

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND EDGEWOOD
CENTER FOR CHILDREN AND FAMILIES**

This Agreement is entered into this _____ day of _____, 20____, by and between the County of San Mateo, a political subdivision of the state of California, hereinafter called "County," and Edgewood Center for Children and Families, hereinafter called "Contractor."

* * *

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

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

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

1. Exhibits and Attachments

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

- Exhibit A—Services
- Exhibit B—Payments and Rates
- Exhibit C—Contractor's Budget
- Attachment B—Wraparound Standards
- Attachment C—Election of Third Party Billing Process
- Attachment D—Payor Financial Form
- Attachment E—Fingerprinting Certification
- Attachment I—§ 504 Compliance

2. Services to be performed by Contractor

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

3. Payments

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibit A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B. County reserves the right to withhold payment if County determines that the quantity

or quality of the work performed is unacceptable. In no event shall County's total fiscal obligation under this Agreement exceed EIGHT MILLION ONE HUNDRED THIRTY-THREE THOUSAND EIGHT HUNDRED NINETY-SIX DOLLARS (\$8,133,896). In the event that the County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by the County at the time of contract termination or expiration. Contractor is not entitled to payment for work not performed as required by this agreement.

4. Term

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2021 through June 30, 2022.

5. Termination

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

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

6. Contract Materials

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

7. Relationship of Parties

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

8. **Hold Harmless**

a. **General Hold Harmless**

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

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

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

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

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

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

b. **Intellectual Property Indemnification**

Contractor hereby certifies that it owns, controls, and/or licenses and retains all right, title, and/or interest in and to any intellectual property it uses in relation to this Agreement, including the design, look, feel, features, source code, content, and/or other technology relating to any part of the services it provides under this Agreement and including all related patents, inventions, trademarks, and copyrights, all applications therefor, and all trade names, service marks, know how, and trade secrets (collectively referred to as "IP Rights") except as otherwise noted by this Agreement.

Contractor warrants that the services it provides under this Agreement do not infringe, violate, trespass, or constitute the unauthorized use or misappropriation of any IP Rights of any third party. Contractor shall defend, indemnify, and hold harmless County

from and against all liabilities, costs, damages, losses, and expenses (including reasonable attorney fees) arising out of or related to any claim by a third party that the services provided under this Agreement infringe or violate any third-party's IP Rights provided any such right is enforceable in the United States. Contractor's duty to defend, indemnify, and hold harmless under this Section applies only provided that: (a) County notifies Contractor promptly in writing of any notice of any such third-party claim; (b) County cooperates with Contractor, at Contractor's expense, in all reasonable respects in connection with the investigation and defense of any such third-party claim; (c) Contractor retains sole control of the defense of any action on any such claim and all negotiations for its settlement or compromise (provided Contractor shall not have the right to settle any criminal action, suit, or proceeding without County's prior written consent, not to be unreasonably withheld, and provided further that any settlement permitted under this Section shall not impose any financial or other obligation on County, impair any right of County, or contain any stipulation, admission, or acknowledgement of wrongdoing on the part of County without County's prior written consent, not to be unreasonably withheld); and (d) should services under this Agreement become, or in Contractor's opinion be likely to become, the subject of such a claim, or in the event such a third party claim or threatened claim causes County's reasonable use of the services under this Agreement to be seriously endangered or disrupted, Contractor shall, at Contractor's option and expense, either: (i) procure for County the right to continue using the services without infringement or (ii) replace or modify the services so that they become non-infringing but remain functionally equivalent.

Notwithstanding anything in this Section to the contrary, Contractor will have no obligation or liability to County under this Section to the extent any otherwise covered claim is based upon: (a) any aspects of the services under this Agreement which have been modified by or for County (other than modification performed by, or at the direction of, Contractor) in such a way as to cause the alleged infringement at issue; and/or (b) any aspects of the services under this Agreement which have been used by County in a manner prohibited by this Agreement.

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

9. Assignability and Subcontracting

Contractor shall not assign this Agreement or any portion of it to a third party or subcontract with a third party to provide services required by Contractor under this Agreement without the prior written consent of County. Any such assignment or subcontract without County's prior written consent shall give County the right to

automatically and immediately terminate this Agreement without penalty or advance notice.

10. Insurance

a. General Requirements

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

b. Workers' Compensation and Employer's Liability Insurance

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

c. Liability Insurance

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

(a) Comprehensive General Liability... \$1,000,000

(b) Motor Vehicle Liability Insurance... \$1,000,000

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

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

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

11. Compliance With Laws

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

Further, Contractor certifies that it and all of its subcontractors will adhere to all applicable provisions of Chapter 4.106 of the San Mateo County Ordinance Code, which regulates the use of disposable food service ware. Accordingly, Contractor shall not use any non-recyclable plastic disposable food service ware when providing prepared food on property owned or leased by the County and instead shall use biodegradable, compostable, reusable, or recyclable plastic food service ware on property owned or leased by the County.

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

12. Non-Discrimination and Other Requirements

a. General Non-discrimination

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

b. Equal Employment Opportunity

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

c. Section 504 of the Rehabilitation Act of 1973

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

d. Compliance with County's Equal Benefits Ordinance

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

e. Discrimination Against Individuals with Disabilities

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

covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

f. History of Discrimination

Contractor certifies that no finding of discrimination has been issued in the past 365 days against Contractor by the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or any other investigative entity. If any finding(s) of discrimination have been issued against Contractor within the past 365 days by the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or other investigative entity, Contractor shall provide County with a written explanation of the outcome(s) or remedy for the discrimination prior to execution of this Agreement. Failure to comply with this Section shall constitute a material breach of this Agreement and subjects the Agreement to immediate termination at the sole option of the County.

g. Reporting; Violation of Non-discrimination Provisions

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

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

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

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

h. Compliance with Living Wage Ordinance

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

13. Compliance with County Employee Jury Service Ordinance

Contractor shall comply with Chapter 2.85 of the County's Ordinance Code, which states that Contractor shall have and adhere to a written policy providing that its employees, to the extent they are full-time employees and live in San Mateo County, shall receive from the Contractor, on an annual basis, no fewer than five days of regular pay for jury service in San Mateo County, with jury pay being provided only for each day of actual jury service. The policy may provide that such employees deposit any fees received for such jury service with Contractor or that the Contractor may deduct from an employee's regular pay the fees received for jury service in San Mateo County. By signing this Agreement, Contractor certifies that it has and adheres to a policy consistent with Chapter 2.85. For purposes of this Section, if Contractor has no employees in San Mateo County, it is sufficient for Contractor to provide the following written statement to County: "For purposes of San Mateo County's jury service ordinance, Contractor certifies that it has no full-time employees who live in San Mateo County. To the extent that it hires any such employees during the term of its Agreement with San Mateo County, Contractor shall adopt a policy that complies with Chapter 2.85 of the County's Ordinance Code." The requirements of Chapter 2.85 do not apply if this Agreement's total value listed in the Section titled "Payments", is less than one-hundred thousand dollars (\$100,000), but Contractor acknowledges that Chapter 2.85's requirements will apply if this Agreement is amended such that its total value meets or exceeds that threshold amount.

14. Retention of Records; Right to Monitor and Audit

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

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

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

15. Merger Clause; Amendments

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

16. Controlling Law; Venue

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

17. Notices

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

In the case of County, to:

Name/Title: Doug Fong/Clinical Services Manager
Address: 1950 Alameda de las Pulgas, San Mateo CA 94403
Telephone: (650) 301-8620
Facsimile:
Email: dfong@smcgov.org

In the case of Contractor, to:

Name/Title: Lynn Dolce/Chief Executive Officer
Address: 1801 Vicente Street, San Francisco, CA 94116
Telephone: (415) 682-3220
Facsimile: (415) 664-7094
Email: lynnd@edgewood.org

18. Electronic Signature

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

19. Payment of Permits/Licenses

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

* * *

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

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES

Timothy A Marcotte

Tim Marcotte, Chief of Finance and Administration

Contractor's Signature

11/18/2021
Date: _____

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES
FULL SERVICE PARTNERSHIP SERVICES
EXHIBIT A – SERVICES
FY 2021 – 2022

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

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

Contractor shall provide comprehensive and integrated Full-Service Partnership (FSP) mental health service programs for the highest risk children/youth (C/Y) and transition age youth (TAY) in San Mateo County. The purpose of these two programs is to assist each enrolled client ("enrollees") and families to achieve independence, stability and wellness within the context of their cultures, communities, and family/caregiver units, and to remain living in their respective communities. Contractor shall work with San Mateo County Behavioral Health and Recovery Services ("BHRS") staff ("County") to implement these services in accordance with requirements of the California Mental Health Services Act (MHSA) requirements.

A. Values and Principles

1. Wraparound

The FSP programs shall reflect the core values of Wraparound, including recognition of the family's cultural values as a strength of the family. Family shall be defined to mean relatives, caregivers, peers, friends, and significant others as determined by the individual client. The provision of Wraparound services shall be in accordance with the Best Practices Standards as developed by the California Department of Social Services. (See Attachment B – Wraparound Standards Guidelines for Planning and Implementation.)

2. The concept of self-help shall be a part of every enrollee care plan.

3. Services shall be linguistically and culturally competent and provided to a substantial degree by staff from the same ethnic groups as enrollees. The program shall incorporate the following cultural competence elements:

a. Outreach and engagement strategies designed to reach identified diverse communities and to engage them in services.

- b. Provide culturally competent services that are sensitive to the enrollee's cultural identity, available in the enrollee's primary language and make use of the natural supports provided by the enrollee's culture and community.
- c. Team members shall be trained in culturally competent practices. Services shall be delivered by bilingual, culturally competent staff.
- d. Goal setting and planning process shall be culturally sensitive and shall build on the enrollee's and family's cultural community resources and context. Individual, culturally focused community supports shall be identified and integrated into planning. Enrollee care plans shall reflect and respect the healing traditions and healers of each child/youth and family.

B. Populations to be Served

- 1. Program services will be open to all youth meeting the population criteria described below, however it is specifically targeted to Asian/Pacific Islander, Latino and African American children/youth (C/Y) and transition age youth (TAY). Medi-Cal and non-Medi-Cal eligible clients shall be offered the opportunity to participate.

Populations to be served by the program are:

- a. Severely Emotionally Disturbed (SED) and dually diagnosed C/Y (ages 6 to 21, including 16/17 year olds when it is developmentally appropriate and/or best meets the needs of the client and family) and TAY (age 16 to 25 years old) with multiple psychiatric emergency services episodes and/or frequent hospitalizations with extended stays.
- b. SED and dually diagnosed C/Y, and their families, who are at risk of out-of-home placement or returning from residential placement, with juvenile justice or child welfare involvement.
- c. SED and dually diagnosed homeless C/Y/TAY and C/Y/TAY exiting school based, IEP driven services.
- d. Newly identified TAY who are experiencing a "first break" and have been recently diagnosed with a psychotic disorder. This target population may or may not have had prior involvement with the mental health, juvenile justice and/or child welfare systems.

