

AMENDMENT NO. 1 TO MASTER SERVICE AGREEMENT

This Amendment No. 1 to Master Service Agreement 25-234 ("Amendment No. 1") is dated August 19, 2025 and is between each Contractor ("Contractor(s)") listed in Revised Exhibit A, "List of Contractors", and the County of Fresno, a political subdivision of the State of California ("County").

Recitals

A. On June 10, 2025, the County and the Contractor(s) entered into Agreement No. 25-234 ("Agreement"), for the provision of specialty mental Health services to youth and non-minor dependents placed in the care of the Contractor(s).

B. In June 2025, the Fresno County Department of Behavioral Health (DBH) identified the need to remove The Virtuous Woman, Inc. from the list of Contractors, as this Contractor no longer met the requirements of this Agreement. Contractor The Virtuous Woman, Inc. is being removed from the Agreement.

C. In June 2025, Fresno County DBH identified the need to update Exhibit B to revise the location sites of the STRTP programs for Contractor Quality Group Homes; and

The parties therefore agree as follows:

1. All references to Exhibit A in the current Agreement shall be deemed references to Revised Exhibit A.

2. All references to Exhibit B in the current Agreement shall be deemed references to Revised Exhibit B.

3. When both parties have signed this Amendment No. 1, the Agreement and this Amendment No. 1 together constitute the Agreement.

4. The Contractor(s) represents and warrants to the County that:

a. The Contractor(s) is duly authorized and empowered to sign and perform its obligations under this Amendment.

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

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

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

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.

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

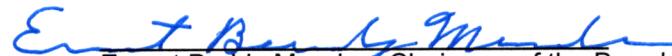
7. The Agreement as amended by this Amendment No. 1 is ratified and continued. All provisions of the Agreement and not amended by this Amendment No. 1 remain in full force and effect.

[SIGNATURE PAGE FOLLOWS]

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

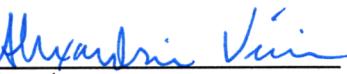
3 CONTRACTOR
4 See Following Signature Pages

COUNTY OF FRESNO



5 Ernest Buddy Mendes, Chairman of the Board
6 of Supervisors of the County of Fresno

7 **Attest:**
8 Bernice E. Seidel
9 Clerk of the Board of Supervisors
10 County of Fresno, State of California

11 By: 
12 Deputy

13 For accounting use only:

14 Org No.: 56302232
15 Account No.: 7295
16 Fund No.: 0001
17 Subclass No.: 10000

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1 Quality Group Homes, Inc.
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3 DocuSigned by:

4 **James Clark**

5 James Clark, Board President

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7 D. Mae Johnson, CEO

8
9 4928 E. Clinton Way, Suite 108
Fresno, CA 93727

Revised Exhibit A
List of Contractors

	Contracted Provider	Contact
01	Promesa Behavioral Health	Mailing Address: 7120 N. Marks Avenue, Suite 110; Fresno, CA 93711 Contact Person: Chief Executive Officer Phone Number: (559) 439-5437
02	Core Conditions, Inc.	Mailing Address: 4460 W. Shaw Avenue, #595; Fresno, CA 93722 Contact Person: Executive Director Phone Number: (559) 261-5083
03	DN Associates Residential Care	Mailing Address: 4460 W. Avenue, #595; Fresno, CA 93722 Contact Person: Executive Director Phone Number: (559) 261-5083
04	2nd Home, Inc.	Mailing Address: 1797 San Jose Avenue; Clovis, CA 93611 Contact Person: Director Phone Number: (559) 790-2271
05	Quality Group Homes, Inc (dba Quality Family Services)	Mailing Address: 4928 E. Clinton Way, Suite 108; Fresno, CA 93727 Contact Person: Chief Executive Officer Phone Number: (559) 252-6844
06	Hope for Youth, Inc.	Mailing Address: 6790 W. Browning Avenue; Fresno, CA 93723 Contact Person: Executive Director Phone Number: (559) 681-1470
07	Michigan House, Inc.	Mailing Address: 1617 W. Shaw Ave, Suite B, Fresno CA 93711 Contact Person: Mental Health Director Phone Number: (559) 347-8197
08	Manuch Inc.	Mailing Address: PO Box 26622; Fresno, CA 93729 Contact Person: Mental Health Director Phone Number: (559) 347-7627
09	Fresno Youth Care Homes	Mailing Address: 1640 W. Shaw Avenue, Suite 100; Fresno, CA 93711 Contact Person: Executive Director Phone Number: (559) 840-1472
10	Brighter Horizon Group Homes, Inc.	Mailing Address: 14622 Ventura Boulevard, Suite #544, Sherman Oaks, CA 91403 Contact Person: Chief Operating Officer Phone Number: (310) 909-3817
11	Z. N. D. Residential, Inc.	Mailing Address: 2514 N. Whittier Avenue; Fresno, CA 93727 Contact Person: Chief Operating Officer Phone Number: (559) 554-9703
12	Elite Family Systems	Mailing Address: 2935 4 th Street; Ceres, CA 95307 Contact Person: Clinical Director Phone Number: (209) 531-2088
13	Center For Positive Changes	Mailing Address: 4950 Waring Road, Suite 4; San Diego, CA 92120 Contact Person: Executive Director Phone Number: (619) 660-3886
14	Changing Faces, Inc.	Mailing Address: 4124 Odie Lane; Santa Maria, CA 93455 Contact Person: Executive Administrator Phone Number: (805) 938-0125
15	For the Future, Inc.	Mailing Address: 9800 Topanga Canyon Boulevard, #309; Chatsworth, CA 91311 Contact Person: Chief Financial Officer Phone Number: (714) 625-1218
16	Guiding Our Youth	Mailing Address: 1197 E. Los Angeles Avenue, #338; Simi Valley, CA 93065 Contact Person: Chief Financial Officer Phone Number: (714) 625-1218
17	Hesed Christian Ministries, Inc.	Mailing Address: 425 Mooncrest Street; Santa Maria, CA 93455 Contact Person: Executive Director Phone Number: (805) 937-5920

Revised Exhibit A
List of Contractors

18	Kern Bridges Youth Homes	Mailing Address: 1321 Stine Road; Bakersfield, CA 93309 Contact Person: Chief Executive Officer Phone Number: (661) 396-2301
19	New Start Youth Facility, Inc.	Mailing Address: 2409 Belvedere Avenue; Bakersfield, CA 93304 Contact Person: STRTP Administrator Phone Number: (661) 487-2158
20	Scott's Social Services	Mailing Address: 1780 Glenwood Drive; Bakersfield, CA 93306 Contact Person: Chief Executive Officer Phone Number: (661) 900-6342

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCOPE OF WORK

A. Program Name

Short-Term Residential Therapeutic Program (STRTP)

B. Background

On October 11, 2015 and September 25, 2016, Assembly Bills 403 and 1997 were signed into law, respectively, to implement provisions of the Continuum of Care Reform (CCR). The provisions were founded on the collective belief among stakeholders involved in California's child welfare system that all children served by the foster care system need, deserve, and have an ability to be part of a loving family, and not to grow up in a congregate setting. Assembly Bill 403 created a new youth residential licensing category – the Short-Term Residential Therapeutic Program (STRTP) – to replace the former group home Rate Classification Level (RCL) structure. With this change, youth and non-minor dependents would receive short-term, specialized, and intensive treatment, and 24-hour care and supervision within the STRTP home in which they were placed. Assembly Bill 1997 further adopted the requirement for all STRTPs to provide and ensure access to specialty mental health services to youth and non-minor dependents placed in their care. This would allow for the timely provision of services and greater care coordination for foster youth in the system.

STRTPs are required to obtain and maintain STRTP licensure through the California Department of Social Services (CDSS) and Mental Health Program Application (MHPA) approval and Medi-Cal site certification through either the Department of Health Care Services (DHCS) or their home county, if it is a delegate county. In order to provide Medi-Cal billable services within Fresno County, STRTPs are required to obtain and maintain Medi-Cal site certification.

C. Target Population

Fresno County youth, presumptive transfer youth, and AB1051 youth placed within the care of the STRTP.

