (1) Problem Statement and Goal in Priority Area 2; identify and implement at least three (3) Interventions/Strategies that address the Problem Statements.
 - 3) The Community-Based Partnership may identify additional problem statements, goals and additional interventions/strategies if needed to address the local conditions in their community. Approval to implement these interventions/strategies using this funding is at the discretion of the BHRS AOD Administrator or designee.
 - 4) Upon identifying the Problem Statements and Goals, the Community-Based Partnership shall use the selected Interventions/Strategies and develop specific, measurable, time-bound objectives in a Logic Model and Work Plan.
- iii. The Work Plan shall incorporate environmental alcohol and other drug prevention strategies. Environmental strategies must address the multiple environmental conditions and circumstances under which problem alcohol and other drug usage occur. Such complex set of factors may include:
- 1) the environment,
 - 2) the rules and regulations of the social institutions to which individuals belong,
 - 3) the norms of the communities in which they live,
 - 4) the mass media messages to which they are exposed, and
 - 5) the accessibility and availability of alcohol and other drugs.
- iv. Changes to the Work Plan and/or corresponding Budget must be negotiated collaboratively with the Community-Based Partnership and BHRS AOD. Work Plan modifications are subject to approval by the BHRS AOD Administrator or designee.

2. Work Plan Implementation

- a. Contractor, in collaboration with the Community-Based Partnership, shall implement Work Plan intervention/strategies to achieve Work Plan objectives.

- b. Contractor shall include the County BHRS Analyst/Program Manager in meetings of the Community-Based Partnership to provide technical assistance and consultation, and to monitor progress towards accomplishing the objectives described in the Work Plan.

3. Participation in BHRS AOD Sponsored Activities

Contractor shall participate in BHRS AOD sponsored and recommended training, technical assistance opportunities, County-wide networking meetings and events, and shall encourage community partners to participate as well.

- B. Marijuana Community Education Campaign (July 1, 2016 – September 30, 2016 & February 1, 2018 – June 30, 2018)

Contractor shall inform, educate and engage community groups by providing the following:

1. Work with existing community collaboratives to provide alcohol, tobacco, and/or other drug prevention and community education campaigns in San Mateo County.
2. Conduct community assessments including surveys and data collection.
3. Conduct community outreach and/or education campaigns, including underserved communities in San Mateo County.
4. Contractor shall complete annual activities/events as described in Attachment A2.

- C. Prevention Services (July 1, 2017 – June 30, 2018)

1. Community Capacity Building

BHRS will provide training for the implementation process and procedures regarding sponsorship activities through a Training Academy. Contractor will attend and complete at least two (2) trainings per month to perform targeted activities. Contractor will perform the following activities:

- a. attend at least two (2) trainings per month,
- b. build partnership and community capacity, identify and document organizational sponsorship policies, and

- c. set priorities for the next two (2) years of work.

Upon satisfactory completion of the first year deliverables, funding for years two (2) and three (3) July 1, 2018- June 30, 2020, will be evaluated and then re-evaluated on a year-to-year basis. Funding is contingent upon meeting the previous year's outcomes and County funding availability.

2. Year One Deliverables:

Contractor will describe the process and activities your agency will engage in to meet the following deliverables:

- a. Program Objectives: At the end of March 2018 of Year One, Contractor will develop a scope of work that includes measurable objectives that will address mitigating the use and abuse of each of the following: alcohol, marijuana, and other drugs. Contractor also has the option of developing a fourth measurable general objective that will address AOD issues. Objective categories may include, but are not limited to, the following:
 - i. Reduction of at-risk behavior
 - ii. Increased knowledge of the effects of alcohol, marijuana, and other drugs
 - iii. Implementation of community policy initiatives to minimize youth access to alcohol, marijuana, and other drugs.
- b. Training: Attendance to two (2) or more alcohol, tobacco, and other drug (ATOD) prevention-related trainings every month by at least two (2) staff members.
- c. Policy development: Documentation of a policy enacted by the Contractor's board of directors related to acceptance of donations, goods, volunteers, or sponsorship from tobacco, marijuana and alcohol companies or their affiliates. Discussion of policy considerations will include benefits and risks of industry affiliations. The policy may include, but not be limited to, decisions by the board of directors on the following:
 - i. Whether to accept sponsorship of programs, events, participants, etc., by the alcohol, tobacco, and /or marijuana industries.
 - ii. Allowable donations and in kind goods from alcohol, tobacco and/or marijuana industries.
 - iii. Alcohol, tobacco, and/or marijuana industry partnership through staff volunteer activities.

- d. Schedule and execute community conversations to assess and redefine priorities and objectives. Submit documentation of executed community conversations to BHRS Program Service Manager.
- e. Scope of Work: A Scope of Work for years two (2) and three (3) must be submitted by March 31, 2018 and approved by the BHRS Program Service Manager;
- f. Contractor shall complete monthly and annual deliverables as described in Attachment B2.

2. Tobacco Prevention Services

- a. Smoke Free Housing
 - i. In partnership with local elected officials and residents/associations, this project will promote youth leadership while supporting community-based tobacco-control advocacy. YLI will coordinate youth to advocate for the jurisdiction(s) to implement a smoke-free housing policy.
 - ii. In partnership with the San Mateo County Tobacco Prevention Program and the San Mateo County Tobacco Education Coalition, this project will coordinate a multi-jurisdictional policy initiative to promote, raise public awareness, advocate for policy implementation in jurisdictions that include but are not limited to: Brisbane, South San Francisco, San Bruno, San Mateo and Redwood City.
 - iii. Contractor shall complete activities/events as described in Attachment D2.