2. Youth enrolled in SB163 are considered as being in a placement equivalent to FSP program services.

3. Client Eligibility Criteria

Eligibility criteria shall include:

- a. Enrollees must be San Mateo County residents.
- b. At risk for placement in a Short-Term Residential Treatment Program (STRTP) (for SB163 enrollees).
- c. For C/Y enrollees the family must be willing and able to participate in the treatment process.
- d. For SB163 C/Y funded slots, enrollees must be currently involved in HSA, or Probation.

C. Program Planning

Prior to implementation Contractor shall initiate the following planning steps:

1. Establish Youth and Caregiver Advisory Committees (Advisory Committees) to review, guide and/or modify FSP program implementation and policy development, including consultation and planning assistance for ongoing operation of the development of the TAY Drop In Center.
2. Initiate consultation/collaboration with the County co-occurring disorders provider.
3. Collaborate with County community college and vocational education programs, as needed.

D. Comprehensive Full-Service Partnership Services

FSP services shall be delivered by two separate multidisciplinary teams, one for C/Y and one for TAY. There shall be a 1:10 staff to enrollee ratio. Except as specifically delineated below in this Paragraph D, all services described shall be provided for both C/Y and TAY enrollees. It is anticipated that enrollees will receive a minimum of four (4) to seven (7) hours of services per week.

1. Program Capacity

San Bruno and Redwood City Drop-In Centers

Contractor shall serve the following at the San Bruno Drop-In Center and the Redwood City Drop-in Center:

- a. The C/Y team shall serve forty-five (45) clients.
 - b. The TAY team shall serve fifty (50) clients.
 - c. the average length of stay is anticipated to be eighteen (18) months for both the C/Y and TAY programs.
2. Program services shall have four (4) phases:
- a. Phase I (Discovery) – Engagement, assessment, stabilization and planning.
 - b. Phase II (Hope) – Build skills and family connectedness
 - c. Phase III (Renewal) – Strengthening and expanding formal and informal community support systems; affirm and support self-reliance strategies; prevent relapse; and leadership training
 - d. Phase IV (Constancy) – Individualized aftercare planning to promote stability and permanence.
3. FSP teams shall operate under policies and procedures that ensure:
- a. Twenty-four (24) hour, seven (7) day a week availability of program staff by phone and in-person when necessary, including access to medication support services.
 - b. Staffing levels will be maintained according to contract. If vacancies occur, monthly updates regarding recruitment efforts will be provided to BHRS contract managers.
 - c. Continuity of care during inpatient episodes including visits with local hospitals that allow program staff to have regular contact with client and with inpatient treatment staff while client is hospitalized.
 - d. Continuity of care during criminal justice contacts.
 - e. Coordination with client's primary care physician.
 - f. Contact with each client as often as clinically necessary, which might be daily.

4. FSP teams shall be responsible for delivery of services and service outcomes. FSP staff will provide the services identified in the individualized enrollee care plan (Care Plan). Some C/Y enrollees and family members may continue to receive other services in the MH system (e.g., County Therapeutic Day Schools, clinic medication services). The FSP team will work in collaboration with the other County staff and contract providers to assure implementation of each enrollee's Care Plan.

5. **Initiation of Services**

No later than five (5) days following authorization by County designated BHRS representative a member of the FSP team shall meet with the C/Y/TAY client and family (as applicable to TAY enrollees) to conduct an orientation and strengths assessment to enroll the client, and to set the groundwork for the first Multidisciplinary Team (MDT) meeting. An episode opening will be created in MIS no later than five (5) days after authorization by County designated BHRS representative. The MDT shall include the FSP team, other system providers, and the C/Y enrollee and family.

Within each team, a personal services coordinator (clinical case manager) shall be identified for each enrollee.

The MDT shall develop the individualized care plan ("Wrap Plan"), which shall identify the highest priority needs which may include but not be limited to any of the following five life domains: 1) support/self-efficacy, 2) education, 3) employment, 4) wellness, and 5) safety and permanence. Action steps shall be developed and responsibility for completing those steps shall be assigned. The MDT shall meet as often as needed to address the C/Y / TAY enrollee and family of the enrollee's needs. The Wrap Plan timeline shall be as follows:

| Timeframe | Action |
|--------------------------------------|--|
| Intake | Preliminary Safety Plan, Consents & Release of Information |
| Within thirty (30) days | Strength and Needs Assessment completed |
| Within sixty (60) days | Wrap Plan and Discharge Plan are implemented |
| As needed | Wrap Plan is reviewed and updated |
| Within ninety (90) days of discharge | After care meeting |

6. Volume of Services

Contractor will provide the minimum volume of services per contract period established below. One (1) unit equals one (1) minute of service. The average level of service per enrollee shall be a minimum of four (4) hours per week.

| | | Minimum Number of Eligible Units |
|------------------------------|--|-------------------------------------|
| July 1, 2021 – June 30, 2022 | | |
| C/Y Program | | 772,200 |
| TAY FSP Program | | 858,000 |
| Total | | 1,630,200 |

7. Clinical Services

The FSP teams shall provide the following clinical services. Contractor shall employ evidence-based practices to include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Systemic Family Treatment, as clinically appropriate.

a. Mental Health Services

Contractor shall provide Mental Health Services ("Mental Health Services") to include:

- 1) **Individual Therapy:** Individual Therapy is 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 therapy when the individual is present.
- 2) **Group Therapy:** Group Therapy is 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).
- 3) **Family Therapy:** Therapeutic interventions focused on the care and management of the enrollee's mental health condition within the family system when an enrollee and one or more family member/significant other are present.

- 4) Collateral Services: Collateral Services consists of contact with one or more significant support persons in the life of the client 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). Family counseling or therapy which is provided on behalf of the client is considered collateral.
- 5) Assessment services: This includes clinical analysis of the history and current status of the client/enrollee's mental, emotional or behavioral condition.
- 6) Plan Development: The development of client plans, approval of client plans, and/or monitoring of enrollee progress.
- 7) Rehabilitation Services: Assistance in improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, medication compliance and access to support resources. This includes psychosocial education aimed at helping to achieve enrollee's goals.

b. Medication Support Services

- 1) Contractor shall provide Medication Support Services by a psychiatrist.
- 2) Medication Support Services ("Medication Support Services") shall include:
 - a) Prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, necessary to alleviate the symptoms of mental illness;
 - b) Evaluation of the need for medication, prescribing and/or dispensing;
 - c) Evaluation of clinical effectiveness and side effects of medication;
 - d) Obtaining informed consent for medication(s); and
 - e) Medication education (including discussing risks, benefits and alternatives with the consumer or significant support persons).
- 3) Contractor shall provide peer medication support groups

c. Case Management

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:

- 1) Linkage and Coordination - the identification and pursuit of resources including, but not limited to, the following:
 - a) Inter- and intra-agency communication, coordination, and referral, including reports to CPS.
 - b) Monitoring service delivery to ensure an individual's access to service and the service delivery system
 - c) Linkage, brokerage services focused on transportation, housing, or finances
- 2) Placement Services Supportive assistance to the individual in the assessment, determination of need, and securing of adequate and appropriate living arrangements including, but not limited to, the following:
 - a) Locating and securing an appropriate living environment
 - b) Locating and securing funding
 - c) Pre-placement visit(s)
 - d) Negotiation of housing or placement contracts
 - e) Placement and placement follow-up
 - f) Accessing services necessary to secure placement

d. Crisis Intervention

Crisis response services shall be available twenty-four (24) hours per day, seven (7) days per week by phone or in-person when necessary with the following three-tiered response system: 1) clinical management staff; 2) psychiatrist; 3) agency administrator.

- 1) Contractor shall provide Crisis Intervention ("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.
- 2) Contractor shall provide Crisis Intervention as medically necessary.

e. Intensive in-home services

f. Intensive case management

g. Referrals for psychiatric inpatient services shall be made as necessary.

h. Substance Abuse/Co-occurring disorders services

Services for clients with co-occurring disorders shall be treated in a harm reduction, Stages of Change model. Where substance abuse is determined to be life threatening, more assertive interventions may be implemented, as determined by Contractor.

8. Non-Clinical Services

a. Centralized intake

b. Outreach and Engagement

1) Client engagement and outreach

Contractor shall establish Care Teams that will utilize Family Conferencing in the care planning process. Enrollees and their families shall be included in all Care Team meetings and shall be the final decision makers in the treatment process.

2) Community engagement and outreach

Youth transitioning out of residential facilities, jail, hospitals and long-term care facilities will be engaged in pre-discharge planning to include multi-modal assessment and crisis plan development. The initial Care Team meeting shall take place prior to discharge.

c. Contractor shall make available transportation, childcare and home-based services to increase client engagement.

d. Family/caregiver support and Family Finding services

Services shall address the whole family, not only the enrollee, and shall support parents when they have their own mental health or substance abuse needs. The FSP shall facilitate access to services, interfacing with Adult Mental Health Services (MHS) or Alcohol and Other Drug Services (AOD) of BHRS Division when family members meet MHS and/or AOD criteria or providing crisis/brief intervention services to those not meeting criteria and referring them to primary care or community resources, as needed.

Family support shall include peer support and encouragement to the parents to enhance the family's community and natural supports, transportation services, and supports as identified in the individualized action plan. Services for family/caregivers shall include:

- 1) Parent management curriculum for dealing with behavior problems
- 2) Support groups
- 3) Educational groups focusing on mental illness, co-occurring disorders and finding resources.
- 4) Night and weekend activities shall be part of program services.
- 5) Family finding services shall be provided for enrollees.
- 6) Contractor shall provide two Parent Partners to operate a family/caregiver support center. Parent Partners shall be part of the FSP team and shall be assigned to a child/youth/family to provide support in identifying strengths, pinpointing areas of growth, and creating plans that will promote positive change. Parent partners shall coordinate group events to bring family members/parents/caregivers together.
- 7) Respite Services
- 8) Shadow services (1:1 mentoring)
- 9) Any services that are needed in order to manage the youth safely in the community.

9. Services specific to TAY enrollees

- a. TAY FSP services will be coordinated with services provided by the San Mateo Youth Transition to Adult Committee (YTAC), the Young Adults Independent Living (YAIL) program, and the HSA Adolescent Services Unit.
- b. Services shall be provided in a modified Assertive Community Treatment (ACT) model as defined by the Substance Abuse and Mental Health Administration (SAMHSA).
- c. The TAY FSP team will emphasize the enrollee's role in developing individual wellness and recovery plans, focusing on assisting TAY to become "interdependent." These enrollees shall be supported to build on or develop the skills to become independent through their continued education and /or employment and their own housing, and to sustain continued relationships with family (if they choose) and other adults in their lives who provide ongoing support.

