

**AMENDMENT TO AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND
RESOURCE DEVELOPMENT ASSOCIATES**

THIS AMENDMENT TO THE AGREEMENT, 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 RESOURCE DEVELOPMENT ASSOCIATES, hereinafter called "Contractor";

W I T N E S S E T H:

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;

WHEREAS, the parties entered into an Agreement on September 22, 2016, to provide evaluation and assessments, and technical assistance services to Mental Health Services Act (MHSA) Innovation (INN) Component pilot programs, in the amount of \$100,000, for the term September 15, 2016 through June 30, 2018; and

WHEREAS, on May 22, 2018 your Board approved the first amendment to the Agreement to provide additional evaluation and technical assistance services, increasing the contract maximum by \$95,860 to \$195,860, extending the term of the agreement through June 30, 2019.

WHEREAS, on May 2, 2019 the Chief of San Mateo County Health approved the second amendment to the Agreement to continue evaluation and technical assistance services, increasing the contract maximum by \$25,000 to an amount not to exceed \$220,860, and extending the term of the agreement through December 31, 2019

WHEREAS, on September 24, 2019, your Board approved a third amendment to provide evaluation and technical assistance services to the MHSA Technology Suite Collaborative Innovation project extending the term through June 30, 2022 and increasing the maximum by \$290,000 to an amount not to exceed \$510,86.

WHEREAS, the parties wish to amend for the fourth time the Agreement to provide conduct a community planning process, to gather input from BHRS staff and providers as well as key mental health stakeholder groups in San Mateo County to develop a WET Three-Year Plan as an appendix to the County's MHSA Three Year Plan, increasing the contract maximum by \$35,000 to \$545,860, with no change to the term.

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

1. Paragraph 3. Payments is hereby deleted and replaced with the Paragraph 3. Payments below:

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibit A3, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B3. 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 HUNDRED FORTY-FIVE THOUSAND EIGHT HUNDRED SIXTY DOLLARS (\$545,860). 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.

2. Paragraph 2. Contract Term is hereby deleted and replaced with Paragraph 4. Term and Termination below:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from September 15, 2016 through June 30, 2022.

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.

*** SIGNATURE PAGE TO FOLLOW ***

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

COUNTY OF SAN MATEO

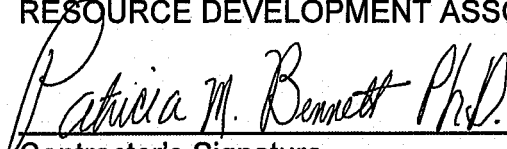
By: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

RESOURCE DEVELOPMENT ASSOCIATES



Contractor's Signature

Date: April 3, 2020

Exhibit A-4

In consideration of the payments set forth in Exhibit B-4, Contractor shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

A. Introduction

Contractor shall provide evaluation and assessment services, and technical assistance to Mental Health Services Act (MHSA) administration and Innovation (INN) Component pilot programs.

The following description of services is a proposal that may change based on emerging needs and circumstances, including evaluation plan development and data availability.

B. Description of Services

1. Phase I: Evaluation Planning: 9/1/2016 to 12/30/2016

The purpose of the evaluation planning phase is to plan and prepare for the evaluations. This phase has both substantive and administrative purposes. Substantively, this phase begins the process of confirming the overall vision and goals for the evaluation and identifying data sources and stakeholders to engage in the evaluation. Administratively, this phase lays the groundwork for agreeing upon a final evaluation plan and project workplan, communication procedures, and invoicing and contracting.

a. Project Kickoff Meeting

Contractor will hold a project kickoff meeting launch with the Behavioral Health and Recovery Services (BHRS) Project Team as well as representatives from the Health Ambassador Program-Youth (HAP-Y), Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Behavioral Health Coordinated Services Center, and Neurosequential Model of Therapeutics (NMT) programs. The purpose of this initial meeting will be both substantive and administrative and will serve to do the following:

- i. Confirm project goals, objectives, scope, and timeline;
- ii. Highlight key priorities, goals, and challenges of the evaluation;
- iii. Discuss expectations for communication and roles and responsibilities;

- iv. Review the availability and steps needed to access the data and documents that Contractor will collect and analyze; and
- v. Determine that the service plan articulates evaluation timeline, key deliverables, and criteria for success.

In addition, we will use this initial project meeting to learn about the status of project implementation to date and to discuss the inclusion of key project stakeholders in evaluation planning and implementation.

b. Review of Data and documentation

Contractor evaluation team will meet with BHRS and INN programs to review available administrative data either currently being collected or planned as a part of each INN project on outcomes of interest as well as any previous reports or documentation that may be available. This includes data and reports that may support measures related to access, service participation, and outcomes.