D. Prevention Education and Collaboration (July 1, 2018 – June 30, 2020)

Contractor is responsible for participating in county-wide efforts to reduce the impact of alcohol and other drugs through prevention education, collaboration with partners (residents, community organizations, government, health providers, law enforcement, businesses, faith leaders, etc.). Contractor shall advocate for policies and/or research of policies, and continued capacity building through professional development.

Contractor shall provide prevention activities for the following topics: alcohol, marijuana, opioids, and overarching prevention efforts. Each topic shall include one (1) or more of the following: community education,

merchant education, media, policy advocacy, parent engagement, youth leadership engagement, and social determinants of health.

1. Marijuana Prevention

a. Community Education

- i. Attend national, state, regional, and local conferences/trainings to learn evidence-based best practices for marijuana community education.
- ii. Work with community partners to update education curricula developed for priority communities (youth, Spanish-language, Pacific Islander communities, etc.).
- iii. Conduct outreach to at least thirty (30) organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Clubs, churches, CBOs, and YMCA to conduct education presentation.
- iv. Provide six (6) Marijuana Presentations

b. Media

- i. Implement media education campaign to complement community education messages. Ensure media reaches different regional, race/ethnicity, age groups in San Mateo County.

c. Policy Advocacy

- i. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of marijuana.
- ii. Meet with at least ten (10) local policy makers to educate about the impacts of marijuana and to gauge interest in considering policy options.
- iii. Develop at least five (5) marijuana prevention policy templates.
- iv. Provide training to coalition members about policy advocacy strategies to minimize the impact of marijuana.
- v. Coordinate community input into local policy processes.

d. Innovations in Marijuana Prevention

- i. Conduct research into different opportunities for community members to access marijuana (medical, retail, online sites/apps).

- ii. Outreach to understand business models and practices of marijuana access locations (physical and online).
- iii. Recruit colleagues from the state and other jurisdictions as appropriate to form a workgroup to explore opportunities to limit youth access to marijuana through these innovation platforms.
- iv. Develop and maintain a database of online platforms for accessing marijuana, as needed.

2. Alcohol Prevention

a. Community Education

- i. Attend national, state, regional, and local conferences/trainings to learn evidence-based best practices for alcohol community education.
- ii. Work with community partners to update education curricula developed for priority communities (youth, Spanish-language, Pacific Islander communities, etc.).
- iii. Provide four (4) alcohol presentations.
- iv. Develop template presentation on alcohol industry targeting youth through media placement strategies. Presentation should include data on current youth usage of different media platforms and industry efforts to reach youth through different platforms.
- v. Adapt existing presentation templates as needed throughout the campaign.
- vi. Recruit at least ten (10) participants for a social media advocacy workgroup.
- vii. During FY 2018-19, hold monthly workgroup meetings to review and provide feedback on workgroup products.
- viii. Develop strategic plan for the work of the coalition. Strategic plan should be reviewed annually.
- ix. Hold quarterly coalition meetings for FY 2019-20.

b. Social Media

- i. Conduct research to understand the structures and mechanisms for ad placements and decision making for social media platforms.
- ii. Conduct conversations with community groups to educate about the role of social media in educating youth about alcohol use.
- iii. Draft model social media policy around youth exposure to pro-alcohol messages on social media platform.

- iv. Meet with social media companies to explore options for protecting youth from pro-alcohol messaging on social media.
 - v. Engage social media companies in protecting youth through education and advocacy efforts.
 - vi. Engage technical assistance from national content experts on alcohol marketing policies.
- c. Merchant Education
- i. Disseminate merchant education packets to at least two hundred (200) retailers.
 - ii. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of alcohol.
 - iii. Meet with at least ten (10) local policy makers to educate about the impacts of marijuana and to gauge interest in considering policy options.
- d. Policy Advocacy
- i. Develop at least five (5) alcohol prevention policy templates.
 - ii. Provide training to coalition members about policy advocacy strategies to minimize the impact of alcohol.
3. Opioids Prevention
- a. Community Education
- i. Create and adapt as needed a 1-hour template of community education curriculum to educate the community about opioids.
 - ii. Work with community partners to update education curricula developed for priority communities (youth, Spanish-language, Pacific Islander communities, etc.).
 - iii. Provide six (6) opioids presentations
 - iv. Identify potential kiosk locations (such as pharmacies and police departments).
 - v. Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk.
 - vi. Connect interested locations with Environmental Health to discuss next steps for kiosk installation.
4. Overarching Prevention Activities
- a. Youth Leadership Engagement

- i. Engage at least ten (10) youth in a youth leadership engagement program.
 - ii. Conduct at least monthly meetings with program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning.
 - iii. Youth in the program will engage in an AOD-prevention-related activity that demonstrates the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.
 - b. Social Determinants of Health
 - i. Conduct research on the social determinants of health (SDOH) and how they impact the alcohol and other drug use activity in the community you serve.
 - ii. Develop a report to justify addressing at least one (1) SDOH in your community.
 - iii. Attend at least one (1) training on the SDOH and its connection to AOD issues.
 - iv. Attend community meetings to build your organization's capacity to address the SDOH.
 - v. Engage community members in addressing the SDOH.
 - vi. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD use in your community.
 - vii. Complete installation of PhotoVoice
5. Contractor shall complete monthly and annual deliverables as described in Attachment A3.

