

# AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND TELECARE CORPORATION

This Agreement is entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the County of San Mateo, a political subdivision of the state of California, hereinafter called "County," and Telecare Corporation, hereinafter called "Contractor."

\* \* \*

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

Whereas, it is necessary and desirable that Contractor be retained for the purpose of providing supported housing services.

**Now, therefore, it is agreed by the parties to this Agreement as follows:**

## **1. Exhibits and Attachments**

The following exhibits and attachments are attached to this Agreement and incorporated into this Agreement by this reference:

- Exhibit A—Services
- Exhibit B—Payments and Rates
- Exhibit C—Contractor Budget
- Exhibit E—Inventory List of Property
- Appendix D—Housing First
- Attachment A—Co-Housing Responsibility Matrix
- Attachment B—Staffing
- Attachment C—Agency/Group Credentialing Information
- Attachment D—Staff Training Plan
- Attachment E—Fingerprinting Certification
- Attachment I—Rehabilitation Act 504
- Attachment J—Policy Attestation Form
- Attachment K—Assurance of Non-employment with Other Providers
- Attachment T—Sample Template for Disaster and Emergency Response Plan
- Attachment U—Declaration of Notice of Confidentiality

## **2. Services to be performed by Contractor**

In consideration of the payments set forth in this Agreement and in Exhibit B, Contractor shall perform services for County in accordance with the terms, conditions, and specifications set forth in this Agreement and in Exhibit A.

### **3. Payments**

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibit A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall County's total fiscal obligation under this Agreement exceed FIVE MILLION SIX HUNDRED TWENTY-TWO THOUSAND FOUR HUNDRED EIGHTY-EIGHT DOLLARS (\$5,622,488). In the event that the County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by the County at the time of contract termination or expiration. Contractor is not entitled to payment for work not performed as required by this agreement.

### **4. Term**

Subject to compliance with all terms and conditions, the term of this Agreement shall be from March 1, 2024, through June 30, 2026.

### **5. Termination**

This Agreement may be terminated by Contractor or by the Chief of San Mateo County Health or his/her designee at any time without a requirement of good cause upon thirty (30) days' advance written notice to the other party. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that prorated portion of the full payment determined by comparing the work/services actually completed to the work/services required by the Agreement.

County may terminate this Agreement or a portion of the services referenced in the Attachments and Exhibits based upon the unavailability of Federal, State, or County funds by providing written notice to Contractor as soon as is reasonably possible after County learns of said unavailability of outside funding.

County may terminate this Agreement for cause. In order to terminate for cause, County must first give Contractor notice of the alleged breach. Contractor shall have five business days after receipt of such notice to respond and a total of ten calendar days after receipt of such notice to cure the alleged breach. If Contractor fails to cure the breach within this period, County may immediately terminate this Agreement without further action. The option available in this paragraph is separate from the ability to terminate without cause with appropriate notice described above. In the event that County provides notice of an alleged breach pursuant to this section, County may, in extreme circumstances, immediately suspend performance of services and payment under this Agreement pending the resolution of the process described in this paragraph. County has sole discretion to determine what constitutes an extreme circumstance for purposes of this paragraph, and County shall use reasonable judgment in making that determination.

**6. Contract Materials**

At the end of this Agreement, or in the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and other written materials (collectively referred to as “contract materials”) prepared by Contractor under this Agreement shall become the property of County and shall be promptly delivered to County. Upon termination, Contractor may make and retain a copy of such contract materials if permitted by law.

**7. Relationship of Parties**

Contractor agrees and understands that the work/services performed under this Agreement are performed as an independent contractor and not as an employee of County and that neither Contractor nor its employees acquire any of the rights, privileges, powers, or advantages of County employees.

**8. Hold Harmless**

**a. General Hold Harmless**

Contractor shall indemnify and save harmless County and its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind, and description resulting from this Agreement, the performance of any work or services required of Contractor under this Agreement, or payments made pursuant to this Agreement brought for, or on account of, any of the following:

(A) injuries to or death of any person, including Contractor or its employees/officers/agents;

(B) damage to any property of any kind whatsoever and to whomsoever belonging;

(C) any sanctions, penalties, or claims of damages resulting from Contractor’s failure to comply, if applicable, with the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended; or

(D) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County and/or its officers, agents, employees, or servants. However, Contractor’s duty to indemnify and save harmless under this Section shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth by this Section shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

**9. Assignability and Subcontracting**

Contractor shall not assign this Agreement or any portion of it to a third party or subcontract with a third party to provide services required by Contractor under this Agreement without the prior written consent of County. Any such assignment or subcontract without County’s prior written consent shall give County the right to automatically and immediately terminate this Agreement without penalty or advance notice.

**10. Insurance**

**a. General Requirements**

Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this Section has been obtained and such insurance has been approved by County’s Risk Management, and Contractor shall use diligence to obtain such insurance and to obtain such approval. Contractor shall furnish County with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending Contractor’s coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days’ notice must be given, in writing, to County of any pending change in the limits of liability or of any cancellation or modification of the policy.

**b. Workers’ Compensation and Employer’s Liability Insurance**

Contractor shall have in effect during the entire term of this Agreement workers’ compensation and employer’s liability insurance providing full statutory coverage. In signing this Agreement, Contractor certifies, as required by Section 1861 of the California Labor Code, that (a) it is aware of the provisions of Section 3700 of the California Labor Code, which require every employer to be insured against liability for workers’ compensation or to undertake self-insurance in accordance with the provisions of the Labor Code, and (b) it will comply with such provisions before commencing the performance of work under this Agreement.

**c. Liability Insurance**

Contractor shall take out and maintain during the term of this Agreement such bodily injury liability and property damage liability insurance as shall protect Contractor and all of its employees/officers/agents while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from Contractor’s operations under this Agreement, whether such operations be by Contractor, any subcontractor, anyone directly or indirectly employed by either of them, or an agent of either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall not be less than the amounts specified below:

- (a) Comprehensive General Liability.....\$1,000,000
- (b) Motor Vehicle Liability Insurance..... \$1,000,000

(c) Professional Liability..... \$1,000,000

County and its officers, agents, employees, and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that (a) the insurance afforded thereby to County and its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy and (b) if the County or its officers, agents, employees, and servants have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only.

In the event of the breach of any provision of this Section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, County, at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work and payment pursuant to this Agreement.

**11. Compliance With Laws**

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable Federal, State, County, and municipal laws, ordinances, regulations, and executive orders, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Federal Regulations promulgated thereunder, as amended (if applicable), the Business Associate requirements set forth in Attachment H (if attached), the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in programs and activities receiving any Federal or County financial assistance, as well as any required economic or other sanctions imposed by the United States government or under state law in effect during the term of the Agreement. Such services shall also be performed in accordance with all applicable ordinances and regulations, including but not limited to appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations. In the event of a conflict between the terms of this Agreement and any applicable State, Federal, County, or municipal law, regulation, or executive order, the requirements of the applicable law, regulation, or executive order will take precedence over the requirements set forth in this Agreement.

Further, Contractor certifies that it and all of its subcontractors will adhere to all applicable provisions of Chapter 4.107 of the San Mateo County Ordinance Code, which regulates the use of disposable food service ware. Accordingly, Contractor shall not use any non-recyclable plastic disposable food service ware when providing prepared food on property owned or leased by the County and instead shall use biodegradable, compostable, reusable, or recyclable plastic food service ware on property owned or leased by the County. (This paragraph may be deleted without County Attorney Review if not relevant to this agreement)

Contractor will timely and accurately complete, sign, and submit all necessary documentation of compliance.

## **12. Non-Discrimination and Other Requirements**

### **a. General Non-discrimination**

No person shall be denied any services provided pursuant to this Agreement (except as limited by the scope of services) on the grounds of race, color, national origin, ancestry, age, disability (physical or mental), sex, sexual orientation, gender identity, marital or domestic partner status, religion, political beliefs or affiliation, familial or parental status (including pregnancy), medical condition (cancer-related), military service, or genetic information.

### **b. Equal Employment Opportunity**

Contractor shall ensure equal employment opportunity based on objective standards of recruitment, classification, selection, promotion, compensation, performance evaluation, and management relations for all employees under this Agreement. Contractor's equal employment policies shall be made available to County upon request.

### **c. Section 504 of the Rehabilitation Act of 1973**

Contractor shall comply with Section 504 of the Rehabilitation Act of 1973, as amended, which provides that no otherwise qualified individual with a disability shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of any services this Agreement. This Section applies only to contractors who are providing services to members of the public under this Agreement.

### **d. Compliance with County's Equal Benefits Ordinance**

Contractor shall comply with all laws relating to the provision of benefits to its employees and their spouses or domestic partners, including, but not limited to, such laws prohibiting discrimination in the provision of such benefits on the basis that the spouse or domestic partner of the Contractor's employee is of the same or opposite sex as the employee.

### **e. Discrimination Against Individuals with Disabilities**

The nondiscrimination requirements of 41 C.F.R. 60-741.5(a) are incorporated into this Agreement as if fully set forth here, and Contractor and any subcontractor shall abide by the requirements of 41 C.F.R. 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

### **f. History of Discrimination**

Contractor certifies that no finding of discrimination has been issued in the past 365 days against Contractor by the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or any other investigative entity. If any finding(s) of discrimination have been issued against Contractor within the past 365 days by the Equal Employment Opportunity Commission, the California Department of Fair Employment and

Housing, or other investigative entity, Contractor shall provide County with a written explanation of the outcome(s) or remedy for the discrimination prior to execution of this Agreement. Failure to comply with this Section shall constitute a material breach of this Agreement and subjects the Agreement to immediate termination at the sole option of the County.

**g. Reporting; Violation of Non-discrimination Provisions**

Contractor shall report to the County Executive Officer the filing in any court or with any administrative agency of any complaint or allegation of discrimination on any of the bases prohibited by this Section of the Agreement or the Section titled "Compliance with Laws". Such duty shall include reporting of the filing of any and all charges with the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or any other entity charged with the investigation or adjudication of allegations covered by this subsection within 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include a general description of the circumstances involved and a general description of the kind of discrimination alleged (for example, gender-, sexual orientation-, religion-, or race-based discrimination).

Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject the Contractor to penalties, to be determined by the County Executive Officer, including but not limited to the following:

- i. termination of this Agreement;
- ii. disqualification of the Contractor from being considered for or being awarded a County contract for a period of up to 3 years;
- iii. liquidated damages of \$2,500 per violation; and/or
- iv. imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Executive Officer.

To effectuate the provisions of this Section, the County Executive Officer shall have the authority to offset all or any portion of the amount described in this Section against amounts due to Contractor under this Agreement or any other agreement between Contractor and County.

**h. Compliance with Living Wage Ordinance**

As required by Chapter 2.88 of the San Mateo County Ordinance Code, Contractor certifies all contractor(s) and subcontractor(s) obligated under this contract shall fully comply with the provisions of the County of San Mateo Living Wage Ordinance, including, but not limited to, paying all Covered Employees the current Living Wage and providing notice to all Covered Employees and Subcontractors as required under the Ordinance.

**13. Anti-Harassment Clause**

Employees of Contractor and County shall not harass (sexually or otherwise) or bully or discriminate against each other's employee on the grounds of race, color, national origin,

ancestry, age, disability (physical or mental), sex, sexual orientation, gender identity, marital or domestic partner status, religion, political beliefs or affiliation, familial or parental status (including pregnancy), medical condition (cancer-related), military service, or genetic information. Any misconduct by Contractor's employees towards County employees may be grounds for termination of the Contract. Contractor shall timely address any allegations of their employee's misconduct by a County employee including immediately removing that employee from work on the Contract.

**14. Compliance with County Employee Jury Service Ordinance**

Contractor shall comply with Chapter 2.85 of the County's Ordinance Code, which states that Contractor shall have and adhere to a written policy providing that its employees, to the extent they are full-time employees and live in San Mateo County, shall receive from the Contractor, on an annual basis, no fewer than five days of regular pay for jury service in San Mateo County, with jury pay being provided only for each day of actual jury service. The policy may provide that such employees deposit any fees received for such jury service with Contractor or that the Contractor may deduct from an employee's regular pay the fees received for jury service in San Mateo County. By signing this Agreement, Contractor certifies that it has and adheres to a policy consistent with Chapter 2.85. For purposes of this Section, if Contractor has no employees in San Mateo County, it is sufficient for Contractor to provide the following written statement to County: "For purposes of San Mateo County's jury service ordinance, Contractor certifies that it has no full-time employees who live in San Mateo County. To the extent that it hires any such employees during the term of its Agreement with San Mateo County, Contractor shall adopt a policy that complies with Chapter 2.85 of the County's Ordinance Code." The requirements of Chapter 2.85 do not apply unless this Agreement's total value listed in the Section titled "Payments", exceeds two-hundred thousand dollars (\$200,000); Contractor acknowledges that Chapter 2.85's requirements will apply if this Agreement is amended such that its total value exceeds that threshold amount.

**15. Retention of Records; Right to Monitor and Audit**

(a) Contractor shall maintain all required records relating to services provided under this Agreement for three (3) years after County makes final payment and all other pending matters are closed, and Contractor shall be subject to the examination and/or audit by County, a Federal grantor agency, and the State of California.

(b) Contractor shall comply with all program and fiscal reporting requirements set forth by applicable Federal, State, and local agencies and as required by County.

(c) Contractor agrees upon reasonable notice to provide to County, to any Federal or State department having monitoring or review authority, to County's authorized representative, and/or to any of their respective audit agencies access to and the right to examine all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules, and regulations, to determine compliance with this Agreement, and to evaluate the quality, appropriateness, and timeliness of services performed.



**16. Merger Clause; Amendments**

This Agreement, including the Exhibits and Attachments attached to this Agreement and incorporated by reference, constitutes the sole Agreement of the parties to this Agreement and correctly states the rights, duties, and obligations of each party as of this document's date. In the event that any term, condition, provision, requirement, or specification set forth in the body of this Agreement conflicts with or is inconsistent with any term, condition, provision, requirement, or specification in any Exhibit and/or Attachment to this Agreement, the provisions of the body of the Agreement shall prevail. Any prior agreement, promises, negotiations, or representations between the parties not expressly stated in this document are not binding. All subsequent modifications or amendments shall be in writing and signed by the parties.

**17. Controlling Law; Venue**

The validity of this Agreement and of its terms, the rights and duties of the parties under this Agreement, the interpretation of this Agreement, the performance of this Agreement, and any other dispute of any nature arising out of this Agreement shall be governed by the laws of the State of California without regard to its choice of law or conflict of law rules. Any dispute arising out of this Agreement shall be venued either in the San Mateo County Superior Court or in the United States District Court for the Northern District of California.

**18. Notices**

Any notice, request, demand, or other communication required or permitted under this Agreement shall be deemed to be properly given when both: (1) transmitted via facsimile to the telephone number listed below or transmitted via email to the email address listed below; and (2) sent to the physical address listed below by either being deposited in the United States mail, postage prepaid, or deposited for overnight delivery, charges prepaid, with an established overnight courier that provides a tracking number showing confirmation of receipt.

In the case of County, to:

Name/Title: Mariana Rocha, Clinical Services Manager  
Address: 2000 Alameda de las Pulgas, Suite 200, San Mateo, 94403  
Telephone: (650) 573-2538  
Facsimile: (650) 522-9830  
Email: [mrocha@smcgov.org](mailto:mrocha@smcgov.org)

In the case of Contractor, to:

Name/Title: Dawan Utecht, SVP, Chief Development Officer  
Address: 1080 Marina Village Parkway, Suite 100, Alameda, CA 94501  
Telephone: (510) 337-7950  
Facsimile: (510) 337-7969  
Email: [dutecht@telecarecorp.com](mailto:dutecht@telecarecorp.com)

**19. Electronic Signature**

Both County and Contractor wish to permit this Agreement and future documents relating to this Agreement to be digitally signed in accordance with California law and County’s Electronic Signature Administrative Memo. Any party to this Agreement may revoke such agreement to permit electronic signatures at any time in relation to all future documents by providing notice pursuant to this Agreement.

**20. Payment of Permits/Licenses**

Contractor bears responsibility to obtain any license, permit, or approval required from any agency for work/services to be performed under this Agreement at Contractor’s own expense prior to commencement of said work/services. Failure to do so will result in forfeit of any right to compensation under this Agreement.

**21. Prevailing Wage**

When applicable, Contractor hereby agrees to pay not less than prevailing rates of wages and be responsible for compliance with all the provisions of the California Labor Code, Article 2- Wages, Chapter 1, Part 7, Division 2, Section 1770 et seq. A copy of the prevailing wage scale established by the Department of Industrial Relations is on file in the office of the Director of Public Works, and available at [www.dir.ca.gov/DLSR](http://www.dir.ca.gov/DLSR) or by phone at 415-703-4774. California Labor Code Section 1776(a) requires each contractor and subcontractor keep accurate payroll records of trades workers on all public works projects and to submit copies of certified payroll records upon request.

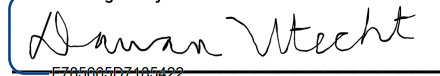
Additionally,

- No contractor or subcontractor may be listed on a bid proposal for a public works project (submitted after March 1, 2015) unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code section 1771.1(a)].
- No contractor or subcontractor may be awarded a contract for public work on a public works project (awarded on or after April 1, 2015) unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.
- This project is subject to compliance monitoring and enforcement by the Department of Industrial Relations

\* \* \*

In witness of and in agreement with this Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

For Contractor: TELECARE CORPORATION

<small>DocuSigned by:</small>  <small>F705005D7105422...</small>	<u>02/06/2024</u>	<u>Telecare Corporation</u>
Contractor Signature	Date	Contractor Name (please print)

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COUNTY OF SAN MATEO

By:  
President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:  
Clerk of Said Board

EXHIBIT A – SERVICES  
TELECARE SUPPORTED HOUSING SERVICES  
FY 2023-2026

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

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

A. Introduction

Telecare Corporation (“Contractor”), in collaboration with the Behavioral Health and Recovery Services Division of San Mateo County (BHRS), shall provide supported housing services in a Co-Housing Services program located at Building A (“Canyon Vista Center”) 200 Edmonds Road, Redwood City, California that will accommodate up to fifty-seven (57) consumers at a time.

