

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND VOICES OF RECOVERY SAN
MATEO COUNTY**

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

W I T N E S S E T H:

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

WHEREAS, the parties entered into an Agreement on September 15, 2020 for consumer-operated self-help and peer-support services and wellness and recovery services for the term July 1, 2020 through June 30, 2022, and peer recovery supports and community integration for the term July 1, 2020 through June 30, 2021, in an amount not to exceed \$829,134; and

WHEREAS, on December 21, 2020, the Chief of San Mateo County Health approved an amendment to add technology supports for clients and family members that do not have the resources to purchase the technology they need to participate in telehealth services and online groups, increasing the amount of the agreement by \$7,395 to \$836,528, with no change to the agreement term.

WHEREAS, the parties wish to amend the Agreement extending the term of peer recovery supports and community integration through December 31, 2021, increasing the amount of the agreement by \$83,373 to \$919,901.

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

1. Section 3. 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 "A2," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B2." 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 NINE HUNDRED NINETEEN THOUSAND NINE HUNDRED ONE DOLLARS (\$919,901).

2. Exhibit A1 is hereby deleted and replaced with Exhibit A2 attached hereto.
3. Exhibit B1 is hereby deleted and replaced with Exhibit B2 attached hereto.
4. All other terms and conditions of the agreement dated September 15, 2020, 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

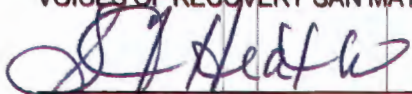
By: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

VOICES OF RECOVERY SAN MATEO COUNTY



Contractor's Signature

Date: 8/2/21

EXHIBIT A2 – SERVICES
VOICES OF RECOVERY SAN MATEO COUNTY
FY 2020 – 2022

In consideration of the payments set forth in Exhibit B2, Contractor shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

A. Recovery Support Services

1. Voices of Recovery San Mateo County (VORSMC) will operate as an independent organization for recovery support services. Contractor shall provide recovery support services and other duties as assigned. In addition, Contractor shall provide a work plan of these services as approved by the Director of Behavioral Health and Recovery Services (BHRS). Such services shall be in collaboration with the San Mateo County recovering community, clients, Alcohol and Other Drug (AOD) providers, and San Mateo County BHRS AOD staff. Any changes to services, or outreach and educational activities, described herein must be approved by the Director of BHRS or designee.
2. Target Population will include individuals and family members who are interested in or seeking, long term recovery from substance abuse disorders.
3. Services shall be provided as described below in a manner consistent with the terms and conditions of this Agreement.
 - a. Administrative
 - i. Contractor shall report on the agencies strategic plan for operation and continued development by January 1st.
 - ii. Organizational plan shall include cultural infrastructure and environmental aspects that will foster the development and promote the mission of VORSMC to provide quality recovery support services.
 - iii. Contractor shall maintain a Board of Directors that meets the needs of the By-laws of the agency.
 - b. Training
 - i. Contractor shall submit a staff training plan that includes scope of services, fiscal and administrative policies and procedures.
 - ii. Contractor shall provide oversight management and training needs in partnership with BHRS.

- c. Recruitment/Outreach
 - i. Contractor shall recruit, train, and provide a management plan for VORSMC volunteers and participants
 - ii. Contractor shall provide an outreach plan that includes the identification of new participants/volunteers.

- d. Supervision
 - i. Provide one (1) FTE Executive Director to manage operation of the organization.
 - ii. Provide one (1) FTE to work under the direction of the Program Director to oversee coordination of day to day operations and program administration. Such administrative duties shall include: human resources, program development and administrative needs.

- e. Program Schedule
 - i. A minimum of one (1) peer-led support group per week promoting wellness in Recovery.
 - ii. Provide monthly social activities for the recovery community.
 - iii. Provide center activities a minimum average of two (2) days per week. Activities can include training, outreach planning and VORSMC committee meetings.
 - iv. A schedule of program activities and an unduplicated count of participants shall be reported on a monthly basis.

