AMENDMENT TO AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND JEFFERSON UNION HIGH SCHOOL DISTRICT

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and JEFFERSON UNION HIGH SCHOOL DISTRICT, hereinafter called "Contractor";

WITNESSETH:

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

WHEREAS, the parties entered into an Agreement on December 4, 2018 for outpatient mental health services and alcohol and other drug prevention services, for the term July 1, 2018 through June 30, 2020, in the amount of $655,180; and

WHEREAS, on July 21, 2020, our Board approved an amendment to the agreement with JUHSD adding a cost of living adjustment and extending mental health services and alcohol and other drug prevention services through June 30, 2021, increasing the amount by $404,543 to an amount not to exceed $1,059,723; and

WHEREAS, on October 1, 2020, the Chief of San Mateo County Health approved an amendment to the agreement terminating mild to moderate mental health services authorized by the Mental Health Plan September 30, 2020, with no change to the maximum amount of the agreement; and

WHEREAS, on January 25, 2021, the Chief of San Mateo County Health approved an amendment to the agreement adding technology supports for clients and family members, increasing the amount by $4,437 to an amount not to exceed $1,064,160, with no change to the agreement term.

WHEREAS, the parties wish to amend the agreement to provide additional mental health services, increasing the amount of the agreement by $75,000 to $1,139,160, with no change to the agreement term.

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

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

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A4," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B4." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed ONE MILLION ONE HUNDRED THIRTY-NINE THOUSAND ONE HUNDRED SIXTY DOLLARS ($1,139,160).

2. Exhibit A3 is hereby deleted and replaced with Exhibit A4 attached hereto.

3. Exhibit B3 is hereby deleted and replaced with Exhibit B4 attached hereto.

4. All other terms and conditions of the agreement dated December 4, 2018, between the County and Contractor shall remain in full force and effect.

*** SIGNATURE PAGE TO FOLLOW ***

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

COUNTY OF SAN MATEO

By:_____
President, Board of Supervisors
San Mateo County

Date:_____

ATTEST:

By: _____
Clerk of Said Board

JEFFERSON UNION HIGH SCHOOL DISTRICT

_____
Contractor's Signature

Date:_____

EXHIBIT A4 – SERVICES
JEFFERSON UNION HIGH SCHOOL DISTRICT
FY 2018 – 2021

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

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

A. Mental Health Services – System of Care

In full consideration of the payments herein provided for, Contractor shall provide the services described below in a manner consistent with the terms and provisions of this Agreement.

1. Contractor shall provide mental health services to youth at Daly City Youth Health Center (DCYHC) and Jefferson Union High School District school campuses. These services shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, rules and regulations, including quality assurance requirements of the Short-Doyle/Medi-Cal Program. Services shall include the following:

a. Assessment - Assessment services include clinical analysis of the history and current status of the client's mental, emotional or behavioral condition.

b. Individual Therapy - Individual Therapy are those therapeutic interventions consistent with the client's goals that focus primarily on symptom reduction as a means to improve functional impairments. Individual Therapy is usually delivered to an individual but may include family or significant support persons when the individual is present, but the focus of work is on the client and not on the family system.

c. Group Therapy - Group Therapy are those therapeutic interventions for more than one client that focuses primarily on symptom reduction as a means to improve functional impairments. It may include group family therapy when families of two or more clients are present, and the client is not present.

d. Collateral Services and Family Counseling/Therapy - Collateral Services consists of contact with one or more family members and/or significant support persons (when the client is not present) which may include consultation and training to assist in better utilization of services and understanding

mental illness. Collateral services include, but are not limited to, helping significant support persons to understand and accept the client's condition and involving them in service planning and implementation of service plan(s).

e. Crisis Intervention - Crisis Intervention is a service, lasting less than twenty-four (24) hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit.

f. Case Management/Brokerage - Case Management Services are activities that are provided by Contractor's staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed services for eligible clients. Services may include the following:

- Client Centered Interagency Collaboration

- Program-Related Interagency Collaboration

g. Rehabilitation Services (e.g. daily living skills) - Rehabilitative Services may include any or all of the following: Assistance in improving, restoring or maintaining a client's functional skills, daily living skills, social skills, leisure skills, grooming and personal hygiene skills, medication compliance, and access to support resources.

2. For FY 2018-19 Contractor shall provide up to sixty-one thousand eight hundred thirty-five (61,835) minutes of service. One (1) unit equals one (1) minute of mental health service.

   For FY 2019-20 Contractor shall provide up to sixty-one thousand eight hundred thirty-five (61,835) minutes of service. One (1) unit equals one (1) minute of mental health service.

   For FY 2020-21 Contractor shall provide up to sixty-one thousand eight hundred thirty-five (61,835) minutes of service. One (1) unit equals one (1) minute of mental health service.

3. Contractor shall serve approximately sixty (60) unduplicated clients.

4. Mental health services rendered shall be under the supervision of the Behavioral Health and Recovery Services (BHRS) Deputy Director for Child and Youth Services, who may specify the kind, quality, and amount of the services and criteria, other than those set forth herein, for determining the persons to be served.

5. Contractor shall participate in state mandated outcome measurement collection.

6. Contractor will maintain efforts to involve parents or other caregivers in the development and carrying out of intervention plans involving their children.

B. Mental Health Services (Authorized by the MHP) July 1, 2018 – September 30, 2020

For the term July 1, 2018 through September 30, 2020, Contractor shall provide mental health services to clients under the San Mateo County Mental Health Plan (MHP). These services shall be provided to Medi-Cal eligible beneficiaries, clients who are covered by the Healthy Kids Programs, client caregivers who are covered by HealthWorx, clients who are covered by the Health Plan of San Mateo CareAdvantage program for Medicare, and clients known to be indigent, for whom the MHP has assumed responsibility. It is the Contractor's responsibility to ensure that the client is eligible at the time services are provided.

All clients shall be preauthorized for service by the Behavioral Health & Recovery Services (BHRS) Division's Access Call Center. Separate authorizations shall be required for assessment and ongoing treatment services.

1. Mental Health Services shall be provided by licensed, waivered or registered mental health staff and shall include the following:

   a. Assessment Services, Face-to-Face – CPT Code 90791

      Assessment services include clinical analysis of history and current status of client's mental, emotional or behavioral condition.

2. Treatment Services, Face-to-Face (non-MD)

   a. Individual Therapy - CPT Code 90832, 90834, 90837
   Individual therapy is therapeutic intervention consistent with client goals that focus primarily on symptom reduction as a means to improve functional impairments. Individual therapy is delivered to an individual but may include family or significant support persons when the individual is present, but the focus of work is on the client and not the family system.

   b. Family Therapy - CPT Code 90846, 90847
   Family therapy is not a Medi-Cal covered benefit, according to California Code of Regulations, Title 22, TAR and Non-

Benefit List. On a medically necessary basis Health Plan San Mateo (HPSM) may allow a limited number of family therapy sessions to support care for minor children or transition-aged youth. In these cases, HSPM will only authorize up to 5 family therapy sessions per treatment request to address a specifically stated clinical need, in conjunction with the child's individual treatment.

Family therapy is contact with the client and one or more family members and /or significant support persons. Services shall focus on the care and management of the client's mental health conditions within the family system.

c. Group Therapy - CPT Code 90853
Group therapy is therapeutic intervention for more than one client that focuses primarily on symptom reduction as a means to improve functional impairments. It may include group family therapy when families of two or more clients are present, and the client is not present.

d. Collateral – CPT Code 90887
Collateral Services consists of contact with one or more family members and/or significant support persons (when the client is not present) which may include consultation and training to assist in better utilization of services and understanding mental illness. Collateral services include, but are not limited to, helping significant support persons to understand and accept the client's condition and involving them in service planning and implementation of service plan(s).

e. Clinical Consultation – CPT Code 99442
Clinical Consultation is the deliberation of two or more mental health professionals, or between a mental health professional and other support persons, with respect to the diagnosis or treatment regarding a client.

3. Psychological Testing Services, Face-to-Face: if applicable

A contractor who accepts a referral for outpatient psychological or neuropsychological testing shall begin such testing within 5 working days of the referral. The MHP requires of the contractor to submit a comprehensive written summary of test results. This summary shall be sent to MHP in a timely manner, if not sent earlier, it must accompany the claim or payment will be denied. Summary goes to:

Access Call Center
Attn: T. J. Fan, PhD.
Fax: (650) 596-8065

C. Technology Supports for Clients

Through the Mental Health Service Act (MHSA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, BHRS has secured funding to provide technology supports (devices and data plans) for clients and family members of clients that would benefit from telehealth and/or other behavioral health services, but do not have the resources to purchase the technology they need.

BHRS selected a federally-subsidized program, T-Mobile For Government, that offers a low-cost data plan (internet service) along with free refurbished phones/tablets. Given the limited resources, this benefit should be prioritized for clients and families most in need and who are unable to take advantage of other low-cost and/or income-based technology supports.

1. Services

   a. Through CARES Act funding, BHRS purchased fifteen (15) tablets for Contractor to support client participation in services. T-Mobile will mail the tablets directly to Contractor; Contractor will distribute the tablets in accordance with the guidance set forth in this agreement.

   b. For MHSA One-Time funding, Contractor will contact the T-Mobile For Government representative directly to procure additional devices and data plans needed for clients. MHSA One-Time funding can be used to purchase phones and tablets; and/or purchase headphones, screen protectors, device covers, and/or other device accessories as needed to support client participation in services. See Attachment T – Frequently Asked Questions (FAQ) for contact information and other information about the T-Mobile For Government program.

   c. Contractor will develop a screening or process to allocate the devices to clients and families most in need and who are unable to take advantage of other low-cost and/or income-based technology services.

   d. Contractor will develop a user agreement for clients to support safety and accountability while using the devices. See Attachment U – Sample Device User Agreement and Waiver.