E. Friday Night Live and Club Live (July 1, 2016 – June 30, 2018)

- 1. Contractor will provide the following alcohol and drug prevention services, which include County-wide coordination of Friday Night Live and Club Live, member group support, training, and technical assistance.

- a. Friday Night Live and Club Live Coordination

Contractor shall engage in programming that meets the FNL Youth Development Standards of Practice, Operating Principles and Core Components outlined at <http://fridaynightlive.org/about-us/cfnlp-overview/>.

- i. Contractor shall be responsible for the County-wide coordination and support of Friday Night Live (FNL) and Club Live (CL) alcohol and drug prevention services. Contractor will submit an annual detailed Work Plan to the AOD Administrator or designee for approval. The work plan will include:
 - 1) Provide FNL/CL Chapter and Advisor support for a minimum of ten (10) FNL/CL Chapters of which four (4) chapters will engage in Environmental Prevention Action Projects.
 - 2) Develop and maintain the FNL Countywide Youth Coalition.
 - 3) Develop training materials for youth-led/youth-adult partnership facilitated environmental prevention and/or policy advocacy efforts.
 - 4) Provide training and technical assistance.
 - 5) Complete evaluation and reporting activities.
 - 6) Support local FNL/CL participation in County-wide, regional, and statewide opportunities.
 - 7) Maintain Membership In Good Standing (MIGS) of the State FNL Network by meeting network standards to ensure program quality and accountability. The MIGS criteria reflects and demonstrates prioritized evidence based youth development practices prevention strategies to achieve FNL outcomes.

b. Work Plan and Budget Development and Approval

- i. Contractor will develop a detailed Implementation Work Plan which will include, but is not limited to, all activities listed in Section II.A. of this Exhibit A4 above.
- ii. Contractor will develop a Budget consistent with the scope of work reflected in the Work Plan.
- iii. Contractor's Work Plan and Budget must be approved by the AOD Administrator or designee. The approved Work Plan and Budget are hereby incorporated by reference. Work Plan requirements include, but are not limited to:
 - 1) Work Plan shall align with the Behavioral Health and Recovery Services (BHRS) Prevention Framework and the AOD Strategic Prevention Framework. These documents are located in the AOD Provider Handbook described in Section I.B. of Exhibit A4.

- 2) Work Plan objectives shall be identified and strategies shall be developed with youth and community input as appropriate, and based upon local data. Strategies shall seek to impact community systems. The Work Plan shall address five (5) steps in the Strategic Prevention Framework: Assessment, Capacity, Planning, Implementation, and Evaluation.
- 3) Objectives must be specific and measurable with strategies and activities appropriate to achieve objectives.
- 4) Changes to the Work Plan and/or corresponding budget are subject to approval by the County AOD Administrator or designee.

c. Work Plan Implementation

- i. Contractor shall implement Work Plan strategies and activities to achieve Work Plan objectives.
- ii. Participate in AOD sponsored activities.

2. Administrative and Reporting Requirements

a. Primary Prevention SUD Data Service Collection and Reporting

- i. Contractor shall ensure that all persons responsible for Primary Prevention SUD Data Service (PPSDS) data entry have sufficient knowledge of the PPSDS Data Quality Standards by requiring all users to participate in PPSDS trainings prior to inputting data into the system.
- ii. Contractor shall enter planning, services/activities, and evaluation data into the DHCS web-based PPSDS by the date of occurrence on an ongoing basis throughout each month. Contractor shall submit all data for each month no later than the 10th day of the following month. Data shall include the Community-Based Partnership's implementation activities and be in accordance with the requirements of the AOD Provider Handbook. Contractor shall also comply with the PPSDS Data Quality Standards (Document #1T.)
- iii. The quantity and quality of PPSDS data input should accurately and adequately reflect the amount of funding, time, and effort devoted to implementation of the Work Plan. The service cost for the PPSDS

Duration of Services Report will not exceed THREE HUNDRED DOLLARS (\$300) per hour.

- iv. Contractor shall communicate with BHRS AOD staff PPDS data review and comply with BHRS AOD staff requests for data corrections and/or changes.
- v. BHRS AOD Analyst will review PPSDS data entry on a quarterly basis to ensure activities are reflective of the Partnership's Work Plan goals and objectives, and to ensure that data meets the PPSDS Data Quality Standards. Failure to adequately complete and/or document approved Work Plan activities in PPSDS may result in a corrective action plan and/or withholding of payment.
- vi. Contractor shall submit an annual progress report on Work Plan goals and objectives no later than August 15th for the previous fiscal year.
- vii. Use PPSDS for all FNL reporting, including Chapter Profiles, FNL County Profiles, and chapter activity.
- viii. Follow the FNL Data Entry Instructions for PPSDS as provided by DHCS in the PPSDS Library.

b. Implementation Progress Reporting

Contractor shall maintain additional documentation of all Work Plan activities, including but not limited to:

- i. meeting agenda and notes,
- ii. sign-in sheets,
- iii. flyers,
- iv. brochures,
- v. proclamations and ordinances adopted, etc.
- vi. Contractor shall document Work Plan progress, including successes, challenges, participation by the Community-Based Partnership, and timeliness.
- vii. Contractor, in collaboration with the Community-Based Partnership, shall update the Work Plan as needed. All updates shall be approved by the BHRS AOD Administrator or designee. Failure to maintain an approved Work Plan will result in a delay or withholding of payment.

c. Financial and Units of Service Reporting

Contractor will submit the Year-end Cost Report, Agency Audit, and Year-end SPF Progress Report to the assigned BHRS AOD Analyst in accordance with the requirements of the AOD Provider Handbook.