- f. Registration
 - i. VORSMC will have a registration procedure for each member. Registration information will include the following:
 - 1) Member name
 - 2) Family member(s) name(s), address, and phone number for each name
 - 3) Emergency contact information for each name
 - 4) Referral source (agency, staff name and phone number if available)
 - 5) Race and/or ethnicity
 - 6) Preferred language(s) spoken
 - ii. All services shall be culturally and linguistically appropriate for the diverse cultural communities of the County.

B. Peer Recovery Supports and Community Integration

Contractor shall provide HPSM members, receiving MAT and other Whole Person Care services, peer recovery support to prevent relapse and promote long term recovery from SUDs. Contractor shall coordinate with other SUD treatment providers to develop a referral process for clients transitioning into recovery and who could benefit from peer-to-peer support. Contractor will ensure the following services are provided:

1. Peer Recovery Coaching

- a. Peer Recovery Coaches provide one-on-one mentoring sessions with individuals in early recovery. Peer coaches are non-professional and non-clinical personal guides and/or mentors with life experience who work with individuals to achieve and sustain long-term recovery through meaningful connections to community resources for recovery, which may include but are not limited to: faith-based organizations, 12 steps programs, other indigenous and/or cultural communities of support, and other social and community recovery supports.
- b. Peer recovery coaches aid individuals in early recovery also help individuals navigate and connect to other resources needed to achieve sustained recovery including housing, education, employment, and other professional and non-professional services.

2. Wellness Recovery Action Plan Groups

Wellness Recovery Action Plan (WRAP) is an evidenced based practice to identify key recovery issues and plan for self-improvement. Developed with the help of a team of people with lived experience, WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools"). The process helps participants develop an individualized plan to use these resources on a daily basis. It works by decreasing and preventing intrusive or troubling feelings and behaviors; increasing personal empowerment; improving quality of life, and helping people achieve their life goals.

- a. Contractor shall ensure that WRAP sessions are led by certified facilitators.
- b. Utilizing Peer Recovery Coaches, increase client participation in wellness and recovery activities to improve self-management, reduce relapse, and increase social supports by linking clients to community recovery supports, and

linkages to services to help meet basic needs, housing, employment, etc.

- c. Contractor will collect and report on data and work with BHRS to determine long and short-term client outcomes and to evaluate the overall project.

3. Reporting Requirements for Peer Recovery Support Services

- a. Peer Coaches
 - i. Number of direct service hours (one-to one coaching)
 - ii. Number of unduplicated participants
 - iii. Number and type of linkages to recovery supports
 - iv. Number and type of linkages for basic needs, housing, health, employment services and supports.
- b. WRAP Groups
 - i. Schedule of program activities
 - ii. Number of WRAP sessions
 - iii. Number of WRAP cycles (8-10 session/cycle)
 - iv. Number of unduplicated participants
 - v. Number of direct staff service hours dedicated to MAT participants
 - vi. Number of staff hours dedicated to MAT Project

C. Criminal Justice Realignment

- 1. A VORSMC staff member will meet with Service Connect Consumers at 550 Quarry Road, San Carlos, at a designated time to recruit VORSMC participants. This meeting will be held once a week, for up to two (2) hours.
- 2. Contractor will provide Wellness Recovery Action Plan (WRAP) groups conducted by certified facilitators.
- 3. Contractor will conduct weekly WRAP group sessions with eight (8) to ten (10) realignment participants. Each WRAP group session will run for a nine (9) to ten (10) week cycle.
- 4. Contractor will be responsible for conducting four (4) WRAP cycles and each WRAP cycle will run for nine (9) to ten (10) weeks. Contractor will identify a minimum of twenty-five (25) participants with completed individualized WRAP plans.
- 5. Contractor will be available to consult with Service Connect staff to develop outreach strategies for engaging realignment participants in WRAP planning.

