

AMENDMENT NO. 4 TO MASTER SERVICE AGREEMENT

This Amendment No. 4 to Master Service Agreement 23-277 ("Amendment No. 4") is dated July 9, 2024 and is between each Contractor ("Contractor(s)") listed in Revised Exhibit A-3, "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 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. On May 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 Fresno County youth in their care: (1) Center for Positive Changes; (2) Changing Faces, Inc.; (3) Hesed Christian Ministries, Inc.; (4) The Virtuous Woman, Inc.; (5) For the Future, Inc.; (6) Guiding Our Youth; (7) Kern Bridges Youth Homes; (8) Scott's Social Services; and (9) Humanistic Foundation, Incorporated (dba Stockdale Boys Center);

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

The parties therefore agree as follows:

1 1. All references to Revised Exhibit A-2 in the current Agreement shall be deemed
2 references to Revised Exhibit A-3, which is attached and incorporated by reference.

3 2. Exhibit B-14, Exhibit B-15, Exhibit B-16, Exhibit B-17, Exhibit B-18, Exhibit B-19, Exhibit
4 B-20, Exhibit B-21, and Exhibit B-22, all entitled "Scope of Services" shall be added to the
5 Master Agreement and considered included in all references to "Exhibit B-1, *et. seq.*".

6 3. The parties agree that upon execution of this Amendment No. 4, the Agreement is
7 further revised, updated, and amended to add Contractors: (1) Center for Positive Changes; (2)
8 Changing Faces, Inc.; (3) Hesed Christian Ministries; (4) The Virtuous Woman, Inc.; (5) For the
9 Future, Inc.; (6) Guiding Our Youth; (7) Kern Bridges Youth Homes; (8) Scott's Social Services;
10 and (9) Humanistic Foundation, Incorporated (dba Stockdale Boys Center).

11 4. When the parties have signed this Amendment No. 4, the Agreement, Amendment No.
12 1, Amendment No. 2, Amendment No. 3, and this Amendment No. 4 together constitute the
13 Agreement.

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

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

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

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

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

27 b. Each electronic signature affixed or attached to this Amendment (1) is deemed
28 equivalent to a valid original handwritten signature of the person signing this

1 Amendment for all purposes, including but not limited to evidentiary proof in any
2 administrative or judicial proceeding, and (2) has the same force and effect as the
3 valid original handwritten signature of that person.

4 c. The provisions of this section satisfy the requirements of Civil Code section 1633.5,
5 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part
6 2, Title 2.5, beginning with section 1633.1).

7 d. Each party using a digital signature represents that it has undertaken and satisfied
8 the requirements of Government Code section 16.5, subdivision (a), paragraphs (1)
9 through (5), and agrees that each other party may rely upon that representation.

10 e. This Amendment is not conditioned upon the parties conducting the transactions
11 under it by electronic means and either party may sign this Amendment with an
12 original handwritten signature.

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

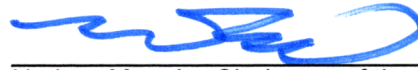
15 8. The Agreement as amended by this Amendment No. 4 is ratified and continued. All
16 provisions of the Agreement and not amended by this Amendment No. 4 remain in full force and
17 effect.

18 [SIGNATURE PAGE FOLLOWS]
19
20
21
22
23
24
25
26
27
28

1 The parties are signing this Amendment No. 4 on the date stated in the introductory
2 clause.

3 See Signature Pages Attached


County of Fresno

5 

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
17
18
19
20
21
22
23
24
25
26
27
28

1 The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date
2 stated in the introductory clause

3 Center for Positive Changes

4 
5 Amber Jansen, CEO

6 
7 Deanna Mellos, Co-Executive Director

8 4950 Waring Road Suite 4
9 San Diego, CA 92120

10 For accounting use only:

11 Org No.:56302232
12 Account No.:7295
13 Fund No.:0001
14 Subclass No.:10000

15
16
17
18
19
20
21
22 Please see additional
23 signature page attached.
24
25
26
27
28

1 The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date
2 stated in the introductory clause

3 Changing Faces, Inc.

4 Adrian Cooks, MBA
5 Adrian Cooks, Executive Director

6
7 Elise Blumenthal, LMFT
8 Elise Blumenthal, Clinical Director

9 4124 Odie Lane
10 Santa Maria, CA 93455

11 For accounting use only:

12 Org No.:56302232
13 Account No.:7295
Fund No.:0001
Subclass No.:10000

14
15
16
17
18
19
20
21
22
23 Please see additional
24 signature page attached.
25
26
27
28

The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date stated in the introductory clause

Hesed Christian Ministries, Inc.

Adrian Cooks , MBA



Adrian Cooks, Executive Director

Elise Blumenthal, LMFT

Elise Blumenthal, Clinical Director

425 Mooncrest Street
Santa Maria, CA 93455

For accounting use only:


Org No.:56302232
Account No.:7295
Fund No.:0001
Subclass No.:10000

Please see additional
signature page attached.

1 The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date
2 stated in the introductory clause

3 The Virtuous Woman, Inc.

4 
5 _____
6 Deborah Williams, CEO

7 
8 _____
9 Detra Jones, Assistant Executive Director

10 1620 Centinela Avenue, Suite 207
11 Inglewood, CA 90302

12 For accounting use only:

13 Org No.:56302232
14 Account No.:7295
15 Fund No.:0001
16 Subclass No.:10000
17
18
19
20
21
22
23
24
25
26
27
28

The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date stated in the introductory clause

For the Future, Inc.

DocuSigned by:

Salpy Boyajian

Salpy Boyajian, CEO

Melissa Martire, CFO

9800 Topanga Canyon Blvd. #309
Chatsworth, CA 91311

For accounting use only:

Org No.:56302232
Account No.:7295
Fund No.:0001
Subclass No.:10000

Please see additional
signature page attached.

1 The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date
2 stated in the introductory clause

3 Guiding Our Youth

4 DocuSigned by:

Salpy Boyajian

5 Salpy Boyajian, CEO

6
7
8 Melissa Martire, CFO

1197 E. Los Angeles Ave #338
9 Simi Valley, CA 93065

10 For accounting use only:

11 Org No.:56302232
Account No.:7295
12 Fund No.:0001
Subclass No.:10000
13
14
15
16
17
18
19
20
21
22

23 Please see additional
24 signature page attached.
25
26
27
28

1 The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date
2 stated in the introductory clause

3 Kern Bridges Youth Homes

4 
5 John Bacon, CEO

6 
7 Robert Carter, Executive Vice-President

8
9 1321 Stine Road
10 Bakersfield, CA

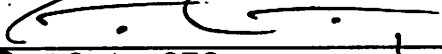
11 For accounting use only:

12 Org No.:56302232
13 Account No.:7295
14 Fund No.:0001
15 Subclass No.:10000

16
17
18
19
20
21
22
23 Please see additional
24 signature page attached.
25
26
27
28

1 The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date
2 stated in the introductory clause

3 Scott's Social Services, Inc.

4  CEO
5 Robert Carter, CEO

6  CFO
7 Tiffany Carter, CFO

8
9 1780 Glenwood Drive
10 Bakersfield, CA 93306

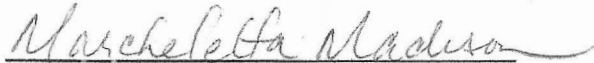
11 For accounting use only:

12 Org No.:56302232
13 Account No.:7295
14 Fund No.:0001
15 Subclass No.:10000
16
17
18
19
20
21
22


23 Please see additional
24 signature page attached.
25
26
27
28

1 The parties are executing this amendment No. 4 to the Agreement No. 23-277 on the date
2 stated in the introductory clause

3 Humanistic Foundation, Incorporated (dba Stockdale Boys Center) Center for Positive
4 Changes

5 

6 Marcheletta Madison, Executive Director

7 

8 Sueretta Small, Assistant Executive Director

9
10 5757 W. Century Boulevard, Suite 303
Los Angeles, CA 90045

11 For accounting use only:

12 Org No.:56302232
13 Account No.:7295
Fund No.:0001
14 Subclass No.:10000

15
16
17
18
19
20
21
22
23 Please see additional
24 signature page attached.
25
26
27
28

Revised Exhibit A-3

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-3

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-3

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)
(Exhibit B-22)
5757 W. Century Boulevard, Suite 303
Los Angeles, CA 90045
Contact for Notices: Executive Director

Exhibit B-14

Scope of Services

ORGANIZATION: Center for Positive Changes

ADDRESS: 4950 Waring Rd, Suite 4
San Diego, Ca 92120

TELEPHONE: (619) 660-3886

CONTACT PERSON: Deanna Mellos
Amber Jensen

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

Center for Positive Changes (CFPC) is committed to providing the necessary core services and support to youth, non-minor dependents, and their families to ensure each youth's successful transition out of foster care. Currently comprised of six Short-Term Residential Therapeutic Program (STRTP) six-bed homes, CFPC provides 24-hour care to male and female youth, ages 13-17, and non-minor dependents (NMDs), ages 18-21. CFPC creates and maintains a trauma informed environment necessary to treat youth and NMD's who are trauma survivors. A trauma-informed environment reduces the risk of traumatization and re-traumatization. Additionally, it promotes physical and psychological safety for both the youth/NMD and their families. CFPC recognizes physical and psychological safety for both the youth/NMD, their family/caregivers are extraordinarily important for long term recovery as well as social and emotional well-being.

The CFPC program's core services are trauma-informed and culturally relevant and supports the differing needs of each youth and Non-Minor Dependent (NMD) placed in its care, as well as their families, by offering individualized, strength-based services to address their needs. Our mental health services treatment program integrates specialty mental health services, including medication support, for each youth and NMD, as identified in their initial and ongoing assessments and treatment plan. Utilizing a total care model, the CFPC program's Head of Service will work with the CFPC Mental Health Team, which includes a Licensed Clinician, a Rehabilitation Specialist, an Administrator, and a Placement Worker to ensure provision of specialty mental health, as needed, per individual youth.

CFPC will ensure that in addition to receiving all core services, youth classified under Specialized Populations will also be provided with additional mental health services. Specialized Populations are known to have significant mental health difficulties, including high rates of depression, anxiety, disassociation, PTSD, and suicidal ideation. CFPC understands the impact these symptoms and diagnosis can have on the mental health of a youth, and will

Exhibit B-14

integrate culturally competent, trauma informed, evidence-based treatment, as well as intensive case management for this specialized population.

TARGET POPULATION

The CFPC program provides 24-hour care to male and female youth and NMDs, as identified below. The youth/NMD placed at CFPC have experienced significant trauma, such as physical abuse, sexual abuse, abandonment and/or neglect. They have been diagnosed with severe psychological and emotional disorders. These youths have been identified as dual diagnosis/conduct disorder. Symptoms include anxiety, depression, dissociative symptoms, attachment issues, impulsivity, aggression, intense anger, learning problems, hyperactivity, sexual issues, regressive behavior, pervasive mistrust of others, and escapist behavior, including running away, substance abuse and self-destructive behaviors. This disorder is marked by chronic conflict with parents, teachers, and peers and can result in damage to property and physical injury to others.

CFPC will accept the following status of clients: Dependents, Wards of the court, CBO wards, Adoption Assistance clients and Regional Center clients. All youth in the program are eligible for full-scope Medi-Cal benefits and meet medical necessity requirements for day treatment intensive services or outpatient services.

CFPC will not accept youth/NMDs for placement that are non-ambulatory, have severe intellectual disabilities, or are medically fragile due to the agency's inability to provide adequate care for this population. CFPC may decline placement on a case-by-case basis of youth/NMD with history of fire setting and extreme assaultive behaviors.

CFPC 1 & 2

Accepts male youth, ages 13-17, NMD males, ages 18-21, including those with developmental disabilities.

CFPC 3&5

Accepts female youth, ages 13-17, and NMD females, ages 18-21

CFPC 3 & 5 is a STRTP facility designed to accept female youth, ages 13 to 17, and female NMDs, ages 18-21. This program provides an emphasis on girls who have had multiple placement failures and/or are victims of CSEC, chronic runaways, suicidal ideation, and other behaviors that have deemed them necessary for out of home placement. Many of these girls are victims of neglect, abandonment, sexual, physical verbal and emotional abuse, have low self-esteem, poor peer and adult relationships. The primary purpose of the CFPC 3 & 5 is to assist teenage girls with transitioning from being victims to becoming empowered young women who have worked through their past traumatic issues and experiences. CFPC is committed to providing youth/NMD supportive and trained staff in a safe environment.

Exhibit B-14

First Step Treatment Program

Accepts male youth, ages 13-17, NMD males, ages 18-21; including those with developmental disabilities,

Youths of FIRST STEP have been identified as sexual perpetrators to younger children and/or their peers, and in most cases, have experienced significant trauma, such as physical abuse, sexual abuse, abandonment and/or neglect. They have been diagnosed with severe psychological and emotional disorders. Symptoms include anxiety, depression, dissociative symptoms, attachment issues, impulsivity, aggression, intense anger, learning problems, hyperactivity, sexual issues, regressive behavior, pervasive mistrust of others, and escapist behavior, including running away, substance abuse and self-destructive behaviors.

CFPC 7

Accepts male and female youth, ages 6-12, including youth from this age group with developmental disabilities.

SERVICE LOCATIONS

CFPC 1
3482 Saddle Dr
Spring Valley Ca 91977
(619) 303-0812

CFPC 5
5104 Eliot St
Oceanside Ca 92057
(760) 637-2340

CFPC 2
5972 Kenyatta Ct
San Diego Ca 92114
(619) 677-2839

First Step Treatment Program
9671 Kenora Lane
Spring Valley Ca 91977
(619) 741-8006

CFPC 3
1107 S Mollison
El Cajon Ca 92020
(619) 201-8372

CFPC 7
5671 Churchward St
San Diego Va 92114
(619) 660-3886

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

CFPC shall provide mental health treatment, including specialty mental health services, and mental health support, 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-14

- 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-14

- 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 our contracted psychiatrist. CFPC 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-14

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-14

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-14

- 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. CFPC 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, CFPC 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. CFPC shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

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

Exhibit B-14

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.

