

ATTACHMENT 1: APPLICATION COVER SHEET

Mental Health Student Services Act of 2019

Grant Application Cover Sheet

Provide the name of the entity submitting the Application in the table below.

Name of Lead County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title
Fresno County Department of Behavioral Health	Dawan Utecht, Director of Behavioral Health
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>	Date
<i>Dawan Utecht</i>	<i>2/12/2020</i>




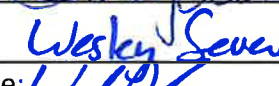
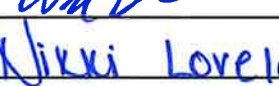



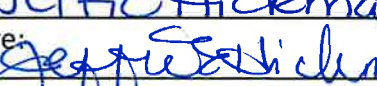
Name of Lead Agency, if not County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title
Director or Designee Signature	Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant; and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	
3.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. (Add lines as needed)

Name of Educational Entity	Director or Designee	Date Signed
1. Fresno County Superintendent of Schools	Name: Jim Yovino	11/24/2020
	Signature: 	
Aspen Valley Prep	Name: Shelly Lether	11/24/2020
	Signature: 	
Aspen Meadow Public	Name: Shelly Lether	1/24/2020
	Signature: 	
Kingsburg Elementary Charter School District	Name: Wesley Sever	1/24/2020
	Signature: 	
Kepler Neighborhood School	Name: Nikki Lovelace	1/24/2020
	Signature: 	
Alvina Eken Charter School	Name: Mike Tribarren	1/27/2020
	Signature: 	
School of Unleashed Learning	Name: MARK WILSON	1/28/2020
	Signature: 	
University High	Name: Jeff Hickman	1-30-2020
	Signature: 	
Hallmark Charter	Name: Alfred Sanchez	1-30-2020
	Signature: 	

Dailey Elm. Charter School	Name: Jeanne Pentoroli	1/30/2020
	Signature: Jeanne Pentoroli	
Edison Bethune Charter Academy	Name: Rodolfo Garcia	1/30/2020
	Signature: Rodolfo Garcia	
Big Picture Educational Academy	Name: Cheryl Anderson ^{Ed.D.}	1/31/2020
	Signature: Cheryl Anderson	
Ambassador Sanchez II	Name: Shellie Haner	2/5/2020
	Signature: Shellie Haner	
Crescent View South II	Name: Shellie Haner	2/5/2020
	Signature: Shellie Haner	
Crescent View West	Name: Shellie Haner	2/5/2020
	Signature: Shellie Haner	
Yosemite Valley Charter	Name: Laurie Goodman	2/12/20
	Signature: Laurie Goodman	
	Name:	
	Signature:	
	Name:	
	Signature:	
	Name:	
	Signature:	
	Name:	
	Signature:	
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	Signature:	
	Name:	
	Signature:	

Name of all school districts in the county partnership in the application
(Add lines as needed)

1.Alvina Elementary

2.Big Creek Elementary

3.Burrel Union Elementary

4.Caruthers Unified

5.Central Unified

6.Clay Joint Elementary

7.Clovis Unified

8.Coalinga-Huron Unified

9.Firebaugh-Las Deltas Unified

10.Fowler Unified

11.Fresno Unified

12.Golden Plains Unified

13.Kerman Unified

14.Kings Canyon Joint Unified

15.Kingsburg Elementary Charter

16.Kingsburg Joint Union High

17.Laton Joint Unified

18.Mendota Unified

19.Monroe Elementary

20.Orange Center

21.Pacific Union Elementary

22.Parlier Unified

23.Pine Ridge Elementary

24.Raisin City Elementary

25.Riverdale Joint Unified

26.Sanger Unified

27.Selma Unified

28.Sierra Unified

29.Washington Colony Elementary
30.Washington Unified
32.Westside Elementary

County or City Lead Grant Coordinator Contact Information:

Name:	Dawan Utecht
Title:	Director of Behavioral Health
Email:	dutecht@fresnocountyca.gov
Phone Number:	559-600-9192

ATTACHMENT 2: INTENT TO APPLY

This Attachment is required to be submitted by the due state stated in Table V-I Key Action Dates.

The form may be submitted by email to the Procurement Official below, but the original signed copy must be submitted with the final Application.

Procurement Official:

Cheryl Ward
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
Cheryl.Ward@mhsoac.ca.gov

We intend to submit an Application and choose (select one):

- ☒ Category 1 – Existing Partnership – County collaborative partnership has been in existence at least 2 years from the date the RFA is released.
- ☐ Category 2– New or Emerging Partnership – County collaborative partnership has been in existence less than 2 years from the date the RFA is released.

The individual to whom all information regarding this solicitation shall be transmitted is:

Name:	Dawan Utecht		
Address:	1925 E. Dakota Avenue		
City, State and ZIP Code:	Fresno, CA 93726		
Telephone:	559-600-6899	FAX:	559-600-7711
E-Mail:	dutecht@fresnocountyca.gov		

List all counties, and/or city mental health/behavioral health departments covered under this Intent to Bid. If this is a joint effort, the lead county shall be listed first and sign the Intent to Apply. (Add lines as needed)

Counties, and/or city mental health/behavioral health departments	
1.	Fresno County Department of Behavioral Health

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Educational entities (County Office of Education and/or Charter School(s))	
1.	Fresno County Superintendent of Schools
2.	Alvina Elementary Charter School District
3.	Ambassador Phillip V. Sanchez Public Charter
4.	Aspen Meadow Public
5.	Aspen Valley Prep Academy
6.	Big Picture Educational Academy
7.	California Academy of Sports Science Fresno
8.	California Vanguard Academy Fresno
9.	California Virtual Academy @ Fresno
10.	Career Technical Education Charter
11.	Carter G. Woodson Public Charter School
12.	Carter G. Woodson Public Charter School (Multimedia)
13.	Clovis Online Charter
14.	Crescent View South
15.	Crescent View West Public Charter
16.	Dunlap Leadership Academy
17.	Edison-Bethune Charter Academy
18.	Hallmark Charter School
19.	Hume Lake Charter School
20.	Inspire Charter School - Central
21.	Island Community Day
22.	Kepler Neighborhood School
23.	Lincoln Elementary
24.	Morris E. Dailey Charter Elementary
25.	Quail Lake Environmental Charter School
26.	Rafer Johnson Junior High

27.	Reagan Elementary
28.	Reedley Middle College High School
29.	Roosevelt Elementary
30.	Sanger Academy Charter School
31.	School of Unlimited Learning
32.	Sierra Charter School
33.	University High School
34.	University Prep - Fresno
35.	Valley Preparatory Academy
36.	W.E.B. DuBois Public Charter Academy
37.	W.E.B. DuBois Public Charter School
38.	Washington Elementary
39.	West Park Charter Academy

List all School Districts participating in this application. *(Add lines as needed)*

School Districts	
1.	Alvina Elementary
2.	Big Creek Elementary
3.	Burrel Union Elementary
4.	Caruthers Unified
5.	Central Unified
6.	Clay Joint Elementary
7.	Clovis Unified
8.	Coalinga-Huron Unified
9.	Firebaugh-Las Deltas Unified
10.	Fowler Unified
11.	Fresno Unified
12.	Golden Plains Unified
13.	Kerman Unified

14.	Kings Canyon Joint Unified
15.	Kingsburg Elementary Charter
16.	Kingsburg Joint Union High
17.	Laton Joint Unified
18.	Mendota Unified
19.	Monroe Elementary
20.	Orange Center
21.	Pacific Union Elementary
22.	Parlier Unified
23.	Pine Ridge Elementary
24.	Raisin City Elementary
25.	Riverdale Joint Unified
26.	Sanger Unified
27.	Selma Unified
28.	Sierra Unified
29.	Washington Colony Elementary
30.	Washington Unified
31.	West Park Elementary
32.	Westside Elementary

Authorized Signor:

Dawan Utecht

1-7-2020

Name (Signature)

Date

Dawan Utecht, Director

Fresno

Name and Title (Print)

Behavioral Health

County

dutecht@fresnocountyca.gov

(559) 600-9192

Email

Telephone

ATTACHMENT 3: MINIMUM REQUIREMENTS

Category	
VII. B.i.	<p>Check the box below if selecting Category 1:</p> <p>An existing Partnership for purposes of this RFA is one that has been in existence for at least 2 years from the date of the release of this RFA and is between the County Mental or Behavioral Health Department and one or more of the following:</p> <ul style="list-style-type: none"> • County Office of Education • Charter school • School district <p style="text-align: center;">↓</p>
VII. B.ii.	<p>Check the box below if selecting Category 2:</p> <p>A New or Emerging Partnership for purposes of this RFA is one that was not in existence prior to this RFA or has been in existence for less than 2 years from the date of the release of this RFA and is between the County Mental or Behavioral Health Department and one or more of the following:</p> <ul style="list-style-type: none"> • County Office of Education • Charter School • School district <p style="text-align: center;"><input type="checkbox"/></p>
Evidence of Established Collaborative	
VII. B.iii.1.	<p>State the number of years the Partnership has been in existence:</p> <p>8 years, 10 months</p>
VII. B.iii.2.	<p>Check the box below if the following is attached behind this page:</p> <p>Provide support of when the Partnership started. Support can be an MOU, service agreement, or other type of agreement between all of the entities formalizing the Partnership and dated.</p> <p style="text-align: center;">↓</p>
VII. B.iii.3.	<p>Check the box below if the following is attached behind this page:</p> <p>Provide support that the Partnership is in existence as of the application due date. This can include an MOU, service agreement, or other type of agreement between all of the entities with a current 2020 date.</p> <p style="text-align: center;">↓</p>

MASTER AGREEMENT

This Agreement is made and entered into this 3rd day of May, 2011, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and each CONTRACTOR listed in Exhibit A, attached hereto and by this reference incorporated herein, and collectively hereinafter referred to as "CONTRACTORS", and such additional CONTRACTOR(S) as may, from time to time during the term of this Agreement, be added by COUNTY, with the Department of Behavioral Health (DBH) Director or designee approval. Reference in this Agreement to "parties" shall be understood to refer to COUNTY and each individual CONTRACTOR, unless otherwise specified.

WITNESSETH:

WHEREAS, COUNTY, through its DBH, Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) component, and through input from the community stakeholder process, recognizes the need to provide Prevention and Early Intervention School Based Programs (PEISBP) Kindergarten through Eighth Grade, as specified in this Agreement and as part of Fresno County's approved State PEI Plan, to help reduce stigma and discrimination against mental illness and provide services related to mental well being and mental health services; and

WHEREAS, CONTRACTOR(S) are qualified and willing to provide said services pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of their mutual covenants and conditions, the parties hereto agree as follows:

1. COVERED SERVICES

CONTRACTOR(S) shall perform all services and fulfill all responsibilities set forth in COUNTY's RFP No. 952-4863, dated September 14, 2010, and Addendum No. One (1) to COUNTY's RFP No. 952-4863, dated October 4, 2010, hereinafter collectively referred to as COUNTY's Revised RFP No. 952-4863, and CONTRACTOR(S)'s response to said revised RFP No. 952-4863, Exhibit B "Scope of Work" and CONTRACTOR(S) Exhibit B-1 all incorporated by reference and made part of this Agreement. In the event of any inconsistency among these documents, the inconsistency shall be resolved by giving precedence in the following order: 1) to this Agreement,

including all Exhibits, and all amendments thereto, 2) to the Revised RFP No. 952-4863, and 3) to the Response to the Revised RFP No. 952-4863. A copy of COUNTY's Revised RFP No. 952-4863, and CONTRACTOR(S)'s response, shall be retained and made available during the term of this Agreement by COUNTY's DBH MHSA Contract Section.

2. TERM

This Agreement shall become effective on the 3rd day of May, 2011 and shall terminate on the 30th day of June, 2011.

This Agreement, subject to State funding each year, and subject to satisfactory performance outcomes as identified in Exhibit B, shall be automatically extended annually for four (4) additional twelve (12) month periods upon the same terms and conditions herein set forth, unless written notice of non-renewal is given by COUNTY, CONTRACTOR(S), or COUNTY's DBH Director or designee, not later than sixty (60) days prior to the renewal period.

3. TERMINATION

A. Non-Allocation of Funds - The terms of this Agreement, and the services to be provided thereunder, are contingent on the approval of funds by the appropriating government agency. Should sufficient funds not be allocated, the services provided may be modified, or this Agreement terminated at any time by giving the CONTRACTOR(S) thirty (30) days advance written notice.

B. Breach of Contract - The COUNTY may immediately suspend or terminate this Agreement in whole or in part, where in the determination of the COUNTY there is:

- 1) An illegal or improper use of funds;
- 2) A failure to comply with any term of this Agreement;
- 3) A substantially incorrect or incomplete report submitted to the COUNTY;
- 4) Improperly performed service.

In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any breach of this Agreement or any default which may then exist on the part of the CONTRACTOR(S). Neither shall such payment impair or prejudice any remedy available to the COUNTY with respect to the breach or default. The COUNTY shall have the right to demand of the

1 CONTRACTOR(S) the repayment to the COUNTY of any funds disbursed to CONTRACTOR(S)
2 under this Agreement, which in the judgment of the COUNTY were not expended in accordance with
3 the terms of this Agreement. CONTRACTOR(S) shall promptly refund any such funds upon demand
4 or, at COUNTY's option; such repayment shall be deducted from future payments owing to
5 CONTRACTOR(S) under this Agreement.

6 C. Without Cause - Under circumstances other than those set forth above, this
7 Agreement may be terminated by CONTRACTOR(S) or COUNTY or COUNTY's DBH Director, or
8 designee, upon the giving of thirty (30) days advance written notice of an intention to terminate.

9 CONTRACTOR(S) may terminate with appropriate thirty (30) days advance
10 written notice of intent to terminate transmitted by CONTRACTOR(S) to COUNTY by Certified U.S.
11 Mail, Return Receipt Requested, addressed to the office of COUNTY as follows:

12 Director (or designee)
13 County of Fresno
14 Department of Behavioral Health
15 P.O. Box 45003
Fresno, CA 93718-9886

16 **4. COMPENSATION**

17 The maximum compensation amount under this Agreement for the period May 3, 2011
18 through June 30, 2011 shall not exceed One Hundred Twenty-Eight Thousand Five Hundred Eighty-
19 Two and No/100 Dollars (\$128,582.00) or proration thereof for all CONTRACTOR(S).

20 The maximum compensation amount under this Agreement for each of the automatic
21 renewal periods of: July 1, 2011 through June 30, 2012; July 1, 2012 through June 30, 2013, July 1,
22 2013 through June 30, 2014; and July 1, 2014 through June 30, 2015 shall not exceed Four Hundred
23 Twenty-Nine Thousand Fifty-One and No/100 Dollars (\$429,051.00) for all CONTRACTORS.

24 The maximum amounts paid to each CONTRACTOR identified in the Agreement are
25 stated in Exhibit C-1, C-2, as appropriate of this Agreement.

26 A. It is understood that all expenses incidental to CONTRACTOR(S) performance
27 of services under this Agreement shall be borne by CONTRACTOR(S). If CONTRACTOR(S) fails to
28 comply with any provision of this Agreement, COUNTY shall be relieved of its obligation for further

1 compensation.

2 B. Payments shall be made by COUNTY to CONTRACTOR(S) in arrears, for
3 services provided during the preceding month, within forty-five (45) days after the date of receipt by
4 COUNTY of the monthly invoicing as described in Section Five (5) herein. Payments shall be made
5 after receipt and verification of actual expenditures incurred by CONTRACTOR(S) in the
6 performance of this Agreement and shall be documented to COUNTY on a monthly basis by the tenth
7 (10th) of the month following the month of said expenditures.

8 C. COUNTY shall not be obligated to make any payments under this Agreement if
9 the request for payment is received by COUNTY more than sixty (60) days after this Agreement has
10 terminated or expired.

11 D. Any compensation not consumed by expenditures of CONTRACTOR(S) by the
12 expiration or termination date of this Agreement shall be remitted to COUNTY within sixty (60) days
13 of expiration or termination of said Agreement.

14 E. COUNTY agrees to pay CONTRACTOR(S) and CONTRACTOR(S) agrees to
15 receive compensation based upon actual expenditures incurred by CONTRACTOR(S) for monthly
16 program costs, in accordance with the budgets identified in Exhibit C-1, C-2, as appropriate
17 "Budgets", attached hereto and by this reference incorporated herein or subsequent Revised Exhibit C
18 "Budgets".

19 F. CONTRACTOR(S) shall be held financially liable for any and all future
20 disallowances/audit exceptions due to CONTRACTOR(S) deficiency discovered through the State
21 audit process. At COUNTY's election, the disallowed amount will be remitted within forty-five (45)
22 days to COUNTY upon notification or shall be withheld from subsequent payments to
23 CONTRACTOR(S).

24 G. In the event that funding for these services is delayed by the State Controller,
25 COUNTY may defer payment to CONTRACTOR(S). The amount of the deferred payment shall not
26 exceed the amount of funding delayed by the State Controller to the COUNTY. The period of time of
27 the deferral by COUNTY shall not exceed the period of time of the State Controller's delay of
28 payment to COUNTY plus forty-five (45) days.

1 H. Yearly budget(s) beginning for FY 2011-12 to be provided herein, shall be
2 submitted for review for each subsequent term of the Agreement to COUNTY's DBH Director or
3 designee for approval. Said budget(s) shall be submitted for review and requires the approval of
4 COUNTY's DBH Director or designee prior to March 1st of each term of this Agreement. If said
5 budget is not received by the March 1st due date, the current budget will remain at the then current
6 funding level. The compensation amount of said approved budget(s) shall not exceed the maximum
7 compensation of the current Agreement term.

8 **5. INVOICING**

9 CONTRACTOR(S) shall invoice COUNTY monthly by the 10th of the following month,
10 via e-mail or hard copy, addressed to the County of Fresno, Department of Behavioral Health, Mental
11 Health Services Act, 3133 N. Millbrook Ave., Fresno, California, 93703, Attention: PEI - K-8 PBIS
12 MHSA Contract Analyst.

13 **6. INDEPENDENT CONTRACTOR**

14 In performance of the work, duties, and obligations assumed by CONTRACTOR(S)
15 under this Agreement, it is mutually understood and agreed that CONTRACTOR(S), including any
16 and all of CONTRACTOR(S)'s officers, agents, and employees will at all times be acting and
17 performing as an independent contractor, and shall act in an independent capacity and not as an
18 officer, agent, servant, employee, joint venturer, partner, or associate of the COUNTY. Furthermore,
19 COUNTY shall have no right to control or supervise or direct the manner or method by which
20 CONTRACTOR(S) shall perform its work and function. However, COUNTY shall retain the right to
21 administer this Agreement so as to verify that CONTRACTOR(S) is performing its obligations in
22 accordance with the terms and conditions thereof. CONTRACTOR(S) and COUNTY shall comply
23 with all applicable provisions of law and the rules and regulations, if any, of governmental authorities
24 having jurisdiction over matters which are directly or indirectly the subject of this Agreement.

25 Because of its status as an independent contractor, CONTRACTOR(S) shall have
26 absolutely no right to employment rights and benefits available to COUNTY employees.
27 CONTRACTOR(S) shall be solely liable and responsible for providing to, or on behalf of, its
28 employees all legally-required employee benefits. In addition, CONTRACTOR(S) shall be solely

1 responsible and save COUNTY harmless from all matters relating to payment of CONTRACTOR(S)'s
2 employees, including compliance with Social Security, withholding, and all other regulations
3 governing such matters. It is acknowledged that during the term of this Agreement,
4 CONTRACTOR(S) may be providing services to others unrelated to the COUNTY or to this
5 Agreement.

6 It is mutually understood

7 **7. MODIFICATION**

8 Any matters of this Agreement may be modified from time to time by the written
9 consent of all the parties without, in any way, affecting the remainder.

10 Notwithstanding the above, changes to line items in the budgets, attached hereto as
11 Exhibit C-1, C-2, as appropriate, that do not exceed 10% of the individual CONTRACTOR(S)'s
12 program total maximum compensation payable to CONTRACTOR(S), may be made with the written
13 approval of COUNTY's DBH Director or designee and CONTRACTOR(S). Said budget line item
14 changes shall not result in any change to the individual CONTRACTOR(S)'s program maximum
15 compensation amount payable to CONTRACTOR(S), as stated herein.

16 Additions to Exhibit A "List of Contractors" may be made with written approval of
17 COUNTY's DBH Director or designee, upon COUNTY's DBH Director or designee having received
18 and approved submitted proposals for additional PEISBP CONTRACTOR(S) and/or PEISBP sites.
19 Proposals for the inclusion of PEISBP CONTRACTOR(S) and/or PEISBP sites must be prepared and
20 submitted in accordance with Revised RFP No. 952-4863 to: County of Fresno, Department of
21 Behavioral Health, Mental Health Services Act, 3133 N. Millbrook Avenue, Fresno, CA 93703,
22 Attention: MHSA PEI K-8 PBIS Contract Analyst.

23 **8. NON-ASSIGNMENT**

24 Neither party shall assign, transfer or subcontract this Agreement nor their rights or
25 duties under this Agreement without the prior written consent of the other party.

26 **9. HOLD-HARMLESS**

27 CONTRACTOR(S) agrees to indemnify, save, hold harmless, and at COUNTY's
28 request, defend the COUNTY, its officers, agents and employees from any and all costs and expenses,

1 including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to
2 COUNTY in connection with the performance, or failure to perform, by CONTRACTOR(S), its
3 officers, agents or employees under this Agreement, and from any and all costs and expenses,
4 including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to
5 any person, firm or corporation who may be injured or damaged by the performance, or failure to
6 perform, of CONTRACTOR(S), its officers, agents or employees under this Agreement.

7 CONTRACTOR(S) agrees to indemnify COUNTY for Federal, State of California and/or
8 local audit exceptions resulting from noncompliance herein on the part of the CONTRACTOR(S).

9 **10. INSURANCE**

10 Without limiting the COUNTY's right to obtain indemnification from
11 CONTRACTOR(S) or any third parties, CONTRACTOR(S), at its sole expense, shall maintain in full
12 force and effect the following insurance policies or program of self-insurance, including but not
13 limited to, an insurance pooling arrangement or Joint Powers Agreement (JPA) throughout the term of
14 this Agreement:

15 A. Commercial General Liability

16 Commercial General Liability Insurance with limits of not less than One Million
17 Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million
18 Dollars (\$2,000,000). This policy shall be issued on a per occurrence basis.
19 COUNTY may require specific coverage including completed operations,
20 product liability, contractual liability, Explosion, Collapse, and Underground
(XCU), fire legal liability or any other liability insurance deemed necessary
because of the nature of the Agreement.

21 B. Automobile Liability

22 Comprehensive Automobile Liability Insurance with limits for bodily injury of
23 not less than Two Hundred Fifty Thousand Dollars (\$250,000) per person, Five
24 Hundred Thousand Dollars (\$500,000) per accident and for property damages of
not less than Fifty Thousand Dollars (\$50,000), or such coverage with a

25 combined single limit of One Million Dollars (\$1,000,000). Coverage should
26 include owned and non-owned vehicles used in connection with this Agreement.