To assess the availability and quality of data on service utilization, including clients' psychiatric hospitalizations and use of psychiatric emergency services (PES), the Contractor will meet with BHRS staff to review the County's electronic health records system to ensure the evaluation plan appropriately accounts for how access, service participation, and outcome data can be extracted and aggregated.

Specifically, for the NMT project, the Contractor will meet with Child Trauma Academy (CTA) staff to learn more about the NMT Web-based Metrics, including how they are entered and measured, the timeframes at which they are collected for baseline and follow up, and how they can be analyzed to assess individual and aggregate progress in the four functional domains. Based on what we learn in these meetings, the Contractor will work with BHRS to establish appropriate processes for receiving and analyzing client data.

c. Stakeholder Participation

Health Ambassador Program – Youth (HAP-Y)

The Contractor will work with the youth at each stage of the evaluation and build capacity to:

- i. Design and implement the program and evaluation.
- ii. Incorporate the use of data to inform program improvement.
- iii. Ensure that the program and evaluation meet client intended objectives.

Contractor will facilitate three interactive meetings where the youth receive training in evaluation as well as build the evaluation itself.

- i. In the first work session, the Contractor will work with the youth to refine the evaluation questions and develop a theory of change and/or logic model that links resources and activities to expected outcomes.
- ii. The second work session, the Contractor will focus on selecting data collection methods to answer the evaluation questions and measure expected outcomes. Contractor will include both qualitative and quantitative data.
- iii. The third work session, youth will work to develop data collection tools, which may include pre/post surveys, guided discussion protocols, and other methods that have emerged during the first two sessions.

LGBTQ Behavioral Health Coordinated Services Center (the Center)

Contractor will work with BHRS to identify a Stakeholder Advisory Committee to support meaningful and diverse LGBTQ and stakeholder participation in the evaluation planning and implementation.

The Advisory Committee will include but not limited to County staff, service provider and advocacy organizations, and members of the LGBTQ community, including mental health consumers. The Advisory Committee will play a key role in developing an evaluation logic model, selecting and reviewing data collection tools, interpreting data and identifying key findings and recommendations, and reviewing evaluation reports and deliverables.

During the evaluation planning phase, Contractor will hold three monthly meetings with the Committee:

- i. In the first meeting, the Contractor's team will introduce the evaluation and lead the group in an

interactive session to develop a theory of change and logic model for the evaluation. The evaluation team will then use feedback from the group to select and develop options for data collection tools, including a pre/post scale to be used with clients and qualitative instruments.

- ii. In the second meeting, Contractor will collect feedback on the data collection tools in order to ensure that both quantitative and qualitative tools are culturally appropriate and aligned with the needs of the LGBTQ community.
- iii. In the third meeting, Contractor will present a draft of the Evaluation Plan for discussion and feedback.

Neurosequential Model of Therapeutics (NMT)

Contractor will work with BHRS to identify a Stakeholder Advisory Committee and convene them for an initial meeting related to evaluation planning. The key priorities in identifying potential membership for this Committee will be:

- i. Ensuring representation of San Mateo County mental health consumers in the NMT evaluation,
- ii. Leveraging the County's existing MHSA Steering Committee.

d. Data Collection Tool Development

Health Ambassador Program – Youth (HAP-Y)

At minimum, data tools used will include both qualitative and quantitative data collection:

- i. Survey for Outreach Participants.
- ii. Youth Ambassador Experience
- iii. Youth ambassador Scales
- iv. Outreach Participant Discussions
- v. Youth ambassador experience
- vi. Secondary Data

LGBTQ Behavioral Health Coordinated Services Center (the Center)

Contractor will work with BHRS and the Stakeholder Advisory Committee to determine the data collection methods for the evaluation and develop data collection tools.

- i. Client Pre/Post Scales
- ii. Client Satisfaction Survey

- iii. Wilder Collaboration Factors Inventory
- iv. Focus Group with Service Providers
- v. Focus groups with Clients
- vi. Client Open Space
- vii. Key Informant Interviews with BHRS and Center Leadership
- viii. Administrative Data
- ix. Clinical Outcome Data

Neurosequential Model of Therapeutics (NMT)

- i. Client Survey
- ii. Psychiatric Hospitalization and Emergency Service Data
- iii. NMT Metrics
- iv. Focus Groups with Providers Trained in NMT
- v. Focus Groups with Clients receiving NMT

e. Draft and Final Evaluation Plan

The Contractor will develop following the evaluation planning activities:

- i. A written evaluation plan for each program that lays out the evaluation purpose and questions, the agreed-upon data collection methods and tools.
- ii. A plan and timeline for data analysis and reporting.