CFPC 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) Within five (5) calendar days of the arrival, 100% of youth will have a completed and signed mental health assessment.
 - b) 100% of admitted youth will have a Treatment Plan reviewed and signed by the Head of Service within ten (10) calendar days of arrival at the STRTP.
 - c) A transition determination plan shall be developed, completed, and signed by a member of the CFPC mental health program staff prior to the date the child transitions out of CFPC. 100% of youth will have a completed and signed Transition Determination Plan.
- B. Effectiveness: Objective results achieved through services.
 - a) 75% of the youth in our care will show a positive response to the treatment interventions & treatment modalities provided to them in our STRTP.
 - b) 70% of the youth in our care will successfully step down to a lower level of care in accordance to their permanency goal from our STRTP.
 - c) 100% of the youth in our care will complete a discharge plan as part of their treatment plan
- C. Efficiency: stration of the relationship between results and the resources used to achieve them.
 - a) 70% of the youth in the STRTP will utilize the treatment services outlined in their treatment plan.
 - b) 90% of the youth in our STRTP will participate in positive recreational activities and services to promote health and wellness.
 - c) 100% of the youth in our STRTP will be able to identify their treatment goals, coping tools.
 - d) 100% of the youth in the STRTP will be reviewed and discussed in weekly clinical meetings with the CFPC mental health team.
- D. Satisfaction and Compliance: The degree to which persons served, County, and other stakeholders are satisfied with the services.

Exhibit B-14

- a) 95 % of the STRTP Audits and other performance and utilization reviews of health care services and compliance with agreement terms and conditions. Any areas of deficiencies will be corrected and resolved.
- b) 80% of the youth that complete a satisfaction survey will agree that the STRTP met their treatment needs and provided them with a safe and stable environment. 85% of the family members that complete a satisfaction survey will agree that the STRTP worked closely with them to ensure that they were part of the treatment planning and were treated with respect and were satisfied with the services.

Exhibit B-15

Scope of Services

ORGANIZATION: Changing Faces, Inc.

ADDRESS: 4124 Odie Lane
Santa Maria, CA 93455

TELEPHONE: (805) 938-0125

CONTACT PERSON: Adrian Cooks, MA, Executive Administrator
Elise Blumenthal, LMFT, Clinical Director

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

Our Short-Term Residential Therapeutic Program (STRTP) offers intensive, individualized care for adolescents with significant emotional and behavioral challenges. Services include comprehensive assessments completed within five days of placement, individualized treatment planning, and a range of therapeutic interventions and modalities to address complex trauma histories, such as individual, group, and family therapy. The program provides needs and service plans, drug and alcohol assessment and referral, a CAADE counselor on staff, case management, and rehab specialists on site. The program provides 24/7 crisis intervention, on-call therapists 24/7, 24-hour supervision, psychiatric evaluations, and medication management. Educational support, life skills training, collaboration with educational settings, monthly CFT, and structured recreational activities are integral to the program and trauma-informed care practices. The multidisciplinary team, including licensed therapists, psychiatrists, and direct care staff, ensures a holistic approach to treatment. Active family involvement and collaboration with community resources and partners support successful transitions to less restrictive environments, aiming to stabilize and prepare youth for independent living and long-term health and well-being. We aim to provide immediate and effective interventions to reduce acute symptoms and stabilize the youth's emotional and behavioral state. Our goal is to facilitate smooth transitions to less restrictive environments, such as returning to family homes, foster care, or community-based settings, ensuring continuity of care and mental health support.

TARGET POPULATION

Adolescent females ages 12 through 17 and gender-fluid youth who meet the specialty mental health criteria for a STRTP. Placements are accepted on an individualized basis pending meeting criteria and commonality of needs.

Exhibit B-15

SERVICE LOCATIONS

Changing Faces, Inc.
4124 Odie Lane
Santa Maria, CA 93455
(805) 938-0125

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

Changing Faces 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 completed by an LMHP within sixty 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.

Exhibit B-15

- 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.
 - a) Assessment - A clinical analysis of the history and 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 developing the Client Plan, a comprehensive detail of the youth's needs, personal goals and objectives for improving and exiting 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 helping significant support persons 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

Exhibit B-15

provided on behalf of the youth, may be considered collateral.

- ii. Medication Support Services – shall be provided via a licensed psychiatrist every 60-90 days. Those youth who are not prescribed medication will be assessed every 90 days. Changing Faces 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 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.

Exhibit B-15

- 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 focusing on symptom reduction 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 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 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 decision 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

Exhibit B-15

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;
 - 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.).

Exhibit B-15

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. Changing Faces 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, Changing Faces will have one (1) half-time equivalent LMHP employed for each six (6) children admitted to the program. An LMHP employed to meet this requirement may also be the head of service, if employed at least forty (40) hours per week.
- E. Changing Faces shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

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

Exhibit B-15

Changing Faces staff will establish and monitor legally compliant and measurable performance and outcome measures within its STRTP to evaluate service effectiveness and overall program performance. Specific objectives include developing a comprehensive set of performance and outcome measures aligned with regulatory requirements and best practices, implementing a robust monitoring system to track and evaluate the identified measures, conducting regular internal audits to review effectiveness and alignment with program goals, utilizing feedback and data to identify areas for improvement, monitoring progress towards program goals and objectives, providing staff training on accurate documentation and reporting, regularly reviewing and updating measures to reflect changes in regulatory requirements, best practices, and program priorities, and establishing performance indicators for continuous improvement in service quality and client outcomes.

- A. Access to care: The ability of youth to receive the right service at the right time.
 - a. The STRTP will complete a 100% mental health assessment within 5 days of placement, including a CANS assessment, PSC35, and treatment plan.
- B. Effectiveness: Objective results achieved through services.
 - a. 86% of youth will be successfully discharged within 6 months.
 - b. The STRTP aims for 86% of youth linked to a lower level of care.
- C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.
 - a. 86% of youth linked to a lower level of care.
- D. Satisfaction and Compliance: The degree to which persons served, County, and other stakeholders are satisfied with the services.
 - 83% of persons served who complete a satisfaction survey will express satisfaction that the STRTP Mental Health Program met their needs.
 - 95% of stakeholders who complete a satisfaction survey will express satisfaction that the STRTP Mental Health Program met their needs.

Changing Faces 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. Changing Faces will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-16

Scope of Services

ORGANIZATION: Hesed Christian Ministries, INC

ADDRESS: 425 Mooncrest Street
Santa Maria, CA 93455

TELEPHONE: (805) 937-5920

CONTACT PERSON: Adrian Cooks, MA, Executive Director
Elise Blumenthal, LMFT, Clinical Director

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

Hesed Christian Ministries Agape Homes (Agape Homes) is a Short-Term Residential Therapeutic Program (STRTP) which offers intensive, individualized care for adolescents with significant emotional and behavioral challenges. Services include comprehensive assessments completed within five days of placement, individualized treatment planning, and a range of therapeutic interventions and modalities to address complex trauma histories, such as individual, group, and family therapy. The program provides needs and service plans, drug and alcohol assessment and referral, a CAADE counselor on staff, case management, and rehab specialists on site. Additionally, the program provides 24/7 crisis intervention, on-call therapists 24/7, 24-hour supervision, psychiatric evaluations, medication management, educational support, life skills training, collaboration with educational settings, monthly Child and Family Team meetings (CFT), and structured recreational activities; all integral to the program and trauma-informed care practices. The multidisciplinary team, including licensed therapists, psychiatrists, and direct care staff, ensures a holistic approach to treatment. Active family involvement and collaboration with community resources and partners support successful transitions to less restrictive environments, aiming to stabilize and prepare youth for independent living and long-term health and well-being. We aim to provide immediate and effective interventions to reduce acute symptoms and stabilize the youth's emotional and behavioral state. Our goal is to facilitate smooth transitions to less restrictive environments, such as returning to family homes, foster care, or community-based settings, ensuring continuity of care and mental health support.

TARGET POPULATION

Adolescent females, ages 12 through 17, and gender-fluid youth who meet the specialty mental health criteria for a STRTP. Placements are accepted on an individualized basis pending meeting criteria and commonality of needs.

Exhibit B-16

SERVICE LOCATIONS

Agape Homes
425 Mooncrest Street
Santa Maria, CA 93455
(805) 937-5920

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

Agape Homes 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 completed by an LMHP within sixty 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.

Exhibit B-16

- 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.
 - a) Assessment - A clinical analysis of the history and 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 developing the Client Plan, a comprehensive detail of the youth's needs, personal goals and objectives for improving and exiting 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 helping significant support persons 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

Exhibit B-16

provided on behalf of the youth, may be considered collateral.

- ii. Medication Support Services – shall be provided via a licensed psychiatrist every 60-90 days. Those youth who are not prescribed medication will be assessed every 90 days. Agape Homes 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 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.

Exhibit B-16

- 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 focusing on symptom reduction 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 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 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 decision 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

Exhibit B-16

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;
 - 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

Exhibit B-16

- 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. Agape Homes 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, Agape Homes will have one (1) half-time equivalent LMHP employed for each six (6) children admitted to the program. An LMHP employed to meet this requirement may also be the head of service, if employed at least forty (40) hours per week.
- E. Agape Homes shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

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

Agape Homes staff will establish and monitor legally compliant and measurable performance and outcome measures within its STRTP to evaluate service effectiveness and overall program performance. Specific objectives include developing a comprehensive set of performance and

Exhibit B-16

outcome measures aligned with regulatory requirements and best practices, implementing a robust monitoring system to track and evaluate the identified measures, conducting regular internal audits to review effectiveness and alignment with program goals, utilizing feedback and data to identify areas for improvement, monitoring progress towards program goals and objectives, providing staff training on accurate documentation and reporting, regularly reviewing and updating measures to reflect changes in regulatory requirements, best practices, and program priorities, and establishing performance indicators for continuous improvement in service quality and client outcomes.

- A. Access to care: The ability of youth to receive the right service at the right time.
 - a. The STRTP will complete a 100% mental health assessment within 5 days of placement, including a CANS assessment, PSC35, and treatment plan.
- B. Effectiveness: Objective results achieved through services.
 - a. The STRTP will monitor the effectiveness of treatment interventions by revising treatment plans every month to monitor changes. 86% of youth will be successfully discharged within 6 months.
 - b. The STRTP aims for 86% of youth linked to a lower level of care.
- C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.
 - a. Length of youth stay in the program - 86% of the youth will be successfully discharged within 6 months.
- D. Satisfaction and Compliance: The degree to which persons served, the County, and other stakeholders are satisfied with the services.
 - a. Audits and other performance and utilization reviews of health care services and compliance with agreement terms and conditions 83% of persons served who complete a satisfaction survey will express satisfaction that the STRTP Mental Health Program met their needs. 95% of stakeholders who complete a satisfaction survey will express satisfaction that the STRTP Mental Health Program met their needs.

Agape Homes 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. Agape Homes will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-17

Scope of Services

ORGANIZATION: The Virtuous Woman, Inc.

ADDRESS: 1620 Centinela Ave, STE 207
Inglewood, CA 90302

TELEPHONE: (424) 750-9293

CONTACT PERSON: Deborah K. Manns, Executive Director

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

The Virtuous Woman INC/Project Destiny Home of Hope (VWI/PDHH) a short-term residential therapeutic program (STRTP), intends to accept and provided services to minor youth and non-minor dependents (NMDs). NMDs, ages 19-21, will go through the same standardized screening process at time of admission as minor youth. This screening will identify the needs of each youth/NMD and identify the age appropriate and developmentally appropriate STRTP activities needed to ensure well-being.

NMDs will be required to participate in the Child & Family Team (CFT) process to ensure that all members of the youth's team understand the underlying needs for the youth, the plan for services and each team member's role in executing the plan. A Needs and Services/Treatment Plan will be developed for each non-minor dependent. If a youth meets medical necessity for therapeutic intervention, at the time of assessment, VWI/PDHH STRTP will provide therapeutic services which considers each youth's unique trauma history. Services will include the following, as needed, based on needs identified in the assessment:

- Medication Support
- Targeted Case Management
- Crisis Intervention
- Mental Health Service
- Therapy
- Rehabilitation Services
- Group Therapy
- Collateral Services

Modalities used to provide therapy will include trauma-informed practices such as Trauma Focused Cognitive Behavioral therapy (TF-CBT), seeking safety and the like.

TARGET POPULATION

Exhibit B-17

Female youth between the ages of 12-18 years old and female NMD between the ages of 19-21 years old.

SERVICE LOCATIONS

Project Destiny Home of Hope #1
2306 W 73rd St
Los Angeles, CA 90043
(323) 920-6258

Project Destiny Home of Hope #2
8711 Haas Ave
Los Angeles, CA 90047
(323) 814-8261

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

VWI/PDHH STRTP shall provide mental health treatment, including specialty mental health services and mental health supports, as appropriate to the child's needs. All specialty mental health services shall meet Medi-Cal standards. These services shall include all 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 completed by an LMHP within sixty 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.

Exhibit B-17

- 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.
 - a) Assessment - A clinical analysis of the history and 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. Youth participate in developing the Client Plan, a comprehensive detail of the youth's needs, personal goals and objectives for improving and exiting 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 helping significant support persons 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 Mondays through Friday, 9:00 AM to 5:00 PM for appointments with the tele-psychiatrist, and on call 24 hours per day, 7 days a week for emergencies.

Exhibit B-17

- iii. VWI/PDHH STRTP 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 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.
- iv. 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.
- v. Therapy -- Therapeutic intervention focusing on symptom reduction 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

Exhibit B-17

(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.

- vi. 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 communication, coordination and referral to available resources.
 - vii. Psychologist Services – services provided by licensed psychologists, within their scope of practice, to diagnose or treat a mental illness or condition.
 - viii. 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 decision 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.

Exhibit B-17

- 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;
 - 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. VWI/PDHH STRTP 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

Exhibit B-17

- 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, VWI/PDHH STRTP will have one (1) half-time equivalent LMHP employed for each six (6) children admitted to the program. An LMHP employed to meet this requirement may also be the head of service, if employed at least forty (40) hours per week.
- E. The VWI/PDHH STRTP shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

VWI/PDHH STRTP shall provide all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. VWI/PDHH STRTP 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.