Building A will be managed by the Property Management contractor (“Property Management”). Contractor responsibilities for providing services in Building A will be delineated in a Memorandum of Understanding (MOU) between the Contractor and Property Management, and BHRS.

B. Co-Housing Description

The Co-Housing program is to be a supported living environment with permanent supported housing units and transitional housing that encourages independent daily living skills development and tenant/resident (used interchangeably herein) involvement in daily activities, including housing keeping, cooking, decision making about many aspects of the living environment, community building among tenants and participation in on site activities of interest.

Co-Housing will consist of two service levels. One level will be transitional housing for 29 individuals, with a maximum stay of 24 months. These services will focus on independent living skill development, understanding of tenant rights, responsibilities and how to model good tenant behavior, and tenant engagement in a variety of activities leading to successful transition into permanent housing. The second service level will be permanent supportive housing for 28 individuals, which will have no limit on the length of stay. The goal will be successful housing retention through further skill development, good tenant behavior and participation in activities of interest.

The following vision statements are the guiding principles for the Housing Support services:

**Focus on Wellness – to be healthy**

The program and services are dedicated to the whole health and wellness of its consumers. The environment will support and reflect a productive individualized wellness path for all consumers.

**Promote Respect – to be livable**

The program and services will provide a strong foundation of assuring dignity and respect for its consumers and staff. The programs and services will emphasize consumer’s choice, in a safe environment that inspires pride, motivates the spirit, accommodates diversity in culture and beliefs, instills optimism for personal growth and improves quality of life.

**Build Community – to be collaborative**

The program and services will build strong communities – amongst their own consumers, families, staff, and visitors, and add value to the surrounding community. The campus community will become an integral part of its social surroundings, with its programs and services valued as innovative assets and its residents respected as citizens.

**Heal through Nature – to be environmentally conscious**

The program and services offered will capitalize on the beautiful serene natural setting to complement the process of wellness, rehabilitation and recovery. The facilities will incorporate progressive sustainable design strategies, efficient building systems, and natural materials to the benefit of healthy people, place, and planet.

**Strive for Recovery – to flourish**

The program and services will help consumers realize their full potential, achieving their goals for recovery, and return to living independently in the community.

The supported residential space has a trauma informed design. Supported residential staff will be trained to be thoroughly trauma informed to ensure that the trauma informed resources are maximized in facilitating the continued recovery of the consumers.

C. Campus Center Building

The Campus Center first floor will be comprised of two wings. One wing will house the spiritual center, art center, lactation room, exercise room, primary care rooms, conference room, hoteling space and volunteer area.

The other wing will house the front lobby, commercial kitchen, retail store, bed bug elimination room, and engineering/mechanical rooms.

The Co-Housing on the two upper floors of the Campus Center will house 57 residents, each in their own bedroom. 56 of the bedrooms will have a Jack and Jill bathroom, bed, nightstand, desk, refrigerator, chair and a closet for clothes and shelving for food supplies. One bedroom on the transitional housing floor located on the second floor will have a private bedroom with all of the same items in it and its own bathroom.

Each floor will have two living rooms, two computer stations for tenants, a community kitchen where residents can cook their own meals, a dining area with views of the campus, a meditation room, an interview/visitation room, a cleaning supply room, housekeeping room, one leadership office, two staff offices, and staff restrooms. The third floor will have a storage room in the same spot that the private bedroom/bathroom is on the second floor.

The art center, exercise room, bed bug elimination room and laundry room will be part of the Co-Housing program and will be administered by Property Management. In addition to these rooms on the first floor, Property Management will also be responsible for maintaining (and scheduling if needed) oversight of the conference room, hoteling space, restrooms, spiritual center, lactation room, and front lobby. The front lobby will also be staffed by Property Management from 7 a.m. to 7 p.m. seven days a week. The front door will be locked from 7 p.m. to 7 a.m. with a security officer stationed in the front lobby during those hours.

There will be shared outdoor spaces that include walkways, a sports court, labyrinth, garden center, art pavilion, sitting hut and areas to picnic and sit. The garden center will be available for use by the Co-Housing tenants primarily. The rest of the outdoor amenities are available to the Co-Housing tenants and others (MHRC clients, staff, and visitors) who make use of the campus.

#### D. Target Population

The target population are San Mateo County residents who are seriously mentally ill and may have co-occurring substance use disorders and who are eligible for either Transitional Housing or Permanent Supported Housing as determined by BHRS. The individuals may have been homeless, previously institutionalized or at risk of homelessness due to other circumstances. Transitional Housing tenants are tenants who are working towards more independent living. The Supported Housing /Permanent Housing tenants may be previous tenants in Transitional Housing from this campus or from some other part of BHRS's network of

care. The target population is a culturally, linguistically, ethnically, gender diverse population.

E. Co-Housing Operations Timeline and Contractor Expectations

Construction is anticipated to be complete in the Spring of 2024. It is anticipated that residents will move from the current Cordilleras building into the new buildings in April of 2024. The campus buildings will be completed and commissioned on different dates. The resident move dates may change as a result of construction delays. BHRS will inform Contractor of date changes, should they occur.

The facility will become available to Contractor after construction is completed and has passed all building codes and inspections. Prior to the opening of Canyon Vista Center, County and Contractor will conduct a facility walk-through. At that time, an itemized list of County's property will be completed (*Exhibit E- Inventory List of Property* included herein by reference). Contractor may use County's property itemized in *Exhibit E* in providing services under the Agreement. Furnishings purchased by Contractor using County-provided funding shall become County property.

Upon contract termination, any County owned property shall be relinquished to the County in good condition, reasonable wear and tear excepted.

Once the Canyon Vista Center is able to be occupied, Contractor will have approximately 10 days to complete the move in, and work with Property Management on transitioning residents who are being moved from the existing Cordilleras Suites program and who qualified for the housing units. This will be done in a coordinated process led by BHRS, with the existing Telecare Cordilleras Suites staff (for Suites residents only), Property Management and Telecare Co-Housing Supported Housing staff.

F. Start Up Services

1. During the term of this Agreement and prior to the provision of supported housing services, Contractor shall provide start-up services for the supported housing program. Contractor shall use this start-up period to hire and train program staff and to equip the program facility.

Categories of funded start-up services are identified in *Exhibit C - Contractor Budget*.

2. Prior to admitting residents to this new program, Contractor will do the following:

- a. Take occupancy
- b. Hire and train staff
- c. Become Medi-Cal certified through BHRS

G. Supported Housing Program

Contractor will be responsible for working with tenants both in transitional housing and permanent supportive housing.

1. All Tenants

Contractor staff responsibilities will include but are not limited to the following:

- a. Assist tenants with move in process.
- b. Provide orientation to tenants and support adjusting to co-housing environment.
- c. Provide individualized support to those tenants transitioning from other settings such as locked care with attention to their medication support and nutritional needs, including assisting tenant to develop medication schedule and meal plans.
- d. Assess tenant's daily living skills (DLS). Develop plan with tenant activities to educate, model and develop DLS. Observe and coach with tenant in DLS activities.
- e. Conduct group DLS skill building activities, as appropriate, which may include menu/meal planning, basic food prep/cooking, shopping and basic money management/budgeting.
- f. Assess each tenant's need for Rep Payee and coordinate with tenant's treatment team to apply for Rep Payee.
- g. Provide assistance in applying for and retaining benefits including Medi-Cal and SSI plan.
- h. Coordinate and/or partner with Resident Services Coordinator (RSC) for provision of tenants' educational, recreation and social activities.
- i. Provide tenants rehabilitation groups.
- j. Coordinate with tenants' clinical team or clinical provider on a regular basis and medical provider as needed.
- k. Provide linkage to outside resources to support continued recovery and achievement of personal goals such as In Home Supportive Services, Vocational Rehabilitation Services, supported education and other community supports, as appropriate.
- l. Work with tenants on behaviors that promote good tenancy and good neighbor relations.
- m. Assess and counsel tenants related to behaviors that may place tenancy at risk.
- n. Provide a van and driver for transporting/accompanying tenants to health care appointments and structured outings to build/practice client life skills in the areas of socialization, money management,



navigation of public transportation, shopping on a budget, etc. For example, Contractor may transport a group of clients to a grocery store and enter the store with them to help them apply for a store discount card, to show them how to use self-checkout, to coach them on price comparison shopping to stretch their grocery budget or how to read nutrition labels. Coordinate with RSC to ensure adequate staffing is maintained onsite.

- o. Provide linkage and coordination with housing locator services for tenants in the transitional units to prepare to move into permanent housing.
- p. Co-facilitate with the RSC Resident Council meetings as well as Tenant Review meetings. Tenant Review meetings will be weekly through lease up period, then may decrease to monthly, as appropriate.
- q. Participate in monthly operations meeting with Property Management, Resident Services and BHRS to review tenant lease violations, upcoming vacancies or other issues related to housing retention. Monthly operations meeting will include supervisory level staff.
- r. Coordinate on site groups such as Alcoholics Anonymous, (A.A.), Narcotics Anonymous (N.A.), Treatment Readiness groups and other harm reduction focused groups, NAMI, and peer support groups.
- s. Provide crisis support and follow up on urgent care needs in coordination with primary case manager.
- t. Some of the above services may be billable to Medi-Cal or other payers as part of the tenant's treatment plan. Contractor will be responsible for coordinating with other members of the tenant's clinical team regarding such services and documenting them appropriately in compliance with BHRS guidelines and state and federal requirements in order to maximize state and federal reimbursements.

## 2. Additional Services for Transitional Support Tenants

- a. Provide assistance in applying for and retaining benefits including Medi-Cal and SSI.
- b. Provide linkage and coordination with housing locator services as tenants prepare to move into permanent housing.
- c. Provide Medi-Cal billable case management and rehabilitation services. Contractor shall have licensed clinical staff to meet State requirements for the provision of these Medi-Cal billable services.
- d. Coordinate with other members of the tenant's clinical team regarding Medi-Cal billable services. Document services in compliance with BHRS guidelines and state and federal requirements to maximize state and federal reimbursements.

- e. Provide linkage to outside resources to support continued recovery and achievement of personal goals such as In Home Supportive Services, Vocational Rehabilitation Services, supported education and other community supports, as appropriate.

#### H. Admissions and Discharges

Contractor will work collaboratively with the Property Management provider to support consumers referred for the transitional and permanent housing units during their application process. An intake packet will be completed within three (3) business days of receiving a referral. In the event Contractor feels that it cannot treat a particular consumer, Contractor will provide the BHRS clinical services manager with the reason(s) for the decision in writing within 48 hours of receiving the complete referral packet, (M-F, 8 am to 5 pm). Consumers will not be excluded solely on the basis of histories that include self-injurious or assaultive behavior (including sex offenses) or arson.

Contractor shall work with Property Management to develop and maintain an admission manual that includes defined roles and responsibilities.

#### I. Referrals

All referrals for occupancy of units will be for seriously mentally ill residents of San Mateo County and will come from a variety of referral sources. All referral sources must refer these individuals to BHRS for official certification as BHRS consumers or as consumers eligible for these services. Some of the current residents of the Cordilleras Suites may be relocated to one of the two new housing floors if they are determined to be clinically ready to step down from a licensed residential care facility to housing. Future admissions will be 18 years or older and have adequate income or other financial resources to pay the monthly rent.

Housing First philosophy will be the approach to referrals. (See *Appendix D - Housing First*). The individuals may have been homeless, previously institutionalized or at risk of homelessness due to other circumstances. Future tenants may be required to be on Rep Payee Services should they have a history of poor money management, especially related to housing. The tenant's treatment team will be responsible for referring to Rep Payee. This can be re-evaluated once their money management skills improve.

#### J. Length of Stay

There is no time limit for how long residents may live in the permanent supported housing units. The residents in the transitional housing units may live there for up to 24 months while they are working towards more

permanent housing elsewhere. Tenants may ask BHRS for extensions, should they need more time. Extensions will be reviewed on a case-by-case basis and will need BHRS Contract Monitor approval. Potential loss of housing (i.e. through eviction, loss of income, violation of tenant agreement, level of care change, etc.) for any tenant must be reviewed by BHRS.

K. Communication/Collaboration Requirements

1. Contractor will schedule regular meetings internally and with all potential partners to plan, analyze and design improvements in all collaborative efforts.
2. Contractor shall meet monthly and on an as needed basis with the BHRS Contractor Monitor.
3. Urgent matters will be communicated as soon as possible to BHRS Contract Monitor by phone and/or email. Regular communication will ensure that services are coordinated in an informed and timely manner.
4. Contractor shall meet on a monthly basis, and additionally on an as-needed basis, with Property Management and the BHRS Contract Monitor to discuss any safety or other concerns regarding shared campus spaces.
5. Contractor will meet quarterly with Property Management and Deputy Director of Adult Services to review data and discuss any problems or concerns related to the provision of services provided through this Agreement.
6. Contractor shall collaborate with Property Management and the BHRS Contract Monitor to identify tenants who are ready for permanent housing or who may need a higher level of care.
7. Contractor and Property Management shall meet on a monthly basis and an as needed basis with the BHRS designated staff who are responsible for overseeing the contract, the facility and the campus, to discuss any safety or other concerns regarding shared campus spaces.
8. Contractor will provide any data reporting requirements that the State of California requires.
9. Contractor will participate in the development of a Memorandum of Understanding (MOU) between the Contractor, Property Management,

and BHRS. The MOU will address the coordination of services by all parties providing services to residents receiving Co-Housing services.

L. Reporting

1. Contractor will provide a monthly status report that includes tenant name, unit number, dates of contact with tenant, amount of time involved, who was involved, communication with primary case manager or others, services provided, outcome, and plans/agreed upon next steps. The report will be provided to the BHRS Deputy Director and/or BHRS Contract Monitor.
2. Changes to staffing levels will be reported on a monthly basis, including staff vacancies.
3. Contractor will provide any data reporting requirements that the State of California requires for services provided through this agreement.

4. BHBH Grant Reporting

Contractor shall collect and report to BHRS data for the Behavioral Health Bridge Housing (BHBH) grant for 15 transitional beds on a monthly basis and entered into the Homeless Management Information System (HMIS) database. Contractor will work with Property Management to obtain any additional tenant financial or occupancy information needed for data reporting.

Should the State require changes to and/or additional BHBH Grant data reporting, BHRS shall alert Contractor of such requirements as expediently as possible. Contractor shall adjust reporting procedures and deliverables in a reasonable timeline in order to meet any changes to the BHBH Grant reporting requirements.

The following data shall be collected in coordination with Property Management and entered into HMIS data portal:

- a. Estimated Number of Beds-Nights: Total
- b. Estimated number of Bed-Nights: Daily
- c. Estimated number of Unduplicated individuals served: Total
- d. Estimated number of Unduplicated individuals served: Monthly
- e. Estimated cost per Bed Night

5. Critical Incident Reporting

See Section II.B.11. "Critical Incident Reporting" on page 19.

M. Staffing Requirements

1. Contractor shall inform BHRS Contract Monitor of any staffing changes, and shall obtain prior approval from BHRS Contract Monitor before making any changes to the staffing model. Contractor staffing model is included in *Attachment B – Staffing*.
2. Contractor shall employ bilingual/bicultural staff to meet the cultural and language needs of residents.
3. Contractor shall have on file job descriptions (including minimum qualifications for employment and duties performed) for all personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this Agreement. Contractor shall submit any material changes in such duties or minimum qualifications to County prior to implementing such changes or employing persons who do not meet the minimum qualifications currently on file. Contractor service personnel shall be direct employees, contractors, volunteers, or training status persons.
4. **Contractor shall not employ staff to work in the Supported Housing Program who are also employed by one of the contracted MHRCs or contracted Property Management services on the Cordilleras Health and Healing Campus. This prohibition includes Contractor’s own employees, assigned to work in the MHRC staffed by Contractor under a separate agreement with the County. Said Contractor employees may not provide services in the Supported Housing Program. Contractor shall maintain separate cost centers for the two agreements with the County for services on the Cordilleras Health and Healing Campus.**

Contractor shall complete *Attachment K - Assurance of non-employment of staff providing other Cordilleras Health and Healing Campus contracted services*.

5. Administration

The administrator, in addition to all of the usual and customary administrative responsibilities, will work closely with the Deputy Director of Adult and Older Adult Services for BHRS, and the BHRS Contract Monitor who oversees this Agreement. This may include regular meetings to discuss the program, the building and the campus.

6. Staff Training Requirements

- a. Contractor included staff training plan (*Attachment D – Staff Training Plan*)
- b. Minimum 20 hours of training per year
- c. Contractor will complete and maintain a record of annual required trainings. The following trainings must be completed on an initial and then annual basis:
  - 1) Confidentiality
  - 2) HIPAA
  - 3) Fraud, Waste, and Abuse
  - 4) Critical Incident Management
  - 5) Cultural Humility, Sexual Orientation, Gender Identity (SOGI)
  - 6) Gender Sensitivity
  - 7) Spirituality
  - 8) Interpreter training (if using interpreter services)
  - 9) Trauma Informed Care (e.g., Neuro sequential Model of Therapeutics (NMT))
  - 10) Working with SMI Co-Occurring Tenants
  - 11) Working with Peer Workers

Trainings may be offered through the County’s Learning Management System (LMS) located at:

[https://sanmateocounty.csod.com/LMS/catalog/Welcome.aspx?tab\\_page\\_id=-67](https://sanmateocounty.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67).