27 C. Personal Property

28 CONTRACTOR(S) shall maintain a policy of insurance for all risk personal
property coverage which shall be endorsed naming the County of Fresno as an

additional loss payee. The personal property coverage shall be in an amount that will cover property as discussed in Section Nineteen (19) of this Agreement.

D. Fire Insurance and Extended Coverage

CONTRACTOR(S) shall add COUNTY as an additional Loss Payee thereon.

E. Professional Liability

If CONTRACTOR(S) employs licensed professional staff (e.g. Ph.D., R.N., L.C.S.W., L.M.F.T.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate. CONTRACTOR agrees that it shall maintain, at its sole expense, in full force and effect for a period of three (3) years following the termination of this Agreement, one or more policies of professional liability insurance with limits of coverage as specified herein.

F. Worker's Compensation

A policy of Worker's Compensation Insurance as may be required by the California Labor Code.

CONTRACTOR(S) shall obtain endorsements to the Commercial General Liability insurance naming the County of Fresno, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by the COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance provided under the CONTRACTOR(S)'s policies herein. This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance written notice given to COUNTY.

Within thirty (30) days from the date CONTRACTOR(S) signs this Agreement, CONTRACTOR shall provide certificates of insurance and endorsements as stated above for all of the foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health, Mental Health Services Act, 3133 N. Millbrook Ave., Fresno, California, 93703, Attention: PEIPBIS Contract Analyst, stating that such insurance coverage's have been obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only insofar as

1 the operations under this Agreement are concerned; that such coverage for additional insured shall
2 apply as primary insurance and any other insurance, or self-insurance, maintained by the COUNTY,
3 its officers, agents and employees, shall be excess only and not contributing with insurance provided
4 under the CONTRACTOR(S)'s policies herein; and that this insurance shall not be cancelled or
5 changed without a minimum of thirty (30) days advance, written notice given to COUNTY.

6 In the event CONTRACTOR(S) fails to keep in effect at all times insurance coverage as
7 herein provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate
8 this Agreement upon the occurrence of such event.

9 All policies shall be with admitted insurers licensed to do business in the State of
10 California. Insurance purchased shall be from companies possessing a current A.M. Best, Inc. rating
11 of A FSC VII or better.

12 **11. CONFIDENTIALITY**

13 All services performed by CONTRACTOR(S) under this Agreement shall be in strict
14 conformance with all applicable Federal, State of California and/or local laws and regulations relating
15 to confidentiality.

16 **12. LICENSES/CERTIFICATES**

17 Throughout each term of this Agreement, CONTRACTOR(S) and CONTRACTOR(S)'s
18 staff shall maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions
19 necessary for the provision of the services hereunder and required by the laws and regulations of the
20 United States of America, State of California, the County of Fresno, and any other applicable
21 governmental agencies. CONTRACTOR(S) shall notify COUNTY immediately in writing of its
22 inability to obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions
23 irrespective of the pendency of any appeal related thereto. Additionally, CONTRACTOR(S) and
24 CONTRACTOR(S)'s staff shall comply with all applicable laws, rules or regulations, as may now
25 exist or be hereafter changed.

26 **13. REPORTS**

27 A. Monthly Reports – CONTRACTOR(S) shall submit to COUNTY's DBH by the
28 tenth (10th) of each month all monthly activity and budget reports for the preceding month.

1 In addition, CONTRACTOR(S) shall also furnish to COUNTY such statements,
2 records, reports, data, and other information as COUNTY may request pertaining to matters covered
3 by this Agreement. In the event that CONTRACTOR(S) fails to provide such reports or other
4 information required hereunder, it shall be deemed sufficient cause for COUNTY to withhold monthly
5 payments until there is compliance. In addition, CONTRACTOR(S) shall provide written notification
6 and explanation to COUNTY within five (5) days of any funds received from another source to
7 conduct the same services covered by this Agreement.

8 B. Quarterly Report Progress Updates – CONTRACTOR(S) shall complete all
9 Quarterly Report Progress updates according to the State Department of Mental Health regulations in
10 accordance with Exhibit D “Quarterly Progress Goals and Report”, attached hereto and incorporated
11 herein by reference. CONTRACTOR(S) shall utilize the “Current Quarterly Progress Report
12 Overview” instruction sheet as shown in Exhibit E – State Quarterly Progress Report instructions,
13 attached hereto and incorporated herein by reference, to submit the Quarterly Report Progress updates
14 referenced in Exhibit D. All quarterly reporting is to be submitted to the DBH’s MHSA
15 Administrative unit within thirty (30) days of quarter ending for review by COUNTY’S MHSA
16 Administrative unit.

17 **14. MONITORING**

18 CONTRACTOR(S) agrees to extend to COUNTY’s staff, COUNTY’s DBH Director
19 and the State Department of Mental Health, or their designees, the right to review and monitor records,
20 program or procedures, at any time, in regard to clients, as well as the overall operation of
21 CONTRACTOR(S)’s program, in order to ensure compliance with the terms and conditions of this
22 Agreement.

23 **15. REFERENCES TO LAWS AND RULES**

24 In the event any law, regulation, or policy referred to in this Agreement is amended
25 during the term thereof, the parties hereto agree to comply with the amended provision as of the
26 effective date of such amendment.

27 **16. COMPLIANCE WITH STATE REQUIREMENTS**

28 CONTRACTOR(S) recognizes that COUNTY operates its mental health programs

1 under an agreement with the State of California Department of Mental Health, and that under said
2 agreement the State imposes certain requirements on COUNTY and its subcontractors.

3 CONTRACTOR(S) shall adhere to all State Requirements, including those identified in Exhibit F
4 "State Mental Health Requirements", attached hereto and by this reference incorporated herein.

5 **17. DATA SECURITY**

6 For the purpose of preventing the potential loss, misappropriation or inadvertent access,
7 viewing, use or disclosure of COUNTY data including sensitive or personal client information; abuse
8 of COUNTY resources; and/or disruption to COUNTY operations, individuals and/or agencies that
9 enter into a contractual relationship with the COUNTY for the purpose of providing services under
10 this Agreement must employ adequate data security measures to protect the confidential information
11 provided to CONTRACTOR(S) by the COUNTY, including but not limited to the following:

12 A. CONTRACTOR-Owned Mobile, Wireless, or Handheld Devices

13 CONTRACTOR(S) may not connect to COUNTY networks via personally-
14 owned mobile, wireless or handheld devices, unless the following conditions are met:

- 15 1) CONTRACTOR(S) has received authorization by COUNTY for
16 telecommuting purposes;
- 17 2) Current virus protection software is in place;
- 18 3) Mobile device has the remote wipe feature enabled; and
- 19 4) A secure connection is used.

20 B. CONTRACTOR-Owned Computers or Computer Peripherals

21 CONTRACTOR(S) may not bring CONTRACTOR(S)-owned computers or
22 computer peripherals into the COUNTY for use without prior authorization from the COUNTY's
23 Chief Information Officer, and/or designee(s), including but not limited to mobile storage devices. If
24 data is approved to be transferred, data must be stored on a secure server approved by the COUNTY
25 and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure
26 connection. Said data must be encrypted.

27 C. COUNTY-Owned Computer Equipment

28

1 CONTRACTOR(S) may not use COUNTY computers or computer peripherals
2 on non-COUNTY premises without prior authorization from the COUNTY's Chief Information
3 Officer, and/or designee(s).

4 D. CONTRACTOR(S) may not store COUNTY's private, confidential or sensitive
5 data on any hard-disk drive, portable storage device, or remote storage installation unless encrypted.

6 E. CONTRACTOR(S) shall be responsible to employ strict controls to ensure the
7 integrity and security of COUNTY's confidential information and to prevent unauthorized access,
8 viewing, use or disclosure of data maintained in computer files, program documentation, data
9 processing systems, data files and data processing equipment which stores or processes COUNTY
10 data internally and externally.

11 F. Confidential client information transmitted to one party by the other by means of
12 electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of
13 128 BIT or higher. Additionally, a password or pass phrase must be utilized.

14 G. CONTRACTOR(S) is responsible to immediately notify COUNTY of any
15 violations, breaches or potential breaches of security related to COUNTY's confidential information,
16 data maintained in computer files, program documentation, data processing systems, data files and
17 data processing equipment which stores or processes COUNTY data internally or externally.

18 H. COUNTY shall provide oversight to CONTRACTOR(S)'s response to all
19 incidents arising from a possible breach of security related to COUNTY's confidential client
20 information provided to CONTRACTOR(S). CONTRACTOR(S) will be responsible to issue any
21 notification to affected individuals as required by law or as deemed necessary by COUNTY in its sole
22 discretion. CONTRACTOR(S) will be responsible for all costs incurred as a result of providing the
23 required notification.

24 **18. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

25 A. The parties to this Agreement shall be in strict conformance with all applicable
26 Federal and State of California laws and regulations, including but not limited to Sections 5328,
27 10850, and 14100.2 *et seq.* of the Welfare and Institutions Code, Sections 2.1 and 431.300 *et seq.* of
28 Title 42, Code of Federal Regulations (CFR), Section 56 *et seq.* of the California Civil Code, Sections

1 11977 and 11812 of Title 22 of the California Code of Regulations, and the Health Insurance
2 Portability and Accountability Act (HIPAA), including but not limited to Section 1320 D *et seq.* of
3 Title 42, United States Code (USC) and its implementing regulations, including, but not limited to
4 Title 45, CFR, Sections 142, 160, 162, and 164, and The Health Information Technology for
5 Economic and Clinical Health Act (HITECH) regarding the confidentiality and security of patient
6 information.

7 Except as otherwise provided in this Agreement, CONTRACTOR(S), as a
8 Business Associate of COUNTY, may use or disclose Protected Health Information (PHI) to perform
9 functions, activities or services for or on behalf of COUNTY, as specified in this Agreement, provided
10 that such use or disclosure shall not violate the HIPAA, USC 1320d *et seq.* The uses and disclosures
11 of PHI may not be more expansive than those applicable to COUNTY, as the "Covered Entity" under
12 the HIPAA Privacy Rule (45 CFR 164.500 *et seq.*), except as authorized for management,
13 administrative or legal responsibilities of the Business Associate.

14 B. CONTRACTOR(S) shall protect, from unauthorized access, use, or disclosure of
15 names and other identifying information concerning persons receiving services pursuant to this
16 Agreement, except where permitted in order to carry out data aggregation purposes for health care
17 operations [45 CFR Sections 164.504 (e)(2)(i), 164.504 (3)(2)(ii)(A), and 164.504 (e)(4)(i)]- This
18 pertains to any and all persons receiving services pursuant to a COUNTY funded program.
19 CONTRACTOR(S) shall not use such identifying information for any purpose other than carrying out
20 CONTRACTOR(S)'s obligations under this Agreement.

21 C. CONTRACTOR(S) shall not disclose any such identifying information to any
22 person or entity, except as otherwise specifically permitted by this Agreement, authorized by law, or
23 authorized by the client/patient.

24 D. For purposes of the above sections, identifying information shall include, but not
25 be limited to name, identifying number, symbol, or other identifying particular assigned to the
26 individual, such as finger or voice print, or a photograph.

27 E. CONTRACTOR(S) shall provide access, at the request of COUNTY, and in the
28 time and manner designated by COUNTY, to PHI in a designated record set (as defined in 45 CFR

Section 164.501), to an individual or to COUNTY in order to meet the requirements of 45 CFR Section 164.524 regarding access by individuals to their PHI.

CONTRACTOR(S) shall make any amendment(s) to PHI in a designated record set at the request of COUNTY, and in the time and manner designated by COUNTY in accordance with 45 CFR Section 164.526.

CONTRACTOR(S) shall provide to COUNTY or to an individual, in a time and manner designated by COUNTY, information collected in accordance with 45 CFR Section 164.528, to permit COUNTY to respond to a request by the individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

F. CONTRACTOR(S) shall report to COUNTY, in writing, any knowledge or reasonable belief that there has been unauthorized access, viewing, use, disclosure, or breach of Protected Information not permitted by this Agreement, and any breach of unsecured PHI of which it becomes aware, immediately and without reasonable delay and in no case later than two (2) business days of discovery. Immediate notification shall be made to COUNTY's Information Security Officer and Privacy Officer and COUNTY's DBH HIPAA Representative, within two (2) business days of discovery. The notification shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, disclosed, or breached. CONTRACTOR(S) shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State Laws and regulations. CONTRACTOR(S) shall investigate such breach and is responsible for all notifications required by law and regulation or deemed necessary by COUNTY and shall provide a written report of the investigation and reporting required to COUNTY's Information Security Officer and Privacy Officer and COUNTY's DBH HIPAA Representative. This written investigation and description of any reporting necessary shall be postmarked within the thirty (30) working days of the discovery of the breach to the addresses below:

County of Fresno
Department of Behavioral Health
HIPAA Representative
(559) 453-4809
4441 E. Kings Canyon

County of Fresno
Dept. of Public Health
Privacy Officer
(559) 445-3249
1221 Fulton Mall

County of Fresno
Information Technology Services
Information Security Officer
(559) 600-5800
2048 N. Fine Ave

Fresno, CA 93702

Fresno, CA 93721

Fresno, CA 93727

G. CONTRACTOR(S) shall make its internal practices, books, and records relating to the use and disclosure of PHI received from COUNTY, or created or received by the CONTRACTOR(S) on behalf of COUNTY, available to the United States Department of Health and Human Services upon demand.

H. Safeguards

CONTRACTOR(S) shall implement administrative, physical, and technical safeguards as required by 45 CFR 164.308, 164.310, and 164.312 that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI, including electronic PHI, that it creates, receives, maintains or transmits on behalf of COUNTY; and to prevent access, use or disclosure of PHI other than as provided for by this Agreement. CONTRACTOR(S) shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of CONTRACTOR(S)'s operations and the nature and scope of its activities. Upon COUNTY's request, CONTRACTOR(S) shall provide COUNTY with information concerning such safeguards.

CONTRACTOR(S) shall implement strong access controls and other security safeguards and precautions in order to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only. Said safeguards and precautions shall include the following administrative and technical password controls for all systems used to process or store confidential, personal, or sensitive data:

1. Passwords must not be:
 - a. Shared or written down where they are accessible or recognizable by anyone else; such as taped to computer screens, stored under keyboards, or visible in a work area;
 - b. A dictionary word; or
 - c. Stored in clear text
2. Passwords must be:
 - a. Eight (8) characters or more in length;
 - b. Changed every ninety (90) days;

1 c. Changed immediately if revealed or compromised; and
2 d. Composed of characters from at least three of the following four
3 groups from the standard keyboard:

- 4 1) Upper case letters (A-Z);
5 2) Lowercase letters (a-z);
6 3) Arabic numerals (0 through 9); and
7 4) Non-alphanumeric characters (punctuation symbols).

8 CONTRACTOR(S) shall implement the following security controls on each
9 workstation or portable computing device (e.g., laptop computer) containing confidential,
10 personal, or sensitive data:

- 11 1. Network-based firewall and/or personal firewall;
12 2. Continuously updated anti-virus software; and
13 3. Patch management process including installation of all operating
14 system/software vendor security patches.

15 CONTRACTOR(S) shall utilize a commercial encryption solution that has
16 received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on
17 portable electronic media (including, but not limited to, compact disks and thumb drives) and on
18 portable computing devices (including, but not limited to, laptop and notebook computers).

19 CONTRACTOR(S) shall not transmit confidential, personal, or sensitive data via
20 e-mail or other internet transport protocol unless the data is encrypted by a solution that has been
21 validated by the National Institute of Standards and Technology (NIST) as conforming to the
22 Advanced Encryption Standard (AES) Algorithm.

23 I. Mitigation of Harmful Effects

24 CONTRACTOR(S) shall mitigate, to the extent practicable, any harmful effect
25 that is known to CONTRACTOR(S) of an unauthorized access, viewing, use, disclosure, or breach of
26 PHI by CONTRACTOR(S) or its subcontractors in violation of the requirements of these provisions.

27 J. Contractor's Subcontractors

28 CONTRACTOR(S) shall ensure that any of its contractors, including

1 subcontractors, if applicable, to whom CONTRACTOR(S) provides PHI received from or created or
2 received by CONTRACTOR(S) on behalf of COUNTY, agree to the same restrictions and conditions
3 that apply to CONTRACTOR(S) with respect to such PHI; and to incorporate, when applicable, the
4 relevant provisions of these provisions into each subcontract or sub-award to such agents or
5 subcontractors..

6 K. Employee Training and Discipline

7 CONTRACTOR(S) shall train and use reasonable measures to ensure
8 compliance with the requirements of these provisions by employees who assist in the performance of
9 functions or activities on behalf of COUNTY under this Agreement and use or disclose PHI and
10 discipline such employees who intentionally violate any provisions of these provisions, including
11 termination of employment.

12 L. Termination for Cause

13 Upon COUNTY's knowledge of a material breach of these provisions by
14 CONTRACTOR(S), COUNTY shall either:

15 1. Provide an opportunity for CONTRACTOR(S) to cure the breach or end
16 the violation and terminate this Agreement if CONTRACTOR does not cure the breach or end the
17 violation within the time specified by COUNTY; or

18 2. Immediately terminate this Agreement if CONTRACTOR(S) has
19 breached a material term of these provisions and cure is not possible.

20 3. If neither cure nor termination is feasible, the COUNTY Privacy Officer
21 shall report the violation to the Secretary of the U.S. Department of Health and Human Services.

22 M. Judicial or Administrative Proceedings

23 COUNTY may terminate this Agreement in accordance with the terms and
24 conditions of this Agreement as written hereinabove, if: (1) CONTRACTOR(S) is found guilty in a
25 criminal proceeding for a violation of the HIPAA Privacy or Security Laws or the HITECH Act; or (2)
26 a finding or stipulation that the CONTRACTOR(S) has violated a privacy or security standard or
27 requirement of the HITECH Act, HIPAA; or other security or privacy laws in an administrative or
28 civil proceeding in which the CONTRACTOR(S) is a party.

1 N. Effect of Termination

2 Upon termination or expiration of this Agreement for any reason,
3 CONTRACTOR(S) shall return or destroy all PHI received from COUNTY (or created or received by
4 CONTRACTOR(S) on behalf of COUNTY) that CONTRACTOR(S) still maintains in any form, and
5 shall retain no copies of such PHI. If return or destruction of PHI is not feasible, it shall continue to
6 extend the protections of these provisions to such information, and limit further use of such PHI to
7 those purposes that make the return or destruction of such PHI infeasible. This provision shall apply
8 to PHI that is in the possession of subcontractors or agents, if applicable, of CONTRACTOR(S). If
9 Contractor destroys the PHI data, a certification of date and time of destruction shall be provided to
10 the COUNTY by CONTRACTOR(S).

11 O. Disclaimer

12 COUNTY makes no warranty or representation that compliance by
13 CONTRACTOR(S) with these provisions, the HITECH Act, HIPAA or the HIPAA regulations will be
14 adequate or satisfactory for CONTRACTOR(S)'s own purposes or that any information in
15 CONTRACTOR(S)'s possession or control, or transmitted or received by CONTRACTOR(S), is or
16 will be secure from unauthorized access, viewing, use, disclosure, or breach. CONTRACTOR(S) is
17 solely responsible for all decisions made by CONTRACTOR(S) regarding the safeguarding of PHI.

18 P. Amendment

19 The parties acknowledge that Federal and State laws relating to electronic data
20 security and privacy are rapidly evolving and that amendment of these provisions may be required to
21 provide for procedures to ensure compliance with such developments. The parties specifically agree
22 to take such action as is necessary to amend this agreement in order to implement the standards and
23 requirements of HIPAA, the HIPAA regulations, the HITECH Act and other applicable laws relating
24 to the security or privacy of PHI. COUNTY may terminate this Agreement upon thirty (30) days
25 written notice in the event that CONTRACTOR(S) does not enter into an amendment providing
26 assurances regarding the safeguarding of PHI that COUNTY in its sole discretion deems sufficient to
27 satisfy the standards and requirements of HIPAA, the HIPAA regulations and the HITECH Act.

28 Q. No Third-Party Beneficiaries

1 Nothing express or implied in the terms and conditions of these provisions is
2 intended to confer, nor shall anything herein confer, upon any person other than COUNTY or
3 CONTRACTOR(S) and their respective successors or assignees, any rights, remedies, obligations or
4 liabilities whatsoever.

5 R. Interpretation

6 The terms and conditions in these provisions shall be interpreted as broadly as
7 necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws.
8 The parties agree that any ambiguity in the terms and conditions of these provisions shall be resolved
9 in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.

10 S. Regulatory References

11 A reference in the terms and conditions of these provisions to a section in the
12 HIPAA regulations means the section as in effect or as amended.

13 T. Survival

14 The respective rights and obligations of CONTRACTOR(S) as stated in this
15 Section shall survive the termination or expiration of this Agreement.

16 U. No Waiver of Obligations

17 No change, waiver or discharge of any liability or obligation hereunder on any
18 one or more occasions shall be deemed a waiver of performance of any continuing or other obligation,
19 or shall prohibit enforcement of any obligation on any other occasion.”

20 **19. EQUIPMENT**

21 A. All purchases over Five Thousand and No/100 Dollars (\$5,000.00) including sales
22 tax, and certain purchases under said amount such as cameras, televisions, VCRs/DVDs and other
23 sensitive items, made during the life of this Agreement with funds paid pursuant to this Agreement and
24 that will outlive the life of this Agreement, shall be identified as fixed assets with an assigned Fresno
25 County Inventory Numbers. All fixed assets shall be reported to COUNTY utilizing Exhibit G “Fixed
26 Assets and Sensitive Items Tracking Form”, attached hereto and by this reference incorporated herein.
27 These fixed assets shall be retained by COUNTY, as COUNTY property, in the event this Agreement is
28 terminated or upon expiration of this Agreement. CONTRACTOR(S) agrees to participate in an annual

1 inventory of all COUNTY fixed assets and shall be physically present when fixed assets are returned to
2 COUNTY possession at the termination or expiration of this Agreement. CONTRACTOR(s) is
3 responsible for returning to COUNTY all COUNTY owned fixed assets at the expiration or termination
4 of this Agreement.

5 CONTRACTOR(S) further agrees to the following:

6 1. To maintain all items of capital equipment in good working order and
7 condition, normal wear and tear excepted; and

8 2. To label all items of capital equipment, to perform periodic inventories as
9 required by COUNTY and to maintain an inventory list showing where and how the capital equipment is
10 being used in accordance with procedures developed by COUNTY. All such lists shall be submitted to
11 COUNTY within ten (10) days of any request therefore.

12 3. To report in writing to COUNTY immediately after discovery, the loss or
13 theft of any items of capital equipment. For stolen items, the local law enforcement agency must be
14 contacted and a copy of the police report submitted to COUNTY.

15 4. CONTRACTOR(S) shall maintain a policy of insurance for all risk
16 personal property coverage which shall be endorsed naming the County of Fresno as an additional loss
17 payee.