2. Reporting Activities

a. As a condition of accepting the CARES Act funded tablets, Contractor is required to submit monthly Tracking Logs, see Attachment V - Technology Supports – Monthly Reporting Form. Contractor shall report the following:

ii. Client(s) name receiving tablet for participation in services.

iii. Number of devices used to support client services on-site (for example, a shared tablet at residential facility to facilitate group sessions, field services, etc.); including the following information:

(1) location/site;
(2) service provided using the device(s); and
(3) number of clients served.

b. For MHSA One-Time funding, Contractor will submit the monthly Tracking Logs, see Attachment V - Technology Supports – Monthly Reporting Form along with invoices for reimbursement:

i. Total number of phones and total number of tablets ordered.

ii. Detail other device accessories purchased to support client participation in services.

iii. Client(s) name and device (phone/tablet) and/or accessories received.

iv. Number of devices used to support client services on-site (for example, a shared tablet at residential facility or lobby, to facilitate group sessions, field services, etc.); including the following information:

(1) location/site;
(2) service provided using the device(s); and
(3) number of clients served.

D. Prevention Education and Collaboration

1. Through collaboration with the Pacifica Prevention Partnership and the Japanese Community Youth Council, Contractor will conduct the following AOD prevention activities as outlined below. Contractor shall complete activities as outlined in Attachment A and A4.

a. Community Education

i. Attend national, state and local conferences/trainings to learn evidence-based best practices for ATOD education.

ii. Update template education presentation/curriculum as needed.

iii. Conduct outreach to at least thirty (30) organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Clubs, churches, community-based organizations, and YMCAs to conduct ATOD education presentations.

iv. Conduct sixty-four (64) ATOD prevention education presentations.

b. Merchant Education

i. Research existing merchant education strategies.

ii. Develop or adapt sting survey protocol to assess youth access rates to AOD.

iii. Partner with law enforcement agencies to conduct youth access stings surveys.

iv. Meet with Better Business Bureau(s), chambers of commerce, business organizations, etc. to strategize best methods to conduct education of retail staff members. (alcohol)

v. Disseminate merchant education packets to at least two hundred (200) retailers.

vi. Develop or adapt educational materials to needs of local jurisdiction around cannabis education.

vii. Conduct or adapt educational materials to needs of local jurisdiction around cannabis education.

c. Media Education – Implement media education campaign to complement community education messages.

d. Policy Advocacy

i. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of AOD. (cannabis, alcohol)

ii. Develop AOD prevention policy templates. (cannabis, alcohol)

iii. Meet with at least ten (10) local policymakers to educate about the impacts of cannabis and gauge interest in policy options. (15 cannabis, 5 alcohol)

iv. Provide information and technical assistance to policy makers as needed.

v. Provide training to coalition members about policy advocacy strategies to minimize the impact of AOD.

vi. Coordinate community input into local policy processes.

vii. Identify potential kiosk locations (such as pharmacies and police departments) for drug disposal program.

viii. Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk for drug disposal program.

ix. Connect interested locations with Environmental Health to discuss next steps for kiosk installation.

e. Overarching Activities

i. Coordinate a hallmark event to highlight AOD prevention program activities.

ii. Conduct at least monthly meetings with the youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning.

iii. Youth in the program will engage in AOD-prevention related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.

iv. Meet with AOD contract monitor in person or by phone at least monthly to provide updates and seek assistance.

v. Input data into statewide database by the fifth (5th) of the month.

vi. Conduct administrative functions which will be measured through the annual site visit.

vii. Attend monthly countywide meetings to coordinate AOD prevention strategies.

f. Social Determinants of Health

i. Develop a report to justify addressing at least one SDOH in your community.

ii. Attend community meetings to build your organization's capacity to address the SDOH.

iii. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community.

g. Contractor shall complete monthly and annual deliverables as described in Attachment A and A4.

II. ADMINISTRATIVE REQUIREMENTS

A. 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 Behavioral Health and Recovery Services (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. Referring Individuals to Psychiatrist

Contractor will have written procedures for referring individuals to a psychiatrist or physician when necessary, if a psychiatrist is not available.

3. Medication Support Services

For Contractors that provide or store medications: Contractor will store and dispense medications in compliance with all pertinent state and federal standards. Policies and procedures must be in place for dispensing, administering and storing medications consistent with BHRS Policy 99-03, Medication Room Management and BHRS Policy 04-08 Medication Monitoring located at www.smchealth.org/bhrs-documents. In particular:

a. Medications are logged in, verified, counted and added to inventory sheets.

b. All medications obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.

c. Medications intended for external use only are stored separately from medications intended for internal use; food and blood samples are stored in separate refrigerators.

d. All medications are stored at proper temperatures: room temperature drugs at 59-86 degrees Fahrenheit and refrigerated drugs at 36-46 degrees Fahrenheit.

e. Medications are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.

f. Medications are disposed of after the expiration date and recorded.

g. Injectable multi-dose vials are dated and initialed when opened.

h. A medications log is maintained to ensure that expired, contaminated, deteriorated and abandoned medications are disposed in a manner consistent with state and federal laws.

i. "Stock" medications that are not prescribed by the client's physician may not be used (for example, Tylenol).

4. Record Retention

Paragraph 15 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.

5. 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 Policies & Documentation Manuals (as defined in Paragraph II. of this Exhibit). 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) 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.

Substance Use provider services shall be in compliance with the Alcohol and Other Drug Services Provider Handbook which is located online at http://www.smchealth.org/bhrs/aod/handbook.

Managed Care providers shall document services in accordance with the BHRS Managed Care Provider Manual: located online at https://www.smchealth.org/sites/main/files/file-attachments/msomanual_2.26.18.pdf. Managed Care Providers will utilize documentation forms located at http://www.smchealth.org/bhrs/contracts.

6. 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.

7. Client Rights and Satisfaction Surveys

a. Administering Satisfaction Surveys

Contractor agrees to 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.

8. Beneficiary Brochure and Provider Lists

Contractor must provide Medi-Cal beneficiaries new to BHRS with a beneficiary brochure at the time of their first mental health service from the Contractor. Contractors are required to be aware of and make available to BHRS Medi-Cal clients all mandatory postings listed at this website http://www.smchealth.org/bhrs/providers/mandpost.

9. Licensing Reports

Contractor shall submit a copy of any licensing complaint or corrective report issued by a licensing agency to BHRS Quality Management, BHRS Deputy Director of Youth Services, BHRS Deputy Director of Adult and Older Adult Services, or the Manager

of SU Services or their designee, within ten (10) business days of Contractor's receipt of any such licensing report.

10. 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:

i. 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;

ii. 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

iii. 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.

11. 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, MediCal, Medicare, or Drug MediCal.

b. Contractor is required to inform BHRS Quality Management, in advance, of the following major changes:

i. Major leadership or staffing changes.
ii. Major organizational and/or corporate structure changes (example: conversion to non-profit status).
iii. Any changes in the types of services being provided at that location; day treatment or medication support services when medications are administered or dispensed from the provider site.
iv. Significant changes in the physical plant of the provider site (some physical plant changes could require a new fire or zoning clearance).
v. Change of ownership or location.
vi. Complaints regarding the provider.

12. Critical Incident Reporting

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

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

13. Ineligible Employees

Behavioral Health and Recovery Services (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 clients 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/sites/main/files/file-attachments/19-08_credentialing_re-credentialing_tech_edit_1-9-20_sig_on_file_pdf_web.pdf?1578608441. 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 A – Agency/Group Credentialing Information will be included in the contract packet. Contractor must complete Attachment A and return it along with all other contract forms.

b. Credentialing Check – Monthly

Contractor will complete Attachment A – Agency/Group Credentialing Information each month and submit the completed form to BHRS Quality Management via email at: HS_BHRS_QM@smcgov.org or via a secure electronic format.

14. 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 clients. Contractor may utilize BHRS Confidentiality trainings located at http://smchealth.org/bhrs/providers/ontrain.

15. Fingerprint Compliance

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

16. 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.

17. Minimum Staffing Requirements

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 agrees to 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.

B. Cultural Competency

Implementations of these guidelines are based on the National Culturally and Linguistically Accessible Services (CLAS) Standards issued by the Department of Health and Human Services. For more information about these standards, please contact the Office of Diversity & Equity (ODE) at 650- 573-2714 or ode@smcgov.org.

1. Contractor will submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of clients, families and the workforce. This plan will be submitted to the BHRS Analyst/Program Manager and the Office of Diversity & Equity (ODE) by September 1st of the fiscal year.

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

   a. Implementation of policies and practices that are related to promoting diversity and cultural competence, such as ongoing organizational assessments on disparities and needs, client's rights to receive language assistance.

   b. Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee, grievance, or conflict resolution committee).

   c. Ongoing collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation in health records to improve service provision and help in planning and implementing CLAS standards.

   d. Staffing objectives that reflect the cultural and linguistic diversity of the clients. (Contractor will recruit, hire and retain clinical staff members who can provide services in a culturally and linguistically appropriate manner.)

   e. Contractor will ensure that all program staff receive at least 8 hours of external training per year (i.e. sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services including the CLAS and use of interpreters.

2. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend 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/Program Manager 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.

   Should Contractor be unable to comply with the cultural competence requirements, Contractor will meet with the BHRS Analyst/Program Manager and ODE (ode@smcgov.org) to plan for appropriate technical assistance.