Entry Criteria

A licensed STRTP may accept youth, including non-minor dependents, for placement who meet all of the following criteria:

1. Youth does not require inpatient care in a licensed health facility,
2. Youth has been assessed by a licensed mental health professional as meeting the applicable criteria for placement in a STRTP program,
3. A determination has been made by the Interagency Placement Committee (IPC) that the youth should be placed in a STRTP.

Referrals shall be submitted to the program from the Fresno County DSS and Probation Department. The STRTP may also receive referrals from out-of-county DSS and Probation Departments.

AB 1051 changes to the presumptive transfer process would necessitate an individual contract between the STRTP and county of responsibility for all out of county youth placed in the home. Out-of-county youth covered by the Master STRTP Agreement are those:

1. Youth from a county which has signed onto the Fresno County DBH county-to-county agreement; or
2. Youth who have had an exemption granted by Fresno County DBH for the youth to be presumptively transferred.

Additionally, 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.).

D. Description of Services

The intended benefit of the STRTP program is to increase ease of access and availability of mental health services for youth placed within the care of the STRTP. The STRTP shall provide a level of service and support that will reflect each participant's unique and individual needs.

A. Services Start Date

The requested services under this Agreement are effective July 1, 2025, or when the agreement is fully executed.

Site certification/recertification must be completed no later than two months after the agreement is fully executed.

B. Summary of Services

- i. The STRTP shall provide these services to all individuals in the program. Services will include but are not limited to the following:
 - a. Provide support to the youth's family and other members of the youth's social network to help them manage the symptoms and illness of the youth and reduce the level of family and social stress associated with the illness.
 - b. Make appropriate referrals and linkages to services that are beyond that of the STRTP's services under the resulting agreement or as appropriate when discharging/transitioning a youth from your program.
 - c. Coordinate services with any other community mental health and non-mental health providers as well as other medical professionals.

- d. Assist person served/family with accessing all entitlements or benefits for which they are eligible (i.e. Managed Care Plan benefits, Medi-Cal, SSI, Section 8 vouchers etc.).
- e. Develop family support and involvement whenever possible.
- f. Refer individuals to supported education and employment opportunities, as appropriate.
- g. Provide or link to transportation services when it is critical to initially access a support service or gain entitlements or benefits.
- h. Provide or refer to peer support activities, as appropriate.
- i. Ensure that clinically appropriate Evidence-Based Practices are utilized in service delivery at all levels of care.

- ii. The STRTP shall deliver a comprehensive specialty mental health program. Behavioral health services include but are not limited to:
 - a. Assessment
 - b. Treatment or Care planning/Goal setting
 - c. Pediatric Symptom Checklist (PSC) 35 and the Child and Adolescent Needs and Strengths (CANS) assessment
 - d. Individual therapy
 - e. Group therapy
 - f. Family therapy
 - g. Case Management
 - h. Medication Support
 - i. Intensive Home-Based Services
 - j. Intensive Care Coordination
 - k. Consultation
 - l. Linkage to additional services and supports
 - m. Hospitalization/Post Hospitalization Support

- iii. The STRTP will ensure that all services:
 - a. Be values-driven, Strengths-based, individual-driven, and co-occurring capable.
 - b. Be culturally and linguistically competent.
 - c. Be age, culture, gender, and language appropriate.

- d. Include accommodations for individuals with physical disability(ies).
- iv. Methods for service coordination and communication between program and other service providers shall be developed and implemented consistent with Fresno County Behavioral Health Plan (BHP) confidentiality rules.
- v. The STRTP shall maintain up to date caseload record of all individuals enrolled in services, and provide individual, programmatic, and other demographic information to DBH as requested.
- vi. The STRTP shall ensure billable specialty mental health services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards and provide all pertinent and appropriate information in a timely manner to DBH to bill Medi-Cal services rendered.
- vii. STRTP specific programming

The STRTP program is designed so that youth and non-minor dependents placed within the STRTP home have the ability to receive services – including specialty mental health services – in one place. Specialty mental health services are provided within the home by the STRTP's mental health staff, with youth and non-minor dependents. Frequency and intensity of specialty mental health services are determined by the treatment plan of person served, or as identified in their day-to-day needs. The STRTP shall have a plan to meet the youth's mental health needs outside of the regular working hours of mental health staff, including weekends.