- d. TAY enrollees shall have access to housing subsidies to insure they have housing and linkages to resources to meet their housing needs. The majority of these FSP housing resources for all age groups will be managed by a separate contractor. Emancipated foster care enrollees who meet program guidelines shall be supported in accessing monthly housing stipends provided through the Human Services Agency.
- e. The FSP team will coordinate with the County contracted supported education program to create a focus on TAY enrollees. TAY enrollees shall be supported to access this program. The supported education program will be designed to address the specific interests and goals of transition age youth. The work-study peer positions related to the drop-in center shall be available for enrollees or FSP graduates.
- f. TAY enrollees who meet program guidelines will be linked as appropriate to the Independent Living Skills Program (ILSP) for educational assistance, employment, classes in life skills training, financial aid workshops, computer classes, transportation, mentoring, housing, and tutoring.
- g. Housing
 - 1) Contractor shall work collaboratively with the BHRS contractor selected to provide housing support services for TAY enrollees. Contractor shall establish an MOU with the BHRS contractor identifying roles and responsibilities of each provider in order to best support TAY enrollees to secure, retain and care for housing. Housing subsidies for TAY enrollees will be managed by a separate contractor. Access to these resources will be determined by BHRS, Contractor and the County housing contractor.
 - 2) Contractor shall work with other community agencies to maximize the availability of housing resources for TAY enrollees.
- h. Supported Education

TAY supported education services will be provided only when this service is a part of the comprehensive action plan. Referrals will not be accepted for non-enrollees. Supported education will be funded with MHSA FSP funds and managed through an agreement with another contractor. Contractor shall collaborate with the College of San Mateo to gain enrollee access for existing programs. Contractor shall also provide the following services to assist enrollees to become involved in supported education:

- 1) Conduct a thorough assessment of enrollee educational skills and needs
- 2) Assist with educational and vocational goal-setting
- 3) Provide daily living and social skills coaching
- 4) Develop classes to teach the skills necessary to be a successful student
- 5) Accompany students to matriculate in educational and academic programs
- 6) Use flex funds to provide incentives to pursue education or to pay for specific courses
- 7) Engage in educational advocacy, especially around re-enrolling youth who have left school
- 8) Collaborate with vocational rehabilitation services
- 9) Provide pregnancy prevention counseling
- 10) Help obtain assistance for parenting youth
- 11) Obtain tutoring services as needed for enrollees.

i. Supported Employment

Contractor shall provide the following services to assist enrollees to become involved in supported employment:

- 1) Conduct a thorough assessment of enrollee vocational skills and needs
- 2) Provide assistance with résumé writing/job applications
- 3) Provide onsite occupational therapy
- 4) Facilitate seminars on professional development and job seeking skills
- 5) Help with job placement and coaching
- 6) Assistance with securing entry level employment
- 7) Mentoring youth in volunteer work and providing youth with job shadowing opportunities

j. Staffing – Comprehensive FSP Services
Program staff shall include the following:

FTEs

| | |
|--|--------------|
| Program Director, (TAY and FSP) | 1.5 |
| Advocacy and Housing Manager | 1.0 |
| Education Enrichment Manger | 1.0 |
| Clinical Supervisor (TAY) | 0.5 |
| Clinical Supervisor – Bilingual (CY) | 0.8 |
| Family Support Coordinator (TAY) | 0.75 |
| Family Support Coordinator (CY) | 0.4 |
| Clinic Case Manager (CY) | 2.0 |
| Case Manager (TAY) | 2.0 |
| Clinic Case Manager- Bilingual (CY) | 4.0 |
| Case Manager – Bilingual (TAY) | 2.0 |
| Clinician (TAY) | 1.0 |
| Clinician Bilingual (CY) | 1.0 |
| Clinician Bilingual (TAY) | 2.0 |
| Family Partner (1 CY, 1 TAY) | 2.0 |
| Family Partner – Bilingual (2 CY, 1 TAY) | 3.0 |
| ILS Specialist (TAY) | 1.0 |
| Ed/Voc Specialist (TAY) | 1.0 |
| Community Behavioral Specialist (TAY) | 1.0 |
| Crises Response Coordinator - Bilingual | 0.5 |
| Crises Response Counselor | 2.0 |
| C/Y Program Manager - Bilingual | 0.75 |
| Pharm. Tech – Bilingual (CY and TAY) | 0.5 |
| Family Conference Facilitator - Bilingual | 0.1 |
| Peer Partner (TAY DIC) | 1.5 |
| Peer Partner (TAY DIC) - Bilingual | 0.5 |
| Crises Response Coordinator – Bilingual Rel. | 0.1 |
| Administrative Support Staff - Bilingual | 1.0 |
| QA Manager | 0.25 |
| Clinical Doc. Specialist | 0.66 |
| Training Coordinator | 0.25 |
| Education & Enrichment Manager - (TAY DIC) Bilingual | 1.0 |
| Community Outreach Coordinator - (TAY DIC) Bilingual | 1.0 |
| Peer Partner (TAY DIC) | 1.0 |
| Peer Partner - (TAY DIC) Bilingual | 1.5 |
| Family Conference Specialist (CY) | .5 |
| Youth Specialist (CY) | 1.0 |
| Family Partner I – (CY) | .5 |
| Therapeutic After School Specialist | .5 |
| Clinical Case Manager (CY) | 1.0 |
| Behavior Support Specialist (TAY) Bilingual | 1.0 |
| Clinician (TAY) | 1.0 |
| Specialist Coordinator (TAY) | 1.0 |
| Case Manager (TAY) | 1.0 |
| Administrative Support | .5 |
| Total FTEs | 48.56 |

**Family Specialist positions may include specialty focus specifically in the areas of Independent Living Skills, Education/Vocation, and Housing*

- 1) Each FSP program shall have a 1.0 FTE Program Manager
- 2) Psychiatry services shall be provided by a 0.5 FTE Medical Staff. The psychiatrist shall assist with diagnosis and assessment, and shall participate in Care Team meeting when needed.
- 3) The staff to enrollee ratio shall be 1:8 or better. Each enrollee shall have a case manager and clinician, and shall be assigned a Youth Activities Supervisor and family specialist as needed.
- 4) Staff shall reflect the ethnic/cultural/linguistically diverse populations that are served by these programs and shall include staff who are Spanish speaking.
- 5) Contractor shall provide 0.5 FTE staff to provide Quality Assurance, Quality Improvement, and Utilization Management duties.
- 6) Staff proficiencies shall include:
 - a) Dialectical Behavioral Therapy (DBT)
 - b) Cognitive Behavioral Therapy (CBT)
 - c) Family therapy
 - d) Motivational interviewing skills
 - e) Experience working with trauma
 - f) Personality disorders
 - g) Co-occurring disorders
 - h) Eating disorders
 - i) LGBTQ youth
 - j) Early onset of psychosis
- 7) Each team will have specific expertise in working with their target age group population. Each team will be supervised by a single Program Director to assure consistent vision across both teams and collaboration between teams.
- 8) Parent and Peer Partners
 - a) The Parent Partner must have personal knowledge and experience as a caregiver for a special needs child.
 - b) The Peer Partner must have personal experience as a consumer of mental health services.
- 9) Staff Training - comprehensive FSP employees
 - a) Contractor shall provide FSP staff fifty-two (52) hours of training in the first month of employment, including cultural competency training. Staff shall receive an additional sixty (60) hours of training, to include the following topics:

- i) Care Team planning
 - ii) Harm reduction
 - iii) Asset mapping
 - iv) Support case management
 - v) Principles and practices of wraparound
 - vi) Project Cornerstone's 41 Developmental Assets
 - vii) Family conferencing
- b) Contractor shall utilize updated SB163 Wrap Around Program training sessions developed for the original pilot to train staff. Family members and system of care staff shall be included at every session.
- c) All comprehensive FSP staff shall participate in BHRS system wide trainings covering:
 - i) Cultural humility
 - ii) Sexual orientation and gender differences
 - iii) Consumer culture
 - iv) Co-occurring disorder assessment and treatment skills
 - v) Cognitive behavioral approaches, including Trauma Focused CBT

10. Service Locations

Services shall be provided in enrollee homes and other community sites throughout the County. In addition, Contractor shall maintain service sites at the following four (4) locations or similarly situated locations:

- a. 931 San Bruno Avenue, San Bruno
- b. 170 S. Spruce Avenue, South San Francisco
- c. 604 Price Avenue, Redwood City
- d. 1510 Fashion Island Blvd., Suite 310, Foster City

Service sites may be changed upon the approval of the BHRS Deputy Director of Child and Youth Services.

11. Drop-In Center Services – Comprehensive FSP Services – San Bruno

- a. The focus of the Drop-In Center is to provide a safe location for TAY to meet, and to be a central point for the delivery of services. The Drop-In Center and its services and supports will be organized around self-help, independence, and skill building. Drop-in Center services shall be provided to TAY enrollees as well as other SED TAY who are currently receiving County mental health services or identified as needing engagement in MH services, and for C/Y who have these services include in their treatment plans.
- b. The Drop-In Center will serve enrollees in the TAY program and shall be used as a step-down support for enrollees transitioning from FSP team services as well as for the other youth not receiving FSP team services. The Center will serve individuals whether or not currently enrolled in FSP team services. Referrals may come from MHSA community outreach and school-based programs. The Drop-In Center is not a referral-based or authorized service.
- c. The Center shall include staffing by people close to the TAY age group. The Center shall be open twenty-three (23) hours per week with flexible hours. It shall be strategically located to provide maximum accessibility to Center services for residents of San Mateo County.
- d. Drop-In Center services shall include, but not be limited to:
 - 1) Self-help supports
 - 2) Recreational and social activities
 - 3) Group lunches and dinners
 - 4) Legal clinic
 - 5) Health clinic
 - 6) Assistance with domestic violence issues
 - 7) Co-occurring disorder self-help groups
 - 8) Living skills classes
 - 9) Gender-based groups
 - 10) Support for those seeking to enter the college system
 - 11) Peer support
 - 12) Other supports identified as needed by those using the Center, in order to enhance client ability to manage independence
 - 13) Warm line services
 - 14) Support groups for lesbian / gay/ bisexual / transgender / questioning (LGBTQ) SED youth
- e. Services will be available to TAY enrollees on a drop-in basis, and for C/Y enrollees if part of the enrollee care plan