18 B. The purchase of any capital equipment over Five Thousand and No/Dollars
19 (\$5,000.00) by CONTRACTOR(S) with funds provided hereunder shall require the prior written
20 approval of COUNTY's DBH Director or designee, shall fulfill the provisions of this Agreement as
21 appropriate and must be directly related to CONTRACTOR(S)'s services or activity under the terms and
22 conditions of this Agreement. COUNTY's DBH may refuse reimbursement for any costs resulting from
23 capital equipment purchased, which are incurred by CONTRACTOR(S), if prior written approval has
24 not been obtained from COUNTY's DBH Director or designee.

25 C. CONTRACTOR(S) must obtain prior written approval from COUNTY's DBH
26 whenever there is any modification or change in the use of any property acquired or improved, in whole
27 or in part, using MHSA funds. If any real or personal property acquired or improved with MHSA funds
28 is sold and/or is utilized by CONTRACTOR(S) for a use which does not qualify under the MHSA

1 program, CONTRACTOR(S) shall reimburse COUNTY in an amount equal to the current fair market
2 value of the property, less any portion thereof attributable to expenditures of non-MHSA funds. These
3 requirements shall continue in effect for the life of the property. In the event the MHSA program is
4 closed out, the requirements for this Section shall remain in effect for activities or property funded with
5 MHSA funds, unless action is taken by the State government to relieve COUNTY of these obligations.

6 D. The terms and conditions described in this Section are not applicable to the leasing
7 of vehicles by CONTRACTOR(S) with the funds provided under this Agreement.

8 **20. NON-DISCRIMINATION**

9 During the performance of this Agreement CONTRACTOR(S) shall not unlawfully
10 discriminate against any employee or applicant for employment, or recipient of services, because of
11 race, religion, color, national origin, ancestry, physical disability, medical condition, marital status,
12 age or gender, pursuant to all applicable State of California and Federal statutes and regulations.

13 **21. SEPARATE AGREEMENT**

14 It is mutually understood by the parties that this Agreement does not, in any way, create
15 a joint venture among CONTRACTOR(S). By execution of this Agreement, CONTRACTOR(S)
16 understand that a separate Agreement is formed between each individual CONTRACTOR and
17 COUNTY.

18 **22. ENGLISH PROFICIENCY**

19 CONTRACTOR(S) shall provide interpreting and translation services to persons
20 participating in CONTRACTOR(S)'s services who have limited or no English language proficiency,
21 including services to persons who are deaf or blind. Interpreter and translation services shall be
22 provided as necessary to allow such participants meaningful access to the programs, services and
23 benefits provided by CONTRACTOR(S). Interpreter and translation services, including translation of
24 CONTRACTOR(S)'s "vital documents" (those documents that contain information that is critical for
25 accessing CONTRACTOR(S)'s services or are required by law) shall be provided to participants at no
26 cost to the participant. CONTRACTOR(S) shall ensure that any employees, agents, subcontractors, or
27 partners who interpret or translate for a program participant, or who directly communicate with a
28 program participant in a language other than English, demonstrate proficiency in the participant's

1 language and can effectively communicate any specialized terms and concepts peculiar to
2 CONTRACTOR(S)'s services.

3 **23. TAX EQUITY AND FISCAL RESPONSIBILITY ACT**

4 To the extent necessary to prevent disallowance of reimbursement under Section
5 1861(v) (1) (1) of the Social Security Act, (42 U.S.C. § 139x, subd. (v)(1){1}), until the expiration of
6 four (4) years after the furnishing of services under this Agreement, CONTRACTOR(S) shall make
7 available upon written request of the Secretary of the United States Department of Health and Human
8 Services, or upon request of the Comptroller General of the United States General Accounting Office,
9 or any of their duly authorized representatives, a copy of this Agreement and such books, documents,
10 and records as are necessary to certify the nature and extent of the costs of these services provided by
11 CONTRACTOR(S) under this Agreement. CONTRACTOR(S) further agrees that in the event
12 CONTRACTOR(S) carries out any of its duties under this Agreement through a subcontract, with a
13 value or cost of Ten Thousand and No/100 Dollars (\$10,000.00) or more over a twelve (12) month
14 period, with a related organization, such Agreement shall contain a clause to the effect that until the
15 expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the
16 related organizations shall make available, upon written request of the Secretary of the United States
17 Department of Health and Human Services, or upon request of the Comptroller General of the United
18 States General Accounting Office, or any of their duly authorized representatives, a copy of such
19 subcontract and such books, documents, and records of such organization as are necessary to verify the
20 nature and extent of such costs.

21 **24. SINGLE AUDIT CLAUSE**

22 A. If CONTRACTOR(S) expends Five Hundred Thousand Dollars (\$500,000.00) or
23 more in Federal and Federal flow-through monies, CONTRACTOR(S) agrees to conduct an annual
24 audit in accordance with the requirements of the Single Audit Standards as set forth in Office of
25 Management and Budget (OMB) Circular A-133. CONTRACTOR(S) shall submit said audit and
26 management letter to COUNTY. The audit must include a statement of findings or a statement that
27 there were no findings. If there were negative findings, CONTRACTOR(S) must include a corrective
28 action plan signed by an authorized individual. CONTRACTOR(S) agrees to take action to correct

1 any material non-compliance or weakness found as a result of such audit. Such audit shall be
2 delivered to COUNTY's DBH Business Office for review within nine (9) months of the end of any
3 fiscal year in which funds were expended and/or received for the program. Failure to perform the
4 requisite audit functions as required by this Agreement may result in COUNTY performing the
5 necessary audit tasks, or at COUNTY's option, contracting with a public accountant to perform said
6 audit, or, may result in the inability of COUNTY to enter into future agreements with
7 CONTRACTOR(S). All audit costs related to this Agreement are the sole responsibility of
8 CONTRACTOR(S).

9 B. A single audit report is not applicable if CONTRACTOR(S)'s Federal contracts
10 do not exceed the Five Hundred Thousand Dollars (\$500,000.00) requirement or
11 CONTRACTOR(S)'s only funding is through Drug related Medi-Cal. If a single audit is not
12 applicable, a program audit must be performed and a program audit report with management letter
13 shall be submitted by CONTRACTOR(S) to COUNTY as a minimum requirement to attest to
14 CONTRACTOR's solvency. Said audit report shall be delivered to COUNTY's DBH Business Office
15 for review, no later than nine (9) months after the close of the fiscal year in which the funds supplied
16 through this Agreement are expended. Failure to comply with this Act may result in COUNTY
17 performing the necessary audit tasks or contracting with a qualified accountant to perform said audit.
18 All audit costs related to this Agreement are the sole responsibility of CONTRACTOR(S) who agrees
19 to take corrective action to eliminate any material noncompliance or weakness found as a result of
20 such audit. Audit work performed by COUNTY under this section shall be billed to the
21 CONTRACTOR(s) at COUNTY's cost, as determined by COUNTY's Auditor-Controller/Treasurer-
22 Tax Collector.

23 C. CONTRACTOR(S) shall make available all records and accounts for inspection
24 by COUNTY, the State of California, if applicable, the Comptroller General of the United States, the
25 Federal Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a
26 period of at least three (3) years following final payment under this Agreement or the closure of all
27 other pending matters, whichever is later.

28 **25. COMPLIANCE - "CONTRACTOR CODE OF CONDUCT AND ETHICS"**

1 CONTRACTOR(S) agrees to comply with COUNTY's Mental Health Plan Compliance
2 Program and Policy and Procedure, "Contractor Code of Conduct and Ethics", and COUNTY's
3 "Fresno County Mental Health Compliance Program Contractor Acknowledgement and Agreement,"
4 both attached hereto as Exhibit H, and by this reference incorporated herein. Within thirty (30) days
5 of entering into this Agreement with COUNTY, CONTRACTOR(S) shall have all of
6 CONTRACTOR(S)'s employees, agents and subcontractors providing services under this Agreement
7 certify in writing, that he or she has received, read, understood, and shall abide by the "Contractor
8 Code of Conduct and Ethics". CONTRACTOR(S) shall ensure that within thirty (30) days of hire, all
9 new employees, agents and subcontractors providing services under this Agreement shall certify in
10 writing that he or she has received, read, understood, and shall abide by the "Contractor Code of
11 Conduct and Ethics." CONTRACTOR(S) understands that the promotion of and adherence to the
12 "Contractor Code of Conduct and Ethics" is an element in evaluating the performance of
13 CONTRACTOR(S) and its employees, agents and subcontractors.

14 Within thirty (30) days of entering into this Agreement, and annually thereafter, all
15 employees, agents and subcontractors providing services under this Agreement shall complete general
16 compliance training; and appropriate employees, agents and subcontractors shall complete
17 documentation and billing or billing/reimbursement training. All new employees, agents and
18 subcontractor shall attend the appropriate training within thirty (30) days of hire. Each individual who
19 is required to attend training shall certify, in writing, that he or she has received the required training.
20 The certification shall be provided to COUNTY's Compliance Officer at 3133 N. Millbrook Avenue,
21 Fresno, California 93703.

22 **26. ASSURANCES**

23 A. In entering into this Agreement, CONTRACTOR(S) certifies that it is not
24 currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health
25 Care Programs; that it has not been convicted of a criminal offense related to the provision of health
26 care items or services; nor has it been reinstated to participation in the Federal Health Care Programs
27 after a period of exclusion, suspension, debarment, or ineligibility. If COUNTY learns, subsequent to
28 entering into contract, that CONTRACTOR(S) is ineligible on these grounds, COUNTY will remove

1 CONTRACTOR(S) from responsibility for, or involvement with COUNTY's business operations
2 related to the Federal Health Care Programs until such time CONTRACTOR(S) is reinstated into
3 participation in the Federal Health Care Programs and shall remove such CONTRACTOR(S) from any
4 position in which CONTRACTOR(S)'s compensation, or the items or services rendered, ordered or
5 prescribed by CONTRACTOR(s) may be paid in whole or part, directly or indirectly, by Federal
6 Health Care Programs or otherwise with Federal Funds at least until such time as CONTRACTOR(S) is
7 reinstated into participation in the Federal Health Care Programs.

8 B. If COUNTY has notice that CONTRACTOR(S) has been charged with a criminal
9 offense related to any Federal Health Care Program, or is proposed for exclusion during the term on
10 any contract, CONTRACTOR(S) and COUNTY shall take all appropriate actions to ensure the
11 accuracy of any claims submitted to any Federal Health Care Program. At its discretion given such
12 circumstances, COUNTY may request that CONTRACTOR(S) cease providing services until
13 resolution of the charges or the proposed exclusion.

14 C. CONTRACTOR(S) agrees that all potential new employees of
15 CONTRACTOR(S) or subcontractors of CONTRACTOR(S) who, in each case, are expected to
16 perform professional services under this Agreement, will be queried as to whether (1) they are now or
17 ever have been excluded, suspended, debarred, or otherwise ineligible to participate in the Federal
18 health Care Programs; (2) they have been convicted of criminal offense related to the provision of
19 health care items or services; and/or (3) they have been reinstated to participation in the Federal Health
20 Care Programs after a period of exclusion, suspension, debarment, or ineligibility.

21 1. In the event the potential employee or subcontractor informs
22 CONTRACTOR(S) that he or she is excluded, suspended, debarred or otherwise ineligible, or has
23 been convicted of a criminal offense relating to the provision of health care services, and
24 CONTRACTOR(S) hires or engages such potential employee or subcontractor, CONTRACTOR(S)
25 will ensure that said employee or subcontractor does not work, either directly or indirectly, relating to
26 services provided to COUNTY.

27 2. Notwithstanding any other provision of this Agreement, COUNTY at its
28 discretion may terminate this Agreement in accordance with Paragraph 3 hereof, or require adequate

1 assurance (as defined by COUNTY) that no excluded, suspended or otherwise ineligible individual
2 will perform work, either directly or indirectly, relating to services provided to COUNTY. Such
3 demand for adequate assurance shall be effective upon a time frame to be determined by COUNTY to
4 protect the interests of COUNTY consumers.

5 D. CONTRACTOR(S) shall verify (by asking the applicable employees and
6 subcontractors) that all current employees and existing subcontractors who, in each case, are expected
7 to perform professional services under this Agreement; (a) are not currently excluded, suspended,
8 debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (b) have not been
9 convicted of a criminal offense related to the provision of health care items or services; and (c) have not
10 been reinstated to participation in the Federal Health Care Program after a period of exclusion,
11 suspension, debarment, or ineligibility. In the event any existing employee or subcontractor informs
12 CONTRACTOR(S) that he or she is excluded, suspended, debarred or otherwise ineligible to
13 participate in the Federal Health Care Programs, or has been convicted of a criminal offense relating to
14 the provision of health care services, CONTRACTOR(S) will ensure that said employee or
15 subcontractor does not work, either directly or indirectly, relating to services provided to COUNTY.

16 1. CONTRACTOR(S) agrees to notify COUNTY immediately during the
17 term of this Agreement whenever CONTRACTOR(S)'s engagement partner under this Agreement
18 learns that an employee or subcontractor who, in each case, is providing professional services under
19 this Agreement is excluded, suspended, debarred or otherwise ineligible to participate in the Federal
20 Health Care Programs, or is convicted of a criminal offense relating to the provision of health care
21 services.

22 2. Notwithstanding the above, COUNTY at its discretion may terminate this
23 Agreement in accordance with the Termination Section of this Agreement, or require adequate
24 assurance (as defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or
25 subcontractor of CONTRACTOR(S) will perform work, either directly or indirectly, relating to
26 services provided to COUNTY. Such demand for adequate assurance shall be effective upon a time
27 frame to be determined by COUNTY to protect the interests of COUNTY consumers.
28

1 E. CONTRACTOR(S) agrees to cooperate fully with any reasonable requests for
2 information from COUNTY which may be necessary to complete any internal or external audits
3 relating to this Agreement.

4 F. CONTRACTOR(S) agrees to reimburse COUNTY for the entire cost of any
5 penalty imposed upon COUNTY by the Federal Government as a result of CONTRACTOR(S)'s
6 violation of CONTRACTOR(S)'s obligations as described in this Section.

7 **27. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS**

8 CONTRACTOR(S) is required to disclose if any of the following conditions apply to
9 them, their owners, officers, corporate managers and partners:

10 A. Within the three-year period preceding the Agreement award, they have been
11 convicted of, or had a civil judgment rendered against them for:

12 1. Fraud or a criminal offense in connection with obtaining, attempting to
13 obtain, or performing a public (federal, state, or local) transaction or contract under a public
14 transaction;

15 2. Violation of a federal or state antitrust statute;

16 3. Embezzlement, theft, forgery, bribery, falsification, or destruction of
17 records; or

18 4. False statements or receipt of stolen property.

19 B. Within a three-year period preceding their Agreement award, they have had a
20 public transaction (federal, state, or local) terminated for cause or default.

21 Disclosure of the above information will not automatically eliminate
22 CONTRACTOR(S) from further business consideration. The information will be considered as part
23 of the determination of whether to continue and/or renew the contract and any additional
24 information or explanation that a CONTRACTOR(S) elects to submit with the disclosed information
25 will be considered. If it is later determined that the CONTRACTOR(S) failed to disclose required
26 information, any contract awarded to such CONTRACTOR(S) may be immediately voided and
27 terminated for material failure to comply with the terms and conditions of the award.
28

1 CONTRACTOR(S) must sign an appropriate "Certification Regarding Debarment,
2 Suspension, and Other Responsibility Matters", Exhibit I, attached hereto and by this reference
3 incorporated herein. Additionally, CONTRACTOR(S) must immediately advise the COUNTY in
4 writing if, during the term of the agreement: (1) CONTRACTOR(S) becomes suspended, debarred,
5 excluded or ineligible for participation in federal or state funded programs or from receiving federal
6 funds as listed in the excluded parties list system (<http://www/eplis.gov>); or (2) any of the above listed
7 conditions become applicable to CONTRACTOR(S). The CONTRACTOR(S) will indemnify, defend
8 and hold the COUNTY harmless for any loss or damage resulting from a conviction, debarment,
9 exclusion, ineligibility or other matter listed in the signed Certification Regarding Debarment,
10 Suspension, and Other Responsibility Matters.

11 **28. AUDITS AND INSPECTIONS**

12 The CONTRACTOR(S) shall at any time during business hours, and as often as the
13 COUNTY may deem necessary, make available to the COUNTY for examination all of its records and
14 data with respect to the matters covered by this Agreement. The CONTRACTOR(S) shall, upon
15 request by the COUNTY, permit the COUNTY to audit and inspect all such records and data
16 necessary to ensure CONTRACTOR(S)'s compliance with the terms of this Agreement.

17 If this Agreement exceeds Ten Thousand and No/100 Dollars (\$10,000.00),
18 CONTRACTOR(S) shall be subject to the examination and audit of the State Auditor General for a
19 period of three (3) years after final payment under contract (Government Code section 8546.7).

20 **29. PROHIBITION ON PUBLICITY**

21 None of the funds, materials, property or services provided directly or indirectly under
22 this Agreement shall be used for CONTRACTOR(S)'s advertising, fundraising, or publicity (i.e.,
23 purchasing tickets/tables, silent auction donations, etc.) for the purpose of self-promotion.
24 Notwithstanding the above, publicity of the services described in Section One (1) of this Agreement
25 shall be allowed as necessary to raise public awareness about the availability of such specific services
26 when approved in advance by COUNTY's DBH Director or designee and at a cost to be provided in
27 Exhibit C-1, C-2, as appropriate, attached hereto, for such items as written/printed materials, the use of
28 media (i.e., radio, television, newspapers) and any other related expense(s).

1 **30. COMPLAINTS**

2 CONTRACTOR(S) shall log complaints and the disposition of all complaints from a
3 consumer or a consumer's family. CONTRACTOR(S) shall provide a copy of the detailed complaint
4 log entries concerning COUNTY-sponsored consumers to COUNTY at monthly intervals by the tenth
5 (10th) day of the following month, in a format that is mutually agreed upon. Besides the detailed
6 complaint log, CONTRACTOR(S) shall provide details and attach documentation of each complaint
7 with the log. CONTRACTOR(S) shall post signs informing consumer of their right to file a complaint
8 or grievance. CONTRACTOR(S) shall notify COUNTY of all incidents reportable to state licensing
9 bodies that affect COUNTY consumers within twenty-four (24) hours of receipt of a complaint as
10 indicated in Exhibit J "MHSA Guidelines", attached hereto and by this reference incorporated herein.

11 **31. NOTICES**

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

<u>COUNTY</u>	<u>CONTRACTOR(S)</u>
Director, Fresno County	(See Exhibit A)
Department of Behavioral Health	
4441 E. Kings Canyon Rd	
Fresno, CA 93702	

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

22 **32. GOVERNING LAW**

23 The parties agree, that for the purposes of venue, performance under this Agreement is
24 to be in Fresno County, California.

25 The rights and obligations of the parties and all interpretation and performance of this
26 Agreement shall be governed in all respects by the laws of the State of California.

27 **33. ENTIRE AGREEMENT**

28 This Agreement, including all Exhibits, COUNTY's Revised RFP No. 952-4863 and

1 CONTRACTOR(S) response thereto constitutes the entire Agreement between the
2 CONTRACTOR(S) and COUNTY with respect to the subject matter hereof and supersedes all
3 previous agreement negotiations, proposals, commitments, writings, advertisements, publications, and
4 understandings of any nature whatsoever unless expressly included in this Agreement.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and
2 year first hereinabove written.

3 ATTEST:

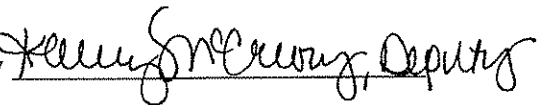
4 **CONTRACTOR(S)**
5 **PLEASE SEE EXHIBIT A,**
6 **Attached hereto**

COUNTY OF FRESNO

7
8 By 
Chairman, Board of Supervisors

9
10 Date: 5/3/11


11
12 BERNICE E. SEIDEL, Clerk
13 Board of Supervisors

14
15 By 
16 Deputy

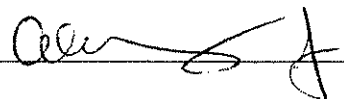
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**PLEASE SEE ADDITIONAL
SIGNATURE PAGES ATTACHED**

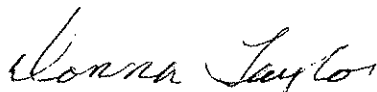
1 APPROVED AS TO LEGAL FORM:
2 KEVIN BRIGGS, COUNTY COUNSEL

3
4 By 

5 APPROVED AS TO ACCOUNTING FORM:
6 VICKI CROW, C.P.A., AUDITOR-CONTROLLER/
7 TREASURER-TAX COLLECTOR

8
9 By 

10 REVIEWED AND RECOMMENDED
11 FOR APPROVAL:

12
13 By 
14 Donna Taylor, RN, Director
15 Department of Behavioral Health

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19
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23
24
25
26 Fund/Subclass: 0001/10000
27 Organization: 56304324
28 Account/Program: 7294/0

**PLEASE SEE ADDITIONAL
SIGNATURE PAGES ATTACHED**

1 FRESNO COUNTY OFFICE OF EDUCATION
2 SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

3 By


4 

5 Print Name: Larry L. Powell

6
7 Title: Chairman of the Board

8 Chairman of the Board, or
9 President, or any Vice President

10
11
12
13 By

14 

15 Print Name: RICHARD MARTIN

16
17 Title: Chief Financial Officer

18 Secretary (of Corporation), or
19 any Assistant Secretary, or
20 Chief Financial Officer, or
21 any Assistant Treasurer

22
23
24
25 Mailing Address:

26 1111 Van Ness

27 Fresno, CA 93721

28 Phone No.: (559) 265-4027

Contact: Steve A Gonzalez, Ed. D

PLEASE SEE ADDITIONAL
SIGNATURE PAGE ATTACHED

AGREEMENT

THIS AGREEMENT is made and entered into this 5th day of June 2018, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **FRESNO COUNTY SUPERINTENDENT OF SCHOOLS.**, a Political Subdivision of the State of California, whose address is 1111 Van Ness Avenue, Fresno, CA, 93721, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), is looking to expand mental health treatment and prevention and early intervention services for children and youth at school, home, and community locations in Fresno County; and

WHEREAS, COUNTY, through its DBH, Mental Health Services Act (MHSA), Community Service and Supports (CSS) and Prevention and Early Intervention (PEI) component, and through input from the community stakeholder process, recognizes the need to provide school based mental health treatment and PEI for both metropolitan and rural areas to children and youth enrolled in school grades Kindergarten through High School, as specified in this Agreement and as part of Fresno County's approved State CSS and PEI Plans, to provide services related to mental well-being; and

WHEREAS, COUNTY, through its DBH, Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) component, recognizes the need to provide Prevention and Early Intervention School Based Programs (PEISBP) Kindergarten through Twelfth Grade, as specified in this Agreement and as part of Fresno County's approved State PEI Plan, to help reduce stigma and discrimination against mental illness and provide services related to mental well-being and mental health services; and

WHEREAS, children/youth with Serious Emotional Disturbance (SED) who also experience co-occurring mental health and alcohol/substance use disorders and/or discipline issues will be included among those served; and

WHEREAS, CONTRACTOR's school districts are public schools districts which also coordinate their own mental health services within the jurisdictional boundaries specific to each school district; and

///

1 WHEREAS, CONTRACTOR has similar goals of COUNTY to expand mental health treatment
2 and prevention and early intervention services for it students and families across the County of Fresno,
3 and to provide integrated student supports through a collaboration with the COUNTY's DBH; and

4 WHEREAS, COUNTY, through its DBH, is a Mental Health Plan (MHP), as defined in Title 9 of
5 the California Code of Regulations (C.C.R.), Section 1810.226; and

6 WHEREAS, CONTRACTOR is qualified, has the staffing, facilities, support services and is
7 willing to provide said expanded mental health services at school, home and community locations
8 throughout Fresno County, pursuant to the terms and conditions of this Agreement.