VWI/PDHH STRTP will establish and monitor legally compliant and measurable performance and outcome measures within its STRTP to evaluate service effectiveness and overall program performance. Specific objectives include developing a comprehensive set of performance and outcome measures aligned with regulatory requirements and best practices, implementing a robust monitoring system to track and evaluate the identified measures, conducting regular internal audits to review effectiveness and alignment with program goals, utilizing feedback and data to identify areas for improvement, monitoring progress towards program goals and objectives, providing staff training on accurate documentation and reporting, regularly reviewing and updating measures to reflect changes in regulatory requirements, best practices, and program priorities, and establishing performance indicators for continuous improvement in service quality and youth outcomes.

- A. Access to care: The ability of youth to receive the right service at the right time.
- a) VWI/PDHH STRTP shall conduct a comprehensive Mental Health Assessment comprising the Child and Adolescent Needs and Strengths (CANS) assessment, Pediatric Symptom Checklist-35 (PSC-35), Suicide Risk Assessment, and a Safety Plan for each child upon admission to the STRTP. This assessment must be

Exhibit B-17

completed within five days of admission for 100% of admitted youths, with documentation of service dates and youth records as evidence of compliance.

B. Effectiveness: Objective results achieved through services.

a) VWI/PDHH STRTP shall draft a treatment plan within ten days of a youth admission for 100% of admitted youth, with documented service dates and youth records serving as verification. This treatment plan shall address the youth's direct mental health concerns, strengths, and weaknesses, incorporating specific, measurable, achievable, relevant, and time-bound (SMART) goals. Quantitative and qualitative data will be utilized to demonstrate intervention effectiveness, measured through objective outcomes. Regularly reviewing and updating the treatment plan will document observable changes in behavior, social and academic performance, symptom severity, and crisis management.

b) VWI/PDHH STRTP prioritizes the effectiveness of discharge planning, such as the percentage of youths successfully connected to lower levels of care. This organization is committed to facilitating seamless transitions to lower levels of care while maintaining progress achieved during residential stays. By employing defined metrics to assess the discharge plan's success, gathering feedback from youth and partners during Child and Family Teaming Meetings, and maintaining comprehensive records and progress reports, Virtuous Woman, Inc. evaluates long-term outcomes to ensure ongoing youth progress post-discharge. Regularly review and update treatment plans, demonstrating observable changes in behavior, social and academic performance, symptom severity, and crisis management.

C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.

a) Length of youth stay in the program -

VWI/PDHH STRTP aims to ensure legal compliance and measurable success in managing the length of youth stays in its STRTP, maintaining an average residency duration within the established range of 6 to 8 months per youth. 100% of youth will have a discharge plan completed by the first day of admission. This entails adhering to legal and regulatory requirements, establishing and maintaining accurate tracking of youth entry and discharge dates, conducting regular audits to ensure compliance with the 6 to 8-month residency range, analyzing data to achieve an average residency duration within the specified range, addressing factors contributing to extended or shortened stays, providing staff training on managing residency durations, updating policies to align with legal standards and best practices, and establishing performance indicators for continuous improvement in managing length of stay.

b) Number of service units per youth -

VWI/PDHH STRTP operates as a STRTP, maintaining two homes with a maximum capacity of six children per home. VWI/PDHH STRTP commits to providing a legally compliant and measurable standard of care in its STRTP, ensuring a minimum of 30 service units per week to each youth residing in the facility. Specific objectives include documenting and tracking the provision of service units weekly to ensure compliance with legal requirements and contractual obligations, implementing a robust monitoring system for accurate delivery verification, conducting regular internal audits to evaluate adherence to the established standard, utilizing youth records to track service provision, addressing barriers to consistent service delivery, providing staff training on

Exhibit B-17

documentation and delivery accuracy, reviewing and updating policies to align with legal requirements, and establishing performance indicators to measure service effectiveness and seek continuous improvement in meeting youth needs

D. Satisfaction and Compliance: The degree to which persons served, County, and other stakeholders are satisfied with the services.

a) VWI/PDHH STRTP and performance reviews, including 10-day audits and 90 Clinical Chart Reviews, to evaluate the delivery of healthcare services and compliance with contractual terms. Employing a youth-centered approach, personalized care addresses individual youth needs. Feedback is regularly gathered from youth and stakeholders during STRTP house meetings, with adherence to state regulations ensured through monthly staff meetings and communication via Child and Family Team (CFT) meetings to identify areas for improvement. The organization adheres to best practices and standards established by the Commission on Accreditation of Rehabilitation Facilities (CARF).

- i. VWI/PDHH STRTP to measurably enhance the quality of healthcare services and ensure full compliance with contractual terms and state regulations through the implementation of a structured improvement strategy. Specific objectives include increasing the efficiency of audits and performance evaluations by 20% within six months, achieving a 15% rise in satisfaction scores within one year, boosting stakeholder engagement by 25% in six months, achieving 100% compliance with regulations within the next quarterly audit cycle, increasing attendance at monthly meetings by 30% within six months, securing a score of 90% or above on the next CARF accreditation review, establishing and monitoring key performance indicators such as wait times and staff training completion rates, and fostering a culture of continuous improvement by implementing at least two quality enhancement initiatives per quarter and tracking their impact on service delivery and compliance metrics.

b) VWI/PDHH STRTP to maintain quality assurance, The VWI/PDHH STRTP conducts quarterly surveys of individuals receiving services, their families, other healthcare providers, and stakeholders through regular internal audits. Third-party auditors are engaged to conduct compliance checks, facilitating continuous feedback mechanisms to uphold care standards, regulatory compliance, and ongoing service quality enhancement. Regular surveys are conducted with youth admitted to our STRTP and stakeholders to encourage collaboration and gather input on satisfaction levels regarding received services, program performance, and outcomes.

- i. VWI/PDHH STRTP to maintain and enhance the quality of services in strict adherence to regulatory requirements and contractual obligations through the implementation of comprehensive quality assurance protocols. Specific objectives include conducting quarterly surveys with an 80% participation rate and achieving at least an 85% satisfaction rating within the next year, engaging reputable third-party auditors to ensure 100% compliance with all regulatory standards and contractual obligations, executing regular internal audits to implement 80% of recommended improvements within three months,

Exhibit B-17

establishing ongoing feedback mechanisms to respond to all feedback within five business days and implement actionable suggestions within one month, utilizing survey data, audit findings, and stakeholder feedback to develop action plans for a measurable improvement of at least 15% in identified areas within six months, monitoring and tracking key performance indicators for a consistent improvement trend of at least 10% annually, utilizing survey results and audit findings to achieve a 95% alignment between resource allocation and improvement priorities within the next fiscal year, and promoting a culture of continuous improvement among staff through regular training sessions, recognition of achievements, and fostering open communication and collaboration in quality assurance efforts.

VWI/PDHH STRTP 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. VWI/PDHH STRTP will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-18

Scope of Services

ORGANIZATION: For the Future

ADDRESS: 9800 Topanga Canyon Blvd 309
Chatsworth, CA 91311

TELEPHONE: 714-625-1218

CONTACT PERSON: Melissa Martire, CFO

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

Our Mental Health Program as per CDSS ILS Code 87089.1 (AB 403 Sec 59, WIC 4096.5) will provide the following mental health services and supports for our residents. For the Future Short Term Residential Therapeutic Program (STRTP) documents the youth's ability to access mental health services identified in the Needs and Services Plan. The agency also documents efforts to ensure access to identified mental health services, including utilization of any existing grievance processes for accessing services. Currently, county placing agencies from which For the Future STRTP receives/accepts placement include: Ventura County, Riverside County, San Bernardino County, Los Angeles County, Sacramento, Yolo County, San Luis Obispo County, San Francisco County, Marin County, Fresno County, and private placements are also accepted.

For the Future STRTP will provide the following specialty mental health services, in its program:

- A. Mental Health Assessment
- B. Plan Development
- C. Mental Health Therapy
- D. Rehabilitation
- E. Collateral
- F. Intensive Home Based Services (IHBS)
- G. Opportunity for youth to interact with Emotional Support Animals (ESA), such as trained dogs.

TARGET POPULATION

The STRTP is designed to provide an intensively structured Mental Health Treatment Program for:

- Cis-gendered females, or
- Persons identifying as female, or
- Individuals born with female genitalia who prefer to be placed with individuals who

Exhibit B-18

are cis-gendered female or identify as female, and

- Between the ages of 13 and 17

These residents will come from all ethnic and cultural groups that are served in the counties from which we receive placement.

Residents will be accepted with diverse, special, unique needs, including, but not limited to:

- Intellectual disabilities
- Commercially and sexually exploited children (CSEC)
- Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) and/or those with a different/another sexual orientation, gender identity and expression (SOGIE: Sexual Orientation, Gender Identity & Expression)
- Individuals with a history of trauma and extensive trauma narrative(s), including complex trauma that may require a multi-layered and multi-dimensional clinical approach and treatment protocol that are geared toward addressing simultaneous triggers—emotional, psychological, somatic, or psychosomatic—which may be informed by internal and/or external stimuli related to post-traumatic stress (i.e., the youth may have been exposed to concurrent and systematic abuse of sexual exploitation and physical violence/torture).
- Those with a history in the juvenile justice system
- Those with a medical condition such as asthma, diabetes, epilepsy, etc.

These Residents are being transferred from higher levels of care, or have been previously unsuccessful in maintaining community placements, or their Parent/Guardian have determined they are best suited for residential treatment.

The youth served by For the Future STRTP will be those who have an active psychiatric diagnosis and may have co-occurring substance abuse issues.

Individuals receiving services are referred by County Placement Agencies or Probation, and are funded by AFDC (Aid to Families with Dependent Children).

SERVICE LOCATIONS

For the Future
4955 Alta Street
Simi Valley Ca 93065

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

For The Future 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-18

- 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-18

- 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 tele-health. For The Future 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-18

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-18

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-18

- 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.).

FOR THE FUTURE STRTP:

A. Assessment

- a. Each Resident that enters the residential program at For the Future STRTP is assessed upon intake and every 30 days throughout the duration of their placement.
- b. The Mental Health Professional is responsible for completing a comprehensive biopsychosocial assessment of the Resident within 72 hours of intake.
- c. Components of the assessment include, but are not limited to:
 - i. Background information/reason for placement,
 - ii. Placement history,
 - iii. Medical history, including past and present illnesses and prescribed medications,
 - iv. Mental health history,
 - v. Substance use history,
 - vi. Family medical and mental health history,
 - vii. Safety screening including self-harm, suicidality, and psychiatric hospitalization history,
 - viii. Sexual history and orientation,
 - ix. Spiritual and religious identification background,
 - x. School and educational background information,
 - xi. Legal and criminal history,
 - xii. Employment history,
 - xiii. Hobbies/interests,
 - xiv. Resident's perception of their strengths, needs, abilities, preferences, and identified goals, Mental Status Exam, and
 - xv. Mental Health Professional's interpretive summary including DSM-5/ICD-10 diagnostic considerations.
- d. In addition to the biopsychosocial assessment, the Mental Health Professional utilizes assessment instruments such as the PHQ-9 and GAD-7 bi-weekly to assess for the presence of self-reported symptoms of depression and anxiety. Additionally, a CANS—Child and Adolescent Needs and Strengths—assessment will be completed in collaboration with the youth to facilitate the youth's exploration and identification of needs and strengths. This way, For the Future STRTP Clinical Team facilitates a bridge between the assessment process and the development of the blueprint for individualized service plans. For the Future STRTP's in-house Mental Health Professionals will remain ever-mindful of

Exhibit B-18

cultural relativity and nuances to which youth may be sensitive. In other words, when the CANS assessment is facilitated, For the Future STRTP's Mental Health Professionals will ensure that the discourse is relatable, relevant, and accessible by the youth so as to propel engagement in diverse pathways for service planning. Here, the youth has ample opportunity to activate voice and choice as they explore potentially traumatic/adverse childhood experiences, life domain functioning, behavioral and emotional needs, cultural factors, risk behaviors, important support persons, strengths, etc. In addition to the CANS assessment tool, the Mental Health Professional will utilize the Pediatric Symptom Checklist-35 (PSC-35). This assessment tool will be made available for all members of the youth's CFT to provide opportunity for the expression of feedback regarding behavior, emotions, learning, physical health, and other details gleaned from first-line observations of the youth who is being placed with For the Future STRTP. Because members of the youth's CFT are often the first to notice emergent issues related to the youth's mental and behavioral health, For the Future STRTP Mental Health Practitioners intend to consult with them through the use of the PSC-35 to ensure a comprehensive word picture is developed through the finalized assessment document. And, thus, this comprehensive assessment—which includes the needs, strengths, current functional impairment(s), trauma narrative and history, behavioral patterns, cognitive schema, and emotional portfolio—informs the youth's diagnostic map and Individual Services and Support Plan (ISSP).

B. Plan Development

- a. For the Future STRTP assists all Residents/Youth in developing an Individualized Treatment Plan while in the program.
- b. The Individualized Treatment Plan seeks to assist Residents with:
 - i. Maximizing their strengths and abilities,
 - ii. Addressing their behavioral health goals through the identification of the care needs,
 - iii. Documenting specific goals and objectives,
 - iv. Outlining the criteria or steps for achieving specified interventions, and documenting individual progress toward meeting specified goals and objectives.
- c. The Mental Health Professional is responsible for collaborating with each Resident in developing an Individual Services and Support Plan (ISSP) within 72 hours of placement. In essence, the assessment phase of treatment includes and informs the cultivation of the Individual Services Support Plan. Using the various assessment tools during the assessment phase (i.e., Biopsychosocial Assessment, CANS, and PSC-35) the Mental Health Professional ensures that an individualized, trauma-informed, and strengths-based ISSP is developed for each youth.
- d. Treatment plans and goals are expressed in the words of the youth so as to ensure that each youth takes an active role in the development of their plan and experiences opportunity to activate voice and choice with regard to treatment protocol and the overall treatment trajectory.

Exhibit B-18

- e. Goals are developed to be specific, measurable, attainable, reasonable, and time-bound.
- f. Individualized Treatment Plans will be updated whenever a significant change in clinical status, services, or programming requires such a revision, and/or by timelines established by the organization.
- g. Each youth will actively participate in, and agree to, any changes in their treatment plan.