- f. Staff from the FSP team will offer onsite services
 - g. The Drop-In Center shall be located in a community location near bus routes
 - h. The San Bruno Drop-In Center will be staffed by 3.0 FTE peer support staff and volunteers who mirror the target population
12. Drop-In Center Services – Comprehensive FSP Services – Redwood City
- a. Description of Services
 - i. The focus of the Drop-In Center is to provide a safe location for TAY to meet, and to be a central point for the delivery of services. The Drop-In Center and its services and supports will be organized around self-help, independence, and skill building. Drop-in Center services shall be provided to TAY enrollees as well as other SED TAY who are currently receiving County mental health services or identified as needing engagement in MH services, and for C/Y who have these services include in their treatment plans.
 - ii. The Drop-In Center will serve enrollees in the TAY program and shall be used as a step-down support for enrollees transitioning from FSP team services as well as for the other youth not receiving FSP team services. The Center will serve individuals whether or not currently enrolled in FSP team services. Referrals may come from MHSA community outreach and school-based programs. The Drop-In Center is not a referral-based or authorized service.
 - iii. The Center shall include staffing by people close to the TAY age group. The Center shall be open twenty-three (23) hours per week with flexible hours. It shall be strategically located to provide maximum accessibility to Center services for residents of San Mateo County.
 - iv. Drop-In Center services shall include, but not be limited to:
 - 1) Self-help supports
 - 2) Recreational and social activities
 - 3) Group lunches and dinners
 - 4) Legal clinic
 - 5) Health clinic
 - 6) Assistance with domestic violence issues
 - 7) Co-occurring disorder self-help groups

- 8) Living skills classes
 - 9) Gender-based groups
 - 10) Support for those seeking to enter the college system
 - 11) Peer support
 - 12) Other supports identified as needed by those using the Center, in order to enhance client ability to manage independence
 - 13) Warm line services
 - 14) Support groups for lesbian / gay/ bisexual / transgender / questioning (LGBTQ) SED youth
- c. Services will be available to TAY enrollees on a drop-in basis, and for C/Y enrollees if part of the enrollee care plan
 - d. Staff from the FSP team will offer onsite services
 - e. The Drop-In Center shall be located in a community location near bus routes
 - f. The Redwood City Drop-In Center will be staffed by 3.0 FTE peer support staff and volunteers who mirror the target population
13. Admission and Discharge – Comprehensive FSP Services
- a. The County designated BHRS staff representative (e.g. Clinical Services Manager, Supervising Mental Health Clinician for the Youth to Adult Transition Team) will manage the overall referral and authorization process in collaboration with the review / authorization committees.
 - b. Services shall be provided for unserved and underserved populations.

- 1) Unserved populations include C/Y that have previously been known (via PES/inpatient, juvenile hall, child welfare) but are not currently engaged in community-based services, as well as C/Y that are completely new to the system. The SB163 Program entry point for enrollment of children/youth will be through the Interagency Placement Review Committee (IPRC), which is comprised of representatives from the Human Services Agency (Children and Family Services), BHRS, the Probation Department (Juvenile Probation Division), Education, and Alcohol and Other drugs. The IPRC will oversee authorization to forty-five (45) MHSA slots. The FSP team will adhere to all current SB163 enrollment and disenrollment protocols.
 - 2) Under-served populations include C/Y currently engaged in community-based services, but at-risk of out-of-home placement without additional intensive services. FSP enrollment to the TAY FSP program will be authorized by the Youth to Adult Transition Committee (YTAC), an interagency collaboration including Mental Health, Alcohol and Other Drug, Probation, and Education, in order to coordinate services and resources.
- c. Referrals to the FSP teams will come from probation officers, child welfare social workers, and mental health professionals.
 - d. BHRS will review enrollee status and progress towards planned transition with the FSP supervisor and determine when the FSP program has met individual/family goals and discharge planning should be initiated, with a step down to less intensive services and natural supports.
 - e. Contractor may not refuse to enroll clients who have referred to them by the County Youth Case Management and the Youth To Adult Transition Team. Upon authorization to the FSP team, following the team assessment and planning process, the FSP case manager will complete the full system documentation if the client is not already open to the system.
 - f. If an enrollee requires residential placement, the case manager will contact the BHRS Youth Case Management Unit for consultation on how to proceed.

- g. BHRS will develop disenrollment procedures for enrollees who chose to leave the program. This will include an "interim" period during which the enrollee can change his/her mind and during which the program will be responsible for continued outreach/engagement as well as linking the enrollee to alternative services. The Contractor shall notify BHRS of disenrollment with two (2) working days.

E. Integrated Full-Service Partnership Services

Integrated FSP services is a family-focused, strengths-based wraparound and crisis response service tailored to meet the specific mental health, educational, social and cultural needs of youth as well as their parents/caregivers and siblings. The Integrated FSP Program: shall support, augment and extend the clinical work and existing treatment plan within: 1) the outpatient and TDS programs, and 2) clients who are currently being served by BHRS in a Regional county clinic requiring an array of services to remain in their communities. This program is designed to serve these youth and will provide the foundation for a step-down system as well as preventing other youth from needing higher level mental health services.

1. Program Capacity

- a. The Integrated FSP program will meet the needs of ten (10) SED C/Y and TAY who are enrolled in, or at-risk of placement in an intensive school-based program.
- b. The Integrated FSP program shall also meet the needs of ten (10) SED C/Y and TAY who are currently being served in Regional County clinics and are at-risk of out-of-home placement.
- c. The Integrated FSP program shall also meet the needs of an additional ten (10) SED C/Y and TAY who are currently being served in, or at-risk of placement in an intensive school-based program or Regional County clinics and are at-risk of out-of-home placement. The total number of clients served in both Integrated FSP programs will be thirty (30).

2. Program services shall have four (4) phases:

- a. Phase I (Discovery) – Engagement, assessment, stabilization and planning
- b. Phase II (Hope) – Build skills and family connectedness

- c. Phase III (Renewal) – Strengthening and expanding formal and informal community support system; affirm and support self-reliance strategies; prevent relapse; and leadership training
 - d. Phase IV (Constancy) – Individualized aftercare planning to promote stability and permanence.
- 3. Integrated FSP teams shall operate under policies and procedures that ensure:
 - a. Twenty-four (24) hour, seven (7) day a week availability of program staff, including access to medication support services
 - b. Continuity of care during criminal justice contacts
 - c. Coordination with client's primary care physician
 - d. Contact with each client as often as clinically necessary, which might be daily
- 4. Integrated FSP teams shall be responsible for delivery of services and service outcomes. Integrated FSP staff shall provide the services identified in the individualized enrollee care plan (Care Plan). Some integrated C/Y enrollees and family members will continue to receive other services in the MH system (e.g. County/TDS, clinic medication services). The Integrated FSP team will work in collaboration with the other County staff and contract providers to assure implementation of each enrollee's Care Plan.
- 5. Initiation of Services

No later than five (5) days following authorization by County a member of the Integrated FSP team shall meet with the C/Y SED client and family (as applicable to TAY enrollees) to conduct an orientation and strengths assessment to enroll the client, and to set the groundwork for the first Multidisciplinary Team (MDT) meeting. An episode in the MIS will be opened no later than five (5) days when authorized by County BHRS designated representative. The MDT shall include the Integrated FSP team, other system providers and the C/Y / SED / TAY enrollee and family.

Within each team, a personal services coordinator (Clinical Case Manager) shall be identified for each enrollee.

The MDT shall develop the Individualized care plan ("Wrap Plan") which shall identify the highest priority needs which may include but not be limited to any of the five (5) life domains: 1) support/self-efficiency, 2) education, 3) employment, 4) wellness, and 5) safety and permanence. Action steps shall be developed and responsibility for completing those steps shall be assigned. The MDT shall meet as often as needed to address the C/Y / SED / TAY enrollee and family's needs. The Wrap timeline shall be as follows:

| Timeframe | Action |
|--|---|
| Intake | Initial Safety Plan is developed |
| Within thirty (30) days | Strength and Needs Assessment completed. First Family Conference held to develop strategies to meet the needs |
| At least quarterly but often as needed | Wrap Plan will be reviewed and as updated. |
| Within sixty (60) days | Wrap Plan is reviewed to see if there are unmet needs. |

6. Volume of Services

Contractor will provide the minimum volume of services per contract period established below. One (1) unit equals one (1) minute of service. The average level of service per enrollee shall be four (4) to six (6) hours per week.

Minimum Number of Eligible Units

| | |
|----------------------------|---------|
| July 1, 2021—June 30, 2022 | 468,000 |
|----------------------------|---------|

7. Clinical Services for Integrated FSP

The Clinical Services noted in Section D.7 of this Exhibit A will be available to enrollees of the Integrated FSP Programs as needed. Clinical services for these enrollees will be primarily provided by the County. In situations where enrollees receiving service at clinic-based FSP's in the Region require therapy services, these services will be secured on an as needed basis.

8. Non-Clinical Services for Integrated FSP

- a. Centralized intake
- b. Outreach and Engagement
 - 1) Client engagement and outreach
Contractor shall actively participate in the care planning process. Enrollees and their families shall be included in all Care Team meetings and shall be the final decision makers in the treatment process.
 - 2) Community engagement and outreach
Youth transitioning out of residential facilities, jail, hospitals and long-term care facilities will be engaged in pre-discharge planning and to include multi-modal assessment and crisis plan development. The initial Care Team meeting shall take place prior to discharge.
- c. Contractor shall make available transportation, childcare and home-based services to increase client engagement.
- d. Family/caregiver support and Family Finding services

Services shall address the whole family, not only the enrollee, and shall support parents when they have their own mental health or substance abuse needs. The FSP shall facilitate access to services, interfacing with Adult Mental Health Services (MHS) or Alcohol and Other Drug Services (AOD) of BHRS Division when family members meet MHS and/or AOD criteria or providing crisis/brief intervention services to those not meeting criteria and referring them to primary care or community resources, as needed.

Family support shall include peer support and encouragement to the parents to enhance the family's community and natural supports, transportation services, and supports as identified in the individualized action plan. Services for family/caregivers shall include:

- 1) Parent management curriculum for dealing with behavior problems
- 2) Support groups
- 3) Educational groups focusing on mental illness, co-occurring disorders and finding resources.
- 4) Night and weekend activities shall be part of program services.
- 5) Family finding services shall be provided for enrollees.

- 6) Contractor shall provide two Parent Partners to operate a family/caregiver support center. Parent Partners shall be part of the FSP team and shall be assigned to a child/youth/family to provide support in identifying strengths, pinpointing areas of growth, and creating plans that will promote positive change. Parent partners shall coordinate group events to bring family members/parents/caregivers together.
- 7) Respite Services
- 8) Shadow services (1:1 mentoring)
- 9) Any services that are needed in order to manage the youth safely in the community.

9. Flexible Funds – all FSP Programs

The FSP teams shall utilize flexible funds to support unique needs identified in the individualized action plan of FSP enrollees, or during a crisis, to avert out-of-home placement or hospitalization. The Contractor shall manage the fiscal distribution of the flexible funds for enrollees. This shall include:

- a. Maintaining proper documentation of fund transactions and distribution.
- b. Providing all pertinent documentation required for maintenance of fiscal and pragmatic accountability.
- c. Work collaboratively with other BHRS contractors to establish a small portion of housing funds to be allocated to the FSP for the management of housing crises for TAY enrollees and for C/Y enrollees.