The evaluation plan will build upon the prior project activities and provide a roadmap for answering the Learning Questions. Consistent with MHSA INN Evaluation Guidelines, this evaluation plan will include mixed-methods (qualitative and quantitative) data collection and analysis designed to give the County the information necessary to make data-driven decisions about incorporating the programs into the County's existing systems of care. The evaluation plan will also include a series of tools based on agreed upon data collection activities. Contractor will submit a draft of the evaluation plan to the involved stakeholder groups and BHRS for review and comment before finalizing the evaluation plan.

2. Phase II: Data Collection: 1/1/2017 to 6/30/2019

The purpose of the data collection activities is:

- i. Support INN programs and research partners to strengthen the skills and resources necessary to implement data collection activities.
 - ii. Ensure that there is sufficient quantity and quality of data to answer the evaluation questions.
- a. Data Collection Training and Technical Assistance

Health Ambassador Program – Youth (HAP-Y)

Contractor will provide training and ongoing technical assistance throughout the course of the contract term to ensure that the youth are able to collect all of the agreed-upon data from the evaluation plan. This ongoing training and technical assistance will be provided in the course of the regularly scheduled meetings between HAP-Y, the MHSA Manager and the Contractor and become a regular part of the discussion.

Neurosequential Model of Therapeutics (NMT)

Contractor will work with BHRS and NMT Project stakeholders to implement data collection activities:

- i. During the first year of the evaluation, Contractor will focus on assessing NMT implementation and establishing individual wellness and recovery baseline data,
- ii. During the second and third year, Contractor will focus on measuring progress in implementation in clinical outcomes.

Contractor will provide technical assistance to BHRS staff implementing the NMT intervention to support their ability to collect client pre/post survey data.

Over the course of the evaluation:

- i. Contractor will work closely with BHRS staff, including the MHSA Manager and Adult system of care staff trained in the NMT model, to revise surveys if needed to ensure that evaluation approach and activities are aligned with client needs and are being implemented in a way that has minimal impact on service delivery.
- ii. Contractor will work closely with BHRS staff who are providing direct client services to ensure that BHRS staff are able to implement client surveys at the agreed upon pre/post intervals to ensure the availability of data on client wellness.

LGBTQ Behavioral Health Coordinated Services Center (the Center)

The Center providers will collect evaluation-related data directly (e.g., pre/post scales administered during clinical encounters, administrative data collected and reported in the Center's database). As such, it will be important to ensure that staff is prepared to implement the data collection tools correctly in order to ensure reliability and validity of the data.

- i. Contractor will train Center staff in the administration of the identified client pre/post scales.
- ii. Contractor will work closely with Center staff to roll out the first round of the client satisfaction survey to build the Center's capacity to implement the satisfaction survey on an ongoing basis.

If Contractor and BHRS determine that the Center should add additional fields to the Center's database, Contractor will provide training to Center staff on how to collect and report the added fields. For facilitators of the Open Space and co-facilitators of client focus groups, Contractor will provide training in qualitative data collection methods.

Throughout the evaluation, Contractor will provide technical assistance to staff to support their capacity to collect client pre/post data, client satisfaction surveys, and administrative data. During the third year and as the clinical component of the project progresses, Contractor will train clinical staff in the administration of data collection tools and data entry for clinical outcome data. Contractor will keep a record of training and technical assistance materials to provide the Center for ongoing use.

b. Qualitative Data Collection

The Contractor evaluation team may facilitate or co-facilitate the interviews and focus groups agreed upon during the evaluation planning phase; with HAP-Y, the youth ambassadors may be responsible for much of the data collection from other youth during the course of outreach and engagement events while Contractor will be responsible for collecting feedback from the youth ambassadors. Based on discussions with BHRS and the stakeholders involved, local community-based organizations and/or stakeholder partners

may play a role in facilitating or co-facilitating some of the events, specifically the Open Space meetings at the Center.

c. Quantitative Data Collection

Contractor will request administrative data on the services delivered to clients as a part of the INN programs. The data will include the numbers of clients served (including participants in outreach, social, and community services), the services received by each client, and any referrals or linkages made for clients.

During the third year, Contractor will request client clinical progress data for The Center including Adult Needs and Strengths Assessment (ANSA), Child and Adolescent Needs and Strengths (CANS) and data from a client mental health self-assessment.

