AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment I, is made and entered into this 11th day of July, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY," and **UPLIFT FAMILY SERVICES, INC.**, a California Non-profit, 501 (c) (3), Corporation, whose address is 251 Llewellyn Ave, Campbell, CA 95008, hereinafter referred to as "**CONTRACTOR**." Reference in this Amendment to "parties" shall be understood to refer to COUNTY and CONTRACTOR, unless otherwise specified.

WHEREAS, COUNTY entered into that certain Agreement, identified as COUNTY Agreement No. 13-316, effective July 1, 2013, (hereinafter referred to as the Agreement) with EMQ Families First, Inc., whereby EMQ Families First, Inc. agreed to provide a Mental Health Services Act (MHSA) funded Children/Youth Assertive Community Treatment program and provide integrated mental health and community support services; and

WHEREAS, EMQ Families First, Inc., changed its name to Uplift Family Services, Inc., in May, 2016; and

WHEREAS, the parties desire to amend COUNTY Agreement No. 13-316, regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

1. All references in the Agreement to "EMQ Families First, Inc." shall be replaced by "Uplift Family Services, Inc."

2. All references in the Agreement to "Exhibit A" shall be replaced by "Revised Exhibit A." Revised Exhibit A is attached hereto and incorporated herein by this reference.

3. All references in the Agreement to "Exhibit B" shall be replaced by "Revised Exhibit B." Revised Exhibit B is attached hereto and incorporated herein by this reference.

4. That Paragraph Four (4) – Compensation – of the Agreement on Page Four (4), beginning on Line One (1), and ending on Page Four (4), Line Seventeen (17) be deleted in its entirety and the following inserted in its place:

"**4. COMPENSATION**

"Contingent upon confirmation of funding by the California Department of Health Care Services, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation for actual expenditures incurred in accordance with the budget projections specified Revised Exhibit B: Budget, attached hereto and incorporated herein by reference.

The maximum compensation under this Agreement for each twelve month period from July 1, 2013 through June 30, 2017 shall not exceed One Million Six Hundred Seven Thousand Four Hundred Eighteen and No/100 Dollars ($1,607,418). The maximum compensation under this Agreement for the period of July 1, 2017 through June 30, 2018 shall not exceed Two Million Four Hundred Twenty-Nine Thousand Eight Hundred Two and No/100 dollars ($2,429,802). The total contract maximum for the entire term of this Agreement shall not exceed Eight Million Eight Hundred Fifty-Nine Thousand Four Hundred Seventy-Four and No/100 Dollars ($8,859,474.00)."

5. That Paragraph Seven (7) – Modification – of the Agreement, on Page Nine (9), beginning on Line Three (3), and ending on Page Nine (9), Line Ten (10) be deleted in its entirety and the following inserted in its place:

"**7. MODIFICATION**

Notwithstanding the above, changes to services as needed to accommodate changes in the law relating to mental health and substance use disorder treatment, as set forth in Revised Exhibit A, may be made with the signed written approval of COUNTY's DBH Director or designee and CONTRACTOR through an amendment approved by County Counsel and Auditor. Changes to line items in the budget, as set forth in Revised Exhibit B, that do not exceed 10% of the maximum compensation payable to the CONTRACTOR, may be made with the written approval of COUNTY's Department of Behavioral Health Director, or her designee, and CONTRACTOR. Changes to the line items in the budget that exceed ten percent (10%) of the maximum compensation payable to CONTRACTOR, may be made with the signed written approval of COUNTY's Department of Behavioral Health Director, or designee, and CONTRACTOR, through an amendment approved by County Counsel and Auditor. Said budget line item changes shall not result in any change to the annual maximum compensation amount payable to CONTRACTOR, as stated in this Agreement."

6. That Paragraph Nineteen (19) – Health Insurance Portability and Accountability Act – of the Agreement, on Page Sixteen (16), beginning on Line Nineteen (19), and ending on Page Twenty-Three (23), Line Fourteen (14) be deleted in its entirety and the following inserted in its place:

"**19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

COUNTY and CONTRACTOR each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

COUNTY and CONTRACTOR acknowledge that the exchange of protected health information between them is only for treatment, payment, and health care operations.

COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of Protected Health Information (PHI) pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations) and other applicable laws.

As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations (CFR).

7. That Paragraph Thirty-Five (35) of the Agreement, on Page Thirty-Five (35), beginning on Line Five (5), and ending on Page Thirty-Five (35), Line Fifteen (15) be deleted in its entirety and the following inserted in its place:

"**33. NOTICES**

The persons having authority to give and receive notices under this Agreement and their addresses include the following:

COUNTY	CONTRACTOR
Director, Fresno County	Chief Executive Officer
Department of Behavioral Health	Uplift Family Services, Inc.
3133 N. Millbrook Avenue	251 Llewellyn Ave
Fresno, CA 93703	Campbell, CA 95008

Any and all notices between COUNTY and CONTRACTOR provided for or permitted under this Agreement or by law shall be in writing and shall be deemed duly served when personally delivered to one of the parties, or in lieu of such personal service, when deposited in the United States Mail, postage prepaid, addressed to such party."

8. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the Agreement No. 13-316; and that upon execution of this Amendment I, the Agreement and Amendment I together shall be considered the Agreement.

The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants, conditions and promises contained in the Agreement , and not amended herein, shall remain in full force and effect. This Amendment I shall become upon execution by all parties.

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IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to Agreement No. 13-316 as of the day and year first hereinabove written.

ATTEST:

CONTRACTOR:
UPLIFT FAMILY SERVICES, INC.

By: _____

Print Name: DARRELL EVORA

Title: CEO
Chairman of Board, or President
Or any Vice President

By: _____

Print Name: Jason D. Curahoo

Title: CFO
Secretary of Corporation, or
Any Assistant Secretary, or
Chief Financial Officer, or
Any Assistant Treasurer

COUNTY OF FRESNO

By: _____
Chairman, Board of Supervisors

Date: 7-11-17

BERNICE E. SEIDEL, Clerk
Board of Supervisors

By: Susan Bishop, Deputy

Date: 7-11-17

Mailing Address:
251 Llewellyn Ave
Campbell, CA 95008
(408) 874-7171
(559) 446-3054

Contact: Marilyn Bamford, Executive Director, Central Region

APPROVED AS TO LEGAL FORM:
DANIEL C.CEDERBORG, COUNTY COUNSEL

By _____

APPROVED AS TO ACCOUNTING FORM:
OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
TREASURER-TAX COLLECTOR

By _____

REVIEWED AND RECOMMENDED FOR
APPROVAL:

By _____
Dawan Utecht, Director
Department of Behavioral Health

Fund/Subclass: 0001/10000
Organization: 56304323
Account/Program: 7295/0

Children/Youth Assertive Community Treatment Program
Scope of Work

ORGANIZATION:	Uplift Family Services, Inc. (formerly EMQ Families First, Inc.)
ADDRESS:	1630 E. Shaw Avenue, Suite 150, Fresno, CA 93710
SERVICE:	Assertive Community Treatment – Mental Health and Community Support Services
CONTACT PERSON:	Marilyn Bamford, Executive Director, Central Region mbamford@upliftfs.org (559) 446-3054
CONTRACT PERIOD:	July 1, 2013 – June 30, 2018
CONTRACT AMOUNT:	FY 2013-14 $1,607,418 FY 2014-15 $1,607,418 FY 2015-16 $1,607,418 FY 2016-17 $1,607,418 FY 2017-18 $2,429,802

I. SCHEDULE OF SERVICES:

Uplift Family Services (CONTRACTOR) staff shall be available to provide services to clients 24 hours a day, seven (7) days a week.