10. Services specific to Integrated TAY FSP enrollees.

The range of services noted in D.9.a.i. of this Exhibit A are also provided to Integrated TAY FSP. Housing services as described in D.9.d. and D.9.g. for specific TAY enrollees shall be provided subject to mutual approval of BHRS Deputy Director of Child and Youth Services and Contractor.

G. Admission and Discharge – Integrated FSP program.

1. The County Youth Case Management Unit will manage the overall referral and authorization process in collaboration with the review/authorization committees.

2. Services shall be provided for unserved and underserved populations.
 - a. Unserved populations include C/Y that have previously been known (via PES/inpatient, juvenile hall, child welfare) but are not currently engaged in community-based services, as well as C/Y that are completely new to the system. The SB163 Program entry point for enrollment of children/youth will be through the Interagency Placement Review Committee (IPRC), which is comprised of representatives from the Human Services Agency (Children and Family Services), BHRS, the Probation Department (Juvenile Probation Division), Education, and Alcohol and Other Drugs. The IPRC will oversee authorization to the thirty (30) SB163 slots and fifteen (15) MHSA slots. Of those, twenty-five (25) slots shall be for SED C/Y and TAY who are enrolled in, or at-risk of placement in an intensive school-based program, and twenty (20) slots shall be for SED C/Y and TAY who are currently being served in a Regional County clinic and at-risk of out-of-home placement. The comprehensive and integrated FSP teams will adhere to all current SB163 enrollment and disenrollment protocols.
 - b. Under-served populations include integrated FSP C/Y currently engaged in community-based services, but at risk of out of home placement without additional intensive services. Integrated FSP enrollment to the TAY FSP program will be authorized by the Youth to Adult Transition Committee (YTAC), an interagency collaboration including Mental Health, Alcohol and Other Drug, Probation, and Education, in order to coordinate services and resources.
3. Referrals to the Integrated FSP teams will come from probation officers, child welfare social workers, and mental health professionals.
4. BHRS will review enrollee status and progress towards planned transition with the appropriate FSP Clinical Case Manager and determine when the FSP program has met individual/family goals and discharge planning should be initiated, with a step down to less intensive services and natural supports.
5. Contractor may not refuse to enroll clients who have been referred to them by the County Youth Case Management and the YTAC Team. Upon authorization to the appropriate FSP team, following the team assessment and planning process, the appropriate FSP Clinical Case Manager will complete the full system documentation if the client is not already open to the system.

6. If an enrollee requires residential placement the case manager will contact the BHRS Youth Case Management Unit for consultation on how to proceed.
7. BHRS will develop disenrollment procedures for enrollees who choose to leave the program. This will include an "interim" period during which the enrollee can change his/her mind and during which the program will be responsible for continued outreach/engagement as well as linking the enrollee to alternative services. The Contractor shall notify BHRS of disenrollment within two (2) working days.

H. Staffing for Integrated FSP programs

Program staff for the Integrated school-based and Integrated clinic-based FSP programs shall include the following:

All Upper management and Family Conferencing facilitation will be provided under the comprehensive FSP contract.

1. Psychiatry services for Integrated TDS enrollees may be provided by a one-half (.5) FTE Associate Medical Director of the Comprehensive FSP Program. As provided, such services will include assistance with diagnosis and assessment, and participation in Care Team meetings when needed.
2. Therapy Services for enrollees of the Integrated clinic-based FSP program will be provided as needed.
3. The staff to enrollee ratio shall be 1:8 or better. Each enrollee shall have a Clinical Case Manager and shall be assigned a Youth Activities Supervisor and family specialist as needed.
4. Staff shall reflect the ethnic/cultural/linguistically diverse populations that are served by these programs and shall include staff who are Spanish speaking.
5. Contractor shall provide one-half (.5) FTE staff to provide Quality Assurance, Quality Improvement, and Utilization Management duties.
6. Staff proficiencies shall include:
 - a. Dialectical Behavioral Therapy (DBT)
 - b. Cognitive Behavioral Therapy (CBT)
 - c. Family therapy
 - d. Motivational interviewing skills
 - e. Experience working with trauma

- f. Personality disorders
 - g. Co-occurring disorders
 - h. Eating disorders
 - i. LGBTQ youth
 - j. Early onset of psychosis
- 7. Each team will have specific expertise in working with their target age group population. Each team will be supervised by a Program Manager to assure consistent vision across both teams and collaboration between teams.
- 8. Parent and Peer Partners
 - a. The Parent Partner must have personal knowledge and experience as a caregiver for a special needs child.
 - b. The Peer Partner must have personal experience as a consumer of mental health services.
- 9. Staff Training – Integrated FSP employees
 - a. Contractor shall provide integrated FSP staff fifty-two (52) hours of training in the first month of employment, including cultural competency training. Staff shall receive an additional sixty (60) hours of training, to include the following topics:
 - 1) Care Team planning
 - 2) Harm reduction
 - 3) Asset mapping
 - 4) Support care management
 - 5) Principles and practices of wraparound
 - 6) Project Cornerstone's 41 Developmental Assets
 - 7) Family conferencing
 - b. Contractor shall utilize updated SB163 Wrap Around Program training sessions developed for the original pilot to train staff. Family members and system of care staff shall be included at every session.
 - c. All integrated FSP staff shall participate in BHRS system wide trainings covering:
 - 1) Cultural competence
 - 2) Sexual orientation and gender differences
 - 3) Consumer culture
 - 4) Co-occurring disorder assessment and treatment skills
 - 5) Cognitive behavioral approaches, including Trauma Focused CBT

10. Service Locations

Services shall be provided in enrollee homes and other community sites throughout the County. In addition, Contractor shall maintain service sites at the following four (4) locations or similarly situated locations:

- a. 931 San Bruno Avenue, San Bruno
- b. 170 S. Spruce Avenue, South San Francisco
- c. 604 Price Avenue, Redwood City
- d. 1510 Fashion Island Blvd., Suite 310, Foster City

Service sites may be changed upon the approval of the BHRS Deputy Director of Child and Youth Services.

J. Quality and Outcomes

Contractor shall provide quality assurance, quality improvement and utilization management services to ensure compliance with all federal, State and County requirements, including compliance with documentation requirements for Medi-Cal reimbursable services. Contractor shall monitor all FSP services provided to satisfaction of County.

K. Non-FSP Flexible Funds Administration

1. General Description. The Contractor shall manage the fiscal distribution of Flexible Funds for the Child and Youth System of Care (referred to as "Program") for non-FSP enrollees. Upon receiving BHRS authorized requests for goods and services for the Program, the Contractor shall issue a check for the amount requested to the specified vendor or to reimburse a provider. These Flex Funds are for BHRS clients or FSP clients only.
2. Administrative duties include the following activities:
 - a. Receiving and processing Program requests for payments (including postal costs). At receipt of these requests, the Contractor will provide confirmation of receipt.
 - b. Check requests received by Contractor from County by 5:00 PM on any given Tuesday will result in County receiving a check from Contractor by the following Monday. For emergency situations, as determined by BHRS Child/Youth Management staff, Contractor will use best efforts to process Program requests and issue checks the same day the emergency request is received. Such emergency requests may result in a "Rush Fee" pursuant to Paragraph I.J.1. of Exhibit B.

- c. Receiving authorized funds, returning documentation of completed transactions and sending fiscal expenditure reports to BHRS Administration.
- d. Maintaining proper documentation of checks distributed and transactions completed.
- e. Providing all pertinent documentation required for maintenance of fiscal and pragmatic accountability.
- f. Effectively transferring management of Flex Funds.

L. Neurosequential Model Therapy (NMT) Flexible Funds

- 1. General Description. The Contractor shall manage the fiscal distribution of Flexible Funds for the Child and Youth System of Care (referred to as "Program") for non-FSP enrollees. Upon receiving BHRS authorized requests for goods and services for the Program, the Contractor shall issue a check for the amount requested to the specified vendor or to reimburse a provider.
- 2. Administrative duties include the following activities:
 - a. Receiving and processing Program requests for payments (including postal costs). At receipt of these requests, the Contractor will provide confirmation of receipt.
 - b. Check requests received by Contractor from County by 5:00 PM on any given Tuesday will result in County receiving a check from Contractor by the following Monday. For emergency situations, as determined by BHRS Child/Youth Management staff, Contractor will use best efforts to process Program requests and issue checks the same day the emergency request is received. Such emergency requests may result in a "Rush Fee" pursuant to Paragraph I.J.1. of Exhibit B.
 - c. Receiving authorized funds, returning documentation of completed transactions and sending fiscal expenditure reports to BHRS Administration.
 - d. Maintaining proper documentation of checks distributed and transactions completed.
 - e. Providing all pertinent documentation required for maintenance of fiscal and pragmatic accountability.

f. Effectively transferring management of Flex Funds.

M. 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 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. Paragraph 14 of the Agreement and Paragraph I.U.4. of Exhibit B 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 seven (7) years, except that the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until one (1) year beyond the person's eighteenth (18th) birthday or b) for a period of seven (7) years beyond the date of discharge, whichever is later.

- C. Administering Satisfaction Surveys

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

D. 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 Program Manager and the Health Equity Initiatives Manager (HEIM) by September 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.
 - b. Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee).
 - c. Collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation.
 - 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. Staff training plan related to cultural competency. 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.
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 for the term of the Agreement. Contractor shall submit to BHRS ODE by March 31st, a list of staff who have participated in these efforts. For more information about the Cultural Competence Council (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, the contractor is expected to contact Access Call Center or their BHRS 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 Program Manager and HEIM at ode@smcgov.org to plan for appropriate technical assistance.
- E. Contractor shall submit a copy of any licensing report issued by a licensing agency to BHRS Deputy Director of Child and Youth Services within five (5) business days of Contractor's receipt of any such licensing report.
- F. Contractor shall provide all pertinent documentation required for federal Medi-Cal reimbursement. Documentation shall be completed in compliance with the San Mateo County Mental Health Plan (BHRS) Documentation Manual, which is incorporated into this Agreement by reference herein.
- G. Contractor shall maintain certification through San Mateo County to provide Short-Doyle Medi-Cal reimbursable services.
- H. 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: <http://www.smchealth.org/bhrs-policies/compliance-policy-funded-services-provided-contracted-organizational-providers-19-08>. BHRS Quality Management must be notified within twenty-four (24) hours of any violations. Contractor must notify BHRS Quality Management if an employee's license is not current or is not in good standing and must submit a plan to correct to address the matter.

1. 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 F – Agency/Group Credentialing Information will be included in the contract packet. Contractor must complete Attachment F and return it along with all other contract forms.

2. Credentialing Check – Monthly

Contractor will complete Attachment F – 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.

I. Advance Directives

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

J. Beneficiary Rights

Contractor will comply with County policies and procedures relating to beneficiary's rights and responsibilities.