Based on the acuity of this population, each youth shall receive a minimum of two direct treatment encounters per week. The STRTP shall ensure and document daily attempts to engage youth in a mental health service when a youth is refusing to participate in all other services offered by the program. All mental health services shall be trauma-informed, culturally, and developmentally appropriate. Additionally, all specialty mental health services shall meet Medi-Cal standards and the STRTP shall collaborate with the Interagency Placement Committee (IPC), Wrap Team, and Child and Family Team (CFT) for treatment planning and linkage to support systems.

Additional services provided by the STRTP program include, but are not limited to:

- a. Crisis Intervention
- b. EPSDT Supplemental Specialty Mental Health Services
- c. Medication Support

Shall be provided via the STRTP's psychiatrist on staff or a subcontracted psychiatrist.-The STRTP will monitor that the following is adhered to by the psychiatrist for these services:

- a) 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 forty-five (45) days. 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 a 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) A nurse practitioner, physician's assistant or registered, licensed or vocational nurse acting within their scope of practice; may perform the functions in subdivisions (b), (c), and (d) under the direction of a psychiatrist. However, each child shall be examined by a psychiatrist at least one time during the child's stay at the STRTP.

viii. A licensed mental health professional (LMHP) or waivered/registered 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 or waivered/registered professional shall make this determination in consultation with the CFT. A report documenting the clinical review shall be maintained in the youth's record and provided to DBH upon request.

ix. The STRTP shall ensure 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. This includes notifying all outside treating mental health providers when the youth is no longer residing in the STRTP. The STRTP shall make appropriate referrals for mental health services if a youth does not have an assigned mental health provider outside of the STRTP.

x. If at any time Fresno County MHP determines that the STRTP program is not adhering to its policies and procedures as approved during the site certification process, or MHPA regulations (evidenced by 3 or more notices of noncompliance/corrective action plans) the STRTP will be

deemed as not properly performing its obligations under this Agreement and will be subject to Article 6.2 of this Agreement.

C. Location of Services

Services shall be provided at the Contractor's licensed STRTP site, as shown below. These sites shall maintain STRTP licensure through CDSS, as well as mental health program application approval (MHPA) and Medi-Cal site certification through the Fresno County Department of Behavioral Health (DBH). The County must be notified of any addition or change to the location of a STRTP and the new site must obtain its own, separate licensure, MHPA approval, and Medi-Cal site certification. The STRTP must also be capable of offering services through Telehealth-phone and Telehealth-video should the need arise.

Promesa Behavioral Health	
<u>Barstow</u> 1415 W. Barstow Fresno, CA 93711	<u>Niles 5</u> 1853 E. Nees Fresno, CA 93720
<u>Millbrook</u> 4291 N. Millbrook Fresno, CA 93726	<u>Spruce</u> 775 E. Spruce Fresno, CA 93720
<u>Minarets</u> 718 E. Minarets Fresno, CA 93720	<u>Van Ness</u> 1027 N. Van Ness Fresno, CA 93726
<u>Niles 4</u> 1942 E. Nees Fresno, CA 93720	<u>Madera</u> 10120 Lanesbridge Road Madera, CA 93636
Core Conditions, Inc.	
<u>Brawley</u> 114 S. Brawley Fresno, CA 93706	<u>Core Conditions – Dakota</u> 3765 W. Dakota Fresno, CA 93722
DN Associates Residential Care	
<u>Blythe</u> 2142 N. Blythe Fresno, CA 93722	<u>Polk</u> 3793 N. Polk Fresno, CA 93722
2nd Home, Inc.	
<u>Sample</u> 2361 Sample Avenue Clovis, CA 93611	<u>Tenaya</u> 3239 E. Tenaya Way Fresno, CA 93710
<u>San Jose</u> 1797 San Jose Avenue	

