

AMENDMENT NO. 5 TO MASTER SERVICE AGREEMENT

This Amendment No. 5 to Master Service Agreement 23-277 (“Amendment No. 5”) is dated August 20, 2024 and is between each Contractor (“Contractor(s)”) listed in Revised Exhibit A-4, “List of Contractors”, and the County of Fresno, a political subdivision of the State of California (“County”).

Recitals

A. On June 20, 2023, the County and the Contractor(s) entered into a Master Short-Term Residential Therapeutic Program (STRTP) Service Agreement, which is County agreement number 23-277 (“Agreement”), for the provision of specialty mental health services to youth and non-minor dependents placed in the care of the Contractor(s).

B. On August 22, 2023, the County and the Contractor(s) entered into County Agreement number 23-417 (“Amendment No. 1”), to add Elite Family Systems to the list of Contractors providing specialty mental health services to Fresno County youth in their care.

C. On October 24, 2023, the County and the Contractor(s) entered into County Agreement number 23-575 (“Amendment No. 2”), to add Brighter Horizons Group Homes to the list of Contractors providing specialty mental health services to Fresno County youth in their care.

D. On April 9, 2024, the County and the Contractor(s) entered into County Agreement number 24-152 (“Amendment No. 3”), to add Z.N.D. Residential, Inc. to the list of Contractors providing specialty mental health services to Fresno County youth in their care.

E. One July 9, 2024, the County and the Contractor(s) entered into County Agreement number 24-372 (“Amendment No. 4”), to add Center for Positive Changes, Changing Faces, Inc., Hesed Christian Ministries, Inc., The Virtuous Woman, Inc., For the Future, Inc., Guiding Our Youth, Kern Bridges Youth Homes, Scott’s Social Services, and Humanistic Foundation, Incorporated (dba Stockdale Boys Center) Center for Positive Changes to the list of Contractors providing specialty mental health services to Fresno County youth in their care.

F. In July 2024, the following agencies were identified as STRTPs that meets the requirements to be added to the list of Contractors providing specialty mental health services to

1 Fresno County youth in their care: (1) Global Family Care Network, Inc (dba Daughter Project
2 Girls Home); and (2) New Start Youth Facility Inc;

3 G. The County and the Contractor now desire to amend the Agreement to add the above
4 mentioned STRTPs as a Contractor(s) included under this Master STRTP Agreement.

5 The parties therefore agree as follows:

6 1. All references to Revised Exhibit A-3 in the current Agreement shall be deemed
7 references to Revised Exhibit A-4, which is attached and incorporated by reference.

8 2. Exhibit B-23 and Exhibit B-24, all entitled "Scope of Services" shall be added to the
9 Master Agreement and considered included in all references to "Exhibit B-1, *et. seq.*".

10 3. The parties agree that upon execution of this Amendment No. 5, the Agreement is
11 further revised, updated, and amended to add Contractors: (1) Global Family Care Network, Inc
12 (dba Daughter Project Girls Home); and (2) New Start Youth Facility Inc.

13 4. When the parties have signed this Amendment No. 5, the Agreement, Amendment No.
14 1, Amendment No. 2, Amendment No. 3, Amendment No. 4, and this Amendment No. 5
15 together constitute the Agreement.

16 5. The Contractor represents and warrants to the County that:

17 a. The Contractor is duly authorized and empowered to sign and perform its obligations
18 under this Amendment.

19 b. The individual signing this Amendment on behalf of the Contractor is duly authorized
20 to do so and his or her signature on this Amendment legally binds the Contractor to
21 the terms of this Amendment.

22 6. The parties agree that this Amendment may be executed by electronic signature as
23 provided in this section.

24 a. An "electronic signature" means any symbol or process intended by an individual
25 signing this Amendment to represent their signature, including but not limited to (1) a
26 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
27 electronically scanned and transmitted (for example by PDF document) version of an
28 original handwritten signature.

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- b. Each electronic signature affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten signature of the person signing this Amendment for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person.
- c. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1).
- d. Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation.
- e. This Amendment is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Amendment with an original handwritten signature.

7. This Amendment may be signed in counterparts, each of which is an original, and all of which together constitute this Amendment.

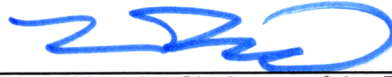
8. The Agreement as amended by this Amendment No. 5 is ratified and continued. All provisions of the Agreement and not amended by this Amendment No. 5 remain in full force and effect.