C. Availability and Accessibility of Service

Contractor shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees, if the Contractor also serves enrollees of a commercial plan, or that are comparable to the hours the Contractor makes available for Medi-Cal services that are not covered by the County or another Mental Health Plan, if the Contractor serves only Medi-Cal clients.

III. GOALS AND OBJECTIVES

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

Mental Health Services

Goal 1: Contractor shall avoid more intensive levels of mental health services for clients.

Objective 1: No more than five percent (5%) of cases treated by Contractor shall be admitted to a psychiatric emergency service unit between the time of intake and a year after intake

Data to be collected by Contractor.

Goal 2: To enhance clients' and parents' or other caregivers' satisfaction with the services provided.

Objective 1: At least ninety percent (90%) of respondents will agree or strongly agree that they are satisfied with services received.

Data to be collected by County in collaboration with Contractor.

Objective 2: At least seventy-five percent (75%) of respondents will agree or strongly agree that the client is better at handling daily life.

Data to be collected by County in collaboration with Contractor.

Mental Health Services (authorized by MHP)

Goal 1: Contractor shall avoid more intensive levels of mental health services for clients.

Objective 1: No more than five percent (5%) of cases treated by Contractor shall be admitted to a psychiatric Emergency service unit between the time of the Intake and a year after the intake.

Data to be collected by County.

Goal 2: All clients received at least three (3) treatment services shall be administered a client satisfaction survey provided by the MHP.

Objective 1: Ninety percent (90%) of clients served shall be satisfied with services as measure by client. Satisfaction survey administered by the MHP.

Data to be collected by County in collaboration with Contractor.

Prevention Education and Collaboration

Goal 1: Increase community awareness and education of the harms of alcohol and other drug use.

Objective: Ninety percent (90%) of identified activities and deliverables will be completed annually as referenced in Attachment A1 and B1.

*** END OF EXHIBIT A4 ***

EXHIBIT B4 – PAYMENTS AND RATES
JEFFERSON UNION HIGH SCHOOL DISTRICT
FY 2018 – 2021

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

I. PAYMENTS

In full consideration of the services provided by Contractor under this Agreement and subject to the provisions of Paragraph 4 of this Agreement, County shall pay Contractor in the manner described below:

A. Maximum Obligation

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

In any event, the maximum amount county shall be obligated to pay for all services rendered under this contract shall not exceed ONE MILLION ONE HUNDRED THIRTY-NINE THOUSAND ONE HUNDRED SIXTY DOLLARS ($1,139,160).

The maximum amount for each fiscal year is as follows:

FY 2018-19	$340,040
FY 2019-20	$354,054
FY 2020-21	$445,066
Total	$1,139,160

B. Mental Health Services – System of Care

Contractor shall be paid a maximum of FIVE HUNDRED TWENTY THOUSAND EIGHT HUNDRED EIGHTY-NINE DOLLARS ($520,889) for the term of the agreement.

1. For the term July 1, 2018 through June 30, 2019, County shall pay Contractor services as described in Paragraph I.A. at a rate of TWO DOLLARS AND THIRTY-ONE CENTS ($2.31) per minute, not to exceed sixty-one thousand eight hundred thirty-five (61,835) minutes, for a total of ON HUNDRED FORTY-TWO THOUSAND EIGHT HUNDRED FORTY DOLLARS ($142,840).

2. For the term July 1, 2019 through June 30, 2020, County shall pay Contractor services as described in Paragraph I.A. at a rate of TWO DOLLARS AND FORTY CENTS ($2.40) per minute, not to exceed sixty-one thousand eight hundred thirty-five (61,835) minutes, for a total of ONE HUNDRED FORTY-EIGHT THOUSAND FIVE HUNDRED FIFTY-FOUR DOLLARS ($148,554).

3. For the term July 1, 2020 through June 30, 2021, County shall pay Contractor services as described in Paragraph I.A. at a rate of TWO DOLLARS AND FIFTY CENTS ($2.50) per minute, not to exceed sixty-one thousand eight hundred thirty-five (61,835) minutes, for a total of TWO HUNDRED TWENTY-NINE THOUSAND FOUR HUNDRED NINETY-SIX DOLLARS ($229,496).

C. Mental Health Services (Authorized by MHP) July 1, 2018 – September 30, 2020

For the term July 1, 2018 through September 30, 2020, Contractor shall be paid a maximum of SEVENTY-FIVE THOUSAND DOLLARS ($75,000) for the term of the agreement, for services described in Section I.B. of this Exhibit A4.

1. County rates for reimbursement are based on the Centers for Medicaid and Medicare Services (CMS) rate schedule and are subject to change. The CMS rate schedule is located at: https://www.cms.gov/apps/physician-fee-schedule/license-agreement.aspx and is incorporated into this agreement by reference herein. County shall not pay or be obligated to pay more than the amounts for each component of service required under this agreement listed on the CMS rate schedule.

2. Specialty rates

Specialty rates are for services/rates that are not covered by MediCal that the County has agreed to cover. Specialty rates included in the Agreement are:

a. Collateral Services
CPT Code 90887 - $59.00 flat rate
As defined in Exhibit A4.I.B.2.d.

b. Clinical Consultation
CPT Code 99442 - $12.00 flat rate
As defined in Exhibit A4.I.B.2.e.

c. No Show
Code N0000 - $20 flat rate

A No Show is defined as: failure of client to appear for or cancel an appointment within 24 hours of the scheduled time, documented in chart at time of appointment, verifiable in retrospective audit. No Show limit is 2 per client within the first authorization period.

Spanish, Tagalog and American Sign Language receive a differential of $10.00. Other languages can be requested on a case-by-case basis and will be determined by the ACCESS Team at the time of authorization.

3. Beneficiaries

Contractor shall be compensated for services provided to the beneficiaries listed below when the Mental Health Plan (MHP) authorizes such services.

a. San Mateo County Medi-Cal beneficiaries, who are Medi-Cal eligible at the time of referral and authorization;

b. Clients who are covered by the Healthy Kids programs, a county insurance program for low-income children;

c. Client caregivers who are covered by HealthWorx, a state insurance program for direct in-home supportive services workers;

d. Clients that are covered by the Health Plan of San Mateo Care Advantage/Cal MediConnect program for Medicare beneficiaries; and

e. Clients known to be uninsured for whom the MHP has assumed responsibility.

The MHP will refer and authorize services on a case-by-case basis.

4. Claims

a. Contractor shall obtain and complete HICF 1500 claim form for outpatient services, or UB 04 claim form for inpatient services rendered to beneficiaries and authorized by MHP.

b. Contractor shall obtain a signed Assignment of Benefits (AOB) form from any dually (insurance and Medi-Cal) insured client; claims shall not be processed without an attached AOB. County reserves the right to withhold payment until a completed AOB is submitted.

c. Contractor shall send all claims, along with evidence of authorization, to the MHP within one hundred eighty (180) days from service date. Claims that are received 180 days or more after the date of service are considered to be late claims and will be denied by County. Send all claims to:

County of San Mateo
Behavioral Health and Recovery Services
Attn: Provider Billing
2000 Alameda De Las Pulgas, Suite 280
San Mateo, CA 94403

5. Member Liability

Unless beneficiary has other health insurance coverage under Medicare, Kaiser, Blue Cross/Blue Shield, or a known insurance carrier or health plan, Contractor shall look only to the County for compensation for services provided through this agreement and, with the exception of applicable co-payments levied from a third-party insurer, shall at no time seek compensation from beneficiary. County is not responsible for co-payments levied by third party insurers and shall not accept submission of claims for co-payments.

D. Technology Supports for Clients

Contractor shall be paid a maximum obligation of FOUR THOUSAND FOUR HUNDRED THIRTY-SEVEN DOLLARS ($4,437) for Technology Supports for Clients as described in Exhibit A4 Section C. of this Agreement.

1. *Contractor shall submit the corresponding Attachment V Reporting Form for the technology support of tablets, funded by the CARES Act.* Contractor's reporting shall include monthly tracking logs as described in Exhibit A4 – Reporting Activities.

2. Contractor shall be paid a total of FOUR THOUSAND FOUR HUNDRED THIRTY-SEVEN DOLLARS ($4,437), MHSA One-Time funding for technology supports for clients (phones, tablets, and/or device accessories). Contractor shall submit the corresponding Attachment V Reporting Form. Contractor's reporting shall include monthly tracking logs as described in Exhibit A4 – Reporting Activities, along with their monthly invoice for reimbursement

E. Prevention Education and Collaboration

Contractor shall be paid a total of FIVE HUNDRED THIRTY-EIGHT THOUSAND EIGHT HUNDRED THIRTY-THREE DOLLARS ($538,833) for the term of the agreement. Contractor shall be reimbursed based upon completion of activities as described in Attachment B and B4 – Deliverables Payment.

1. For the term July 1, 2018 through June 30, 2019, Contractor shall be paid up to ONE HUNDRED SEVENTY-TWO THOUSAND TWO HUNDRED DOLLARS ($172,200), based upon completion of activities.

2. For the term July 1, 2019 through June 30, 2020, Contractor shall be paid up to ON HUNDRED EIGHTY THOUSAND FIVE HUNDRED DOLLARS ($180,500), based upon completion of activities.

3. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid up to ONE HUNDRED EIGHTY-SIX THOUSAND ONE HUNDRED THIRTY-THREE DOLLARS ($186,133), based upon completion of activities

4. Performance Requirements

   Contractor will invoice for completed activities based on Price per Event costs outlined in Attachment B and B4 – Deliverable Payments. Adequate supporting documents will be submitted as stipulated in the Documents column of Attachment A and A4 – Deliverable Options. County and Contractor agree, in the event that Contractor fails to complete the deliverables as described in Attachment B and B4 – Deliverables Payment to the satisfaction of the County, Contractor shall invoice monthly for deliverables completed during the previous month.

5. Funding is contingent upon availability of funds for AOD prevention and upon Contractor's satisfactory progress on the contracted service deliverables as described in the approved Attachment B and B4 –Deliverables Payment.

   a. Contractor will provide the deliverables described in the approved Activities column.

   b. Contractor will review the Major Activities/deliverables completed in the Work Plan with the BHRS AOD Analyst on a quarterly basis. Any incomplete Major Activities may result in a corrective action plan, or may result in the delay or withholding of future payments

c. If it is determined that the Contractor has not met the Major Activities deliverables by the expected Completion Dates, County may issue a corrective action plan for unmet deliverables. Failure to adhere to the corrective action plan may result in the delay or withholding of future payments, or Contractor reimbursing the County for the contract value of any and all unmet Major Activity deliverables.

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

F. Modifications to the allocations in Paragraph A of this Exhibit B4 may be approved by the Chief of San Mateo County Health or designee, subject to the maximum amount set forth in Paragraph 4 of this Agreement.

G. 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.

H. 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.

I. In the event this Agreement is terminated prior to June 30, 2021, 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 San Mateo County Health or designee.

J. 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.

K. 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).

L. At any point during the Agreement term, Contractor shall comply with all reasonable requests by County to provide a report accounting for the Grant Funds distributed by the County to the Contractor to-date.

M. Monthly Invoice and Payment

1. Contractor shall bill County on or before the tenth (10th) working day of each month following the provision of services for the prior month. The invoice shall clearly summarize direct and indirect services (if applicable) for which claim is made.

   a. Direct Services/Claims

      Completed Service Reporting Forms or an electronic services file 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. The electronic services file shall be in the County approved Avatar record format.

   b. Indirect Services/Claims

      Indirect services (services that are not claimable on the Service Reporting Form or electronically) shall be claimed on the invoice and shall be billed according to the guidelines specified in the contract.

2. 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 for Mental Health Services may be sent to:

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

   Claims for AOD Prevention Education and Collaboration may be sent to:

   County of San Mateo
   Behavioral Health and Recovery Services

BHRS – AOD Program Analyst/Stella Chau
310 Harbor Blvd., Bldg. E
Belmont, CA 94002

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

O. 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.

P. 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 Quality Improvement Manager of San Mateo County BHRS.

Q. 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.

R. Election of Third Party Billing Process

Contractor shall select an option for participating in serial billing of third-party payors for services provided through this Agreement through the completion of Attachment C – Election of Third Party Billing Process. The completed Attachment C shall be returned to the County with the signed Agreement. Based upon the option selected by the Contractor the appropriate following language shall be in effect for this Agreement.

1. Option One

a. Contractor shall bill all eligible third-party payors financially responsible for a beneficiary's health care services that Contractor provides through this Agreement. Within ten (10) days of the end of each month, Contractor shall provide to County copies of the Explanation of Benefits or other remittance advice for every third-party payment and/or denial of such third-party payments for services provided by Contractor during such month. The amount of any such third-party payment shall be deducted from the total actual costs for all services rendered by Contractor as reflected on the Cost Report as defined in Paragraph S of this Exhibit B4. County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third-party payor, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement, through the Cost Report reconciliation.

b. Contractor shall provide a copy of each completed Payor Financial Form (Attachment D) and subsequent annual updates for all clients who receive services through this Agreement. For clients who begin to receive services during the term of this Agreement, completed Payor Financial Forms shall be provided to the County with client registration forms. For clients who were receiving services prior to the start date of this Agreement and who continue to receive services through this Agreement, completed Payor Financial Forms are due within ten (10) days of the end of the first month of the Agreement.

2. Option Two

a. Contractor shall provide information to County so that County may bill applicable other third-parties before billing Medi-Cal for services provided by Contractor through this Agreement. The amount of any such third-party payment shall be deducted from the total actual costs for all services rendered by Contractor as reflected on the Cost Report as defined in Paragraph S of this Exhibit B4. County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third party payor, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement through the Cost Report reconciliation.

b. Contractor shall provide a copy of the completed Payor Financial Form (Attachment D) and subsequent annual updates for all clients who receive services through this agreement. For clients who begin to receive services during the term of this Agreement, completed Payor Financial Forms shall be provided to the County with client registration forms. For clients who were receiving services prior to the start date of this Agreement and who continue to receive services through this Agreement, completed Payor Financial Forms are due within ten (10) days of the end of the first month of the Agreement.

S. 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 except to collect other health insurance coverage, share of cost and co-payments. 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.

T. Cost Report/Unspent Funds

1. Contractor shall submit to County a year-end cost report no later than ninety (90) days after the end of the fiscal year. Cost reports shall include accounting for all services provided through the Agreement for each applicable period, and separate accountings for 1) FSP services, 2) one-time expenditures, and 3) flexible funds, as applicable. Cost reports shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. 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 Cost Report.

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

2. If the annual Cost Report 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, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the BHRS Director or designee. By mutual agreement of County and Contractor, contract savings or "unspent funds" may be retained by Contractor and expended the following year, provided that these funds are expended for SUD services approved by County and are retained in accordance with the following procedures.

a. Contractor shall submit a summary calculation of any savings ninety (90) days after end of the fiscal year. The summary calculation will be a separate report from the year-end cost report. With the summary calculation Contractor shall return the amount of the savings.

b. At the time of the submission of the summary calculation Contractor may request to rollover some or all of any savings. The request must be made in writing to the BHRS Director or designee. The request shall identify specifically how the rollover funds will be spent, including a detailed budget. Savings shall not be spent until Contractor receives a written approval of the request. Approved rollover funds shall be spent only for the succeeding fiscal year and only for the specific purpose(s) requested and approved.

c. Contractor shall submit an accounting report of the rollover savings. This report shall include copies of the detailed expenses. The report is due ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

d. If the specific purpose is not yet complete as of the end of the succeeding fiscal year, contractor may request to rollover the unspent funds to the succeeding second fiscal year by submitting a written request with the accounting report. The unspent rollover funds shall not be spent until the request is approved by the BHRS Director or designee.

e. A final accounting of the rollover funds shall be submitted ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the second fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

U. 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 A4 of this Agreement, Contractor shall certify by signature that the claim is true and accurate by stating the claim is submitted under the penalty of perjury under the laws of the State of California.

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

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

   Executed at _____ California, on _____20___

   Signed _____ Title _____

   Agency _____ "

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 A4 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 client plan was developed and maintained for the beneficiary that met all client 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.A.4. of Exhibit A4 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 client. 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 B4 ***

ATTACHMENT A – DELIVERABLE OPTIONS
JEFFERSON UNION HIGH SCHOOL DISTRICT/PACIFICA PREVENTION PARTNERSHIP
FY 2018 – 2020

A. Community Education	Documentation Required
Attend national, state, regional, and local conferences/trainings to learn evidence-based best practices for ATOD community education. Who should attend: • Program coordinator • Program director • Someone who will be directly involved in program delivery	• Certificate(s) of completion • Registration confirmation
Work with community partners to update education curricula.	• Copy of curricula
Conduct outreach to at least 30 organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Club, churches, community-based organizations, and YMCA to conduct education presentation.	• List of organizations contacted • Outreach plan with list of organizations, dates, and outcomes of outreach
Community presentations	• Sign in sheets that show date, location, topic, participants
B. Merchant Education	**Documentation Required**
Research existing merchant education strategies used in other communities (CO, WA, OR) for cannabis merchant education.	• Copies of merchant education materials reviewed
Develop or adapt existing sting survey protocol to assess youth access rates to alcohol.	• Copy of sting survey protocol
Partner with law enforcement agencies to conduct youth access sting surveys in at least 3 communities.	• Sting survey training agenda with date, location • Sign-in sheet of participants • Outcomes of activity (news story, press release)
Meet with Better Business Bureau(s), chambers of commerce, business organizations, etc. to strategize best methods to conduct education of retail staff members. (alcohol)	• Meeting notes including information on contact people, date, location, and meeting topics
Disseminate merchant education packets to at least 200 alcohol retailers	• List of retailers receiving education packets

Develop or adapt educational materials to needs of local jurisdiction around cannabis education.	• Copy of education material developed or adapted
Conduct outreach to each cannabis retailer in San Mateo County and distribute education packets.	• List of retailers reached through outreach
C. Media Education	**Documentation Required**
Implement media education campaign to complement community education messages.	• Copy of social media post • Copy of placed other media messages/ads
D. Policy Advocacy	**Documentation Required**
Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of AOD.	• Articles about policy initiatives • Policy language
Develop at least AOD prevention policy templates.	• Copy of policy template
Meet with local policymakers to educate about the impacts of AOD and to gauge interest in considering policy options.	• List of policymakers, dates, topics discussed, and outcomes of contact
Provide information and technical assistance as needed to policy makers.	• Log of technical assistance provided with date, name, topic and outcome of TA provided
Provide training to coalition members about policy advocacy strategies to minimize the impact of AOD.	• Training agenda with date, subject, and topics addressed • Sign in sheet
Coordinate community input into local policy processes.	• Copy of communications to coordinate input • Training agendas as appropriate • Talking points developed for/by participants
Opioids: Identify potential kiosk locations (such as pharmacies and police departments).	• List of feasible names and addresses of potential medication takeback kiosks, not to include locations with existing program
Opioids: Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk.	• Meetings notes to include name, address, contact person, and outcomes of meetings
Opioids: Connect interested locations with Environmental Health to discuss next steps for kiosk installation.	• Communications with EHS, and • Documentation of installation of kiosks (news releases, pictures)