6. Contractor's goals will assume adequate access to the realignment population for purposes of recruitment.

D. Drug Court and 11550 Funded Services

The WRAP group described below is a self-managed recovery system developed to incorporate wellness tools and strategies. WRAP is designed to:

1. Strengthen the recovery process
2. Assist in achieving life goals and dreams
3. Increase personal empowerment
4. Decrease and prevent intrusive or troubling feelings and behaviors
5. Improve the quality of life

Contractor shall provide WRAP group sessions to Drug Court clients as they re-integrate back into the community and during the Aftercare phase of treatment. Each WRAP group session will be made up of ten (10) to sixteen (16) Drug Court participants and run for eight (8) to ten (10) weeks. Contractor shall provide a total of five (5) WRAP group sessions.

E. Wellness Recovery Action Plan

1. Health Ambassador WRAP Groups
 - a. Contractor shall facilitate one (1) ten (10) week WRAP group for the Health Ambassador Program (HAP), in a specified threshold language such as Spanish speaking, Tongan, or Pacific Islander, and shall facilitate one (1) ten (10) week WRAP group for HAP participants.
 - b. Each group or activity will follow a practice-based model of WRAP.
 - c. Groups will be facilitated by two (2) Voices of Recovery staff certified as a WRAP facilitator.
 - d. Contractor will coordinate the WRAP group including facilitation and materials needed for the full course. BHRS will secure the training location(s), childcare and refreshments/meals (if needed) for the courses.

- e. Contractor will collect and submit appropriate documentation of participants application forms, sign-in sheets, pre and post tests and attendance sheets along with monthly invoices. Participant forms will be submitted within two (2) weeks of receiving information from participants and will be reviewed by BHRS to ensure all forms are fully completed.

3. BHRS WRAP Training

Contractor shall provide WRAP Training to BHRS Staff and Contractors to include the following:

- a. Facilitate the monthly WRAP Facilitator meeting, including preparing the agenda and writing minutes of the meeting.
- b. Provide support and encouragement to WRAP Facilitators—answer questions and get resources in one-on-one meetings, phone calls, and emails as needed.
- c. Co-facilitate WRAP groups with newly certified WRAP Facilitators who need extra support as needed.
- d. Facilitate WRAP self-care groups for BHRS and contract staff such as the Holiday WRAP for staff and 2-3 hour team specific trainings. (6 team trainings and one larger training for staff per year)
- e. Provide orientations to WRAP for BHRS intern orientation and other staff orientations.
- f. Table at community events to promote WRAP (e.g. Recovery Resource Fair, the Recovery Happens Picnic, May Mental Health Awareness Month kickoff event, and other events as needed).
- g. Organize an annual WRAP half-day retreat.
- h. Market WRAP to the BHRS community through writing 2 Wellness Matters articles, 4 blogs, posting up-to-date WRAP information on the BHRS website, and developing and maintaining brochures in English and Spanish, etc.
- i. Generate WRAP outcomes: 1) unduplicated persons attending WRAP groups, 2) number of groups per year, 3) number of trained facilitators, and 4) number of facilitators actively doing groups.

- j. Maintain a list of closed and open WRAP groups and post them online.
- k. Produce annual WRAP report at the end of the fiscal year.
- l. Organize WRAP Trainings: logistics, trainers, applications and all materials needed for the training.
 - i. WRAP two-day training (1-2 times per year);
 - ii. WRAP five-day certification training (1-2 times per year); and
 - iii. Re-certification training (required every two years to maintain certification) (1 time per year).
- m. Assist individuals applying for an Advanced Facilitator Training by:
 - i. Reviewing requirements;
 - ii. Providing feedback on written application;
 - iii. Assisting with the 20-minute videotape requirement; and
 - iv. Collecting evaluations.
- n. Assist in collecting surveys/data as needed (e.g. pre and post-tests) for WET/ODE.
- o. Stay up-to-date and in contact with the Copeland Center in order to report back changes in curriculum requirements to WRAP facilitators and BHRS.
- p. Contractor will coordinate and cover all necessary components of WRAP groups including facilitation, materials and refreshments. BHRS will secure the training location(s).

4. Facilitator Reporting Requirements

As a WRAP trainer, Contractor is required to submit final written results to substance use disorder treatment facilities receiving WRAP services for the following:

- 1. tuberculosis test;
- 2. physical examination; and
- 3. fingerprinting certification.