[SIGNATURE PAGE FOLLOWS]

1 The parties are signing this Amendment No. 5 on the date stated in the introductory
2 clause.

3 See Signature Pages Attached

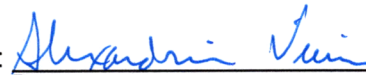
County of Fresno

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6 Nathan Magsig, Chairman of the Board of
Supervisors of the County of Fresno

7 **Attest:**

8 Bernice E. Seidel
9 Clerk of the Board of Supervisors
County of Fresno, State of California


10 By: 
11 Deputy

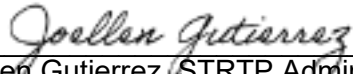
12 For accounting use only:

13 Org No.:56302232
14 Account No.:7295
15 Fund No.:0001
16 Subclass No.:10000
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1 The parties are executing this Amendment No. 5 to the Agreement No. 23-277 on the
2 date stated in the introductory clause.

3
4 Global Family Care Network, Inc (dba Daughter Project Girls Home)

5 
6 _____
Jennifer Jensen, Executive Director

7
8 
9 _____
Joellen Gutierrez, STRTP Administrator

10 12004 Valpredo Avenue
11 Bakersfield, CA 93313


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15 For accounting use only:

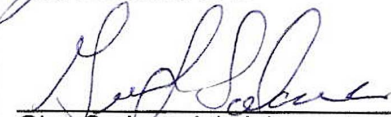
16 Org No.:56302232
17 Account No.:7295
18 Fund No.:0001
19 Subclass No.:10000
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27 Please see additional
28 signature page attached.

1 The parties are executing this Amendment No. 5 to the Agreement No. 23-277 on the
2 date stated in the introductory clause.

3
4 New Start Youth Facility Inc

5
6 
7 _____
8 Dirk Johnson, CEO

9 
10 _____
11 Gina Sodafo, Administrator

12 2409 Belvedere Ave.
13 Bakersfield, CA 93304

14 For accounting use only:

15 Org No.:56302232
16 Account No.:7295
17 Fund No.:0001
18 Subclass No.:10000
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Please see additional
signature page attached.

Revised Exhibit A-4

List of Contractors

1. PROMESA BEHAVIORAL HEALTH (Exhibit B-1)
7120 N. Marks Avenue, Suite 110
Fresno, CA 93711
Phone#: (559) 439-5437
Contact for Notices: Chief Executive Officer
2. CORE CONDITIONS, INC. (Exhibit B-2)
4460 W. Shaw Ave #595
Fresno, CA 93722
Phone#: (559) 261-5083
Contact for Notices: Executive Director
3. DN ASSOCIATES RESIDENTIAL CARE (Exhibit B-3)
4460 W. Shaw Ave #595
Fresno, CA 93722
Phone#: (559) 261-5083
Contact for Notices: Executive Director
4. 2ND HOME, INC. (Exhibit B-4)
1797 San Jose Avenue
Clovis, CA 93611
Phone#: (559) 790-2271
Contact for Notices: Director
5. QUALITY GROUP HOMES, INC. (Exhibit B-5)
(dba QUALITY FAMILY SERVICES)
4928 E. Clinton Way, Suite 108
Fresno, CA 93727
Phone#: (559) 252-6844, ext. 222
Contact for Notices: Chief Executive Officer
6. HOPE FOR YOUTH, INC. (Exhibit B-6)
6790 W Browning Ave
Fresno, CA 93723
Phone#: (559) 681-1470
Contact for Notices: Executive Director
7. MICHIGAN HOUSE, INC. (Exhibit B-7)
2014 Tulare St., Suite #414
Fresno, CA 93721
Phone#: (559) 347-7527
Contact for Notices: Mental Health Director