Clovis, CA 93611	
Quality Group Homes, Inc. dba Quality Family Services	
<u>Belmont</u> 6224 W. Belmont Avenue Fresno, CA 93723	<u>Millbrook</u> 6250 N. Millbrook Avenue Fresno, CA 93710
<u>Cambridge</u> 2216 E. Cambridge Avenue Fresno, CA 93703	<u>Sample</u> 643 E. Sample Avenue Fresno, CA 93710
<u>Clinton</u> 4862 E. Clinton Avenue Fresno, CA 93703	<u>Yale</u> 1105 E. Yale Avenue Fresno, CA 93704
<u>Gettysburg</u> 3804 E. Gettysburg Avenue Fresno, CA 93726	
Hope for Youth, Inc.	
<u>Harvard</u> 4324 W. Harvard Avenue Fresno, CA 93722	
Michigan House, Inc.	
<u>Michigan House 1</u> 1224 E. Michigan Avenue Fresno, CA 93704	<u>Michigan House 2</u> 1209 S. Hughes Fresno, CA 93706
Manuch Inc.	
<u>Aspen</u> 5610 W. Donner Avenue Fresno, CA 93721	<u>Manuch – Riverpine</u> 3043 W. Roberts Avenue Fresno, CA 93711
<u>Inspiration Peak</u> 7658 N. Santa Fe Avenue Fresno, Ca 93722	
Fresno Youth Care Homes	
<u>Weldon</u> 64 E. Weldon Fresno, CA 93704	
Brighter Horizons Group Homes, Inc.	

<u>Cottonwood</u> 7133 E. Cornell Avenue Fresno, CA 93737	<u>Elm</u> 7133 E. Cornell Ave Fresno, CA 93737
Z.N.D. Residential, Inc.	
<u>Z.N.D. Residential</u> 2514 N. Whitter Avenue Fresno, CA 93727	
Elite Family Systems	
<u>Banyan</u> 1708 Banyan Court Ceres, CA 95307	<u>Leslie</u> 2528 Leslie Lane Ceres, CA 95307
	<u>Scoffield</u> 3212 Uranus Drive Ceres, CA 95307
Center for Positive Changes	
<u>CFPC 1</u> 3482 Saddle Drive Spring Valley, CA 91977	<u>CFPC.5</u> 5104 Eliiot Street Oceanside, CA 92057
<u>CFPC 2</u> 5972 Kenyatta Court San Diego, CA 92114	<u>First Step Treatment Program</u> 9671 Kenora Lane Spring Valley, CA 91977
<u>CFPC 3</u> 1107 S. Mollison El Cajon, CA 92020	<u>CFPC 7</u> 5671 Churchward Street San Diego, CA 92114
Changing Faces, Inc.	
<u>Changing Faces</u> 4124 Odie Lane Santa Maria, CA 93455	
For the Future, Inc.	
<u>For the Future</u> 4955 Alta Street Simi Valley, CA 93065	
Guiding Our Youth	
<u>Casarin</u> 1672 Casarin Avenue Simi Valley, CA 93065	<u>Cutler</u> 2136 Cutler Street Simi Valley, CA 93065

Hesed Christian Ministries, Inc.	
<u>Agape Homes</u> 425 Mooncrest Street Santa Maria, CA 93455	
Kern Bridges Youth Homes	
<u>John & Dorothy Almklov</u> 4301 De Ette Avenue Bakersfield, CA 93313	<u>Casa De Ninos</u> 32549 Betty Jean Avenue McFarland, CA 93250
New Start Youth Facility, Inc.	
<u>New Start Youth Facility</u> 2409 Belvedere Avenue Bakersfield, CA 93304	<u>First Step</u> 6024 Friant Street Bakersfield, CA 93309
Scott's Social Services	
<u>Scott's Social Services I</u> 1780 Glenwood Drive Bakersfield, CA 93306	<u>Scott's Social Services II</u> 7701 Prism Way Bakersfield, CA 93313

D. Hours of Operation

The STRTP shall have services available between 9:00 am and 5:00 pm five (5) days per week.