F. Peer-led Outreach and Engagement for Behavioral Health Technology Interventions

The Technology Suite Innovation Project (Tech Suite) is a complimentary support system that offers a bridge to care, helps identify early warning signs of behavioral health needs, offers timely support if needed, requires less effort and removes some barriers a consumer or family may face when seeking conventional behavioral health or wellbeing services.

The goal of the Peer-led Outreach and Engagement is to support transition aged youth (TAY) in the use of Tech Suite web-based solutions (including applications or “apps”) to engage, educate and provide access to behavioral health services when needed, especially for those who struggle connecting with traditional in-person supports or may need additional supports.

These goals will be achieved by conducting broad culturally appropriate outreach, promoting the use of the Tech Suite web-based solution(s) and guiding and supporting users, including providing linkages to in-person services as needed.

1. Target Populations

The target population for these services includes transition aged youth (ages 15-25) throughout San Mateo County who may be struggling to connect with traditional in-person behavioral health supports or may need additional supports.

2. Services to be Provided

Administrative and program management services will be provided to conduct the outreach and engagement for the Tech Suite. Services include staff recruitment, training and supervision, community outreach and engagement, participation in the statewide County Behavioral Health Technology Collaborative, and data collection.

a. Staffing

- i. 1.0 FTE Peer Program Specialist to coordinate the outreach and engagement, support services, and other contract activities.
- ii. Identify 1.0 FTE Peer Outreach Worker(s) “Technology Ambassadors” to conduct outreach and engagement of youth with the web-based solutions.

- iii. Contractor shall recruit staff who give the program the broadest ethnic/cultural and linguistic coverage possible.
 - iv. Contractor shall provide administrative, supervisory, and training services necessary to oversee this program.
- b. Train new Peer Program Specialist and Peer Outreach Workers. Each Peer Program Specialist and Technology Ambassador hired by the contractor is required to:
- i. Attend a BHRS-sponsored training with the Tech Suite vendors to learn about the web-based solutions, understand how to use the features and build capacity to teach others about the Tech Suite web-based solution(s), including providers.
 - ii. Attend 8 hours of BHRS-sponsored training on peer advocacy, peer ambassador skill development and/or other trainings by/from peers
- c. Provide outreach and engagement services focused on encouraging community members to use the Tech Suite web-based solution(s). This will include:
- i. Identify strategic access points to reach individuals who may be struggling to connect with traditional in-person supports, e.g. primary care health providers, faith-based organizations, grocery/convenient stores, community colleges, schools, peer mentors, case managers, youth services and other key stake holders than can support outreach.
 - ii. Conduct education and outreach to encourage use of the Tech Suite web-based solution(s).
 - iii. Develop and/or tailor outreach and educational materials about the Tech Suite web-based solution(s) to meet specific target population interest or needs.
 - iv. Assist in training BHRS staff and community partners in how to access the Tech Suite web-based solution(s), specifically bringing the peer perspective to the benefits of empowerment, self-management and self-care to clients' recovery.
 - v. Utilize, review and understand each behavioral health web-based solutions in order to effectively support individuals on the effective use of the technology, e.g. in the peer chat feature, users can change their peer

listeners to find someone they feel the most comfortable with.

- vi. Guide and support potential users: start with listening, help them sign up, show them how to access any relevant features (chats, self-care exercises, growth paths, etc.), explore questions and reinforce that the program is augmentative and does not replace treatment or face-to-face interactions with behavioral health providers.
 - vii. Refer and support potential users with accessing in-person services as needed such as connecting community members and clients/consumers with helpful resources like WRAP, personalized outreach and/or transit options as needed. This is in addition to using the web-based solutions.
 - viii. Gather end-user input and feedback on ease of use, content relevance, and personal benefit of the web-based solutions and offer recommendations for improvement
- d. Participate in the Tech Suite Advisory Committee. BHRS Office of Diversity and Equity will convene and facilitate a Tech Suite Older Adult Advisory Committee (TSAC). The purpose of the Committee is to have a forum for members to provide input and oversight of the Tech Suite project.
- i. The contractor will collaborate with BHRS and the TSAC. Contractor participation in the TSAC will:
 - ii. Encourage representation from their target communities in the TSAC.
 - iii. Prepare and support peers interested in participating in the TSAC.
 - iii. TSAC members may:
 - 1) provide input and feedback related to the design and customization of the Tech Suite web-based solution(s), e.g. making the online images and language culturally appropriate, having relevant Personal Wellness Avatar interventions offered to consumers on an ongoing basis.
 - 2) recommend additional features to prioritize for the target communities, e.g. for youth in crisis, the capacity to identify and show on a local map, safe places for youth to go when in need;
 - 3) provide input on implementation, user experience and support services; and
 - 4) provide input and review evaluation activities.

- e. Throughout the duration of this contract the contractor will participate in ongoing collaborations with the Technology Suite County Behavioral Health Collaborative, this may include:
 - i. Attendance on monthly statewide peer calls and
 - ii. Attendance on County and collaborative calls as needed.
 - iii. Provide guidance regarding peer role standards and assurance that peer voice is represented at all levels of the project.

3. Outcomes

- a. 50,000 'Impressions' of people learning about the Tech Suite web-based solution(s)
- b. 5 CBOs trained to become Technology Ambassadors to provide Tech Suite supports and serve as a referral source
- c. 20 live presentations and trainings in the community
- d. 150 transition aged youth sign up for the Tech Suite web-based solution(s) (based on technology analytics) and provide demographic data
- e. Educational materials are developed about the Tech Suite web-based solution(s) to specific target populations.