Revised Exhibit A-4

8. MANUCH INC. (Exhibit B-8)
PO Box 26622
Fresno, CA 93729
Phone#: (559) 347-7627
Contact for Notices: Mental Health Director
9. FRESH START YOUTH CENTER, INC. (Exhibit B-9)
Address Confidential
Phone#: (559) 916-2813
Contact for Notices: Executive Director
10. FRESNO YOUTH CARE HOMES, INC. (Exhibit B-10)
1640 W. Shaw Ave Suite #100
Fresno, CA. 93711
Contact for Notices: Executive Director
11. ELITE FAMILY SYTEMS (Exhibit B-11)
2935 4th Street
Ceres, CA 95307
Contact for Notices: Clinical Director
12. BRIGHTER HORIZONS GROUP HOMES, INC. (Exhibit B-12)
7849 Oceanus Drive
Los Angeles, CA 90046
Contact for Notices: Chief Operating Officer
13. Z.N.D. RESIDENTIAL, INC. (Exhibit B-13)
2514 N. Whittier Avenue
Fresno, CA 93727
Contact for Notices: Chief Operating Officer
14. CENTER FOR POSITIVE CHANGES (Exhibit B-14)
4950 Waring Road, Suite 4
San Diego, CA 92120
Contact for Notices: Executive Director
15. CHANGING FACES, INC (Exhibit B-15)
4124 Odie Lane
Santa Maria, CA 93455
Contact for Notices: Executive Administrator

Revised Exhibit A-4

16. HESED CHRISTIAN MINISTRIES, INC. (Exhibit B-16)
425 Mooncrest Street
Santa Maria, CA 93455
Contact for Notices: Executive Director

17. THE VIRTUOUS WOMAN, INC (Exhibit B-17)
1620 Centinela Avenue, Suite 207
Inglewood, CA 90302
Contact for Notices: Executive Director

18. FOR THE FUTURE, INC (Exhibit B-18)
9800 Topanga Canyon Boulevard, #309
Chatsworth, CA 91311
Contact for Notices: Chief Financial Officer

19. GUIDING OUR YOUTH (Exhibit B-19)
1197 E. Los Angeles Avenue, #338
Simi Valley, CA 93065
Contact for Notices: Chief Financial Officer

20. KERN BRIDGES YOUTH HOMES (Exhibit B-20)
1321 Stine Road
Bakersfield, CA 93309
Contact for Notices: Chief Executive Officer

21. SCOTT'S SOCIAL SERVICES (Exhibit B-21)
1780 Glenwood Drive
Bakersfield, CA 93306
Contact for Notices: Chief Executive Officer

22. HUMANISTIC FOUNDATION, INCORPORATED (dba STOCKDALE BOYS CENTER)
CENTER FOR POSITIVE CHANGES (Exhibit B-22)
5757 W. Century Boulevard, Suite 303
Los Angeles, CA 90045
Contact for Notices: Executive Director

23. GLOBAL FAMILY CARE NETWORK, INC (dba DAUGHTER PROJECT GIRLS HOME)
(EXHIBIT B-23)
12004 Valpredo Avenue
Bakersfield, CA 93313
Contact for Notices: Administrator

Revised Exhibit A-4

24. NEW START YOUTH FACILITY INC (Exhibit B-25)
2409 Belvedere Ave.
Bakersfield, CA 93304
Contact for Notices: STRTP Administrator

Exhibit B-23

Scope of Services

ORGANIZATION: Global Family Care Network, Inc. (dba Daughter Project Girls Home)

ADDRESS: 12004 Valpredo Avenue
Bakersfield, CA 93313

TELEPHONE: (661) 800-8522
(661) 213-3380

CONTACT PERSON: Joellen Gutierrez, Administrator

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

Global Family Care Network, Inc., dba Daughter Project Girl's Home (DPGH), makes available specialty mental health services (SMHS) including, but not limited to, assessment, plan development, individual, group or family therapy, individual/group rehabilitation, collateral, targeted case management, case consultation, intensive care coordination, intensive home-based services, therapeutic behavioral services, crisis intervention, education support, psychiatrist services, medication support services, and transition support services.

TARGET POPULATION

Female foster youth ages 12-17 who have history or are at-risk/suspected for CSEC behaviors.

SERVICE LOCATIONS

Daughter Project Girls Home
12004 Valpredo Ave.
Bakersfield, CA 93313

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

DPGH shall provide mental health treatment, including specialty mental health services, and mental health supports, as appropriate to the needs of the child. All specialty mental health services shall meet Medi-Cal standards. These services shall include all of the following:

Exhibit B-23

- A. Mental Health Assessment:
- i. A mental health assessment shall be completed by a licensed mental health professional (LMHP) or waived/registered associate within five (5) calendar days of a youth's admission.
 - ii. A mental health assessment that was completed by an LMHP within sixty (60) calendar days may also be used to meet this requirement.
- B. Client Plan:
- i. Each youth admitted to the STRTP shall have a Client Plan prepared, reviewed and signed by an LMHP or the Head of Service (HOS) or any other related discipline designated by the HOS within ten (10) calendar days of admission.
 - ii. The Client Plan is reviewed by a member of the mental health program staff at least every thirty (30) calendar days.
 - iii. Client Plan of each youth or non-minor dependent shall include:
 - a) anticipated length of stay;
 - b) specific behavioral goals;
 - c) specific mental health treatment services;
 - d) one or more transition goals that support the rapid and successful transition of the youth back into the community;
 - e) the youth's participation and agreement; and
 - f) evidence of review by a member of the STRTP mental health program staff.
- C. Collaborating with the Child and Family Team (CFT), consistent with the Client Plan.
- D. Specialty Mental Health Treatment Services: STRTPs shall make available for each youth structured specialty mental health treatment services during the day and evening, seven (7) days per week, according to the youth's needs as indicated on the youth's Client Plan. At minimum, the following mental health treatment services (as defined in Title 9 of the California Code of Regulations) shall be made available, as medically necessary:
- i. Mental Health Services – individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement, or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral services.

Exhibit B-23

- a) Assessment - A clinical analysis of the history and current status of a youth's mental, emotional, or behavioral disorder to include relevant cultural and social issues, history, diagnosis, and any recorded testing results.
 - b) Plan Development – The development of Client Plans, to include the youth's needs and services, approval of client plans, and monitoring of a youth's progress. Clients participate in the development of the Client Plan which is a comprehensive detail of the youth's needs, personal goals and objectives for improvement and exiting from the STRTP program. It also includes a treatment component which is specific to mental health and behavioral improvements the youth would like to work toward.
 - c) Collateral – This is any service activity to a significant support person in a youth's life with the intent of improving or maintaining the mental health status of the youth. Collateral services include, but are not limited to, helping significant support persons to understand and accept the youth's condition and involving them in service planning and implementation of the Client Plan. Family counseling or therapy, which is provided on behalf of the youth, may be considered collateral.
- ii. Medication Support Services – shall be provided via a contracted provider. DPGH will monitor that the following is adhered to by the psychiatrist for these services:
- a) Within the first thirty (30) days of the youth admission, the psychiatrist shall examine each youth prior to prescribing any psychotropic medication and include a screening to determine whether there are potential medical complications that may contribute to the youth's health condition. This examination shall be noted in the youth's record.
 - b) The psychiatrist shall sign a written medication review for each youth prescribed psychotropic medication as clinically appropriate, but at least every six (6) weeks. This review shall be included in the youth's record.
 - c) The psychiatrist shall review the course of treatment for all youth who are not on psychotropic medication at least every ninety (90) days and include the results of this review in a progress note

Exhibit B-23

signed by the prescribing physician at the time the review is completed.

- d) Psychotropic medications for a youth placed in an STRTP shall be administered in accordance with all applicable State and Federal laws, which include but are not limited to laws related to informed consent, documentation of informed consent, and California Welfare & Institutions (WIC) Code Sections 369.5 and 739.5.
 - e) STRTPs providing care supervision to children diagnosed by a physician, psychologist, or licensed clinical social worker as mentally disordered shall make provision for at least monthly consultation from a psychiatrist, clinical psychologist, or licensed clinical social worker regarding the program of services.
- iii. Crisis Intervention – an emergency response that enables a youth to cope with a crisis. Activities are intended to support, improve, or maintain the youth’s mental health status.
 - iv. Therapy – therapeutic intervention that focuses on symptom reduction in order to improve identified functional impairments. This service may be delivered to an individual or group and may also include family therapy. Youth shall receive both individual and group therapy at least once per week. The therapeutic modalities are Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and the Trauma Resiliency Model (TRM). CBT is effective in treating children and adolescents who have persistent behavioral reactions, DBT focuses on problem-solving and acceptance-based strategies within a framework of dialectical methods, and TRM focuses on the concept the biological basis of trauma.
 - v. Targeted Case Management – any service that assists the youth to access the needed social, vocational, medical, educational, rehabilitative or other community services. Services may include, but are not limited to, communication, coordination and referral to available resources.
 - vi. Psychologist Services – services provided by licensed psychologists, within their scope of practice, to diagnose or treat a mental illness or condition.
 - vii. EPSDT Supplemental Specialty Mental Health Services – mental health related diagnostic services and treatment available under the Medi-Cal program only to persons under 21 years of age. These include but are not limited to Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) services in accordance with the “Medi-Cal Manual

Exhibit B-23

for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), & Therapeutic Foster Care (TFC) for Medi-Cal Beneficiaries.”