Contractor must register on the LMS site to access the training modules. The link to register for a LMS new account is:

<https://sanmateocounty.csod.com/selfreg/register.aspx?c=bhrscp01>

Proof of training, such as certificate of completion, may be requested at any time during the term of this Agreement.

7. Ancillary Services (Third party vendors: meals, housekeeping/laundry, lab, phlebotomy)

BHRS will facilitate a process for campus contractors to determine if they are interested in using any of the same vendors to increase efficiency, to reduce cost and decrease traffic to the campus, and, if so, if joint purchasing arrangements would be mutually beneficial. BHRS shall have no formal contractual role in such agreements.

8. Evacuation Plan

See II.A. Disaster and Emergency Response Plans

## N. Reporting

1. Reporting – Contractor will provide information to BHRS (MIS) on consumer registration/admissions/discharges (on the BHRS Contractor Reporting Form), and will provide a weekly consumer census.
2. Contractor will have AVATAR look up function access in San Mateo County’s electronic health record system for BHRS consumers receiving services in order to view information for coordination of care.

O. Disentanglement

Contractor shall cooperate with County and County’s other contractors to ensure a smooth transition at the time of termination of this Agreement, regardless of the nature or timing of the termination. Contractor shall cooperate with County’s efforts to effectuate such transition with the goal of minimizing or eliminating any interruption of work required under the Agreement and any adverse impact on the provision of services or the County’s activities; provided, however, that County shall pay Contractor on a time and materials basis, at the then-applicable rates, for all additional services performed in connection with such cooperation.

Contractor shall deliver to County or its designee, at County’s request, all documentation and data related to County, including, but not limited to, consumer files, held by Contractor, and after return of same, Contractor shall destroy all copies thereof still in Contractor’s possession, at no charge to County. Such data delivery shall be in an electronic format to facilitate archiving or loading into a replacement application. County and Contractor shall mutually agree on the specific electronic format. Record destruction requirements under this section shall be subject to any statutory requirements Contractor must adhere to as described in section II.B.5. Record Retention of this Exhibit A.

Contractor shall deliver to County or its designee, at County’s request, all County-owned property, including but not limited to property as identified in *Exhibit E: Inventory List of Property*. The County shall have the option to purchase Contractor owned property used for the provision of services at mutually agreed upon pricing.

P. Health Order Compliance

1. Contractor will comply with employer requirements established by Cal-OSHA through the COVID -19 Prevention Non-Emergency Regulations which are chaptered in the California Code of Regulations, Title 8- Cal/OSHA, Chapter 4 Division of Industrial Safety, Subchapter 7 General Industry Safety Orders, Section 3205 COVID-19 Prevention.

2. This section applies to all employees and places of employment with the exception of locations with one employee that does not have contact with other persons, employees working from home, or employees teleworking from a location of the employee's choice, which is not under the control of the employer.
3. Employers can comply with this section by either maintaining a COVID-19 Plan that was required by previous contract conditions or as part of the required Injury and Illness Prevention Program required by Section 3203.
4. Employers are required to comply with COVID-19 Prevention requirements of Cal/OSHA.
5. More information, including access to the text of the regulations, COVID-19 Prevention Plan Templates, Frequently Asked Questions, and Fact Sheets can be found at [https://www.dir.ca.gov/dosh/coronavirus/Non\\_Emergency\\_Regulations/](https://www.dir.ca.gov/dosh/coronavirus/Non_Emergency_Regulations/).

## II. ADMINISTRATIVE REQUIREMENTS

### A. Disaster and Emergency Response Plans

Contractor will develop and maintain a Disaster and Emergency Response Plan ("Emergency Plan") that includes all of the elements set forth in this Section, as well as any additional elements reasonably requested by the County. The Emergency Plan will also include site-specific emergency response plan(s) for each of the sites at which Contractor provides services pursuant to this Agreement ("Site Plans"). The Emergency Plan and associated Site Plans will address Contractor preparations to effectively respond in the immediate aftermath of a national, state or local disaster or emergency ("Emergency Response") and plans for the ongoing continuation of Services under the Agreement during and after a disaster or emergency ("Continuity of Operations").

Contractor shall submit the Emergency Plan to the County within ninety (90) days after the beginning of the Term of the Agreement and no later than September 30<sup>th</sup>. The Emergency Plan will follow the template provided in *Attachment T: Sample Template for Disaster and Emergency Response Plan* as a guide when developing the plan, adding any categories or items as needed for the Contractor's unique situation. The submitted Emergency Plan will be subject to the reasonable approval of the County. Contractor shall respond reasonably promptly to any comments or requests for revisions that the County provides to Contractor regarding the Emergency Plan. Contractor will update the Emergency



Plan and associated Site Plans as circumstances warrant and shall provide County with copies of such updated plans. Contractor shall train employees on the Emergency Plan and the Emergency Plan will include a description of how employees will be trained.

The Emergency Plan will indicate, in as much detail as reasonably possible, the categories of additional staff, supplies, and services that Contractor projects would be necessary for effective Emergency Response and Continuity of Operations and the costs that the Contractor projects it would incur for such additional staff, supplies and services. Contractor shall recognize and adhere to the disaster medical health emergency operations structure, including cooperating with, and following direction provided by, the County's Medical Health Operational Area Coordinator (MHOAC). In the event that the Contractor is required to implement the Emergency Plan during the term of the Agreement, the parties will confer in good faith regarding the additional staff, supplies and services needed to ensure Emergency Response and/or Continuity of Operations owing to the particular nature of the emergency, as well as whether the circumstances warrant additional compensation by the County for additional staff, supplies and services needed for such Emergency Response and/or Continuity of Operations.

The Emergency Plan will include an evacuation and temporary shelter plan for any adverse events and/or natural disasters. Contractor shall collaborate with the County in developing and maintaining an Emergency Plan that is compatible with the County Relocation and Temporary Shelter Plan for the Cordilleras Health and Healing Campus.

Contractor shall reasonably cooperate with the County in complying with processes and requirements that may be imposed by State and Federal agencies (including, but not limited to the California Governor's Office of Emergency Services and the Federal Emergency Management Agency) in connection with reimbursement for emergency/disaster related expenditures.

In a declared national, state or local disaster or emergency, Contractor and its employees will be expected to perform services as set forth in the Agreement, including in the area of Emergency Response and Continuity of Operations, as set forth in the Emergency Plan and each Site Plan. Contractor shall ensure that all of its employees are notified, in writing, that they will be expected to perform services consistent with the Emergency Plan and each Site Plan.

## B. Quality Management and Compliance

### 1. Quality Management Program and Quality Improvement Plan

Contractor must have a Quality Management Program and submit a Quality Improvement Plan to BHRS Quality Management (QM) annually by June 30. The Quality Improvement Plan should address 1) how the Contractor will comply with all elements of this Agreement, 2) the Contractor will maintain an audit disallowance rate of less than five percent (5%), and 3) first appointment will be within fourteen (14) days of referral or request of service. BHRS QM will provide feedback if the submitted plan is missing critical components related to San Mateo County requirements. Additional feedback may be available if requested prior to the submission date.

## 2. Record Retention

Paragraph 14 of the Agreement notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of ten (10) years, except the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until ten (10) years beyond the person's eighteenth (18th) birthday or b) for a period of ten (10) years beyond the date of discharge, whichever is later. This rule does not supersede professional standards. Contractor may maintain records for a longer period of time if required by other regulations or licenses.

## 3. Documentation of Services

Contractor shall provide all pertinent documentation required for state and federal reimbursement including but not limited to Consent Forms, assessments, treatment plans, and progress notes. Contractor agencies must submit, via fax to Quality Management at 650-525-1762, their version of these forms for approval before the forms are to be used. Special attention must be paid to documentation requirements for residential treatment facilities. Documentation shall be completed in compliance with the BHRS Mental Health & AOD Documentation Manual (link in following in paragraph). Contractor agencies are required to provide and maintain record of regular documentation training to staff providing direct services. Proof of trainings including attendance by staff may be requested at any time during the term of this Agreement.

System of Care (SOC) Short-Doyle Medi-Cal Mental Health Providers shall document in accordance with the BHRS Mental Health & AOD Documentation Manual located online at:

<https://www.smchealth.org/sites/main/files/file-attachments/bhrsdocmanual.pdf>

SOC contractor will utilize either documentation forms located on <http://smchealth.org/SOCMHContractors> or contractor's own forms that have been pre-approved.

#### 4. Audits

Behavioral Health and Recovery Services QM will conduct regular chart audits of Contractors. Contractor is required to provide either the original or copies of charts, including all documentation upon request. The Department of Health Care Services and other regulatory agencies conduct regular audits of the clinical services provided by BHRS and Contractors requiring submission of charts as requested. Contractor is required to provide all necessary documentation for external audits and reviews within the stated timeline.

#### 5. Consumer Rights and Satisfaction Surveys

##### a. Administering Satisfaction Surveys

Contractor shall administer/utilize any and all survey instruments as directed by BHRS, including outcomes and satisfaction measurement instruments.

##### b. Beneficiary/Patient's Rights

Contractor will comply with County policies and procedures relating to beneficiary/patient's rights and responsibilities as referenced in the Agreement.

##### c. Advance Directives

Contractor will comply with County policies and procedures relating to advance directives.

#### 6. Compliance with HIPAA, Confidentiality Laws, and PHI Security

a. Contractor must implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Protected Health Information (PHI), including electronic PHI that it creates, receives, maintains, uses or transmits, in compliance with 45 C.F.R and to prevent use or disclosure of PHI other than as provided for by this Agreement. Contractor shall implement reasonable and appropriate policies and procedures to comply with the standards. Contractor is

required to report any security incident or breach of confidential PHI to BHRS Quality Management within twenty-four (24) hours.

- b. Contractor will develop and maintain a written Privacy and Security Program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities.
- c. Contractor shall comply with the provisions of 42 C.F.R. Part 2 as described below if records contain or contract possesses any PHI covered under 42 C.F.R Part 2:
  - 1) Acknowledge that in receiving, storing, processing, or otherwise using any information from BHRS about the consumers in the program, it is fully bound by the provisions of the federal regulations governing Confidentiality of Behavioral Health and Recovery Services Patient Records, 42 C.F.R. Part 2;
  - 2) Undertake to resist in judicial proceedings any effort to obtain access to information pertaining to consumers otherwise than as expressly provided for in the federal confidentiality regulations, 42 C.F.R. Part 2; and
  - 3) Agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
- d. Confidentiality Training

Contractor is required to conduct, complete and maintain record of annual confidentiality training by all staff serving or accessing PHI of BHRS consumers. Contractor may utilize BHRS Confidentiality trainings located at <http://smchealth.org/bhrs/providers/ontrain>.

#### 7. Other Required Training

See section I.O.6. "Staff Training Requirements" on page 10.

#### 8. Site Certification

- a. Contractor will comply with all site certification requirements. Contractor shall maintain all applicable certifications through San Mateo County to provide any of the following reimbursable services: Short-Doyle Medi-Cal, Medi-Cal, Medicare, or Drug Medi-Cal.

- b. Contractor is required to inform BHRS Quality Management, in advance, of the following major changes:
  - 1) Major leadership or staffing changes.
  - 2) Major organizational and/or corporate structure changes (example: conversion to non-profit status).
  - 3) Any changes in the types of services being provided at that location.
  - 4) Significant changes in the physical plant of the provider site (some physical plant changes could require a new fire or zoning clearance).
  - 5) Change of ownership or location.
  - 6) Complaints regarding the provider.

## 9. Critical Incident Reporting

Contractor is required to submit Critical Incident reports to BHRS Quality Management on the same day of the incident or within 24 hours 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, including but not limited to participation in quality improvement meetings, provision of all information requested by the County relevant to the incident, and Contractor staff cooperation.

## 10. Ineligible Employees

BHRS requires that contractors comply with Federal requirements as outlined in 42 CFR (438.608) Managed Care Regulations. Contractors must identify the eligibility of employees, interns, or volunteers prior to hiring and on a monthly basis thereafter. Results of the eligibility screenings are to be maintained in the employee files. This process is meant to ensure that any person delivering services to consumers of BHRS are not currently excluded, suspended, debarred or have been convicted of a criminal offense as described below. The Contractor must notify BHRS Quality Management (by completing the BHRS Critical Incident Reporting Form, Policy#93-11) should a current employee, intern, or volunteer be identified as ineligible. Contractors are required to screen for ineligible employees, interns, and volunteers by following procedures included in BHRS Policy # 19-08, which can

be found online at: <https://www.smchealth.org/bhrs-policies/credentialing-and-re-credentialing-providers-19-08>. BHRS Quality Management must be notified within twenty-four (24) hours of any violations. Contractor must notify BHRS Quality Management if an employee's license is not current or is not in good standing and must submit a plan to correct to address the matter.

a. Credentialing Check – Initial

During the initial contract process, BHRS will send a packet of contract documents that are to be completed by the Contractor and returned to BHRS. *Attachment C – Agency/Group Credentialing Information* will be included in the contract packet. Contractor must complete *Attachment C* and return it along with all other contract forms.

b. Credentialing Check – Monthly

Contractor will complete *Attachment C – Agency/Group Credentialing Information* each month and submit the completed form to BHRS Quality Management via email at: [HS\\_BHRS\\_QM@smcgov.org](mailto:HS_BHRS_QM@smcgov.org) or via a secure electronic format.

11. Compliance Plan and Code of Conduct

Contractor will annually read and be knowledgeable of the compliance principles contained in the BHRS Compliance Plan and Code of Conduct located at <http://smchealth.org/bhrs-documents>. In addition, Contractor will assure that Contractor's workforce is aware of compliance mandates and informed of the existence and use of the BHRS Compliance Improvement Hotline (650) 573-2695.

Contractor is required to conduct, complete and maintain record of annual compliance training by all staff serving or accessing PHI of BHRS consumers. Contractor may utilize BHRS Confidentiality trainings located at <http://smchealth.org/bhrs/providers/ontrain>.

12. 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 consumer will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of individuals with whom the 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 an exemption from Community Care Licensing allowing the employee to provide services to individuals with whom they have contact as a part of their employment with the contractor.

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

### 13. Staff Termination

Contractor shall inform BHRS, in a timely fashion, when staff have been terminated. BHRS Quality Management requires prompt notification to be able to terminate computer access and to safeguard access to electronic medical records by completing the BHRS Credentialing form.

### 14. Medi-Cal Enrollment

Contractor shall be enrolled in the Medi-Cal program or in the process of becoming enrolled. Contractor will keep BHRS informed on their enrollment status and submit proof of Medi-Cal enrollment. Contractor shall be Medi-Cal enrolled prior to admitting consumers to the program.

### C. 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 Office of Diversity & Equity (ODE) at 650- 573-2714 or [ode@smcgov.org](mailto: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 consumers, families and the workforce. This plan will be submitted to the BHRS Analyst/BHRS Contract Monitor and the Office of Diversity & Equity (ODE) 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, consumer'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 consumer 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 consumers. (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 a Health Equity Initiative (HEI), including but not limited to the Diversity & Equity Council (DEC), for the term of the Agreement. Participation in an HEI/DEC 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 HEI/DEC, and other cultural competence efforts within BHRS, contact ODE or visit <https://www.smchealth.org/health-equity-initiatives>.
  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 their BHRS Analyst/BHRS Contract Monitor for consultation. If additional



language resources are needed, please contact ODE.

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 ODE 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/BHRS Contract Monitor and ODE ([ode@smcgov.org](mailto: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:

1. Permanent supportive housing:  
90% of tenants will remain housed a least 12 months after move in.
2. Transitional housing:  
90% of tenants will move to permanent housing within 24 months of move in.
3. Quality of service and housing:  
90% of tenants will respond with positive satisfaction with the quality of housing and services provided via a consumer satisfaction survey conducted annually.

\*\*\* END OF EXHIBIT A \*\*\*

EXHIBIT B – PAYMENTS AND RATES  
TELECARE SUPPORTED HOUSING SERVICES FY 2023-2026

In consideration of the services provided by Contractor in Exhibit A, 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, except that any and all such payments shall be subject to the conditions contained in this Agreement:

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 3 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 FIVE MILLION SIX HUNDRED TWENTY-TWO THOUSAND FOUR HUNDRED EIGHTY-EIGHT DOLLARS (\$5,622,488).

B. Payment for Services

1. Start-Up Costs

The maximum amount that County shall be obligated to pay for startup costs rendered under this agreement shall not exceed THREE HUNDRED SEVEN THOUSAND ONE HUNDRED EIGHTY-THREE DOLLARS (\$307,183).

For start-up costs incurred during the period of February 1, 2024, through June 30, 2024, Contractor shall submit monthly invoices for reimbursement of start-up costs in arrears. Invoices shall include an itemized list of expenses for the categories of start-up costs as described in Exhibit A, section I.H (“Start Up Services”) and are subject to approval by the BHRS Contract Monitor.

The period of start-up services will be extended to coincide with the actual date that construction is completed and the facility is available

for occupancy and use by Contractor. Start-up services may continue past the date of implementation of Supported Housing services with approval of the BHRS contract monitor.

## 2. Supported Housing Program Services

Contractor shall be paid a maximum amount of FIVE MILLION THREE HUNDRED FIFTEEN THOUSAND THREE HUNDRED FIVE DOLLARS (\$5,315,305) for Supported Housing services as described in Exhibit A of this agreement. Payments for FY 2024-2025 and FY 2025-2026 may be adjusted based upon projected costs and prior year actual costs. Supported Housing services days begin the first day a tenant is physically placed into the facility. Service days end when the tenant is discharged from the facility. The start date for Supported Housing services will be confirmed by the BHRS Contract Monitor.

Contractor shall submit monthly invoices for reimbursement of actual costs in arrears as described in section I.C. of this Exhibit B.