3. Phase III: Data Analysis: 6/30/2017 to 12/31/2019

Contractor will synthesize the quantitative and qualitative data gathered during Phase II. Contractor will work with the Stakeholder Advisory Committees, including youth ambassadors for HAP-Y, to interpret the data and collaboratively identify evaluation findings and recommendations.

a. Quantitative Data Analysis

To analyze quantitative data gathered from client pre/post scales, satisfaction surveys, service delivery, and other outcome measures, the Contractor will utilize Microsoft Excel and SPSS to describe the numbers served, demographics, and changes in percentages from baseline to follow-up survey results.

b. Qualitative Data Analysis

Contractor will undertake a three-step process to analyze qualitative data from focus groups, interviews, and other evaluation meetings:

- i. First, Contractor will conduct exploratory analyses by reviewing the transcripts to identify key themes that address specific research questions. Contractor will utilize both deductive and inductive approaches to this process. Deductively, Contractor will begin by

outlining themes as pertinent to the research questions. Inductively, Contractor will allow additional themes to emerge from their exploratory and in-depth analyses of the data.

- ii. Second, Contractor will organize all coded pieces of data by themes as well as by intersections of multiple themes and/or subcategories.
- iii. Third, Contractor will triangulate quantitative and qualitative data, making connections between qualitative themes and the results of the quantitative data analysis, to produce a holistic and comprehensive understanding of the program outcomes, as defined in the program specific evaluation plans as well as areas for improvement.

c. Data Interpretation and Findings Development

The Contractor with stakeholders from each project, will facilitate an interactive exercise and discussion to validate the data, identify any gaps or inaccuracies in the data, highlight key findings, and brainstorm recommendations based on the findings. The Contractor will then use these findings and recommendations when preparing the annual evaluation reports.

4. Phase IV: Reporting: 7/1/2017 to 12/31/2019

a. Draft and Final Annual Report(s)

Contractor will produce annual reports as required by MHSA regulations that include a description of the evaluation activities, numbers and demographics of clients served, and evaluation findings based on the learning goals and domains of interest for each project. For all reports, Contractor will submit draft reports to BHRS and the Stakeholder Advisory Committee for review and feedback before submitting a final report.

b. Contractor will focus on measuring progress in implementation and outcomes, providing technical assistance needed to ensure quality data collection.

c. All data analysis activities will continue as described above in Phases II and III for all programs.

- d. Per the MHSA Innovation Guidelines, the final report will include:
 - i. A description of the issue addressed.
 - ii. A description of the project including the purpose(s) and expected outcome.
 - iii. An analysis of the effectiveness of the project using the data that was collected and including the perspective of the project participants, including: any changes or modifications made during implementation; how it affected those who used it; what was learned; whether the project would be recommended for others to replicate, including any lessons learned in implementation, with a comment about its cost effectiveness; and whether the project will be continued under a different funding source.
- e. Contractor will submit the fiscal year annual report by December 31st.

5. Technical Assistance Services: 4/1/2018 – 6/30/2018

- a. Consultant will facilitate a community planning process and develop an INN plan to pilot technologies-based solutions as described in the County Behavioral Health Technology Collaborative.
- b. Educational materials: consultant will develop informational materials that describe the innovative behavioral health technologies that BHRS will pilot. Materials will be written in language that is accessible and adaptable to diverse audiences.
- c. Facilitation of 15 community meetings: consultant will facilitate up to 15 community meetings to 1) inform community members about the INN plan and 2) seek input and feedback from stakeholders to incorporate into the final plan.
- d. Write Innovation plan: consultant will write the plan for how BHRS will utilize MHSA Innovation funds to pilot innovative technologies. The plan will align with the template recommended by the Mental Health Services Oversight and Accountability Commission.

- e. Presentation to the Mental Health and Substance Abuse Recovery Commission (MHSARC): consultant will facilitate at the MHSARC, once the plan is posted for public review, for the MHSARC to vote for opening a 30-day public comment period.
- f. Ad-hoc technical assistance: consultant will provide technology-related technical assistance to BHRS as needed throughout the innovation plan development process.

6. Innovation (INN) Extensions Evaluation Services: 7/1/2019 – 12/30/2021

- a. Contractor will provide data collection, technical assistance, data analysis and reporting services, including ongoing plan for data collection and reporting post the INN funding term, for the following MHSa Innovation projects and terms;
 - i. Health Ambassador Program – Youth (HAP-Y): 7/1/2019 to 12/30/2020
 - ii. Neurosequential Model of Therapeutics (NMT) in an Adult System of Care (NMT-Adults): 7/1/2019 to 12/30/2020
 - iii. LGBTQ Behavioral Health Coordinated Services Center (Pride Center): 7/1/2019 to 12/30/2021
- b. Data Collection and Technical Assistance
 - i. HAP-Y: Contractor will provide ongoing technical assistance ensure that the youth are able to collect the agreed-upon data from the evaluation plan. This ongoing technical assistance will be provided through regularly scheduled meetings between HAP-Y, the MHSa Manager and the Contractor.
 - ii. NMT- Adults: Contractor will focus on measuring progress in implementation in clinical outcomes and provide technical assistance to BHRS staff implementing the NMT intervention to support their ability to collect client data, through June 30, 2020.
 - iii. Pride Center: contractor will focus on measuring progress in implementation of the Extension Goals proposed:
 - 1) Strengthening internal/external collaboration efforts;