II. TARGET POPULATION:

Participation for Children/Youth – Assertive Community Treatment (ACT) program is for children and youth, ages 10 to 18 years old at the time of program entry, with serious emotional disturbances and must have at least one diagnosis from the most recent version of the Diagnostic and Statistical Manual (DSNM) of Mental Disorders in accordance with the ACT Model. CONTRACTOR will provide intensive mental health services for up to 160 children/youth with full fidelity to the ACT Model described in the *National Program Standards for ACT Teams*. Additionally, the ACT program is expanded to assess and provide services to caregivers of youth receiving ACT services, as needed, to positively impact the wellness and recovery of participating youth. Youth participating in the program are referred by the Fresno County Adolescent Behavioral Health Court, COUNTY's Department of Behavioral Health—Children's Mental Health, Child Welfare Services, and Schools.

III. CHILDREN/YOUTH ASSERTIVE COMMUNITY TREATMENT (ACT) SERVICES PROGRAM:

CONTRACTOR will provide Fresno County's ACT services for children and youth in the context of a collaborative, integrated system that includes all mandated direct services and a wide range of community partnerships and resources. In addition, CONTRACTOR will be in compliance with Fresno County's RFP #952-5101, the National Program Standards for ACT Teams, and ACT guidelines established by the federal Substance Abuse and Mental Health Services Administration to the extent that the modification and adaptation for youth and the funding allows.

The proposed model encompasses evidence-based practices proven to be effective for children and youth impacted by serious emotional disturbances (SED) and behavioral issues and in or at risk of involvement with Child Welfare, Juvenile Justice and Behavioral Health Court. Services will be provided in a continuum of care model by three multidisciplinary teams of professionals and consumer/family member specialists working together with the children, youth and families in a Full Service Partnership model. Multi-cultural and multi-lingual team members provide the majority of the treatment, rehabilitation, and support services children and

youth need to achieve treatment goals. Services are individually tailored to address each client's age and developmental stage, preferences, and identified goals. The approach emphasizes relationship building and active involvement in assisting individuals with severe and persistent mental illness to make improvements in functioning, better manage symptoms, achieve individual goals, and maintain optimism.

Each team consists of a qualified leader (Clinician II) who directs staff from the core mental health disciplines, a Family Specialist who has been a consumer or family member, an Addiction Counselor, an Education/Vocation Specialist, a Clinician I, and a contracted Psychiatrist for direct and on-call services 24 hours a day, seven days a week to provide intensive services. Multiple contacts may be as frequent as two to three times per day, seven days per week, and are based on child/youth's need and a mutually agreed upon plan between the client and ACT staff. All team members share responsibility for addressing the needs of all children and youth requiring frequent contact and are prepared to ensure continuity and timeliness of care. Cross-training and daily case staffing among and between team members when indicated will be on an ongoing basis to ensure that the youth's needs can be met by someone familiar, rather than by referral to new, unknown staff providers.

The ACT teams deliver services in community locations most comfortable for the youth and family. The majority of all services will be provided outside program offices in the youth's most natural environment. Home and community-based services encourage client engagement and participation and can address day-to-day issues youth normally encounter in their own living and educational settings.

Based on the intake and assessment information gathered by CONTRACTOR or provided by the Behavioral Health Court (BHC), children and youth accepted into the program and their families receive the full range of available services to assist them in achieving desired outcomes, including decreased re-entry into foster care placement, detention, and hospitalization. Individualized service plans may include assessment and treatment modalities for mental health and co-occurring substance use disorders; inclusion of the psychiatrist for clinical services, medication evaluation, and management; and social support services such as assistance with basic needs, education and/or vocational support, socialization, interpersonal skills, health and hygiene counseling, assistance with access to primary health care, mentoring, tutoring, and role modeling as appropriate. Resources for emergency housing are available where needed, including housing in rural areas if appropriate for the child or youth.

Services will be tailored to meet the specific demographic and social needs of the target population. All service planning must take into consideration age, gender, sexual orientation, language, culture, social issues (e.g., parenting and human sexuality), academic or employment status, medication management, substance abuse, and peer relationships, as appropriate for the youth and family. Pregnant and parenting youth will be connected to health care, child development training, and child care as needed. Transportation to service resources, assistance with financial and legal issues, and planning for transition to stable living in a home setting are also integral components of the service plan.

Specific interventions for each child and youth will be strength-based and client driven, and focused on stability in the community and achieving the goals identified as desirable by the youth and family. Service delivery will be flexible and can be modified quickly if needed to respond to the youth's changing needs. Evidence-based practices such as Managing and Adapting Practices and Trauma-Focused Cognitive Behavioral Therapy will be utilized with each client, as appropriate. As training funding becomes available, CONTRACTOR will continue to utilize its currently certified trainers or seek outside certified trainers to further develop and enhance the ACT teams' skills.

Referrals of youth diagnosed with or exhibiting severe emotional disturbances will be accepted from several sources, including partnerships with Fresno County Behavioral Health Court (BHC), Juvenile Probation, school districts, and the Departments of Behavioral Health and Social Services. Admission and discharge criteria, all service planning, and delivery will be consistent in quality, timeliness, appropriateness, and duration for all children and youth, regardless of referral source. Service duration is determined by the individual's needs and progress. Each youth and family participates in graduated supports, services, and interventions as necessary

during the course of supervision to address violations of probation and/or deterioration of a youth's mental health. Interventions may include evidence-based community services such as medication review and assessment, brief custody and/or electronic monitoring commitments, community service, weekend work, and if necessary, inpatient psychiatric treatment.

CONTRACTOR has extensive experience serving SED youth and their families through its Fresno County ACT Program, other mental health programs, Wraparound, foster care, and transitional housing. Assertive Community Treatment is an empirically grounded, well documented and highly successful family intervention for at-risk children and youth. The overall project goals, activities, and demonstrated outcomes include but are not limited to:

- Assisting SED youth and their families in building wellness, recovery, and resilience skills;
- Reducing foster care, incarceration, and hospitalization recidivism rates;
- Increasing school attendance rates;
- Effectively serving children and youth with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, substance abuse disorders, and delinquent/violent behavior; and
- Interrupted escalation into more restrictive, higher cost services.

A. PROGRAM SPECIFICATIONS

1. Service Intensity and Capacity:

   a. Staff to client ratio: At full capacity, the ACT Program has three teams; each team is responsible for 40 children and youth. Each team is staffed with 5 FTE, with a standard one-to-eight staff-to-child/youth ratio set to ensure that capacity and workload do not jeopardize child/youth services.

   b. Frequency and type of client contacts: Access to treatment, rehabilitation, and support services is available 24 hours a day, seven days per week. Service contacts vary in intensity and frequency to meet the child/youth's changing needs for support in community settings. Service levels are modified as needed to maintain an effective level of child/youth contacts. The service plan may require multiple contacts each week with children and youth experiencing severe symptoms, trying a new medication, experiencing a health problem or serious life event, trying to go back to school or starting a new job, making changes in living situation or employment, or having significant ongoing problems in daily living. Multiple contacts may occur as frequently as two to three times per day, seven days per week, dependent upon child/youth need and a mutually agreed upon plan between child/youth and program staff. Each child/youth receives at least the minimum number of visits needed to ensure stability and safety, and to support continued progress toward treatment goals. Team members share responsibility for addressing the needs of all children/youth requiring frequent contact, ensuring that the child/youth always has access to someone familiar with his/her needs and situations.