9 NOW, THEREFORE, in consideration of their mutual covenants and conditions, the parties
10 hereto agree as follows:

11 **1. SERVICES**

12 A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth
13 in Exhibit A-1, Exhibit A-2, and Exhibit A-3, "Specialty Mental Health Services Scope of Work, Prevention
14 and Early Intervention Services Scope of Work," Continuum of Care Vision and Strategies, all attached
15 hereto and by this reference incorporated herein and made part of this Agreement.

16 B. CONTRACTOR shall align programs, services, and practices with the vision,
17 mission, and guiding principles of the County of Fresno, Department of Behavioral Health (DBH), as
18 further described in Exhibit B, "Fresno County Department of Behavioral Health Guiding Principles of
19 Care Delivery", attached hereto and by this reference incorporated herein and made part of this
20 Agreement.

21 C. CONTRACTOR shall send to County's DBH upon execution of this Agreement, a
22 detailed plan ensuring clinically appropriate leadership and supervision of their clinical program.
23 Recruitment and retaining clinical leadership with the clinical competencies to oversee services based on
24 the level of care and program design presented herein shall be included in this plan. A description and
25 monitoring of this plan shall be provided to the COUNTY's DBH.

26 D. CONTRACTOR shall establish and maintain Medi-Cal certification, medi-cal site
27 certification, or become certified within ninety (90) days of the effective date of this Agreement through
28 the COUNTY to provide reimbursable services to Medi-Cal eligible clients. In addition, CONTRACTOR

1 shall work with the COUNTY's DBH Managed Care Division for credentialing of staff. CONTRACTOR
2 shall be required to become Medi-Cal certified prior to providing services to Medi-Cal eligible clients and
3 seeking reimbursement in COUNTY's billing system. CONTRACTOR shall not be reimbursed by
4 COUNTY for any Medi-Cal services rendered prior to certification.

5 E. CONTRACTOR shall also provide tracking tools and measurements for access,
6 effectiveness, efficiency, and client satisfaction indicators as required by the Commission on
7 Accreditation of Rehabilitation Facilities (CARF) standards and as further detailed in Exhibits A-1 and A-
8 2, Scope of Work.

9 F. CONTRACTOR shall participate in utilizing and integrating the Reaching
10 Recovery tools and outcomes as applicable to CONTRACTOR and as directed by the COUNTY's DBH.

11 G. It is acknowledged by all parties hereto that COUNTY's DBH Contracts Division
12 unit shall monitor this program operated by CONTRACTOR, in accordance with Section Fourteen (14) of
13 this Agreement.

14 H. CONTRACTOR shall participate in monthly, or as needed, workgroup meetings
15 consisting of staff from COUNTY's DBH to discuss service requirements, data reporting, training,
16 policies and procedures, overall program operations and any problems or foreseeable problems that
17 may arise. CONTRACTOR shall also participate in other COUNTY meetings, such as but not limited to
18 QI meetings, provider meetings, Behavioral Health Board meetings, etc.

19 I. CONTRACTOR shall maintain requirements as an organizational provider
20 throughout the term of this Agreement, as described in Section Seventeen (17) of this Agreement. If for
21 any reason, this status is not maintained, COUNTY may terminate this Agreement pursuant to Section
22 Three (3) of this Agreement.

23 J. CONTRACTOR agrees that prior to, and while providing services under the
24 terms and conditions of this Agreement, CONTRACTOR shall have staff hired and in place for program
25 services and operations or COUNTY may, in addition to other remedies it may have, suspend referrals
26 or terminate this Agreement, in accordance with Section Three (3) of this Agreement.

27 K. It is acknowledged by all parties hereto that the ramp up period shall commence
28 on July 1, 2018 and continue through December 2018. Each subsequent fiscal year and subsequent

geographical location/hubs shall also have start up periods as further identified in the budget sheets (Exhibit C). Due to the timing of staff hires, staff trainings completed, and other program related factors, the dates of the ramp up period and initial operational period may be adjusted as needed with the written approval of COUNTY's DBH Director, or designee. Budgets amounts shall be prorated accordingly from the start up budgets to operational budgets, without going over the annual contract maximum.

L. It is acknowledged by all parties hereto that CONTRACTOR's service school sites shall be as identified in Exhibit A-4, attached hereto and incorporated herein by reference and made part of this Agreement. Any change/addition/deletion to CONTRACTOR(S) location of the service sites may be made only upon thirty (30) days advance written notification to COUNTY's DBH Director and upon written approval from COUNTY's DBH Director, or designee.

M. CONTRACTOR may maintain its records in COUNTY's Electronic Health Record (EHR) system (Avatar) in accordance with Exhibit E, "Documentation Standards for Client Records," attached hereto and incorporated herein by reference and made part of this Agreement, beginning July 1, 2018. The client record shall begin with registration and intake and include client authorizations, assessments, plans of care, and progress notes, as well as other documents as approved by the County's DBH. COUNTY shall be allowed to review records of services provided, including the goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives. If CONTRACTOR determines to maintain its records in AVATAR, it shall provide COUNTY's DBH Director, or designee, with a 30-day notice. If at any time CONTRACTOR chooses not to maintain its records in AVATAR, it shall provide COUNTY'S DBH Director, or designee, with a 30-day notice and CONTRACTOR will be responsible for obtaining its own system, at its own cost, for Electronic Health Records management. Disclaimer - COUNTY makes no warranty or representation that information entered into the COUNTY's EHR system by CONTRACTOR will be accurate, adequate or satisfactory for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized access, viewing, use, disclosure, or breach. CONTRACTOR is solely responsible for client information entered by CONTRACTOR into the COUNTY's EHR system. CONTRACTOR agrees

1 that all Private Health Information (PHI) maintained by CONTRACTOR in COUNTY's EHR system will
2 be maintained in conformance with all HIPAA laws, as stated in Section Nineteen (19), "Health
3 Insurance Portability and Accountability Act.

4 N. It is mutually agreed by all parties to this Agreement, that the program funded
5 under this Agreement shall be identified and subsequently named/branded through the review and
6 approval of the Director, Department of Behavioral Health or designee. All print or media materials,
7 including program branding and program references shall be reviewed and approved by the Director,
8 Department of Behavioral Health or designee. The program funded under this Agreement shall be
9 identified as a County of Fresno, Department of Behavioral Health funded program, and operated by
10 the CONTRACTOR under the terms and conditions of this Agreement.

11 2. TERM

12 The term of this Agreement shall be for a period of three (3) years, commencing on the
13 1st day of July, 2018 through and including June 30, 2021. This Agreement may be extended for two
14 (2) additional consecutive twelve (12) month periods upon written approval of both parties no later than
15 thirty (30) days prior to the first day of the next twelve (12) month extension period. The COUNTY's
16 DBH Director, or designee, is authorized to execute such written approval on behalf of COUNTY based
17 on CONTRACTOR's satisfactory performance.

18 3. TERMINATION

19 A. Non-Allocation of Funds - The terms of this Agreement, and the services to be
20 provided thereunder, are contingent on the approval of funds by the appropriating government agency.
21 Should sufficient funds not be allocated, the services provided may be modified, or this Agreement
22 terminated at any time by giving CONTRACTOR sixty (60) days advance written notice.

23 B. Breach of Contract - COUNTY may immediately suspend or terminate this
24 Agreement in whole or in part, where in the determination of COUNTY there is:

- 25 1) An illegal or improper use of funds;
- 26 2) A failure to comply with any term of this Agreement;
- 27 3) A substantially incorrect or incomplete report submitted to COUNTY;
- 28 4) Improperly performed service.

1 In no event shall any payment by COUNTY constitute a waiver by COUNTY of
2 any breach of this Agreement or any default which may then exist on the part of CONTRACTOR.
3 Neither shall such payment impair or prejudice any remedy available to COUNTY with respect to the
4 breach or default. COUNTY shall have the right to demand of CONTRACTOR the repayment to
5 COUNTY of any funds disbursed to CONTRACTOR under this Agreement, which in the judgment of
6 COUNTY were not expended in accordance with the terms of this Agreement. CONTRACTOR shall
7 promptly refund any such funds upon demand, or at COUNTY's option, such repayment shall be
8 deducted from future payments owing to CONTRACTOR under this Agreement.

9 C. Without Cause - Under circumstances other than those set forth above, this
10 Agreement may be terminated by CONTRACTOR or COUNTY or COUNTY's DBH Director, or
11 designee, upon the giving of thirty (30) days advance written notice prior to close of the current
12 Agreement term.

13 **4. COMPENSATION**

14 COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
15 compensation in accordance with the Budgets set forth in Exhibit C, attached hereto and by this
16 reference incorporated herein and made part of this Agreement.

17 A. Maximum Contract Amount

18 The maximum amount for the ramp up period (July 1, 2018 through December
19 31, 2018,) shall not exceed Two Million, Fifty-Seven Thousand, One Hundred Ninety-Three and No/100
20 Dollars (\$2,057,193.00).

21 The maximum amount for the initial operational period of January 1, 2018
22 through June 30, 2019 shall not exceed Five Million, Seven Hundred-Fifty Thousand, Eight Hundred
23 Ninety-Three and No/100 Dollars (\$5,750,893.00).

24 The maximum amount for the period of July 1, 2019 through June 30, 2020 shall
25 not exceed Seventeen Million, One Hundred Sixty-Eight and No/100 Dollars (\$17,000,168.00).

26 The maximum amount for the period of July 1, 2020 through June 30, 2021 shall
27 not exceed Twenty-Two Million, Five Hundred Seventy-Nine Thousand, Six hundred and No/100
28 Dollars (\$22,579,600.00).

The maximum amount for the period of July 1, 2021 through June 30, 2022 shall not exceed Twenty-Eight Million, Four Hundred Seventy-Five Thousand, Six Hundred Sixty-Four and No/100 Dollars (\$28,475,664.00).

The maximum amount for the period of July 1, 2022 through June 30, 2023 shall not exceed Thirty-Five Million, Three Hundred Forty-Seven Thousand, Four Hundred Fifty-Nine and No/100 Dollars (\$35,347,459.00).

In no event shall the maximum contract amount for all the services provided by the CONTRACTOR to COUNTY under the terms and conditions of this Agreement be in excess of One Hundred Eleven Million, Two Hundred Ten Thousand, Nine Hundred Seventy-Seven and No/100 Dollars (\$111,210,977.00) during the entire term of this Agreement. Funding amounts by fiscal year for specialty mental health services and prevention and early intervention services are further detailed below:

Specialty Mental Health Services:

<u>Fiscal Year</u>	<u>Total Contract</u>	<u>MHSA Ramp</u>	<u>CSS</u>	<u>Medi-cal FFP</u>
2018-19	\$6,220,264	\$2,057,193	\$1,248,879	\$2,914,192
2019-20	\$13,709,938	\$787,930	\$3,757,205	\$9,164,804
2020-21	\$18,227,020	\$667,271	\$5,227,637	\$12,332,112
2021-22	\$23,027,015	\$709,834	\$6,924,876	\$15,392,304
2022-23	\$28,567,809	\$646,147	\$8,753,716	\$19,167,946

Maximum Compensation All Five (5) Years: \$89,752,046

Prevention and Early Intervention Services:

<u>Fiscal Year</u>	<u>Contract Maximum (MHSA PEI Funds)</u>
2018-19	\$1,587,822
2019-20	\$3,290,230
2020-21	\$4,352,581
2021-22	\$5,448,649
2022-23	\$6,779,650

Maximum Compensation All Five (5) Years: \$21,458,932

1 B. If CONTRACTOR fails to generate the Medi-Cal revenue and/or client fee
2 reimbursement amounts set forth in Exhibit C, the COUNTY shall not be obligated to pay the difference
3 between these estimated amounts and the actual amounts generated.

4 It is further understood by COUNTY and CONTRACTOR that any Medi-Cal
5 revenue and/or client fee reimbursements above the amounts stated herein will be used to directly offset
6 the COUNTY's contribution of COUNTY funds identified in Exhibit C. The offset of funds will also be
7 clearly identified in monthly invoices received from CONTRACTOR as further described in Section Five
8 (5) of this Agreement.

9 Travel shall be reimbursed based on actual expenditures and mileage
10 reimbursement shall be at CONTRACTOR's adopted rate per mile, not to exceed the Federal Internal
11 Revenue Services (IRS) published rate.

12 Payment shall be made upon certification or other proof satisfactory to COUNTY's
13 DBH that services have actually been performed by CONTRACTOR as specified in this Agreement.

14 C. It is understood that all expenses incidental to CONTRACTOR's performance of
15 services under this Agreement shall be borne by CONTRACTOR. If CONTRACTOR fails to comply with
16 any provision of this Agreement, COUNTY shall be relieved of its obligation for further compensation.

17 D. Payments shall be made by COUNTY to CONTRACTOR in arrears, for services
18 provided during the preceding month, within forty-five (45) days after the date of receipt and approval by
19 COUNTY of the monthly invoicing as described in Section Five (5) herein. Payments shall be made
20 after receipt and verification of actual expenditures incurred by CONTRACTOR for monthly program
21 costs, as identified in the budget narratives and budgets identified in Exhibit C, in the performance of this
22 Agreement and shall be documented to COUNTY on a monthly basis by the tenth (10th) of the month
23 following the month of said expenditures. The parties acknowledge that the CONTRACTOR will be
24 performing hiring, training, credentialing of staff, configuring facilities and office space, and obtaining site
25 certification from the COUNTY's Mental Health Plan (Mental Health Plan).

26 E. Yearly budget (s) beginning for FY 2019-20 to be provided herein shall be
27 submitted for review for each subsequent term of the Agreement to COUNTY's DBH Director or
28 designee for approval. Said budget(s) shall be submitted for review and requires the approval of

COUNTY's DBH Director or designee prior to March 1st of each term of this Agreement. If said budget is not received by the March 1st due date, the current budget will remain at the then current funding level. The compensation amount of said approved budget(s) shall not exceed the maximum compensation of the current Agreement term.

F. COUNTY shall not be obligated to make any payments under this Agreement if the request for payment is received by COUNTY more than sixty (60) days after this Agreement has terminated or expired.

All final invoices and/or any final budget modification requests shall be submitted by CONTRACTOR within sixty (60) days following the final month of service for which payment is claimed. No action shall be taken by COUNTY on claims submitted beyond the sixty (60) day closeout period. Any compensation which is not expended by CONTRACTOR pursuant to the terms and conditions of this Agreement shall automatically revert to COUNTY.

G. The services provided by CONTRACTOR under this Agreement are funded in whole or in part by the State of California. In the event that funding for these services is delayed by the State Controller, COUNTY may defer payments to CONTRACTOR. The amount of the deferred payment shall not exceed the amount of funding delayed by the State Controller to the COUNTY. The period of time of the deferral by COUNTY shall not exceed the period of time of the State Controller's delay of payment to COUNTY plus forty-five (45) days.

H. CONTRACTOR shall be held financially liable for any and all future disallowances/audit exceptions due to CONTRACTOR's deficiency discovered through the State audit process and COUNTY utilization review during the course of this Agreement. At COUNTY's election, the disallowed amount will be remitted within forty-five (45) days to COUNTY upon notification or shall be withheld from subsequent payments to CONTRACTOR. CONTRACTOR shall not receive reimbursement for any units of services rendered that are disallowed or denied by the Fresno County Mental Health Plan (Mental Health Plan) utilization review process or through the State of California DHCS cost report audit settlement process for Medi-Cal eligible clients.

I. It is understood by CONTRACTOR and COUNTY that this Agreement is funded with mental health funds to serve in part, individuals with SED, many of whom have co-occurring

disorders. It is further understood by CONTRACTOR and COUNTY that funds shall be used to support appropriately integrated services for co-occurring disorders in the target population, and that integrated services can be documented in crisis assessments, interventions, and progress notes documenting linkages.

5. INVOICING

A. CONTRACTOR shall invoice COUNTY in arrears by the tenth (10th) day of each month for the prior month's actual services rendered to DBHInvoices@co.fresno.ca.us. A separate invoice shall be submitted for the start-up budget/costs. After CONTRACTOR renders service to clients, CONTRACTOR will invoice COUNTY for payment, certify the expenditure, and submit electronic claiming data into COUNTY's electronic information system for all clients, including those eligible for Medi-Cal as well as those that are not eligible for Medi-Cal, including contracted cost per unit and actual cost per unit. COUNTY must pay CONTRACTOR before submitting a claim to DHCS for Federal reimbursement for Medi-Cal eligible clients.

B. CONTRACTOR shall submit to the COUNTY by the tenth (10th) of each month a detailed general ledger (GL), itemizing costs incurred in the previous month. Failure to submit GL reports and supporting documentation, including cost invoices and receipts as required by the COUNTY, shall be deemed sufficient cause for COUNTY to withhold payments until there is compliance, as further described in Section Five (5) herein.

C. If CONTRACTOR chooses to utilize the COUNTY's electronic health record system (currently AVATAR, the preferred EHR system by DBH) method as their own full electronic health records system, COUNTY's DBH shall invoice CONTRACTOR in arrears by the fifth (5th) day of each month for the prior month's hosting fee for access to the COUNTY's electronic information system in accordance with the fee schedule as set forth in Exhibit D, "Electronic Health Records Software Charges" attached hereto and incorporated herein by this reference and made part of this Agreement. COUNTY shall invoice CONTRACTOR annually for the annual maintenance and licensing fee for access to the COUNTY's electronic information system in accordance with the fee schedule as set forth in Exhibit D. COUNTY shall invoice CONTRACTOR annually for the Reaching Recovery fee, as applicable, for access to the COUNTY's electronic information system in accordance with the fee schedule as set forth in

1 Exhibit D. CONTRACTOR shall provide payment for these expenditures to COUNTY's Fresno County
2 Department of Behavioral Health, Accounts Receivable, P.O. Box 712, Fresno, CA 93717-0712,
3 Attention: Business Office, within forty-five (45) days after the date of receipt by CONTRACTOR of the
4 invoicing provided by COUNTY.

5 D. At the discretion of COUNTY's DBH Director, or designee, if an invoice is
6 incorrect or is otherwise not in proper form or substance, COUNTY's DBH Director, or designee, shall
7 have the right to withhold payment as to only that portion of the invoice that is incorrect or improper
8 after five (5) days prior notice to CONTRACTOR. CONTRACTOR agrees to continue to provide
9 services for a period of ninety (90) days after notification of an incorrect or improper invoice. If after the
10 ninety (90) day period, the invoice(s) is still not corrected to COUNTY DBH's satisfaction, COUNTY's
11 DBH Director, or designee, may elect to terminate this Agreement, pursuant to the termination
12 provisions stated in Section Three (3) of this Agreement. In addition, for invoices received sixty (60)
13 days after the expiration of each term of this Agreement or termination of this Agreement, at the
14 discretion of COUNTY's DBH Director, or designee, COUNTY's DBH shall have the right to deny
15 payment of any invoices received.

16 E. Monthly invoices shall include a client roster, identifying volume reported by
17 payer group clients served (including third party payer of services) by month and year-to-date, including
18 percentages.

19 F. CONTRACTOR shall submit monthly invoices and general ledgers that itemize
20 the line item charges for monthly program costs (per applicable budget, as identified in Exhibit C),
21 including the cost per unit calculation based on clients served within that month, and excluding
22 unallowable costs. Unallowable costs such as lobbying or political donations must be deducted from
23 the monthly invoice reimbursements. The invoices and general ledgers will serve as tracking tools to
24 determine if CONTRACTOR's program costs are in accordance with its budgeted cost, and cost per
25 unit negotiated by service modes compared to actual cost per unit, as set forth in Exhibit C. The actual
26 cost per unit will be based upon total costs and total units of service. It will also serve for the COUNTY
27 to certify the public funds expended for purposes of claiming Federal and State reimbursement for the
28 cost of Medi-Cal services and activities.

1 G. CONTRACTOR will remit annually within ninety (90) days from June 30, a
2 schedule to provide the required information on published charges for all authorized direct specialty
3 mental health services. The published charge listing will serve as a source document to determine the
4 CONTRACTOR's usual and customary charge prevalent in the public mental health sector that is used
5 to bill the general public, insurers or other non-Medi-Cal third party payers during the course of
6 business operations.

7 H. CONTRACTOR shall submit monthly staffing reports that identify all direct
8 service and support staff, applicable licensure/certifications, ethnicity and language detail of staff, and
9 actual time of hours (FTE) worked to be used as a tracking tool to determine if CONTRACTOR's
10 program is staffed according to the services provided under this Agreement. Monthly staffing reports
11 shall indicate if staff licenses are valid and current.

12 I. CONTRACTOR must maintain such financial records for a period of ten
13 (10) years or until any dispute, audit or inspection is resolved, whichever is later. CONTRACTOR will
14 be responsible for any disallowances related to inadequate documentation.

15 J. CONTRACTOR is responsible for collection and managing data in a
16 manner to be determined by State of California DHCS and the COUNTY's Mental Health Plan in
17 accordance with applicable rules and regulations. COUNTY's electronic billing system is a critical
18 source of information for purposes of monitoring service volume and obtaining reimbursement.
19 CONTRACTOR must attend COUNTY's DBH's Business Office training on equipment reporting for
20 assets, intangible and sensitive minor assets, COUNTY's electronic information system; and related
21 cost reporting.

22 K. CONTRACTOR shall submit service data into COUNTY's electronic information
23 system within ten (10) calendar days from the date services were rendered. Federal and State
24 reimbursement for Medi-Cal specialty mental health services is based on public expenditures certified
25 by the CONTRACTOR.

26 L. CONTRACTOR must provide all necessary data to allow the COUNTY to bill
27 Medi-Cal, and any other third-party source, for services and meet State and Federal reporting
28 requirements. The necessary data can be provided by a variety of means, including but not limited to:

1) direct data entry into COUNTY's electronic information system (currently AVATAR); 2) providing an electronic file compatible with COUNTY's electronic information system; or 3) integration between COUNTY's electronic information system and CONTRACTOR's information system(s).