Such written results shall be kept on file by the Contractor and the substance use treatment facilities receiving WRAP services.

F. Recovery Happens

BHRS celebrates Recovery Happens in the month of September, hosting a variety of educational and entertainment events, honoring individuals and families in long-term recovery. County shall reimburse Contractor for expenses related to such events. Contractor shall submit itemized invoices for reimbursement and are subject to approval of the BHRS Manager.

G. 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 and delivered twenty (20) tablets with a one-year data plan subscription for Contractor to support client participation in services. Additionally, Contractor received SEVEN THOUSAND THREE HUNDRED NINETY-FIVE DOLLARS (\$7,395) MHSA one-time funding to purchase up to twenty-five (25) additional devices with a one-year data plan subscription and/or device accessories (earbuds, styluses, screen protectors, etc.) to support use of the devices by members. Contractor will distribute the devices and accessories in accordance with the guidance set forth in this agreement.
- b. Contractor will continue to utilize the developed 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.
- c. Contractor will continue to utilize the developed 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:
 - i. Client(s) name receiving tablet for participation in services.
 - ii. 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.

H. Health Order Compliance

1. Health Order Compliance Requirements

Contractor shall comply with all current health orders issued by the State Department of Health and the County Health Officer until such orders are lifted or deemed no longer necessary for health reasons by the State Department of Health and/or the San Mateo County Health Officer. Current health orders can be found at: <https://covid19.ca.gov/> and at <https://covid19.ca.gov/safer-economy/> for statewide information and at: <https://www.smchealth.org/health-officer-updates/orders-health-officer-quarantine-isolation> for County information.

At a minimum, Contractor will ensure the following:

- a. All clients, staff and volunteers are required to wear face coverings, exceptions can be made for the children served as allowed under state and County health guidelines.
- b. Contractor will create and implement protocols for personal protective equipment (PPE) use, handwashing, isolation for clients who test positive for COVID-19, and visitor protocols (if allowed under the current health order and in compliance with health order requirements (mass testing, which can be met by participating in the BHRS Surveillance Program)).
- c. The requirements and protocols mentioned in items a and b above, as well as all the identified strategies related to the pandemic, should be organized into a basic COVID-19 Plan. The plan should identify what impacts and hazards the pandemic poses for your organization, your response to mitigate these impacts and hazards, thresholds that balance workforce location between telework to in office to face to face services for clients, for example. This simple, living document, should reflect what is important to your organization and how you will manage during the pandemic,

2. Service Delivery During Health Order Restrictions

Contractor will create and implement alternate options for service delivery; such as using the telephone and/or online sessions via a virtual platform (such as Zoom, Teams, etc.), in the event that services cannot be performed face-to-face. The virtual platform selected by the Contractor must have security protocols that ensure health information and the identity of clients is protected.

In the event that the Contractor cannot transition from face-to-face services to a virtual format, or other contracted work cannot be performed, Contractor will notify the BHRS Program Manager to develop alternatives to providing deliverables and/or cancelation of services if a solution cannot be reached. In the event that services are canceled or cannot be performed, funding shall be reduced commiserate with the reduction of services.

II. ADMINISTRATIVE AND REPORTING REQUIREMENTS

A. Disaster and Emergency Response Plans

CONTRACTOR will develop and maintain a Disaster and Emergency Response Plan (“Emergency Plan”) that includes all of the elements set forth in this Section, as well as any additional elements reasonably

requested by the County. The Emergency Plan will also include site-specific emergency response plan(s) for each of the sites at which CONTRACTOR provides services pursuant to this Agreement ("Site Plans"). The Emergency Plan and associated Site Plans will address CONTRACTOR preparations to effectively respond in the immediate aftermath of a national, state or local disaster or emergency ("Emergency Response") and plans for the ongoing continuation of Services under the Agreement during and after a disaster or emergency ("Continuity of Operations").