E. Overarching	Documentation Required
Hallmark event	• Event publicity flyer • Pictures • Event program
Conduct at least monthly meetings with youth program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning.	• Meeting agenda with dates, topics and • Meeting outcomes
Each youth in the program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.	• Documentation of activity conducted by program participants (parents/youth)
Meet with AOD contract monitor in person or by phone monthly to provide updates or seek assistance	• Appointment schedule-calendar with date and time • Meeting notes
Input into statewide database by the 5th of the month • Detailed • Clear • Specific • Relevant	• Submission confirmation-with screen shot or document (dated)
Administrative functions which will be measured through the annual site visit: Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full $5,000; Option 2: If CAPs are needed, CAPs will be submitted within 30 days of receipt of site visit outcomes (pays $2,500); AND completion of CAP activities within 60 days (or within timeline negotiated with contract monitor) pays $2,500.	• Copy of completed site visit report • Evidence of completion of CAPs, if appropriate
Attend monthly countywide meetings to coordinate AOD prevention strategies.	• Meeting agenda

F. SDOH	Documentation Required
Develop a report to justify addressing at least one SDOH in your community.	• Copy of report
Attend community meetings to build your organization's capacity to address the SDOH.	• Meeting agenda • Meeting minutes with list of participants present
Advocate for community and/or policy makers to address the SDOH in order to minimize AOD use in your community.	• Documentation of advocacy (picture of meeting with policymaker, meeting notes, etc.)

ATTACHMENT A4 – DELIVERABLE DOCUMENTATION
JUHSD
FY 2018 – 2021

All documentation should be submitted through the online Sharepoint program, by the 5th of month, with the indicated deliverable number.

Community Education	Documentation Required
Deliverable Number 1. Attend local, regional, state and national conferences/trainings to learn evidence-based best practices for ATOD community education. Trainings attended should be approved by contract monitor. Policy trainings cannot be claimed if included in ATOD-specific trainings claimed by contractor. Who should attend: • Program coordinator • Program director • Someone who will be directly involved in program delivery • Maximum 2 attendees per training	Submit at least 2 of the following for each participant: • Certificate(s) of completion • Training agenda • Training slides • Registration confirmation
2. Work with community partners to update education curricula.	• Copy of curricula submitted
3. Work with community partners to update education curricula (youth, Spanish-language, Pacific Islander communities, etc.).	• Copy of curricula submitted
4. Conduct outreach to at least 30 organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Club, churches, community-based organizations, and YMCA to conduct education presentation.	• Outreach plan with list of organizations, dates, and outcomes of outreach
5. Conduct community presentations (alcohol, cannabis, opioids)	• Sign in sheets that show date, location, topic, at least 12 participants in each presentation
6. Additional Presentations in Jefferson Union High School District on Cannabis and Vaping	• Sign in sheets that show date, location, topic, at least 12 participants in each presentation

7. Purchase PillPods for distribution in Daly City and Pacifica	• Receipt for purchase and number of items purchased
8. Local newsletter or newspaper article advertising prescription drug take back kiosks in your local region (include messaging on why using kiosks are important)	• Copy of article with date
9. Meeting with an organization who can help advertise the kiosks	• Meeting agenda or outcome notes • Meeting sign in sheet with title of representative
10. Meetings with prescribers (Drs, Dentists, Vets)	• Meeting agenda or outcome notes • Meeting sign in sheet with title of representative
Merchant Education	**Documentation Required**
11. Research existing merchant education strategies used in other communities (CO, WA, OR) for **cannabis** merchant education	• Copies of documents reviewed
12. Meet with Better Business Bureau(s), chambers of commerce, business organizations, etc. to strategize best methods to conduct education of retail staff members.	• Meeting agenda or outcome notes • Meeting sign in sheet with title of representative
13. Develop or adapt education materials to needs to local jurisdiction(s) for **cannabis**.	• Copy of education materials
14. Develop or adapt merchant education packets related to legal requirements and public health perspectives on **cannabis** use, especially among youth.	• Copy of education materials
15. Disseminate **alcohol** merchant education packets to at least 200 retailers	• Copy of what was distributed • List of retailers packets were distributed to
16. Conduct merchant education presentation(s) **cannabis** retail establishments to reach every cannabis retail establishment in San Mateo County.	• Copy of presentation • Sign in sheet with date, store name and city of store
17. For **cannabis** retailers not attending a presentation, distribute merchant education packet.	• Merchant education packet • List of retailers it was sent to

18. Conduct outreach to each cannabis retailer in San Mateo County and distribute education packets.	• Merchant education packet • List of retailers it was sent to
19. Conduct **cannabis** merchant education presentation at least annually.	• Copy of presentation • Sign in sheet with date, store name and city of store
20. Develop or adapt existing sting survey protocol to assess youth access rates of substance.	• Copy of protocol
21. Partner with law enforcement agencies to conduct youth access sting surveys.	• Results of sting survey • Press release about sting survey
22. Evaluate **cannabis** merchant education presentation annually in order to adapt presentation as needed.	• Copy of education packet • List of changes and why
Media Education	**Documentation Required**
23. Implement media education campaign to complement community education messages. Post messages every month, for each substance, throughout the year	• Copy of social media post, including platform used and date posted
24. Disseminate flyers to advertise Med-Project prescription take back locations and/or advertisement for the phone number to call for mail back prescription envelopes (100 flyers/ $200)	• Tracking sheet with information on what event flyers were disseminated at, the number of flyers distributed, and any short comment on engagement of those taking flyers
25. Forward a message to a list serv of at least 50 people about the prescription drug take back kiosks in your location region	• Email with message sent and date
26. Newsletter or newspaper article advertising prescription drug take back kiosks in your local region	• Copy of article, with date it was distributed, and date of newspaper.
27. Meeting with an organization who can help advertise the kiosks	• Agenda of meeting topics • Result of meeting notes
Policy Advocacy	**Documentation Required**
28. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of AOD (cannabis or alcohol)	• Copies of research documents reviewed
29. As appropriate, participate in regional, statewide, and national groups on marijuana prevention policy to learn about best practices and share lessons learned from local efforts. (cannabis or alcohol)	• Agendas for group meetings with date

30. Develop an AOD prevention policy template	• Copy of policy template
31. Meet with at least 10 local policymakers to educate about the impacts of cannabis and gauge interest in policy options. (cannabis or alcohol)	• Copy of agenda or outcome notes
32. Provide information and technical assistance to policy makers as needed on AOD policy issues.	• List of policymakers receiving technical assistance, dates and topics covered • Notes from TA session as applicable
33.. Provide training to coalition members about policy advocacy strategies to minimize the impact of AOD.	• Copy of training • Sign in sheet with date
34. Coordinate community input into local policy processes related to AOD issues.	• Documentation of coordination activities (meeting/training notes, meeting outlines, pictures from events)
35. Identify potential kiosk locations (such as pharmacies and police departments) for drug disposal program	• List of feasible names and addresses of potential medication takeback kiosks, not to include locations with existing program
36. Conduct one-on-one educational meetings with potential prescription drug kiosk locations to gauge interest in hosting a kiosk for drug disposal program	• Meeting(s) notes to include name, address, contact person, and outcome of meeting(s)
37. Connect interested locations with Environmental Health to discuss next steps for kiosk installation	• Copy of communication between kiosk location and Environmental Health to set up meeting
Overarching Activities- Social Determinants of Health	**Documentation Required**
38. Hallmark event – which is focused on AOD prevention efforts (education, tailored to community due to their specific data and trends, guest speakers)	• Contract monitor should be notified of event planning progress • Contract monitor must be notified of event at least 1 month prior to event • Event should have 100 people or more in attendance, sign in sheet with date • Flyer of event

39. Conduct at least monthly meetings with youth program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning.	Submit all: • Meeting agenda with dates, topics and meeting outcomes • Evaluation tool(s) used Evaluation report
40. Youth in the program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.	• Documentation of activity conducted by program participants
41. Collaboration Meetings- deliverable is designed to assist with newer partnerships, building new partnerships to start programming.	• Agenda or notes from meetings with outcome • Sign in sheet for meeting
42. Community Outreach Events- deliverable designed to recruit and build community/school awareness of new available programming.	• Agenda or notes from meetings with outcome • Estimated number of students or community reached (sign in sheet if possible)
Social Determinants of Health	**Documentation Required**
43. Attend at least one training on the SDOH and its connection to AOD issues.	• Training certificate or email of sign up
44. Develop a report to justify addressing at least one SDOH in your community.	• What are the next steps after researching a region's ATOD issues and possible SDOH impacts on a community's behavior? • Who else should you be talking to?
45. Attend community meetings to build your organization's capacity to address the SDOH.	• Meeting agenda
46. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community.	• Meeting agenda and outcome • Next steps
Administrative Activities	**Documentation Required**
47. Meeting Attendance- Attendance by lead partnership staff at All County Prevention Partnership Monthly Meeting	• Meeting agenda
48. Entry of PPSDS data into system by the 5th of the month. Data should be detailed, clear, specific, relevant	• Submission confirmation-with screen shot or document (dated)
49. Partnership staff check-in with County Contract Monitor	• Meeting notes can be from partnership staff or the County Contract Monitor