K. 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.

L. Compliance Plan and Code of Conduct

Contractor shall read and be knowledgeable of the compliance principles contained in the Mental Health Compliance Plan and Code of Conduct. In addition, Contractor shall assure that Contractor's workforce is aware of compliance mandates and are informed of the existence and how to use the Compliance Improvement Hotline Telephone Number (650) 573-2695.

M. Beneficiary Brochure and Provider Lists

Contractor agrees to provide Medi-Cal clients who are new to the Mental Health System with a brochure (an original of which shall be provided by County) when a client first receives a specialty mental health service from the Contractor. Such brochure shall contain a description of County services available; a description of the process for obtaining County services, including the County's state-wide toll-free telephone number; a list of the County's providers; a description of the County's beneficiary problem resolution process, including the complaint resolution and grievance processes; and a description of the beneficiary's right to request a fair hearing at any time before, during or within ninety (90) days after the completion of the beneficiary problem resolution process.

N. All enrollees/families will be assessed for insurance status and potential eligibility for third party coverage, and that assistance in obtaining coverage will be provided by the FSP team.

O. Developmental Assets

Contractor shall incorporate the Forty-One (41) Developmental Assets into program treatment goals, individual goals and family goals.

P. Fingerprint Certification

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:

1. 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
2. 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.

III. GOALS AND OBJECTIVES / REPORTING

A. Program Objectives

Contractor will collect all data to inform the following program goals and objectives as described in section III.B. below.

1. C/Y FSP Services

- a. Dropout rates will not exceed twenty percent (20%) of the total number of enrollees each year.
- b. Ninety percent (90%) of residents will verbalize that they are satisfied with the services and support received.

2. TAY FSP Services

- a. Dropout rates will not exceed twenty percent (20%) of the total number of enrollees each year.
- b. Ninety percent (90%) of enrollees will verbalize that they are satisfied with the services provided.

3. Mental Health Emergencies

Enrolled program clients shall reduce the total number of psychiatric emergency services visits by seventy percent (70%) in comparison to visits for twelve (12) months prior to enrollment.

4. Hospitalization

Enrolled program clients shall reduce total days of psychiatric hospitalization by seventy percent (70%) in comparison to total days for twelve (12) months prior to enrollment.

4. Incarceration

Enrolled program clients shall reduce total days of incarceration by seventy percent (70%) in comparison to total days for twelve (12) months prior to enrollment.

5. Homelessness

Enrolled program clients shall reduce total days of homelessness by seventy percent (70%) in comparison to total days for twelve (12) months prior to enrollment.

B. Reporting

1. MHSA

Contractor shall comply with all California State Department of Health Care Services (DHCS) reporting requirements for the Mental Health Services Act Full Service Partnerships including maintenance according to State guidelines, reporting using State processes, and ongoing data collection using DHCS Data Collection Reporting tools as follows:

- a. Partnership Assessment Form (PAF); collected at client intake to provide baseline information.
- b. Quarterly Assessments (3M) Form; to collect client status every three months.
- c. Key Event Tracking (KET) Form; to track major events in the client status.

Data collected will include but are not to be limited to:

- a. Client satisfaction
- b. Residential status
- c. Medical/psychiatric hospitalization
- d. Incarceration
- e. Justice System Involvement / legal events
- f. Emergency Intervention
- g. Education
- h. Employment
- i. Benefits
- j. Conservatorship / Payee Status

Some of domains will be measured at intervals {e.g., at three (3) months, six (6) months, annually, or at other relevant time intervals}. These indicators, methods and means of data capture shall be reported as determined by DHCS. Data shall be reported to DHCS per reporting requirements and copied to County.

2. Contractors will prepare and submit a year-end report by the fifteenth (15th) of August each fiscal year to the MHSA Manager, using the attached MHSA_FSP Annual Reporting template that includes program narrative, success, challenges and clients' stories.

3. SB163 Wraparound

Contractor shall comply with all reporting requirements for SB163 including compliance with all State guidelines and reporting processes.

C. Program Monitoring

Program monitoring will include the following meetings:

1. Monthly service program meetings,
2. Quarterly meetings to ensure Contractor is meeting units of service, appropriate staffing levels and client census goals, and
3. Annually for report out evaluation of services delivered.

Dates for these meetings will be mutually agreed upon by BHRS and Contractor.

*** END OF EXHIBIT A ***

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES
FULL SERVICE PARTNERSHIP SERVICES
EXHIBIT B – PAYMENTS
FY 2021 – 2022

County and Contractor hereby agree to amend this agreement to incorporate necessary language to meet Federal and State requirements during the term of this agreement.

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

I. PAYMENTS

In full consideration of the services provided by Contractor and subject to the provisions of Paragraph 3. ("Payments") of this Agreement, County shall pay Contractor in the manner described below, except that any and all payments shall be subject to the conditions contained in this Agreement.

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of EIGHT MILLION ONE HUNDRED THIRTY-THREE THOUSAND EIGHT HUNDRED NINETY-SIX DOLLARS (\$8,133,896) for the term of the agreement.

A. Payment by County to Contractor shall be subject to the Cost Settlement process defined in Paragraph I.Q. of this Exhibit B.

B. Payment for the period of July 1, 2021 – June 30, 2022

1. Maximum Payment Amount (MPA) for All Services

The maximum payment for comprehensive and integrated FSP services, Non-FSP Flexible Fund Administration services, and Neurosequential Model Therapy (NMT) Flexible Fund Administration services, for the period July 1, 2021 through June 30, 2022 shall not exceed EIGHT MILLION ONE HUNDRED THIRTY-THREE THOUSAND EIGHT HUNDRED NINETY-SIX DOLLARS (\$8,133,896).

2. Comprehensive Full Service Partnership (FSP) Services

a. Maximum Payment Amount for Comprehensive FSP

Total payment for comprehensive Full Service Partnership Services, including Flexible Fund Payments for FSP enrollees and Drop In Center Services, for the period of July 1, 2021 through June 30, 2022, shall not exceed SIX MILLION SIX HUNDRED FORTY-EIGHT THOUSAND THREE HUNDRED SEVENTY-TWO DOLLARS (\$6,648,372). This maximum amount is comprised of a Fixed Amount of SIX MILLION FIVE HUNDRED SIXTY-THREE THOUSAND NINE HUNDRED SEVENTY-FOUR DOLLARS (\$6,563,974) and a Flexible Fund Amount of EIGHTY-FOUR THOUSAND THREE HUNDRED NINETY-EIGHT DOLLARS (\$84,398).

- 1) The MPA is the sum of the MHSA funding allotted to this Agreement for this period, including operating costs, of FIVE MILLION SIX HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED SIXTY-SIX DOLLARS (\$5,685,366) and the revenues expected to be generated by third-party billings for Contractor's services under this Agreement of SIX HUNDRED SIXTY-THREE THOUSAND SIX DOLLARS (\$663,006) ("Revenue Component").

County and Contractor agree that the Revenue Component of the MPA for the Third Year may be reduced if the revenues actually collected for Contractor's services under this Agreement during this period are less than the Revenue Component. These services shall be reported to County through the Monthly Reporting process as described in paragraph I.H. of this Exhibit B. Revenue Component reduction, as described in the following Paragraph I.E.4.a.2) of this Exhibit B, shall not relieve Contractor of the obligation to provide the volume of services as described in Paragraph I.D.6. of Exhibit A.

- 2) In the event that the revenues collected for Contractor's services for the period of July 1, 2021 – June 30, 2022 are less than SIX HUNDRED SIXTY-THREE THOUSAND SIX DOLLARS (\$663,006) Revenue Component and that difference is shown to have been generated by County's failure to bill and/or disallowances by third party payors based on Contractor's failure: 1) to use Medicare-eligible providers; 2) to provide documentation adequate to support Contractor's services per County BHRS Documentation Manual (incorporated by reference herein); or 3) to submit the billing information required by this Agreement to the County in a timely manner (collectively, "Third-Party Disallowances"), the MPA may be reduced by the amount of that difference. In determining the amount of such reduction, the Third-Party Disallowances shall be subtracted from the amount of gross revenues collected by County for Contractor's services under this Agreement for the period of July 1, 2021 – June 30, 2022. County shall notify Contractor of any MPA reduction for this period no later than January 31, 2022, using the best Revenue Component estimate available at that time.

a. Payment Rates

1) Fixed Payments

Unless otherwise authorized by the Chief of San Mateo County Health or designee, the monthly payments by County to Contractor for these services shall be one twelfth (1/12th) of the maximum payment amount or FIVE HUNDRED FORTY-SIX THOUSAND NINE HUNDRED NINETY-SEVEN DOLLARS AND EIGHTY-THREE CENTS (\$546,997.83).

2) Flexible Fund Payments

Subject to the maximum payment amount of EIGHTY-FOUR THOUSAND THREE HUNDRED NINETY-EIGHT DOLLARS (\$84,398) for this period, monthly flexible fund payments shall be based on actual costs upon presentation of appropriate supporting documentation.

3. Non-FSP Flexible Fund Administration

Contractor shall administer Flexible Funds for County clients who are not enrollees in the Full-Service Partnership Program. Contractor shall receive THIRTY-THREE THOUSAND FOUR HUNDRED THIRTY-SEVEN DOLLARS (\$33,437) as an advance for Expenditures and Administrative Fees. At the end of the term of this Agreement any unexpended funds remaining with Contractor shall be returned to County except as provided below in Paragraph I.U. of this Exhibit B. Contractor shall be paid an administrative fee equivalent to fifteen percent (15%) of the total amount of funds administered. The maximum amount of funds administered and the maximum fee for those services for this period of the agreement are:

| | |
|----------------------------|--------------|
| Flexible Fund expenditures | \$29,075 |
| Administration fee (15%) | <u>4,362</u> |
| Total | \$33,437 |

4. Neurosequential Model Therapy (NMT) Flexible Fund Administration

Contractor shall administer Flexible Funds for County clients who are not enrollees in the Full-Service Partnership Program. Contractor shall receive FIFTY-FOUR THOUSAND ONE HUNDRED SIX DOLLARS (\$54,106) as an advance for Expenditures and Administrative Fees. At the end of the term of this Agreement any unexpended funds remaining with Contractor shall be returned to County except as provided below in Paragraph I.U. of this Exhibit B. Contractor shall be paid an administrative fee equivalent to fifteen percent (15%) of the total amount of funds administered. The maximum amount of funds administered and the maximum fee for those services for this period of the agreement are:

| | |
|----------------------------|--------------|
| Flexible Fund expenditures | \$45,990 |
| Administration fee (15%) | <u>8,116</u> |
| Total | \$54,106 |

5. Integrated Full Service Partnership (FSP) Services

- a. Total payment for integrated Full Service Partnership Services for the period of July 1, 2021 through June 30, 2022 shall not exceed ONE MILLION THREE HUNDRED NINETY-SEVEN THOUSAND NINE HUNDRED EIGHTY-ONE DOLLARS (\$1,397,981). This maximum amount is comprised on a Fixed Amount of ONE MILLION THREE HUNDRED FIFTY-THREE THOUSAND THREE HUNDRED NINETY-EIGHT DOLLARS (\$1,353,398) and a Flexible Fund Amount of FORTY-FOUR THOUSAND FIVE HUNDRED EIGHTY-THREE DOLLARS (\$44,583).