4. Data Collection

Contractor will track clients, demographics, outreach and engagement conducted and collect and report the following data quarterly throughout the life of the contract and in a final report.

- a. Number and demographics of individuals meaningfully engaged (Attachment F)
- b. Total number of 'impressions' of people learning about the Tech Suite
- c. Total number of community partners trained
- d. Description and number of activities, presentations, group or community outreach events held
- e. Total number of people attended each activity, group or presentation
- f. Total number of people assisted in signing up for the Tech Suite web-based solution(s)
- g. Implementation success and challenges
- h. Clients stories, with appropriate consent include pictures and/or quotes from the client

4. Evaluation

Contractor will participate and facilitate evaluation activities as determined by BHRS. Data sources to support the evaluation may include:

- a. Participant Survey: The County may gather quantitative data through surveys on the Tech Suite web-based solution(s) that invite clients/consumers to rate their wellness and recovery.
- b. Focus Groups and Interviews: The County may gather qualitative data through a process of interviews and focus groups with the target populations about their experience using the web-based solution(s) and their perspective on the extent to which they engaged in the web-based solution(s) and whether it supported their wellness and recovery, access to both in-person and online services and to understand the level of engagement of the target participants due to the participation.
- c. Tech Suite Usage Data: Evaluation data will be gathered about who is engaging in the Tech Suite web-based solution(s) and their level of engagement to understand how the technology is engaging target participants.

II. ADMINISTRATIVE REQUIREMENTS

A. Quality Management and Compliance

1. Critical Incident Reporting

Contractor is required to submit Critical Incident reports to BHRS Quality Management (via fax # 650-525-1762) when there are unusual events, accidents, errors, violence or significant injuries requiring medical treatment for clients, staff or members of the community. (Policy #93-11 and 45 C.F.R. § 164, subpart C, in compliance with 45 C.F.R. § 164.316.)

The incident reports are confidential however discussion may occur with the Contractor regarding future prevention efforts to reduce the likelihood of recurrence. Contractor is required to participate in all activities related to the resolution of critical incidents.

2. California Department of Health Care Services

Contractor providing state funded health services may not employ any persons deemed an Ineligible Person by the California

Department of Health Care Services (DHCS) in the provision of services for the County through this Agreement. Any employee(s) of Contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who has been (1) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (2) suspended from the federal Medicare program for any reason. Ineligibility may be verified by checking: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>. Once there, scroll down to the bottom of the page and click on Medi-Cal Suspended and Ineligible Provider List (Excel format). The list is in Alphabetical order. Search by the individual's last name.

3. Fingerprint Compliance

Contractor certifies that its employees, trainees, and/or its subcontractors, assignees, volunteers, and any other persons who provide services under this agreement, who have direct contact with any client will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of individuals with whom Contractor's employees, trainees, and/or its subcontractors, assignees, or volunteers have contact. Contractor shall have a screening process in place to ensure that employees who have positive fingerprints shall:

- a. Adhere to CCR Title 9 Section 13060 (Code of Conduct) when providing services to individuals with whom they have contact as a part of their employment with the Contractor; or
- b. Obtain a waiver from Community Care Licensing allowing the employee to provide services to individuals with whom they have contact as part of their employment with the Contractor.

A certificate of fingerprinting certification is attached hereto and incorporated by reference herein as Attachment E.

B. Cultural Competency

Implementations of these guidelines are based on the National Culturally and Linguistically Accessible Services (CLAS) Standards issued by the Department of Health and Human Services. For more information about these standards, please contact the Health Equity Initiatives Manager (HEIM) at ode@smcgov.org.

1. Contractor will submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of

clients, families and the workforce. This plan will be submitted to the BHRS Analyst/Program Manager and the Health Equity Initiatives Manager (HEIM) by September 30th of the fiscal year.

The annual cultural competence plan will include, but is not limited to the following:

- a. Implementation of policies and practices that are related to promoting diversity and cultural competence, such as ongoing organizational assessments on disparities and needs, client's rights to receive language assistance.
 - b. Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee, grievance, or conflict resolution committee).
 - c. Ongoing collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation in health records to improve service provision and help in planning and implementing CLAS standards.
 - d. Staffing objectives that reflect the cultural and linguistic diversity of the clients. (Contractor will recruit, hire and retain clinical staff members who can provide services in a culturally and linguistically appropriate manner.)
 - e. Contractor will ensure that all program staff receive at least 8 hours of external training per year (i.e. sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services including the CLAS and use of interpreters.
2. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend the Cultural Competence Council (CCC) for the term of the Agreement. Participation in the CCC allows for the dissemination of CLAS as well as ongoing collaborations with diverse stakeholders. Contractor shall submit to BHRS Office of Diversity and Equity (ODE) by March 31st, a list of staff who have participated in these efforts. For more information about the CCC, and other cultural competence efforts within BHRS, contact HEIM.
 3. Contractor will establish the appropriate infrastructure to provide services in County identified threshold languages. Currently the threshold languages are: Spanish, Tagalog and Chinese (Mandarin

and Cantonese). If Contractor is unable to provide services in those languages, Contractor is expected to contact Access Call Center or their BHRS Analyst/Program Manager for consultation. If additional language resources are needed, please contact HEIM.