      Child and youth contact locations vary, dependent upon service needs. Some activities may occur at the CONTRACTOR site. Examples might include group therapy, peer support meetings, psychiatric appointments, or personal and interpersonal skills classes. Other direct contacts more commonly occur at the child or youth's home, school, or preferred neighborhood location such as a park or local restaurant, depending upon the child and youth's comfort and convenience and the purpose of the contact. Where appropriate, contacts may also be made by phone.

2. Staff Requirements: Uplift Family Services maintains stringent background and professional references research to assure that each employee hired meets or exceeds the standards expected for the job classification. COUNTY must approve the combination of education and experience. The requirements for key ACT clinical positions are summarized below.

a. Clinical Program Manager
   i. Education: Master's degree in a related field.
   ii. License: Appropriate license to practice as a Licensed Clinical Social Worker (LCSW) or Marriage Family Therapist (LMFT) in the State of California.
   iii. Experience: two to four years in related work.
   iv. Must meet the California Board of Behavioral Science (BBS) requirements to provide clinical oversight and supervision.

b. Mental Health Clinician II: Serves as Team Leader
   i. Education: Master of Arts or Science degree in a Social Science such as Psychology or a Health Science related field.
   ii. May require two or more years of experience working with children, youth, young adults and families in a therapeutic environment (must meet specific county requirements.)
   iii. License: Appropriate license to practice as a Licensed Clinical Social Worker or Marriage Family Therapist in the State of California preferred.
   iv. Experience: Community-based with Medi-Cal population preferred.

c. Mental Health Clinician I
   i. Education: Master's Degree.
   ii. License: If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision.
   iii. Experience: At least two years of experience working with youth, young adults, and families in a therapeutic environment.

d. Addiction/Prevention Counselor
   i. Education: Bachelor's degree or higher in Psychology, Counseling, or Social Work.
   ii. License/Certification: certified drug and alcohol counselor preferred.
   iii. Experience: Two to four years of related experience, or an equivalent combination of education and experience working with youth or young adults with co-occurring disorders.

e. Education/Vocation Specialist
   i. Education: Bachelor of Arts or Science degree.
   ii. Experience: Two years in an education or vocational setting with children and youth.

f. Family Specialist
   i. Education: Bachelor of Arts or Science degree.
   ii. Experience: Six months, one year, or two years of experience working with SED children required, dependent upon contract, or an equivalent combination of education and experience.

g. Psychiatrist (subcontracted)
   i. Education: Doctoral degree.
   ii. License: California medical license as a physician in the State of California. Board certified in adolescent and child psychiatry preferred.
   iii. Experience: Treatment strategies, behavioral management approaches, and medication management.

In addition to clinical positions, each team is supported by appropriate management and executive oversight, and administrative support for clerical and outcome and evaluation reporting. Psychiatrist time will also be utilized to provide medication management and support.

3. Staffing Pattern: CONTRACTOR is experienced with the complexities of ensuring child and youth access to services 24 hours per day, 7 days per week, including holidays. Through its Fresno ACT

and other community based mental health programs, CONTRACTOR has established effective policies, practices, and personnel guidelines that support appropriate levels of response for children, youth, and families at all times.

4. Job Classifications and Responsibilities: The ACT teams have written policies and procedures guiding supervision of all staff providing treatment, rehabilitation, and support services. The Clinical Program Manager assumes administrative and clinical responsibility for supervising and directing all staff on the teams. Supervision and direction consists of individual supervision during child/youth contacts and performance review, participation in staff meetings to review and assess staff performance, and provide direction regarding individual cases, and assessment of clinical performance. Each team member has a specific role and assigned responsibilities within the team structure. The ACT team approach is based on the concept that many, if not all, team members share responsibility for addressing the needs of all children and youth requiring ACT services.

B. PROGRAM ORGANIZATION AND COMMUNICATION

1. Planned hours of operation and staff coverage: ACT teams are available to provide treatment, rehabilitation, and support activities seven days per week, which entails:

    - Staggered staff starting times to provide direct services at least 12 hours per day on weekdays.
    - Regularly scheduling staff to work one 8 hour shift each weekend day and every holiday.
    - Regularly scheduling mental health professionals for on-call duty to provide crisis and other services during the hours when staff are not scheduled.
    - Team members with experience in the program and skilled in crisis intervention procedures are on call and available to respond to children and youth by telephone or in person.
    - Regularly arranging for and providing psychiatric backup during all hours the psychiatrist is not regularly scheduled to work. If availability of the ACT psychiatrist during all hours is not feasible, alternative psychiatric backup is arranged.

2. Staff communication and planning activities: The ACT teams conduct daily organizational staff meetings at regularly scheduled times, maintain written daily logs of child and youth identification, and provide brief documentation of each child/youth's status for the prior 24 hours. Detailed logs provide a continuous roster of children/youth in the program, service contacts, and concise behavioral description of each child/youth's needs on any given day. The teams maintain weekly child and youth schedules for all treatment and service contacts to fulfill the goals and objectives in the child/youth's treatment plan. The teams develop daily staff assignment schedules from the weekly child and youth schedules. During the daily organizational and treatment planning meetings, the teams assess the day-to-day progress of all children and youth, revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.

3. Assertive engagement mechanisms: The ACT teams deliver services in community locations most comfortable for the child/youth and family. The majority of all services are provided outside program offices, in the child/youth's most natural environment. Home and community based services encourage child/youth engagement and participation, and can address day-to-day issues the child/youth normally encounters in his/her own living and educational settings. These settings may include leisure and recreational sites such as parks, shopping malls, and churches. The intent is to actively provide psychosocial services where the child/youth need to use those services, rather than in an institutional setting with little relevance to the child/youth's normal environment.

    CONTRACTOR uses several other mechanisms to engage and retain children and youth in the ACT program:

- The "no eject, no reject" policy has been implemented for ACT to assure that children and youth continue to participate regardless of the complexity and frequency of high-intensity service needs.
- Frequency of contact maintains close connections and strengthens the relationship between the ACT team and the children and youth.

The ACT team approach and 24/7 availability ensure that children and youth can reach someone with whom they are familiar at any time a need arises, keeping them engaged at times when crisis situations may put them at risk of dropping out of the program.

4. Staff education and training: CONTRACTOR has a strong agency-wide staff training program that includes topics such as child and youth assessment and engagement skills, co-occurring disorders, gender awareness and sensitivity, and culture-specific topics such as sexual orientation and identity issues. Specialized training in evidence-based practices such as Managing and Adapting Practices, and Trauma Focused Cognitive Behavioral Therapy is provided to program staff as needed for each of CONTRACTOR's programs.

   Cultural competency is a core component of all CONTRACTOR training programs. In addition to specific training modules, an agency-wide commitment to culturally competent services is infused throughout all programs at every level. CONTRACTOR has established a Cultural Competence Plan that ensures ongoing fidelity to cultural competence values and practices.

   The ACT team members receive focused training on such topics as the Assertive Community Treatment model, co-occurring mental health and substance abuse disorders, medication monitoring, Wraparound techniques and approaches, social development and functioning, family and social relationship building, and dealing with high-risk behaviors. Team members also receive training related to Mental Health Services Act (MHSA), Full Service Partnerships (FSP), and interacting with Behavioral Health Court and other child welfare and criminal justice systems.