E. Care Coordination/Transition Plan

1. Intake and Initial Assessment

The STRTP shall complete the following, upon intake or as indicated below.

i. Mental Health Assessment

A mental health assessment shall be completed by a licensed mental health professional (LMHP) or waivered/registered associate within five (5) calendar days of a youth's arrival.

A mental health assessment that was completed by an LMHP within sixty (60) calendar days may also be used to meet this requirement.

ii. Treatment Plan

Each youth admitted to the STRTP shall have a Treatment Plan reviewed and signed by a LMHP, waivered/registered professional, or the Head of Service (HOS), within ten (10) calendar days of the youth's arrival at the STRTP.

The Treatment Plan shall be reviewed by a member of the mental health program staff at least every thirty (30) calendar days.

iii. Medication Support

Within the first thirty (30) days of youth's arrival, a 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.

Medication support may be provided onsite or via telepsychiatry.

2. Transition and Discharge

Discharge planning, including transition planning that supports a step-down process utilizing a CFT, permanency specialist (which may include family finding) and child specific strategies to build natural and formal support systems, shall begin at intake and is determined on a case-by-case basis, depending on the youth's progress toward individualized treatment goals. Additionally, linkages shall be made to ongoing supports, such as specialty mental health resources, for all youth. All transitions and discharges shall be discussed in a CFT to ensure all members of the youths' support system are aware of the recommendation being made by the STRTP.

F. Evidence Based Practices (EBPs)

The STRTP must use evidence-based practices (EBPs) found effective in serving this target population. This includes the provision of training, ongoing sustainability, and fidelity to a core competency for the STRTP's mental health clinicians. Evidence-Based Practices (EBP) utilized in the STRTP include, but are not limited to: Cognitive Behavioral Therapy (CBT), Trauma Focused CBT (TF-CBT), Dialectical Behavioral Therapy (DBT), and Motivational Interviewing (MI). Any additional evidence-based practices the STRTP would like to utilize will require review and consultation with County.

G. County Shall

1. Assist the STRTP's efforts to evaluate the needs of each enrolled child on an ongoing basis to ensure each child is receiving clinically appropriate services.
2. Provide oversight and collaborate with the STRTP and other County Departments and community agencies to help achieve State program goals and outcomes. Oversight includes, but is not limited to, contract monitoring and coordination with the State Department of Health Care

Services and California Department of Social Services in regard to program administration and outcomes.

3. Assist the STRTP in making linkages with the total mental health system of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
4. Participate in evaluating overall program progress and efficiency and be available to the STRTP for ongoing consultation.
5. Gather outcome information from target person served groups and the STRTP throughout each term of the resulting Agreement. County shall notify the STRTP when their participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, person served and staff interviews, chart reviews, and other methods of obtaining required information.
6. Assist the STRTP's efforts toward cultural and linguistic competency by providing technical assistance regarding cultural competency requirements.

H. Staffing

The STRTP shall provide the following staffing components, at minimum:

1. Mental health program staff shall be consistent with the current STRTP regulations and should be appropriate for services needed by each youth, which would include any of the following classifications: physicians, psychologists/waivered psychologists, LCSW/ASW, LMFT/AMFT, LPCC/APCC, registered nurses, LVNs, psychiatric technicians, and mental health rehabilitation specialists.
2. Of the direct service program staff required above, the STRTP shall have one (1) half-time equivalent LMHP or waivered/registered professional employed for each six (6) children admitted to the program. A LMHP or waivered/registered professional who is employed to meet this requirement may also be the head of service, if employed at least forty (40) hours per week.
3. The STRTP shall ensure staff are qualified in education, experience, and clinical competencies appropriate for their respective job classifications.
4. The STRTP shall maintain adequate staffing levels in relation to the number of open person-served cases at any given point and align with the needs of the population. Clinician caseloads shall not exceed 6 individuals per clinician. Staffing levels shall not jeopardize the quality of services provided to persons served.
5. Peer support staff shall not be counted as part of the mental health program staff for the purpose of meeting regulatory staffing ratios and shall only be hired and utilized as approved in the STRTP's MHPA and site certification.