CONTRACTOR shall submit the Emergency Plan to the County within ninety (90) days after the beginning of the Term of the Agreement and no later than September 30th. The Emergency Plan will follow the template provided in Attachment T: Sample Template for Disaster and Emergency Response Plan as a guide when developing the plan, adding any categories or items as needed for the Contractor's unique situation. The submitted Emergency Plan will be subject to the reasonable approval of the County. CONTRACTOR shall respond reasonably promptly to any comments or requests for revisions that the County provides to CONTRACTOR regarding the Emergency Plan. CONTRACTOR will update the Emergency Plan and associated Site Plans as circumstances warrant and shall provide County with copies of such updated plans. CONTRACTOR shall train employees on the Emergency Plan and the Emergency Plan will include a description of how employees will be trained.

The Emergency Plan will indicate, in as much detail as reasonably possible, the categories of additional staff, supplies, and services that CONTRACTOR projects would be necessary for effective Emergency Response and Continuity of Operations and the costs that the CONTRACTOR projects it would incur for such additional staff, supplies and services. CONTRACTOR shall recognize and adhere to the disaster medical health emergency operations structure, including cooperating with, and following direction provided by, the County's Medical Health Operational Area Coordinator (MHOAC). In the event that the CONTRACTOR is required to implement the Emergency Plan during the term of the Agreement, the parties will confer in good faith regarding the additional staff, supplies and services needed to ensure Emergency Response and/or Continuity of Operations owing to the particular nature of the emergency, as well as whether the circumstances warrant additional compensation by the County for additional staff, supplies and services needed for such Emergency Response and/or Continuity of Operations. CONTRACTOR shall reasonably cooperate with the County in complying with processes and requirements that may be imposed by State and Federal agencies (including, but not limited to the California Governor's Office of Emergency Services and the Federal Emergency Management Agency) in connection with reimbursement for emergency/disaster related expenditures.

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

B. Contractor shall report monthly progress, that will be included with the monthly invoice for payment. Such reporting shall be submitted as follows to Erica Britton at ebritton@smcgov.org and Melina Cortez at macortez@smcgov.org, pending approval of payment. Reporting shall include the following:

1. Outreach plan identifying new participants/volunteers.
2. Detailed description of educational, outreach and peer support groups promoting wellness and recovery.
3. Provide monthly the number of social activities and a detailed description of social activities for the recovery community.
4. Detailed description of center schedule and activities.
5. Provide a monthly schedule of program activities and an unduplicated count of participants shall be reported on a monthly basis.
6. Provide a monthly schedule of program activities and an unduplicated count of Drug Court participants shall be reported on a monthly basis.

C. Program Attendance

Contractor shall keep records for all services offered. Contractor shall provide to County the total number of participants in all programs/activities monthly, as well as an unduplicated count of participants in programs/services monthly.

D. Quality Management and Compliance

1. Audits

Behavioral Health and Recovery Services QM may conduct audits of Contractors. Contractor is required to provide either the original or

copies of service documents, including all other documentation upon request.

2. 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.

3. 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 a record of annual required trainings. The following trainings must be completed on an initial and then annual basis:

- i. Confidentiality
- ii. HIPAA
- iii. Compliance
- iv. Fraud, Waste, and Abuse
- v. Critical Incident Management
- vi. Cultural Humility
- vii. Interpreter training (if using interpreter services)

Contractor may utilize BHRS Confidentiality trainings located at <http://smchealth.org/bhrs/providers/ontrain>. Other trainings may also be offered through the County's Learning Management System (LMS) located at: https://sanmateocounty.csod.com/selfreg/register.aspx?c=bh_rsp01. Contractor must register on the LMS site to access the training modules. Proof of training, such as certificate of completion, may be requested at any time during the term of this Agreement.

4. 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.

5. 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 # 04-01, which can be found online at: <http://www.smchealth.org/bhrs-policies/compliance-policy-funded-services-provided-contracted-organizational-providers-04-01>. 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.

6. 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>.

7. 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 a waiver 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.

8. Minimum Staffing

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.