   To ensure model fidelity, CONTRACTOR uses the National Standards and ACT implementation materials developed by SAMHSA. "*Implementing Evidence-Based Practices Project Assertive Community Treatment Workbook"1,* to develop a step-by-step training plan, implementing the program as an effective evidence-based practice. The outline below illustrates basic ACT training modules. CONTRACTOR will review and update a detailed training plan and submit it to Fresno County for review, if requested. The schedule will be modified as needed to include all team members.

   Annually, and as staff are hired, the following trainings are provided:

   - Emphasis on the ACT model and vision, organizational tools, team/organizational psychology, philosophy of child and youth based services, integration of roles/team dynamics, assessment and individualized treatment planning.
   - General services, organizing admissions, individualized treatment planning, daily teamwork, medication set-up, pharmacy issues, education, vocational and employment issues.
   - Individualized treatment planning and education, vocational and employment issues.
   - Evaluation, troubleshooting, and quality improvement.
   - Mentoring to provide support and reinforce team attitudes, knowledge and skills related to ACT development.
   - Full implementing and use of ACT organizational tools, treatment, rehabilitation, and support. Emphasis continues on organization of services, integration of roles, team building, individualized treatment planning, and education and employment services.

1 Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and Robert Wood Johnson Foundation, 2003

- Emphasis on evaluation, troubleshooting, and quality improvement.

C. CLIENT-CENTERED ASSESSMENT AND INDIVIDUALIZED TREATMENT PLANNING

1. Initial assessment and comprehensive assessment: The ACT intake and assessment process is based on existing agency standards for comprehensive assessment, incorporating psychiatric and treatment information provided by BHC. All written information provided by the BHC becomes part of the child/youth's permanent CONTRACTOR record, available to all team members for service planning.
   CONTRACTOR uses a full-scope intake and assessment process to identify the specific needs of every child and youth referred. Children and youth, as appropriate to age, are full partners in determining preferences, service modalities, and desired goals, as are their family members. Planning includes accommodations for culture, language, gender, and age. CONTRACTOR's child and youth assessment processes evaluate the needs and strengths of each child/youth and his/her family members when appropriate. Every step of engagement, planning, and implementation is based on the individual needs and goals identified by the child/youth and family members during the self-assessment and planning process. Using the Client Data Sheet, the Fresno County Mental Health Plan assessment, and a Safety Plan, the ACT team members develop and record the clinical and social functioning information needed to support comprehensive Individualized Child and Family Treatment Plan (ICFP).

   During the initial assessment, the BHC evaluations and treatment plans are reviewed with the family. If there are indications that the plan may need to be modified, the team leader meets with the BHC team to review and discuss options. CONTRACTOR minimizes duplicative interviewing by entering the demographic and clinical data provided by BHC into the online TIER client record as an integral part of comprehensive treatment planning.

   As soon as possible after intake, the ACT team leaders and designated team members complete a multi-layered assessment that addresses the full scope of youth and family needs and issues, including psychiatric history, physical health, substance and alcohol abuse history, education and employment, social development and functioning, activities of daily living, and family structure and relationships. The assessment forms the basis for the individualized service plan.

   Research-proven and state-approved outcome measurement tools track and evaluate the outcomes of treatment and support services, including the Child Adolescent Needs and Strengths (CANS) survey. In addition, CONTRACTOR implements the Clinical Condition and Quality of Life measurement through the collection of core date elements. Results from each child/youth's completed forms are entered into the electronic health care system (TIER) system.

2. Individualized treatment plans: All treatment planning with children and youth and their families is based on the client-centered, recovery-oriented mental health service delivery characteristics established by the National Program Standards for ACT teams:

   - Serve children and youth with severe and persistent mental illnesses that are complex, have devastating effects on functioning, and, because of the limitations of traditional mental health services, may have gone without appropriate services.
   - Deliver services through teams of multidisciplinary mental health staff who provide the majority of the treatment, rehabilitation, and support services children and youth need to achieve their goals.
   - Individually tailor services to address the preferences and identified goals of each child/youth.
   - Provide mobile services in community locations to enable each child/youth to feel comfortable in his/her home, neighborhood, and school; and to allow each child/youth, as appropriate to his/her age, to find and live in his/her own residence, and find and maintain

educational or employment efforts in their chosen communities.

- Deliver services in an ongoing, rather than time-limited, framework to aid the child/youth's process of recovery and stabilization in the community. The service plan includes child/youth-driven goals and milestones to support progress toward discharge and connection with community resources. Timeframes for progressive achievement of increasingly independent skill levels are determined by the child/youth's needs, desires, and abilities.

The ACT ICFP begins with information provided by the BHC and/or the results of CONTRACTOR's comprehensive intake and assessment process. Each child/youth and family has input into the services and supports desired and how such care is delivered, which enables them some control over service decisions. Treatment plans are tailored to child/youth and family strengths, desired treatment outcomes, and cultural and linguistic preferences.

Treatment plans are specific, with service types, intensities and frequencies designed to achieve the desired outcomes. The ICFP identifies issues/problems; sets measurable short- and long-term goals; and establishes specific approaches and interventions for the child/youth to meet goals, improve capacity to function in the community, and achieve the maximum level of recovery possible. Planning for integration into and reliance on home, neighborhood and community resources is developed with respect for the child/youth's desires, skills, interests, and abilities. Flexible plans include crisis and safety awareness and resources; clear delineation of roles and responsibilities; and definition of mechanisms for rapid response to changing service needs.

Each treatment plan is detailed and tailored to accomplishing specific tasks, focused on keeping the child/youth out of incarceration, out of hospitals, and maintaining maximum function in their schools, jobs, and communities. All ACT team members, regardless of their specific discipline or expertise, become familiar with the child/youth, the family, and with each other to share knowledge, provide continuity in service delivery, and ensure that all service delivery occurs within the context of the treatment plan goals. CONTRACTOR values support doing whatever it takes, wherever and whenever it's needed to ensure that children/youth and families receive the most effective services at the times and in the places that will meet their specific needs. An intensive, comprehensive ACT program delivers treatment and rehabilitation services and case management. ACT services differ significantly from traditional case management models, and provide the following features:

ACT Service Delivery Model

- Staff to child/youth ratio of 1 to 8;
- All services provided directly by team members;
- Team members share responsibility for all individuals;
- Type and intensity of services can be ~~varied~~ modified easily;
- Team members provide ANY service an individual needs, that would support the treatment goal;
- Team is responsible for ensuring individuals receive services they need even if they are difficult to engage, get arrested, or are hospitalized;
- If a team member goes on vacation or quits, service plans are continued by other team members who are known to the individual; and
- Team discusses changes to an individual's status daily and adjusts treatment as needed.

3. Intake timeline and procedure: CONTRACTOR makes initial contact with child/youth within two business days of receiving initial referrals. Referrals are distributed between the ACT teams on a rotating basis, unless available information indicates that the child/youth and family could benefit from specific expertise available on one team or another. Every effort is made to schedule an intake and orientation appointment with the team leader, the child/youth, and the family within the first five days of initial contact. During intake, a time and location is scheduled for the child/youth and family to meet the rest of the team to develop a comprehensive assessment and service plan.

Information provided to the child/youth explains the ACT program, describes the team concept, clarifies team and child/youth roles and expectations, and provides emergency contact information to the child/youth and family.

4. Timely provision of services: Initial contact, assessment and development of service plans occur within the first seven business days after referral, dependent upon the family's availability. In urgent situations, children and youth are connected to a team member for intervention and support even before a service plan is developed, using information from the referral as the basis for a temporary service plan. Service contact frequency and timing are driven by the child and youth's needs, goals, and desires, with no less than three contacts per week.