4. Contractor will translate relevant and appropriate behavioral health-related materials (such as forms, signage, etc.) in County identified threshold languages in a culturally and linguistically appropriate manner. BHRS strongly encourages its contractors to use BHRS-sponsored forms in an effort to create uniformity within the system of care. Contractor shall submit to HEIM by March 31st, copies of Contractor's health-related materials in English and as translated.
5. Should Contractor be unable to comply with the cultural competence requirements, Contractor will meet with the BHRS Analyst/Program Manager and ode@smcgov.org to plan for appropriate technical assistance.

III. GOALS AND OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

A. Community-Based Partnership

Goal: Build capacity by the end of the first year.

Objective: Ninety percent (90%) of identified activities and deliverables will be completed by June 30, 2018.

B. Friday Night Live and Club Live

Goal: Percentage of participants satisfied with the FNL programs.

Objective: Ninety percent (90%) of participants in San Mateo County Friday Night Live programs shall rate their experience as "agree" to "strongly agree" for all five FNL Youth Development Standards of Practice.

C. Tobacco Prevention

Goal: Increase the number of smoke-free multi-unit housing units in San Mateo County.

Objective: In partnership with local elected officials and housing residents/associations, twenty percent (20%) of jurisdictions will implement a smoke-free multi-unit housing policy.

D. Prevention Education and Collaboration

Goal: Increase community awareness and education of the harms of alcohol and other drug use.

Objective: Ninety percent (90%) of identified activities and deliverables will be completed annually as referenced in Attachment A.

E. Peer-led Outreach and Engagement for Behavioral Health Technology Interventions

Goal: To support transition aged youth in the use of the Tech Suite web-based solution(s) aimed to engage, educate and provide access to behavioral health services and supports

Objective 1: At least 150 transition aged youth will sign up to use Tech Suite web-based supports.

Objective 2: At least 5 agencies/programs will be trained about the Tech Suite supports..

*** END OF EXHIBIT A4 ***

EXHIBIT B4 – PAYMENTS AND RATES
YOUTH LEADERSHIP INSTITUTE
FY 2016 – 2020

In consideration of the services provided by Contractor in Exhibit A4, County shall pay Contractor based on the following fee schedule:

I. PAYMENTS

In full consideration of the services provided by Contractor under this Agreement and subject to the provisions of Paragraph 3 of this Agreement, County shall pay Contractor in the manner described below:

A. Maximum Obligation

The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed the amount stated in Paragraph 4 of this Agreement. Furthermore, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement.

In any event, the maximum amount County shall be obligated to pay for all services rendered under this contract shall not exceed ONE MILLION THREE HUNDRED SIXTY-EIGHT THOUSAND NINE HUNDRED SIXTY-ONE DOLLARS (\$1,368,961).

B. Community-Based Partnership (July 1, 2016 – June 30, 2017)

County shall pay Contractor a total of ONE HUNDRED FIFTY-SEVEN THOUSAND FIVE HUNDRED NINETY DOLLARS (\$157,590). Contractor shall be paid one-twelfth (1/12th) of the maximum amount per month or THIRTEEN THOUSAND THREE HUNDRED THIRTY-THREE DOLLARS (\$13,333).

C. Marijuana Community Education Campaign (July 1, 2016 – September 30, 2016 & February 1, 2018 – June 30, 2018)

The total amount County shall be obligated to pay Contractor for marijuana education shall not exceed THIRTY-EIGHT THOUSAND NINE HUNDRED DOLLARS (\$38,900).

1. For the term July 1, 2016 through September 30, 2016, the total obligation is EIGHTEEN THOUSAND NINE HUNDRED DOLLARS (\$18,900). Contractor shall be reimbursed based upon completion of activities as described in Attachment A2, FY 2016-17.

2. For the term February 1, 2018, through June 30, 2018, the total obligation is TWENTY THOUSAND DOLLARS (\$20,000). Contractor shall be reimbursed based on completion of activities as described in Attachment A2, FY 2017-18

D. Prevention Services (July 1, 2017 – June 30, 2018)

1. Community Capacity Building

County shall pay Contractor a total of ONE HUNDRED FIFTY-SEVEN THOUSAND DOLLARS (\$157,000). Contractor shall be paid one-twelfth (1/12th) of the maximum amount per month, or THIRTEEN THOUSAND EIGHTY-THREE DOLLARS (\$13,083), provided that performance requirements have been met.

2. Performance Requirements

- a. County and Contractor agree, in the event that Contractor fails to complete the deliverables as described in Attachment B2, Table 1 and Table 2, by the specified date and to the satisfaction of the County, the County may, at its sole discretion, reduce the next month's one-twelfth (1/12th) payment by the amount of the unmet deliverable(s).

- b. Timeline for Deliverables and Payment Adjustments

The expected timeline for deliverables and the corresponding payment adjustments (if any) are detailed as follows:

After July 2017 Progress Report	After August 2017 Progress Report	After Sept. 2017 Progress Report	After October 2017 Progress Report
Consultation between AOD contract monitor and Contractor to carry uncompleted program deliverables into August.	Consultation between AOD contract monitor and Contractor to carry uncompleted program deliverables into September.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for July - September.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for August-October.
Payment for July	Payment for August	Payment for September	Payment for October
Remains the 1/12 th	Remains the 1/12 th	1/12 th flat rate, minus stated costs of uncompleted activities from July.	1/12 th flat rate, minus stated costs of uncompleted activities from August.
After November 2017 Progress Report	After December 2017 Progress Report	After January 2018 Progress Report	After February 2018 Progress Report
Consultation between AOD contract monitor and Contractor to reconcile completed activities for September-November.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for October-December.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for November-January.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for December- February.