E. Cultural Competency

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

1. Contractor will submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of clients, families and the workforce. This plan will be submitted to the BHRS Analyst/Program Manager and the Health Equity Initiatives Manager (HEIM) by September 30 of the fiscal year.

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

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

manner. BHRS strongly encourages its contractors to use BHRS-sponsored forms in an effort to create uniformity within the system of care. Contractor shall submit to HEIM by March 31st, copies of Contractor's health-related materials in English and as translated.

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

III. GOALS AND OBJECTIVES

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

Goal 1: Increase client participation in all peer support/recovery activities.

Objective 1: Contractor shall increase client attendance to peer support/recovery activities by ten percent (10%) per activity, from the prior year.

Goal 2: Increase client participation in pre and post-test to evaluate the effectiveness of WRAP Sessions.

Objective 2: Contractor shall increase client participation in the pre-test, and through the wrap session help the client identify their own warning or triggers.

Data collection to be completed by Contractor.

Goal 1: Contractor will continue implementation of data management system.

Objective 1: Contractor will continue implementation and use of data management system to help track and report client data.

Goal 2: Outreach to referral agencies such as, but not limited to, Probation Department, specialty courts, NAMI and other agencies.

Objective 2: Contractor shall make outreach presentations to at least ten (10) different agencies annually.

*** END OF EXHIBIT A2 ***

EXHIBIT B2 – PAYMENTS AND RATES
VOICES OF RECOVERY SAN MATEO COUNTY
FY 2020 – 2022

In consideration of the services provided by Contractor in Exhibit A2, County shall pay Contractor based on the following fee schedule:

I. PAYMENTS

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

A. Maximum Obligation

The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed the amount stated in Paragraph 3 of this Agreement. Furthermore, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement.

In any event, the maximum amount county shall be obligated to pay for all services rendered under this contract shall not exceed NINE HUNDRED NINETEEN THOUSAND NINE HUNDRED ONE DOLLARS (\$919,901).

B. Recovery Support Services

For Recovery Support Services as described in Paragraph A of Exhibit A2, County shall be obligated to pay a maximum of FOUR HUNDRED TWENTY-ONE THOUSAND FIFTY-TWO DOLLARS (\$421,052) for the term of the agreement.

1. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid one-twelfth (1/12th) of the total obligation per month or SEVENTEEN THOUSAND FIVE HUNDRED FORTY-FOUR DOLLARS (\$17,544), not to exceed TWO HUNDRED TEN THOUSAND FIVE HUNDRED TWENTY-SIX DOLLARS (\$210,526). Contractor shall submit an itemized list of services provided for the billing month.
2. For the term July 1, 2021 through June 30, 2022, Contractor shall be paid one-twelfth (1/12th) of the total obligation per month or SEVENTEEN THOUSAND FIVE HUNDRED FORTY-FOUR DOLLARS (\$17,544), not to exceed TWO HUNDRED TEN THOUSAND FIVE HUNDRED TWENTY-SIX DOLLARS (\$210,526). Contractor shall submit an itemized list of services provided for the billing month.

C. Peer Recovery Supports and Community Integration

For Peer Recovery Supports and Community Integration services as described in Paragraph B of Exhibit A2, County shall pay Contractor a maximum of TWO HUNDRED SEVENTY-FIVE THOUSAND EIGHT HUNDRED NINETY-SEVEN DOLLARS (\$275,897) for the term July 1, 2020 through December 31, 2021.

1. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid one-twelfth (1/12th) of the total obligation per month or SIXTEEN THOUSAND FORTY-FOUR DOLLARS (\$16,044), not to exceed ONE HUNDRED NINETY-TWO THOUSAND FIVE HUNDRED TWENTY-FOUR DOLLARS (\$192,524). Contractor shall submit an itemized list of services provided for the billing period.
2. For the term July 1, 2021 through December 31, 2021, Contractor shall be paid one sixth (1/6th) of the total obligation per month or DOLLARS (\$13,896), not to exceed EIGHTY-THREE THOUSAND THREE HUNDRED SEVENTY-THREE DOLLARS (\$83,373). Contractor shall submit an itemized list of services provided for the billing period.