5. Managing crisis or other participant emergencies: The ACT program model uses multiple resources to respond to crisis and emergency issues. On-call team members are available by phone at all times to respond if the primary team contact is not available. Emergency contacts are made via telephone or face-to-face visits, as deemed appropriate by the responding team member.

   Team members are familiar with all local emergency physical health and psychiatric emergency services, including urgent care clinics, hospitals, and the County-operated Youth's Crisis, Assessment, Intervention, and Resolution facility. CONTRACTOR maintains a budgeted flexible child and youth services fund to respond quickly to basic need emergencies such as temporary housing, transportation, food, clothing, school supplies, etc. Each team member has access to the fund to quickly respond to crisis situations.

6. Transition and community reintegration: Discharge planning includes planning for future stability in the community with decreased hospitalization, increased school attendance and academic achievement, and/or juvenile justice recidivism; and occurs during intake, assessment and service development. Each team, with the child/youth and family as fully participating partners, defines transition and reintegration goals, develops measurable milestones and strategies for achievement, and identifies resources and services likely to support the child/youth's progress toward recovery and stability.

   The service delivery process includes education about available community resources, assisting and mentoring the child/youth and family in learning how to access those resources, and establishing community-based relationships that will continue to serve and support the child/youth and family after reintegration. Planning includes long-term follow-up to monitor and assure sustained improvement, with the frequency and intensity of contacts decreasing as the child/youth's ability to function independently increases. The team ensures that the youth and family are connected to adequate sources of assistance and support before terminating formal contacts.

A. EXPLICIT ADMISSION AND DISCHARGE CRITERIA

1. Admission Criteria: CONTRACTOR accepts and will continue to accept two referral categories, which may have varied admission criteria dependent upon the referral source.

   a. BHC Team Referrals: Referrals from the team will have been evaluated for compliance with ACT admission criteria prior to referral to the program. Each referral includes the BHC mental health assessment, treatment plan, and signed consent forms. Based on the BHC team's assurance that youth referred to the program meet the national ACT standards, CONTRACTOR's ACT Clinical Program Manager (CPM) reviews the referral information for appropriateness for the particular child/youth. If necessary, the CPM confers with the BHC team to address any questions or concerns.

   b. Alternative Referral Sources: For referrals received from other sources, such as County of Fresno Child Welfare Services, Children's Mental Health, schools, and the District Attorney's

office, the CPM ensures compliance with National Act Standards defining admission criteria, adapted to serve children and youth:

Children and youth with severe and persistent mental illness listed in the DSM IV that seriously impair their functioning in community living. Priority is given to children/youth experiencing their first psychotic breaks, as well as those with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder as these illnesses more often cause long-term psychiatric disability. Eligibility of children and youth with other psychiatric illnesses is dependent on the level of potential long-term disability. Individuals diagnosed with co-occurring substance abuse disorders will be accepted into the ACT program if they meet the mental health criteria described above.

c. Children and youth with significant functional impairments as demonstrated by at least one of the following conditions:
   i. Significant difficulty consistently performing the range of practical daily living tasks required for basic functioning in school, work, or the community.
   ii. Significant difficulty maintaining consistent school attendance, employment and/or self-care (including child-care tasks and responsibilities for parenting youth) at a self-sustaining level.
   iii. Significant difficulty maintaining personal safety.

d. Children and youth with one or more of the following problems, which are indicators of continuous high service needs:
   i. High use of acute psychiatric hospitals or psychiatric emergency services.
   ii. Intractable severe major symptoms associated with mental health issues.
   iii. Coexisting substance abuse disorder of significant duration.
   iv. High risk or recent history of criminal justice involvement (e.g., arrest, incarceration).
   v. Significant difficulty meeting basic survival needs, homelessness, or imminent risk of becoming homeless.
   vi. Residing in an inpatient or supervised community residence, but clinically assessed as being able to maintain functioning in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.
   vii. Difficulty effectively utilizing traditional office-based outpatient services.

2. Discharge Criteria: The Youth ACT model is based on development of child/youth-driven treatment goals and services to help the child/youth and family move progressively toward decreased dependence on ACT team support. Due to the individual needs of each participant involved with the ACT program, the progress of a child/youth cannot be projected on a preset timeline, but rather must occur based on each individual's progress and achievement of specific treatment goals. When the participant's acuity of mental health symptoms have stabilized over a significant period of time and the family can obtain needed services in the community, the team will work with the child/youth and family to develop a plan for transitioning to case closure.

   a. BHC Team Case Closures: Discharge occurs when the BHC team, the ACT team, and the child/youth and family mutually agree that community-based services will be sufficient to maintain safety and stability because the child/youth exhibits the indicators of discharge (see item 2 below).

   b. Alternative Referral Source Case Closures: The ACT teams follow clinical standards of care governing quality and continuity to assess readiness for discharge. A plan for transitioning to discharge is developed when the child/youth:
      i. Successfully reached individually established goals for discharge.
      ii. Successfully demonstrated an ability to function in all major role areas (e.g., work, social, self-care) without ongoing assistance, with supportive community services if needed.

iii. Moves outside the geographic area of ACT's responsibility. In such cases, the ACT team, to the extent possible, assists with the transfer of mental health service responsibility to an ACT program or another provider within the service area where the child/youth is relocating. The ACT team makes every effort to maintain contact with the child/youth until this service transfer is implemented. Every effort will be made for a six month follow up of clients after discharge.

iv. Declines or refuses further services and requests discharge, despite the team's best efforts to develop an acceptable treatment plan with the child/youth.

B. REQUIRED SERVICES

1. Service Coordination: Policies and procedures are in place to ensure consistent communication and service coordination between team members to integrate a full range of services for each child/youth into an individualized service plan. Team meetings are held regularly and as needed to address changes to the child/youth's circumstances. The ACT team members will coordinate service delivery with other community-based providers that may provide services to ACT enrollees to minimize duplicative services, ensure compliance with service delivery standards, and avoid imposing conflicting service or time demands on the child/youth. Additionally, CONTRACTOR will implement information sharing guidelines to ensure consistency with County, State, and Federal rules regarding individuals' rights to privacy.

2. On-Call Crisis Assessment and Intervention: CONTRACTOR has an existing On-Call system to provide crisis intervention services to children/youth and their families after regular work hours and on weekends. The system has been enhanced to include a range of accessibility, ranging from telephone "warm line" support to face-to-face contact and home visits, to assess and de-escalate crises with appropriate interventions and ensure child/youth and family safety. All children/youth and families in the program are given the access number to reach On-Call staff, 24 hours a day, seven days a week. The On-Call system uses On-Call treatment team staff and/or the Clinical Program Manager to provide clinical support.

3. Symptom Assessment and Management: The services described above are among the core components of CONTRACTOR programming for all children and youth served. All team members share responsibility and accountability for each child/youth on their caseload, and are given the same training regarding mental illness and medications. Team members learn to observe, understand, and record signs and symptoms of the child/youth's mental illness and provide information to clinical staff to assist with assessment of response to treatment. CONTRACTOR staff will routinely monitor the effects of medication in every contact between a treatment team member and the child/youth, and provide psychological support is one of the underlying foundations of treatment in an ACT model, infused into every aspect of the treatment teams' roles and responsibilities.

4. Psychiatric services (i.e. medication, medication management): The ACT program will provide for Psychiatrist services to treat children and youth in the program who are receiving psychotropic medications, as well as those in need of medication evaluations and/or monitoring. The Psychiatrist provides medication education and management, including observed administration if needed, to children/youth and families, as well as training to ACT team members regarding medication side effects and symptoms.