M. If a client has dual coverage, such as other health coverage (OHC) or Federal Medicare, the CONTRACTOR will be responsible for billing the carrier and obtaining a payment/denial or have validation of claiming with no response ninety (90) days after the claim was mailed before the service can be entered into the COUNTY's electronic information system. CONTRACTOR must report all third party collections for Medicare, third party or client pay or private pay in each monthly invoice and in the annual cost report that is required to be submitted. A copy of explanation of benefits or CMS 1500 form is required as documentation. CONTRACTOR must report all revenue collected from OHC, third-party, client-pay or private-pay in each monthly invoice and in the cost report that is required to be submitted. CONTRACTOR shall submit monthly invoices for reimbursement that equal the amount due CONTRACTOR less any funding sources not eligible for Federal and State reimbursement. CONTRACTOR must comply with all laws and regulations governing the Federal Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers for Medicare and Medicaid Services as they relate to participation, coverage and claiming reimbursement. CONTRACTOR will be responsible for compliance as of the effective date of each Federal, State or local law or regulation specified.

N. Data entry shall be the responsibility of the CONTRACTOR. The direct specialty mental health services data must be reconciled by the CONTRACTOR to the monthly invoices submitted for payment. COUNTY shall monitor the volume of services and cost of services entered into the COUNTY's electronic information system. Any and all audit exceptions resulting from the provision and reporting of specialty mental health services by CONTRACTOR shall be the sole responsibility of the CONTRACTOR. CONTRACTOR will comply with all applicable policies, procedures, directives and guidelines regarding the use of COUNTY's electronic information system. If CONTRACTOR elects to use their own Electronic Health Record (EHR) system, the EHR must have CCHIT certification for Security Access Control, Audit and Authentication. CONTRACTOR's billers in the EHR system will

1 need to sign an Electronic Signature Certification (ESR).

2 O. Medi-Cal Certification and Mental Health Plan Compliance

3 CONTRACTOR will establish and maintain Medi-Cal certification or become
4 certified (as required by the COUNTY's Mental Health Plan) within ninety (90) days of the execution of
5 this Agreement for all sites/facilities that will provide specialty mental health billable services under this
6 Agreement through COUNTY to provide reimbursable services to Medi-Cal eligible clients. In addition,
7 CONTRACTOR shall work with the COUNTY's DBH to execute the process if not currently certified by
8 COUNTY for credentialing of staff. During this process, the CONTRACTOR will obtain a legal entity
9 number established by the State of California DHCS, as this is a requirement for maintaining Mental
10 Health Plan organizational provider status throughout the term of this Agreement. CONTRACTOR will
11 be required to become Medi-Cal certified prior to providing direct specialty mental health services to
12 Medi-Cal eligible clients and seeking reimbursement from the COUNTY for costs associated with direct
13 specialty mental health services. CONTRACTOR will not be reimbursed by COUNTY for any direct
14 specialty mental health services rendered prior to certification.

15 CONTRACTOR shall provide specialty mental health services in accordance with
16 the COUNTY's Mental Health Plan. CONTRACTOR must comply with the "Fresno County Mental
17 Health Plan Compliance Program and Code of Conduct" set forth in Exhibit F, attached hereto and
18 incorporated herein by reference and made part of this Agreement.

19 CONTRACTOR may provide direct specialty mental health services using
20 unlicensed staff as long as the individual is approved as a provider by the Mental Health Plan, is
21 supervised by licensed staff, works within his/her scope and only delivers allowable direct specialty
22 mental health services. It is understood that each service is subject to audit for compliance with Federal
23 and State regulations, and that COUNTY may be making payments in advance of said review. In the
24 event that a service is disapproved, COUNTY may, at its sole discretion, withhold compensation or set
25 off from other payments due the amount of said disapproved services. CONTRACTOR shall be
26 responsible for audit exceptions to ineligible dates of services or incorrect application of utilization
27 review requirements.

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1 **6. INDEPENDENT CONTRACTOR**

2 In performance of the work, duties, and obligations assumed by CONTRACTOR under
3 this Agreement, it is mutually understood and agreed that CONTRACTOR, including any and all of
4 CONTRACTOR's officers, agents, and employees will at all times be acting and performing as an
5 independent contractor, and shall act in an independent capacity and not as an officer, agent, servant,
6 employee, joint venturer, partner, or associate of COUNTY. Furthermore, COUNTY shall have no right
7 to control or supervise or direct the manner or method by which CONTRACTOR shall perform its work
8 and function. However, COUNTY shall retain the right to administer this Agreement so as to verify that
9 CONTRACTOR is performing its obligations in accordance with the terms and conditions thereof.
10 CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and
11 regulations, if any, of governmental authorities having jurisdiction over matters which are directly or
12 indirectly the subject of this Agreement.

13 Because of its status as an independent contractor, CONTRACTOR shall have
14 absolutely no right to employment rights and benefits available to COUNTY employees.
15 CONTRACTOR shall be solely liable and responsible for providing to, or on behalf of, its employees all
16 legally-required employee benefits. In addition, CONTRACTOR shall be solely responsible and save
17 COUNTY harmless from all matters relating to payment of CONTRACTOR's employees, including
18 compliance with Social Security, withholding, and all other regulations governing such matters. It is
19 acknowledged that during the term of this Agreement, CONTRACTOR may be providing services to
20 others unrelated to COUNTY or to this Agreement.

21 **7. MODIFICATION**

22 Any matters of this Agreement may be modified from time to time by the written consent
23 of all the parties without, in any way, affecting the remainder.

24 Notwithstanding the above, minor changes to services, staffing, and responsibilities of
25 the CONTRACTOR , as needed, and changes to accommodate changes in the laws relating to mental
26 health treatment, as set forth in Exhibit A-1 and A-2, may be made with the signed written approval of
27 COUNTY's DBH Director, or designee, and CONTRACTOR through an amendment approved by
28 COUNTY's Counsel and the COUNTY's Auditor-Controller/Treasurer-Tax Collector's Office.

Changes to line items and expense category (i.e. Salary and Benefits, Facilities/Equipment. Operating, Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in the budgets, as set forth in Exhibit C that do not exceed ten percent (10%) of the maximum compensation payable to the CONTRACTOR, and changes to the volume of units of services/types of service units, and changes to the service rates to be provided, as set forth in Exhibit C, and movement of funds between each program budget that do not exceed ten percent (10%) of the maximum compensation payable to the CONTRACTOR, and the earlier/late start up of various programs as identified in Exhibits A-1 and A-2 and Exhibits C, may be made with the written approval of COUNTY's DBH Director, or designee, and CONTRACTOR. Changes to the line items and expense category subtotals in the budgets, as set forth in Exhibit C, that exceed ten percent (10%) of the maximum compensation payable to the CONTRACTOR and movement of funds between each program budgets that exceed ten percent (10%) of the maximum compensation payable to the CONTRACTOR, may be made with the signed written approval of COUNTY's DBH Director, or designee, and CONTRACTOR through an amendment approved by COUNTY's Counsel and COUNTY's Auditor-Controller/Treasurer-Tax Collector's Office.

Said modifications shall not result in any change to the annual maximum compensation amount payable to CONTRACTOR, as stated in this Agreement.

COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation for annual administrative costs which are justifiable and reasonable, not to exceed a maximum of fifteen percent (15%) of the total actual expenditures of each fiscal year.

8. ADDITIONS/DELETIONS OF SCHOOLS

COUNTY's DBH Director, or designee, reserves the right at any time during the term of this Agreement to add CONTRACTOR schools to Exhibit A-4 attached hereto. These same provisions shall apply to the deletion of any CONTRACTOR schools contained in Exhibit A-4 attached hereto, except that deletions shall be by mutual written agreement between COUNTY's DBH Director and CONTRACTOR to be deleted or shall be in accordance with the provisions of Section Four (4) of this Agreement.

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1 In addition, specific schools within each CONTRACTOR school district to receive mental
2 health services are as listed in Exhibit A-4 attached hereto. The addition or deletion of specific
3 schools shall require written approval of COUNTY's DBH Director, or designee.

4 **9. NON-ASSIGNMENT**

5 No party shall assign, transfer or subcontract this Agreement nor their rights or duties
6 under this Agreement without the prior written consent of COUNTY.

7 **10. HOLD-HARMLESS**

8 CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request,
9 defend COUNTY, its officers, agents and employees from any and all costs and expenses, including,
10 without limitation, costs and fees of litigation, damages, liabilities, claims and losses occurring or
11 resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its
12 officers, agents or employees under this Agreement, and from any and all costs and expenses,
13 including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to
14 any person, firm or corporation who may be injured or damaged by the performance, or failure to
15 perform, of CONTRACTOR, their officers, agents or employees under this Agreement.

16 CONTRACTOR agrees to indemnify COUNTY for Federal and/or State of California
17 audit exceptions resulting from noncompliance herein on the part of CONTRACTOR.

18 **11. INSURANCE**

19 Without limiting COUNTY's right to obtain indemnification from CONTRACTOR or any
20 third parties, CONTRACTOR, at its sole expense, shall maintain in full force and affect the following
21 insurance policies throughout the term of this Agreement:

22 A. **Commercial General Liability (CGL) or a Policy of Self Insurance**

23 Commercial General Liability Insurance or a Policy of Self Insurance with limits of
24 not less than Two Million Dollars (\$2,000,000) per occurrence and an annual
25 aggregate of Five Million Dollars (\$5,000,000). This policy shall be issued on a
26 per occurrence basis. COUNTY may require specific coverage including
27 completed operations, product liability, contractual liability, Explosion, Collapse,
and Underground (XCU), fire legal liability or any other liability insurance deemed
necessary because of the nature of the Agreement.

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1 B. Automobile Liability

2 Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto),
3 or if CONTRACTOR has no owned autos, Code 8 (hired) and 9 (non-owned), with
4 limits for bodily injury of not less than One Million Dollars (\$1,000,000) per
5 accident for bodily injury and property damage. Coverage should include owned,
6 non-owned, and hired vehicles used in connection with this Agreement.

7 C. Real and Property Insurance

8 CONTRACTOR shall maintain a policy of insurance for all risk personal property
9 coverage which shall be endorsed naming the County of Fresno as an additional
10 loss payee. The personal property coverage shall be in an amount that will cover
11 the total of the COUNTY purchase and owned property, at a minimum, as
12 discussed in Section Twenty (21) of this Agreement.

13 All Risk Property Insurance

14 CONTRACTOR will provide property coverage for the full replacement value of
15 the COUNTY's personal property in possession of CONTRACTOR and/or used
16 in the execution of this Agreement. COUNTY will be identified on an appropriate
17 certificate of insurance as the certificate holder and will be named as an
18 Additional Loss Payee on the Property Insurance Policy.

19 D. Professional Liability

20 If CONTRACTOR employs licensed professional staff (e.g., Ph.D., R.N.,
21 L.C.S.W., M.F.T.) in providing services, Professional Liability Insurance with
22 limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three
23 Million Dollars (\$3,000,000) annual aggregate. CONTRACTOR agrees that it
24 shall maintain, at its sole expense, in full force and effect for a period of three (3)
25 years following the termination of this Agreement, one or more policies of
26 professional liability insurance with limits of coverage as specified herein.

27 E. Child Abuse/Molestation and Social Services Coverage

28 CONTRACTOR shall have either separate policies or an umbrella policy with
endorsements covering Child Abuse/Molestation and Social Services Liability
coverage or have a specific endorsement on their General Commercial liability
policy covering Child Abuse/Molestation and Social Services Liability. The policy
limits for these policies shall be One Million Dollars (\$1,000,000) per occurrence
with a Two Million Dollars (\$2,000,000) annual aggregate. The policies are to be
on a per occurrence basis.

F. Worker's Compensation

A policy of Worker's Compensation Insurance as may be required by the
California Labor Code.

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1 G. Cyber Liability

2 Insurance appropriate to the CONTRACTOR's profession, with limits not less
3 than Two Million Dollars (\$2,000,000) per occurrence or claim, Two Million
4 Dollars (\$2,000,000) aggregate. Coverage shall be sufficiently broad to respond
5 to the duties and obligations as is undertaken by CONTRACTOR in this
6 agreement and shall include, but not be limited to, claims involving infringement
7 of intellectual property, including but not limited to infringement of copyright,
8 trademark, trade dress, invasion of privacy violations, information theft, damage
to or destruction of electronic information, release of private information,
alteration of electronic information, extortion and network security. The policy
shall provide coverage for breach response costs as well as regulatory fines and
penalties as well as credit monitoring expenses with limits sufficient to respond to
these obligations.

9 CONTRACTOR shall obtain endorsements to the Commercial General Liability
10 insurance naming the County of Fresno, its officers, agents, and employees, individually and
11 collectively, as additional insured, but only insofar as the operations under this Agreement are
12 concerned. Such coverage for additional insured shall apply as primary insurance and any other
13 insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees shall be
14 excess only and not contributing with insurance provided under CONTRACTOR's policies herein. This
15 insurance shall not be cancelled or changed without a minimum of thirty (30) days advance written
16 notice given to COUNTY. If the CONTRACTOR maintains broader coverage and/or higher limits than
17 the minimums shown above, the COUNTY requires and shall be entitled to the broader coverage
18 and/or higher limits maintained by the CONTRACTOR. Any available insurance proceeds in excess of
19 the specified minimum limits of insurance and coverage shall be available to the COUNTY.

20 Within thirty (30) days from the date CONTRACTOR signs this Agreement,
21 CONTRACTOR shall provide certificates of insurance and endorsements as stated above for all of the
22 foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health, 3133
23 N. Millbrook Ave, Fresno, California, 93703, Attention: Contracts Division, stating that such insurance
24 coverages have been obtained and are in full force; that the County of Fresno, its officers, agents and
25 employees will not be responsible for any premiums on the policies; that such Commercial General
26 Liability insurance names the County of Fresno, its officers, agents and employees, individually and
27 collectively, as additional insured, but only insofar as the operations under this Agreement are
28 concerned; that such coverage for additional insured shall apply as primary insurance and any other

1 insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees, shall be
2 excess only and not contributing with insurance provided under CONTRACTOR's policies herein; and
3 that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance,
4 written notice given to COUNTY.

5 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as
6 herein provided, COUNTY may, in addition to other remedies it may have, suspend or terminate this
7 Agreement upon the occurrence of such event.

8 All policies shall be with admitted insurers licensed to do business in the State of
9 California. Insurance purchased shall be from companies possessing a current A.M. Best, Inc. rating of
10 A FSC VII or better.

11 **12. LICENSES/CERTIFICATES**

12 Throughout each term of this Agreement, CONTRACTOR and CONTRACTOR's staff
13 shall maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions
14 necessary for the provision of the services hereunder and required by the laws and regulations of the
15 United States of America, State of California, the County of Fresno, and any other applicable
16 governmental agencies. CONTRACTOR shall notify COUNTY immediately in writing of its inability to
17 obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions irrespective
18 of the pendency of any appeal related thereto. Additionally, CONTRACTOR and CONTRACTOR's
19 staff shall comply with all applicable laws, rules or regulations, as may now exist or be hereafter
20 changed. CONTRACTOR shall provide COUNTY DBH, monthly staffing reports indicating staff licenses
21 are valid and current.

22 **13. RECORDS**

23 CONTRACTOR shall maintain records in accordance with Exhibit E, "Documentation
24 Standards for Client Records", as referenced in Section One (1) of this Agreement. During site visits,
25 COUNTY shall be allowed to review records of services provided, including the goals and objectives of
26 the treatment plan, and how the therapy provided is achieving the goals and objectives. All medical
27 records shall be maintained for a minimum of ten (10) years from the date of the end of this Agreement.

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1 **14. REPORTS**

2 A. Outcome Reports

3 CONTRACTOR shall submit to COUNTY's DBH service outcome reports as
4 requested by COUNTY's DBH. Outcome reports and outcome requirements are subject to change at
5 COUNTY's DBH discretion. Outcome reports are further referenced in Exhibits A-1 and A-2.

6 B. Additional Reports

7 Monthly Reports - CONTRACTOR shall submit to COUNTY's DBH by the tenth
8 (10th) of each month all monthly activity and budget reports for the preceding month. CONTRACTOR
9 shall also furnish to COUNTY such statements, records, reports, data, and other information as
10 COUNTY's DBH may request pertaining to matters covered by this Agreement. In the event that
11 CONTRACTOR fails to provide such reports or other information required hereunder, it shall be
12 deemed sufficient cause for COUNTY to withhold monthly payments until there is compliance. In
13 addition, CONTRACTOR shall provide written notification and explanation to COUNTY within five (5)
14 days of any funds received from another source to conduct the same services covered by this
15 Agreement.

16 Quarterly Report Progress Reports - CONTRACTOR shall complete Quarterly
17 Report Progress updates showing the total number of clients served versus the target number of clients
18 to be seen each quarter according to State DHCS Mental Health regulations in accordance with
19 "Quarterly Progress Goals and Report". All quarterly reporting is to be submitted to the DBH's
20 Contracted Services Unit within thirty (30) days of quarter ending for review by COUNTY's Contracted
21 Services unit.

22 C. Cost Report

23 CONTRACTOR agrees to submit a complete and accurate detailed cost report to
24 the COUNTY's DBH on an annual basis for each fiscal year ending June 30th in the format prescribed
25 by the State DHCS for the purposes of Short Doyle Medi-Cal reimbursements and total costs for
26 programs. The cost report will be the source document for several phases of settlement with the State
27 DHCS for the purposes of Short Doyle Medi-Cal reimbursement. CONTRACTOR shall report costs
28 under their approved legal entity number established during the Medi-Cal certification process. The

1 information provided applies to CONTRACTOR for program related costs for services rendered to
2 Medi-Cal and non Medi-Cal clients. The CONTRACTOR will remit a schedule to provide the required
3 information on published charges for all authorized services. The report will serve as a source
4 document to determine the CONTRACTOR's usual and customary charge prevalent in the public
5 mental health sector that is used to bill the general public, insurers or other non-Medi-Cal third party
6 payors during the course of business operations. CONTRACTOR must report all collections for Medi-
7 Cal/Medicare services and collections. The CONTRACTOR shall also submit with the cost report a
8 copy of the CONTRACTOR's general ledger that supports revenues and expenditures and reconciled
9 detailed report of reported total units of services rendered under this Agreement to the units of services
10 reported by CONTRACTOR to COUNTY'S electronic information system.

11 Each fiscal year ending June 30, CONTRACTOR shall remit a hard copy of their
12 annual cost report with a signed cover letter and requested support documents to County of Fresno,
13 Attention: DBH Cost Report Team, PO BOX 45003, Fresno CA 93718. In addition, CONTRACTOR
14 shall remit an electronic copy or any inquiries to DBHcostreportteam@co.fresno.ca.us. COUNTY shall
15 provide instructions of the cost report, cost report training, State DHCS cost report template
16 worksheets, and deadlines to submit the cost reports as determined by the State each fiscal year.

17 All Cost Reports must be prepared in accordance with General Accepted
18 Accounting Principles (GAAP) and Welfare and Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3)
19 and 5718(c). Unallowable costs such as lobbying or political donations must be deducted on the cost
20 report and monthly invoice reimbursements.

21 If the CONTRACTOR does not submit the cost report by the deadline, including
22 any extension period granted by the COUNTY, the COUNTY may withhold payments of pending
23 invoicing under compensation until the cost report has been submitted and clears COUNTY desk audit
24 for completeness.

25 D. Settlements with State Department of Health Care Services (DHCS)

26 During the term of this Agreement and thereafter, COUNTY and CONTRACTOR
27 agree to settle dollar amounts disallowed or settled in accordance with DHCS audit settlement findings
28 related to the reimbursement provided under this Agreement. CONTRACTOR will participate in the

several phases of settlements between COUNTY/CONTRACTOR and State DHCS. The phases of initial cost reporting for settlement according to State reconciliation of records for paid Medi-Cal services and audit settlement are: State DHCS audit 1) initial cost reporting - after an internal review by COUNTY, the COUNTY files the cost report with State DHCS on behalf of the CONTRACTOR's legal entity for the fiscal year; 2) Settlement –State reconciliation of records for paid Medi-Cal services, approximately 18 to 36 months following the State close of the fiscal year, State DHCS will send notice for any settlement under this provision to the COUNTY; 3) Audit Settlement-State DHCS audit. After final reconciliation and settlement, DHCS may conduct a review of medical records, cost report along with support documents submitted to COUNTY in initial submission to determine accuracy and may disallow costs and/or units of services reported on the CONTRACTOR's legal entity cost report. COUNTY may choose to appeal and therefore reserves the right to defer payback settlement with CONTRACTOR until resolution of the appeal. State DHCS Audits will follow Federal Medicaid procedures for managing overpayments. If at the end of the Audit Settlement, the COUNTY determines that it overpaid the CONTRACTOR, it will require the CONTRACTOR to repay the Medi-Cal related overpayment back to the COUNTY.

Funds owed to COUNTY will be due within forty-five (45) days of notification by the COUNTY, or COUNTY shall withhold future payments until all excess funds have been recouped by means of an offset against any payments then or thereafter owing to COUNTY under this or any other Agreement between the COUNTY and CONTRACTOR.

15. MONITORING

CONTRACTOR agrees to extend to COUNTY's staff, COUNTY's DBH Director and the State DHCS, or their designees, the right to review and monitor records, programs or procedures, at any time, in regard to clients, as well as the overall operation of CONTRACTOR's programs, in order to ensure compliance with the terms and conditions of this Agreement.

16. REFERENCES TO LAWS AND RULES

In the event any law, regulation, or policy referred to in this Agreement is amended during the term thereof, the parties hereto agree to comply with the amended provision as of the effective date of such amendment.

1 **17. COMPLIANCE WITH MENTAL HEALTH PLAN COMPLIANCE PROGRAM, CODE OF**
2 **CONDUCT AND ETHICS**

3 CONTRACTOR agrees to comply with the COUNTY's Contractor Code of Conduct and
4 Ethics and the COUNTY's Compliance Program in accordance with Exhibit F, attached hereto and
5 incorporated herein by reference and made part of this Agreement. Within thirty (30) days of entering
6 into this Agreement with the COUNTY, CONTRACTOR shall have all of CONTRACTOR's employees,
7 agents and subcontractors providing services under this Agreement certify in writing, that he or she has
8 received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics.

9 CONTRACTOR shall ensure that within thirty (30) days of hire, all new employees, agents and
10 subcontractors providing services under this Agreement shall certify in writing that he or she has
11 received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics.

12 CONTRACTOR understands that the promotion of and adherence to the Code of Conduct is an
13 element in evaluating the performance of CONTRACTOR and its employees, agents and
14 subcontractors. Within thirty (30) days of entering into this Agreement, and annually thereafter, all
15 employees, agents and subcontractors providing services under this Agreement shall complete general
16 compliance training and appropriate employees, agents and subcontractors shall complete
17 documentation and billing or billing/reimbursement training. All new employees, agents and
18 subcontractors shall attend the appropriate training within thirty (30) days of hire. Each individual who
19 is required to attend training shall certify in writing that he or she has received the required training.

20 The certification shall specify the type of training received and the date received. The certification shall
21 be provided to the COUNTY's Compliance Officer at 3133 N. Millbrook, Fresno, California 93703.

22 CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty imposed upon
23 COUNTY by the Federal Government as a result of CONTRACTOR's violation of the terms of this
24 Agreement.