D. Criminal Justice Realignment

For Criminal Justice Realignment Services as described in Paragraph B of Exhibit A2, County shall be obligated to pay a maximum of EIGHTY-THREE THOUSAND FIVE HUNDRED FIFTY-FOUR DOLLARS (\$83,554) for the term of the agreement.

1. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid one-twelfth (1/12th) of the total obligation per month or THREE THOUSAND FOUR HUNDRED EIGHTY-ONE DOLLARS (\$3,481), not to exceed FORTY-ONE THOUSAND SEVEN HUNDRED SEVENTY-SEVEN DOLLARS (\$41,777). Contractor shall submit an itemized list of services provided for the billing month.
2. For the term July 1, 2021 through June 30, 2022, Contractor shall be paid one-twelfth (1/12th) of the total obligation per month or THREE THOUSAND FOUR HUNDRED EIGHTY-ONE DOLLARS (\$3,481), not to exceed FORTY-ONE THOUSAND SEVEN HUNDRED SEVENTY-SEVEN DOLLARS (\$41,777). Contractor shall submit an itemized list of services provided for the billing month.

E. Drug Court and 11550 Funded Services

For Drug Court and 11550 Funded Services as described in Paragraph C of Exhibit A2, County shall be obligated to pay a maximum of SIXTY-THREE THOUSAND FOUR DOLLARS (\$63,004), for the term of the agreement. Services will be reimbursed on a fee for service basis. Contractor shall submit an itemized list of services provided for the billing month.

1. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid a total of THIRTY-ONE THOUSAND FIVE HUNDRED TWO DOLLARS (\$31,502).
2. For the term July 1, 2021 through June 30, 2022, Contractor shall be paid a total of THIRTY-ONE THOUSAND FIVE HUNDRED TWO DOLLARS (\$31,502).

F. Wellness Recovery Action Plan

For Wellness Recovery Action Plan (WRAP) Services as described in Paragraph E of Exhibit A2, County shall be obligated to pay a maximum of SIXTY-FIVE THOUSAND DOLLARS (\$65,000), for the term of the agreement.

1. Health Ambassador WRAP Groups
 - a. For the term July 1, 2020 through June 30, 2021, County shall pay Contractor, upon completion FOUR THOUSAND FIVE HUNDRED DOLLARS (\$4,500) per ten (10) week course, for a maximum of NINE THOUSAND DOLLARS (\$9,000) for the facilitation of two (2) ten (10) week WRAP groups. Contractor shall submit an itemized list of services provided for the billing month.
 - b. For the term July 1, 2021 through June 30, 2022, County shall pay Contractor, upon completion FOUR THOUSAND FIVE HUNDRED DOLLARS (\$4,500) per ten (10) week course, for a maximum of NINE THOUSAND DOLLARS (\$9,000) for the facilitation of two (2) ten (10) week WRAP groups. Contractor shall submit an itemized list of services provided for the billing month.
2. BHRS Training
 - a. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid one-twelfth (1/12) per month or ONE THOUSAND EIGHT HUNDRED SEVENTY-TWO DOLLARS (\$1,872), not to exceed TWENTY-TWO THOUSAND FOUR HUNDRED SIXTY DOLLARS (\$22,460). Contractor shall

submit an itemized monthly invoice to the WET Coordinator that details a summary of the charges for the month of service.

- b. For the term July 1, 2021 through June 30, 2022, Contractor shall be paid one-twelfth (1/12) per month or ONE THOUSAND EIGHT HUNDRED SEVENTY-TWO DOLLARS (\$1,872), not to exceed TWENTY-TWO THOUSAND FOUR HUNDRED SIXTY DOLLARS (\$22,460). Contractor shall submit an itemized monthly invoice to the WET Coordinator that details a summary of the charges for the month of service.