- 1) The MPA is the sum of MHSA funding of ONE MILLION EIGHTY-SIX THOUSAND FOUR HUNDRED EIGHTY-ONE DOLLARS (\$1,086,481) that is allotted to this Agreement for this period, including operating costs, and the revenues expected to be generated by third-party billings for Contractor's services for this period of the Agreement amounting ONE HUNDRED ELEVEN THOUSAND NINE HUNDRED FORTY-TWO DOLLARS (\$111,942). County and Contractor agree that the Revenue Component for the third (3rd) year may be reduced if the revenues actually collected for Contractor's services under this Agreement during this period are less than the Revenue Component. These services shall be reported to County through the Monthly Reporting process as described in Paragraph I.I. of this Exhibit B. Revenue Component reduction, as described in the following Paragraph I.D.4.a.2) of this Exhibit B, shall not relieve Contractor of the obligation to provide the volume of services as described in Paragraph I.D.6. of Exhibit A.
- 2) In the event that the revenues collected for Contractor's services for the period of July 1, 2021 – June 30, 2022 are less than ONE HUNDRED ELEVEN THOUSAND NINE HUNDRED FORTY-TWO DOLLARS (\$111,942) Revenue Component and that difference is shown to have been generated by County's failure to bill and/or disallowances by third party payors based on Contractor's failure: 1) to use Medicare-eligible providers; 2) to provide documentation adequate to support Contractor's services per County BHRS Documentation Manual (incorporated by reference herein); or 3) to submit the billing information required by this Agreement to the County in a timely manner (collectively, "Third Party Disallowances"), the MPA may be reduced by the amount of that difference. In determining the amount of such reduction, the Third Party Disallowances shall be subtracted from the amount of gross revenues collected by County for Contractor's services under this Agreement for the period of July 1, 2021 – June 30, 2022. County shall notify Contractor of any MPA reduction for this period no later than January 31, 2022, using the best Revenue Component estimate available at that time.

b. Payment Rates

1) Fixed Payments

Unless otherwise authorized by the Chief of San Mateo County Health or designee, the monthly payments by County to Contractor for this period for integrated FSP services shall be 1/12 of the maximum payment amount or ONE HUNDRED TWELVE THOUSAND SEVEN HUNDRED EIGHTY-THREE DOLLARS AND SEVENTEEN CENTS (\$112,783.17).

2) Flexible Fund Payments

Subject to the maximum payment amount of FORTY-FOUR THOUSAND FIVE HUNDRED EIGHTY-THREE DOLLARS (\$44,583) for this period, monthly flexible fund payments shall be based on actual costs upon presentation of appropriate supporting documentation.

C. Contractor's Budget

1. Contractor's annual budget for these services is incorporated into this agreement as Exhibit C.
2. Contractor shall be responsible for all expenses incurred during the performance of services rendered under this Agreement that are not included in Exhibit C.

D. Budget modifications may be approved by the Chief of San Mateo County Health or designee, subject to the maximum amount set forth in Paragraph 3.

E. The Chief of San Mateo County Health or designee is authorized to execute subsequent amendments and minor modifications not to exceed an aggregate of \$25,000 and to make minor changes in the types of services and activities provided under the agreement.

F. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.

G. 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 is required to clearly summarize direct and indirect services (if applicable) for which claim is made and include the Service Reporting Form to support the invoiced services.

a. Direct Services/Invoices

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/Invoices

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. Invoices that do not include the Service Reporting Form or 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. Invoices that are received 180 days or more after the date of service are considered to be late invoices. 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. Invoices may be 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

H. 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 M. of this Exhibit B. County 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 (1st) month of the Agreement.

2. Option Two

- a. Contractor shall provide information to County so that County may bill applicable/eligible other third-parties for services provided by Contractor through this Agreement. County shall retain these revenues and shall not offset these revenues against payments to Contractor.

- 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 (1st) month of the Agreement.

I. Flexible Fund Reporting

Contractor shall provide reports specific to flexible fund expenditures as described below.

1. Non-FSP Program Flexible Funds

Contractor shall report flexible funds expenditures for clients who are not FSP enrollees using the following categories: after-school services, shadow services, respite care, family support, and recreation, and other categories added by Contractor, as appropriate. Reporting shall be quarterly.

In the event Contractor is specifically requested by BHRS Child/Youth Management staff to process a check on a "rush" basis, Contractor may charge County an additional FIFTEEN DOLLARS (\$15.00) administrative fee per request. Such rush fee reimbursement shall not be included in the expenditure figure upon which the Administrative Fee is calculated.

2. Neurosequential Model Therapy (NMT) Program Flexible Funds

Contractor shall report flexible funds expenditures for clients who are not FSP enrollees using the following categories: after-school services, shadow services, respite care, family support, and recreation, and other categories added by Contractor, as appropriate. Reporting shall be quarterly.

In the event Contractor is specifically requested by BHRS Child/Youth Management staff to process a check on a "rush" basis, Contractor may charge County an additional FIFTEEN DOLLARS (\$15.00) administrative fee per request. Such rush fee reimbursement shall not be included in the expenditure figure upon which the Administrative Fee is calculated.

3. FSP Program Flexible Funds

Contractor shall report flexible funds expenditures for the purchase goods and services by using the following categories: after-school services, shadow services, respite care, family support and recreation, and other categories added by Contractor, as appropriate. Reporting shall be provided quarterly. Reporting shall identify expenditures per individual enrollee and shall include separate reporting for enrollees who receive SB163 flexible funds and for enrollees who receive MHSA flexible funds.

4. County reserves the right to change the reporting forms, instructions, and/or require the Contractor to modify their description of services as the County deems necessary.

- J. Contractor shall maintain all program fiscal records to maintain current and future requirements for MHSA funded FSP services as determined by the State DMH, and as requested by the County.
- K. County anticipates the receipt of 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, funding provided to the Contractor may be reduced accordingly.
- L. 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, and this Agreement may either be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 4 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.
- M. 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.
- N. Contractor shall provide all pertinent documentation required for federal Medi-Cal reimbursement (including initial and quarterly notices, 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 BHRS.

O. In the event this Agreement is terminated prior to June 30, 2022, the Contractor shall be paid for services already provided pursuant to this Agreement.

P. Contractor shall submit to County a year-end Cost Reports no later than ninety (90) days after the end of the fiscal year (June 30th). This report shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. This Cost Report shall include accountings for all services provided through the agreement for the applicable period, and separate accountings for: 1) Full Service Partnership services; 2) Drop-In Center services; 3) One-time Expenditures; 4) flexible funds, and; 5) non-FSP enrollee flexible funds administration. Contractor shall have its books of accounts audited annually by a Certified Public Accountant and a copy of said audit reports shall be submitted along with the Cost Reports.

Q. Cost Settlement

1. If the Contractor does not generate Medi-Cal reimbursable services to meet the annual targets established in Paragraph I.C.2.a of this Exhibit B, then Contractor shall reimburse the difference between the target and the amount so generated in a single payment. Any such payment(s) shall incorporate any prior adjustment to the MPA made through the adjustment process described in the same paragraph.
2. If the annual Cost Reports provided to County show that total payments to Contractor exceeds the total actual costs for services rendered by Contractor during the reporting period, following any payment made subject to Paragraph I.R. of this Exhibit B above, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the Chief of San Mateo County Health or designee.
3. Cost settlement for this purpose shall be conducted for each fiscal year and shall take place no later one hundred eighty (180) days past the end of the fiscal year.
4. In any case, the total payments shall not exceed the total amounts for each area of service and each reporting period as established in this Exhibit B.

R. Beneficiary Billing

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

S. Claims Certification and Program Integrity

1. Contractor shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604, 438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.
2. Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A of this Agreement, Contractor shall certify by signature that the claim is true and accurate by stating the claim is submitted under the penalty of perjury under the laws of the State of California.

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

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

Executed at _____ California, on _____, 20__

Signed _____ Title _____

Agency _____"

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

- b. The beneficiary was eligible to receive services described in Exhibit A of this Agreement at the time the services were provided to the beneficiary.
 - c. The services included in the claim were actually provided to the beneficiary.
 - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided.
 - e. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this agreement.
 - f. For each beneficiary with EPSDT supplemental specialty mental health services included in the claim, all requirements for Contractor payment authorization for EPSDT supplemental 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. of Exhibit A relative to medical records, Contractor agrees to keep for a minimum period of three (3) 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.

T. One-Time and Flex Funds Rollover

Contractor may rollover unspent one-time and flex funding only according to the following procedures. In the event this Agreement is renewed beyond the

term of this Agreement, the Contractor may also rollover unspent funding to a subsequent agreement according to the following procedures. By mutual agreement of County and Contractor, contractual savings or "rollover" of Flexible Funds may be expended the following year, provided that these funds are expended for mental health services and/or FSP Program-related services approved by County and are retained in accordance with the terms of this Paragraph I.V. No other funds provided through this Agreement may be rolled over.

1. Contractor shall submit a projected calculation of any savings ninety (90) days before end of the fiscal year. The projected calculation will be a separate report from the year-end cost report. With the projected calculation Contractor shall return the amount of the savings.
2. At the time of the submission of the projected calculation Contractor may request to rollover some or all of any savings. The request must be made in writing to the Director of BHRS 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.
3. 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.
4. 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 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 Director of BHRS or designee.
5. 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 succeeding fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

*** END OF EXHIBIT B ***

Attachment B: Wraparound Standards Guidelines for Planning and Implementation

The Wraparound Standards were published as part of the CDSS All County Information Notice (ACIN I-028-99). Additional guidelines were specified in the "Wraparound Pilot Plan Template." Sections referred to are those listed in the Standards. Note that information regarding Evaluation will be superseded by DMH requirements for FSPs as outlined above.