- 2) Clinical outcomes of clients with severe mental illness;
- 3) Developing a replicable best practices model.
 - a) Contractor will continue to work closely with Pride Center staff to support providers in collecting evaluation - related data directly (e.g., pre/post scales administered during clinical encounters, administrative data collected and reported in the Center's database).
 - b) Contractor will train Pride Center staff as needed in the administration of the identified client pre/post scales and co-facilitators of client focus groups, training in qualitative data collection methods.
 - c) If Contractor and BHRS determine that the Center should add additional fields to the Center's database, contractor will provide training to Center staff on how to collect and report the added fields.
 - d) As the clinical component of the project progresses, Contractor will train clinical staff in the administration of data collection tools and data entry for clinical outcome data
 - e) Contractor will keep a record of training and technical assistance materials to provide the Center for ongoing use.

iv. Qualitative Data Collection

- a) HAP-Y: Contractor evaluation will facilitate post-focus groups with each HAP-Y cohort
- b) NMT: Contractor evaluation will facilitate focus groups with NMT consumers and providers
- c) Pride Center: Contractor will co-facilitate with local community-based organizations and/or stakeholder partners; as needed and determined during the ongoing meetings between Pride Center and the Contractor.

v. Quantitative Data Collection

- a) Contractor will request administrative data on the services delivered to clients as a part of the INN programs. The data will include the numbers of clients served (including participants in outreach, social, and community services), the services received by each client, and any referrals or linkages made for clients.
- b) Pride Center: Contractor will request client clinical progress data including;
 - 1) Adult Needs and Strengths Assessment (ANSA);
 - 2) Child and Adolescent Needs and Strengths (CANS);
 - 3) Client questionnaire self-administer at intake and at regular points throughout their treatment.

c. Data Analysis

- i. Contractor will synthesize the quantitative and qualitative data gathered.
- ii. Quantitative Data Analysis - to analyze quantitative data gathered from client pre/post scales, satisfaction surveys, service delivery, and other outcome measures, the Contractor will utilize Microsoft Excel and SPSS to describe the numbers served, demographics, and changes in percentages from baseline to follow-up survey results.
- iii. Qualitative Data Analysis - Contractor will undertake a three-step process to analyze qualitative data from focus groups, interviews, and other evaluation meetings:
 - a) First, Contractor will conduct exploratory analyses by reviewing the transcripts to identify key themes that address specific research questions. Contractor will utilize both deductive and inductive approaches to this process. Deductively, Contractor will begin by outlining themes as pertinent to the research questions. Inductively, Contractor will allow additional themes to emerge from their exploratory and in-depth analyses of the data.
 - b) Second, Contractor will organize all coded pieces of data by themes as well as by

intersections of multiple themes and/or subcategories.

- c) Third, Contractor will triangulate quantitative and qualitative data, making connections between qualitative themes and the results of the quantitative data analysis, to produce a holistic and comprehensive understanding of the program outcomes, as defined in the program specific evaluation plans as well as areas for improvement.

d. Data Interpretation and Findings Development

- i. Contractor will work with stakeholders from each project, will facilitate an interactive exercise and discussion to validate the data, identify any gaps or inaccuracies in the data, highlight key findings, and brainstorm recommendations based on the findings.
- ii. Contractor will use the findings and recommendations when preparing the annual evaluation reports.

e. Reporting

- i. Contractor will produce annual reports as required by MHSA regulations that include a description of the evaluation activities, numbers and demographics of clients served, and evaluation findings based on the learning goals and domains of interest for each project. For all reports, Contractor will submit draft reports to BHRS and the Stakeholder Advisory Committee for review and feedback before submitting a final report.
- ii. Per the MHSA Innovation Guidelines, the final report will include:
 - a) A description of the issue addressed.
 - b) A description of the project including the purpose(s) and expected outcome.
 - c) An analysis of the effectiveness of the project using the data that was collected and including the perspective of the project participants, including: any changes or modifications made during implementation; how it affected those who used it; what was learned; whether the project would be recommended for others to replicate, including any lessons learned in

implementation, with a comment about its cost effectiveness; and whether the project will be continued under a different funding source.

d) Contractor will submit the fiscal year annual report by December 31st each year of the contract term.

f. Ongoing Plan for Data Collection and Reporting

- i. Contractor will work with the MHSA Manager and project staff to develop a plan for ongoing annual data collection and reporting post INN funding term, which ends on 6/30/2020 for HAP-Y and NMT-Adults and 6/30/2021 for the Pride Center.
- ii. The reporting will be aligned with the San Mateo County MHSA Reporting template, attached.

g. Pride Center: Best Practice Model/Tool

- i. Develop a shareable best practice model document/tool to support replicability of the Pride Center model statewide and nationally.
- ii. Contractor will work with Pride Center staff and advisory boards to determine key information to include in the development of this resource.