5. Dual Diagnosis (mental health and substance abuse services): The ACT program provides an integrated approach to co-occurring disorders, recognizing that the treatment must be inclusive, focused on harm reduction and supportive of sobriety. One of the ACT Addiction Counselors will be certified by the CA Association of Alcoholism and Drug Abuse Counselors, utilizes the Addiction Severity Index screening to assess the client's level of addiction, and makes recommendations to the assigned Mental Health Clinician. The Addiction Counselor provides therapeutic addiction

treatment as indicated by the Clinician's Plan of Care, including group therapy. The Addiction Counselor also provides prevention classes for clients and families and trains team members to understand, model, and reinforce the coping skills needed to achieve periods of abstinence. Children/youth and their families are encouraged to plan for and participate in sober recreational activities during leisure time to build new diversion skills and form healthy social relationships.

6. Individual and Group Therapy: Therapeutic treatment services may be provided in a group process or on an individual face-to-face basis. Research indicates that group therapy is more effective for children and youth; however, individual therapy is provided as the need is indicated. Specific interventions are determined through the use of evidence-based and best practices, including Trauma Focused Cognitive Behavioral Therapy, Managing Adaptive Practices, and the ACT model.

7. Case Management: The typical goals of case management (e.g., preventing hospitalization, improving quality of life, and improving client functioning), as well as some typical case management activities (e.g., service planning, assessment, and advocacy) overlap with those for ACT programs. However, the methods and resources to achieve these ends differ significantly. Unlike traditional case management, in which clients are linked to other service providers rather than directly intervening, ACT team members provide direct case management as part of the treatment and supportive services delivery process. Case management services help the child/youth and family locate and link with services in the community that promote ongoing mental health.

8. Rehabilitation and family support: Each ACT team includes a Family Specialist who is familiar with public service programs. Through coaching, mentoring, and role modeling, the Family Specialist assists the child/youth and family members in building or rebuilding the skills needed for effective day-to-day functioning. The Family Specialist builds familial alignment and utilizes the strengths of children/youth and others to assist in the implementation and achievement of goals and outcomes.

   CONTRACTOR's network and knowledge of available resources throughout the county helps to develop a support network, as well as the self-confidence and self-sufficiency of the child/youth and family, preparing them to function successfully in their community upon discharge. CONTRACTOR tracks information on the use of referral services during treatment.

9. Social/Interpersonal Relationship and Leisure-Time Skill Training: CONTRACTOR fully understands the importance of normative social relationships and recreational activities and ensures that each enrolled child/youth has appropriate opportunities to engage in community based activities that foster peer to peer skill building activities. Using relationship building techniques and establishment of an open and trusting environment, enrolled children/youth are encouraged to participate in healthy group dynamics within various settings including family homes, schools, parks, and recreation centers. Team members assist, coach, and support children/youth and their families as they participate in activities, and use modeling and role playing to practice possible interactions with others, including examples of conflict resolution and activities to develop and strengthen family relationships, self-expression, and self-esteem. As with other aspects of personal and social learning, team members assist participants to first understand, then practice, and finally perform the planned activity.

   Daily and weekly schedules of activities include ample opportunities for child/youth-driven free time and development of planning for participation in activities of interest. The child/youth's and family's spiritual and religious preferences, identified in the initial assessment, are respected and valued, and the child/youth and families will choose to participate in related activities. CONTRACTOR's collaboration with other agencies expands opportunities for program participants to experience educational, social, and recreational activities beyond the scope of funded services.

10. Peer Support Services: The Family Specialist works directly with each child/youth, and their parents

or other significant persons, at a peer level to outline alternatives and predict consequences while supporting good decision-making; fostering participation in healthy group dynamics within various settings, including family homes, schools, parks and recreation centers, and treatment facilities; and providing an open forum to express feelings and ideas when appropriate. The Family Specialist builds familial alignment while working with the child/youth and family by utilizing their strengths to assist in the implementation and achievement of goals and outcomes.

11. Support Services: CONTRACTOR understands the importance of ensuring that children/youth and families have access to a full and comprehensive range of support services as they move toward wellness and sustainable recovery. Each individualized care plan for enrolled ACT children and youth includes a combination of services available by both the ACT team and other community providers, as appropriate. For example, the ACT teams provide transportation to appointments and scheduled activities as necessary, as well as emergency short-term housing through rental assistance, housing vouchers, or accommodations in local hotels if needed. Support services include, but are not limited to the following:

    - Medical and dental services
    - Safe, clean, affordable housing
    - Financial support and/or benefits counseling
    - Social services
    - Transportation
    - Legal advocacy ~~and representation~~

    Other services available through collaboration with other professionals include schools, juvenile and adult probation, health providers, cultural and community organizations, and individuals who provide specific services to meet individual needs. CONTRACTOR will have an established a collaborative network that includes other non-profit organizations, faith-based groups, and grass-roots organizations serving children, youth, transition age youth, adults, and families. These relationships encompass the full range of services most likely to be needed by participating children and youth and families. Collaborative partners may include, but are not limited to, the following:

    - County Health and Human Services Departments
    - Court Appointed Special Advocates
    - Boys and Girls Club
    - Employment and vocational training resources
    - Workforce Investment Departments and One-Stop Centers
    - County Independent Living Programs
    - County Mental Health Services,
    - City Police Departments
    - Local schools, community colleges, and universities
    - Drug and Behavioral Health Courts
    - Substance abuse prevention and treatment services
    - Health services providers
    - Community food banks, emergency shelters, and transportation services

    CONTRACTOR is already familiar with the full range of community services available in Fresno County. In addition to maintaining its own directory of service resources, CONTRACTOR ensures that all staff are familiar with the use of the county's 211 information line, resource directories maintained by the County library and Fresno Metro Ministry, and the internet-based Network of Care website for Fresno County.
    The ACT model of service delivery is based on staged development of independent function, encouraging increasingly responsible behavior as developmental stages allow.

Program staff are trained to build trusting relationships in an environment where change is recognized as part of the journey to personal growth and development to encourage children, youth and families in the program to accept and benefit from available services. Client and family participants are active members of the team process, and help identify their own strengths, needs, and life skills objectives. Program staff engage children/youth, assess their readiness for change, and assist them in working through the stages of change. As service needs are identified and incorporated into the individualized service, children/youth and families are guided to make their own decisions about what services they need and where to access those services. Team members serve as coaches in every aspect of service-seeking behavior to increase the child/youth's knowledge, security, and self-confidence; and henceforth assure that the child/youth learns to take independent action.

12. Education: CONTRACTOR is fully familiar with meeting the school-related needs of enrolled children and youth. Through the County of Fresno ACT, SB 163 Wraparound, and Foster Care programs, CONTRACTOR will maintain relationships with the major school districts in the County, as well as with Fresno City College and California State University, Fresno. During each initial intake and assessment, the child/youth's academic level and specialized needs are included as integral components of the service planning process. The Education/Vocation Counselor assigned to each ACT team provides direct supportive services where appropriate, consults with academic and vocational institution representatives, and connects children and youth with any resources needed to support the maximum level of educational achievement, including but not limited to the following:

    - Individualized Education Plan, special education, and alternative education support
    - GED preparation and referral
    - Secondary and post-secondary support including tutoring, career exploration, and financial aid

13. Support and Consultation: Family involvement is often critical to the success of treatment; therefore, collateral services which include family therapy, parent education, and coaching on appropriate behavior, are provided. As part of intensive case management, children/youth and families are referred or linked to community resources for peer support, self-help services, and information resources.