### a. FY 2023-2024

For the period of March 1, 2024, through June 30, 2024, the monthly payment for housing will be made in arrears for actual costs upon receipt of invoice from Contractor. The maximum amount shall not exceed SEVEN HUNDRED FIFTY-NINE THOUSAND THREE HUNDRED TWENTY-NINE DOLLARS (\$759,329).

It is anticipated that most administrative staff costs will begin at the agreement start date, and that direct services staff costs will begin as staff are hired. The hiring of direct services staff will begin after the agreement start date. Contractor shall provide the Contract Monitor with the status of staff hiring as requested.

### b. FY 2024-2025

For the period of July 1, 2024, through June 30, 2025, the monthly payment for housing will be made in arrears for actual costs upon receipt of invoice from Contractor. The maximum amount shall not exceed TWO MILLION TWO HUNDRED SEVENTY-SEVEN THOUSAND NINE HUNDRED EIGHTY-EIGHT DOLLARS (\$2,277,988).

c. FY 2025-2026

For the period of July 1, 2025, through June 30, 2026, the monthly payment for housing will be made in arrears for actual costs upon receipt of invoice from Contractor. The maximum amount shall not exceed TWO MILLION TWO HUNDRED SEVENTY-SEVEN THOUSAND NINE HUNDRED EIGHTY-EIGHT DOLLARS (\$2,277,988).

C. Monthly Invoices and Payments

invoices shall be for reimbursement of actual costs. Invoices shall include an itemized list of expenses for the categories of costs for Supported Housing services as described in Exhibit A, and are subject to approval by the BHRS Contract Monitor. Invoice costs shall be itemized according to cost categories in *Exhibit C – Contractor Budget*. Contractor shall provide detailed backup for invoiced costs.

1. Contractor shall bill County on or before the tenth (10th) working day of each month for reimbursement of actual costs following the provision of services for the prior month. Invoices shall include an itemized list of expenses for costs of Start-Up services and/or Supported Housing services as described in Exhibit A. Invoice costs shall be itemized according to cost categories in *Exhibit C – Contractor Budget*. Contractor shall also provide detailed backup for invoiced costs. Invoices are subject to approval by the BHRS Contract Monitor.

County shall issue payment to Contractor within 30 days of receipt of invoice and approval by BHRS Contract Monitor.

2. Claims 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. Claims that are received 180 days or more after the date of service are considered to be late claims. County reserves the right to deny invoices with late claims or claims for which completed service reporting forms or electronic service files are not received. County reserves the right to change the claims instructions, and/or require the Contractor to modify their description of services as the County deems necessary and/or as required by the State for Medi-Cal billing.
3. Residential census shall be submitted weekly. Outpatient services shall be submitted electronically monthly in a flat file. The monthly invoice must include the co-housing days and outpatient services provided to each consumer.

Completed Service Reporting Forms will accompany the invoice and provide back-up detail for the invoiced services. The Service Reporting Forms will be provided by County, or be in a County approved format, and will be completed by Contractor according to the instructions accompanying the Service Reporting Forms. County reserves the right to change the Service Report Forms, instructions, and/or require the Contractor to modify their description of services as the County deems necessary.

4. Claims may be sent to [BHRS-Contracts-Unit@smcgov.org](mailto:BHRS-Contracts-Unit@smcgov.org) OR to

County of San Mateo  
Behavioral Health and Recovery Services  
Contracts Unit  
2000 Alameda de las Pulgas, Suite 280  
San Mateo, CA 94403

- D. Contractor's FY 2023-24 annual budget is attached and incorporated into this Agreement as *Exhibit C – Contractor Budget*.

Contractor will be responsible for all expenses incurred during the performance of services rendered under this Agreement.

- E. The Chief of San Mateo County Health or designee is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.
- F. 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.
- G. In the event this Agreement is terminated prior to June 30, 2026, Contractor shall be paid only for services provided prior to the termination date. Such payments shall be subject to the approval of the Chief of San Mateo County Health or designee.
- H. Disallowances that are attributable to an error or omission on the part of County shall be the responsibility of County. This shall include but not be limited to quality assurance (QA) audit disallowances as a result of QA Plan error or format problems with County-designed service documents.

- I. The contracting parties shall be subject to the examination and audit of the Department of Auditor General for a period of three years after final payment under contract (Government Code, Section 8546.7).
- J. 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 San Mateo County Health or designee.
- K. In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.
- L. County May Withhold Payment

Contractor shall provide all pertinent documentation required for Medi-Cal, Medicare, and any other federal and state regulation applicable to reimbursement including assessment and service plans, and progress notes. 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 BHRS Quality Improvement Manager. Contractor shall meet quarterly with BHRS Contract Monitor, as designated by the BHRS Deputy Director, Adult and Older Adults, to review documentation and billing reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies.

Any amount of withholding of payment shall be based upon the established State rates for MediCal billable services provided. Withholding shall be made through a reduction in the monthly payment amount for subsequent services. If there are no payments for subsequent services, contractor shall submit a check in the amount for payment to the BHRS Contracts Unit.

- M. 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.

N. Third-Party Billing Process

The County shall conduct serial billing of third-party payors for services provided through this Agreement.

O. Beneficiary Billing

Contractor shall not submit a claim to, demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this contract. The Contractor shall not hold beneficiaries liable for debts in the event that the County becomes insolvent, for costs of covered services for which the State does not pay the County, for costs of covered services for which the State or the County does not pay the Contractor, for costs of covered services provided under this or other contracts, referral or other arrangement rather than from the County, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.

P. Annual Financial Statements

1. Contractor shall submit to County a year-end actual financial statement no later than ninety (90) days after the end of the fiscal year. Financial statements shall include accounting for all services provided through the Agreement for each applicable period, and separate accountings for each Electronic Health Record system program 1) Start Up expenditures and 2) Supported Housing services with detail of Salary and Benefits at practitioner level. Financial statements shall be in accordance with the standard health accounting principles and format. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report shall be submitted along with the financial statement. The detail financial statement total should agree to the audited statements provided.

As applicable, Contractor shall also submit to County a year-end Single Audit report with the financial statement.

The annual financial statement and Single Audit Report, as applicable, shall be sent to the BHRS Fiscal Officer, Diana Lao, at [dlao1@smcgov.org](mailto:dlao1@smcgov.org).

2. If the annual financial statement provided to County shows that total payment to Contractor exceeds the total actual costs for all of the services rendered by Contractor to eligible patients during the reporting period, payment amounts for subsequent years may be adjusted to align with actual costs, at the discretion of the County.
3. The future implementation of State CalAIM (California Medi-Cal reform) may impact the manner in which claims, reporting and payments are handled. Contractor will comply with any and all State and/or County required changes, upon request, in a timely manner.

Q. Claims Certification and Program Integrity

1. Contractor shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604, 438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002, Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.
2. Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A 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 \_\_\_\_\_ ”

3. The certification shall attest to the following for each beneficiary with services included in the claim:
  - a. An assessment of the beneficiary was conducted in compliance with the requirements established in this agreement.



- b. The beneficiary was eligible to receive services described in Exhibit A of this Agreement at the time the services were provided to the beneficiary.
  - c. The services included in the claim were actually provided to the beneficiary.
  - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided.
  - e. A consumer plan was developed and maintained for the beneficiary that met all consumer plan requirements established in this agreement.
  - f. For each beneficiary with specialty mental health services included in the claim, all requirements for Contractor payment authorization for specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in this agreement.
  - g. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
4. Except as provided in Paragraph II.B.2 of Exhibit A relative to medical records, Contractor agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the consumer. Contractor agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives, and/or the County.

\*\*\* END OF EXHIBIT B \*\*\*

**EXHIBIT C - CONTRACTOR BUDGET**

**San Mateo County Behavioral Health and Recovery Services  
Telecare Cordilleras Campus Co-Housing Supported Housing**

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**Operating Budget**

**A. Facilities and Units**

Number of Facilities	1
Units per Facility	57
Total Units	57
Occupancy Rate	TBD
Occupied Days	TBD

**B. Staffing FTEs**

**Direct Service Staff**

	<b>Submitted</b>		
	<b>FTE</b>	<b>Med Salary</b>	<b>Cost</b>
Administrator - Licensed	1.00	\$ 191,845	\$ 191,845
Team Lead - Licensed	1.00	\$ 129,732	\$ 129,732
Residential Counselor	4.20	\$ 65,973	\$ 277,085
Peer Professional	3.40	\$ 71,500	\$ 243,098
Case Manager I	1.80	\$ 61,526	\$ 110,746
Case Manager - Housing Specialist	1.00	\$ 75,656	\$ 75,656
Occupational Therapist - Masters	1.00	\$ 140,741	\$ 140,741
Case Manager II	1.00	\$ 73,598	\$ 73,598
Total Direct Service	14.40		1,242,502
Staff FTE per Bed	0.25		

**C. Salary and Benefits**

Salary		\$ 1,242,502
Regional Director of Operations	0.22	\$ 54,227
HR Direct Support	0.10	\$ 11,791
IT Support Analyst	0.02	\$ 1,580
Office Coordinator II	1.00	\$ 75,375
MRT	0.25	\$ 15,498
Centralized Staffing Team	0.06	\$ 3,109
Benefits		\$ 401,207
<b>Total</b>		<b>\$ 1,805,288</b>

**D. Facility Expenses (Detailed breakdown below)**

**Services, Equipment and Supplies**

	<b>Units</b>	<b>Unit Cost</b>	<b>Total Cost</b>
Member Expense Housing	1	\$ -	\$ -
Mileage & Transportation (includes Leased Vehicle)	1	\$ 17,853	\$ 17,853
Other Community/Clinical	1	\$ 14,022	\$ 14,022
Administration	1	\$ 130,701	\$ 130,701
Total Services, Equipment and Supplies			\$ 162,576

**Facility Operating Costs**

Physical Plant/Property	1	\$ 12,996	\$ 12,996
Indirect Costs @ 15%	1	\$ 297,129	\$ 297,129
Total Facility Operating Costs			\$ 310,124
<b>Total Facility Expenses</b>			<b>\$ 472,700</b>

**Net Expenses**

**\$2,277,988**

## EXHIBIT C - CONTRACTOR BUDGET

D. Facility Expenses Detail	Total Cost
<b>Services, Equipment and Supplies</b>	
Member Expense Housing	\$ -
Mileage & Transportation (includes Leased Vehicle)	\$ 17,853
<i>Leased Vehicle</i>	7,200
<i>Mileage &amp; Transportation Expenses</i>	10,653
Other Community/Clinical	\$ 14,022
<i>Professional Fees</i>	7,567
<i>User License Fee/Charges</i>	1,336
<i>Supplies and other Minor Equipment</i>	5,119
Administration	\$ 130,701
<i>HR Related Costs</i>	9,030
<i>Office/Computer Supplies</i>	21,417
<i>Communications</i>	11,995
<i>Training</i>	4,265
<i>Business Taxes &amp; Licenses</i>	1,852
<i>Business Travel &amp; Transportation</i>	4,312
<i>General Liability Insurance</i>	14,219
<i>Legal Fees</i>	50,000
<i>Other Business Expenses</i>	5,004
<i>Leased / Rented Equipment</i>	8,606
Total Services, Equipment and Supplies	\$ 162,576
<b>Facility Operating Costs</b>	
Physical Plant/Property	\$ 12,996
<i>Leased/Rented Equipment (i.e. copier)</i>	4,789
<i>Purchased Services (outside vendors)</i>	1,721
<i>Housekeeping Supplies &amp; Minor Equip.</i>	792
<i>Property Insurance</i>	788
<i>Utilities Gas/Water/Electricity/Sanitation</i>	321
<i>Repair &amp; Maintenance</i>	405
<i>Depreciation (office and other equip not covered in startup)</i>	4,179
Indirect Costs @ 15%	\$ 297,129
<b>Total Facilities Expenses</b>	<b>\$ 472,699.86</b>

Projected billable MediCal services at \$200,000 annually.

## EXHIBIT C - CONTRACTOR BUDGET

### Start-up Budget Summary

#### Summary of Costs

Corporate Staff	\$	43,976
Staff Start-up Wages		35,832
Travel		27,040
Orientation Expenses		12,401
Recruitment		31,700
Computer Equipment & Networking		86,154
Supplies		23,862
G&A		4,150
Training		2,000
Indirect		40,067
<b>Total One Time Startup Expenses</b>	<b>\$</b>	<b>307,183</b>

**EXHIBIT E - PROPERTY INVENTORY**

<b>Telecare Co-Housing</b>				
<b>Exhibit E - County Property</b>				
<b>Furniture</b>	<b>Quantity</b>	<b>Type</b>	<b>Notes</b>	
<b>Exercise Room</b>				
Treadmill				
Bike				
<b>Interview/Visitation Room</b>				
Chair	1	Side Chair - Arms	C4	
Chair	1	Side Chair - Armless	C5	
Round Table	1	Dining Table - 2-Person	T4	
Stool	1	Side Table	T1	
Sofa	2	2-Seat Sofa - Arms	S1	
<b>Directors Office</b>				
Task Chairs	1	Task Chair	C17	
Chair	1	Side Chair - Arms	C4	
Chair	1	Side Chair - Armless	C5	
Office combo (6 items)	1	Desk, File Cabinet, Overhead Storage, Worksurface, Tackboard, Lamp	D4	
<b>Office</b>				
Task Chairs	1	Task Chair	C17	
Chair	1	Side Chair - Arms	C4	
Chair	1	Side Chair - Armless	C5	
Office combo (6 items)	1	Desk, File Cabinet, Overhead Storage, Worksurface, Tackboard, Lamp	D4	
<b>Kitchen</b>				
Over Range Micowave				
Electric Range				
Refrigerator				
<b>Dining/Activity Room</b>				
Chair	10	Side Chair - Arms	C4	
Chair	10	Side Chair - Armless	C5	
Tables	5	Dining Table - 4-Person Flip	T6	
Television	1	LG TV	TVB	
TV Wall Mount	1	TV Wall Mount	TVBm	
Recycling Bin	1	Recycling Bin	RBA	
<b>Housekeeping Room</b>				
Cart				
<b>Foyer</b>				
Side Chairs				

**EXHIBIT E - PROPERTY INVENTORY**

<b>Side Chairs</b>				
<b>Table</b>				
<b>Recycling Bin</b>				
<b>Refrigerator</b>				
<b>Microwave</b>				
<b>Waste Room</b>				
<b>96 Gallon Waste Bins</b>				
<b>Bedrooms</b>				
Beds with Mattresses	57	Bed w/ Mattress	B2	
Chairs	57	Desk Chair	C7	
Desk	57	Patient Desk	D1	
Wardrobe	57	Wardrobe	W1	
Cabinet	57	Bedside Cabinet	T8	
<b>Living Room/Library</b>				
Glider Chairs	4	Glider Chair	C8	
Lounge Chairs	4	Single Seat Lounge Chair - Arms	C1	
Chair	12	Side Chair - Arms	C4	
Chair	12	Side Chair - Armless	C5	
Round Table	6	Dining Table - 4-Person	T3	
Coffee Table	4	Coffee Table	T2	
Sofa	4	2-Seat Sofa - Arms	S1	
Television	4	LG TV	TVB	
TV Wall Mount	4	TV Wall Mount	TVBm	
<b>Meditation Room</b>				
Stool	1	Side Table	T1	
Glider Chair	1	Glider Chair	C8	
Bean Bag Chair	1	Bean Bag Chair	C10	
Sofa	1	2-Seat Sofa - Arms	S1	
<b>Computer Stations</b>				
Table	2	Training Table	T9	
Chair	2	Side Chair - Armless	C5	
<b>Medication Room</b>				
Refrigerator	1	Refrigerator, Undercounter	FRU	

## **APPENDIX D HOUSING FIRST**

Cordilleras Co-Housing will follow the guiding principles of Housing First. The principles listed below have been adapted from State of California statute SB1380.

Core components of Housing First” means all of the following:

- (1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
- (2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness.”
- (3) BHRS may accept referrals of the target population directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.
- (4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.
- (5) Participation in services or program compliance is not a condition of permanent housing tenancy.
- (6) Permanent Supportive Housing (PSH) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California’s Civil, Health and Safety, and Government codes.
- (7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.
- (8) In communities with coordinated assessment and entry systems (CES), incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than “first-come-first-serve,” including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents. BHRS will accept referrals of the target population from the local CES.
- (9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.

(10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

(11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

(12) Because referred applicants have disabilities, trauma, and difficult circumstances associated with experiences of homelessness, housing provider will proactively identify issues that could impact the application approval.

(13) Each applicant is afforded the right to a reasonable accommodation in all phases of the application process, ongoing tenancy and as a last resort to disqualification.