25 **18. COMPLIANCE WITH STATE MENTAL HEALTH REQUIREMENTS**

26 CONTRACTOR recognizes that COUNTY operates its mental health programs
27 under an agreement with the State of California DHCS, and that under said agreement the State
28 imposes certain requirements on COUNTY and its subcontractors. CONTRACTOR shall adhere to all

1 State requirements, including those identified in Exhibit G "State Mental Health Requirements", attached
2 hereto and by this reference incorporated herein and made part of this Agreement. CONTRACTOR
3 shall also file an incident report for all incidents involving clients/consumers, following the Protocol and
4 using the Worksheet identified in Exhibit H, attached hereto and by this reference incorporated herein
5 and made part of this Agreement.

6 **19. COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS ORGANIZATIONAL**
7 **PROVIDER STANDARDS/CLIENT GRIEVANCE PROCESS/CONTRACTOR RESOLUTION AND**
8 **APPEALS PROCESS**

9 CONTRACTOR shall be required to maintain organizational provider certification by
10 Fresno County. CONTRACTOR must meet Medi-Cal organization provider standards as listed in
11 Exhibit I, "Medi-Cal Organizational Provider Standards", attached hereto and incorporated herein and
12 made part of this Agreement. It is acknowledged that all references to Organizational Provider and/or
13 Provider in Exhibit I shall refer to CONTRACTOR. In addition, CONTRACTOR shall inform every client
14 of their rights under the client grievance process and CONTRACTOR resolution process in COUNTY's
15 Mental Health Plan as described in Exhibit J, attached hereto and by this reference incorporated herein
16 and made part of this Agreement. CONTRACTOR shall also file an incident report for all incidents
17 involving clients, following the Protocol and using the Worksheet identified in Exhibit H, attached hereto
18 as identified in Section Eighteen (18) herein, or a protocol and worksheet presented by CONTRACTOR
19 that is accepted by COUNTY's DBH Director, or designee.

20 **20. CONFIDENTIALITY**

21 All services performed by CONTRACTOR under this Agreement shall be in strict
22 conformance with all applicable Federal, State of California and/or local laws and regulations relating to
23 confidentiality.

24 **21. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

25 COUNTY and CONTRACTOR each consider and represent themselves as covered
26 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law
27 104-191 (HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by law.

28 COUNTY and CONTRACTOR acknowledge that the exchange of PHI 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 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 of the Code of Federal Regulations.

22. DATA SECURITY

For the purpose of preventing the potential loss, misappropriation or inadvertent access, viewing, use or disclosure of COUNTY data including sensitive or personal client information; abuse of COUNTY resources; and/or disruption to COUNTY operations, individuals and/or agencies that enter into a contractual relationship with the COUNTY for the purpose of providing services under this Agreement must employ adequate data security measures to protect the confidential information provided to CONTRACTOR by the COUNTY, including but not limited to the following:

A. CONTRACTOR-Owned Mobile, Wireless, or Handheld Devices

CONTRACTOR may not connect to COUNTY networks via personally-owned mobile, wireless or handheld devices, unless the following conditions are met:

- 1) CONTRACTOR has received authorization by COUNTY for telecommuting purposes;
- 2) Current virus protection software is in place;
- 3) Mobile device has the remote wipe feature enabled/ and
- 4) A secure connection is used.

B. CONTRACTOR-Owned Computers or Computer Peripherals

CONTRACTOR may not bring CONTRACTOR-owned computers or computer peripherals into the COUNTY for use without prior authorization from the COUNTY's Chief Information

Officer, and/or designee(s), including but not limited to mobile storage devices. If data is approved to be transferred, data must be stored on a secure server approved by the COUNTY and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection. Said data must be encrypted.

C. COUNTY-Owned Computer Equipment

CONTRACTOR may not use COUNTY computers or computer peripherals on non-COUNTY premises without prior authorization from the COUNTY's Chief Information Officer, and/or designee(s).

D. CONTRACTOR may not store COUNTY's private, confidential or sensitive data on any hard-disk drive, portable storage device, or remote storage installation unless encrypted.

E. CONTRACTOR shall be responsible to employ strict controls to ensure the integrity and security of COUNTY's confidential information and to prevent unauthorized access, viewing, use or disclosure of data maintained in computer files, program documentation, data processing systems, data files and data processing equipment which stores or processes COUNTY data internally and externally.

F. Confidential client information transmitted to one party by the other by means of electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of 128 BIT or higher. Additionally, a password or pass phrase must be utilized.

G. CONTRACTOR is responsible to immediately notify COUNTY of any violations, breaches or potential breaches of security related to COUNTY's confidential information, data maintained in computer files, program documentation, data processing systems, data files and data processing equipment which stores or processes COUNTY data internally or externally.

H. COUNTY shall provide oversight to CONTRACTOR's response to all incidents arising from a possible breach of security related to COUNTY's confidential client information provided to CONTRACTOR. CONTRACTOR will be responsible to issue any notification to affected individuals as required by law or as deemed necessary by COUNTY in its sole discretion. CONTRACTOR will be responsible for all costs incurred as a result of providing the required notification.

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1 **23. PROPERTY OF COUNTY**

2 A. COUNTY and CONTRACTOR recognizes that fixed assets are tangible and
3 intangible property obtained or controlled under COUNTY's Mental Health Plan for use in operational
4 capacity and will benefit COUNTY for a period more than one year. Depreciation of the qualified items
5 will be on a straight-line basis.

6 For COUNTY purposes, fixed assets must fulfill three (2) qualifications:

- 7 1. Asset must have life span of over one (1) year.
8 2. The asset is not a repair part
9 3. The asset must be valued at or greater than the capitalization thresholds
10 for the asset type

Asset type	Threshold
• land	\$0
• buildings and improvements	\$100,000
• infrastructure	\$100,000
• be tangible	\$5,000
○ equipment	
○ vehicles	
• or intangible asset	\$100,000
○ Internally generated software	
○ Purchased software	
○ Easements	
○ Patents	
• and capital lease	\$5,000

19 Qualified fixed asset equipment is to be reported and approved by COUNTY. If it
20 is approved and identified as an asset it will be tagged with a COUNTY program number. A Fixed
21 asset log, attached hereto as Exhibit K and Exhibit K-1, incorporated herein and made part of this
22 Agreement, will be maintained by COUNTY's Asset Management System and annually inventoried until
23 the asset is fully depreciated. During the terms of this Agreement, CONTRACTOR's fixed assets may
24 be inventoried in comparison to COUNTY's DBH Asset Inventory System.

25 B. Certain purchases less than Five Thousand and No/100 Dollars (\$5,000.00) but
26 more than One Thousand and No/100 Dollars (\$1,000.00), with over one (1) year life span, and are
27 mobile and high risk of theft or loss are sensitive assets. Such sensitive items are not limited to
28 computers, copiers, televisions, cameras and other sensitive items as determined by COUNTY's DBH

1 Director or designee. CONTRACTOR shall maintain a tracking system on the items and are not
2 required to be capitalize or depreciated. The items are subject to annual inventory for compliance.

3 C. Assets shall be retained by COUNTY, as COUNTY property, in the event this
4 Agreement is terminated or upon expiration of this Agreement. CONTRACTOR agrees to participate in
5 an annual inventory of all COUNTY fixed and inventoried assets. Upon termination or expiration of this
6 Agreement CONTRACTOR shall be physically present when fixed and inventoried assets are returned
7 to COUNTY possession. CONTRACTOR is responsible for returning to COUNTY all COUNTY owned
8 undepreciated fixed and inventoried assets, or the monetary value of said assets if unable to produce
9 the assets at the expiration or termination of this Agreement.

10 CONTRACTOR further agrees to the following:

11 1. To maintain all items of equipment in good working order and condition,
12 normal wear and tear is expected;

13 2. To label all items of equipment with COUNTY assigned program number,
14 to perform periodic inventories as required by COUNTY and to maintain an inventory list showing
15 where and how the equipment is being used, in accordance with procedures developed by COUNTY.
16 All such lists shall be submitted to COUNTY within ten (10) days of any request therefore; and

17 3. To report in writing to COUNTY immediately after discovery, the lost or
18 theft of any items of equipment. For stolen items, the local law enforcement agency must be contacted
19 and a copy of the police report submitted to COUNTY.

20 D. The purchase of any equipment by CONTRACTOR with funds provided
21 hereunder shall require the prior written approval of COUNTY's DBH Director or designee, shall fulfill
22 the provisions of this Agreement as appropriate, and must be directly related to CONTRACTOR's
23 services or activity under the terms of this Agreement. COUNTY's DBH may refuse reimbursement for
24 any costs resulting from equipment purchased, which are incurred by CONTRACTOR, if prior written
25 approval has not been obtained from the COUNTY's DBH Director or designee.

26 E. CONTRACTOR must obtain prior written approval from COUNTY's DBH
27 whenever there is any modification or change in the use of any property acquired or improved, in whole
28 or in part, using funds under this Agreement. If any real or personal property acquired or improved with

1 said funds identified herein is sold and/or is utilized by CONTRACTOR for a use which does not qualify
2 under this Agreement, CONTRACTOR shall reimburse COUNTY in an amount equal to the current fair
3 market value of the property, less any portion thereof attributable to expenditures of funds not provided
4 under this Agreement. These requirements shall continue in effect for the life of the property. In the
5 event this Agreement expires, or terminates, the requirements for this Section shall remain in effect for
6 activities or property funded with said funds, unless action is taken by the State government to relieve
7 COUNTY of these obligations.

8 **24. NON-DISCRIMINATION**

9 During the performance of this Agreement, CONTRACTOR and its subcontractors shall
10 not deny the contract's benefits to any person on the basis of race, religious creed, color, national
11 origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital
12 status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran
13 status, nor shall they discriminate unlawfully against any employee or applicant for employment
14 because of race, religious creed, color, national origin, ancestry, physical disability, mental disability,
15 medical condition, genetic information, marital status, sex, gender, gender identity, gender expression,
16 age, sexual orientation, or military and veteran status. CONTRACTOR shall insure that the evaluation
17 and treatment of employees and applicants for employment are free of such discrimination.
18 CONTRACTOR and subcontractors shall comply with the provisions of the Fair Employment and
19 Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit.
20 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government
21 Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state
22 agency to implement such article. Contractor shall permit access by representatives of the Department
23 of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time
24 during the normal business hours, but in no case less than 24 hours' notice, to such of its books,
25 records, accounts, and all other sources of information and its facilities as said Department or Agency
26 shall require to ascertain compliance with this clause. CONTRACTOR and its subcontractors shall
27 give written notice of their obligations under this clause to labor organizations with which they have a
28 collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.) CONTRACTOR shall

1 include the Non-Discrimination and compliance provisions of this clause in all subcontracts to perform
2 work under the Agreement.

3 **25. CULTURAL COMPETENCY**

4 As related to Cultural and Linguistic Competence, CONTRACTOR shall comply with:

5 A. Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R.
6 Part 80) and Executive Order 12250 of 1979 which prohibits recipients of federal financial assistance
7 from discriminating against persons based on race, color, national origin, sex, disability or religion. This
8 is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access and
9 participation in federally funded programs through the provision of comprehensive and quality bilingual
10 services.

11 B. Policies and procedures for ensuring access and appropriate use of trained
12 interpreters and material translation services for all LEP consumers, including, but not limited to,
13 assessing the cultural and linguistic needs of its consumers, training of staff on the policies and
14 procedures, and monitoring its language assistance program. The CONTRACTOR's procedures must
15 include ensuring compliance of any sub-contracted providers with these requirements.

16 C. CONTRACTOR shall not use minors as interpreters.

17 D. CONTRACTOR shall provide and pay for interpreting and translation services to
18 persons participating in CONTRACTOR's services who have limited or no English language
19 proficiency, including services to persons who are deaf or blind. Interpreter and translation services
20 shall be provided as necessary to allow such participants meaningful access to the programs, services
21 and benefits provided by CONTRACTOR. Interpreter and translation services, including translation of
22 CONTRACTOR's "vital documents" (those documents that contain information that is critical for
23 accessing CONTRACTOR's services or are required by law) shall be provided to participants at no cost
24 to the participant. CONTRACTOR shall ensure that any employees, agents, subcontractors, or
25 partners who interpret or translate for a program participant, or who directly communicate with a
26 program participant in a language other than English, demonstrate proficiency in the participant's
27 language and can effectively communicate any specialized terms and concepts peculiar to
28 CONTRACTOR's services.

1 E. In compliance with the State mandated Culturally and Linguistically Appropriate
2 Services standards as published by the Office of Minority Health, CONTRACTOR must submit to
3 COUNTY for approval, within sixty (60) days from date of contract execution, CONTRACTOR's plan to
4 address all fifteen national cultural competency standards as set forth in the "National Standards on
5 Culturally and Linguistically Appropriate Services (CLAS)"
6 (<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>). COUNTY's annual on-site review of
7 CONTRACTOR shall include collection of documentation to ensure all national standards are
8 implemented. As the national competency standards are updated, CONTRACTOR's plan must be
9 updated accordingly. Cultural competency training for CONTRACTOR staff should be substantively
10 integrated into health professions education and training at all levels, both academic and functional,
11 including core curriculum, professional licensure, and continuing professional development programs.
12 CONTRACTOR on a monthly basis shall provide COUNTY DBH a monthly monitoring tool/report that
13 shows all CONTRACTOR staff cultural competency trainings completed.

14 F. CONTRACTOR shall be responsible for conducting an annual cultural
15 competency self-assessment and provide the results of said self-assessment to the COUNTY'S DBH.
16 The annual cultural competency self-assessment instruments shall be reviewed by the COUNTY and
17 revised as necessary to meet the approval of the COUNTY.

18 G. CONTRACTOR shall attend the County's Cultural Diversity Committee monthly
19 meetings, maintain its own cultural competence oversight committee, and develop a cultural
20 competency plan to address and evaluate cultural competency issues

21 **26. AMERICANS WITH DISABILITIES ACT**

22 CONTRACTOR agrees to ensure that deliverables developed and produced, pursuant
23 to this Agreement shall comply with the accessibility requirements of Section 508 of the Rehabilitation
24 Act and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d)), and regulations
25 implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. In 1998,
26 Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic
27 and information technology (EIT) accessible to people with disabilities. California Government Code
28 section 11135 codifies section 508 of the Act requiring accessibility of electronic and information

1 technology.

2 **27. TAX EQUITY AND FISCAL RESPONSIBILITY ACT**

3 To the extent necessary to prevent disallowance of reimbursement under section
4 1861(v)(1) (I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of four
5 (4) years after the furnishing of services under this Agreement, CONTRACTOR shall make available,
6 upon written request to the Secretary of the United States Department of Health and Human Services,
7 or upon request to the Comptroller General of the United States General Accounting Office, or any of
8 their duly authorized representatives, a copy of this Agreement and such books, documents, and
9 records as are necessary to certify the nature and extent of the costs of these services provided by
10 CONTRACTOR under this Agreement. CONTRACTOR further agrees that in the event
11 CONTRACTOR carries out any of its duties under this Agreement through a subcontract, with a value
12 or cost of Ten Thousand and No/100 Dollars (\$10,000.00) or more over a twelve (12) month period,
13 with a related organization, such Agreement shall contain a clause to the effect that until the expiration
14 of four (4) years after the furnishing of such services pursuant to such subcontract, the related
15 organizations shall make available, upon written request to the Secretary of the United States
16 Department of Health and Human Services, or upon request to the Comptroller General of the United
17 States General Accounting Office, or any of their duly authorized representatives, a copy of such
18 subcontract and such books, documents, and records of such organization as are necessary to verify
19 the nature and extent of such costs.

20 **28. SINGLE AUDIT CLAUSE**

21 A. If CONTRACTOR expends Seven Hundred Fifty Thousand and No/100 Dollars
22 (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct
23 an annual audit in accordance with the requirements of the Single Audit Standards as set forth in Office
24 of Management and Budget (OMB) 2 CFR 200. CONTRACTOR shall submit said audit and
25 management letter to COUNTY. The audit must include a statement of findings or a statement that
26 there were no findings. If there were negative findings, CONTRACTOR must include a corrective
27 action plan signed by an authorized individual. CONTRACTOR agrees to take action to correct any
28 material non-compliance or weakness found as a result of such audit. Such audit shall be delivered to

COUNTY's DBH Business Office, for review within nine (9) months of the end of any fiscal year in which funds were expended and/or received for the program. Failure to perform the requisite audit functions as required by this Agreement may result in COUNTY performing the necessary audit tasks, or at COUNTY's option, contracting with a public accountant to perform said audit, or, may result in the inability of COUNTY to enter into future agreements with CONTRACTOR. All audit costs related to this Agreement are the sole responsibility of CONTRACTOR.

B. A single audit report is not applicable if CONTRACTOR's Federal contracts do not exceed the Seven Hundred Fifty Thousand Dollars (\$750,000.00) requirement or CONTRACTOR's only funding is through Drug related Medi-Cal. If a single audit is not applicable, a program audit must be performed and a program audit report with management letter shall be submitted by CONTRACTOR to COUNTY as a minimum requirement to attest to CONTRACTOR's solvency. Said audit report shall be delivered to COUNTY's DBH Business Office, for review no later than nine (9) months after the close of the fiscal year in which the funds supplied through this Agreement are expended. Failure to comply with this Act may result in COUNTY performing the necessary audit tasks or contracting with a qualified accountant to perform said audit. All audit costs related to this Agreement are the sole responsibility of CONTRACTOR who agrees to take corrective action to eliminate any material noncompliance or weakness found as a result of such audit. Audit work performed by COUNTY under this paragraph shall be billed to the CONTRACTOR at COUNTY cost, as determined by COUNTY's Auditor-Controller/Treasurer-Tax Collector.

C. CONTRACTOR shall make available all records and accounts for inspection by COUNTY, the State of California, if applicable, the Comptroller General of the United States, the Federal Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a period of at least three (3) years following final payment under this Agreement or the closure of all other pending matters, whichever is later.

29. ASSURANCES

In entering into this Agreement, CONTRACTOR certifies that it, nor any of its officers, are not currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs: that it, nor any of its officers, have not been convicted of a criminal offense

1 related to the provision of health care items or services; nor has it, or any of its officers, been reinstated
2 to participate in the Federal Health Care Programs after a period of exclusion, suspension, debarment,
3 or ineligibility. If COUNTY learns, subsequent to entering into a contract, that CONTRACTOR is
4 ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility for, or
5 involvement with, COUNTY's business operations related to the Federal Health Care Programs and
6 shall remove such CONTRACTOR from any position in which CONTRACTOR's compensation, or the
7 items or services rendered, ordered or prescribed by CONTRACTOR may be paid in whole or part,
8 directly or indirectly, by Federal Health Care Programs or otherwise with Federal Funds at least until
9 such time as CONTRACTOR is reinstated into participation in the Federal Health Care Programs.

10 A. If COUNTY has notice that CONTRACTOR, or its officers, has been charged
11 with a criminal offense related to any Federal Health Care Program, or is proposed for exclusion during
12 the term of any contract, CONTRACTOR and COUNTY shall take all appropriate actions to ensure the
13 accuracy of any claims submitted to any Federal Health Care Program. At its discretion given such
14 circumstances, COUNTY may request that CONTRACTOR cease providing services until resolution of
15 the charges or the proposed exclusion.

16 B. CONTRACTOR agrees that all potential new employees of CONTRACTOR or
17 subcontractors of CONTRACTOR who, in each case, are expected to perform professional services
18 under this Agreement, will be queried as to whether (1) they are now or ever have been excluded,
19 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2)
20 they have been convicted of a criminal offense related to the provision of health care items or services;
21 and or (3) they have been reinstated to participate in the Federal Health Care Programs after a period
22 of exclusion, suspension, debarment, or ineligibility.

23 1. In the event the potential employee or subcontractor informs
24 CONTRACTOR that he or she is excluded, suspended, debarred or otherwise ineligible, or has been
25 convicted of a criminal offense relating to the provision of health care services, and CONTRACTOR
26 hires or engages such potential employee or subcontractor, CONTRACTOR will ensure that said
27 employee or subcontractor does no work, either directly or indirectly relating to services provided to
28 COUNTY.

1 2. Notwithstanding the above, COUNTY at its discretion may terminate this
2 Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance (as
3 defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or subcontractor of
4 CONTRACTOR will perform work, either directly or indirectly, relating to services provided to COUNTY.
5 Such demand for adequate assurance shall be effective upon a time frame to be determined by
6 COUNTY to protect the interests of COUNTY consumers.

7 C. CONTRACTOR shall verify (by asking the applicable employees and
8 subcontractors) that all current employees and existing subcontractors who, in each case, are expected
9 to perform professional services under this Agreement (1) are not currently excluded, suspended,
10 debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2) have not been
11 convicted of a criminal offense related to the provision of health care items or services; and (3) have not
12 been reinstated to participation in the Federal Health Care Program after a period of exclusion,
13 suspension, debarment, or ineligibility. In the event any existing employee or subcontractor informs
14 CONTRACTOR that he or she is excluded, suspended, debarred or otherwise ineligible to participate in
15 the Federal Health Care Programs, or has been convicted of a criminal offense relating to the provision
16 of health care services, CONTRACTOR will ensure that said employee or subcontractor does no work,
17 either direct or indirect, relating to services provided to COUNTY.

18 1. CONTRACTOR agrees to notify COUNTY immediately during the term of
19 this Agreement whenever CONTRACTOR learns that an employee or subcontractor who, in each case,
20 is providing professional services under this Agreement is excluded, suspended, debarred or otherwise
21 ineligible to participate in the Federal Health Care Programs, or is convicted of a criminal offense
22 relating to the provision of health care services.

23 2. Notwithstanding the above, COUNTY at its discretion may terminate this
24 Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance (as
25 defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or subcontractor of
26 CONTRACTOR will perform work, either directly or indirectly, relating to services provided to COUNTY.
27 Such demand for adequate assurance shall be effective upon a time frame to be determined by
28 COUNTY to protect the interests of COUNTY consumers.

1 D. CONTRACTOR agrees to cooperate fully with any reasonable requests for
2 information from COUNTY, which may be necessary to complete any internal or external audits relating
3 to CONTRACTOR's compliance with the provisions of this Section.

4 E. CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty
5 imposed upon COUNTY by the Federal Government as a result of CONTRACTOR'S violation of
6 CONTRACTOR'S obligations as described in this Section.

7 **30. PUBLICITY PROHIBITION**

8 None of the funds, materials, property or services provided directly or indirectly under
9 this Agreement shall be used for CONTRACTOR's advertising, fundraising, or publicity (*i.e.*, purchasing
10 of tickets/tables, silent auction donations, etc.) for the purpose of self-promotion. Notwithstanding the
11 above, publicity of the services described in Section One (1) of this Agreement shall be allowed as
12 necessary to raise public awareness about the availability of such specific services when approved in
13 advance by COUNTY's DBH Director or designee and at a cost to be provided in Exhibit C, for such
14 items as written/printed materials, the use of media (*i.e.*, radio, television, newspapers) and any other
15 related expense(s).