    Pregnant and parenting youth enrolled in the program are connected with health and social support services, including private medical practitioners; public clinics; and local, public, and private social service agencies to ensure adequate prenatal and delivery care, as well as child development and parenting education. Team members offer assistance, counseling, and psychological support as needed to serve the child/youth and family. They also serve as mentors and supportive advocates, as appropriate, to work with parents in their efforts to establish or restore relationships with their children, both those in their custody and those for whom they do not have custody.

14. Court Participation: CONTRACTOR is familiar with both juvenile and adult courts, including juvenile dependency and delinquency courts, Behavioral Health Court, and Drug Court. ACT staff will have working relationships with representatives in the previously mentioned courts, as well as with law enforcement staff at Juvenile Probation. CONTRACTOR will participate in judicial proceedings, including testimony when necessary, and meet all requirements for court appearances and written reporting. For the purpose of serving ACT clients, one member of each ACT team will be designated as liaison to law enforcement departments and all courts. Treatment schedules will include mandated justice-related activities, transportation, and support.

IV. PERFORMANCE MEASUREMENT:

CONTRACTOR will gather, collect, and submit Mental Health Services Act (MHSA) Full Service Partnership

data as required by the State Data Collection Reporting system and other data reports as requested by COUNTY, such as the Annual Mental Health Advisory Board Data Report. These data will be submitted as required and entered into a local database for internal reporting purposes.

Service satisfaction data will be collected for all cross-sectional mental health programs, as required by the California Department of Mental Health, at two time periods across the agency for each twelve (12) month period of the Agreement term. Additionally, the Youth Satisfaction Survey (YSS) is collected for each child/youth six months post-entry to provide more detailed and relevant information regarding service satisfaction over time. CONTRACTOR will also participate in the Performance Outcomes and Quality Improvement (POQI) satisfaction survey.

CONTRACTOR will have a unit dedicated to providing outcome and evaluation information pertaining to the services provided and clients served. CONTRACTOR will implement a core set of outcome measures, permitting comparative and other analyses that add depth and value to the outcomes obtained by specific programs. Measurement tools used will include the Child and Adolescent Needs and Strengths (CANS) and indicators of system performance and child outcomes designed to assess whether children youth are in home, in school, or at work and out of trouble. Such indicators will be used to track and report each enrolled child/youth's progress. In addition, these measurement tools allow CONTRACTOR and COUNTY to assess effectiveness at child/youth and systemic levels.

CONTRACTOR's electronic health record will be used to collect basic system level indicators, upon program entry and discharge, of whether children/youth are in home, in school, or at work and out of trouble. Outcome indicators allow the following factors to be assessed in 12 month time spans: frequency of incarceration (probation involvement), frequency of hospitalizations, frequency of contacts with the Children's Crisis Assessment Intervention Resolution (CCAIR) Center; school attendance, school grades and performance, employment, and living situations. Data will be routinely reported to program staff and agency leadership as a part of ongoing continuous quality improvement, and to COUNTY on a fixed or variable schedule according to COUNTY requirements.

The tables below summarize outcome measures used by CONTRACTOR. System Level Measures are somewhat dependent on cross systems collaboration; whereas, Practice Level Measures capture data that are often most directly linked to the work of the practitioner.

A. <u>System Level Measures and Outcomes:</u>

WHAT	SOURCE	WHEN
1. Living Situation: a. Restrictiveness b. Stability c. Permanence	Recorded by Clinician/Case Manager	Upon entry, at three month intervals, and upon discharge.
2. Educational Performance: a. School Attendance 2. School Performance	Recorded by Clinician/Case Manager	Upon entry, at three month intervals, and upon discharge.
3. Employment (when relevant): a. Hours Worked b. Length of Employment	Recorded by Clinician/Case Manager	Upon entry, at three month intervals, and upon discharge.
4. Juvenile Justice: a. Recidivism: arrests and citations by type of offense	Recorded by Clinician/Case Manager	Upon entry, at three month intervals, and upon discharge.

B. Practice Level Measures and Outcomes:

WHAT	SOURCE	WHEN
1. Functioning, competence, and impairment from caregiver, child/youth, and clinician perspectives; Child and Adolescent Needs and Strengths (CANS)	Caregiver Child/youth Clinician	Upon entry, at three month intervals, and upon discharge. At six month cross-sections and six months post intake.
2. Satisfaction with Services (YSS)	Child/youth	Bi-annual sample, at six month intervals, and upon discharge.

V. ADDITIONAL CONTRACTOR REQUIREMENTS:

CONTRACTOR shall:

A. Maintain facilities and equipment, and operate continuously with the number and classification of staff required described under this Agreement and in Exhibit B-1. If CONTRACTOR does not have the positions filled for these services as described in Exhibit B-1, CONTRACTOR shall notify COUNTY in writing within fifteen (15) days of the vacancy and provide a plan of action to continue the current level of services.

B. Provide Plans of Care that include all safety, emergency, and crisis procedures in the field and in CONTRACTOR's offices.

C. As related to Cultural Competence, CONTRACTOR shall:

1. Recruit and hire staff that have demonstrated experience working with the Latino, African American, Southeast Asian, Native American, and other minority populations and have knowledge about the culture of these targeted groups as well as other diverse communities.

2. Ensure staff attend annual trainings on cultural competency, awareness, and diversity as provided by CONTRACTOR, or online via the County's eLearning system. Staff shall be appropriately trained in providing services in a culturally sensitive manner.

3. Ensure staff attend civil rights training as provided by CONTRACTOR, or online via COUNTY's eLearning system.

4. Hire bilingual staff. At a minimum, CONTRACTOR shall hire staff competent in Fresno County threshold languages: Spanish and Hmong.

5. Secure the services of trained translators/interpreters as necessary. CONTRACTOR is encouraged to subcontract with translators/interpreters proficient in additional languages common to Fresno County, such as Cambodian, Russian, Arabic, Armenian, Punjabi, among others. Interpreters/translators shall be appropriately trained in providing services in a culturally sensitive manner.

6. Provide services by placing importance on traditional values, beliefs and family histories. Cultural values and traditions offer special strengths in treating clients and this should help guide health care messages and wellness and recovery plans.

7. Provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the target population.

8. Develop plans to continually engage targeted populations.

9. Recruit and hire former client or family member with comparable experience to the child and family receiving services as a significant portion of their staffing.

10. Ensure access to services is streamlined and available at times that are convenient for the targeted population.

11. Distribute literature/informational brochures in threshold languages, at a minimum, and request feedback in regard to improvements to access of care for culturally diverse communities.

12. Conduct an annual cultural competency self-assessment and provide the results to COUNTY. Annual cultural competency self-assessment tools shall be reviewed by COUNTY and revised as necessary to meet the approval of COUNTY.

13. Increase access to mental health services to target populations by providing services in communities, as opposed to providing services at mental health service agency locations.

14. Promote system of care accountability for performance outcomes which enable children and their families to live independently, work, maintain community supports, stay in good health, and avoid substance abuse and incarceration.

15. Develop individual services and supports plans which are flexible and open to meet the unique needs of the target population.

16. Collaborate with agencies that are recognized and accepted by the targeted populations.

17. Provide family support and the development of family partnerships, peer support for families, and parenting support.

18. Establish culturally specific multidisciplinary treatment teams responsible for assuring and providing needed services.

19. Provide supportive housing vouchers and referrals for safe, adequate, and affordable housing, as identified in this Agreement.

20. Provide parenting groups that are conducted in the preferred language of the client/families.

21. Provide services with considerations for gender sensitive needs of clients/families, such as who is the primary care giver, domestic violence, and women's health issues.