Payment for November	Payment for December	Payment for January	Payment for February
1/12 th flat rate, minus stated costs of uncompleted activities from September.	1/12 th flat rate, minus stated costs of uncompleted activities from October.	1/12 th flat rate, minus stated costs of uncompleted activities from November.	1/12 th flat rate, minus stated costs of uncompleted activities from December.
After March 2018 Progress Report	After April 2018 Progress Report	After May 2018 Progress Report	After June 2018 Progress Report
Consultation between AOD contract monitor and Contractor to reconcile completed activities for January-March.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for February-April.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for March-May.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for April-June.
Payment for March	Payment for April	Payment for May	Contract Cost Reconciliation for FY 2017-18 Expenditures – Final Payment
1/12 th flat rate, minus stated costs of uncompleted activities from January.	1/12 th flat rate, minus stated costs of uncompleted activities from February.	1/12 th flat rate, minus stated costs of uncompleted activities from March-May.	

3. Funding is contingent upon availability of funds for AOD prevention and upon Contractor's satisfactory progress on the contracted service deliverables as described in the approved Work Plan.
 - a. Contractor will provide the deliverables described in the approved Work Plan in the Major Activities column, and by the date listed in the Completion Date column.
 - b. Contractor will review the Major Activities/deliverables completed in the Work Plan with the BHRS AOD Analyst on a quarterly basis. Any incomplete Major Activities may result in a corrective action plan, or may result in the delay or withholding of future payments.
 - c. If it is determined that the Contractor has not met the Major Activities deliverables by the required Completion Dates, County may issue a corrective action plan for unmet deliverables. Failure to adhere to the corrective action plan may result in the delay or withholding of future payments, or Contractor reimbursing the County for the contract value of any and all unmet Major Activity deliverables.

4. Tobacco Prevention Services (July 1, 2017 – June 30, 2020)

The total amount County shall be obligated to pay Contractor for tobacco prevention services shall not exceed ONE HUNDRED

EIGHTEEN THOUSAND SIX HUNDRED FIFTY DOLLARS (\$118,650) for the term of the agreement.

- a. Contractor will provide services described in Attachment D2 and D3 in column "Major Activities".
- b. Contractor will invoice County per amount described in Attachment D2 and D3 column "Payment" upon completion of each major activity, and County will remit payment.

E. AOD Prevention (July 1, 2018 – June 30, 2020)

The total amount County shall be obligation to pay Contractor for Prevention Education and Collaboration services shall not exceed THREE HUNDRED NINETY-NINE THOUSAND SIX HUNDRED DOLLARS (\$399,600) for the two (2) year term.

1. 2018 – 2019

For the term July 1, 2018 through June 30, 2019, Contractor shall be paid a total of ONE HUNDRED EIGHTY-NINE THOUSAND EIGHT HUNDRED DOLLARS (\$189,800). Contractor shall be reimbursed based upon completion of activities as described in Attachment B3, FY 2018-19.

2. 2019 – 2020

For the term July 1, 2019 through June 30, 2020, Contractor shall be paid a total of TWO HUNDRED NINE THOUSAND EIGHT HUNDRED DOLLARS (\$209,800). Contractor shall be reimbursed based upon completion of activities as described in Attachment B3, FY 2019-20.

3. Performance Requirements

Contractor will invoice for completed activities based on Price per Event costs outlined in Attachment B3 – Deliverable Payments. Adequate supporting documents will be submitted as stipulated in the Documents column of Attachment A3 – Deliverable Options. County and Contractor agree, in the event that Contractor fails to complete the deliverables as described in Attachment B3 – Deliverables Payment to the satisfaction of the County, Contractor shall invoice monthly for deliverables completed during the previous month.

4. Funding is contingent upon availability of funds for AOD prevention and upon Contractor's satisfactory progress on the contracted service deliverables as described in the approved Attachment B3 – Deliverables Payment.
 - a. Contractor will provide the deliverables described in the approved Activities column.
 - b. Contractor will review the Major Activities/deliverables completed in the Work Plan with the BHRS AOD Analyst on a quarterly basis. Any incomplete Major Activities may result in a corrective action plan, or may result in the delay or withholding of future payments
 - c. If it is determined that the Contractor has not met the Major Activities deliverables by the expected Completion Dates, County may issue a corrective action plan for unmet deliverables. Failure to adhere to the corrective action plan may result in the delay or withholding of future payments, or Contractor reimbursing the County for the contract value of any and all unmet Major Activity deliverables.

F. Friday Night Live and Club Live (July 1, 2016 – June 30, 2018)

The total amount County shall be obligation to pay Contractor for Club Live/Friday Night Live services shall not exceed ONE HUNDRED NINETY-SEVEN THOUSAND TWO HUNDRED TWENTY-ONE DOLLARS (\$197,221) for the term of the agreement.

1. 2016 – 2017

- a. Club Live: For the term July 1, 2016 through June 30, 2017, County shall pay Contractor a total of NINETEEN THOUSAND FOUR HUNDRED THIRTY-TWO DOLLARS (\$19,432). Contractor shall be one-twelfth (1/12th) of the maximum amount per month, or ONE THOUSAND SIX HUNDRED NINETEEN DOLLARS (\$1,619).
- b. Friday Night Live: For the term July 1, 2016 through June 30, 2017, County shall pay Contractor a total of SEVENTY-SEVEN THOUSAND SEVEN HUNDRED TWENTY-ONE DOLLARS (\$77,721). Contractor shall be one-twelfth (1/12th) of the maximum amount per month, or SIX THOUSAND FOUR HUNDRED SEVENTY-SEVEN DOLLARS (\$6,477).