**ATTACHMENT A  
RESPONSIBILITY MATRIX**

Item: Description:	Procure/Fabricate/Deliver/Install Resp:	Warranty Resp:	Post Warranty Resp.
<b>Building Equipment</b>			
Elevators	Skanska	Skanska	DPW
Roof Top Equipment	Skanska	Skanska	DPW
Door Hardware Interior	Skanska	Skanska	DPW
Door Hardware Exterior	Skanska	Skanska	DPW
Kitchen Equipment - Kitchenettes (See Equipment Schedule)	Skanska	Skanska	Contractor
Fire Suppression System	Skanska	Skanska	DPW
Fire Alarm System	Skanska	Skanska	DPW
Stove	Skanska	Skanska	Contractor
Microwave Oven	Skanska	Skanska	Contractor
Refrigerator	Skanska	Skanska	Contractor
Keying 1st Floor (County Area)	Skanska provides temp cores,	DPW	DPW
Keying 1st, 2nd & 3rd Floor (Vendor Areas)	Skanska provides temp cores	Contractor	Contractor
Beds & Pads	PDU w/ One Work Place	PDU w/ One Work Place	Contractor
Exercise Equipment	PDU w/ One Work Place	PDU w/ One Work Place	Contractor
Office Cubes, Desks, Furniture, Chairs, File Cabinets	PDU w/ One Work Place	PDU w/ One Work Place	Contractor
Bed bug equipment	Skanska	Skanska	Contractor
<b>HVAC/Plumbing Equipment</b>			
HVAC System	Skanska	Skanska	DPW
BMS System	Skanska	Skanska	DPW
Water Heater	Skanska	Skanska	DPW
Plumbing Fixtures (Toilets, Sinks, Showers, Facets)	Skanska	Skanska	DPW
Monthly Water Services	Contractor	Contractor	Contractor
Washer	Skanska	Skanska	Contractor
Dryer	Skanska	Skanska	Contractor
<b>Electrical Equipment</b>			
Low Voltage Transformers	Skanska	Skanska	DPW

**ATTACHMENT A  
RESPONSIBILITY MATRIX**

Low Voltage Transformers	Skanska	Skanska	DPW
Lighting Control System	Skanska	Skanska	DPW
Photovoltaic System	Four Front & Sage	Four Front & Sage	Four Front / DPW
Light Fixtures	Skanska	Skanska	DPW
Monthly Electrical Services	Contractor	Contractor	Contractor
<b>IT Equipment</b>			
Network Equipment (Client Areas 1st, 2nd & 3rd Floors)	Contractor	Contractor	Contractor
Network Equipment (County Area 1st Floor)	ISD	ISD	ISD
Wireless Access Points (Client Areas 1st, 2nd & 3rd Floors)	Contractor	Contractor	Contractor
Wireless Access Points (County Area 1st Floor)	ISD	ISD	ISD
Computers (Client Areas 1st, 2nd & 3rd Floors)	Contractor	Contractor	Contractor
Computers (County Area 1st Floor)	ISD	ISD	ISD
Phones (Client Area 1st, 2nd & 3rd Floors)	Contractor	Contractor	Contractor
<b>Item:</b>	<b>Procure/Fabricate/Deliver/Install</b>	<b>Warranty Resp:</b>	<b>Post Warranty Resp.</b>
<b>Description:</b>	<b>Resp:</b>		
Phones (County Area 1st Floor)	ISD	ISD	ISD
AV Equip. (TV's, Speakers, etc.)	Contractor	Contractor	Contractor
Internet & Phone Utility Services (Client Areas 1st, 2nd & 3rd Floors)	Contractor	Contractor	Contractor
Internet & Phone Utility Services (County Area 1st Floor)	ISD	ISD	ISD
HMI Security Control System	Skanska	Skanska	BHRS
Access control system	Skanska	Skanska	BHRS
Security Cameras	Skanska	Skanska	BHRS
Site Security Camera (Vendor Resp. on 1st floor)	Skanska	Skanska	BHRS
Intercom System	Skanska	Skanska	BHRS
Security Network	Skanska	Skanska	BHRS
DAS	Skanska	Skanska	DPW
Copiers/Printers	Skanska	Skanska	Contractor

# ATTACHMENT B - Staffing

## Telecare Co-Housing

Position	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total Shifts	Total FTEs
<b>AM</b>									
Regional Director of Operations	0.22	0.22	0.22	0.22	0.22	-	-	1.10	0.22
Case Manager II	1.00	1.00	1.00	1.00	-	-	1.00	5.00	1.00
Case Manager-Housing Spec	-	1.00	1.00	1.00	1.00	1.00	-	5.00	1.00
Peer Recovery Coach	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
HR Business Partner	0.02	0.02	0.02	0.02	0.02	-	-	0.12	0.02
HR Direct Support	0.08	0.08	0.08	0.08	0.08	-	-	0.38	0.08
Reg IT Support Analyst	0.02	0.02	0.02	0.02	0.02	-	-	0.09	0.02
Case Manager I	-	-	-	-	-	1.00	1.00	2.00	0.40
Office Coordinator II	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
Team Lead-Licensed	-	1.00	1.00	1.00	1.00	1.00	-	5.00	1.00
Centralized Staffing Team	0.06	0.06	0.06	0.06	0.06	-	-	0.30	0.06
Occupational Therapist - Masters	1.00	1.00	1.00	1.00	-	-	1.00	5.00	1.00
MRT-Inpatient	0.25	0.25	0.25	0.25	0.25	-	-	1.25	0.25
Admin Optnt Licensed	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
<b>Subtotal AM</b>	<b>5.65</b>	<b>7.65</b>	<b>7.65</b>	<b>7.65</b>	<b>5.65</b>	<b>4.00</b>	<b>4.00</b>	<b>42.24</b>	<b>8.45</b>
<b>PM</b>									
Peer Recovery Coach	1.00	2.00	2.00	2.00	1.00	1.00	1.00	10.00	2.00
Residential Counselor II*	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Case Manager I	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
<b>Subtotal PM</b>	<b>3.00</b>	<b>4.00</b>	<b>4.00</b>	<b>4.00</b>	<b>3.00</b>	<b>3.00</b>	<b>3.00</b>	<b>24.00</b>	<b>4.80</b>
<b>NOC</b>									
Residential Counselor II*	2.00	2.00	2.00	2.00	2.00	2.00	2.00	14.00	2.80
<b>Subtotal NOC</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>14.00</b>	<b>2.80</b>
<b>Total Facility Staffing</b>	<b>10.65</b>	<b>13.65</b>	<b>13.65</b>	<b>13.65</b>	<b>10.65</b>	<b>9.00</b>	<b>9.00</b>	<b>80.24</b>	<b>16.05</b>

Some FTE's may work flexibly across PM/NOC shift depending on coverage needs - TBD during program operations.



The following table lists the training requirements outlined in the RFP and Telecare's required Training curricula that aligns. A more detailed Training Plan follows this crosswalk.

### Telecare Training Crosswalk

<b>Part 1: Training Requirements for both Support Service Provider and Property Management Provider</b>	
<b>BHRS Requirement</b>	<b>Telecare Training Titles</b>
<p><b>1a. Confidentiality</b></p> <p><b>1b. HIPAA</b></p>	<ul style="list-style-type: none"> <li>• HIPPA: The Basics</li> <li>• Telecare's HIPPA Key Risks Training</li> <li>• Cybersecurity modules 1-8: Awareness, General Phishing, SpearPhishing, Business Email Compromise Scams, Malicious Links, Malware, Ransomware</li> </ul>
<p><b>1c. Fraud, Waste and Abuse</b></p>	<ul style="list-style-type: none"> <li>• Ethics and Corporate Compliance,</li> <li>• Telecare Policy B-27: Abuse, Neglect and Exploitation, Preventing, Identifying, and Responding to Abuse and Neglect</li> <li>• Supporting Client Rights for Paraprofessionals in Behavioral Health</li> </ul>
<p><b>1d. Cultural humility</b></p> <p><b>1e. Gender sensitivity</b></p> <p><b>1f. How to work with Interpreter (if using interpreter services)</b></p> <p><b>Note:</b> Additionally, per the RFP requirements, all program staff will receive at least eight (8) hours of external training per year on how to provide culturally and linguistically appropriate services. Including the following BHRS trainings:</p> <ul style="list-style-type: none"> <li>• Embracing Differences Through the Lens of Cultural Humility: Focus on Implicit Bias</li> <li>• Cultural Humility 101: Building Bridges to Diversity and Inclusion</li> <li>• Becoming Visible: Using Cultural Humility in Asking Sexual Orientation and Gender Identity Questions (1.75 CEs available**)</li> <li>• Working Effectively with Limited English Proficient Clients and Interpreters</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural Competence,</li> <li>• Telecare's Introduction to RCCS: Program Culture.</li> <li>• Introduction to Telecare: Our Language and Behaviors</li> <li>• Interrupting Unconscious Bias for Supervisors in the HealthCare Industry</li> <li>• Harassment in the Workplace</li> <li>• Preventing Workplace Harassment (for Telecare Managers)</li> </ul> <p>Also available through Telecare's Relias Training system are the following courses that can be assigned to staff:</p> <ul style="list-style-type: none"> <li>• Sexuality, Gender, and Gender Diversity</li> <li>• The LGBTQ+ Community</li> <li>• Gender Identity and Expression</li> <li>• Gender Pronouns</li> <li>• The Role of the Behavioral Health Interpreter.</li> </ul>
<p><b>1g. Working with SMI co-occurring tenants</b></p>	<ul style="list-style-type: none"> <li>• Introduction to Co-Occurring Conditions,</li> <li>• Supporting Recovery and Change</li> <li>• Basic Behavioral Health (BBH) training</li> </ul>
<p><b>1h. Working with peer workers</b></p>	<ul style="list-style-type: none"> <li>• Integrating Peer Support in Behavioral Health Settings</li> </ul>
<p><b>1i. Motivational Interviewing</b></p>	<ul style="list-style-type: none"> <li>• Introduction to Motivational Interviewing Skills Workshop – Level 1 and Level 2</li> </ul>

## Telecare Training Crosswalk, continued

<b>Part 2: Additional training requirements for the Support Service Provider</b>	
<b>BHRS Requirement</b>	<b>Telecare Training Titles</b>
<p><b>2a. Critical incident management</b></p> <p><b>2j. Crisis intervention and de-escalation</b></p>	<ul style="list-style-type: none"> <li>• Telecare's Adverse and Sentinel Event Reporting Guide for Outpatient Programs</li> <li>• Telecare's Risk Assessment Parts 1 &amp; 2: The Suicide and Violence Screen</li> <li>• Telecare's Risk Assessment Part 3: The SAFE-T Assessment</li> <li>• Telecare's Danger to Self and Others (DTS-DTO) Risk Assessment Annual Refresher</li> <li>• Crisis Prevention Institute Non-Violent Crisis Intervention Training – No Holding Skills</li> <li>• Telecare's BE DIRECT Training: A Safe Approach to Community Work</li> <li>• Telecare's Active Shooter Response Training</li> <li>• Understanding Workplace Violence</li> <li>• CPR/First Aid/AED Reminder/Requirements Tracker</li> <li>• Administering Naloxone (Narcan)</li> </ul>
<b>2b. Spirituality</b>	<p>The current Cordilleras Rehab Therapist is part of the County's Spirituality Committee and shares their learnings with the program. Additional training through Telecare's Relias Training system:</p> <ul style="list-style-type: none"> <li>• Mindfulness, Meditation, and Spirituality in Recovery</li> </ul>
<b>2c. Harm reduction</b>	<ul style="list-style-type: none"> <li>• The RCCS Conversations: Reducing Harm</li> <li>• Telecare Supportive Housing 101</li> <li>• Stages of Change</li> </ul>
<b>2d. Housing retention skills</b>	<ul style="list-style-type: none"> <li>• CSH Supportive Housing Onboarding Training</li> <li>• Telecare Supportive Housing 101</li> </ul>
<b>2e. Trauma informed care</b>	<ul style="list-style-type: none"> <li>• About Trauma-Informed Care</li> <li>• CSH training site-Trauma Informed Care in PSH</li> </ul>
<b>2f. Co-occurring treatment</b>	<ul style="list-style-type: none"> <li>• Introduction to Co-Occurring Conditions (COEG 1),</li> <li>• Supporting Recovery and Change (COEG 2)</li> <li>• Telecare's SBIRT Training</li> </ul>
<b>2g. Principles of clinical case management</b>	<ul style="list-style-type: none"> <li>• Critical Time Intervention (CTI)</li> <li>• CalAIM MHSA Training</li> </ul> <p>Additional trainings on the CSH Training site:</p> <ul style="list-style-type: none"> <li>• Case Management Best Practices/Strengths-Based Management</li> <li>• Telecare's Case Manager 'How-To' Onboarding Guide.</li> </ul>
<b>2h. Principles and practices of peer support services</b>	<ul style="list-style-type: none"> <li>• Integrating Peer Support in Behavioral Health Settings</li> </ul>
<b>2i. Cognitive behavioral therapy</b>	<ul style="list-style-type: none"> <li>• Introduction to Cognitive Behavioral Therapy (CBT)</li> </ul>
<b>2k. Independent life skills building (menu/meal planning, basic food preparation, cleaning, laundry, money management, how to use/access transportation and socialization)</b>	<ul style="list-style-type: none"> <li>• Life Skills Training – include topics on residential stability, cooking skills, housekeeping, money management, using public transportation, coping skills, medication, symptom management, nutrition, personal hygiene, sleep, social functioning and vocational/educational skills</li> </ul>

## Supportive Services Staff Training Plan: Cordilleras Co-Housing

### NEW EMPLOYEE ORIENTATION

Within 30 days of hire – One Time Only Assignment	Hours	Audience
Telecare Policy and Employee Handbook Training	1.5	New Hires
Introduction to Telecare: Our Heritage & Purpose <ul style="list-style-type: none"> <li>• Telecare’s History &amp; Foundation</li> <li>• Telecare’s Mission &amp; Values</li> <li>• The Business of Telecare</li> </ul>	3.0	New Hires
Introduction to Telecare: Our Language and Behaviors <ul style="list-style-type: none"> <li>• Evolution of a Disability</li> <li>• Our Language - Respectful &amp; Recovery Oriented</li> <li>• Our Behaviors - The Five Awarenesses: Power, Respect &amp; Dignity, Individual Uniqueness, Motivation, Judgment</li> </ul>	3.0	New Hires
Employee Benefits	1.0	New Hires
TOP Training – Login, Password, Direct Deposit and Tax information	0.25	New Hires
Telecare's Introduction to RCCS: Program Culture	0.5	New Hires
Training and Shadowing schedule: Orientation to role and working with program guests: New hires are assigned a shadow host who they follow on their daily work routine. The shadow host provides comprehensive on-the-job training using the tell-show-do model of learning, orienting new hires to their role and to working with program guests. How-to Guides designed for specific job roles support the shadow journey. The guides describe the new hire’s job function, explain the importance of tasks, and provide step-by step instructions. <i>An example of a Case Manager How-To Guide follows this Staff Training table.</i>		New Hires
Telecare Housing Practices <ul style="list-style-type: none"> <li>• Critical Time Intervention (CTI) – One-hour overview; self-paced online course; <a href="https://c4innovates.skilljar.com/critical-time-intervention-focused-time-limited-case-management">https://c4innovates.skilljar.com/critical-time-intervention-focused-time-limited-case-management</a></li> <li>• Telecare Supportive Housing 101 – training includes <ul style="list-style-type: none"> <li>○ Housing First</li> <li>○ Harm Reduction in Housing</li> <li>○ Supportive Housing Standards</li> <li>○ Housing Stability Screening Tool Training</li> <li>○ Telecare Housing Policies (<i>policies attached</i>) <ul style="list-style-type: none"> <li>▪ Fair Housing</li> <li>▪ Supportive Housing Service Standards</li> <li>▪ Wellness Checks in Housing</li> </ul> </li> </ul> </li> </ul>	1 day	New Hires - Direct Care Staff and Leadership

**ALL PROGRAM STAFF – ANNUALLY RECURRING TRAINING REQUIREMENTS**

<b>Within 30 days of hire and then ANNUALLY</b>	<b>Hours</b>	<b>Audience</b>
Telecare Policy B-27: Abuse, Neglect and Exploitation	0.25	All Staff
Cultural Competence	0.5	All Staff
HIPAA: The Basics	0.5	All Staff
Supporting Client Rights for Paraprofessionals in Behavioral Health	1.0	All Staff
Telecare's HIPAA Key Risks Training	0.5	All Staff
Telecare's Active Shooter Response Training	0.24	All Staff
Understanding Workplace Violence	0.5	All Staff
Ethics and Corporate Compliance	0.5	All Staff
<b>Within 30 days of hire and then every 2 Years</b>	<b>Hours</b>	<b>Audience</b>
Crisis Prevention Institute Non-Violent Crisis Intervention Training – No Holding Skills – Strategies for identifying and safely defusing anxious, hostile, or violent behavior at the earliest possible stage	6	All Staff
<b>Within 60 days of hire – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Basic Behavioral Health (BBH) Overview: Telecare Approach In this Telecare-produced eLearning module staff gain basic understanding of behavioral health conditions and treatment approaches.	1.0	All Program Staff
<b>Within 60 days of hire and then ANNUALLY</b>	<b>Hours</b>	<b>Audience</b>
Cybersecurity 1: Awareness	0.1	All Staff
Cybersecurity 2: General Phishing	0.1	All Staff
Cybersecurity 3: SpearPhishing	0.1	All Staff
Cybersecurity 4: Advanced SpearPhishing	0.1	All Staff
Cybersecurity 5: Business Email Compromise Scams	0.1	All Staff
Cybersecurity 6: Malicious Links	0.1	All Staff
Cybersecurity 7: Malware	0.1	All Staff
Cybersecurity 8: Ransomware	0.1	All Staff
<b>Within 90 days of hire and then ANNUALLY</b>	<b>Hours</b>	<b>Audience</b>
Hazardous Chemicals: SDS Self-Paced	0.5	All Staff
Preventing Trips and Falls	0.25	All Staff
<b>Additional ANNUAL Training</b>	<b>Hours</b>	<b>Audience</b>
External Training (sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services including the CLAS and use of interpreters	8	All Staff



**DIRECT CARE EMPLOYEES: ANNUALLY RECURRING TRAINING REQUIREMENTS:**

<b>Within 30 days of hire and then ANNUALLY</b>	<b>Hours</b>	<b>Audience</b>
Preventing, Identifying, and Responding to Abuse and Neglect	1.5	Direct Care Staff
Psychiatric Medications: An Overview for Paraprofessionals	1.5	Direct Care Staff
Boundaries in the Treatment Relationship	1.0	Direct Care Staff
<b>Within 30 days of hire and then every 2 Years</b>	<b>Hours</b>	<b>Audience</b>
CPR/First Aid/AED Reminder/Requirements Tracker	4	Direct Care Staff
<b>Within 60 days of hire and ANNUALLY</b>	<b>Hours</b>	<b>Audience</b>
Infection Control: Basic Concepts Self-Paced	0.25	Direct Care Staff