- E. A licensed mental health professional shall perform a clinical review every ninety (90) days of the youth’s status and progress in treatment to determine whether the youth should continue admission in the program or be transitioned to a different level of care. The LMHP shall make this determination in consultation with the placing agency. A report documenting this clinical review shall be maintained in the youth’s record.

- F. Ensuring continuity of care, services, and treatment as a youth moves from his or her STRTP placement to home-based family care or to a permanent living situation through reunification, adoption, or guardianship, in accordance with the youth’s case plan or treatment plan.

- G. Documenting the youth’s ability to access mental health services identified in the Client Plan, or efforts made by the STRTP to ensure access to identified mental health services, including utilization of any existing grievance processes for accessing services.
 - i. Progress notes shall be written to document a youth’s participation and responses to mental health treatment services. The progress notes shall meet Medi-Cal requirements of documentation and shall be maintained in the youth’s record.

 - ii. On the same day as the mental health treatment service, the progress notes shall be signed and dated by the direct service program staff member(s) who provided the service.

 - iii. The STRTP shall ensure that documentation and recordkeeping requirements are met.

- H. The youth’s record must include:
 - i. Mental health assessment;
 - ii. Admission statement, signed by the HOS within five (5) days of youth’s arrival;
 - iii. Client Plan;
 - iv. STRTP mental health program progress notes;
 - v. Clinical review report and transition determination;
 - vi. Physician’s orders, medication examinations, medication reviews, written informed consent for prescribed medications;
 - vii. Copy of court orders or judgements regarding physical or legal custody;

Exhibit B-23

- viii. Documentation indicating each date and names of individuals or groups of individuals who have participated in the development of the Client Plan; and
 - ix. A transition determination plan.
- I. The STRTP shall ensure that American Indian youth receive specialty mental health services in accordance with the Federal Indian Child Welfare Act (25 U.S.C. Sec 1901 et seq.).

STAFFING

- A. All licensed, waived, and registered mental health professionals providing services at the STRTP shall meet all legal requirements for professional licensing, waiver, or registration, as applicable.
- B. Adequate numbers and qualifications of direct service program staff shall be employed, present, awake, and on duty seven (7) days per week.
- C. DPGH shall have at least one (1) full-time equivalent direct service program staff from the following list employed for each six (6) children admitted to the program:
 - a) Physicians
 - b) Psychologists or psychologists who have received a waiver pursuant to WIC Code 5751.2
 - c) Licensed Clinical Social Workers or registered professionals pursuant to WIC Code 5751.2
 - d) Licensed Marriage, Family, and Child Therapists or registered professionals pursuant to WIC Code 5751.2
 - e) Licensed Professional Clinical Counselors or registered professionals pursuant to WIC Code 5751.2
 - f) Psychiatric Technicians
 - g) Mental Health Rehabilitation Specialists as defined in Section 630 of Title 9 CCR
- D. Of the direct service program staff required above, DPGH will have one (1) half-time equivalent LMHP employed for each six (6) children admitted to the program. A LMHP who is employed to meet this requirement may also be the head of service, if employed at least forty (40) hours per week.
- E. DPGH shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

DPGH shall provide all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. DPGH utilizes performance and

Exhibit B-23

outcome measures for evaluating program and system effectiveness to ensure services and service delivery strategies are positively impacting the youth in their care. Performance outcome measures shall be reported to the County annually in accumulative reports for overall program and contract evaluation.

DPGH will address each of the categories referenced below and may additionally propose other performance and outcome measures that are deemed best to evaluate the services provided and/or to evaluate overall program performance.