2. 2017 – 2018
 - a. Club Live: For the term July 1, 2017 through June 30, 2018, County shall pay Contractor a total of TWENTY THOUSAND FIFTEEN DOLLARS (\$20,015). Contractor shall be one-twelfth (1/12th) of the maximum amount per month, or ONE THOUSAND SIX HUNDRED SIXTY-EIGHT DOLLARS (\$1,668).
 - b. Friday Night Live: For the term July 1, 2017 through June 30, 2018, County shall pay Contractor a total of EIGHTY THOUSAND FIFTY-THREE DOLLARS (\$80,053). Contractor shall be one-twelfth (1/12th) of the maximum amount per month, or SIX THOUSAND SIX HUNDRED SEVENTY-ONE DOLLARS (\$6,671).

G. Peer-led Outreach and Engagement for Behavioral Health Technology Interventions

For the term July 1, 2019 through June 30, 2020, for Peer-led Outreach services, the total amount County shall be obligated to pay shall not exceed THREE HUNDRED THOUSAND DOLLARS (\$300,000). Contractor shall be reimbursed the full cost of providing services described in Section I of Exhibit A4. Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the following budget:

1. Personnel Expenditures	
• Salaries and wages	\$149,760
• Fringe Benefits (25%)	\$37,440
2. Operating Expenditures	
• Program Supplies	\$5,400
• Printing	\$1,800
• Occupancy	\$10,125
• Equipment	\$2400
• Communications	\$1,440
• Travel	\$1,505
• Outreach Materials	\$10,500
• Marketing	\$12,000
• CBO Stipends	\$22,500
• Professional Development	\$6,000
• Indirect expenses at 15%	\$39,130
3. Start-Up Costs (one-time)	
TOTAL	\$300,000

- H. Contractor will be responsible for all expenses incurred during the performance of services rendered under this Agreement.
- I. Modifications to the allocations in Paragraph A of this Exhibit B4 may be approved by the Chief of the Health System or designee, subject to the maximum amount set forth in Paragraph 4 of this Agreement.
- J. Not used.
- K. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.
- L. In the event this Agreement is terminated prior to June 30, 2020, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Chief of the Health System or designee.
- M. Monthly Invoice and Payment

Contractor shall invoice the County on or before the tenth (10th) working day of each month prior to the service month. Payment by County to Contractor shall be monthly. Invoices that are received after the tenth (10th) working day of the month are considered to be late submissions and may be subject to a delay in payment. County reserves the right to deny payment of invoices if Contractor does not meet contract deliverables including CalOMS Pv data submission requirements.

Invoices and reports for the Community-Based Partnership, Community Capacity Building and Friday Night Live/Club Live are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
BHRS – AOD Program Analyst
310 Harbor Blvd., Building E
Belmont, CA 94002

Invoices and reports for Tobacco Prevention Services are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
BHRS – CHPU Francesca Lomotan
310 Harbor Blvd., Building E
Belmont, CA 94002

Invoices and reports for the Marijuana Education Campaign are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
Attn: Tobacco Prevention Program Director
310 Harbor Blvd., Building E
Belmont, CA 94002

N. County anticipates revenues from various sources to be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for any period of this Agreement, the maximum payment obligation and/or payment obligations for specific services may be reduced at the discretion of the Chief of the Health System or designee.

O. County May Withhold

Contractor shall provide all pertinent documentation requested by County. The County may withhold payment for any and all services for which the required documentation is not provided, or if the documentation provided does not meet professional standards as determined by the Quality Improvement Manager of San Mateo County BHRS. Contractor shall meet at least quarterly with the BHRS AOD Analyst, to review the Work Plan, documentation, and billing reports and to take appropriate corrective action, as needed, to resolve any discrepancies.

P. Inadequate Performance

If County or Contractor finds that performance is inadequate, at the County's discretion, a meeting may be called to discuss the causes for the performance problem, to review documentation, billing and/or other reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies. This Agreement may be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 5 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.

P. Claims Certification and Program Integrity

Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A4 of this Agreement, Contractor shall certify by signature that the claim is true and accurate by stating the claim is submitted under the penalty of perjury under the laws of the State of California.

The claim must include the following language and signature line at the bottom of the form(s) and/or cover letter used to report the claim.

“Under the penalty of perjury under the laws of the State of California, I hereby certify that this claim for services complies with all terms and conditions referenced in the Agreement with San Mateo County.

Executed at _____ California, on _____ 20__

Signed _____ Title _____

Agency _____”

*** END OF EXHIBIT B4 ***

ATTACHMENT I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. Employs fewer than 15 persons.
- b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person:

Patricia Barahona, Interim Chief Executive Officer

Name of Contractor(s):

Youth Leadership Institute

Street Address or P.O. Box:

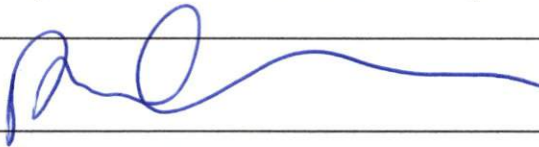
1670 South Amphlett Boulevard, Suite 250

City, State, Zip Code:

San Mateo, CA 94402

I certify that the above information is complete and correct to the best of my knowledge

Signature:



Title of Authorized Official:

Interim Chief Executive Officer

Date:

7/10/19

*Exception: DHHS regulations state that: "If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."