16 **31. COMPLAINTS**

17 CONTRACTOR shall log complaints and the disposition of all complaints from a client or
18 a client's family. CONTRACTOR shall provide a copy of the detailed complaint log entries concerning
19 COUNTY-sponsored clients to COUNTY at monthly intervals by the tenth (10th) day of the following
20 month, in a format that is mutually agreed upon. In addition, CONTRACTOR shall provide details and
21 attach documentation of each complaint with the log. CONTRACTOR shall post signs informing clients
22 of their right to file a complaint or grievance. CONTRACTOR shall notify COUNTY of all incidents
23 reportable to State licensing bodies that affect COUNTY clients within twenty-four (24) hours of receipt
24 of a complaint.

25 Within ten (10) days after each incident or complaint affecting COUNTY-sponsored
26 clients, CONTRACTOR shall provide COUNTY with information relevant to the complaint, investigative
27 details of the complaint, the complaint and CONTRACTOR's disposition of, or corrective action taken to
28 resolve the complaint. In addition, CONTRACTOR shall inform every client of their rights as set forth in

Exhibit J. CONTRACTOR shall file an incident report for all incidents involving clients, following the protocol and using the worksheet identified in Exhibit H.

32. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION

This provision is only applicable if CONTRACTOR is a disclosing entity, fiscal agent, or managed care entity as defined in Code of Federal Regulations (C.F.R), Title 42 § 455.101 455.104, and 455.106(a)(1),(2).

In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and 455.106(a)(1),(2), the following information must be disclosed by CONTRACTOR by completing Exhibit L, "Disclosure of Ownership and Control Interest Statement", attached hereto and by this reference incorporated herein and made part of this Agreement. CONTRACTOR shall submit this form to the COUNTY's DBH within thirty (30) days of the effective date of this Agreement. Additionally, CONTRACTOR shall report any changes to this information within thirty-five (35) days of occurrence by completing Exhibit L, "Disclosure of Ownership and Control Interest Statement." CONTRACTOR is required to submit a set of fingerprints for any person with a five percent (5%) or greater direct or indirect ownership interest in CONTRACTOR. COUNTY may terminate this Agreement where any person with a five percent (5%) or greater direct or indirect ownership interest in the CONTRACTOR and did not submit timely and accurate information and cooperate with any screening method required in CFR, Title 42, Section 455.416. Submissions shall be scanned pdf copies and are to be sent via email to DBHAdministration@co.fresno.ca.us, Attention: Contracts Administration. COUNTY may deny enrollment or terminate this Agreement where any person with a five percent (5%) or greater direct or indirect ownership interest in CONTRACTOR has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years.

33. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS

CONTRACTOR is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as "CONTRACTOR"):

A. Within the three (3) year period preceding the Agreement award, they have been convicted of, or had a civil judgment rendered against them for:

1. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
2. Violation of a federal or state antitrust statute;
3. Embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
4. False statements or receipt of stolen property.

B. Within a three (3) year period preceding their Agreement award, they have had a public transaction (federal, state, or local) terminated for cause or default.

Disclosure of the above information will not automatically eliminate CONTRACTOR from further business consideration. The information will be considered as part of the determination of whether to continue and/or renew this Agreement and any additional information or explanation that a CONTRACTOR elects to submit with the disclosed information will be considered. If it is later determined that the CONTRACTOR failed to disclose required information, any contract awarded to such CONTRACTOR may be immediately voided and terminated for material failure to comply with the terms and conditions of the award.

CONTRACTOR must sign a "Certification Regarding Debarment, Suspension, and Other Responsibility Matters- Primary Covered Transactions" in the form set forth in Exhibit M, attached hereto and by this reference incorporated herein and made part of this Agreement. Additionally, CONTRACTOR must immediately advise the COUNTY's DBH in writing if, during the term of this Agreement: (1) CONTRACTOR becomes suspended, debarred, excluded or ineligible for participation in federal or state funded programs or from receiving federal funds as listed in the excluded parties' list system (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to CONTRACTOR. CONTRACTOR shall indemnify, defend and hold the COUNTY harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

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1 **34. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

2 This provision is only applicable if the CONTRACTOR is operating as a corporation (a
3 for-profit or non-profit corporation) or if during the term of this Agreement, the CONTRACTOR changes
4 its status to operate as a corporation.

5 Members of the CONTRACTOR's Board of Directors shall disclose any self-dealing
6 transactions that they are a party to while CONTRACTOR is providing goods or performing services
7 under this Agreement. A self-dealing transaction shall mean a transaction to which the CONTRACTOR
8 is a party and in which one or more of its directors has a material financial interest. Members of the
9 Board of Directors shall disclose any self-dealing transactions that they are a party to by completing
10 and signing a "Self-Dealing Transaction Disclosure Form", attached hereto as Exhibit N and
11 incorporated herein by reference and made part of this Agreement, and submitting it to the COUNTY
12 prior to commencing with the self-dealing transaction or immediately thereafter.

13 **35. SUBCONTRACTS**

14 CONTRACTOR shall obtain written approval from COUNTY's DBH Director, or
15 designee, before subcontracting any of the services delivered under this Agreement. COUNTY's DBH
16 Director, or designee, retains the right to approve or reject any request for subcontracting services.
17 Any transferee, assignee, or subcontractor will be subject to all applicable provisions of this Agreement,
18 and all applicable State and Federal regulations. CONTRACTOR shall be held primarily responsible by
19 COUNTY for the performance of any transferee, assignee, or subcontractor unless otherwise expressly
20 agreed to in writing by COUNTY's DBH Director, or designee. The use of subcontractors by
21 CONTRACTOR shall not entitle CONTRACTOR to any additional compensation that is provided for
22 under this Agreement.

23 **36. AUDITS AND INSPECTIONS**

24 The CONTRACTOR shall at any time during business hours, and as often as the
25 COUNTY may deem necessary, make available to the COUNTY for examination all of its records and
26 data with respect to the matters covered by this Agreement. The CONTRACTOR shall, upon request
27 by the COUNTY, permit the COUNTY to audit and inspect all such records and data necessary to
28 ensure CONTRACTOR's compliance with the terms of this Agreement.

1 If this Agreement exceeds Ten Thousand and No/100 Dollars (\$10,000.00),
2 CONTRACTOR shall be subject to the examination and audit of the State Auditor General for a period
3 of three (3) years after final payment under contract (California Government Code section 8546.7).

4 **37. NOTICES**

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

7 COUNTY

8 Director, Fresno County
9 Department of Behavioral Health
3133 N. Millbrook Ave
Fresno, CA 93702

CONTRACTOR

Superintendent
Fresno County Superintendent of Schools
1111 Van Ness Avenue
Fresno, CA, 93712

10
11 Any and all notices between COUNTY and CONTRACTOR provided for or permitted
12 under this Agreement or by law shall be in writing and shall be deemed duly served when personally
13 delivered to one of the parties, or in lieu of such personal service, when deposited in the United States
14 Mail, postage prepaid, addressed to such party.

15 **38. GOVERNING LAW**

16 Venue for any action arising out of or related to the Agreement shall only be in Fresno
17 County, California.

18 The rights and obligations of the parties and all interpretation and performance of this
19 Agreement shall be governed in all respects by the laws of the State of California.

20 **39. SUPERSEDE**

21 This Agreement shall supersede in its entirety and render null and void the Agreement
22 between the parties for the services identified in COUNTY Agreement No. 15-209, effective upon
23 execution of this Agreement.

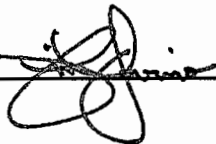
24 **40. ENTIRE AGREEMENT**

25 This Agreement, including all Exhibits, constitutes the entire agreement between
26 CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous
27 agreement negotiations, proposals, commitments, writings, advertisements, publications, and
28 understandings of any nature whatsoever unless expressly included in this Agreement.

1 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and
2 year first hereinabove written.

3
4 **CONTRACTOR:**


5 **FRESNO COUNTY SUPERINTENDENT
OF SCHOOLS**

6
7 By:  _____

8
9 Print Name: Jim Yovino, Superintendent

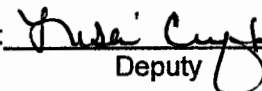
10 Title: _____
11 Fresno County Superintendent of Schools
12 or Authorized Designee

COUNTY OF FRESNO

By:  _____
Sal Quintero,
Chairperson of the Board of Supervisors of the
County of Fresno

Date: 6/5/2018

ATTEST:
Bernice E. Seidel,
Clerk of the Board of Supervisors
County of Fresno, State of California

By:  _____
Deputy

Date: 6/5/2018

21 Mailing Address:
22 Fresno County Superintendent of Schools
23 1111 Van Ness Avenue
24 Fresno, CA, 93711
25 Contact/Phone: Jim Yovino, Superintendent/559-265-3010, ext 3210

26 **FOR ACCOUNTING USE ONLY:**
27 Fund/Subclass: 0001/10000
28 Account/Program: 7295/0
Organization/Cost Centers: 56304324/4325

FY 2018-19 \$7,808,086, FY 2019-20 \$17,000,168, FY 2020-21 \$22,579,600
FY 2021-22 \$28,475,664, FY 2022-23 \$35,347,459

ATTACHMENT 4: APPLICANT BACKGROUND

Partnership Background	
VII.C.i.1.	<p>What is the vision, mission, objective of the Partnership and how is it accomplished?</p> <p>In 2011, the Fresno County Department of Behavioral Health (DBH) and the Fresno County Superintendent of Schools (FCSS) began a partnership using a school-wide Positive Behavioral Intervention Supports (PBIS) Tiered System of Support Model. FCSS trained all schools and school site teams in 32 districts within the county over a seven-year period. During this partnership, it became evident that existing mental health services were not being accessed due to geographic, cultural, and economic barriers for youth and families. In early 2016, DBH and FCSS agreed to further expand and enhance their partnership to address these needs, forming the All 4 Youth Partnership. All 4 Youth was founded on the Multi-Tiered System of Supports Model, and adds a clinical component to integrate mental health services and reduce barriers to access.</p> <p>All 4 Youth’s vision is a community where all children’s behavioral health needs are met – where barriers are removed and all children and families have access to a seamless system that promotes a positive healthy environment in which to live and learn.</p> <p>All 4 Youth’s mission is to create an integrated system of care that ensures all children in Fresno County have access to behavioral health services to support their social, emotional, and behavioral needs and to promote health, well-being, and resiliency.</p> <p>As its primary objective, All 4 Youth works to expand mental health treatment and prevention and early intervention services for youth at school, home, and community locations in Fresno County. A secondary objective of All 4 Youth is the reduction of stigma and discrimination against mental illness. All 4 Youth serves youth with a wide range of mental illness and mental health needs, including those with Serious Emotional Disturbance (SED) who also experience mental health and/or discipline issues. Youth ages 0-22 and their families can access clinical mental health services. All 4 Youth maximizes the availability of services through insurance billing and uses Prevention and Early Intervention (PEI) funds when insurance is not available.</p> <p>Services provided through the All 4 Youth partnership take place at school, home, in the community, at the two existing All 4 Youth Hubs, and through telepsychiatry. Two additional Hubs are currently in progress; by the end of 2023, there will be ten All 4 Youth Hubs throughout Fresno County. Services include individual counseling, family counseling, group services, case management/collateral services (support to the primary caregiver on behalf of a youth), and behavioral coaching (rehabilitation). Youth and families requiring additional behavioral health-related services are connected to other County agencies and community-based organizations for substance use treatment, medical or legal assistance, housing, nutrition assistance, and other services as needed.</p>

Referrals for All 4 Youth clinical mental health services can be generated from multiple sources including self-referral, school staff, family members, and outside agencies. In addition, a referral may be made by completing a paper Request for Consultation form or calling the designated service referral phone line. Once a referral has been made, All 4 Youth staff will verify insurance, and an All 4 Youth clinician will contact the youth's caregiver. In order to facilitate communication and coordination of services between school staff and clinicians, All 4 Youth staff will ask caregivers to sign an Authorization to Release Information. All 4 Youth operates under a medical model bridged through an educational structure and must adhere to the privacy and confidentiality regulations of HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act). Privacy information can only be shared with people or entities that the youth or caregivers have identified on a signed Release of Information that is filed as part of the youth's medical record. In cases of imminent danger or safety risks, service providers are permitted to share minimum information necessary to prevent or reduce the potential risk of harm.

Every All 4 Youth clinician is registered with the Board of Behavioral Sciences and is designated as an Associate or a Licensed Marriage and Family Therapist, Clinical Social Worker, or a Professional Clinical Counselor. Clinicians conduct an initial mental health assessment and coordinate access to available services (individual therapy, family therapy, group therapy, individual rehabilitation, group rehabilitation, and collateral and case management services) to meet the specific needs of each youth and family. FCSS Program Supervisors provide supervision and oversight of behavioral health service delivery, and FCSS Clinical Supervisors work closely with clinical staff to provide guidance and clinical support. FCSS Intervention Specialists provide mentorship to Youth Care Specialists, support to youth who may need assistance with managing their behavior, group intervention and skill development, and case management/support to youth and families who are working with a clinician. Intervention Specialists can serve as the primary provider to a youth or as a secondary service provider in addition to a clinician and have a minimum of a Bachelor's degree (B.A./B.S.) degree or higher in a related field of study such as social work, child development, or psychology. Youth Care Specialists provide group and individual support to youth who may need assistance with managing their behavior and provide case management/support to youth and family who are working with a Clinician. Youth Care Specialists can serve as the primary provider to a youth or as a secondary service provider in addition to a clinician and also have a B.A./B.S. degree in a related field of study. All 4 Youth Office Assistants provide clerical support, including supporting intake and developing materials.

The partnership includes an onboarding process in which FCSS leadership meets with each school's leadership and mental health support staff to provide an orientation on topics including: the All 4 Youth program and services, school requirements for having a clinician on campus, integration of behavioral health services, and required Trauma Trainings. Throughout each school year, referrals and caseloads are monitored for each school site and each clinician. Issues and concerns are addressed as they arise. Additionally, All 4 Youth leadership conduct a mid-year and end-of-year check-in to

	<p>monitor how the program and services are working on the campus and assist with any issues or matters that require problem solving.</p> <p>To accomplish the All 4 Youth vision and mission, a Steering Committee (governance) and Interagency Committee have been established. The Steering Committee is comprised of leadership from FCSS and DBH, and support staff who are integral to the day-to-day operations of carrying out the contract. The Steering Committee monitors all aspects of the All 4 Youth contract, guides the work, and problem-solves issues that may arise. See Governance Structure section below for more detail. The Interagency Committee consists of DBH contract monitoring staff, FCSS leadership, and representatives from all the districts/schools who have clinicians placed at their sites. The Interagency Committee provides a forum to share new innovations, updates on contract progress, discuss issues and questions that arise from the school's perspective, and share ideas and effective strategies. The Interagency Committee met monthly during the initial stages of All 4 Youth contract implementation and, with district input, will meet quarterly from this time forward. Meeting minutes are taken and sent out to all on-boarded districts/schools. The All 4 Youth Partnership is committed to having an ongoing process for seeking input, providing guidance, making improvements, and accomplishing program goals through collaboration between DBH, FCSS, and the schools served. These two bodies and the included processes help All 4 Youth achieve these goals.</p> <p>Through the above services and activities, the Partnership aims to fulfill its vision and mission as stated above, removing barriers and increasing access to a positive healthy environment in which to live and learn.</p>			
VII.C.i.2.	What entities are involved? List them individually?			
	a.	<p>County Mental or Behavioral Health Department:</p> <p>1) Fresno County Department of Behavioral Health</p>		
	a.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i.</td><td> <p>Is this a Single or Multi-county collaborative? If Multi-county, list the names of the counties:</p> <p>Single-county collaborative</p> </td></tr> </table>	i.	<p>Is this a Single or Multi-county collaborative? If Multi-county, list the names of the counties:</p> <p>Single-county collaborative</p>
	i.	<p>Is this a Single or Multi-county collaborative? If Multi-county, list the names of the counties:</p> <p>Single-county collaborative</p>		
	b.	<p>County Office of Education:</p> <p>1) Fresno County Superintendent of Schools</p>		
c.	<p>Charter School:</p> <p>1) Alvina Elementary Charter School District</p> <p>2) Ambassador Phillip V. Sanchez Public Charter</p> <p>3) Aspen Meadow Public</p> <p>4) Aspen Valley Prep Academy</p> <p>5) Big Picture Educational Academy</p> <p>6) Crescent View South</p> <p>7) Crescent View West Public Charter</p>			

	8) Edison-Bethune Charter Academy 9) Hallmark Charter School 10) Kingsburg Elementary Charter School District 11) Kepler Neighborhood School 12) Morris E. Dailey Charter Elementary 13) School of Unlimited Learning 14) University High School 15) Yosemite Valley Charter School	
	<div> <div>School Districts:</div> <div> 1) Alvina Elementary 2) Big Creek Elementary 3) Burrel Union Elementary 4) Caruthers Unified 5) Central Unified 6) Clay Joint Elementary 7) Clovis Unified 8) Coalinga-Huron Unified 9) Firebaugh-Las Deltas Unified 10) Fowler Unified 11) Fresno Unified 12) Golden Plains Unified 13) Kerman Unified 14) Kings Canyon Joint Unified 15) Kingsburg Elementary Charter 16) Kingsburg Joint Union High 17) Laton Joint Unified 18) Mendota Unified 19) Monroe Elementary 20) Orange Center 21) Pacific Union Elementary 22) Parlier Unified 23) Pine Ridge Elementary 24) Raisin City Elementary </div> </div>	<div> <div>Enrollment:</div> <div> 1) 203 2) 45 3) 122 4) 1,508 5) 15,881 6) 248 7) 43,264 8) 4,466 9) 2,244 10) 2,608 11) 73,249 12) 1,649 13) 5,215 14) 9,865 15) 2,229 16) 1,167 17) 677 18) 3,543 19) 166 20) 1,060 21) 406 22) 3,471 23) 103 24) 719 </div> </div>

		25) Riverdale Joint Unified	25) 1,563
		26) Sanger Unified	26) 12,305
		27) Selma Unified	27) 6,393
		28) Sierra Unified	28) 1,271
		29) Washington Colony Elementary	29) 463
		30) Washington Unified	30) 2,978
		31) Westpark Elementary	31) 684
		32) Westside Elementary	32) 2,712
		33) Fresno County Superintendent of Schools	33) 3,945
	e.	School: 1) All schools that will be served through the expanded All 4 Youth Partnership program are included in the school districts listed above	Enrollment: 1) See note
VII.C.i.3.	Governance Structure		
	a.	Describe the governance structure of the County – Educational Entities partnership: The All 4 Youth Partnership Steering Committee is comprised of leadership from Fresno County Superintendent of Schools (FCSS) and Fresno County Department of Behavioral Health (DBH). To reflect the collaborative nature of the partnership that was first begun in 2011, the Steering Committee is jointly led by Trina Frazier, FCSS Chief Student Services Officer, and Dawan Utecht, DBH Director. The co-leads are supported by five FCSS management staff and four DBH high-level staff (names and positions are specified below in Section c). The Steering Committee meets monthly to: monitor the progress of the All 4 Youth contract; troubleshoot program barriers; review referral data; appraise staffing structure to meet program needs; and assess the direction of the All 4 Youth program. The Steering Committee collaborates and discusses any changes that may be needed, and regularly reviews program data to track success.	
	b.	What is the role of the governance group and what are the decision-making responsibilities given to it? In accordance with the existing Partnership Agreement, DBH and FCSS convenes a monthly Steering Committee meeting to maintain the overarching goals and objectives of All 4 Youth and ensure the requirements of the Partnership Agreement are met (see Attachment 5, Section 7.d.iv). FCSS provides updates to District Superintendents and program staff. DBH reports to the Behavioral Health Board and Department Leadership.	
	c.	Who is involved and what are the roles of each?	

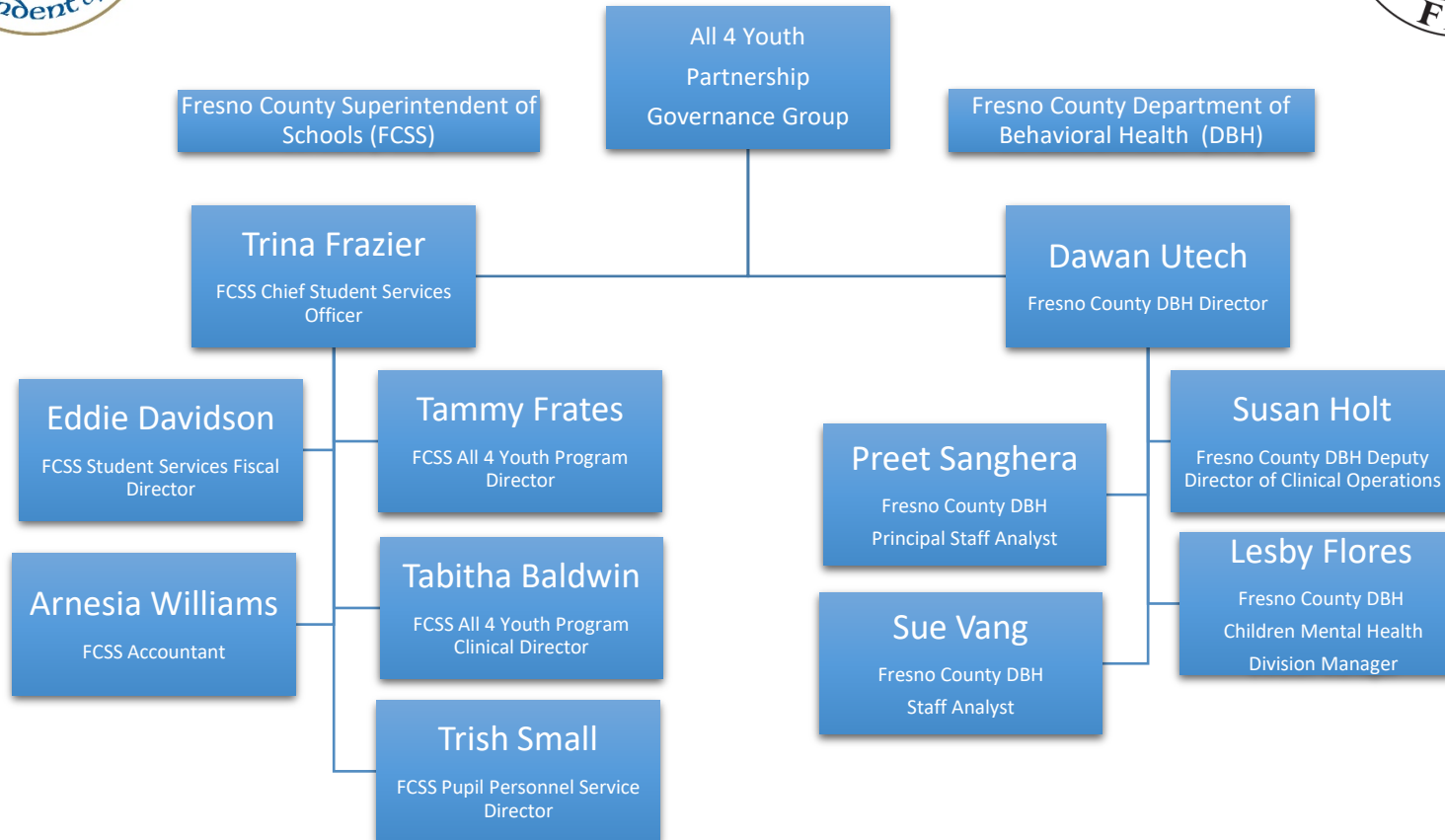
Fresno County Superintendent of Schools (FCSS) | Attachment 4: Applicant Background