| Section | Guidelines |
|----------------------------------|---|
| PRO.1 Engagement | Families have high level of decision making in planning, delivery, and evaluation of services and supports. Their signatures (and those of other team members) should appear on all plans. If interviewed, they should identify the plan as theirs, not the agency's. Focus on strengths and connection to informal supports should be well documented. The team for each family should be uniquely composed of family members, informal supports, referring agency representatives, and provider agency representatives. |
| PRO.2 Planning | Written family plans should document responsiveness to family preferences, choices, values and culture, not simply utilizing what is readily available. Should include: vision, strengths, needs, strategies, and resources for implementation, as well as outcome indicators to evaluate progress. Family plan should be team-driven, encompassing strengths and needs of all team members. Written plans should document cultural relevance reflected in the choice and style of strategies selected. Documentation of plan approval by the inter-agency oversight committee must be available. |
| PRO.3 Implementation | Families have access to a flexible individualized array of supports, services, and material items that provide "whatever it takes" to maintain their families. Plans are regularly reviewed by the child and family team and updated to reflect changing strengths and needs. Plans are also reviewed and approved by the over-sight committee on a regularly scheduled basis (typically every 3-6 months). Access to 24-hour, in-person, agency response is documented. |
| PRO.4 Transition | Transition planning begins at the assessment phase to support ongoing strategies to meet enduring needs. Family plans set benchmarks to move toward less restrictive, less intrusive, and less formal services according to ability of families to move through the process at their own pace. Older youth, likely to need services as adults will have adult services and support representatives on their child and family team. |
| PRO.5 Structures | Written plan to include family members in design, development, and decision-making about the program itself. Written mechanisms to promote parent-to-parent support. Commitment to persevere with families to self-sufficiency. Mechanism to support the child & family team as the primary decision-making forum regarding strengths, needs, services, and supports. |
| TRA.1-4 Staff Development | Overall training includes information about all the standards. Methods are in place for timely coaching or special consultation for team members. Staff are mentored and coached by experienced Wraparound managers. If not available within the agency, then mentors/coaches may be brought in from outside sources. |
| TRA.5-6 Parent Education | Operational plan includes a parent education program regarding special needs, becoming informed advocates, negotiating the system of care, participating on cross-disciplinary teams, leading program design, and understanding the child's educational rights. |
| TRA.7 Consumer Involvement | Evidence that consumers and stakeholders are involved in assessing and selecting training objectives and in their delivery. Names and agencies represented should be on sign-in sheets and minutes. |

| | |
|--|---|
| TRA.8 Staff development | Training on Wraparound values and implementation is made available to all staff across all public systems. |
| TRA.9 Use of Consumers | Consumers are utilized in the design and delivery of education, training, and staff development. Sign-in sheets would document this. |
| HUM.1-4 Human Resources | <ul style="list-style-type: none"> • Special efforts to recruit providers who reflect diversity and language competency of the children, families, and communities served. • Methods to encourage staff creativity and flexibility in formal and informal supports. • Parent advocacy via an external organization or by consumer employee(s). • Job descriptions set expectations regarding the values and principles of Wraparound. |
| HUM.5 Staffing | Staffing plans support the following functions within suggested staffing ratios-- <ul style="list-style-type: none"> • Facilitators: 1/6-8 families • Family Specialists: 1/3-4 families • Parent Partners: 1/20-25 families • Mentoring and Coaching (supervisory ratio): 1/6-8 staff • Service Evaluation: An assigned staff function • Cross-system Collaboration and Teaming: An assigned management function |
| HUM.6 Performance Appraisals | A performance appraisal process that fosters: <ul style="list-style-type: none"> • Staff perceived as family-centered • Incorporation of informal supports and community resources • Achievement of parent-family partnerships • Responsiveness to family identified needs |
| HUM.7 Performance Appraisals | Appraisal process includes feedback from consumers, outcomes for families, and input regarding cross-system collaboration, facilitation, and teaming |
| FIS.1 Fiscal | Mechanisms to pool state, federal, and county funds at program level. |
| FIS.2 Access to Flex Funds | Staff have timely access to flexible funds: <ul style="list-style-type: none"> • Within 2 hours for amounts under \$500 • Within 48 hours for amounts over \$500 |
| FIS.3-5 Tracking Funds and Services | Mechanisms for managing and accounting for use of flexible funds, tracking formal and informal services delivered, and communicating with cross-system partners about the use of flexible funds. Be able to show categories of flex fund expenditures |
| FIS.6 Cost Savings | Policies must be in place to assure that any cost savings realized from utilizing Wraparound are reinvested to expand or enhance services and resources for children and families. |
| FIS.7 Contracts | Mechanisms must be in place to assure that providers of contracted or subcontracted services adhere to the Wraparound standards. This language would be written into contracts. |
| EVA.1 | Procedures for involving families, stakeholders, and direct staff in defining, selecting, and measuring quality indicators. |
| EVA.2 | Evaluation plan includes ongoing collection of data on: <ul style="list-style-type: none"> • Process indicators of model fidelity (family-centeredness, etc) • Functional outcomes for children and families (school, etc) • Satisfaction of children, families, system partners • Cost |
| EVA.3 | Evaluation plan includes MH SOC requirements, at a minimum: CLEP, ROLES, Caregiver Satisfaction Survey, SARES, Family-Centered Behavior Scale. |
| EVA.4-5 | Evaluation plan includes tracking and interpreting data over time. |

| | |
|-------------------------------|--|
| ADM.1 Provider Policies | Provider's written policies support the wraparound approach, especially supporting family involvement in leadership roles within the organization and seeing the child and family team as the primary decision-making vehicle for family service and support plans. Medi-Cal certification for billing is required, unless specific arrangements have been documented for the provision of Medi-Cal billable mental health services. |
| ADM.2 Systems Alignment | <p>A broad-based community team is established to set and support interagency strategies to promulgate wraparound principles system wide. To function as a cross-agency gatekeeper for eligibility. To identify and remove system barriers to service delivery. To serve as a community review panel for family plans. To review outcomes and exercise leadership in sustaining and improving wraparound implementation. This will require, as a minimum, MOUs among:</p> <ul style="list-style-type: none"> • Provider agencies • Child Welfare, including links to other Social Service programs • Mental Health, including transitions to adult services • Probation, to assure seamless service support for youth whose legal status may change while in wraparound • Education, including Special Education and Non-Public Schools as needed |
| ADM.3 Leadership | Leadership is shared among families, system providers, and community leaders. A common vision is developed and articulated across systems. Parent advocacy, leadership, and involvement is supported at all levels of decision-making and implementation. Refer to planning meeting minutes and sign-in sheets. |

Attachment C
Election of Third Party Billing Process

Effective July 1, 2005, San Mateo County Behavioral Health and Recovery Services (SMCBHRS) will be required to bill all other insurance (including Medicare) before billing Medi-Cal for beneficiaries who have other coverage in addition to Medi-Cal. This is called "serial billing." All claims sent to Medi-Cal without evidence of other insurance having been billed first will be denied.

In order to comply with the serial billing requirement, you must elect which of the two following options to use in our contract with you. In either case, you will need to establish the eligibility of your clients through the completion of the standard form (Payor Financial Form) used to collect this information. Please select and complete one of the two options below:

Option One

Our agency will bill other insurance and provide SMCBHRS with a copy of the Explanation of Benefits provided by that insurance plan before billing SMCBHRS for the remainder.

We, Edgewood Center for Children and Families elect option one.

Signature of authorized agent

Name of authorized agent

Telephone number

Option Two

Our agency will provide information to San Mateo County Behavioral Health and Recovery Services (SMCBHRS) so that SMCBHRS may bill other insurance before billing Medi-Cal on our agency's behalf. This will include completing the attached client Payor Financial Form and providing it to the SMCBHRS Billing Office with the completed "assignment" that indicates the client's permission for SMCBHRS to bill their insurance.

We, Edgewood Center for Children and Families elect option two.

Signature of authorized agent

Name of authorized agent

Telephone number

Please note if your agency already bills private insurance including Medicare for services you provide, then you must elect Option One. This is to prevent double billing. Please return this completed form to:

Doreen Avery, Revenue and Reimbursement Manager
Behavioral Health and Recovery Services
2000 Alameda de las Pulgas, Suite 280
San Mateo, CA 94403
(650) 573-2284

ATTACHMENT E

FINGERPRINTING CERTIFICATION

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

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

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

Edgewood Center for Children and Families
Name of Contractor

Timothy A Marcotte
Signature of Authorized Official

Tim Marcotte
Name (please print)

Chief of Finance and Administration
Title (please print)

11/18/2021
Date

ATTACHMENT I

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

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

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

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



a. Employs fewer than 15 persons.



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

Name of 504 Person:

Tim Marcotte

Name of Contractor(s):

Edgewood Center for Children and Families

Street Address or P.O. Box:

1801 Vicente Street

City, State, Zip Code:

San Francisco, CA 94116

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

Signature:

Timothy A Marcotte

Title of Authorized Official:

Chief of Finance and Administration

Date:

11/18/2021

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



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

MHSA FULL SERVICE PARTNERSHIP (FSP) ANNUAL REPORT

Please complete the following report by September 24^h for the previous fiscal year (July 1– June 30) program services. Email report to mhsa@smcgov.org.

Please submit your report as a Microsoft word file (no pdf) to facilitate the transferring of graphs/tables into the MHSA Annual Update we submit to the State of California. Reports should be written in third person.

1. AGENCY INFORMATION

Agency Name:

MHSA-Funded Program Name:

Program Manager Name:

Email:

Phone Number:

2. PROGRAM DESCRIPTION

In 300-500 words, please provide a brief description of your program, include:

- 1) Program purpose
- 2) Target population served
- 3) Primary program activities and/or interventions provided

3. NARRATIVE

Please describe how your program:

- 1) Improves timely access & linkages for underserved populations
- 2) Reduces stigma and discrimination
- 3) Increases number of individuals receiving public health services
- 4) Reduces disparities in access to care
- 5) Implements recovery principles

4. SUCCESSES & CHALLENGES (INCLUDE PHOTOS/QUOTES)

5a. Successes: Is there a intervention your program is especially proud of? Please include 1-2 client stories as an example of program success.

If a client story is used, with appropriate consent, **please include pictures and/or quotes** from the client to help us personalize your program and the report.

5b. Challenges: Have there been any challenges in implementing certain program activities and/or interventions? What are some solutions to mitigate these challenges in the future?

5. UNDUPLICATED CLIENT INFORMATION & DEMOGRAPHICS

Number of unduplicated clients served: _____

Number of unduplicated families served: _____

OUTCOME DATA & PROGRAM IMPACT

Full Service Partnership (FSP) data is analyzed by an independent consultant, American Institute for Research based on collected and submitted Participant Assessment Forms (PAF), Key Event Tracking (KET) Forms and Quarterly 3-Month (3M) Forms.

**Please reach out to Doris Estremera, MHSA Manager (650)573-2889, if you have any questions.*



ATTACHMENT T

DISASTER AND EMERGENCY RESPONSE PLAN

AGENCY NAME: Edgewood Center for Children and Families

ADDRESS: 170 South Spruce Ave. Ste. 200, South San Francisco, CA 94080

NAME OF PRIMARY POINT OF CONTACT: Jamila McCallum

TELEPHONE NUMBER(S): 650.832.6910

EMAIL ADDRESS: JamilaP@edgewood.org

LAST UPDATED: 11/18/2021

**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 |
|------------------|-----------------------------|--------------|--------------|----------------------|----------------|
| Jamila McCallum, | Executive Director | 650.832.6910 | 415-725-1123 | JamilaP@edgewood.org | |
| Lynn Dolce, CEO | | 415.681.3211 | 415.725.0662 | lynnd@edgewood.org | |
| | | | | | |
| | | | | | |

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.)