22. Ensure staff are trained to keep an open mind and refrain from making inappropriate judgments on clients/families.

23. Seek to hire and train staff and community stakeholders (i.e., consumers, family members, etc.) who provide services to clients/families regarding appropriate methods and approaches to delivering gender and age specific services.

24. Ensure that staff are hired based on local data and reflect the needs of the population to be served.

25. Maintain a cultural competence oversight committee and cultural competency plan to address and evaluate cultural competency issues.

D. Assume responsibility for client medication costs.

E. Maintain client treatment records according to all Federal, State, MHSA FSP regulations as it relates to Health Insurance Portability and Accountability Act (HIPAA).

F. Ensure facility location is approved by COUNTY. COUNTY must be informed of new site locations in writing and provide approval prior to use of the new site prior to use for services provided through this Agreement.

G. Maintain site certification in accordance with Medi-Cal Organization provider status, and ensure Medi-Cal billing is conducted in accordance with the Fresno County Mental Health Plan.

H. Provide housing and employment support services as stated in CONTRACTOR's response to Revised RFP No. 952-5101.

I. Log all complaints and grievances, and produce such logs upon COUNTY's request.

VI. COUNTY RESPONSIBILITIES:

COUNTY shall:

A. Provide oversight, through its MHSA FSP Coordinator or designee, and collaborate with vendor and other County Departments and community agencies to help achieve State program goals and outcomes. In addition to contract monitoring of program(s), oversight includes, but is not limited to, contract monitoring and coordination with the State Department of Health Care Services in regard to program administration and outcomes.

B. Assist CONTRACTOR in making linkages with the total mental health system through regularly scheduled meetings as well as formal and informal consultation.

C. Participate in evaluating the progress of the overall program and the efficiency of collaboration with CONTRACTOR staff and will be available for ongoing consultation.

D. Provide technical assistance and demographic data to CONTRACTOR in relation to cultural competency planning.

Children/Youth Assertive Community Treatment
Uplift Family Services
Year 5: July 1, 2017 - June 30, 2018

Budget Categories Line Item Description		FTE %	Annual Salary	Total Proposed Budget Admin.	Direct	Total
PERSONNEL SALARIES:						
0001	Administrative Assistant I	1.00	$ 31,964	$ -	$ 31,964	$ 31,964
0002	Mental Health Clinician I	6.00	$ 51,523	$ -	$ 309,137	$ 309,137
0003	Mental Health Clinician II	3.00	$ 58,894	$ -	$ 176,681	$ 176,681
0004	Family Specialist	5.00	$ 32,456	$ -	$ 162,281	$ 162,281
0005	Education/Vocational Specialist	3.00	$ 39,518	$ -	$ 118,555	$ 118,555
0006	Addiction/Prevention Counselor II	2.00	$ 39,926	$ -	$ 79,852	$ 79,852
0007	Addiction/Prevention Counselor III	1.00	$ 54,072	$ -	$ 54,072	$ 54,072
0008	Clinical Program Manager	2.00	$ 67,171	$ -	$ 134,342	$ 134,342
0009	Client Services Coordinator	0.50	$ 46,694	$ -	$ 23,347	$ 23,347
0010	Program Support Staff	2.98	$ 51,427	$ -	$ 152,994	$ 152,994
	SALARY TOTAL	26.48		$ -	$ 1,243,225	$ 1,243,225
PAYROLL TAXES:						
0030	OASDI			$ -	$ 76,672	$ 76,673
0031	MEDICARE			$ -	$ 17,931	$ 17,931
0032	U.I.			$ -	$ 12,372	$ 12,372
	PAYROLL TAX TOTAL			$ -	$ 106,975	$ 106,976
EMPLOYEE BENEFITS:						
0040	Retirement			$ -	$ 49,471	$ 49,471
0041	Workers Compensation			$ -	$ 18,543	$ 18,543
0042	Health Insurance (medical vision, life, dental)			$ -	$ 309,158	$ 309,158
	EMPLOYEE BENEFITS TOTAL			$ -	$ 377,172	$ 377,172
	SALARY & BENEFITS GRAND TOTAL					$ 1,727,373

FACILITIES/EQUIPMENT EXPENSES:

1010	Rent/Lease Building	$ 51,713
1011	Rent/Lease Equipment	$ 5,879
1012	Utilities	$ -
1013	Repairs and Maintenance	$ 4,209
	FACILITY/EQUIPMENT TOTAL	$ 61,801

OPERATING EXPENSES:

1060	Telephone	$ 33,291
1061	Answering Service	$ -
1062	Postage	$ -
1063	Printing/Reproduction	$ -
1064	Publications	$ -
1065	Legal Notices/Advertising	$ -
1066	General Office Expenditures	$ 7,158
1067	Food	$ -
1068	Program Supplies - Therapeutic	$ 1,020
1069	Program Supplies - Medical	$ -
1070	Staff Mileage/Vehicle Maintenance	$ 95,898
1071	Staff Training/Registration/Recruitment	$ 9,126
1072	Depreciation	$ 3,852
	OPERATING EXPENSES TOTAL	$ 150,345

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	$ -
1081	External Audit	$ 1,811
1082	Insurance	$ 12,825
1083	Indirect Expenses	$ 364,470
	FINANCIAL SERVICES TOTAL	$ 379,106

SPECIAL EXPENSES:

1090	Consultant (network & data management)	$ -
1091	Translation Services	$ -
1092	Contract Psychiatrist	$ 85,295
	SPECIAL EXPENSES TOTAL	$ 85,295

FIXED ASSETS:

1190	Computers & Software - Telephone System & Computer Network	$ -
1191	Furniture & Fixtures	$ -
	FIXED ASSETS TOTAL	$ -

NON MEDI-CAL CLIENT SUPPORT EXPENSE:

2000	Housing Assistance/Lodging	$ -
2001	Misc. Client Supports - Flex Funds	$ 25,882
2001.1	Clothing/Food/Hygiene	$ -
2001.2	Client Transportation and Support	$ -
2001.3	Education and employment supports	$ -
2001.4	Respite Care	$ -
2001.5	Household Item	$ -
2001.6	Medication & Medical Supports	$ -
2001.7	Utility Vouchers	$ -
2001.8	Child Care	$ -
	NON MEDI-CAL CLIENT SUPPORT EXPENSE TOTAL:	$ 25,882

TOTAL PROGRAM EXPENSES	**$ 2,429,802**

MENTAL HEALTH REVENUE:		Vol/Units of Svc	Rate	$ Amt.
3000	Case Management	70,660	$ 2.02	$ 142,733
3100	Mental Health	621,862	$ 2.61	$ 1,623,060
3200	Crisis Services	-	$ 3.88	$ -
3300	Medication Support	14,112	$ 4.82	$ 68,020
	Estimated Medi-Cal Billing Totals	706,634		$ 1,833,813
	Estimated % of Federal Financial Participation		50%	$ 916,906
	Estimated % of Clients Served that will be Medi-Cal Eligible		80%	
	MEDI-CAL REVENUE TOTAL			$ 1,457,881

OTHER REVENUE:

4000	Client Rents	$ -
4100	Other	$ -
4200	Other	$ -
4300	Other	$ -
	OTHER REVENUE TOTAL	$ -

MHSA FUNDS:

5000	CSS Recurring Funds	$ 971,921
5100	CSS Non-Recurring Funds	$ -
	MHSA FUNDS TOTAL	$ 971,921

TOTAL PROGRAM REVENUE	**$ 2,429,802**