**DIRECT CARE EMPLOYEES – ONE TIME ONLY ASSIGNMENTS:**

<b>Within 30 days of hire – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
CaAIM MHSA Training (CaAIM Overview, Access to Services, Assessment, Care Coordination and Diagnosis, Problem List, Progress Notes)	4	Direct Care Staff
CES Coordinated Entry Policy Brief	0.3	Direct Care Staff
CSH Supportive Housing Onboarding Training <a href="https://www.csh.org/csh-solutions/training-professional-development/">https://www.csh.org/csh-solutions/training-professional-development/</a> (Supportive Housing 101, Housing First and Harm Reduction, Property Management and Services Coordination, Housing Manager: Working with Landlords, Issues in the First Year and Working with Tenants)	2	Direct Care Staff and Program Administrator
WRAP One on One	1.5	Direct Care Staff
Telecare's BE DIRECT Training: A Safe Approach to Community Work – This course provides participants with knowledge and skills regarding how to remain safe while performing community work. Utilizing the eight elements, staff will learn how to build and maintain a recovery partnership while keeping people safe	1	Direct Care Staff; Program Administrator
Telecare's Stages of Change: Module 1	1.25	Direct Care Staff
Telecare's Stages of Change: Module 2	1.25	Direct Care Staff
Supporting Recovery and Change (COEG 1) In this Telecare-produced eLearning module providers learn to support and inspire the individuals who are receiving services in our programs. Specifically, learning: about 'Recovery', 'Stigma', and 'Trauma'; how to apply the 5 Awarenesses in Telecare's Recovery Centered Clinical System (RCCS) to work with someone whose life has been impacted by mental illness and substance use; why it's hard for any of us to make a change in our lives; ways to helpfully interact with someone who may be considering a change.	1	Direct Care Staff

Introduction to Co-Occurring Conditions (COEG 2) Telecare-produced eLearning module introduces how substance use often 'co-occurs' with a mental health diagnosis. Specifically, providers learn differences between use, abuse and dependence; what it means to have a co-occurring condition; myths and facts about alcohol and drug use; science of addiction; and triggers & cravings	1	Direct Care Staff
Integrating Peer Support in Behavioral Health Settings	0	Direct Care Staff
About Trauma-Informed Care	1	Direct Care Staff
Administering Naloxone (Narcan)	0.25	Direct Care Staff
<b>Within 60 days of hire - One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Telecare's Risk Assessment Parts 1 & 2: The Suicide and Violence Screen In this Telecare-produced eLearning module, individuals will enhance their understanding of clinical risk and the importance of risk assessment; demonstrate the ability to use Telecare's risk screening tool; demonstrate the ability to identify risk factors using Telecare's risk assessment; learn to develop the appropriate clinical formulation based on the level of risk; and learn to implement the appropriate intervention based on the level of risk.	0.75	Direct Care Staff
Telecare's Screening, Brief Intervention and Referral to Treatment (SBIRT) Training	1	Specific Job Titles
Introduction to Motivational Interviewing Skills Workshop – Level 1	3	Assigned by Supervisor
<b>Within 90 days of hire - One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Motivational Interviewing Intermediate Skills Workshop – Level 2	8	Assigned by Supervisor
MI-SBIRT Skills Workshop	8	Specific Job Titles
<b>Recovery Centered Clinical System (RCCS) – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
The RCCS Conversations: Exploring Identity	0.5	Direct Care Staff: Within 30 days of hire
The RCCS Conversations: Awakening Hope	0.5	Direct Care Staff: Within 60 days of hire
The RCCS Conversations: Choice-Making	0.5	Direct Care Staff: Within 90 days of hire
The RCCS Conversations: Making Connections	1.0	Direct Care Staff: Within 90 days of hire
The RCCS Conversations: Reducing Harm	1.0	Direct Care Staff: Within 120 days of hire
<b>Within 120 days of hire - One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Telecare's Adverse and Sentinel Event Reporting Guide for Outpatient Programs	1.0	Direct Care Staff; Program Administrator

Within 6 months of hire - One Time Only Assignment	Hours	Audience
Documentation for Community Programs	4.0	Direct Care Staff; Program Administrator
Additional Training and Skill Development	Hours	Audience
Introduction to Cognitive Behavioral Therapy (CBT)	1.25	Direct Care Staff, Assigned by Supervisor
Life Skills Training	4	Direct Care Staff, Assigned by Supervisor
Staff will utilize the CSH training site ( <a href="https://www.csh.org/csh-solutions/training-professional-development/">https://www.csh.org/csh-solutions/training-professional-development/</a> ) for additional skill development specific to housing. Examples of trainings include, but are not limited to: <ul style="list-style-type: none"> <li>▪ Case Management Best Practices/Strengths-Based Management</li> <li>▪ Effectively Managing Supportive Housing Teams</li> <li>▪ Addressing Common Property Management Issues in Supportive Housing</li> <li>▪ Trauma Informed Care in PSH</li> <li>▪ Harm Reduction Practices</li> <li>▪ Specific training as needed (e.g., Hoarding, Case Management Strategies)</li> </ul>	varies, 0.25- 0.50	Direct Care Staff; Leadership
CalOMS PV Training on Data Quality Standards		Staff responsible for data entry

**ADMINISTRATIVE PROGRAM STAFF: ANNUALLY RECURRING TRAINING REQUIREMENTS**

Within 60 days of hire and then ANNUALLY	Hours	Audience
Basics of Hand Hygiene	0.25	Administrative Staff, Program Administrator
Requirement Tracker – Due Annually, March 23rd		
CRT Cultural Competence Report Reminder	1.0	Administrative Staff

**Additional Training for DRIVERS**

Within 30 days of hire and then Annually	Hours	Audience
Basics of Defensive Driving	1	Drivers

**Additional Training for PROGRAM RISK ASSESSORS**

<b>Within 30 days of hire and then Annually</b>	<b>Hours</b>	<b>Audience</b>
Telecare's Risk Assessment Parts 1 & 2: The Suicide and Violence Screen	0.75	Qualified Risk Assessors
Telecare's Risk Assessment Part 3: The SAFE-T Assessment	1.5	Qualified Risk Assessors
<b>Within 90 days of hire and then Annually</b>	<b>Hours</b>	<b>Audience</b>
Telecare's Danger to Self and Others (DTS-DTO) Risk Assessment Annual Refresher	0.5	Qualified Risk Assessors
<b>Requirement Tracker -Within 90 days of hire and then Annually</b>	<b>Hours</b>	<b>Audience</b>
Telecare's Risk Assessment Competency Requirement Tracker	1.0	Qualified Risk Assessors

**Additional Training for COMMUNITY PROGRAM CLINICAL LEADERS**

<b>Within 6 Months of Hire – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Supervising Service Billing	4	Program Administrator, Clinical Directors, Team Leads

**Additional trainings for LEADERSHIP**

<b>Within 30 days of hire and then Annually</b>	<b>Hours</b>	<b>Audience</b>
Harassment in the Workplace – Self paced	0.5	Non-Hiring Managers
<b>Within 30 days of hire and then Every 2 Years</b>	<b>Hours</b>	<b>Audience</b>
Preventing Workplace Harassment (for Telecare Managers)	2	Hiring Managers Program Administrator
<b>Within 30 days of hire - One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Coaching Notes - Snackable Training for Telecare Leaders	0.25	Hiring Managers + Management Positions
<b>Within 60 days of hire – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Interrupting Unconscious Bias for Supervisors in the HealthCare Industry	0.75	Hiring Managers + Management Positions
Coaching Analysis - Snackable Training for Telecare Leaders	0.25	Hiring Managers + Management Positions
Learning Landscape for Telecare Leaders	0.25	Hiring Managers + Management Positions
<b>Within 90 days of hire – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Attorney-Client Privilege - Snackable Training for Telecare Leaders	0.25	Hiring Managers + Management Positions

<b>Within 6 months of hire – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Telecare's New Manager Orientation	10	Hiring Managers + Management Positions
Administering Discipline - Snackable Training for Telecare Leaders	0.25	Hiring Managers + Management Positions
<b>Within 1 year of hire – One Time Only Assignment</b>	<b>Hours</b>	<b>Audience</b>
Understanding Meal & Rest Break Requirements	1	Hiring Managers + Management Positions
Time for Corrective Action	1	Hiring Managers + Management Positions
Time to Say Goodbye	1	Hiring Managers + Management Positions
Business Acumen Learning Series: Budget Planning	6	Program Administrator, Business Leaders
Business Acumen Learning Series: Financial Reports	3	Program Administrator, Business Leaders
Business Acumen Learning Series: Meeting Customer Expectations	2	Program Administrator, Business Leaders
Business Acumen Learning Series: Contracting and Contract Monitoring	2	Program Administrator, Business Leaders
Business Acumen Learning Series: Financial Review & Analysis (Community-Based Programs)	3	Program Administrator, Business Leaders



# Case Manager "How To" Guide

4/14/2022

## PURPOSE OF HOW TO GUIDE

What is the purpose of this "How To" Guide? Give general information and name any pertinent policies, regulations, etc. associated with this "How To" Guide

To use as an aide in the training of all case managers. The "How To Guide" will be used along the shadowing process to provide a detail account of the specifics of the position. Each task has a competency attached to it that the direct supervisor needs to attest to the skill gained by the case manager.

## SCOPE

Who does this "How To" Guide apply to? What program type and position does this "How To" Guide cover?

All Telecare Case Managers in an Outpatient setting

## LIST OF JOB TASKS

**Note:** Competency for **green highlighted tasks** must be evaluated by the staff person's supervisor.

LIST OF JOB TASKS	Date Competency Evaluated	Trainer Signature	Competency Evaluator Signature
1. Attend Stand-up/Huddles/All Staff Meetings			
2. Writing Progress Notes enter within 24 hours (Outpatient)			
3. Finding & Linking Members to Resources			
4. <b>Visiting Member (Outpatient)</b>			
5. Facilitating Member/Client Group Services			
6. Advocating for members			
7. Measuring Outcomes: MHSA – Outcome Measures KETs, 3Ms & PAFs			

8. Monitor for signs/symptoms of side effects	Attachment D - STAFF TRAINING PLAN		
9. Coaching Clients on Money Management Personal & Incidental Preparation (P&I) (Outpatient)			
10. Intervening in a (behavioral) crisis			
11. Attending Morning Meeting/Treatment Team			
12. Being on Stand-By			
13. Being Officer of the Day at the office			
14. Following up on needs from previous weeks.			
15. Completing Annuals			
16. Completing Enrollments within 30 days			
17. Searching for missing members			
18. Reaching Service Billing Goals			
19. Completing Interpretive Summaries			
20. Completing Relias Trainings			
21. Successful Use of Telephone Etiquette			

For each of the topics below, describe the tasks step-by-step as your program performs them.

**1. Attending Stand-Up/Huddles/All Staff Meetings**

Purpose of Task

- Stand-Up/Huddles/All staff meetings help us obtain and provide enterprise, regional, product line and program specific information.
- It helps us create a teamwork culture when we come to work.
- The teamwork culture is a piece of Telecare and it helps our clients/members feel comfortable and safe.
- The Stand-Up/Huddles/All staff meetings allow us to form and continue the characteristic of Telecare – we are a culture of care. We care for each other. We care about the people we work with.
- It allows for reserved time to take a deep breath.

Your Role in Task

- Listen to information provided
- Ask clarifying questions
- Volunteer to groups interested in
- Discuss new ideas

How to Complete Task

1. Find out from direct supervisor where All Staff Meeting takes place and at what time.
2. Be on time to the meeting.
3. Be attentive and take notes if need to.
4. Ask clarifying questions.
5. Speak up respectfully if need to say something.

**Task Competency Evaluation:**

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<p><b><u>Check the Method of Instruction (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol/Procedure Review</li> <li><input type="checkbox"/> Education Session</li> <li><input type="checkbox"/> Self-Learning Package</li> <li><input type="checkbox"/> Clinical Practice</li> <li><input type="checkbox"/> Demonstration</li> </ul>	<p><b><u>Check the Method of Evaluation (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observation (in clinical setting)</li> <li><input type="checkbox"/> Return Demonstration</li> <li><input type="checkbox"/> Written Test</li> <li><input type="checkbox"/> Verbal Review</li> </ul>	



## 2. Writing Progress Notes – enter within 24 hours of providing services.

Attachment D - STAFF TRAINING PLAN

### Purpose of Task

- Progress notes help us track the member's progress.
- They allow for communication amongst the team and program.
- Progress notes allows our customer and us to check on our quality of care.
- Progress Notes also serve as the evidence or receipt to receive payment for our services.

### Your Role in Task

- Review the [Service Billing Expectations](#) Policy (policy # HR-G-1035) with your supervisor.
- Attend all required documentation trainings:
  - Documentation for Community Programs (4-hour virtual training)
  - Intentional Service Planning (3-hour virtual training)
  - Progress Note Writing: A Deep Dive (4-hour in-person training)
- Meet your service billing expectation goal within 60 days of hire and consistently maintain expectation.
- Discuss issues with progress notes writing and service billing with your supervisors.
- Use Daily Planning Tools to structure your daily service time.
- Run and submit your service billing reports on a weekly basis, with a weekly due date determined by your Administrator.
- Document PDL on your weekly service billing report.
- Set time aside daily to document services and progress notes within 24 hours of service.

### How to Complete Task

Follow Progress Note Key Guidelines, including:

1. Each service provided must be documented (face-to-face & phone services).
2. Documentation must be written with 24 hours.
3. It is essential that all notes reflect the appropriate procedure/billing code.
4. Progress notes must include descriptions of functional impairment and interventions must be aimed at diminishing the impairment – this is the “golden thread” of medical necessity
5. Document & code your services based on the specific service you provided.
6. Complete multiple notes to accurately capture different services provided during a single visit.
7. It is preferable not to use abbreviations, however, when using abbreviations within a note, define it first and then it may be used throughout **that** note.
8. Write recovery-focused progress notes that meet medical necessity
9. When writing paper progress notes:
  - a. Use black ink only.
  - b. If an error occurs – draw a single line through the word(s), initial, then chart the correct information. Don't use whiteout.
  - c. Signatures must be legible, otherwise print name below.
  - d. *Signatures must include credentials*

Utilize an “intentional service planning” approach to service delivery, including:

10. Plan service intervention, based on member needs, during morning meetings.
11. Link interventions to member's goals and treatment plan in a thoughtful way.
12. Use Daily Planning tool to make progress note writing easier and faster (i.e., jotting notes on the tool throughout the day regarding services you've provided.

13. If something unplanned occurs, adjust your schedule to continue to see other members. If there is an unplanned crisis or you need support, contact your supervisor immediately who will help you prioritize and get coverage for your other services for the day.
14. At the end of the day, use your planning tools to complete all the services you provided that day and jot down a note of any unfinished business or thoughts for tomorrow's morning planning meeting.

**Task Competency Evaluation:**

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### 3. Finding & Linking Members to Resources

#### Purpose of Task

- Resources help us navigate our lives within our community, especially when we do not have the resource inside of ourselves.
- Many of our members/clients have difficulty navigating their community due to not being linked to the appropriate resources, such as Social Security, health Insurance, doctors, employment search, etc.

#### Your Role in Task

- We model and teach our members/clients on how to find resources, build and use them in their lives.
- We look for resources wherever we go; for example, Department of Rehabilitation services, Thrift stores with business clothing for job interviews, places of worship, libraries,

#### How to Complete Task

1. Discuss with member/client their hopes and dreams for the near future.
2. Start mapping out what sort of things may be needed to take care of first.
3. Use RCCS tools such as the Choice Making tool to determine what needs to be done first.
4. Once the first decision is reached; search on the computer/phone the resource needed with the member/client.
5. Do not do it alone.
6. Model for member/client how to speak to outside agencies or how to make appointments if they do not know.
7. In the field:
  - a. Go with member to the community resource such as a lab, DMV, SSI, etc
  - b. Model and teach the member how to get in line, put their name down, etc.
  - c. It might be a long appointment – this is an excellent place to practice Mindfulness techniques or discuss future goals.
  - d. Model patience and advocacy.

#### Task Competency Evaluation:

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## 4. Visiting Members

### Purpose of Task

- We provide services in the community and call them visits.
- The services we provide include medication support, medication management, mental health rehabilitation, case management, etc.
- We believe that any individual can embark in the recovery journey.
- The services we provide help individuals reintegrate into our communities after many of them being marginalized.
- All members need visits with a frequency dependent on the contract.

### Your Role in Task

- Listen to member
- Promote using coping skills
- Be aware of member's goal and discuss steps on how to achieve it – from the member's perspective.
- Teach and/or role model for member tasks and activities - do not do "for" but "with" members.
- Foster independence by allowing member to do their own case management while sitting with them
- See members within 24 hours of calling after hours.
- \*Have meaningful interactions with members to support with treatment plans\*

### How to Complete Task

1. Review previous notes for member to visit - to check on follow ups needed.
2. Call member to let them know you are on your way.
3. Verify the correct address to provide the visit/service.
4. During the visit
  - a. Demonstrate warmth, openness, curiosity and interest in member's experiences, stories and perspectives.
  - b. Use RCCS tools to facilitate conversations with member.

<https://tlccorp.sharepoint.com/rccs/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Frcs%2FShared%20Documents%2FConversation%20Workbooks&FolderCTID=0x012000A14C330B81B37D4F8E5813D99A2AE1D0&View=%7BDAAF9376%2D0145%2D4770%2DA71F%2DCEAE31075DED%7D>

### **Task Competency Evaluation:**

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## 5. Facilitating Member/Client Group Services

### Purpose of Task

- Group Interactions are every contact we have with clients/members during the facilitation of groups.
- Groups Interactions help clients/members practice skills with us before they leave the controlled environment, they currently live in.
- We show them hope and understanding on each interaction we have with them.
- We model for them how to interact with others.