6. The STRTP will provide appropriate training for all staff to include but not limited to trauma-informed practice, EBPs utilized, working with specialized populations such as Human Trafficking, and co-occurring competence to serve individuals with mental health and substance use/abuse disorders.
7. The STRTP will comply with the training requirements and expectations referenced in Exhibit C, Attachment D, Department of Behavioral Health Training Requirements Reference Guide.
 - i. Trainings are to be completed by the STRTP's staff after contract execution, in a timely manner. Completion deadlines for trainings are listed in Exhibit C, Attachment E, within the descriptions. Additionally, the execution of a new contract does not restart the timeline for required trainings for staff. If staff have recently completed a training under another contract, it will be accepted.
8. The STRTP will provide a sufficient number of licensed staffing and will manage assignment of persons served within the program to ensure that all services for persons with dual coverage are claimable (e.g. Medicare/Medi-Cal dually enrolled persons).

I. General Requirements

1. Guiding Principles of Care Delivery: All services provided by the STRTP shall be in accordance with DBH's Guiding Principles of Care Delivery in accordance with Exhibit C, Attachment A.
2. Federal/HIPAA Laws: Strictly adhere with all applicable Federal (including HIPAA laws), State of California and/or local laws and regulations relating to confidentiality and protected health information.
3. Clinical Tools: Utilize and integrate clinical tools and peer review tools as directed by DBH.
4. Interpreter/Translation Services: Provide/demonstrate ability to access competent and appropriate linguistic services in the identified individual's language of choice and have a working knowledge of accessing and utilizing qualified staff /third-party interpreters or language lines during provision of services. Interpretation/Translation services will be at the cost of the STRTP.
5. Licensing, Certification, and Credentialing: MHP requires its licensed/registered/waivered and certified providers to comply with and maintain professional competencies in their fields of expertise. To ensure competency, the credentialing process is required for all new and current provider staff. DBH's Credentialing Committee approval of the STRTP's mental health program staff is necessary before service delivery. The STRTP will be required to submit related documents to the County's Plan Administration Division for review by DBH's Credentialing Committee. The STRTP will define their protocol for ensuring the Fresno County credentialing process is adhered to. If the STRTP is not certified at the time of award, the STRTP will work with

DBH to execute the process for certification within sixty (60) days of the start of the contract.

6. **Compliance Program:** The STRTP shall be responsible for conducting internal monitoring and auditing of its agency. Internal monitoring and auditing include, but are not limited to, billing practices, licensure/certification verification and adherence to County, State and Federal regulations. If the STRTP identifies improper procedures, actions or circumstances, including fraud/waste/abuse and/or systemic issue(s), the STRTP is required to take prompt steps to correct said problem(s) and is required to report to DBH any overpayments discovered as a result of such problems.

The STRTP shall either adopt DBH's Compliance Plan/Program or establish its own Compliance Plan/Program and provide documentation to DBH to evaluate whether the program is consistent with the elements of a compliance program as recommended by the United States Department of Health and Human Services, Office of Inspector General. The STRTP shall adhere to applicable DBH Policies and Procedures relating to the Compliance Program or develop its own compliance related policies and procedures.

The STRTP shall comply with the Fresno County Behavioral Health Plan Compliance Program Code of Conduct and Acknowledgement and Agreement Form in accordance with Exhibit C, Attachment H.

7. **Cultural Responsivity:** The STRTP shall be required to adhere to DBH's Cultural Responsivity requirements included as Exhibit C, Attachment J – National Standards for Culturally and Linguistically Appropriate Services (CLAS).
8. **Service Data for Billing Purposes**

The STRTP will provide accurate and timely input of services provided in the County's Electronic Health Record (EHR). The current EHR is a web-based application and requires a computer with a minimum of 16 GB RAM using either Edge or Chrome as the browser, and a stable high speed internet connection. Additional drivers may be needed to scan documents into the EHR.

The STRTP will be responsible for equipment to support the using of the EHR. The STRTP may be required to utilize data entry forms, portals, or related systems for compliance with County data reporting requirements during the duration of the contract.