7. INN Tech Suite Evaluation Services (8/1/2019 – 12/30/2021)

a. Contractor will focus the evaluation on local implementation and outcomes of online mental health applications (“apps”) to understand if the apps will improve access to mental health services and supports for youth and older adults experiencing isolation; and improve wellness and recovery outcomes for those who engage with the mobile apps.

Locally-defined learning goals include:

- i. Does the availability and implementation of technology-based mental health apps connect transition age youth and isolated older adults?
 - a) Demographics of app users who do or do not connect with in-person services
 - b) Reasons why app users do or do not connect with in-person services
- ii. Does engaging with the apps promote access to mental health services and supports?

- a) Successes and challenges in implementation/rollout of the app
 - b) Successes and challenges in outreaching to potential app users
 - c) Who is being reached through app outreach efforts
 - d) How are consumers are using the app, and how much
- iii. Does engaging with the apps effectively promote wellness and recovery?
- a) How mental health consumers define “success” of the app
 - b) What users perceive as the benefits and drawbacks of the app

b. Evaluation Planning

- i. Contractor will finalize an evaluation plan in collaboration with the BHRS Manager and project staff.
- ii. Contractor will meet in person with BHRS staff to plan for the qualitative data collection activities as well as the meetings that RDA will facilitate with the Tech Suite Advisory Committee.
- iii. Contractor will assist BHRS with revising the outreach forms so that the forms have the necessary information for Tech Suite-specific outreach and the focus group tools to be used for qualitative data collection.

c. Evaluation Meetings and Coordination

- i. Contractor will attend a total of six Tech Suite Advisory Committee meetings over the course of the evaluation. Meetings 1-2 will introduce the evaluation, gather input on the evaluation questions; and define how the Advisory Committee views “success” of the Tech Suite project. Meetings 3-6 (semi-annual) will report on preliminary findings and gather input from the Advisory Committee about the progress of the Tech Suite project.
- ii. Contractor will participate in communication, as needed, with the UCI evaluation team in order to stay apprised of their evaluation activities and priorities, identify areas of synergy between the statewide and local evaluations.

- d. Qualitative Data Collection
 - i. Contractor will conduct focus groups with app users twice a year with both youth app users and older adult app users for a total of four focus groups. BHRS will provide stipends to focus group participants.
 - ii. Contractor will conduct interviews or a focus group twice a year with the Tech Suite outreach workers.
 - e. Analysis and Reporting
 - i. Contractor will prepare summary briefs semi-annually that synthesize key themes, highlight preliminary outcomes, and identify areas for improvement in implementation to be presented by BHRS staff to the MHSa Steering Committee during the evaluation period to report on preliminary findings.
 - ii. Contractor will prepare three evaluation reports by December 30th of each reporting year, 2019-2021. The final reports will summarize the evaluation methods, key findings related to local Tech Suite implementation and outcomes, and any recommendations for future technology-related interventions.
 - f. Project Management and Communication
 - i. Contractor will plan to lead bi-monthly phone calls with the BHRS staff leading the Tech Suite project. These calls will offer a chance to check in about the progress of the evaluation, troubleshoot any challenges, plan for upcoming data collection and reporting, and address and administrative or contracting issues.
 - ii. Contractor will conduct internal meetings and project management to ensure that the evaluation is carried out on time and within budget.
8. Technical Assistance Services – Workforce Education and Training (WET) Three-Year Plan: 3/1/2020 – 6/30/2020
- a. Contractor will conduct a community planning process to inform the WET Three-Year Plan. The community planning process will

gather input from BHRS staff and providers as well as key mental health stakeholder groups in San Mateo County. The project will culminate in the development of the WET Plan as an appendix to the County's MHSa Three-Year Plan.

b. Phase 1: Project Launch

- i. Launch Meeting with BHRS – Contractor will meet with BHRS staff to confirm the project work plan, plan for upcoming data collection, and address any administrative issues.
- ii. Develop Data Collection Tools – Contractor will develop qualitative data collection protocols for use during the input-gathering sessions and provide them to BHRS staff to review and provide input on these tools.

c. Phase 2: Secondary Data

- i. Develop Staff and Client/Family Member Surveys – Contractor will develop two surveys, one for BHRS staff and one for clients and family members to inform workforce training needs (fundamental behavioral health-related trainings and core clinical competency trainings) and workforce education and retention strategies.
- ii. Coordinate with BHRS on Best Practice Review – Contractor will discuss and advise BHRS on the best practice review that BHRS is currently undertaking. This may include input on the topics included in the review and the types of sources reviewed.