### Your Role in Task

- Listen to members
- Promote using coping skills
- Be aware of member's goal and discuss steps on how to achieve it – from the member's perspective.
- Teach and/or role model for members communication skills and activities - do not do "for" but "with" members.

### How to Complete Task

1. Be attentive to each individual.
2. Respect privacy.
3. During the interaction
  - a. Think & research what will the activity be during the group being facilitated.
  - b. Demonstrate warmth, openness, curiosity and interest in member's experiences, stories and perspectives.
  - c. Set expectations at the beginning of the group session
    - i. No judgment
    - ii. Respectful
    - iii. Be attentive

### Task Competency Evaluation:

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## 6. Advocating for Members

### Purpose of Task

- Advocacy has many aspects; in our roles the majority of advocacy is done through educating the different community patrons.
- We need to advocate for our members/clients so they receive the respect and dignity they deserve.
- The majority of the time the community is unaware of their biases against mental health making that treat our members/clients with a lack of compassion.

### Your Role in Task

- We educate the community patrons on mental health.
- We model for our members/clients how to educate the community and to be assertive.
- We serve as a support for our members/clients when the community patrons do not meet the needs of the member/client.

### How to Complete Task

1. Discuss with member/client their hopes and dreams for the near future.
2. Start mapping out what sort of things may be needed to take care of first.
3. Model for member/client how to speak to outside agencies or how to make appointments if they do not know.
4. Model how to be assertive

### Task Competency Evaluation:

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## 7. Measuring Outcomes MHSA – Key Event Changes (KET), 3 Month Assessments (3Ms) & Baselines (PAF)

### Purpose of Task

- We need to measure our outcomes to determine the areas we need to improve and the area we are strong in.
- KETs are filled out every time a member situation changes: financial, legal, residential, etc.
- 3Ms are filled out every 3 months on every member to check on how they are doing and if anything changed.
- PAFs are filled out upon admission to set a baseline. From here we will measure what changes were made.

### Your Role in Task

- Fill out forms if needed.
- Provide information you may have about the member to the team member who is filling out the form.

### How to Complete Task

1. Discuss with supervisor forms to fill out and timing for submission.
2. If filling out forms, do so with the member, explain what the forms are for.

### Task Competency Evaluation:

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## 8. Monitor for Signs/Symptoms of Medication Side Effects

### Purpose of Task

- Many of our members/clients take psychotropic medications. These medications may have side effects.
- It is important to monitor any behavioral changes and report them during team meeting or shift report.
- Changes we observe in members/clients may be related to medications.

### Your Role in Task

- As a member of the team your observations are important in providing the best quality of care of our members/clients.

### How to Complete Task

1. Observe members/clients.
2. Ask members/clients questions if something looks out of the ordinary. (This becomes easier when you get to know the members/clients more).
3. Report any changes to the team.

### Task Competency Evaluation:

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## 9. Coaching Clients on Money Management P&I (Personal & Incidental)

Attachment D - STAFF TRAINING PLAN

### Purpose of Task

- Money provided by our customer or the Social Security Administration to take care of purchases that are not rent.
- Usually it is around \$100 per month
- It is difficult to be an adult and behave like one if we do not manage things that adults do. Money is one of those things.

### Your Role in Task

- Educate and train members/clients on how to use the money.
- Many Telecare programs have a procedure to request money from the business office.
- Forms might need to be filled out by you in advance of 72 hours.

### How to Complete Task

1. Discuss with supervisor forms to fill out and timing for submission.
2. Keep all receipts and submit to business office with member's name.
3. During the interaction
  - a. Educate budgeting techniques if member/client does not have one.
  - b. Demonstrate warmth, openness, curiosity and interest in member's experiences, stories and perspectives.
  - c. Pay attention to where you connect and what you have in common, versus getting side-tracked by differences or dislikes.
  - d. Be aware of disconnection
  - e. Reconnect with authenticity, owning one's own part.

### Task Competency Evaluation:

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## 10. Intervening in a (Behavioral) Crisis

Attachment D - STAFF TRAINING PLAN

<https://policyandprocedure.ellucid.com/documents/view/17901>

<https://policyandprocedure.ellucid.com/documents/view/17212>

### Purpose of Task

- Clients/Members may have episodes of aggression towards themselves or others.
- Clients/Members may have difficulty using their new learned coping skills.
- It is important to keep our community and clients/members safe from harm

### Your Role in Task

- Listen to information provided
- Be supportive
- Remind clients/members of the coping skills they have learned.
- Call supervisor for help if you need it.
- Use CPI techniques of verbal de-escalation and evasion.

### How to Complete Task

1. Observe the environment for safety of yourself, the client/member, and the community
2. If safe, begin speaking with client/member to find out what is happening to them
3. Maintain safe distance
4. Assess for suicidal or homicidal ideation
5. Use de-escalation techniques
6. Explain to client/member what is happening if an application for hospitalization will be completed.
7. If not safe, call supervisor

### Task Competency Evaluation:

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## 11. Attending Morning Meeting/Treatment Team

Attachment D - STAFF TRAINING PLAN

TELECARE POLICY TITLE: POLICY NUMBER: Team Meeting CS-1056

### Purpose of Task

- Morning Meeting helps us have communication from day to day throughout the team.
- It helps us create a teamwork culture when we come to work.
- The teamwork culture is a piece of Telecare and it helps our clients/members feel comfortable and safe.
- We discuss the tasks and assignments needed to be done for the day and/or week.
- We discuss member's clinical needs based on risk and acuity and identify appropriate interventions for the interdisciplinary team (doc, nurse, CM...) to carry out.

### Your Role in Task

- Listen to information provided
- Ask clarifying questions
- Provides own expertise and knowledge to the team
- Prevention intervention – report to team any/all red flags

### How to Complete Task

1. Find out from direct supervisor where morning meeting takes place and at what time.
2. Be on time to the meeting.
3. Be attentive and take notes if need to.
4. Ask clarifying questions.
5. Report on what happened in past visits – in 1 or 2 sentences
6. Report on what is the plan of the day: what member you are going to see, why, and what you will be working on.
7. If another member is discussing a specific member that you have more information about regarding that topic, say it.

### Task Competency Evaluation:

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## 12. Being on Stand By

<https://policyandprocedure.ellucid.com/documents/view/16612>

<https://policyandprocedure.ellucid.com/documents/view/7942/active/>

### Purpose of Task

- Most of our contracts require us to be available for crises 24/7
- Due to the vulnerability of our clients/members crises may arise when the office is closed
- We want to be of support to our client/members in times of need, including after hours.
- An individual in the program is the person that takes the after hours calls. Some programs have rotations, some volunteer.

### Your Role in Task

- Answer the Stand-By phone.
- If a message is left, answer within 15 minutes
- If a crisis, use CPI de-escalation techniques
- Support client/member or family member during call.

### How to Complete Task

1. Take down name, phone number and location from caller.
2. Ask reason for call
3. Determine if it is a crisis for the caller
4. Assess for suicidal/homicidal ideation
5. Contact supervisor if you need to
6. Write a progress note for every call
7. Discuss in morning meeting

### Task Competency Evaluation:

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### 13. Being Officer of the Day

Purpose of Task

- Clinical staff need to be available during office hours in case clients/members call in. Since community programs' clinical staff is usually in the field, a rotation for an officer of the day is put in place.
- The clinical staff that stays back in the office answers the calls for clients/members needs.
- Some programs have rotations, some volunteer.

Your Role in Task

- Answer office calls.
- If it is a crisis, use CPI de-escalation techniques
- Let supervisors know so they can help by sending a staff to the community where the member is located.
- Support client/member or family member during call.

How to Complete Task

- Answer the phone by the 2<sup>nd</sup> ring
- Answer to ALL clients/members who call
- Take down name, phone number and location from caller.
- Ask reason for call
- Filter out calls, attempt to help the member BEFORE transferring it to anyone else
- Call staff in the field to relay messages
- De-escalate members if they are in crisis
- Assess for suicidal/homicidal ideation
- Look for housing/food banks/shelter if needed
- Look for a hospital bed if an application for a hold is being written
- Write progress notes on all activity with members – if member called or dropped into members' production room
- Check voicemail
- Discuss in morning meeting

**Task Competency Evaluation:**

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## 14. Following Up on Needs from Previous Weeks

Attachment D - STAFF TRAINING PLAN

### Purpose of Task

- ACT programs have a rotation amongst the team for everybody to see all clients weekly.
- Since the team is the one that has a caseload, it is important to have good communication with teammates, so tasks discussed with clients/members on their treatment are completed.

### Your Role in Task

- Write down tasks to be done in progress note after having a client/member visit.
- Discuss these tasks during morning meeting
- Complete task when with client/member

### How to Complete Task

1. Review list of clients/members to see that day/week.
2. Review previous notes for each client/member prior to visit
3. Discuss with client/member the tasks needed to follow to complete the project.
4. Write progress note delineating steps that were taken and steps to be taken in the future and by when.
5. Discuss in morning meeting

### Task Competency Evaluation:

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## 15. Completing Annual Documentation

Attachment D - STAFF TRAINING PLAN

### Purpose of Task

- According to our accrediting bodies certain documents such as treatment plans, consents, and screenings need to be reevaluated and renewed annually.
- Consents have a legal period of 1 year
- Clinical forms need updating due to the client/member possibly being on a different step in their recovery journey.

### Your Role in Task

- Completing all forms pertaining to the Annual Packet according to the program's contract
- Write a progress note delineating all the time spent with client/member completing the Annual Packet
- Discussing with the team new goals and objectives that client/member would like to work on.

### How to Complete Task

1. Discuss with supervisor what client/member is due for an annual re-evaluation.
2. Ask for deadline to be done by.
3. Review each form with client/member and complete in its entirety NO BLANK SPACES. (Either 0 or N/A where appropriate)
4. Have a visit with the client/member to fill out forms, but also to discuss new goals in their journey.
5. Write a progress note for all the time spent with client/member and completing forms.
6. Discuss in morning meeting.

### Task Competency Evaluation:

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<p><b><u>Check the Method of Instruction (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol/Procedure Review</li> <li><input type="checkbox"/> Education Session</li> <li><input type="checkbox"/> Self-Learning Package</li> <li><input type="checkbox"/> Clinical Practice</li> <li><input type="checkbox"/> Demonstration</li> </ul>	<p><b><u>Check the Method of Evaluation (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observation (in clinical setting)</li> <li><input type="checkbox"/> Return Demonstration</li> <li><input type="checkbox"/> Written Test</li> <li><input type="checkbox"/> Verbal Review</li> </ul>	

## 16. Completing Enrollments in 30 Days

### Purpose of Task

- All clients/members need specific forms to be signed to be legally and clinically compliant.
- Usually an enrollment packet is divided into 2 sections: forms to be done the first day of enrollment and documents that can be completed within 30 days from enrollment
- All information obtained helps the team make intentional plans with the client/member about the recovery journey

### Your Role in Task

- Completing all forms pertaining to the Enrollment Packet according to the program's contract.
- Write a progress note delineating all the time spent with client/member completing the Enrollment Packet
- Discussing with the team new goals and objectives that client/member would like to work on.

### How to Complete Task

1. Discuss with supervisor what client/member is being enrolled and when.
2. Ask for deadline to be done by.
3. Review each form with client/member and complete in its entirety NO BLANK SPACES. (Either 0 or N/A where appropriate)
4. Have a visit with the client/member in order to fill out forms, but also to discuss goals in their journey.
5. Start building rapport with client/member by presenting the program and different activities they can be part of according to their goals.
6. Write a progress note for all the time spent with client/member and completing forms.
7. Discuss in morning meeting.

### Task Competency Evaluation:

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<p><b><u>Check the Method of Instruction (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol/Procedure Review</li> <li><input type="checkbox"/> Education Session</li> <li><input type="checkbox"/> Self-Learning Package</li> <li><input type="checkbox"/> Clinical Practice</li> <li><input type="checkbox"/> Demonstration</li> </ul>	<p><b><u>Check the Method of Evaluation (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observation (in clinical setting)</li> <li><input type="checkbox"/> Return Demonstration</li> <li><input type="checkbox"/> Written Test</li> <li><input type="checkbox"/> Verbal Review</li> </ul>	



## 17. Searching for Missing Members

### Purpose of Task

- Sometimes clients/members get lost in the community, are hospitalized, are in jail, or simply prefer to not live in the house they were in.
- According to our customers and the ethics code, we need to be aware of the whereabouts of clients/members or make appropriate attempts to locate them.
- Our clients are part of a vulnerable population that might need extra assistance for their own safety and that of others.

### Your Role in Task

- Make attempts to find the client/member by following simple steps.
- Write progress note documenting different ways that attempts were made, how and when.
- Discuss in morning meeting

### How to Complete Task

1. Discuss in morning meeting where was the client/member seen last
2. Look in jail websites
3. Call collateral individuals such as parents, probation officer, teachers
4. Drive to places client/member usually frequents (if they are safe)
5. Call hospitals in the residence vicinity.
6. Call Coroner's office
7. Write progress note with details as to what was found.
8. Discuss in morning meeting

### Task Competency Evaluation:

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<p><b><u>Check the Method of Instruction (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol/Procedure Review</li> <li><input type="checkbox"/> Education Session</li> <li><input type="checkbox"/> Self-Learning Package</li> <li><input type="checkbox"/> Clinical Practice</li> <li><input type="checkbox"/> Demonstration</li> </ul>	<p><b><u>Check the Method of Evaluation (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observation (in clinical setting)</li> <li><input type="checkbox"/> Return Demonstration</li> <li><input type="checkbox"/> Written Test</li> <li><input type="checkbox"/> Verbal Review</li> </ul>	

## 18. Reaching Service Billing Goals

Attachment D - STAFF TRAINING PLAN

### Purpose of Task

- Most community programs have contracts that are either fee for service or cost-reimbursement.
- Progress Notes also serve as the evidence or receipt to receive payment for our services.
- Progress notes allows our customer and us to check on our quality of care.
- Our customers provide us with a quota to reach in order to have these contracts.
- 65% of a case manager's time needs to spend with clients/members = progress notes.

### Your Role in Task

- Provide optimal quality of care and document it!
- Discuss your service billing hours during supervision.

### How to Complete Task

1. Check your service billing weekly to make sure you have about 25+ hours billed in total.
2. Write progress notes with an average of 5 hours in total for the day.

### Task Competency Evaluation:

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<p><b><u>Check the Method of Instruction (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol/Procedure Review</li> <li><input type="checkbox"/> Education Session</li> <li><input type="checkbox"/> Self-Learning Package</li> <li><input type="checkbox"/> Clinical Practice</li> <li><input type="checkbox"/> Demonstration</li> </ul>	<p><b><u>Check the Method of Evaluation (all that apply):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observation (in clinical setting)</li> <li><input type="checkbox"/> Return Demonstration</li> <li><input type="checkbox"/> Written Test</li> <li><input type="checkbox"/> Verbal Review</li> </ul>	

## 19. Completing Interpretive Summaries

Attachment D - STAFF TRAINING PLAN

<https://policyandprocedure.ellucid.com/documents/view/16612>

<https://policyandprocedure.ellucid.com/documents/view/7942/active/>

### Purpose of Task

- Interpretive Summaries synthesizes information collected in all assessments into a clear picture of the person
- It ties the diagnostic and functional descriptions together.
- The Interpretive Summary is an excellent tool for providers that receive a psychosocial assessment along with a referral and need to tie things together.

### Your Role in Task

- Read the client/member's chart
- Complete Interpretive Summary form or progress note template
- Make attempt to make sense of the client/member story.

### How to Complete Task

1. Discuss with supervisor what client/member has been enrolled and in need of an interpretive summary.
2. Ask for deadline to be done by.
3. Review psychosocial, screenings, treatment plans, etc.
4. Have a visit with the client/member.
5. Write a progress note
6. Discuss in morning meeting.

### Task Competency Evaluation:

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<b><u>Check the Method of Instruction (all that apply):</u></b> <ul style="list-style-type: none"><li><input type="checkbox"/> Protocol/Procedure Review</li><li><input type="checkbox"/> Education Session</li><li><input type="checkbox"/> Self-Learning Package</li><li><input type="checkbox"/> Clinical Practice</li><li><input type="checkbox"/> Demonstration</li></ul>	<b><u>Check the Method of Evaluation (all that apply):</u></b> <ul style="list-style-type: none"><li><input type="checkbox"/> Observation (in clinical setting)</li><li><input type="checkbox"/> Return Demonstration</li><li><input type="checkbox"/> Written Test</li><li><input type="checkbox"/> Verbal Review</li></ul>	

## 20. Completing Relias Trainings

### Purpose of Task

- Relias is our Electronic Learning Environment.
- Courses are assigned automatically annually.
- Our accrediting bodies require certain courses to be taken annually
- It is important to be up to date on best practices regarding all our services.

### Your Role in Task

- Listen to information provided
- Learn new skills
- Explore not assigned courses if interested!

### How to Complete Task

1. Log in to <https://telecare.training.reliaslearning.com/>
2. Follow prompts of courses to be completed.
3. Make sure to do the course, the test, and the review

### Task Competency Evaluation:

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<b><u>Check the Method of Instruction (all that apply):</u></b> <ul style="list-style-type: none"><li><input type="checkbox"/> Protocol/Procedure Review</li><li><input type="checkbox"/> Education Session</li><li><input type="checkbox"/> Self-Learning Package</li><li><input type="checkbox"/> Clinical Practice</li><li><input type="checkbox"/> Demonstration</li></ul>	<b><u>Check the Method of Evaluation (all that apply):</u></b> <ul style="list-style-type: none"><li><input type="checkbox"/> Observation (in clinical setting)</li><li><input type="checkbox"/> Return Demonstration</li><li><input type="checkbox"/> Written Test</li><li><input type="checkbox"/> Verbal Review</li></ul>	

## 21. Successful Use of Telephone Etiquette

Attachment D - STAFF TRAINING PLAN

### Purpose of Task

- To ensure that phones are managed appropriately and are answered in a proper and timely fashion.