Data entry shall be the responsibility of the STRTP. The County shall monitor the number and amount of services entered into the EHR. Any and all audit exceptions resulting from the provision and billing of Medi-Cal services by the STRTP shall be the sole responsibility of the STRTP.

The STRTP will utilize the County's EHR for all Behavioral Health Plan billing and reporting functions, and may elect to utilize the County's EHR for all clinical documentation, at no additional cost to the STRTP.

If the STRTP elects to not use the County's EHR for all clinical documentation, the STRTP must submit a plan demonstrating how all necessary requirements involving electronic health information exchange between the STRTP and the county will be met.

9. Outcomes/Performance Monitoring

In an effort to satisfy required state, federal and other funding and reporting requirements and to successfully administer, assess and evaluate program outcomes effectiveness, the STRTP shall be asked to collect data and measures applicable to services requested in this Agreement and submit them in a timely manner to the Department.

The Department will collect data and develop required annual reports. The data that shall be requested is necessary for the Department to successfully complete its reporting and outcome requirements with appropriate funders, which may include local, State and Federal agencies.

The outcomes will be composed of two sections: a general data requirement for systemic services delivery oversight and reporting, and a specific data set dependent on the level of service, age range, modality, funding source requirements, and other specific measures.

Outcomes shall include improvement in functioning as demonstrated via IP-CANS assessment. IP-CANS assessments shall be conducted at intake and in response to changes in the child's case including, but not limited to, placement changes, visitation changes, and any "significant changes in child circumstances or functioning". IP-CANS assessments shall be completed at least every six (6) months even in the absence of significant changes. Outcome measures shall be expected after six (6) months of receiving services.

Both the general and specific data set requirements are outlined in Exhibit C, Attachment E. As noted previously in this Agreement, regulations are expected to change and the STRTP will be required to adhere to new requirements and changes in collaboration with the Department.

10. Cultural and Linguistically Appropriate Services (CLAS) and demographic data to assess disparities outcomes: The STRTP providing direct care and services shall adhere to the Cultural and Linguistically Appropriate Services (CLAS) standards to adhere with regulatory requirements and ensuring culturally and linguistically responsive care. The STRTP shall provide annual documentation to demonstrate implementation and compliance with CLAS standards, which may include an organizational CLAS plan, training records, records of interpreter/translation services utilized, etc.

Additionally, the STRTP will be required to collect the required demographic data related to their funding source to meet outcomes and evaluation requirements.

Participation on the annual diversity, equity and inclusion (formerly Cultural Humility) survey provides the Department vital data necessary to assess its effectiveness in meeting the Cultural Competency Plan Requirements (CCPR), and thus the STRTP will be required to participate in the annual survey process.

Specific CLAS and health disparities requirements will be outlined in the resulting agreement.

11. Reports

The STRTP shall track data and provide reporting on the following items and send all applicable information and reports to the DBH Contract Analysts.

- i. The STRTP shall be expected to comply with all contract monitoring and compliance protocols, procedures, data collection methods, and reporting requirements conducted by County.
- ii. The STRTP will be responsible for meeting with DBH on a monthly basis, or more often as agreed upon between County and the STRTP for contract and performance monitoring.
- iii. All reports will be due to the County by the 10th of each month, unless otherwise specified, and will be reviewed for accuracy. (If the 10th lands on a weekend or Holiday, reports will be due the next business day). Reimbursement for monthly expenses may be delayed in the event inaccurate reports are submitted.
- iv. The STRTP shall submit a census report to the CWMH Team on the 1st and 15th of each month.
- v. The STRTP shall provide DBH with Outcome Reports on an annual and semi-annual basis, respectively. Outcome Report formats will be established through County/STRTP collaboration. Outcome Report measures may change, based on information or measures needed.
- vi. The STRTP will report and document all major and/or sensitive incidents (“critical incidents”) to the County. The County, at its sole discretion, may require the STRTP to conduct all necessary follow-up activities after reporting critical incidents. If there is any doubt about whether an incident should be reported, the default shall be for the STRTP to report the incident to the County.
- vii. Additional reports and outcome information may be requested by County at a later date, as needed.