50. Administrative functions which will be measured through the annual site visit: Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full $5,000; Option 2: If CAPs are needed, CAPs will be submitted within 30 days of receipt of site visit outcomes (pays $2,500); AND completion of CAP activities within 60 days (or within timeline negotiated with contract monitor) pays $2,500.	• Copy of completed site visit report • Evidence of completion of CAPs, if appropriate
51. Collection of evaluation surveys for community education presentations	• Surveys collected
52. Communication & TA partnering with county evaluator	• List of meeting date(s) and duration of meeting
53. Submission of updated Cultural Humility Plan - Deadline of Sept 30th, 2019	• Copy of plan
54. Submission of end of year report - Deadline of July 30, 2020	• Copy of report
55. Build participant in AOD Prevention Coalition by bringing community members or other partners to the AOD Coalition meeting	Submit all: • List of community members recruited for prevention collaborative. • Agenda for meetings conducted/attended • Sign-in sheets for meetings conducted/attended with community member name identified

ATTACHMENT B – DELIVERABLES PAYMENT
JEFFERSON UNION HIGH SCHOOL DISTRICT
FY 2018 – 2020

Activity	Number Year 1	Number Year 2	Price per Event	Total Year 1	Total Year 2	Contract Total
Community Education						
1. Attend national, state, and local conferences/trainings to learn evidence-based best practices for ATOD education ($500 to attend, $2,000 to present)	10	10	$500 attend $2,000 present	$5,000	$5,000	$10,000
2. Work with community partners to update education curricula (2 cannabis, 1 alcohol, 1 opioids)	3	N/A	$500	$1,500	N/A	$1,500
3. Conduct outreach to at least 30 organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Clubs, churches, community-based organizations, and YMCAs to conduct ATOD education presentations	1	1	$2,000	$2,000	$2,000	$4,000
4. Conduct community presentations. (34 cannabis, 6 alcohol, 24 opioids)	32	32	$500	$16,000	$16,000	$32,000
Merchant Education						
5. Research existing merchant education strategies used in other communities (CO, WA, OR) for cannabis merchant education	1	N/A	$5,000	$5,000	N/A	$5,000
6. Develop or adapt existing cannabis sting survey protocol to assess youth access rates to cannabis.	1	N/A	$1,000	$1,000	N/A	$1,000
7. Partner with law enforcement agencies to conduct youth access sting surveys. (1 cannabis $1,000, 8 alcohol $3,000)	5	4	$1,000 cannabis $3,000 alcohol	$13,000	$12,000	$25,000
8. Meet with Better Business Bureau(s), chambers of commerce, business organizations, etc. to strategize best methods to conduct education of retail staff members. (alcohol)	1	1	$2,000	$2,000	$2,000	$4,000
9. Disseminate merchant education packets to at least 200 retailers	1	1	$5,000	$5,000	$5,000	$10,000

Activity	Number Year 1	Number Year 2	Price per Event	Total Year 1	Total Year 2	Contract Total
10. Develop or adapt educational materials to needs of local jurisdiction around cannabis education.	1	N/A	$1,000	$1,000	N/A	$1,000
11. Conduct outreach to each cannabis retailer in San Mateo County and distribute education packets.	6	6	$200 per retailer	$1,200	$1,200	$2,400
Media Education						
12. Implement media education campaign to complement community education messages.	48	48	$200 social media $1,000 other media	$9,600	$9,600	$19,200
Policy Advocacy						
13. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of AOD. (cannabis, alcohol)	2	N/A	$5,000	$10,000	N/A	$10,000
14. Develop an AOD prevention policy template. (cannabis, alcohol)	2	N/A	$1,000	$2,000	N/A	$2,000
15. Meet with at least 10 local policymakers to educate about the impacts of cannabis and gauge interest in policy options. (15 cannabis, 5 alcohol)	10	10	$500	$5,000	$5,000	$10,000
16. Provide information and technical assistance to policy makers as needed.	1	1	$500	$500	$500	$1,000
17. Provide training to coalition members about policy advocacy strategies to minimize the impact of AOD.	1	1	$5,000	$5,000	$5,000	$10,000
18. Coordinate community input into local policy processes.	2	2	$5,000	$10,000	$10,000	$20,000
19. Identify potential kiosk locations (such as pharmacies and police departments) for drug disposal program.	1	1	$1,000	$1,000	$1,000	$2,000
20. Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk for drug disposal program.	1	1	$5,000	$5,000	$5,000	$10,000
21. Connect interested locations with Environmental Health to discuss next steps for kiosk installation.	1	1	$2,000	$2,000	$2,000	$4,000
Overarching Activities						
22. Hallmark event	1	1	$5000	$5,000	$5,000	$10,000
23. Conduct at least monthly meetings with the youth program participants to provide them with the knowledge and skills	90	90	$500	$45,000	$45,000	$90,000

Activity	Number Year 1	Number Year 2	Price per Event	Total Year 1	Total Year 2	Contract Total
to address ATOD and implement ATOD prevention program planning.						
24. Youth in the program will engage in AOD-prevention related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.	5	5	$500	$2,500	$2,500	$5,000
25. Meet with AOD contract monitor in person or by phone at least monthly to provide updates and seek assistance.	12	12	$100	$1,200	$1,200	$2,400
26. Input into statewide database by the 5th of the month.	12	12	$200	$2,400	$2,400	$4,800
27. Administrative functions which will be measured through the annual site visit: Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full $5,000; Option 2: If CAPs are needed, CAPs will be submitted within 30 days of receipt of site visit outcomes (pays $2,500); AND completion of CAP activities within 60 days (or within timeline negotiated with contract monitor) pays $2,500.	1	1	$5,000	$5,000	$5,000	$10,000
28. Attend monthly countywide meetings to coordinate AOD prevention strategies.	12	12	$200	$2,400	$2,400	$4,800
Social Determinants of Health (SDOH)						
29. Develop a report to justify addressing at least one SDOH in your community.	1	1	$2,000	$2,000	$2,000	$4,000
30. Attend community meetings to build your organization's capacity to address the SDOH.	6	6	$200	$1,200	$1,200	$2,400
31. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community.	2	2	$500	$1,000	$1,000	$2,000
TOTAL				**$170,500**	**$149,000**	**$319,500**

ATTACHMENT B4 - DELIVERABLES PAYMENT
JEFFERSON UNION HIGH SCHOOL DISTRICT
FY 2018 - 2021

ACTIVITY	NUMBER FY18/19	PRICE PER EVENT FY18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY19/20	TOTAL FY 19/20	NUMBER YEAR 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	3 YR TOTAL
COMMUNITY EDUCATION										
1. Attend national, state, and local conferences/trainings to learn evidence-based best practices for ATOD education ($500 to attend, $2,000 to present).	10	$500 attend $2,000 present	$5,000	3 Cannabis, 1 Alcohol, 1 Opioid/Rx Drug	$520 attend $2,080 present	$2,600	3 Cannabis, 1 Alcohol, 1 Opioid/Rx Drug	$541 attend $2162 present	$2,705	$ 10,305
2. Review and adapt as needed template 1-hour community education curriculum to educate community about Cannabis (English).	0	$500	$0	0	$500	$0	0	$500	$0	$ -
3. Work with community partners to update education curricula (youth, Spanish-language, Pacific Islander communities, etc.).	3	$500	$1,500	Cannabis (1), Opioid/Rx Drugs (1)	$520	$1,040	Cannabis (1), Opioid/Rx Drugs (1)	$541	$1,082	$ 3,622
4. Conduct outreach to at least 30 organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Clubs, churches, community-based organizations, and YMCAs to conduct ATOD education presentations	1	$2,000	$2,000	0.5	$1,040	$520	0.5	$1,082	$541	$ 3,061
5. Conduct community presentations.	32	$500	$16,000	17 cannabis, 12 opioids	$520	$15,080	17 cannabis, 12 opioids	$541	$15,683	$ 46,763
6. Additional Presentations in Jefferson UnionHigh School District on Cannabis and Vaping	N/A	N/A	N/A	72	$200	$14,400	72	$208	$14,976	$ 29,376
7. Purchase PillPods for distribution in Daly City and Pacifica	N/A	N/A	N/A	1	$3,000	$3,000	1	$3,120	$3,120	$ 6,120
8. Local newsletter or newspaper article advertising prescription drug take back kiosks in your local region (include messaging on why using kiosks are important)	N/A	N/A	N/A	4	$300	$1,200	4	$312	$1,248	$ 2,448