<u>Category</u>	<u>Indicator</u>
Monthly Performance Indicators	<ul style="list-style-type: none"> ○ Youth will demonstrate a 70% decrease in AWOLs throughout their stay. ○ Youth’s incident reports will decrease by 65% throughout their stay. ○ Less than 10% of youth will experience injury. ○ Less than 10% of youth will experience psychiatric hospitalization. ○ Less than 5% of youth will experience manual restraint. ○ Youth will engage in at least 70% of offered services.
Permanency Indicators	<ul style="list-style-type: none"> ○ 40% of youth will successfully discharge to a lower level of care within 6-12 months.
Service Quality	<ul style="list-style-type: none"> ○ 80% of youth surveyed will report satisfaction with the program and extracurricular activities.
Client Indicators	<ul style="list-style-type: none"> ○ 90% of youth will complete a stay of 6-9 months. ○ Youth will engage in at least 70% of offered services. ○ Youth will engage in at least 75% of medical health services. ○ Youth will engage in social activities over 75% of the time.
Trauma Informed Indicators	<ul style="list-style-type: none"> ○ Reduce incidents of self-harm to less than 5% if applicable. ○ Overall reduction of identified symptoms of trauma to less than 30%
Mental Health Indicators	<ul style="list-style-type: none"> ○ Overall improvement and reduction of identified mental health symptoms per the treatment plan to less than 25%.

Exhibit B-23

The goal of DPGH is to provide each girl in our care with a safe, nurturing environment that meets their basic needs, as well as their individual needs dependent on what led to placement at an STRTP. DPGH works to identify and target these behaviors by providing a therapeutic environment, specialty mental health services, and life skills. DPGH aims to support all youth with reducing and/or eliminating the behaviors that led to STRTP placement so that each youth can step down to a lower level of care, or transition into independent living.

DPGH understands that the County may adjust the performance and outcome measures periodically throughout the duration of this Agreement, as needed, to best measure the program. DPGH will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-24

Scope of Services

ORGANIZATION: New Start Youth Facility Inc.
ADDRESS: 2409 Belvedere Ave
Bakersfield CA, 93304
TELEPHONE: 661-487-2158
CONTACT PERSON: Gina Sodaro, STRTP Administrator
CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

New Start Youth Facility, Inc (NSYF) Short-Term Residential Therapeutic Program (STRTP) where each youth is offered a series of intensive specialty mental health services by on-site, full-time mental health staff consisting of a licensed therapist and rehabilitation specialist. Each youth placed at the NSYF is monitored 24/7 and offered the following services: weekly group therapy, weekly group psychosocial rehabilitation, individual therapy (2-3x per week), family therapy (if deemed appropriate), individual psychosocial rehabilitation (2-4x per week), and crisis intervention (as necessary). The youth will be linked to a local provider and complete an initial Intensive Case Coordination (ICC)/Child and Family Team (CFT) meeting within 30 days of placement to review the progress and behavior of the youth and begin to plan for their transition to a lower level of care once the treatment plan goals are achieved. A psychiatric evaluation will also be completed to determine the youth's need for medication. Additionally, mental health staff completes referrals to community supports such as Kern Regional Center, mentoring, social recreational programs, and TBS, as deemed appropriate.

TARGET POPULATION

NSYF accepts males, LGBTQ, CSEC, and transgendered youth, from probation and the child welfare system, between the ages of 7 through 18, who are capable of functioning in an open community setting. NSYF does not accept privately placed youth or non-minor dependents (NMD).

SERVICE LOCATIONS

First Step
6024 Friant Street
Bakersfield, CA 93309

New Start Youth Facility
2409 Belvedere Ave.
Bakersfield, CA 93304

Exhibit B-24

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

NSYF shall provide mental health treatment, including specialty mental health services, and mental health supports, as appropriate to the needs of the child. All specialty mental health services shall meet Medi-Cal standards. These services shall include all of the following:

- A. Mental Health Assessment:
 - i. A mental health assessment shall be completed by a licensed mental health professional (LMHP) or waived/registered associate within five (5) calendar days of a youth's admission.
 - ii. A mental health assessment that was completed by an LMHP within sixty (60) calendar days may also be used to meet this requirement.

- B. Client Plan:
 - i. Each youth admitted to the STRTP shall have a Client Plan prepared, reviewed and signed by an LMHP or the Head of Service (HOS) or any other related discipline designated by the HOS within ten (10) calendar days of admission.
 - ii. The Client Plan is reviewed by a member of the mental health program staff at least every thirty (30) calendar days.
 - iii. Client Plan of each youth or non-minor dependent shall include:
 - a) anticipated length of stay;
 - b) specific behavioral goals;
 - c) specific mental health treatment services;
 - d) one or more transition goals that support the rapid and successful transition of the youth back into the community;
 - e) the youth's participation and agreement; and
 - f) evidence of review by a member of the STRTP mental health program staff.

- C. Collaborating with the Child and Family Team (CFT), consistent with the Client Plan.