d. Phase 3: Input Gathering

- i. Conduct Input Sessions with three (3) Stakeholder Groups – Contractor will collaborate with BHRS to facilitate and take notes at input sessions with the following groups:
 1. Diversity and Equity Council
 2. Lived Experience Workgroup
 3. Workforce Education and Development Committee
- ii. Conduct Focus Groups with two (2) Clinic/Program Teams – Contractor will facilitate focus groups in San Mateo and Redwood City with clinic/program team representatives. BHRS staff will take notes at the focus groups in accordance with contractor standards for focus group notes. Contractor will provide light refreshments at the focus groups.

e. Phase 4: Plan Development

- i. Data Analysis – Contractor will use thematic analysis to systematically review the qualitative data from the input sessions and focus groups. In addition, Contractor will incorporate results from the staff survey using the analysis conducted by BHRS staff. Contractor will develop a brief document summarizing the key themes and priorities from the input gathering sessions.
 - ii. Strategy Meeting with BHRS – Contractor will meet with BHRS to review the summary of results. In this meeting, the results will be compared to the best practice research that BHRS is conducting.
 - iii. Draft Strategies for Stakeholder Meeting – Contractor will draft a summary of the WET strategies. BHRS will use this summary in its meeting with stakeholders. Following the stakeholder meeting, Contractor and BHRS will convene to finalize the WET strategies to be included in the plan.
 - iv. Draft Plan – Contractor will develop a WET Plan that will contain a synthesis of the WET needs and strategies that emerged from the planning process. The WET Plan will be approximately five pages in length and will serve as an appendix to the broader MHSA Three-Year Plan.
 - v. Finalize Plan after 30 Day Public Comment – After BHRS posts the MHSA Three-Year Plan for public comment, Contractor will work with BHRS to make any necessary edits to finalize the WET Plan.
- f. Phase 5: Project Management and Communication
- i. Client Planning Meetings and Communications - Contractor will lead monthly phone calls with BHRS staff. These calls will offer a chance to check in about the progress of the project, troubleshoot any challenges, plan for upcoming data collection and reporting, and address and administrative or contracting issues. Contractor will communicate with BHRS as needed in between calls.
 - ii. Project Management and Internal Planning Meetings – Contractor will conduct internal meetings and project management to ensure that the evaluation is carried out on time and within budget.

II. ADMINISTRATIVE REQUIREMENTS

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 agrees to 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 clients 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 clients 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 clients. Contractor may utilize BHRS Confidentiality trainings located at <http://smchealth.org/bhrs/providers/ontrain>.

III. GOALS AND OBJECTIVES

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

Goal 1: Provide timely evaluation services to BHRS.

Objective 1: 100% of reports, surveys, and other deliverables will be produced by the deadlines agreed upon.

Goal 2: Provide analysis and documentation of all data collected.

Objective 2: 100% of quantitative and qualitative data collected through surveys, input sessions, focus groups, key interviews and other means will be tracked, analyzed and submitted to BHRS by deadlines agreed upon

End of Exhibit A-4

Exhibit B-4

In consideration of the services provided by Contractor described in Exhibit A-4 and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

I. PAYMENTS

A. Maximum Obligation

The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed FIVE HUNDRED FORTY-FIVE THOUSAND EIGHT HUNDRED SIXTY DOLLARS (\$545,860). 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.

B. Rates

Payments for services described in Paragraph I. of this Exhibit A-3 shall be at the rate of

1. FY 2016-2017

From September 1, 2016 through June 30, 2017, County shall pay Contractor as follow, not to exceed FIFTY THOUSAND DOLLARS (\$50,000).

Position Title	Hourly Rate
Project Sponsor	\$200
Program Associate	\$140
Research Associate	\$110

The rates above are inclusive of all personnel, fringe, materials, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While mileage expenses are built into the hourly rates, Contractor will bill half of the travel time related to project.

2. FY 2017-2018

From July 1, 2017 through June 30, 2018, County shall pay Contractor as follow, not to exceed ONE HUNDRED AND FIVE THOUSAND SIX HUNDRED SIXTY DOLLARS (\$105,660).

Position Title	Hourly Rate
Project Sponsor	\$200
Project Manager	\$160
Program Associate	\$140
Research Associate	\$110

The rates above are inclusive of all personnel, fringe, materials, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While mileage expenses are built into the hourly rates, Contractor will bill half of the travel time related to project.