9. Meeting with an organization who can help advertise the kiosks	N/A	N/A	N/A	4	$500	$2,000	4	$520	$2,080	$ 4,080
10. Meetings with prescribers (Drs, Dentists, Vets)	N/A	N/A	N/A	3	$400	$1,200	3	$416	$1,248	$ 2,448
MERCHANT EDUCATION	**NUMBER FY18/19**	**PRICE PER EVENT FY18/19**	**TOTAL FY 18/19**	**NUMBER FY 19/20**	**PRICE PER EVENT FY19/20**	**TOTAL FY 19/20**	**NUMBER YEAR 20/21**	**PRICE PER EVENT FY 20/21**	**TOTAL FY 20/21**	**3 YR TOTAL**
11. Research existing merchant education strategies used in other communities (CO, WA, OR) for **cannabis** merchant education	1	$5,000	$5,000	0	$5,200	$0	0	$5,408	$0	$ 5,000
12. Meet with Better Business Bureau(s), chambers of commerce, business organizations, etc. to strategize best methods to conduct education of retail staff members.	1 Alcohol	$2,000	$2,000	1 Alcohol, 1 Cannabis	$2,080	$4,160	1 Alcohol, 1 Cannabis	$2,163	$4,326	$ 10,486
13. Develop or adapt education materials to needs to local jurisdiction(s) for **cannabis**.	N/A	N/A	N/A	1	$500	$500	1	$520	$520	$ 1,020
14. Develop or adapt merchant education packets related to legal requirements and public health perspectives on **cannabis** use, especially among youth.	1	$1,000	$1,000	1	$1,040	$1,040	1	$1,082	$1,082	$ 3,122
15. Disseminate **alcohol** merchant education packets to at least 200 retailers	1	$5,000	$5,000	1	$5,200	$5,200	1	$5,408	$5,408	$ 15,608
16. Conduct merchant education presentation(s) **cannabis** retail establishments to reach every cannabis retail establishment in San Mateo County.	6	$200	$1,200	6	$208	$1,248	6	$216	$1,298	$ 3,746
17. For **cannabis** retailers not attending a presentation, distribute merchant education packet.	N/A	N/A	N/A	1	$200	$200	1	$208	$208	$ 408
18. Conduct outreach to each cannabis retailer in San Mateo County and distribute education packets.	6	$200 per retailer	$1,200	0	$208 per retailer	$0	0	$216	$0	$ 1,200
19. Conduct **cannabis** merchant education presentation at least annually .	N/A	N/A	N/A	1	$2,000	$2,000	1	$2,080	$2,080	$ 4,080
20. Develop or adapt existing sting survey protocol to assess youth access rates of substance.	1	$1000 Cannabis, $500 Alcohol	$1,500	1	$1040 Cannabis, $520 Alcohol	$1,560	0	$1082 Cannabis, $541 Alcohol	$0	$ 3,060

21. Partner with law enforcement agencies to conduct youth access sting surveys.	1 cannabis, 4 alcohol	$1,000 cannabis $3,000 alcohol	$13,000	2 cannabis, 4 alcohol	$1,040 Cannabis $3,120 alcohol	$13,520	2 cannabis, 4 alcohol	$1,123 Cannabis $3,245 alcohol	$14,103	$ 40,623
22. Evaluate **cannabis** merchant education presentation annually in order to adapt presentation as needed.	N/A	N/A	N/A	1	$500	$500	1	$520	$520	$ 1,020
MEDIA EDUCATION	**NUMBER FY18/19**	**PRICE PER EVENT FY18/19**	**TOTAL FY 18/19**	**NUMBER FY 19/20**	**PRICE PER EVENT FY19/20**	**TOTAL FY 19/20**	**NUMBER YEAR 20/21**	**PRICE PER EVENT FY 20/21**	**TOTAL FY 20/21**	**3 YR TOTAL**
23. Implement social media education campaign to compliment community education messages (alcohol, cannabis, or opioids/Rx drugs)	48	$200 social media $1,000 other media	$9,600	24	$208 social media $1,040 other media	$4,992	24	$216 social media $1,082 other media	$5,184	$ 19,776
24. Disseminate flyers to advertise Med-Project prescription take back locations and/or advertise the phone number receiving envelopes (100 flyers/ $200),	N/A	N/A	N/A	5	$200	$1,000	5	$208	$1,040	$ 2,040
25. Forward a message to a list serv of at least 50 people about the prescription drug take back kiosks in your region	N/A	N/A	N/A	5	$200	$1,000	5	$208	$1,040	$ 2,040
26. Local newsletter or newspaper article advertising prescription drug take back kiosks in your local region (include messaging on why using kiosks are important)	N/A	N/A	N/A	4	$300	$1,200	4	$312	$1,248	$ 2,448
27. Meeting with an organization who can help advertise the kiosks	N/A	N/A	N/A	4	$500	$2,000	4	$520	$2,080	$ 4,080
POLICY ADVOCACY	**NUMBER FY18/19**	**PRICE PER EVENT FY18/19**	**TOTAL FY 18/19**	**NUMBER FY 19/20**	**PRICE PER EVENT FY19/20**	**TOTAL FY 19/20**	**NUMBER YEAR 20/21**	**PRICE PER EVENT FY 20/21**	**TOTAL FY 20/21**	**3 YR TOTAL**
28. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of AOD (cannabis or alcohol)	2	$5,000	$10,000	0	$5,200	$0	0	$5,408	$0	$ 10,000
29. As appropriate, participate in regional, statewide, and national groups on marijuana prevention policy to learn about best practices and share lessons learned from local efforts.(cannabis or alcohol)	0	N/A	$0	4	$500 to attend, $2,000 to present	$1,500	4	$520 to attend $2080 to present	$1,560	$ 3,060

30. Develop an AOD prevention policy template. **(alcohol)**	2	$1,000	$2,000	1	$1,040	$1,040	1	$1,082	$1,082	$ 4,122
31. Meet with at least 10 local policymakers to educate about the impacts of cannabis and gauge interest in policy options. (cannabis or alcohol)	10	$500	$5,000	20	$520	$10,400	20	$541	$10,816	$ 26,216
32. Provide information and technical assistance to policy makers as needed.	1	$500	$500	1	$520	$520	1	$541	$541	$ 1,561
33.. Provide training to coalition members about policy advocacy strategies to minimize the impact of AOD.	1	$5,000	$5,000	0	$5,200	$0	0	$5,408	$0	$ 5,000
34. Coordinate community input into local policy processes	2	$5,000	$10,000	0	$5,200	$0	0	$5,408	$0	$ 10,000
35. Identify potential kiosk locations (such as pharmacies and police departments) for drug disposal program.	1	$1,000	$1,000	0	$1,040	$0	0	$1,082	$0	$ 1,000
36. Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk for drug disposal program.	1	$5,000	$5,000	0	$5,200	$0	0	$5,408	$0	$ 5,000
37. Connect interested locations with Environmental Health to discuss next steps for kiosk installation	1	$2,000	$2,000	0	$2,080	$0	0	$2,163	$0	$ 2,000
OVERARCHING ACTIVITIES	**NUMBER FY18/19**	**PRICE PER EVENT FY18/19**	**TOTAL FY 18/19**	**NUMBER FY 19/20**	**PRICE PER EVENT FY19/20**	**TOTAL FY 19/20**	**NUMBER YEAR 20/21**	**PRICE PER EVENT FY 20/21**	**TOTAL FY 20/21**	**3 YR TOTAL**
38. Hallmark event	1	$5,000	$5,000	2	$5,200	$10,400	2	$5,408	$10,816	$ 26,216
39. Conduct at least monthly meetings with the youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning.	90	$500	$45,000	102	$520	$53,040	102	$541	$55,162	$ 153,202

40. Youth in the program will engage in AOD-prevention related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc	5	$500	$2,500	5	$520	$2,600	5	$541	$2,704	$ 7,804
41. Collaboration Meetings- deliverable is designed to assist with newer partnerships, building new partnerships to start programming.	N/A	N/A	N/A	9	$200	$1,800	9	$208	$1,872	$ 3,672
42. Community Outreach Events- deliverable designed to recruit and build community/school awareness of new available programming.	N/A	N/A	N/A	6	$200	$1,200	6	$208	$1,248	$ 2,448
SOCIAL DETERMINANTS OF HEALTH (SDOH)	**NUMBER FY18/19**	**PRICE PER EVENT FY18/19**	**TOTAL FY 18/19**	**NUMBER FY 19/20**	**PRICE PER EVENT FY19/20**	**TOTAL FY 19/20**	**NUMBER YEAR 20/21**	**PRICE PER EVENT FY 20/21**	**TOTAL FY 20/21**	**3 YR TOTAL**
43. Attend at least one training on the SDOH and its connection to AOD issues.	N/A	N/A	N/A	0	$500	$0	0	$520	$0	$0
44. Develop a report to justify addressing at least one SDOH in your community.	1	$2,000	$2,000	0	$2,080	$0	0	$2,163	$0	$ 2,000
45. Attend community meetings to build your organization's capacity to address the SDOH.	6	$200	$1,200	0	$208	$0	0	$216	$0	$ 1,200
46. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community.	2	$500	$1,000	0	$520	$0	0	$541	$0	$ 1,000
ADMINISTRATIVE ACTIVITIES	**NUMBER FY18/19**	**PRICE PER EVENT FY18/19**	**TOTAL FY 18/19**	**NUMBER FY 19/20**	**PRICE PER EVENT FY19/20**	**TOTAL FY 19/20**	**NUMBER YEAR 20/21**	**PRICE PER EVENT FY 20/21**	**TOTAL FY 20/21**	**3 YR TOTAL**
47. Meeting Attendance- Attendance by lead partnership staff at All County Prevention Partnership Monthly Meeting	12	$200	$2,400	12	$208	$2,496	12	$216	$2,596	$ 7,492
48. Entry of PPSDS data into system by the 5th of the month	12	$200	$2,400	12	$208	$2,496	12	$216	$2,596	$ 7,492
49. Partnership staff check-in with County Contract Monitor	12	$100	$1,200	12	$104	$1,248	12	$108	$1,298	$ 3,746
50. Administrative functions which will be measured through the annual site visit: Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full $5,000; Option 2: If CAPs are needed, CAPs will be submitted within 30 days of receipt of site visit outcomes (pays $2,500); AND completion of CAP activities within 60 days (or within timeline negotiated with contract monitor) pays $2,500.	1	$5,000	$5,000	1	$5,200	$5,200	1	$5,408	$5,408	$ 15,608

51. Collection of evaluation surveys for community education presentations	0	$1,000	$0	1	$1,000	$1,000	1	$1,040	$1,040	$ 2,040
52. Communication & TA partnering with county evaluator	0	$200	$0	5	$200	$1,000	5	$208	$1,040	$ 2,040
53. Submission of updated Cultural Humility Plan - Deadline of Sept 30th, 2019	0	$500	$0	1	$500	$500	1	$520	$520	$ 1,020
54. Submission of end of year report - Deadline of July 30, 2020	0	$500	$0	1	$500	$500	1	$520	$520	$ 1,020
55. Build participant in AOD Prevention Coalition by bringing community members or other partners to the AOD Coalition meeting	0	$200	$0	12	$200	$2,400	12	$208	$2,496	$ 4,896
TOTAL			**$172,200**			**$180,500**			**$186,133**	**$ 538,833**

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Attachment T

BHRS Contractors - Technology Supports for Clients

Frequently Asked Questions (FAQs)

Through the Mental Health Service Act (MHSA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, BHRS has secured funding for BHRS Contractors to provide **technology supports (devices and data plans), for one year**, for clients and family members of clients that would benefit from telehealth and/or other behavioral health services but, do not have the resources to purchase the technology needed.