- D. Specialty Mental Health Treatment Services: STRTPs shall make available for each youth structured specialty mental health treatment services during the day and evening, seven (7) days per week, according to the youth's needs as indicated on the youth's Client Plan. At minimum, the following mental health treatment services (as defined in Title 9 of the California Code of Regulations) shall be made available, as medically necessary:

Exhibit B-24

- i. Mental Health Services – individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement, or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral services.
 - a) Assessment - A clinical analysis of the history and current status of a youth's mental, emotional, or behavioral disorder to include relevant cultural and social issues, history, diagnosis, and any recorded testing results.
 - b) Plan Development – The development of Client Plans, to include the youth's needs and services, approval of client plans, and monitoring of a youth's progress. Clients participate in the development of the Client Plan which is a comprehensive detail of the youth's needs, personal goals and objectives for improvement and exiting from the STRTP program. It also includes a treatment component which is specific to mental health and behavioral improvements the youth would like to work toward.
 - c) Collateral – This is any service activity to a significant support person in a youth's life with the intent of improving or maintaining the mental health status of the youth. Collateral services include, but are not limited to, helping significant support persons to understand and accept the youth's condition and involving them in service planning and implementation of the Client Plan. Family counseling or therapy, which is provided on behalf of the youth, may be considered collateral.
- ii. Medication Support Services – shall be provided via a contracted psychiatrist. NSYF will monitor that the following is adhered to by the psychiatrist for these services:
 - a) Within the first thirty (30) days of the youth admission, the psychiatrist shall examine each youth prior to prescribing any psychotropic medication and include a screening to determine whether there are potential medical complications that may contribute to the youth's health condition. This examination shall be noted in the youth's record.
 - b) The psychiatrist shall sign a written medication review for each youth prescribed psychotropic medication as clinically appropriate,

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but at least every six (6) weeks. This review shall be included in the youth's record.

- c) The psychiatrist shall review the course of treatment for all youth who are not on psychotropic medication at least every ninety (90) days and include the results of this review in a progress note signed by the prescribing physician at the time the review is completed.
 - d) Psychotropic medications for a youth placed in an STRTP shall be administered in accordance with all applicable State and Federal laws, which include but are not limited to laws related to informed consent, documentation of informed consent, and California Welfare & Institutions (WIC) Code Sections 369.5 and 739.5.
 - e) STRTPs providing care supervision to children diagnosed by a physician, psychologist, or licensed clinical social worker as mentally disordered shall make provision for at least monthly consultation from a psychiatrist, clinical psychologist, or licensed clinical social worker regarding the program of services.
- iii. Crisis Intervention – an emergency response that enables a youth to cope with a crisis. Activities are intended to support, improve, or maintain the youth's mental health status.
 - iv. Therapy – therapeutic intervention that focuses on symptom reduction in order to improve identified functional impairments. This service may be delivered to an individual or group and may also include family therapy. Youth shall receive both individual and group therapy at least once per week. The therapeutic modalities are Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and the Trauma Resiliency Model (TRM). CBT is effective in treating children and adolescents who have persistent behavioral reactions, DBT focuses on problem-solving and acceptance-based strategies within a framework of dialectical methods, and TRM focuses on the concept the biological basis of trauma.
 - v. Targeted Case Management – any service that assists the youth to access the needed social, vocational, medical, educational, rehabilitative or other community services. Services may include, but are not limited to, communication, coordination and referral to available resources.
 - vi. Psychologist Services – services provided by licensed psychologists, within their scope of practice, to diagnose or treat a mental illness or condition.

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- vii. EPSDT Supplemental Specialty Mental Health Services – mental health related diagnostic services and treatment available under the Medi-Cal program only to persons under 21 years of age. These include but are not limited to Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) services in accordance with the “Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), & Therapeutic Foster Care (TFC) for Medi-Cal Beneficiaries.”
- E. A licensed mental health professional shall perform a clinical review every ninety (90) days of the youth’s status and progress in treatment to determine whether the youth should continue admission in the program or be transitioned to a different level of care. The LMHP shall make this determination in consultation with the placing agency. A report documenting this clinical review shall be maintained in the youth’s record.
- F. Ensuring continuity of care, services, and treatment as a youth moves from his or her STRTP placement to home-based family care or to a permanent living situation through reunification, adoption, or guardianship, in accordance with the youth’s case plan or treatment plan.
- G. Documenting the youth’s ability to access mental health services identified in the Client Plan, or efforts made by the STRTP to ensure access to identified mental health services, including utilization of any existing grievance processes for accessing services.
- i. Progress notes shall be written to document a youth’s participation and responses to mental health treatment services. The progress notes shall meet Medi-Cal requirements of documentation and shall be maintained in the youth’s record.
 - ii. On the same day as the mental health treatment service, the progress notes shall be signed and dated by the direct service program staff member(s) who provided the service.
 - iii. The STRTP shall ensure that documentation and recordkeeping requirements are met.
- H. The youth’s record must include:
- i. Mental health assessment;
 - ii. Admission statement, signed by the HOS within five (5) days of youth’s arrival;
 - iii. Client Plan;
 - iv. STRTP mental health program progress notes;