C. Mental Health Therapy

- a. For the Future STRTP's Mental Health Professionals provide individual psychotherapy once per week (at minimum or as otherwise indicated in the Needs and Services Plans) for each youth in the program. The Mental Health Professional utilizes Trauma-Informed, Person-Centered, Neuro-Relational, culturally and developmentally informed, and strengths-based clinical modalities with emphasis on unconditional positive regard, genuineness, empathic understanding, and positive relational dynamics (i.e., mutual respect, reciprocity, receptivity, etc.).
- b. Additional modalities and interventions are used as needed, or identified as clinically appropriate, during treatment and include, but are not limited to, integrative arts therapeutic modalities, Motivational Interviewing, Cognitive Behavioral Therapy, Gestalt, Family Systems, Existential-Humanistic psychotherapeutic perspective, Person Centered, Solution Focused, Strategic Family Therapy, Structural Family Therapy, Psychodynamic (Jungian and Freudian), Eclectic Psychotherapy (i.e., an open, integrative form of psychotherapy that adapts to the unique needs of each, specific youth, depending on presenting problem, treatment goals, and the youth's expectations and level of motivation), Social Constructionist Theory, Narrative Psychotherapy, Object Relations Theoretical Orientation, Collaborative Language Systems (i.e., language constructs meaning, reality, and self-orientation), and general psychoeducation.
- c. Integrative Arts Therapeutic Modalities: Mental Health Practitioners weave diverse art mediums into the clinical interface with youth. When art and the opportunity to tap into creative energy is introduced into the clinical milieu, youth experience the chance to self-explore, taking a step back from their creative pieces and finding that they may maintain an open posture for images to jump forth, bearing insight and informing growth and transformation. This is an opportunity to experience a new perspective. Multiple layers of information and insight may be revealed through the creative process. Here, youth may find opportunity to yield to the impulse to dance, drum, draw sketches, paint canvases, write poetry, develop plays, present spoken word performances, etc. And, in and through their attempts to heed the compelling push to engage in the creative impetus, youth may draw meaning, acumen, a more profound understanding and relationship with Self. Openly sharing and expressing personal information is not an easy task. By integrating arts into the Trauma-Informed, Person-Centered, Neuro-Relational, and developmentally and culturally sensitive clinical practice, For the Future STRTP Mental Health Practitioners create a landscape for youth to consider the reciprocal relation between Self and the creative process, between prospective connections of

Exhibit B-18

past and present, between the role of disenfranchised victim and powerful victor. Through Integrative Arts Therapeutic Modalities, Persons-served take inventory, pause to ponder, re-author, plan, catalyze opportunities for growth, transformation, and resilience.

- d. For a youth who comes into For the Future STRTP's program with an already established outside provider or Mental Health Professional who is already providing Specialty Mental Health Services (SMHS), steps are made to ensure the youth continues individual psychotherapy with their provider. For the Future STRTP is prepared to provide psychoeducation to youth about the importance of continuity of care.
 - i. This includes all aspects of scheduling, communicating, and transporting the Resident to mental health psychotherapy sessions.
- e. Many survivors of sexual exploitation suffer from sexual/physical/neglect/emotional abuse prior to sexual exploitation as well as trauma associated with the exploitation. This complex trauma requires intervention that allows for the trauma to be processed in a safe space, with a trained Clinician. Strategies to cope with the trauma will be tailored to the individual, integrating the youth's beliefs, practices, sexual orientation, gender identity, level of acculturation, and cultural values. For victims of CSEC (commercial sexual exploitation of children), treatment accommodations: that approach youth with humility and deference; that demonstrate Mental Health Practitioner's overt expressions of intent to respect the distinctive treatment needs of youth; that encourage youth to activate voice and choice will be explained and implemented during individual and group psychotherapy sessions. At For the Future STRTP, the clinical team has created worksheets that may be incorporated as part of the work with CSEC youth. One such worksheet is entitled *The Story of Me*. This activity demonstrates to youth that through Trauma-Informed, Person-Centered, Neuro-Relational, culturally and developmentally sound approaches, youth may learn that they are the author of their own stories and the authority on their needs (i.e., the expert on the topic). These therapeutic modalities foster voice and choice, creating space for the cultivation of a narrative through which youth may engage in discourse relative to their own unique social-emotional and relational needs that can be expressed in a safe, structured, goal-oriented environment. With the worksheet *The Story of Me*, the Mental Health Practitioner facilitates the youth's attempts to begin writing "the story of Me." The facilitator/Mental Health Practitioner may scribe the verbalized personal narrative, or youth may choose to write the story herself, with her own hands. Another example of a For the Future STRTP worksheet that may be incorporated as part of the work with CSEC youth is one that is entitled *Exploring the Terrain of my Body and the Landscape of my Soul*. Through a Neuro-Relational therapeutic methodological approach—as Persons-served cultivate meaningful interpersonal bonds with Staff/Mental Health Practitioners of For the Future STRTP—they will understand how anxiety, depression, confusion, anger, trauma response, and various other psychosomatic states "tell a story" and reveal powerful data. They will develop rationale for exposure practice (i.e., slowly re-living historical information through re-telling of their personal and trauma narratives), initiating their own steps toward optimism about their current

Exhibit B-18

situations. This way, the hope is that youth will be interested in participating in, and learning more about, treatment. During engagement in this worksheet activity, the facilitator/Mental Health Practitioner initiates a list with youth of words and statements that capture the youth's experience of psychosomatic distress. Here, the facilitator/Mental Health Practitioner may need to provide psychoeducation about how we experience hurt and suffering in the body, focusing on emotional pain that may at times feel like it is "stored" in a particular part of the body. On the second page of this clinical document/worksheet is a rough image/sketch of the human body to which youth may refer to identify these areas (i.e., areas where pain and suffering may be "stored"). Once these worksheets are completed, the Mental Health Practitioner files them in the "Miscellaneous" section of the youth's casefile.

- f. The Mental Health Professional will also provide family psychotherapy sessions for the youth to facilitate exploration of: feelings of alienation and estrangement from the family unit; quick escalation of tension and conflict, especially when situations force family members to interact; appearance of negative psychological or behavioral side effects of the family's disengagement; lost sense of self due to the effects of the family disengagement; etc.
 - i. These sessions will focus on incorporating the youth's goals within the family psychotherapy discourse. Additionally, the Mental Health Practitioner facilitates the family's work toward the goals of: minimizing blame patterns among family members to replace them with more effective methods of problem-solving; reducing the anger and agitation that accompanies blaming behavior; restructuring the view of the causes of family conflicts so as to seek solutions rather than placing blame; collaborating to reduce feelings of hopelessness and dissatisfaction with life areas (e.g., daily activities and social relationships); utilizing coping skills to resolve the collective experience of depression and anxiety to return to a level of participation in, and contribution to, family activities.
 - ii. The Mental Health Professional will also look at barriers or obstacles to the Resident returning home to their biological family or resource/foster family and discuss this during the family psychotherapy sessions.

D. Rehabilitation

- a. At For the Future STRTP, rehabilitation services come in the form of group psychotherapy sessions. These are offered to all Residents served in the program at a minimum of three times per week to ensure that all youth have access to socially rehabilitative learning and transformative opportunity to enhance their level of engagement in all life areas (e.g., daily activities and social relationships).
 - i. Groups are facilitated by Staff members that are Master's level Associate Clinical Social Workers or Associate Marriage and Family Therapists. Groups may also be conducted by: Pre-Doctoral Clinical Psychology Practicum Students; Interns from disciplines of Marriage and Family Therapy, Clinical Social Work, and Psychology; Marriage and Family Therapy Trainees; and Residential Counselors. Each discipline and its corresponding Associate or Intern or Student will have their Clinical

Exhibit B-18

and/or Administrative Supervisor who oversees the minutia of the services rendered to the Persons-served. For example, the Pre-Doctoral Clinical Psychology Practicum Student receives two units of supervision per week, once facilitated by Licensed Clinical Psychologist and the second one, conducted by Head of Service of For the Future STRTP. The incumbent—Clinical Supervisor and/or Administrative Supervisor—shall provide clinical supervision to the agency's Social Workers and Marriage & Family Therapists and manage the direction of the program with regard to: evolving behavior systems at the facility (i.e., current behavioral patterns demonstrated by current Residents of the facility); established and/or emergent interventions; and treatment goals. The incumbent shall follow all federal, state, and local regulations/laws, including legal requirements of their individual license(s). This way, all license-waivered Staff and interns/students of Clinical Social Work/Psychology/Marriage and Family Therapy are closely supervised and supported as they facilitate services that establish and maintain safety of youth and empower youth to arrive at a level of psychological, emotional, social, and educational functioning that will serve them now and in the long run.

- b. Group topics rotate each week and include the following areas:
 - i. Anger Management,
 - ii. Mindfulness and Meditation,
 - iii. Art Therapy,
 - iv. Nutrition,
 - v. Life Skills, and
 - vi. Weekly Goal Setting.
- c. The purpose of these rehabilitation groups is to provide each youth the opportunity to develop, strengthen, and practice essential skills in and out of the program setting, including positive coping skills, effective/impactful/conscientious social and communication skills, healthy independent living skills, self-advocacy, resourcefulness in the community, collaborative interpersonal dynamics/teamwork, etc.

E. Collateral

- a. The Mental Health Professional and other Staff will provide collateral services for members of the youth's family.
- b. The purpose of collateral services is to provide support for the Residents as they work toward achievement of established treatment plan goals. The purpose of collateral sessions is to empower all those who are involved in the youth's life to take an active role in treatment, to cultivate skills necessary to support the youth in the work toward established treatment goals, and to have opportunity to demonstrate intention to remain consistently supportive and committed to the youth's overall well-being. During collateral sessions, family members, friends, caregivers, guardians, extended family members/relatives, tribal representatives/members, etc. learn communication and problem-solving skills to use with the youth as well as with each other (e.g., problem definition, brainstorming solutions, evaluation of alternatives, solution enactment, and enactment evaluation). Here, collateral individuals, who have potential to

Exhibit B-18

impact the youth's engagement in treatment, explore relational engagement options that may: nurture cohesiveness with each other; eliminate feelings of alienation through engagement in behaviors that facilitate cohesiveness and intimacy; foster a sense of accomplishment in the ability to laugh and have fun together; devise methods for coping with tension and crisis situations; etc. Ultimately, collateral individuals—in the life of the youth in For the Future STRTP's care—gain opportunity to learn best practice and best approaches to consistently support and empower youth to remain anchored in goal-oriented engagement in treatment and in the rigorous work that goes into treatment-goal-achievement.

- c. These services are designed to connect with significant others related to the youth, without the Resident present. "Related to the Resident," here, implies bio-family relations, stake holder relations, youth's support network relations, and all those who have established themselves as Child Family Team Members. And, the purpose of such meetings is anchored in treatment collaboration and coordination, open dialogue, and strategy cultivation, all of which informs the youth's Needs and Services Plan and the collective's efforts to address and meet the youth's needs related to daily activities and social relationships.
- d. These services may be conducted at:
 - i. The facility,
 - ii. In the community,
 - iii. By phone, or
 - iv. At the family member's home.
- e. Activities under collateral may include, but not be limited to:
 - i. Parent education and training
 - ii. Discussion of the Resident's treatment to encourage the Family/collective/CFT support of the youth in remaining anchored in the spirit of treatment planning and, also, in the established NEEDS AND SERVICES PLAN. Additionally, these collateral meetings serve to ensure that all those committed to the youth's wellness remain ever-mindful to consistently empower Persons-served to activate voice and choice in planning their own life areas-related activities.
 - iii. Interventions with family members/the collective stakeholders/Child Family Team to improve the Resident's/Youth's goal outcomes. It is For the Future STRTP's commitment to team with current and potential natural supports that will empower the youth to maintain pro-active levels of engagement in daily activities and social relationships. For the Future STRTP utilizes the CFT meetings to integrate perspectives and input from: the youth, biological family, other family and caregivers as defined by youth and family, coaches, faith-related individuals (e.g., priest, pastor, rabbi, imam, tribal member, etc.), and all those who have voiced and demonstrated a vested interest in the well-being of youth. For the Future STRTP's administrative team/leadership team understands the importance of recruitment and support of collateral individuals such as mentors, resources, and potential long-term supporters of the youth's journey. For the Future STRTP's perspective as it relates to collateral supports is that they are individuals who have currently impacted, or can potentially impact, the youth's functioning in the current placement, during transition, and after transition.

Exhibit B-18

F. Intensive Home Based Services

- a. IHBS are individualized, strength-based, Person-Centered, Neuro-Relational, and Trauma-Informed interventions designed to ameliorate Mental Health conditions that interfere with youth's functioning.
- b. These interventions are aimed at:
 - i. Helping youth build skills for successful functioning in the home and community
 - ii. Improving the family's ability to help youth successfully function in the home and in the community
- c. IHBS activities support the engagement and participation of the youth and their significant support Persons in the overall treatment planning and coordination of services.
- d. IHBS activities help the youth develop skills and achieve the goals and objectives of the plan.
- e. IHBS service activities include, but are not limited to: medically necessary, skill-based, Trauma-Informed, Neuro-Relational, Person-Centered, culturally and developmentally sensitive interventions for the remediation of behaviors or improvement of symptoms, including, but not limited to:
 - i. The implementation of a positive behavioral plan and modeling interventions for the youth's family and/or significant others to assist them in implementing the strategies;
 - ii. Development of functional skills to improve self-care and self-regulation;
 - iii. Addressing functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks;
 - iv. Addressing functional impairments by intervening to avoid exploitation by others;
 - v. Development of skills or replacement behaviors that allow the youth or Resident to fully participate in the CFT meetings and service plans cultivation meetings, including, but not limited to, the Client Plan and/or Child Welfare Service Plan;
 - vi. Improvement of self-management of symptoms, including self-administration of medications, as appropriate;
 - vii. Education of the youth and/or their family or caregiver(s) et al about consistently remaining sensitive and navigating interactions with the youth in light of mental health disorders or symptoms;
 - viii. Support of the development, maintenance, and use of social networks, including the use of natural and community resources;
 - ix. Support to address behaviors that interfere with the achievement of a stable and permanent family life;
 - x. Support to address behaviors that interfere with seeking and maintaining a job;
 - xi. Support and empower activation of self-advocacy skills and deliverance of voice and choice;
 - xii. Support to address behaviors that interfere with a youth's success in achieving educational objectives in a community academic program; and
 - xiii. Support to address behaviors that interfere with transitional independent living objectives, such as seeking and maintaining housing and living independently, including accessing employment opportunities.