3. Facilitator Requirements

- a. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid ONE THOUSAND FORTY DOLLARS (\$1,040) for State reporting requirements. Contractor shall submit itemized invoices for reimbursement and are subject to approval of the BHRM Manager.
- b. For the term July 1, 2021 through June 30, 2022, Contractor shall be paid ONE THOUSAND FORTY DOLLARS (\$1,040) for State reporting requirements. Contractor shall submit itemized invoices for reimbursement and are subject to approval of the BHRM Manager.

G. Recovery Happens

The maximum amount that County shall be obligated to pay for event expenses shall not exceed FOUR THOUSAND DOLLARS (\$4,000), for the term of the agreement.

1. For the term July 1, 2020 through June 30, 2021, Contractor shall be reimbursed up to TWO THOUSAND DOLLARS (\$2,000) for Recovery Happens expenses. Contractor shall submit an itemized invoice for reimbursement and is subject to approval by the BHRM Manager.
2. For the term July 1, 2021 through June 30, 2022, Contractor shall be reimbursed up to TWO THOUSAND DOLLARS (\$2,000) for Recovery Happens expenses. Contractor shall submit an itemized invoice for reimbursement and is subject to approval by the BHRM Manager.

H. Technology Supports for Clients

Contractor shall be paid a maximum obligation of SEVEN THOUSAND THREE HUNDRED NINETY-FIVE DOLLARS (\$7,395) for Technology Supports for Clients as described in Exhibit A2 Section F. of this Agreement.

1. FY 2020 – 2021

- a. Contractor shall be paid a total of SEVEN THOUSAND THREE HUNDRED NINETY-FIVE DOLLARS (\$7,395), 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 A2 – Reporting Activities, along with their monthly invoice for reimbursement.
- b. *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 A2 – Reporting Activities.

2. FY 2021 – 2022

- a. 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 A2 – Reporting Activities.
 - b. Contractor shall submit the corresponding Attachment V Reporting Form for the technology supports of the cell phones, funded by the MHSA. Contractor's reporting shall include monthly tracking logs as described in Exhibit A2 – Reporting Activities .
- I. Contractor will be responsible for all expenses incurred during the performance of services rendered under this Agreement.
 - J. Modifications to the allocations in Paragraph A of this Exhibit B2 may be approved by the Chief of San Mateo County Health or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.
 - K. 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.

- L. 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.
- M. In the event this Agreement is terminated prior to June 30, 2022, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Chief of San Mateo County Health or designee.
- N. Monthly Invoice and Reporting

Contractor shall bill County on or before the tenth (10th) working day of each month following the provision of services for the prior month. 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 one hundred eighty (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. Contractor will comply with all fiscal and reporting requirements for funded services as specified in the AOD Provider Handbook.

Recovery Support Services, Criminal Justice Realignment, and Drug Court
Claims and reports are sent to:

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

Wellness Recovery Action Plan and Technology Supports
Claims and reports are sent to BHRS-Contracts-Unit@smcgov.org
OR:

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

O. 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.

P. 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.

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. Cost Report

Contractor will submit to County a final/year-end Cost Report no later than August 20th for fiscal year 2020 – 2021 and 2021 – 2022.

S. Invoice Certification and Program Integrity

Anytime Contractor submits an invoice to the County for reimbursement for services provided under Exhibit A2 of this Agreement, Contractor shall certify by signature that the invoice is true and accurate by stating the invoice is submitted under the penalty of perjury under the laws of the State of California.

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

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

Executed at _____ California, on _____ 20__

Signed _____ Title _____

Agency _____”

*** END OF EXHIBIT B2 ***

ATTACHMENT T
DISASTER AND EMERGENCY RESPONSE PLAN

AGENCY NAME:

ADDRESS:

NAME OF PRIMARY POINT OF CONTACT:

TELEPHONE NUMBER(S):

EMAIL ADDRESS:

LAST UPDATED:

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

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

II. KEY PERSONNEL AND CONTACT INFORMATION

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

III. EMERGENCY RESPONSE PLAN

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

IV. CONTINUITY OF OPERATIONS

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

V. PLAN PRACTICE AND EXERCISING

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

VI. OTHER MATTERS

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

[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.			