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- v. Clinical review report and transition determination;
 - vi. Physician's orders, medication examinations, medication reviews, written informed consent for prescribed medications;
 - vii. Copy of court orders or judgements regarding physical or legal custody;
 - viii. Documentation indicating each date and names of individuals or groups of individuals who have participated in the development of the Client Plan; and
 - ix. A transition determination plan.
- I. The STRTP shall ensure that American Indian youth receive specialty mental health services in accordance with the Federal Indian Child Welfare Act (25 U.S.C. Sec 1901 et seq.).

STAFFING

- A. All licensed, waived, and registered mental health professionals providing services at the STRTP shall meet all legal requirements for professional licensing, waiver, or registration, as applicable.
- B. Adequate numbers and qualifications of direct service program staff shall be employed, present, awake, and on duty seven (7) days per week.
- C. NSYF shall have at least one (1) full-time equivalent direct service program staff from the following list employed for each six (6) children admitted to the program:
- a) Physicians
 - b) Psychologists or psychologists who have received a waiver pursuant to WIC Code 5751.2
 - c) Licensed Clinical Social Workers or registered professionals pursuant to WIC Code 5751.2
 - d) Licensed Marriage, Family, and Child Therapists or registered professionals pursuant to WIC Code 5751.2
 - e) Licensed Professional Clinical Counselors or registered professionals pursuant to WIC Code 5751.2
 - f) Psychiatric Technicians
 - g) Mental Health Rehabilitation Specialists as defined in Section 630 of Title 9 CCR
- D. Of the direct service program staff required above, NSYF have one (1) half-time equivalent LMHP employed for each six (6) children admitted to the program. A LMHP who is employed to meet this requirement may also be the head of service, if employed at least forty (40) hours per week.
- E. NSYF shall have access to the psychiatrist twenty-four (24) hours per day.

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PERFORMANCE MEASURES/PROGRAM OUTCOMES

NSYF shall provide all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. New Start Youth Facility Inc. utilizes performance and outcome measures for evaluating program and system effectiveness to ensure services and service delivery strategies are positively impacting the youth in their care. Performance outcome measures shall be reported to the County annually in accumulative reports for overall program and contract evaluation.

NSYF will address each of the categories referenced below and may additionally propose other performance and outcome measures that are deemed best to evaluate the services provided and/or to evaluate overall program performance.

- A. Access to care: The ability of youth to receive the right service at the right time.
 - a) 100 % of youth will have an assessment completed by the head of service within 3 days of admission.
 - b) 100 % of youth will receive their first treatment service within 48 hours of admission

- B. Effectiveness: Objective results achieved through services.
 - a) Effectiveness of Treatment Interventions: Within 30 days of admission, and every 30 days after, the licensed clinician will review the services provided, treatment plan and additional resources needed. Every 30 days, each youth will receive 100% of the recommended services within the treatment plan, which will be reflective in the behavior reduction by 10%.
 - b) Effectiveness of Discharge Planning: Beginning at admission, and continuing throughout 6 months of placement, the treatment team will provide intensive mental health services to 100% of the youth, consisting of 4-7 services per week. At the 6 months of admission, the treatment team will make recommendations and advise on potential step-down for client based on client's performance and additional stakeholder's input.

- C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.
 - a) 10% of youth will be successfully discharged within 6 months of placement.

- D. Satisfaction and Compliance:
 - a) NSYF will maintain an 85% compliance rate, as evidenced by audits and other performance and utilization reviews of health care services, surveys of persons services, family members, health care providers, and other stakeholders.

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NSYF understands that the County may adjust the performance and outcome measures periodically throughout the duration of this Agreement, as needed, to best measure the program. NSYF will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.