Exhibit B-18

- f. To access IHBS, the youth will be referred to Ventura County Behavioral Health (VCBH) by For the Future STRTP's Case Manager. Youth will be assigned a For the Future STRTP Primary Clinician to facilitate IHBS.
- G. Other Mental Health Services
- a. For the Future STRTP will not be providing the following Mental Health Services, but will refer Residents in need of these services to Ventura County Behavioral Health Department:
 - i. Therapeutic Behavioral Services (TBS), which are intended to be short-term intensive behavior-modification approaches that are geared toward enhancing the youth's level of engagement in daily activities and social relationships. To access both TBS and IHBS, the For the Future STRTP Case Manager will refer the youth to VCBH or to a provider contracted through VCBH (e.g., CASA PACIFICA, ASPIRANET, etc.). Additionally, the decision to initiate TBS is established during CFT meetings.
 - ii. For the Future STRTP will provide opportunity for youth to interact with Emotional Support Animals (ESA), such as trained dogs. It is the belief of For the Future STRTP that Emotional Support Animals may: increase the probability of youth demonstrating active engagement in the psychotherapy session through interaction with the animal; create a calming effect in the safe, therapeutic space that has been designated for treatment (i.e., as the youth witnesses the breathing cadence of the animal, this may inform deep breathing exercises that are practiced in session to work through emotionally activating moments during the cultivation of the trauma narrative); foster nurturance and empathy toward helpless animals as the youth develops relationship with the Emotional Support Animal and finds opportunity to care for the ESA; etc.

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. For The Future 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

Exhibit B-18

- 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, For The Future 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. For The Future shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

For The Future shall provide all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. For The Future 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.

For The Future 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.

The placing County forwards to the attention of the STRTP, the youth's placement packet for review, to identify appropriateness of youth's placement at the STRTP. As youth arrives to the STRTP during initial placement, specialty mental health services commence.

Each Resident that enters the residential program at For the Future STRTP is assessed upon intake and every 30 days throughout the duration of their placement.

The Mental Health Professional is responsible for completing a comprehensive biopsychosocial assessment of the Resident within 5 days of intake.

The Mental Health Professional is responsible for collaborating with each Resident in developing an Individual Services and Support Plan (ISSP) within 10 days of placement.

For each child, the STRTP shall ensure that there is a minimum of one (1) written daily mental health progress note. The daily progress note shall document the following when applicable:

- 1) The specific service(s) provided to the child.
- 2) A child's participation and response to each mental health treatment service directly provided to the child.
- 3) Observations of a child's behavior.
- 4) Possible side effects of medication.
- 5) Date and summaries of the child's contact with the child's family, friends, natural supports, child and family team, existing mental health team, authorized legal representative, and public entities involved with the child.

Exhibit B-18

- 6) Descriptions of the child's progress toward the goals identified in the mental health treatment plan.

The STRTP shall make available for each youth a structured Mental Health Treatment Services in the day and evening, seven days per week, according to the Child's needs as indicated on the Child's Needs and Services Plan/Treatment Plan.

In addition to the biopsychosocial assessment, the Mental Health Professional utilizes assessment instruments such as the PHQ-9 and GAD-7 bi-weekly to assess for the presence of self-reported symptoms of depression and anxiety. Additionally, a CANS—Child and Adolescent Needs and Strengths—assessment will be completed in collaboration with the youth to facilitate the youth's exploration and identification of needs and strengths. This way, For the Future STRTP Clinical Team facilitates a bridge between the assessment process and the development of the blueprint for individualized service plans.

Progress of services provided to youth in care will be measured by:

- a. Reduction in PHQ-9 score
- b. Reduction in GAD-7 score
- c. Reduction in suicidal risk on the C-SSRS
- d. Behavioral observation by the Mental Health Practitioner
- e. Completion of homework/assignments
- f. Youth's self-report
- g. Parent/guardian self-report

Our ultimate goal is to provide short-term intervention to help youth transition to a family setting. This will consist of equipping the youth we serve with skills to be better able to self-regulate and decrease symptoms they or their service providers/guardians/parents deem as negative or debilitating. We aim to equip the youth we serve with the skills that will enable them to live fully healthy lives. This will look like being better able to take care of their own physical, emotional, and mental health needs. We strive to be transparent in the delivery of all services and accountable to all who rely on us for support. We aim to recruit and maintain high caliber individuals and services to serve the youth with whom we are entrusted.

It is the goal of the STRTP to successfully return the youth to a stable and permanent placement within the community, whether it be:

- a. With a biological parent or relative,
 - b. A resource family, or
 - c. An independent/transitional living program.
- A. Access to care: The ability of youth to receive the right service at the right time.
- a) 100% of youth will have a mental health assessment started on the first day of admit.
 - b. 100% of youth will have a mental health assessment completed within 5 days of admit.

Exhibit B-18

- c. 100% of youth will have an Individual Services and Support Plan in place within 10 days of admit.
- B. Effectiveness: Objective results achieved through services.
 - a) 100 % of youth will demonstrate an increase in their CANS score at discharge, compared to admit.
 - b) 100% of youth will have a discharge plan in place within five days of admit.
- C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.
 - a) 90% of youth will be discharged to a lower level of care within 12 months.
- D. Satisfaction and Compliance: The degree to which persons served, County, and other stakeholders are satisfied with the services.
 - a) 90% of youth will report that they are satisfied with the services received at For the Future STRTP.

For The Future STRTP 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. For The Future STRTP will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-19

Scope of Services

ORGANIZATION: Guiding Our Youth

ADDRESS: 1197 E Los Angeles Ave #338
Simi Valley Ca 93065

TELEPHONE: 714-625-1218

CONTACT PERSON: Melissa Martire, CFO

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

Our Mental Health Program as per CDSS ILS Code 87089.1 (AB 403 Sec 59, WIC 4096.5) will provide the following mental health services and supports for our residents. Guiding Our Youth Short Term Residential Therapeutic Program (GOY STRTP) documents the Youth's ability to access mental health services identified in the Needs and Services Plan. The agency also documents efforts to ensure access to identified mental health services, including utilization of any existing grievance processes for accessing services. Currently, county placing agencies from which GOY STRTP receives/accepts placement include: Ventura County, Riverside County, San Bernardino County, Los Angeles County, Sacramento, Yolo County, San Luis Obispo County, San Francisco County, Marin County, Fresno County, and private placements are also accepted.

- A. Mental Health Assessment
- B. Plan Development
- C. Mental Health Therapy
- D. Rehabilitation
- E. Collateral
- F. Intensive Home Based Services (IHBS)
- G. Opportunity for Youth to interact with Emotional Support Animals (ESA), such as trained dogs.

TARGET POPULATION

The STRTP is designed to provide an intensively structured Mental Health Treatment Program for:

- Cis-gendered females, or
- Persons identifying as female, or
- Individuals born with female genitalia who prefer to be placed with individuals who are cis-gendered female or identify as female, and
- Between the ages of 13 and 17

Exhibit B-19

These residents will come from all ethnic and cultural groups that are served in the counties from which we receive placement.

Residents will be accepted with diverse, special, unique needs, including, but not limited to:

- Intellectual disabilities
- Commercially and sexually exploited children (CSEC)
- Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) and/or those with a different/another sexual orientation, gender identity and expression (SOGIE: Sexual Orientation, Gender Identity & Expression)
- Individuals with a history of trauma and extensive trauma narrative(s), including complex trauma that may require a multi-layered and multi-dimensional clinical approach and treatment protocol that are geared toward addressing simultaneous triggers—emotional, psychological, somatic, or psychosomatic—which may be informed by internal and/or external stimuli related to post-traumatic stress (i.e., the Youth may have been exposed to concurrent and systematic abuse of sexual exploitation and physical violence/torture).
- Those with a history in the juvenile justice system
- Those with a medical condition such as asthma, diabetes, epilepsy, etc.

These Residents are being transferred from higher levels of care, or have been previously unsuccessful in maintaining community placements, or their Parent/Guardian have determined they are best suited for residential treatment.

The youth served by GOY STRTP will be those who have an active psychiatric diagnosis and may have co-occurring substance abuse issues.

Individuals receiving services are referred by County Placement Agencies or Probation, and are funded by AFDC (Aid to Families with Dependent Children).

SERVICE LOCATIONS

Guiding Our Youth: Cutler
2136 Cutler St.
Simi Valley 93065

Guiding Our Youth: Casarin
1672 Casarin Ave
Simi Valley Ca 93065

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

GOY STRTP 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-19

- 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-19

- 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 tele-health. GOY STRTP 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-19

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-19

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-19

- 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.).
- J. Further description of specialty mental health services provided at the STRTP:

GOY STRTP PROGRAM:

- A. Assessment
 - a. Each Resident that enters the residential program at GOY STRTP is assessed upon intake and every 30 days throughout the duration of their placement.
 - b. The Mental Health Professional is responsible for completing a comprehensive biopsychosocial assessment of the Resident within 72 hours of intake.
 - c. Components of the assessment include, but are not limited to:
 - i. Background information/reason for placement,
 - ii. Placement history,
 - iii. Medical history, including past and present illnesses and prescribed medications,
 - iv. Mental health history,
 - v. Substance use history,
 - vi. Family medical and mental health history,
 - vii. Safety screening including self-harm, suicidality, and psychiatric hospitalization history,
 - viii. Sexual history and orientation,
 - ix. Spiritual and religious identification background,
 - x. School and educational background information,
 - xi. Legal and criminal history,
 - xii. Employment history,
 - xiii. Hobbies/interests,
 - xiv. Resident's perception of their strengths, needs, abilities, preferences, and identified goals, Mental Status Exam, and
 - xv. Mental Health Professional's interpretive summary including DSM-5/ICD-10 diagnostic considerations.
 - d. In addition to the biopsychosocial assessment, the Mental Health Professional utilizes assessment instruments such as the PHQ-9 and GAD-7 bi-weekly to assess for the presence of self-reported symptoms of depression and anxiety. Additionally, a CANS—Child and Adolescent Needs and Strengths—assessment will be completed in collaboration with the Youth to facilitate the Youth's exploration and identification of needs and strengths. This way, GOY STRTP Clinical Team facilitates a bridge between the assessment process and the development of the blueprint for individualized

Exhibit B-19

service plans. GOY STRTP's in-house Mental Health Professionals will remain ever-mindful of cultural relativity and nuances to which Youth may be sensitive. In other words, when the CANS assessment is facilitated, GOY STRTP's Mental Health Professionals will ensure that the discourse is relatable, relevant, and accessible by the Youth so as to propel engagement in diverse pathways for service planning. Here, the Youth has ample opportunity to activate voice and choice as they explore potentially traumatic/adverse childhood experiences, life domain functioning, behavioral and emotional needs, cultural factors, risk behaviors, important support persons, strengths, etc. In addition to the CANS assessment tool, the Mental Health Professional will utilize the Pediatric Symptom Checklist-35 (PSC-35). This assessment tool will be made available for all members of the Youth's Child and Family Team to provide opportunity for the expression of feedback regarding behavior, emotions, learning, physical health, and other details gleaned from first-line observations of the Youth who is being placed with GOY STRTP. Because members of the Youth's CFT are often the first to notice emergent issues related to the Youth's mental and behavioral health, GOY STRTP Mental Health Practitioners intend to consult with them through the use of the PSC-35 to ensure a comprehensive word picture is developed through the finalized assessment document. And, thus, this comprehensive assessment—which includes the needs, strengths, current functional impairment(s), trauma narrative and history, behavioral patterns, cognitive schema, and emotional portfolio—informs the Youth's diagnostic map and Individual Services and Support Plan (ISSP).

- B. Plan Development
 - a. GOY STRTP assists all Residents/Youth in developing an Individualized Treatment Plan while in the program.
 - b. The Individualized Treatment Plan seeks to assist Residents with:
 - i. Maximizing their strengths and abilities,
 - ii. Addressing their behavioral health goals through the identification of the care needs,
 - iii. Documenting specific goals and objectives,
 - iv. Outlining the criteria or steps for achieving specified interventions, and
documenting individual progress toward meeting specified goals and objectives.
 - c. The Mental Health Professional is responsible for collaborating with each Resident in developing an Individual Services and Support Plan (ISSP) within 72 hours of placement. In essence, the assessment phase of treatment includes and informs the cultivation of the Individual Services Support Plan. Using the various assessment tools during the assessment phase (i.e., Biopsychosocial Assessment, CANS, and PSC-35) the Mental Health Professional ensures that an individualized, trauma-informed, and strengths-based ISSP is developed for each Youth.
 - d. Treatment plans and goals are expressed in the words of the Youth so as to ensure that each Youth takes an active role in the development of their plan

Exhibit B-19

and experiences opportunity to activate voice and choice with regard to treatment protocol and the overall treatment trajectory.

- e. Goals are developed to be specific, measurable, attainable, reasonable, and time-bound.
- f. Individualized Treatment Plans will be updated whenever a significant change in clinical status, services, or programming requires such a revision, and/or by timelines established by the organization.
- g. Each Youth will actively participate in, and agree to, any changes in their treatment plan.