3. FY 2018-2019

From July 1, 2018 through June 30, 2019, County shall pay Contractor as follows, not to exceed SIXTY THOUSAND TWO HUNDRED SIXTY DOLLARS (\$60,260).

Position Title	Hourly Rate
Project Sponsor	\$200
Project Manager	\$160
Program Associate	\$140
Research Associate	\$110

The rates above are inclusive of all personnel, fringe, materials, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While mileage expenses are built into the hourly rates, Contractor will bill half of the travel time related to project.

4. MHSA Innovation Evaluation FY 2019 - 2020

From July 1, 2019 through June 30, 2020, For Phase IV: Reporting, Paragraph B.4 of the Exhibit A-2, the County shall pay Contractor as follows, not to exceed (\$29,940)

Position Title	Hourly Rate
Project Sponsor	\$200
Project Manager	\$160
Program Associate	\$140
Research Associate	\$110

The rates above are inclusive of all personnel, fringe, materials, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While mileage expenses are built into the hourly rates, Contractor will bill half of the travel time related to project.

5. Innovation (INN) Extensions Evaluation Services

For the Innovation Extensions as described in Paragraph B.6. of Exhibit A-3, County shall pay up to a maximum of ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000).

a. FY 2019 – 2020

For FY 2019-20, the total amount County shall be obligated to pay shall not exceed \$40,060.

Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the attached budget.

b. FY 2020 - 2021

For FY 2020-2021, the total amount County shall be obligated to pay shall not exceed \$70,000.

Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the attached budget.

c. FY 2021 – 2022 (through December 31, 2021)

For FY 2021-2022, the total amount County shall be obligated to pay shall not exceed \$39,940.

Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the attached budget.

The budget per fiscal year are estimates and will be adjusted during the agreement term. In any event, the maximum amount county shall be obligated to pay for all services rendered under Exhibit A-3, Paragraph B.6. shall not exceed ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000). The rates above are inclusive of all personnel, fringe, materials, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While mileage expenses are built into the hourly rates, Contractor will bill half of the travel time related to project.

6. INN Tech Suite Evaluation Services

For the Tech Suite as described in Paragraph B.7. of Exhibit A-3, County shall pay up to a maximum of ONE HUNDRED FIFTEEN THOUSAND DOLLARS (\$115,000).

a. FY 2019 – 2020

For FY 2019-20, the total amount County shall be obligated to pay shall not exceed \$46,000.

Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the attached budget.

b. FY 2020 – 2021

For FY 2020-2021, the total amount County shall be obligated to pay shall not exceed \$46,000

Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the attached budget.

c. FY 2021 – 2022 (through December 31, 2021)

For FY 2021-2022, the total amount County shall be obligated to pay shall not exceed \$23,000.

Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the attached budget.

The budget per fiscal year are estimates and will be adjusted during the agreement term. In any event, the maximum amount county shall be obligated to pay for all services rendered under Exhibit A-3, Paragraph B.7. shall not exceed ONE HUNDRED FIFTEEN THOUSAND DOLLARS \$115,000. The rates above are inclusive of all personnel, fringe, materials, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While mileage expenses are built into the hourly rates, Contractor will bill half of the travel time related to project.

7. Technical Assistance Services –WET Three-Year Plan

From March 1, 2020 through June 30, 2020, for the Technical Assistance Services as described in Paragraph B.8. of Exhibit A-3, County shall pay Contractor as follows, not to exceed THIRTY-FIVE THOUSAND DOLLARS (\$35,000).

Position Title	Hourly Rate
CEO/Managing Director	\$250
Senior Project Manager	\$200
IT Director	\$200
Senior Program Associate	\$175
Program Associate	\$150
Research Associate	\$125

The total cost and rates above are inclusive of all personnel, fringe benefit, materials, travel, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While travel expenses are built into our hourly rates, Contractor will bill half of the travel time related to project activities. This travel time is included in the cost amount above. The hours proposed for staff on each task are estimates and will be adjusted during the course of the project, not to exceed THIRTY-FIVE THOUSAND DOLLARS (\$35,000).

- C. Modifications to the allocations in Paragraph A-3 of this Exhibit B-3 may be approved by the Chief of the Health System or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.
- D. In the event this Agreement is terminated prior to June 30, 2022, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Chief of the Health System or designee.
- E. Monthly Invoices and Payment
 - 1. Payment by County to Contractor shall be monthly. 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. Claims may be sent to:

County of San Mateo
Behavioral Health and Recovery Services
Attn: Contract Unit
2000 Alameda de Las Pulgas, suite 280
San Mateo, CA 94403
 - 2. County reserves the right to modify the description of services as the County deems necessary.
- F. Revenue and Performance

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

G. 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 4 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.

H. Claims Certification and Program Integrity

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 _____"

End of Exhibit B-4