With the support of Help@Hand[1] partners, BHRS selected a federally-subsidized program through T-Mobile that offers a low-cost data plan (internet service) along with free refurbished phones/tablets. Given the limited resources, we ask that you please prioritize this benefit for clients and families most in need and who are unable to take advantage of other low-cost and/or income-based services.

Q: Who is eligible for this funding?

A: BHRS Contractors that provide direct treatment and/or recovery-focused behavioral health services to clients who are struggling to stay connected to services due to cost of purchasing internet service and/or the devices needed to participate. BHRS Contractors were asked to complete a survey by September 11, 2020 to be considered for funding.

Q: Our agency was awarded funding, what's next?

A: BHRS will amend contracts of eligible providers to add the funding awarded. Contractors will then work directly with T-Mobile to purchase the internet service on free devices available. Contractors will also be responsible for distributing the devices to their clients.

The T-Mobile government representative is Marc Cox, Government Account Manager State & Local Government, Public Safety, Education. He will be your contact once your contract amendment is executed for this benefit. He can be reached by mobile at 408-590-4605 and/or email at marc.a.cox@t-mobile.com. *Please reach out to him directly and mention that you are under the **San Mateo County Government Plan**, this will ensure you receive the same government rates we have negotiated.*

Q: Can other technology accessories be purchased with the funding?

A: MHSA One-Time funding can be used to purchase data plans on the free T-Mobile phones and tablets and to purchase headphones, screen protectors, device covers, and/or other device accessories as needed to support client use of the devices to participate in services. CARES Act funding can only be used for purchasing the data plans on free T-Mobile tablets. The funding

[1] San Mateo County BHRS is one of 12 city/counties participating in Help@Hand, a California collaborative created to determine if and how technology fits within the behavioral health system of care; https://helpathandca.org/

amounts you were awarded under MHSA and CARES Act will be included in your contract amendment.

Q: What happens after the one-year of technology supports to clients?

A: The current funding was estimated based on one year of service only to support clients and families given the COVID-19 pandemic. After the one-year ends, contractors can take on the cost if they have funding available OR T-Mobile representative will work with clients/families to transfer the service to an individual account for a similar low-cost option if they would like to keep the device and have the means to do so.

Q: How did BHRS determine how much funding to allocate to each contractor?

A: Based on the number of requests and funding available, BHRS determined the allocation amount for each agency. Fifteen contracted agencies and BHRS programs were allocated funds. $339,000 of MHSA One-Time funding is available to purchase data plans, headphones, screen protectors, device covers, and/or other device accessories as needed to support client participation in services. $69,000 of CARES Act funding is available for purchasing the data plans on free T-Mobile tablets.

Q: How many devices (phones and/or tablets) will contractors be able to purchase?

This depends on the funding amount we are able to allocate to your agency and the types of devices and/or other accessories you decide to purchase for your clients. T-Mobile offers low-cost data plan options for refurbished Samsung and Apple phones and tablets; specific brand models offered by T-Mobile depend on availability and rates vary. The T-Mobile program does not include other accessories, but these can be purchased with MHSA funds through other sources (e.g. Amazon, etc.)

Q: What is included with the data plan?

A: Currently, the following is included with the cost of the data plans available.

- Free refurbished device.
- Basic tech support provided by T-Mobile representatives.
- Unlimited Voice, Unlimited Messaging, Unlimited LTE Data, 11GB Mobile Hotspot, US/Canada/Mexico calls, Voicemail & Caller ID.
- Staging (pre-loading phones with selected applications "apps"), upon request.
- No other fees, no overages. Clients are unable to incur additional costs on the plan.
- There is no contract, no set-up fees, no shipping fees, no taxes, and no termination fees.
- Lost, stolen, damaged phones can be shut down/cancelled (no contract, no termination fees) and a new phone and service requested if needed.
- Screen protectors/cases are not included but, can be purchased separately. Amazon provides low cost options for a dual screen protector and case pack.

For an additional low-cost, there is the option to have an organizational mobile centralized control through a platform/portal (Mobile Device Management /MDM) that would allow your

agency to monitor usage, push out apps, shut down, cancel, add controls, etc. Please speak to the T-Mobile representative if you are interested in this service.

Q: Are there free or low-cost, income-based services are available to clients if they are able to purchase their own data plans?

A: Yes, information on government subsidized programs for clients can be found here: https://www.freegovernmentcellphones.net/states/california-government-cell-phone-providers.

Q: Why T-Mobile, are we able to work with other phone/internet providers?

A: This program is part of Western States Contracting Alliance and the National Association of State Procurement Officials (WSCA-NASPO), which offers purchasing benefits to authorized non-profits and governmental entities. All eligible entities can use the contract(s) that WSCA-NASPO has negotiated with mobile phone/internet providers to purchase discounted monthly services, simplifying the procurement process and eliminating the need to go out to RFP. BHRS selected T-Mobile based on the lower costs overall associated with the program including free activation, free replacements and available tech support to clients.

Additional Questions?

Please contact Doris Estremera, MHSA Manager at mhsa@smcgov.org if you have additional questions about this effort and/or the process to access funding for client technology supports.

[Agency LOGO]

ATTACHMENT U

SAMPLE
Device User Agreement and Waiver Form

Purpose

The purpose of this agreement is to support the safety and accountability of participants while using devices (phones or tablets) provided by [Agency] for participation in behavioral health treatment and recovery services.

Agreement

- The primary use of the device(s) must be to participate in behavioral health treatment and recovery.
- [Agency] reserves the right to end the data plan service on the device(s) and revoke the device(s) at any time; this could include not participating in any scheduled telehealth appointments or online recovery/support groups as agreed upon.
- Tablet(s) loaned by [Agency], for participation in a time-limited group session for example, must be returned to a staff member when requested.
- Device(s) must never be used when they could pose a security or safety risk.
- Device(s) must never be used while driving a vehicle, operating equipment, or in any situation where using the device may cause an accident.
- Device(s) must never be used for inappropriate activity including illegal or dangerous activities or for purposes of harassment.
- Device(s) must only be used by the individual (client or parent/caregivers of youth clients)to whom it is assigned to by [Agency].
- Improper use of the device(s) will result in loss of privileges for using the device.
- The data plan (internet) service on the device(s) is good for one-year from the date the device(s) is issued, as indicated below. After the one-year ends, unless otherwise communicated by [Agency], individuals can choose to transfer the low-cost data plan service to a personal, non-[Agency] account.
- Lost, stolen, or damaged device(s) must be reported immediately by calling [Agency contact].

By signing this form, you agree to the [Agency] policy governing phone and/or tablet devices provided by the [Agency].

Device Phone Number: _____ Device Received (circle one): Phone / Tablet

[Agency LOGO]

Device Issued to Participant:

Print Name of Client

Participant Signature

Date Issued

Print Name of Staff

Staff Signature

Date

□ Copy given to client

Device Returned:

Print Name of Participant

Participant Signature

Date

Print Name of Staff

Staff Signature

Date

□ Copy given to participant

Notes:

Attachment V - Technology Supports – Monthly Reporting Form

DEVICE TRACKING LOGS – CARES Act

Reporting Month:Choose an item.

Client(s) Name (client that received tablet during the reporting month):

1.	14.
2.	15.
3.	16.
4.	17.
5.	18.
6.	19.
7.	20.
8.	21.
9.	22.
10.	23.
11.	24.
12.	25.
13.	26.

Number of devices assigned to support client services on-site (during the reporting month): _____

This section is for devices not given to clients to take home, but rather assigned to support client-related services such as, a shared tablet at residential facility or lobby, to facilitate group sessions, field services, etc.

1.	Tablet used for (service provided):	Tablet primary location/site:	Number of clients served (during the reporting month):
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Attachment V - Technology Supports – Monthly Reporting Form

DEVICE TRACKING LOGS – MHSA One-Time Funding

Reporting Month:Choose an item.

Total number of T-Mobile For Government phones ordered: _____

Total number of tablets ordered:_____

Other device accessories purchased to support client participation in services (headphones, screen protectors, device covers, and/or other device accessories)

Type of Accessory Purchased	Units Purchased	$ Cost per Unit	Total $Amount
1.			
2.			
3.			
4.			

Clients that received a device (during the reporting month):

Client(s) Name	Type of device received (tablet or phone) and/or accessories
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Number of devices assigned to support client services on-site (during the reporting month): _____

This section is for devices not given to clients to take home, but rather assigned to support client-related services such as, a shared tablet at residential facility or lobby, to facilitate group sessions, field services, etc.

	Tablet used for (service provided):	Tablet primary location/site:	Number of clients served (during the reporting month):
1.			
2.			
3.			
4.			
5.			
6.			