C. Mental Health Therapy

- a. GOY STRTP's Mental Health Professionals provide individual psychotherapy once per week (at minimum or as otherwise indicated in the Needs and Services Plans) for each Youth in the program. The Mental Health Professional utilizes Trauma-Informed, Person-Centered, Neuro-Relational, culturally and developmentally informed, and strengths-based clinical modalities with emphasis on unconditional positive regard, genuineness, empathic understanding, and positive relational dynamics (i.e., mutual respect, reciprocity, receptivity, etc.).
- b. Additional modalities and interventions are used as needed, or identified as clinically appropriate, during treatment and include, but are not limited to, integrative arts therapeutic modalities, Motivational Interviewing, Cognitive Behavioral Therapy, Gestalt, Family Systems, Existential-Humanistic psychotherapeutic perspective, Person Centered, Solution Focused, Strategic Family Therapy, Structural Family Therapy, Psychodynamic (Jungian and Freudian), Eclectic Psychotherapy (i.e., an open, integrative form of psychotherapy that adapts to the unique needs of each, specific Youth, depending on presenting problem, treatment goals, and the Youth's expectations and level of motivation), Social Constructionist Theory, Narrative Psychotherapy, Object Relations Theoretical Orientation, Collaborative Language Systems (i.e., language constructs meaning, reality, and self-orientation), and general psychoeducation.
- c. Integrative Arts Therapeutic Modalities: Mental Health Practitioners weave diverse art mediums into the clinical interface with Youth. When art and the opportunity to tap into creative energy is introduced into the clinical milieu, Youth experience the chance to self-explore, taking a step back from their creative pieces and finding that they may maintain an open posture for images to jump forth, bearing insight and informing growth and transformation. This is an opportunity to experience a new perspective. Multiple layers of information and insight may be revealed through the creative process. Here, Youth may find opportunity to yield to the impulse to dance, drum, draw sketches, paint canvases, write poetry, develop plays, present spoken word performances, etc. And, in and through their attempts to heed the compelling push to engage in the creative impetus, Youth may draw meaning, acumen, a more profound understanding and relationship with Self. Openly sharing and expressing personal information is not an easy task. By integrating arts into the Trauma-Informed, Person-Centered, Neuro-Relational, and developmentally and culturally sensitive clinical

Exhibit B-19

practice, GOY STRTP Mental Health Practitioners create a landscape for Youth to consider the reciprocal relation between Self and the creative process, between prospective connections of past and present, between the role of disenfranchised victim and powerful victor. Through Integrative Arts Therapeutic Modalities, Persons-served take inventory, pause to ponder, re-author, plan, catalyze opportunities for growth, transformation, and resilience.

- d. For a Youth who comes into GOY STRTP's program with an already established outside provider or Mental Health Professional who is already providing Specialty Mental Health Services (SMHS), steps are made to ensure the Youth continues individual psychotherapy with their provider. GOY STRTP is prepared to provide psychoeducation to Youth about the importance of continuity of care.
 - i. This includes all aspects of scheduling, communicating, and transporting the Resident to mental health psychotherapy sessions.
- e. Many survivors of sexual exploitation suffer from sexual/physical/neglect/emotional abuse prior to sexual exploitation as well as trauma associated with the exploitation. This complex trauma requires intervention that allows for the trauma to be processed in a safe space, with a trained Clinician. Strategies to cope with the trauma will be tailored to the individual, integrating the Youth's beliefs, practices, sexual orientation, gender identity, level of acculturation, and cultural values. For victims of CSEC (commercial sexual exploitation of children), treatment accommodations: that approach Youth with humility and deference; that demonstrate Mental Health Practitioner's overt expressions of intent to respect the distinctive treatment needs of Youth; that encourage Youth to activate voice and choice will be explained and implemented during individual and group psychotherapy sessions. At GOY STRTP, the clinical team has created worksheets that may be incorporated as part of the work with CSEC Youth. One such worksheet is entitled *The Story of Me*. This activity demonstrates to Youth that through Trauma-Informed, Person-Centered, Neuro-Relational, culturally and developmentally sound approaches, Youth may learn that they are the author of their own stories and the authority on their needs (i.e., the expert on the topic). These therapeutic modalities foster voice and choice, creating space for the cultivation of a narrative through which Youth may engage in discourse relative to their own unique social-emotional and relational needs that can be expressed in a safe, structured, goal-oriented environment. With the worksheet *The Story of Me*, the Mental Health Practitioner facilitates the Youth's attempts to begin writing "the story of Me." The facilitator/Mental Health Practitioner may scribe the verbalized personal narrative, or Youth may choose to write the story herself, with her own hands. Another example of a GOY STRTP worksheet that may be incorporated as part of the work with CSEC Youth is one that is entitled *Exploring the Terrain of my Body and the Landscape of my Soul*. Through a Neuro-Relational therapeutic methodological approach—as Persons-served cultivate meaningful interpersonal bonds with Staff/Mental Health Practitioners of GOY STRTP—they will understand how anxiety, depression,

Exhibit B-19

confusion, anger, trauma response, and various other psychosomatic states “tell a story” and reveal powerful data. They will develop rationale for exposure practice (i.e., slowly re-living historical information through re-telling of their personal and trauma narratives), initiating their own steps toward optimism about their current situations. This way, the hope is that Youth will be interested in participating in, and learning more about, treatment. During engagement in this worksheet activity, the facilitator/Mental Health Practitioner initiates a list with Youth of words and statements that capture the Youth’s experience of psychosomatic distress. Here, the facilitator/Mental Health Practitioner may need to provide psychoeducation about how we experience hurt and suffering in the body, focusing on emotional pain that may at times feel like it is “stored” in a particular part of the body. On the second page of this clinical document/worksheet is a rough image/sketch of the human body to which Youth may refer to identify these areas (i.e., areas where pain and suffering may be “stored”). Once these worksheets are completed, the Mental Health Practitioner files them in the “Miscellaneous” section of the Youth’s casefile.

- f. The Mental Health Professional will also provide family psychotherapy sessions for the Youth to facilitate exploration of: feelings of alienation and estrangement from the Family unit; quick escalation of tension and conflict, especially when situations force Family members to interact; appearance of negative psychological or behavioral side effects of the Family’s disengagement; lost sense of self due to the effects of the Family disengagement; etc.
 - i. These sessions will focus on incorporating the Youth’s goals within the family psychotherapy discourse. Additionally, the Mental Health Practitioner facilitates the Family’s work toward the goals of: minimizing blame patterns among Family members to replace them with more effective methods of problem-solving; reducing the anger and agitation that accompanies blaming behavior; restructuring the view of the causes of Family conflicts so as to seek solutions rather than placing blame; collaborating to reduce feelings of hopelessness and dissatisfaction with life areas (e.g., daily activities and social relationships); utilizing coping skills to resolve the collective experience of depression and anxiety to return to a level of participation in, and contribution to, Family activities.
 - ii. The Mental Health Professional will also look at barriers or obstacles to the Resident returning home to their biological family or resource/foster family and discuss this during the family psychotherapy sessions.

D. Rehabilitation

- a. At GOY STRTP, rehabilitation services come in the form of group psychotherapy sessions. These are offered to all Residents served in the program at a minimum of three times per week to ensure that all Youth have access to socially rehabilitative learning and transformative opportunity to

Exhibit B-19

enhance their level of engagement in all life areas (e.g., daily activities and social relationships).

- i. Groups are facilitated by Staff members that are Master's level Associate Clinical Social Workers or Associate Marriage and Family Therapists. Groups may also be conducted by: Pre-Doctoral Clinical Psychology Practicum Students; Interns from disciplines of Marriage and Family Therapy, Clinical Social Work, and Psychology; Marriage and Family Therapy Trainees; and Residential Counselors. Each discipline and its corresponding Associate or Intern or Student will have their Clinical and/or Administrative Supervisor who oversees the minutia of the services rendered to the Persons-served. For example, the Pre-Doctoral Clinical Psychology Practicum Student receives two units of supervision per week, once facilitated by Licensed Clinical Psychologist and the second one, conducted by Head of Service of GOY STRTP. The incumbent—Clinical Supervisor and/or Administrative Supervisor—shall provide clinical supervision to the agency's Social Workers and Marriage & Family Therapists and manage the direction of the program with regard to: evolving behavior systems at the facility (i.e., current behavioral patterns demonstrated by current Residents of the facility); established and/or emergent interventions; and treatment goals. The incumbent shall follow all federal, state, and local regulations/laws, including legal requirements of their individual license(s). This way, all license-waivered Staff and interns/students of Clinical Social Work/Psychology/Marriage and Family Therapy are closely supervised and supported as they facilitate services that establish and maintain safety of Youth and empower Youth to arrive at a level of psychological, emotional, social, and educational functioning that will serve them now and in the long run.
 - b. Group topics rotate each week and include the following areas:
 - i. Anger Management,
 - ii. Mindfulness and Meditation,
 - iii. Art Therapy,
 - iv. Nutrition,
 - v. Life Skills, and
 - vi. Weekly Goal Setting.
 - c. The purpose of these rehabilitation groups is to provide each Youth the opportunity to develop, strengthen, and practice essential skills in and out of the program setting, including positive coping skills, effective/impactful/conscientious social and communication skills, healthy independent living skills, self-advocacy, resourcefulness in the community, collaborative interpersonal dynamics/teamwork, etc.
- E. Collateral
- a. The Mental Health Professional and other Staff will provide collateral services for members of the Youth's Family.

Exhibit B-19

- b. The purpose of collateral services is to provide support for the Residents as they work toward achievement of established treatment plan goals. The purpose of collateral sessions is to empower all those who are involved in the Youth's life to take an active role in treatment, to cultivate skills necessary to support the Youth in the work toward established treatment goals, and to have opportunity to demonstrate intention to remain consistently supportive and committed to the Youth's overall well-being. During collateral sessions, Family members, Friends, Caregivers, Guardians, extended Family members/relatives, tribal representatives/members, etc. learn communication and problem-solving skills to use with the Youth as well as with each other (e.g., problem definition, brainstorming solutions, evaluation of alternatives, solution enactment, and enactment evaluation). Here, collateral individuals, who have potential to impact the Youth's engagement in treatment, explore relational engagement options that may: nurture cohesiveness with each other; eliminate feelings of alienation through engagement in behaviors that facilitate cohesiveness and intimacy; foster a sense of accomplishment in the ability to laugh and have fun together; devise methods for coping with tension and crisis situations; etc. Ultimately, collateral individuals—in the life of the Youth in GOY STRTP's care—gain opportunity to learn best practice and best approaches to consistently support and empower Youth to remain anchored in goal-oriented engagement in treatment and in the rigorous work that goes into treatment-goal-achievement.
- c. These services are designed to connect with significant others related to the Youth, without the Resident present. "Related to the Resident," here, implies bio-family relations, stake holder relations, Youth's support network relations, and all those who have established themselves as Child Family Team Members. And, the purpose of such meetings is anchored in treatment collaboration and coordination, open dialogue, and strategy cultivation, all of which informs the Youth's NEEDS AND SERVICES PLAN and the collective's efforts to address and meet the Youth's needs related to daily activities and social relationships.
- d. These services may be conducted at:
 - i. The facility,
 - ii. In the community,
 - iii. By phone, or
 - iv. At the Family member's home.
- e. Activities under collateral may include, but not be limited to:
 - i. Parent education and training
 - ii. Discussion of the Resident's treatment to encourage the Family/collective/CFT support of the Youth in remaining anchored in the spirit of treatment planning and, also, in the established NEEDS AND SERVICES PLAN. Additionally, these collateral meetings serve to ensure that all those committed to the Youth's wellness remain ever-mindful to consistently empower Persons-served to activate voice and choice in planning their own life areas-related activities.
 - iii. Interventions with Family members/the collective stakeholders/Child Family Team to improve the Resident's/Youth's goal outcomes. It is GOY STRTP's commitment to team with current and potential natural supports

Exhibit B-19

that will empower the Youth to maintain pro-active levels of engagement in daily activities and social relationships. GOY STRTP utilizes the Child and Family Team meetings to integrate perspectives and input from: the Youth, biological family, other Family and Caregivers as defined by Youth and Family, coaches, faith-related individuals (e.g., priest, pastor, rabbi, imam, tribal member, etc.), and all those who have voiced and demonstrated a vested interest in the well-being of Youth. GOY STRTP's administrative team/leadership team understands the importance of recruitment and support of collateral individuals such as mentors, resources, and potential long-term supporters of the Youth's journey. GOY STRTP's perspective as it relates to collateral supports is that they are individuals who have currently impacted, or can potentially impact, the Youth's functioning in the current placement, during transition, and after transition.

- F. Intensive Home Based Services
 - a. IHBS are individualized, strength-based, Person-Centered, Neuro-Relational, and Trauma-Informed interventions designed to ameliorate Mental Health conditions that interfere with Youth's functioning.
 - b. These interventions are aimed at:
 - i. Helping Youth build skills for successful functioning in the home and community
 - ii. Improving the Family's ability to help Youth successfully function in the home and in the community
 - c. IHBS activities support the engagement and participation of the Youth and their significant support Persons in the overall treatment planning and coordination of services.
 - d. IHBS activities help the Youth develop skills and achieve the goals and objectives of the plan.
 - e. IHBS service activities include, but are not limited to: medically necessary, skill-based, Trauma-Informed, Neuro-Relational, Person-Centered, culturally and developmentally sensitive interventions for the remediation of behaviors or improvement of symptoms, including, but not limited to:
 - i. The implementation of a positive behavioral plan and modeling interventions for the Youth's Family and/or significant others to assist them in implementing the strategies;
 - ii. Development of functional skills to improve self-care and self-regulation;
 - iii. Addressing functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks;
 - iv. Addressing functional impairments by intervening to avoid exploitation by others;
 - v. Development of skills or replacement behaviors that allow the Youth or Resident to fully participate in the CFT meetings and service plans cultivation meetings, including, but not limited to, the Client Plan and/or Child Welfare Service Plan;
 - vi. Improvement of self-management of symptoms, including self-administration of medications, as appropriate;

Exhibit B-19

- vii. Education of the Youth and/or their Family or Caregiver(s) et al about consistently remaining sensitive and navigating interactions with the Youth in light of mental health disorders or symptoms;
 - viii. Support of the development, maintenance, and use of social networks, including the use of natural and community resources;
 - ix. Support to address behaviors that interfere with the achievement of a stable and permanent Family life;
 - x. Support to address behaviors that interfere with seeking and maintaining a job;
 - xi. Support and empower activation of self-advocacy skills and deliverance of voice and choice;
 - xii. Support to address behaviors that interfere with a youth's success in achieving educational objectives in a community academic program; and
 - xiii. Support to address behaviors that interfere with transitional independent living objectives, such as seeking and maintaining housing and living independently, including accessing employment opportunities.
 - f. To access to IHBS, the youth will be referred to Ventura County Behavioral Health (VCBH) by GOY STRTP's Case Manager. Youth will be assigned a GOY STRTP Primary Clinician to facilitate IHBS.
- G. Other Mental Health Services
 - a. GOY STRTP will not be providing the following Mental Health Services, but will refer Residents in need of these services to Ventura County Behavioral Health Department:
 - i. Therapeutic Behavioral Services (TBS), which are intended to be short-term intensive behavior-modification approaches that are geared toward enhancing the youth's level of engagement in daily activities and social relationships. To access both TBS and IHBS, the GOY STRTP Case Manager will refer the youth to VCBH or to a provider contracted through VCBH (e.g., CASA PACIFICA, ASPIRANET, etc.). Additionally, the decision to initiate TBS is established during Child and Family Team meetings.
 - ii. GOY STRTP will provide opportunity for youth to interact with Emotional Support Animals (ESA), such as trained dogs. It is the belief of GOY STRTP that Emotional Support Animals may: increase the probability of youth demonstrating active engagement in the psychotherapy session through interaction with the animal; create a calming effect in the safe, therapeutic space that has been designated for treatment (i.e., as the youth witnesses the breathing cadence of the animal, this may inform deep breathing exercises that are practiced in session to work through emotionally activating moments during the cultivation of the trauma narrative); foster nurturance and empathy toward helpless animals as the youth develops relationship with the Emotional Support Animal and finds opportunity to care for the ESA; etc.