### Your Role in Task

- Locate and review [Telephone Training, Etiquette, and Management Policy](#) in Policy Manager.
- Locate and review [Telecommunications Devices Policy](#) in Policy Manager.
- Locate and review [Telephone Calls Policy](#) in Policy Manager.
- The telephone is a primary mode of accessibility for persons served and the community. Therefore, it is vital that phones are managed professionally and maintained in good working order at all times.
- If the phone system fails to work or has problems the administrator or designee is notified immediately in order to arrange for immediate maintenance.
- Each Non-Inpatient, non-24-hour program will have a system in place for after hour, weekend and holiday call.
- All staff are trained in how to use the phone system during their initial orientation period. When staff receive a call from outside of the program, they state the name of the program and their name.
- Non-inpatient, non-24-hour Programs use call forwarding systems for after hours, weekends and holidays. The person served calls the programs main phone number and will get directions to be connected to the on-call phone, which will be answered by the designated on-call staff.
- In the event of a telephone malfunction, the OC will contact the phone company and will notify the IT department at the corporate office.


### How to Complete Task

1. During the initial orientation period, the Office Coordinator or designee trains new employees on the proper use of the phone system.

This training will include, but is not be limited to:

- a. How to answer the main line i.
- b. The "three-ring" rule: All calls must be answered by the third ring.
- c. If the OC/receptionist is not available, available staff must answer phone.
- d. The proper greeting and general phone etiquette: "Telecare (program name), this is (your name)"
- e. How to transfer calls to other extensions
- f. How to make a call
- g. How to transfer calls to voice mail e. How to make an overhead page

Employee Training Provided	Validation of Competency Completed	Feedback Provided:
<b><u>Check the Method of Instruction (all that apply):</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol/Procedure Review</li> <li><input type="checkbox"/> Education Session</li> <li><input type="checkbox"/> Self-Learning Package</li> <li><input type="checkbox"/> Clinical Practice</li> <li><input type="checkbox"/> Demonstration</li> </ul>	<b><u>Check the Method of Evaluation (all that apply):</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observation (in clinical setting)</li> <li><input type="checkbox"/> Return Demonstration</li> <li><input type="checkbox"/> Written Test</li> <li><input type="checkbox"/> Verbal Review</li> </ul>	

	<b>TELECARE POLICY TITLE:</b> <b>Fair Housing</b>	<b>POLICY NUMBER:</b> <b>HM-1000</b>
	MANUAL: Housing	
	PROGRAM TYPE: Community	
	STATE: All	

**POLICY STATEMENT:**

Programs providing community-based permanent supportive housing services will fully comply with all federal, state, and local non-discrimination laws, rules and regulations governing fair housing and equal opportunity in housing. As such, it is the intention of the community based-programs to take reasonable steps ensuring meaningful access to housing opportunities for all clients.


All clients served will be provided opportunity to apply for, or receive assistance under, Public Housing Authority (PHA) and Continuum of Care (CoC) vouchers and other subsidy-based programs as applicable. Access to apply for housing subsidies will not be denied based on race, color, sex, religion, creed, national or ethnic origin, age, familial or marital status, handicap, disability, sexual orientation, gender identity, gender expression, genetic information, source of income or subsidy, Military or Veteran status or any other arbitrary reasons such as student or occupation status. Final subsidy eligibility determination will be made by local PHA's and CoC's as applicable.

Where Telecare administers Public Housing Authority subsidies, applicable federal regulations include Housing and Urban Development (HUD) regulations for Section 504 of the Rehabilitation Act of 1973 <https://www.hud.gov/programdescription/sec504> that apply to federally assisted programs and activities. Additionally, Federal Code of Regulations- 24 CFR 8.21(c)(1), 8.24(a), 8.25, and 8.31 <https://www.govinfo.gov/content/pkg/CFR-2020-title24-vol1/xml/CFR-2020-title24-vol1-part8.xml> will apply. These federal regulations prohibit discrimination on the basis of disability in programs and activities conducted by HUD or that receive financial assistance from HUD.

To further Telecare's commitment to full compliance with applicable fair housing and equal opportunity in housing, federal, state and local information available will be provided to program participants at housing intake regarding unlawful discrimination and any recourse available related to fair housing standards and law.

**PROCEDURE**

Programs will establish their own protocols as applicable.

	<b>TELECARE POLICY TITLE:</b> <b>Supportive Housing Service Standards</b>	<b>POLICY NUMBER:</b> <b>HM-1011</b>
	MANUAL: Housing Manual	
	PROGRAM TYPE: Community programs	
	STATE: ALL	

**POLICY STATEMENT:**

Telecare views safe and decent housing as a basic human need. Housing is foundational to effectively address clinical, social, and complex needs of members experiencing homelessness and co-occurring conditions.

Telecare provides supportive housing services within a range of community-based housing types including; scattered site apartment units, permanent supportive housing developments, congregate settings such as room and boards, board and care homes, independent living homes and emergency/ interim shelters.

Supportive housing service standards, at minimum, prioritize:

- Housing access through use of low barrier and Housing First approaches
- Harm Reduction practices improving housing stabilization, including but not limited to; information on opioid overdose prevention and resources, education related to lease agreement conditions when tenant activities involves consumption, processing, production and/or storage of illegal drugs and supporting tenants in alternative activities not prohibited within scope of lease or crime free/ drug free lease addendums.
- Housing stabilization
- Housing choice by providing a range of housing opportunities meeting member stated goals, income status, service level support needs, neighborhood location and other identified housing needs
- Individualized and strengths-based case management services
- Coordination with clinical services, housing staff, property management, landlords and Public Housing Authorities

Across the community-based program housing portfolio, supportive housing service standards include, but are not limited to:


- Housing documentation collection, application preparation and readiness activities
- Housing navigation, location and unit move in
- Flexible and voluntary onsite services available regardless of housing stability
- Sustained engagement for those hard to engage in housing services
- Independent living skill development
- Review and support adherence to house rules/ program rules, tenancy rights and responsibilities and/or lease agreement
- Problem solving and solutions focused approach to tenancy challenges
- Community integration and socialization opportunities

Attachment D - STAFF TRAINING PLAN

- Coordination and collaboration with housing staff, property management, landlords and Public Housing Authorities
- 24/7 phone crisis response availability

Telecare staff providing housing case management services are trained in evidenced based supportive housing practices and interventions ensuring effective and consistent approaches are implemented.



	<b>TELECARE POLICY TITLE:</b> <b>Wellness Check</b>	<b>POLICY NUMBER:</b> <b>HM-1013</b>
	MANUAL: Housing manual	
	PROGRAM TYPE: Community programs	
	STATE: ALL	

### **POLICY STATEMENT:**

Telecare views safe and decent housing as a basic human need. Housing is foundational to effectively address clinical, social, and complex needs of clients experiencing homelessness and co-occurring conditions. As such, ensuring clients overall wellbeing and safety is maintained while residing in community-based housing is fundamental to effective supportive housing practices.

Across the housing continuum utilized by Telecare community- based programs, housing stabilization and wellness focused home visits may be conducted, as needed, to better evaluate the overall wellbeing, health and safety of a client residing in housing. Staff are encouraged to use a harm reduction approach to conduct wellness visits, while being respectful of client autonomy, privacy, and balancing safety concerns.

Community-based program with specific contractual requirements around housing may have additional requirements and/or procedures for home visits and wellness checks.

Home visits are not intended to be a medical intervention, nor exclusively performed by staff with clinical training. Home visits will focus on overall wellness and housing stabilization needs which may, or may not, result in addressing immediate health, safety and other housing stability needs.

### **PROCEDURE**

Home visit practices include, but are not limited to, the following standards:

- Use a trauma-informed and harm reduction approach with every interaction.
- When possible, staff will attend to home visit in teams, which may, or may not include, nursing staff or medical staff if available and part of program staffing pattern.
- Preparation for the visits by bringing naloxone kits, PPEs and Telecare issued cell phone.
- Staff will announce selves at door of housing unit, or room in congregate housing, and request client contact and permission to enter; if no response from client occurs and safety concerns promoted the home visit, staff may do, but not limited to, any of the following:
  - Immediately contact 911, psychiatric mobile crisis or another emergency response
  - Follow property management practices/ housing operator rules around entering the unit. This may include property management issuing 24 hour written notification of plans to enter the unit, immediate contact to law enforcement to enter the unit, contact with client emergency contact person or other established means of lawful entering of a unit/ room.

- Once inside the housing unit or room of client, staff will maintain professionalism, be respectful of privacy while balancing need to assess health and safety concerns. Additionally, staff will be alert to signs of safety and welfare issues related to another occupants' present.
- During the course of the home visit, staff may engage in any, or all of the following actions: observe client and physical environment, ask questions specific to housing stability concerns or issues, consultation with clinical staff, supervisor, provision of direct clinical care, opioid response intervention, case management and problem solving interventions, contact with law enforcement, medical or psychiatric services, child social services, property management or clients' emergency contact on file.

**Programs may establish their own protocols as applicable.**

**ATTACHMENT E**

**FINGERPRINTING CERTIFICATION**

Contractor hereby 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 the Contractor's employees, trainees and/or its subcontractors, assignees, or volunteers have contact. Additionally, Contractor's employees, volunteers, consultants, agents, and any other persons who provide services under this Agreement and who has/will have supervisory or disciplinary power over a child (Penal Code Section 11105.3) (the "Applicant") shall be fingerprinted in order to determine whether each such Applicant has a criminal history which would compromise the safety of children with whom each such Applicant has/will have contact.

Contractor's employees, volunteers, consultants, agents, and any other persons who provide services under this Agreement will be fingerprinted and: (check a or b)

- a. do NOT exercise supervisory or disciplinary power over children (Penal 11105.3).
- b. do exercise supervisory or disciplinary power over children (Penal 11105.3).

Telecare Corporation

\_\_\_\_\_  
Name of Contractor

DocuSigned by:  
  
\_\_\_\_\_  
F783663D7183422  
Signature of Authorized Official

Dawan Utecht

\_\_\_\_\_  
Name (please print)

SVP/Chief Development Officer

\_\_\_\_\_  
Title (please print)

02/07/2024

\_\_\_\_\_  
Date

# ATTACHMENT I

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

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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, b, or c)

- a. Has no employees
- b. Employs fewer than 15 persons
- c. 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:**

**Name of Contractor(s):**

**Street Address or P.O. Box:**

**City, State, Zip Code:**

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

**Signature:**

**Title of Authorized Official:**

**Date:**

\*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."

**Attachment K: Assurance of non-employment of staff providing other Cordilleras Health and Healing Campus contracted services**

For the term of this agreement Contractor agrees to not employ staff to work in the Supported Housing Program who are also employed by one of the contracted MHRCs or contracted Property Management services on the Cordilleras Health and Healing Campus. This prohibition includes Contractor's own employees assigned to work in the MHRC staffed by Contractor under a separate agreement with the County. Said Contractor-employees may not provide services in the Supported Housing Program. Contractor may contract for the provision of other services with the prior written approval from the BHRS Contract Monitor.

Dawan Utecht

02/07/2024

\_\_\_\_\_  
Telecare Administrator

\_\_\_\_\_  
Date



# Attachment J Policy Attestation Form

<b>First Name</b>	<input type="text" value="Dawan"/>
<b>Last Name</b>	<input type="text" value="Utecht"/>
<b>Agency</b>	<input type="text" value="Telecare Corporation"/>
<b>Mailing Address</b>	<input type="text" value="1080 Marina Village Parkway, Suite 100"/>
<b>City</b>	<input type="text" value="Alameda"/>
<b>State</b>	<input type="text" value="CA"/>
<b>Zip Code</b>	<input type="text" value="94583"/>

-----

Please verify compliance with required policies by indicating which policies have been read by you and/or employees of your agency. The policies are located online at: <https://www.smchealth.org/bhrs-policies/credentialing-and-re-credentialing-providers-19-08>

- Behavioral Health Confidentiality**
- Policy 00-06 Client Access to Protected Health Information
  - Policy 03-01 Confidentiality/Privacy of Protected Health Information
  - Policy 03-11 E-Mail Use
  - BHRIS Compliance Plan
  - BHRIS Code of Conduct
  - Policy 91-05 Compliance with Documentation Standards

- 
- County Policies**  Incompatible Activities

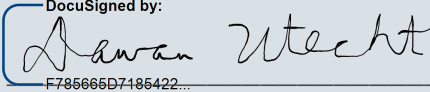
- 
- Clinical Staff Only**
- Policy 03-02 Notice of Privacy Practice
  - Policy 03-04 Disclosure of Protected Health Information, Minimum Necessary
  - Policy 03-05 Disclosure of Protected Health Information, Incidental
  - Policy 03-06 Disclosure of Protected Health Information with Client Authorization

## Policy Attestation Continued...

- Clinical Staff Only**
- Policy 03-07 Disclosure of Protected Health Information, Request for an Accounting
  - Policy 03-08 Restrictions on Use or Disclosure of Protected Health Information Client Request
  - Policy 03-09 Amendment of Protected Health Information, Client

---

This attestation form must be signed by an individual with whom the County has a contract, or an individual with the authority to sign on behalf of the organization they represent, to attest to the accuracy and completeness of the information provided.

**Signature:**  F785665D7185422...

**Date completed:**

ATTACHMENT T  
**DISASTER AND EMERGENCY RESPONSE PLAN**

**AGENCY NAME:**

**ADDRESS:**

**NAME OF PRIMARY POINT OF CONTACT:**

**TELEPHONE NUMBER(S):**

**EMAIL ADDRESS:**

**LAST UPDATED:**



**I. SUMMARY OF DISASTER AND EMERGENCY RESPONSE PLAN  
("PLAN")**

(The Plan summary sets for the major processes, procedures and goals of the Plan, including a general description of the agency's plans for response and recovery in the immediate aftermath of a national, state, or local disaster or emergency and the agency's plans for the continuation of Services under the Agreement during and after the disaster or emergency.)

**II. KEY PERSONNEL AND CONTACT INFORMATION**

<b>Name/Title</b>	<b>Role in Plan Implementation</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Work Email</b>	<b>Personal Email</b>

### **III. EMERGENCY RESPONSE PLAN**

(Detailed description of the agency's plan to respond to and recover from the emergency. This includes key matters that need to be addressed and acted on immediately in the event of an emergency to ensure the on-going viability of the agency. May include a description of the agency's plans to address leadership/succession, in the event that agency's leaders are unavailable or incapacitated; securing and establishing alternate facilities and equipment in the event that the agency's primary facilities or equipment are unavailable; access to telecommunications and information technology and other matters appropriate to the agency and its mission.)

#### **IV. CONTINUITY OF OPERATIONS**

(This is a detailed description of the agency's plan to ensure the ongoing continuation of services under the Agreement during and after a disaster or emergency. Recognizing that each disaster or emergency will be unique and will pose diverse challenges and constraints that may be impossible to fully anticipate, this section should include a description of the agency's plans for ensuring that staff needed to provide the services set forth in the Agreement are available and able to provide the services and that the agency has identified a process for securing the equipment and supplies needed to perform such services. The agency should attempt to identify, to the extent feasible, the additional personnel, equipment and supply costs that it would incur in providing such ongoing continuity of services to the County.)

## **V. PLAN PRACTICE AND EXERCISING**

(The agency should describe its process to ensure that agency staff is informed of, and trained on, the Plan. This may include a general description of the training materials that are prepared and provided to agency staff and any initial and follow-on training that may be provided.)

## **VI. OTHER MATTERS**

(In this section, the agency will discuss other emergency response-related matters unique to the agency and its mission.)

ATTACHMENT U - SAN MATEO COUNTY HEALTH

DECLARATION OF NOTICE OF CONFIDENTIALITY

As an employee, contractor, or associate of San Mateo County Health, I agree to the following as evidenced by my signature affixed below:

I will not disclose or otherwise discuss San Mateo County Health's patients or clients, their conditions, treatments or status, even if they are known to me personally, with anyone, except to carry out my assigned duties associated with their proper care or treatment.

I will not release information to anyone concerning the financial, medical, or social status of San Mateo County Health patients or clients which has not first been authorized according to written San Mateo County Health policies, federal or state regulation, or otherwise properly ordered by legal authorities.

I will not, at any time or under any circumstances, disclose to or share with anyone the San Mateo County Health computer systems User Identifications or passwords assigned to me.

I will not tamper with any of the San Mateo County Health computer systems to gain unauthorized access to the network or information contained there.

I will take all reasonable care to prevent the unauthorized use, disclosure or availability of confidential and/or proprietary information through unattended screen displays or by mishandling of system generated output, regardless of its form.

I acknowledge that San Mateo County Health retains the right to monitor and/or review, at any time and without cause, any access to San Mateo County Health computer systems for evidence of tampering or misuse, and may, at its sole discretion, suspend or terminate my computer privileges to any San Mateo County Health computer systems pending administrative review.

I agree to adhere to policies concerning the San Mateo County Health computer systems and understand that any misconduct and/or breaches of confidentiality expressly described herein may be grounds for immediate suspension of computer privileges. In addition, San Mateo County Health's administrative actions, up to and including termination of employment or contract may result. Additionally, violation of any applicable civil or criminal statutes by the disclosure of confidential material or information or other misuse of a computer system will be prosecuted to the fullest extent of the law.

\_\_\_\_\_  
Employee or Contractor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Employee or Contractor  
First Name, Middle Name, and Last Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee or Contractor Title

\_\_\_\_\_  
Location/Contract Agency