Exhibit B-19

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. GOY STRTP 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, GOY STRTP 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. GOY STRTP shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

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

GOY STRTP 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.

Exhibit B-19

The placing County forwards to the attention of the STRTP, the youth's placement packet for review, to identify appropriateness of youth's placement at the STRTP. As youth arrives to the STRTP during initial placement, specialty mental health services commence.

Each Resident that enters the residential program at GOY STRTP is assessed upon intake and every 30 days throughout the duration of their placement.

The Mental Health Professional is responsible for completing a comprehensive biopsychosocial assessment of the Resident within 5 days of intake.

The Mental Health Professional is responsible for collaborating with each Resident in developing an Individual Services and Support Plan (ISSP) within 10 days of placement.

For each child, the STRTP shall ensure that there is a minimum of one (1) written daily mental health progress note. The daily progress note shall document the following when applicable:

- 1) The specific service(s) provided to the child.
- 2) A child's participation and response to each mental health treatment service directly provided to the child.
- 3) Observations of a child's behavior.
- 4) Possible side effects of medication.
- 5) Date and summaries of the child's contact with the child's family, friends, natural supports, child and family team, existing mental health team, authorized legal representative, and public entities involved with the child.
- 6) Descriptions of the child's progress toward the goals identified in the mental health treatment plan.

The Short-Term Residential Therapeutic Program shall make available for each youth structured Mental Health Treatment Services in the day and evening, seven days per week, according to the Child's needs as indicated on the Child's Needs and Services Plan/Treatment Plan.

In addition to the biopsychosocial assessment, the Mental Health Professional utilizes assessment instruments such as the PHQ-9 and GAD-7 bi-weekly to assess for the presence of self-reported symptoms of depression and anxiety. Additionally, a CANS—Child and Adolescent Needs and Strengths—assessment will be completed in collaboration with the youth to facilitate the youth's exploration and identification of needs and strengths. This way, GOY STRTP Clinical Team facilitates a bridge between the assessment process and the development of the blueprint for individualized service plans.

Progress of services provided to youth in care will be measured by:

- a. Reduction in PHQ-9 score
- b. Reduction in GAD-7 score
- c. Reduction in suicidal risk on the C-SSRS
- d. Behavioral observation by the Mental Health Practitioner
- e. Completion of homework/assignments
- f. Youth's self-report

Exhibit B-19

g. Parent/guardian self-report

Our ultimate goal is to provide short-term intervention to help youth transition to a family setting. This will consist of equipping the youth we serve with skills to be better able to self-regulate and decrease symptoms they or their service providers/guardians/parents deem as negative or debilitating. We aim to equip the youth we serve with the skills that will enable them to live fully healthy lives. This will look like being better able to take care of their own physical, emotional, and mental health needs. We strive to be transparent in the delivery of all services and accountable to all who rely on us for support. We aim to recruit and maintain high caliber individuals and services to serve the youth with whom we are entrusted.

It is the goal of the STRTP to successfully return the youth to a stable and permanent placement within the community, whether it be:

- a. With a biological parent or relative,
 - b. A resource family, or
 - c. An independent/transitional living program.
-
- A. Access to care: The ability of youth to receive the right service at the right time.
 - a) 100% of youth will have a mental health assessment started on the first day of admit.
 - b. 100% of youth will have a mental health assessment completed within 5 days of admit.
 - c. 100% of youth will have an Individual Services and Support Plan in place within 10 days of admit.
 - B. Effectiveness: Objective results achieved through services.
 - a) 100 % of youth will demonstrate an increase in their CANS score at discharge, compared to admit.
 - b) 100% of youth will have a discharge plan in place within five days of admit.
 - C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.
 - a) 90% of youth will be discharged to a lower level of care within 12 months.
 - D. Satisfaction and Compliance: The degree to which persons served, County, and other stakeholders are satisfied with the services.
 - a) 90% of youth will report that they are satisfied with the services received at GOY STRTP.

GOY STRTP 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. GOY STRTP will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-20

Scope of Services

ORGANIZATION: Kern Bridges Youth Homes, Inc

ADDRESS: 1321 Stine Road Bakersfield, CA 93309

TELEPHONE: 661 396-2301

CONTACT PERSON: Bianca Ruiz , Director of Mental Health Services
Robert Carter, Executive Vice President

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES:

The mission of Kern Bridges Youth Homes, Inc. (KBYH) is to provide responsive solutions and trauma-informed care to vulnerable youth by providing safe homes, accessible services, and engaging in ongoing quality improvement. In addition to foster care and adoption programs and services, KBYH has two short-term residential therapeutic programs (STRTPs) – 6-bed Almklov House and 12-bed Casa De Ninos House – both in Kern County. The purpose of the the KBYH STRTP is to provide a safe, consistent, stable, and secure trauma-informed and culturally responsive environment in which children and youth, 11-19 years old, with severe emotional and behavioral difficulties can restore a sense of control and empowerment. The Treatment Team at KBYH is made up of licensed, registered, and waived mental health professionals, including licensed clinical staff, Masters-level case managers, Clinical Interns, social work staff, and other providers that meet the criteria listed in Section 623 through 630 of Title 9 of the California Code of Regulations.

Overview of Treatment Model

KBYH recognizes the prevalence of trauma in the lives of youth in residential treatment, including the likelihood that they have experienced physical, emotional, and sexual abuse, domestic abuse, traumatic loss, school violence, community violence, and/or an impaired caregiver. KBYH also recognizes the impact of trauma caused by system factors, such as multiple placement changes and retraumatization within placements. This trauma links to mental health disorders and behavioral disorders and resulting functional impairments. As part of KBYH's trauma-informed approach, they seek to do more than just manage problematic behaviors. KBYH partners with youth to help them heal and learn skills for managing their emotions and behaviors in the community. KBYH also extensively involves family and other natural support persons throughout the youth's placement with KBYH. KBYH aims to improve behavior, reduce trauma-related symptoms, and increase the youth's sense of optimism and life satisfaction throughout placement with KBYH and continuing post-placement.

KBYH's treatment services are tailored to serving youth in the least restrictive setting with the most effective interventions possible. Understanding that youth with significant trauma histories and trauma-related symptoms and behaviors will be placed with KBYH, KBYH has selected evidence based and promising trauma-informed models, approaches, and interventions intended to solidify a trajectory towards permanency and positive outcomes. As part of a

Exhibit B-20

trauma-informed youth and family system, KBYH will routinely screen for trauma, use culturally appropriate evidence-based assessments and treatments, engage in efforts to strengthen the resilience and protective factors of youth and families, make resources available to youth, families, and providers on trauma exposure, its impact and treatment, emphasize continuity of care and collaboration across youth-serving systems, and maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.

KBYH promotes recovery and resilience for those individuals and families impacted by trauma. Services and supports that are trauma-informed and build on the best evidence available and consumer and family engagement, empowerment, and collaboration. Our programs recognize the youth's need to be respected, informed, connected, and hopeful regarding their own recovery, the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety, and the need to work in a collaborative way with youth, family and friends of the youth, and other human services agencies in a manner that will empower survivors and stakeholders.

KBYH utilizes SAMHSA's concept of a trauma-informed approach to service delivery, which "Realizes the widespread impact of trauma and understands potential paths for recovery; Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and Seeks to actively resist re-traumatization." A trauma-informed approach can be implemented in any type of service setting, including the STRTP, and also includes trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

KYBH will provide the following mental health treatment services directly onsite to admitted youth during their stay in the STRTP:

1. Mental Health Services
2. Assessment
3. Plan Development
4. Individual, Group, and Family Therapy
5. Individual and Group Rehabilitation
6. Collateral Services
7. Intensive Care Coordination
8. Intensive Home-Based Services
9. Targeted Case Management
10. Crisis Intervention Services
11. Daily notes completed by staff and or clinician (Scanned file)

TARGET POPULATION: The purpose of the KBYH is to provide a safe, consistent, stable, and secure trauma-informed and culturally responsive environment in which children and youth 11-19 years old with severe emotional and behavioral difficulties can restore a sense of control and empowerment. Regardless of sexual identity or sexual orientation all referrals are given the same consideration, and no rejection shall be made on the child's or NMDs sexual identity. Therefore, KBYH will accept for placement, without discrimination any youth who identifies as LGBTQ or is considered Commercially sexually exploited (CSEC). In addition, it should be noted

Exhibit B-20

that KBYH accepts Native American youth whether they are associated with or Tribe or not. If associated with a Tribe KBYH's work closely with the Tribe in providing services.

SERVICE LOCATIONS

John & Dorothy Almklov House
4301 De Ette Ave
Bakersfield, CA 93313
661 827-9219

Daniel & Nancy Marble
Casa De Ninos House
32549 Betty Jean Ave
McFarland, CA 93250
661 392-7840
661 392-7841

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

KBYH 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.

Exhibit B-20

- 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.
 - 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 that 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.

Exhibit B-20

- ii. Medication Support Services – shall be provided via telehealth by a contracted psychiatrist. KBYH will monitor that the following is adhered to by the psychiatrist for these services:
 - a) Within the first thirty (30) days of the youth's admission, the psychiatrist shall examine each youth before 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 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 following 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 – a therapeutic intervention that focuses on symptom reduction 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

Exhibit B-20

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 of 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 following 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 a permanent living situation through reunification, adoption, or guardianship, following 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.

Exhibit B-20

- 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 the 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 judgments regarding physical or legal custody;
 - viii. Documentation indicating each date and name 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 following 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. KBYH 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

Exhibit B-20

- 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, (Kern Bridges) has one (1) half-time equivalent LMHP employed for each of 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. KBYH shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

KBYH shall provide all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. Kern Bridges 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.

KBYH 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 following services 100% of the time, at the right time.
- 1. Mental Health Assessment (Signed within 3 days)
 - 2. Assessment Tools (C-SSRS, CANS, and PCS 35) (Intake and at least every 6 months)
 - 3. Admission Statement (Completed by HOS and Signed within 72 hours)
 - 4. Treatment Plan (Within 5 days)
 - 5. Progress Notes (Signed within 48 hours)
 - 6. Child and Family Team Meeting Notes (Monthly)
 - 7. Clinical Review and ICC Reviews (Monthly months)
 - 8. Physician's Orders/Medication Reviews (At least every 45 days)
 - 9. Psychiatric Evaluation (At least every 90 days)

Exhibit B-20

- B. Effectiveness: Objective results achieved through services.
1. 100% of youth will discharge as planned, to a lower level of care.
 2. A discharged youth will exhibit a 75% decrease in behaviors, from their initial screening.
- C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.
1. 100% of youth will successfully discharge from the program, no later than 12 months.
- D. Satisfaction and Compliance: The degree to which persons served, the County, and other stakeholders are satisfied with the services.

KBYH utilizes the California Benchmarking Initiative satisfaction surveys. These surveys are given to all 18 residents, direct care staff, and stakeholders quarterly.

1. 85% of persons served who complete a satisfaction survey will express satisfaction that the STRTP Mental Health Program met their needs.

KBYH 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. KBYH will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-21

Scope of Services

ORGANIZATION: Scott's Social Services, Inc

ADDRESS: 1780 Glenwood Drive
Bakersfield CA 93306

TELEPHONE: (661) 900-6342
(661) 333-4397

CONTACT PERSON: Robert Carter, Executive Director
Tiffany Carter, CFO/Clinical Director

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

The mission of Scott's Social Services, Inc. (SSS) is to provide responsive solutions and trauma-informed care to vulnerable youth by providing safe homes, accessible services, and engaging in ongoing quality improvement. Scott's Social Services, Inc. has two 6 bed Short Term Residential Therapeutic Program (STRTP) homes located in Kern County. The purpose of the SSS is to provide a safe, consistent, stable, and secure trauma-informed and culturally responsive environment in which children and youth 11-17 years old plus NMD with severe emotional and behavioral difficulties can restore a sense of control and empowerment. The STRTP treatment team is made up of licensed, registered, and waived mental health professionals, including licensed clinical staff, Masters-level case managers, Clinical Interns, social work staff, and other providers that meet the criteria listed in Section 623 through 630 of Title 9 of the California Code of Regulations.

Scott's Social Services, Inc. will provide structured mental health services in the day and evening, seven days per week, according to the youth's needs and the services included on their individual Mental Health Treatment Plans. All mental health treatment services will be provided utilizing a trauma-informed approach that recognizes the presence and impact of trauma in the youth we serve and provides treatment that supports healing and recovery while reducing the risk of re-traumatization. Scott's Social Services, Inc will ensure that each youth placed within the STRTP has access to all medically necessary specialty mental health services, including those not directly provided by the STRTP.

Scott's Social Services, Inc. partners with youth to help them heal and learn skills for managing their emotions and behaviors in the community. SSS also extensively involve family and other natural support persons throughout the youth's placement. SSS aims to improve behavior, reduce trauma-related symptoms and increase the youth's sense of optimism and life satisfaction throughout placement with SSS and continuing post-placement. Understanding that youth with significant trauma histories and trauma-related symptoms and behaviors will be placed at the STRTP, Scott's Social Services, Inc has selected evidence-based and promising trauma informed models, approaches, and interventions intended to solidify a trajectory towards permanency and positive outcomes.

Exhibit B-21

SSS will provide the following mental health treatment services directly onsite to admitted youth during their stay in the STRTP:

1. Mental Health Services
2. Assessment
3. Plan Development
4. Individual, Group, and Family Therapy
5. Individual and Group Rehabilitation
6. Collateral Services
7. Intensive Care Coordination
8. Intensive Home-Based Services
9. Targeted Case Management
10. Crisis Intervention Services
11. Daily note completed by staff and or clinician (Scanned file)

TARGET POPULATION

SSS provides trauma and healing informed, therapeutic services to females, ages 11 to 21, who have mental health and behavioral issues. SSS provides a full range of services including but not limited to mental health services, crisis intervention, and targeted case management. SSS utilizes a range of evidence-based therapy and psychosocial services. SSS also utilizes CQI processes to establish the right mix of treatments and supports that work for foster youth and non-minor dependents. SSS believes this is an important step in the trauma and healing informed process. SSS understands treatment choices in addressing youth/ young adult's trauma will vary based on their circumstances.

Youth accepted into the program often have a history of trauma, including but not limited to abuse and or neglect. Moreover, SSS serves youth/ young adults, who express maladaptive behaviors such as drug abuse, alcohol abuse, chronic runaway behavior, cutting behaviors, and aggressive tendencies. These youth/young adults may also have a history of low-level criminal behaviors. The anticipated duration of treatment for a youth/ young adult is based on medical necessity for STRTP care, and in consultation with the treatment team/CFT. SSS works with each placing agency to meet all placement authorization requirements within each agency's specified time frames, with the objective to transition youth/ young adults to a lower level of care in the shortest time possible. SSS will provide a confidential and secure environment to each of the youth/ young adults participating in SSS' STRTP.

SERVICE LOCATIONS:

Scott's Youth Facility I

1780 Glenwood Drive
Bakersfield, CA 93306
(661) 404-4571

Scott's Youth Facility II

7701 Prism Way
Bakersfield, CA 93313
(661) 885-6006

Exhibit B-21

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

SSS 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-21

- 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 telehealth by a contracted psychiatrist. SSS 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.

Exhibit B-21

- 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.
 - 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

Exhibit B-21

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;
 - 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-21

- 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. SSS 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, SSS 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. SSS shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

SSS shall provide all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. SSS utilizes performance and outcome measures for evaluating program and system effectiveness to ensure services and

Exhibit B-21

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.

SSS 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.
 - 1. Mental Health Assessment (Signed within 5 days)
 - 2. Assessment Tools (C-SSRS, CANS, and PCS 35) (Intake and at least every 6 months)
 - 3. Admission Statement (Completed by HOS and Signed within 72 hours)
 - 4. Treatment Plan (Within 5 days)
 - 5. Progress Notes (Signed within 48 hours)
 - 6. Child and Family Team Meeting Notes (Monthly)
 - 7. Clinical Review and ICC Reviews (Monthly months)
 - 8. Physician's Orders/Medication Reviews (At least every 45 days)
 - 9. Psychiatric Evaluation (At least every 90 days)
- B. Effectiveness: Objective results achieved through services.
 - 1. 100% of youth will be discharged, as planned, to a lower level of care
 - 2. At discharge, a youth's barrier behaviors will be reduced by 75%
- C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.
 - 1. 100% of youth will stay in the program no longer than 9 months.
- D. Satisfaction and Compliance: The degree to which persons served, County, and other stakeholders are satisfied with the services.

SSS utilizes the California Benchmarking Initiative satisfaction surveys. These surveys are given to all 12 residents, direct care staff, and stakeholders quarterly.

- 1. 85% of persons served who complete a satisfaction survey will express satisfaction that the STRTP Mental Health Program met their needs.

SSS 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. SSS will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

Exhibit B-22

Scope of Services

ORGANIZATION: Humanistic Foundation, Inc. DBA. Stockdale Boys Center

ADDRESS: 5757 West Century Blvd. Suite #303
Los Angeles, California 90045

TELEPHONE: (323) 290-2540
(661) 303-1675

CONTACT PERSON: Marcy Madison, Executive Director
(661) 303-1675

CONTRACT PERIOD: Upon execution – June 30, 2025

SUMMARY OF SERVICES

Humanistic Foundation, Inc. DBA. Stockdale Boys Center (Stockdale Boys Center) is a short term residential therapeutic program (STRTP) established to serve male youth (dependents and wards) between the ages of 12 and 17, as well as Non-minor Dependents (NMDs) up to the age of 21 in a structured, therapeutic environment. From date of admission, services will commence immediately. Stockdale Boys Center will provide services at times that meet the needs of the youth, which will include twenty-four (24) hours per day, seven (7) days per week, according to the individualized needs of each youth. A behavioral health staff will be on-site between the hours of 9:00 am to 5:00 p.m., Monday – Friday, and if needed will offer expanded hours to include weekends to address the needs of each youth. Our program offers individualized treatment tailored to each youth needs which typically takes place over six months and is build on a 24- hour milieu overseen by a multidisciplinary team of experienced professional. Based on cognitive strategies and social skills that will enable them to live effective and fulfilling lives at home and in the community. Our goal for all youth and families that we serve is to provide individualized, trauma-informed, culturally-competent services in partnership with the youth, their family, and community partners to help each youth rekindle their sense of hope, and thrive physically, mentally, and emotionally as they reach their highest potential.

Specialty Mental Health Services (SMHS)

It is the policy of Stockdale Boys Center to provide comprehensive, coordinated, and multidisciplinary mental health services to serve the needs of its youth.

Stockdale Boys Center offers services that meet its objective of successfully reintegrating its resident(s) into the community. Services are provided, as needed, to youth and their caregivers to create permanent and safe placements within the community, reducing the need for psychiatric hospitalization, out-of-home placements, while increasing school success, reducing involvement with the juvenile justice system, and facilitating their transition to adulthood.

Staff at Stockdale Boys Center are trained in trauma informed care, to recognize the signs and symptoms of trauma in youth and adults. During treatment, from intake through assessment and therapy to discharge and transition, Stockdale Boys Center are mindful of their verbal and

Exhibit B-22

non-verbal language and picking up the cues of family member who may have been traumatized in the past. Stockdale Boys Center staff take a thorough history of the youth's condition and review possible instances where trauma may have occurred, either through specific instances in their family of origin, during experiences in foster care or congregate care, or their response to multiple placements. This information is placed into the treatment plan and responded to as part of their care. Their interactions with the youth are designed to utilize calm and positive statements, avoiding any physical contact which may be construed as re-traumatizing the resident(s).

Stockdale Boys Center offers mental health services in a manner that integrates the treatment in conjunction with the resident(s) services during their stay at Stockdale Boys Center and other rehabilitation needs.

- a. Internally integrated services that are available include, but are not limited to:
 1. **Family Counseling** – these services provide counseling and other interventions for family members and significant others that affect the youth's treatment and are imperative to improve the youth's functioning and return to home.
 2. **Collateral Services** – these include support and interventions for the parents or caregivers, parent education and training to improve their skills, and development of resources in the community specific to helping them sustain these skills.
 3. **Interagency Coordination** – as part of a shared practice model, other government and private agencies are incorporated into the resident(s) service plan of treatment to provide a comprehensive approach. Agencies include the local Departments of Youth Welfare Services, Probation, youth opportunity centers for vocational training, school-based programs, etc.
 4. **Mental Health Therapy** – psychological services, which include diagnostic services and assessment of needs for services, individual, family, and group therapy services, are provided according to the resident(s) treatment plan. Groups focus on specific psychological and emotional issues such as loss, anger, trust, etc.

Specialty Mental Health Services will be provided by Stockdale Boys Center Clinician:

1. Assessment
2. Plan Development
3. Individual, Group, or Family Therapy
4. Rehabilitation
5. Medication Support Services
6. Crisis Intervention
7. Targeted Case Management
8. Psychological Services

TARGET POPULATION

Stockdale Boys Center accepts referrals from Kern County Department of Human Services, Kern County Probation, Fresno County, and Sacramento County. Stockdale Boys Center does not accept private placements, non-ambulatory, or youth who require nursing care. Stockdale

Exhibit B-22

Boys Center understands that it is the right of everyone to determine their individual gender status and will accept referred individuals who identifies as SOGIE or LGBTQ.

Stockdale Boys Center will accept youth with mental health disorders that have been deemed appropriate for STRTP by the Interagency Placement Committee and Child & Family Team. Stockdale Boys Center will accept regional clients, youth who may have the following physical, sensory or health conditions: sickle cell trait, hypoglycemia, asthma, and allergies, require special diets, history of alcohol and/or drug use, gestational diabetics and visual or hearing impaired. Youth served may require psychotropic medication, have a history of previous psychiatric hospitalizations, and be diagnosed as emotionally disturbed.

Stockdale Boys Center is designed to serve youth/NMD whose behavioral and mental health challenges require an intensive clinical setting. Stockdale Boys Center will serve and accept youth/NMD with the following behaviors: acts disobediently at home or at school, exhibits attention-seeking behaviors, uses profanity, failure to bond with parental figures, poor peer relationships, failure to accept authority, manipulative of adults, history of chronic lying, history of physical aggression and verbally abusive towards adults or peers, poor impulse control, chronic placement failure, and physically threatens peers and adults. Additionally, Stockdale Boys Center accepts youth/NMD that intentionally damage or destroy property, commits violence or harm towards self, physical altercation, history of suicide attempts, history of fire setting, anti-social when under the influence of drug and/or alcohol, and delinquent behavior to procure drugs or alcohol. Youth/NMD will be counseled, evaluated, and monitored through staff supervision, therapeutic classes, individual and group therapy.

SERVICE LOCATIONS

Stockdale Boys Center
707 Elsey Street
Bakersfield, California 93309
(661) 324-2331

Stockdale Boys Center II
7900 Okanagan Court
Bakersfield, California 93309
(661) 833-8335

CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

Stockdale Boys Center 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.

Exhibit B-22

- 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.
 - 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

Exhibit B-22

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. Stockdale Boys Center 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 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.

Exhibit B-22

- 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 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

Exhibit B-22

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;
 - 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.).

Exhibit B-22

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. Stockdale Boys Center 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, Stockdale Boys Center shall 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. Stockdale Boys Center shall have access to the psychiatrist twenty-four (24) hours per day.

PERFORMANCE MEASURES/PROGRAM OUTCOMES

Stockdale Boys Center shall provide all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. Stockdale Boys Center 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.

Exhibit B-22

Stockdale Boys Center 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. Stockdale Boys Center will monitor the clinical outcome for each youth. When significant patterns of crisis services, frequent runaway, or substance abuse are identified as elevated, a PDSA (Plan Do Study Act) will be completed; a continuous quality improvement effort to address how to reduce the behaviors.

- A. Access to care: The ability of youth to receive the right service at the right time.
- a. 100% of youth will have a completed and signed mental health assessment within five (5) calendar days.
 - b. 100% of youth will have a CANS-IP and PSC-35 completed at the time of assessment and every six (6) months.
 - c. 100% of youth will have an Admission Statement signed by the Head of Service within five (5) calendar days.
 - d. 100% of youth will have a Treatment Plan completed within ## calendar days from completed assessment.
 - e. 100% of youth will have a Treatment Plan reviewed and signed by the Head of Service within ten (10) calendar days of youth's arrival.
 - f. 100% of youth will have a follow-up by LPHA within one (1) day of return after a disruption in level of care (e.g. hospitalization, runaway behavior)
- B. Effectiveness: Objective results achieved through services.

Stockdale Boys Center Head of Service will perform a clinical review for 100% of youth every ninety (90) days of the youth's current mental health status and progress in treatment, to determine whether the youth should be transitioned to a different level of care. The Head of Service will summarize the reviews and determinations in the youth's record and update the youth's treatment plan as needed.

The Head of Service will consider during the review the following:

- A. The types and frequency of services provided to the youth and the impact of these services on the youth's achievement of the goals outlined in the youth's mental health assessment and client plan.
- B. Whether Humanistic Foundation, Inc. continues to meet the specific therapeutic needs of the youth.
- C. Justification for the decision for continued stay or transition of the youth based on the client record and licensed mental health professional's clinical opinion.

Stockdale Boys Center will collaborate throughout the course of the youth's treatment with the youth's existing mental health team, parent, guardian, conservator, tribal representative, child and family team, authorized representative, placing agency, probation department, county welfare department, and county mental health department. Humanistic Foundation, Inc. will summarize and document the consultations in the youth's record.

Exhibit B-22

Stockdale Boys Center of Service will meet at least every ninety (90) days, or more often if needed, to discuss the diagnosis, mental health progress, treatment planning, and transition planning for each youth. The Head of Service will obtain information from the direct care staff about observations for each youth. The Head of Service will attend each meeting along with other mental health program staff that provide mental health services to the youth. The meeting will include the most active and informed members of the mental health program staff responsible for the youth's mental health treatment.

Stockdale Boys Center will utilize a tracking report monthly to track the date of admission; date of first service; number of clients who have been hospitalized or ran away; date of exit from the program; and plan for transitional services and/or transitional services currently taking place for all youth served. The tracking report will state the lower level of care the youth has transitioned to, i.e. (parent, resource family, foster home, AB-12)

As Transition Plans are developed for each youth served, the goal is for 80% of clients who have been linked to a lower level of care to transition successfully.

- C. Efficiency: Demonstration of the relationship between results and the resources used to achieve them.

Stockdale Boys Center aim to increase stability by 25%, and transition youth to a permanent placement with family or foster family within six to nine months. In addition, Stockdale Boys Center goal is to reduce by 50% hospitalizations, out-of-home placements, and placement failures among the clients served by providing community based, family-oriented, and culturally competent mental health services for foster care children and adolescents who need enhanced specialty mental health services.

- D. Satisfaction and Compliance: The degree to which persons served, County, and other stakeholders are satisfied with the services.

Stockdale Boys Center a Quality Assurance Audit Tool monthly to review client's charts. The audit evaluates the completion and timeliness of all services and to ensure charts are 100% in compliance.

Client and Stakeholders Surveys are issued quarterly; Stockdale Boys Center strives to have 75% of youth and stakeholders' express satisfaction that the Mental Health Program met their needs.

Stockdale Boys Center 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. Stockdale Boys Center will utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.