	<p>Person and Title: Trina Frazier, Chief Student Services Officer, Fresno County Superintendent of Schools (FCSS)</p> <p>Role: Provide oversight of the Behavioral Health Program, All 4 Youth and ensure compliance with contractual obligations and regulations. Work directly with superintendents, school sites, and outside agencies to ensure one seamless system of care to ensure the integration of the behavioral health services. Coordinate All 4 Youth program, including agenda preparation, meeting minutes, and direct communications for the Steering Committee, and oversee allocation of resources and fiscal functions.</p>
	<p>Person and Title: Dawan Utecht, Director, Fresno County Department of Behavioral Health (DBH)</p> <p>Role: Provide executive review and serve as the final approving authority for DBH collaborative roles in the partnership. Provide executive level planning, direction, and approval of all grant documents to be submitted to the State/Grantor.</p>
	<p>Person and Title: Susan Holt, Deputy Director (Clinical Operations), DBH</p> <p>Role: Provide executive clinical review and direction of DBH collaborative roles in the partnership. Oversee strategic partnership communications.</p>
	<p>Person and Title: Tammy Frates, All 4 Youth Program Director, FCSS</p> <p>Role: Under the direction of the Chief Student Services plan, supervise, and organize the daily operations of the behavioral health program, All 4 Youth. Coordinate the delivery of behavioral health services. Communicate with other administrators, school districts employees, and outside agencies to coordinate activities and programs. Support the coordination of staff development activities.</p>
	<p>Person and Title: Tabitha Baldwin, All 4 Youth Clinical Director, FCSS</p> <p>Under the direction of the Chief Student Services Officer, plan, organize, supervise and coordinate the daily activities and operations of Behavioral Health Clinical Services continuum for All 4 Youth. Develop and integrate a comprehensive and effective school-based behavioral health services continuum for children birth through 22 years of age and their families throughout Fresno County. Manage, develop, coordinate, and assess behavioral health services provided by All 4 Youth and participate in the development and implementation of goals, objectives, policies, and priorities for the program. Oversee the implementation of assigned programs, recommend and administer policies and procedures, and develop strategies to resolve complex administrative, fiscal, and operational issues.</p>
	<p>Person and Title: Trish Small, Pupil Personnel Services Director, FCSS</p> <p>Role: Serve as a Steering Committee member. Provide input into program implementation decisions. Take responsibility for all All 4 Youth trauma training in schools as part of the onboarding process (including development of training content, scheduling training, and data development and collection). Attend all</p>

		onboarding meetings with schools/districts as part of the All 4 Youth orientation process.
		<p>Person and Title: Eddie Davidson, Student Services Fiscal Director, FCSS</p> <p>Role: Under the direction of the Chief Student Services Officer, plan, develop, lead and oversee the operation and activities of the Student Services division. Ensure the financial integrity, stability and growth of the Student Services division including budget development and cost management. Represent FCSS as a facilitator, liaison, and resource, both internally and externally. Direct and participate in the development and implementation of state and federal regulations and superintendent policies and procedures. Supervise and evaluate the performance of assigned personnel.</p>
		<p>Person and Title: Arnesia Williams, Accountant, FCSS</p> <p>Role: Under the direction of an assigned supervisor, perform professional accounting and budgetary work involved in establishing, analyzing, auditing, reconciling, and maintaining financial records in support of assigned county office programs and functions. Prepare and audit a variety of financial, statistical and budgetary reports, statements, and records. Participate in the development, implementation and analysis of designated accounting and budgetary systems and procedures as assigned.</p>
		<p>Person and Title: Lesby Flores, Division Manager, DBH</p> <p>Role: Lead strategic partnership efforts between DBH and FCSS. Support communication, collaboration, and care coordination provided by All 4 Youth.</p>
		<p>Person and Title: Preet Sanghera, Principal Staff Analyst, Contracted Services, DBH</p> <p>Role: Lead contract management support and oversight of the DBH-FCSS agreement. Provide support and review to other Contract Services staff within DBH that assist with the DBH-FCSS agreement. Provide outcomes measurement review and assistance.</p>
		<p>Person and Title: Sue Vang, Staff Analyst III, Contracted Services, DBH</p> <p>Role: Provide contract management, support, and assistance to the DBH-FCSS All 4 Youth Agreement. Provide fiscal, invoicing, and onboarding support.</p>
		Include an organization chart which lists all entities and their roles.
	d.	<p>Check the box below to indicate the document has been provided.</p> <p><input checked="" type="checkbox"/> X</p>
e.	<p>State how often the governance group meets. Are these regularly scheduled meetings, ad hoc meetings, or a combination?</p> <p><input checked="" type="checkbox"/> Regularly Scheduled. State how often:</p>	

			<p>The governance group (Steering Committee) began meeting ad hoc in 2016 during the partnership planning phase. Regular Steering Committee meetings began on July 25, 2018. The Steering Committee meets monthly (or as needed) during the school year (August 2019 to June 2020).</p> <p><input type="checkbox"/> Ad hoc. Explain:</p> <p><input type="checkbox"/> Combination. Explain:</p>
	e.	i.	<p>Provide copy of any bylaws, motion, or some other agreement identifying the number of times the Governing body meets.</p> <p>Check the box below to indicate the document has been provided.</p> <p>X</p>
		ii.	<p>Provide agendas, meeting minutes, or public notifications of the meetings to show that the governing body has met over the past year.</p> <p>Check the box below to indicate the document has been provided.</p> <p>X</p>
VII.C.i.4.	<p>Describe the sources of funds supporting the Partnership:</p> <p>The All 4 Youth Partnership between Fresno County Superintendent of Schools (FCSS) and Fresno County Department of Behavioral Health (DBH) is funded by a combination of sources including Mental Health Services Act (MHSA), Community Service and Supports (CSS), Medi-Cal Federal Financial Participation (FFP), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), and Prevention and Early Intervention (PEI). MHSA CSS/PEI, FFP, and EPSDT funds are paid to FCSS through a local contract for services with DBH. In accordance with All 4 Youth's contract, signed in 2018 and valid through 2023, All 4 Youth will receive a maximum compensation of \$111,210,978 over five years. Funding sources are described in more detail in the following sections.</p>		
	a.	<p>How much is from Medi-Cal, annually?</p> <p>All 4 Youth receives an annual average of \$11,794,271 from Medi-Cal, allocated in the following amounts:</p> <ul style="list-style-type: none"> ● \$2,914,192 in Fiscal Year 2018-19; ● \$9,164,804 in Fiscal Year 2019-20; ● \$12,332,112 in Fiscal Year 2020-21; ● \$15,392,304 in Fiscal Year 2021-22; and ● \$19,167,946 in Fiscal Year 2022-23. 	
	b.	<p>How much is from the county, annually?</p> <p>The All 4 Youth Partnership receives an annual average of \$10,447,924 from the county, allocated in the following amounts:</p> <ul style="list-style-type: none"> ● \$4,893,894 in Fiscal Year 2018-19; 	

		<ul style="list-style-type: none"> • \$7,835,365 in Fiscal Year 2019-20; • \$10,247,489 in Fiscal Year 2020-21; • \$13,083,359 in Fiscal Year 2021-22; and • \$16,179,513 in Fiscal Year 2022-23.
	b. i.	What are the sources of the county funds? The All 4 Youth partnership receives county funds from Mental Health Services Act (MHSA), Community Service and Supports (CSS), Medi-Cal Federal Financial Participation (FFP), and Prevention and Early Intervention (PEI).
	b. ii.	Is this permanent, one-time, or temporary funding? This is ongoing funding.
	c.	How much is from the school district/Local Educational Agency (LEA), annually? \$164,236.12 (Local funds \$87,215.12, AB 114 funding \$77,021)
	c. i.	What are the sources of the school district/LEA funds? School district/LEA funds are sourced from AB 114 funding (see Attachment 8, Section VII.E.iv.3) and Local Funds (see Attachment 8, Section VII.E.iv.2.ii.a.1)
	c. ii.	Is this permanent, one-time, or temporary funding? This funding is permanent and ongoing
	d.	How much is from the State, annually? \$87,736.15 (State dollars allocated to LEAs \$77,021, PEI funding from the State \$10,715.15)
	d. i.	What are the sources of the State funds? State funds are sourced from AB 114 and PEI funding from the State of California
	d. ii.	Is this permanent, one-time, or temporary funding? This funding is permanent and ongoing
	e.	How much is from other sources (e.g. Private donors), annually? The All 4 Youth Partnership has a priority goal of \$25,000 in funds from private foundations
	e. i.	What are the sources of the Other funds? See Attachment 8, Section VII.E.iv.2.a.1.2
	e. ii.	Is this permanent, one-time, or temporary funding? All 4 Youth has a priority goal of securing \$25,000 in private funding source, including foundation grants, for each year of the grant program period and will continue to seek additional private funding beyond the grant period.



AGREEMENT

THIS AGREEMENT is made and entered into this 5th day of June 2018, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **FRESNO COUNTY SUPERINTENDENT OF SCHOOLS.**, a Political Subdivision of the State of California, whose address is 1111 Van Ness Avenue, Fresno, CA, 93721, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), is looking to expand mental health treatment and prevention and early intervention services for children and youth at school, home, and community locations in Fresno County; and

WHEREAS, COUNTY, through its DBH, Mental Health Services Act (MHSA), Community Service and Supports (CSS) and Prevention and Early Intervention (PEI) component, and through input from the community stakeholder process, recognizes the need to provide school based mental health treatment and PEI for both metropolitan and rural areas to children and youth enrolled in school grades Kindergarten through High School, as specified in this Agreement and as part of Fresno County's approved State CSS and PEI Plans, to provide services related to mental well-being; and

WHEREAS, COUNTY, through its DBH, Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) component, recognizes the need to provide Prevention and Early Intervention School Based Programs (PEISBP) Kindergarten through Twelfth Grade, as specified in this Agreement and as part of Fresno County's approved State PEI Plan, to help reduce stigma and discrimination against mental illness and provide services related to mental well-being and mental health services; and

WHEREAS, children/youth with Serious Emotional Disturbance (SED) who also experience co-occurring mental health and alcohol/substance use disorders and/or discipline issues will be included among those served; and

WHEREAS, CONTRACTOR's school districts are public schools districts which also coordinate their own mental health services within the jurisdictional boundaries specific to each school district; and

///

1 WHEREAS, CONTRACTOR has similar goals of COUNTY to expand mental health treatment
2 and prevention and early intervention services for it students and families across the County of Fresno,
3 and to provide integrated student supports through a collaboration with the COUNTY's DBH; and

4 WHEREAS, COUNTY, through its DBH, is a Mental Health Plan (MHP), as defined in Title 9 of
5 the California Code of Regulations (C.C.R.), Section 1810.226; and

6 WHEREAS, CONTRACTOR is qualified, has the staffing, facilities, support services and is
7 willing to provide said expanded mental health services at school, home and community locations
8 throughout Fresno County, pursuant to the terms and conditions of this Agreement.

9 NOW, THEREFORE, in consideration of their mutual covenants and conditions, the parties
10 hereto agree as follows:

11 **1. SERVICES**

12 A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth
13 in Exhibit A-1, Exhibit A-2, and Exhibit A-3, "Specialty Mental Health Services Scope of Work, Prevention
14 and Early Intervention Services Scope of Work," Continuum of Care Vision and Strategies, all attached
15 hereto and by this reference incorporated herein and made part of this Agreement.

16 B. CONTRACTOR shall align programs, services, and practices with the vision,
17 mission, and guiding principles of the County of Fresno, Department of Behavioral Health (DBH), as
18 further described in Exhibit B, "Fresno County Department of Behavioral Health Guiding Principles of
19 Care Delivery", attached hereto and by this reference incorporated herein and made part of this
20 Agreement.

21 C. CONTRACTOR shall send to County's DBH upon execution of this Agreement, a
22 detailed plan ensuring clinically appropriate leadership and supervision of their clinical program.
23 Recruitment and retaining clinical leadership with the clinical competencies to oversee services based on
24 the level of care and program design presented herein shall be included in this plan. A description and
25 monitoring of this plan shall be provided to the COUNTY's DBH.

26 D. CONTRACTOR shall establish and maintain Medi-Cal certification, medi-cal site
27 certification, or become certified within ninety (90) days of the effective date of this Agreement through
28 the COUNTY to provide reimbursable services to Medi-Cal eligible clients. In addition, CONTRACTOR

1 shall work with the COUNTY's DBH Managed Care Division for credentialing of staff. CONTRACTOR
2 shall be required to become Medi-Cal certified prior to providing services to Medi-Cal eligible clients and
3 seeking reimbursement in COUNTY's billing system. CONTRACTOR shall not be reimbursed by
4 COUNTY for any Medi-Cal services rendered prior to certification.

5 E. CONTRACTOR shall also provide tracking tools and measurements for access,
6 effectiveness, efficiency, and client satisfaction indicators as required by the Commission on
7 Accreditation of Rehabilitation Facilities (CARF) standards and as further detailed in Exhibits A-1 and A-
8 2, Scope of Work.

9 F. CONTRACTOR shall participate in utilizing and integrating the Reaching
10 Recovery tools and outcomes as applicable to CONTRACTOR and as directed by the COUNTY's DBH.

11 G. It is acknowledged by all parties hereto that COUNTY's DBH Contracts Division
12 unit shall monitor this program operated by CONTRACTOR, in accordance with Section Fourteen (14) of
13 this Agreement.

14 H. CONTRACTOR shall participate in monthly, or as needed, workgroup meetings
15 consisting of staff from COUNTY's DBH to discuss service requirements, data reporting, training,
16 policies and procedures, overall program operations and any problems or foreseeable problems that
17 may arise. CONTRACTOR shall also participate in other COUNTY meetings, such as but not limited to
18 QI meetings, provider meetings, Behavioral Health Board meetings, etc.

19 I. CONTRACTOR shall maintain requirements as an organizational provider
20 throughout the term of this Agreement, as described in Section Seventeen (17) of this Agreement. If for
21 any reason, this status is not maintained, COUNTY may terminate this Agreement pursuant to Section
22 Three (3) of this Agreement.

23 J. CONTRACTOR agrees that prior to, and while providing services under the
24 terms and conditions of this Agreement, CONTRACTOR shall have staff hired and in place for program
25 services and operations or COUNTY may, in addition to other remedies it may have, suspend referrals
26 or terminate this Agreement, in accordance with Section Three (3) of this Agreement.

27 K. It is acknowledged by all parties hereto that the ramp up period shall commence
28 on July 1, 2018 and continue through December 2018. Each subsequent fiscal year and subsequent



2019-20 All 4 Youth Interagency Meetings

Meeting reminders will be emailed out with location details.

July 2019						
S	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2019						
S	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2019						
S	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Room 201

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

Room 274

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

October 2019						
S	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Room 274

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

November 2019						
S	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Room 270

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

December 2019						
S	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Room 274

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

January 2020						
S	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Room 201

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

February 2020						
S	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Room 201

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

March 2020						
S	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Room 201

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

April 2020						
S	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Room 201

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

May 2020						
S	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Room 201

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

June 2020						
S	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Room 201

*Year 2 Districts: 2:00 PM-4:00 PM

Year 1 Districts: 3:00 PM-4:00 PM

*DBH & FCSS staff to attend 2:00 PM-4:00 PM

Updated: 07/26/19

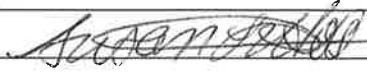
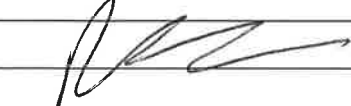



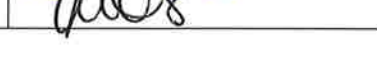

All 4 Youth Steering Committee Meetings

<u>2018-2019</u>	7/25/18
	8/29/18
	7/25/18
	9/14/18
	10/29/18
	11/8/18
	12/12/18
	1/11/19
	2/21/19
	3/15/19
	4/23/19
	5/30/19
	6/18/19
<u>2019-2020</u>	9/6/19
	9/20/19
	10/18/19
	11/12/19
	12/13/19
	1/24/20
	2/28/20
	3/27/20
	4/23/20
	5/22/20
	6/16/20

Behavioral Health Partnership Steering Committee

Wednesday, July 25, 2018 ♦ FCOE, Room 274 ♦ 1:00 p.m.

Please Print Your Name

Organization	Representative	Please Print Name
Department of Behavioral Health	Lesby Flores	
	Susan Holt	
	Joseph Rangel	
	Preetinder Sanghera	
	Dawan Utecht	
	Sue Vang	
Fresno County Superintendent of Schools	Katherine Catania	
	Eddie Davidson	called in on phone
	Tammy Frates	
	Trina Frazier	
	Trish Small	
	Arnesia Williams	

Guest – Please Print Name

Laura Wascher
Print Name Signature

Print Name Signature

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Print Name Signature

Print Name Signature

Print Name Signature

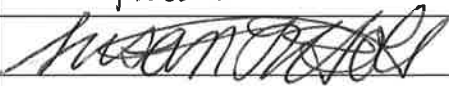
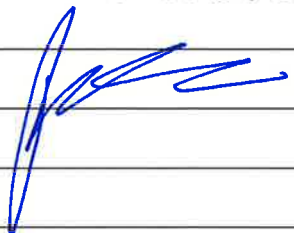

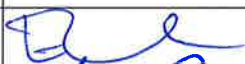

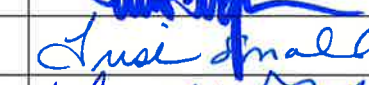




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Behavioral Health Partnership Steering Committee

Tuesday, April 23, 2019 + DBH Health & Wellness Building + 10:00 a.m.

Please Print Your Name

Organization	Representative	Please Print Name
Department of Behavioral Health	Ahmad Bahrami	
	Lesby Flores	present
	Susan Holt	
	Joseph Rangel	
	Preetinder Sanghera	
	Dawan Utecht	
	Sue Vang	
Fresno County Superintendent of Schools	Tabitha Baldwin	
	Kathryn Catania	
	Eddie Davidson	
	Tammy Frates	
	Trina Frazier	
	Trish Small	
	Laura Wascher	
	Arnesia Williams	
	Joshua Stoick	

Guest – Please Print Name

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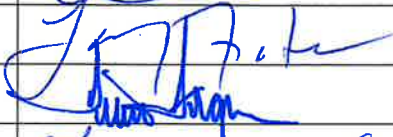
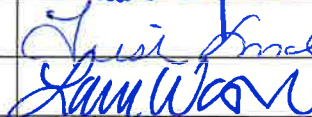
Signature

Print Name

Signature

Behavioral Health Partnership Steering Committee
Friday, January 24, 2020 ♦ FCSS, Room 273 ♦ 9:00 a.m.

Please Print Your Name

Organization	Representative	Please Print Name
Department of Behavioral Health	Katherine Anderson	
	Audrey Betz	
	Lesby Flores	
	Susan Holt	<i>via phone</i>
	Joseph Rangel	
	Preetinder Sanghera	
	Dawan Utecht	
	Sue Vang	
Fresno County Superintendent of Schools	Tabitha Baldwin	<i>T. Baldwin</i>
	Kathryn Catania	
	Eddie Davidson	
	Tammy Frates	
	Trina Frazier	
	Trish Small	<i>Trish Small</i>
	Laura Wascher	<i>Laura Wascher</i>
	Arnesia Williams	<i>via phone</i>

Guest – Please Print Name

Print Name _____ Signature _____

Print Name _____ Signature _____

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Behavioral Health Partnership Steering Committee
August 29, 2018 ♦ 8:00 a.m. to 10:00 p.m. at FCSS, Room 301

Agenda

- I. Site Certification**
- II. Policies & Procedures**
- III. PEI Separate Database**
- IV. District Requests**
 - A. Central Unified**
 - B. Washington Unified**
 - C. Artie Padilla**
- V. Update from Elizabeth Estes**
- VI. Position Titles in the Contract**
 - A. Data Automation Specialist vs. Quality Support Manager**
- VII. Insurance**
- VIII. Training**



Behavioral Health Partnership Steering Committee
November 8, 2018 ♦ 10:00 a.m. to 12:00 p.m. at FCSS, Room 273

Agenda

- | | |
|--|-------------|
| I. Site Certification Update
A. November 19, 2018 – Civic Center
B. November 29, 2018 - Firebaugh | T. Baldwin |
| II. CANS Online Code | T. Frates |
| III. HIPAA Online Training Code | T. Frates |
| IV. Job Descriptions
A. SUD
B. Leadership to Direct Care
C. Substance Use Counselor
D. Leadership Positions | T. Frazier |
| V. Trainings Available to Districts During Rollout | T. Frazier |
| VI. School Climate Survey | T. Baldwin |
| VII. Budget Update
A. Parent Parking Spaces – Name Assigned
B. Line Item 1060 – Add Internet
C. Amendment to Budget | A. Williams |
| VIII. Specialty Mental Health/PEI | All |
| IX. Standing Items
A. Staffing Matrix
B. Amendment to Contract
C. Service/District Requests | T. Frazier |
| X. Future Agenda Items | T. Frazier |
| XI. Upcoming Meeting Dates
A. Steering Committee Meeting: December 12, 2018, 3:00 p.m. – 5:00 p.m., Room 274 | |



Behavioral Health Partnership Steering Committee
February 21, 2019 ♦ 10:00 a.m. to 12:00 p.m. at FCSS, Room 273

Agenda

- | | |
|--|-----------------|
| I. Program Update
A. Review Referral Data | T. Frazier |
| II. All 4 Youth Brochure | T. Frazier |
| III. Private Insurance
A. How it Affects 60% Medi-Cal Productivity | T. Frazier |
| IV. PEI Groups vs. Treatment
A. Staff Roles | Open Discussion |
| V. Online Trainings Available to Staff | T. Frates |
| VI. Open House – March 4, 2019 at 5:00 p.m. to 6:30 p.m. | T. Frazier |
| VII. Visit from Sacramento COE in April | T. Frazier |
| VIII. Information Sharing | T. Frazier |
| IX. Parameters Around Crisis Session | T. Frazier |
| X. Billing Clarification | T. Baldwin |
| XI. Budget Update | A. Williams |
| XII. Future Agenda Items | T. Frazier |
| XIII. Upcoming Meeting Dates
A. Steering Committee Meeting: March 15, 2019, 10:00 a.m. – 12:00 a.m., Room 301
B. Interagency Team Meeting: March 26, 2019, 9:00 a.m. – 10:00 a.m., Room 201 | |



Behavioral Health Partnership Steering Committee
April 23, 2019 ♦ 10:00 a.m. to 12:00 p.m. at Health and Wellness Building - Dakota

Agenda

- | | |
|---|------------------------|
| I. Program Update | T. Frazier |
| II. Nami Walk – Saturday, May 11, 2019
A. Booth | T. Frazier |
| III. DBH Clinician Transition (Standing Item) | T. Small |
| IV. Expansion Day Treatment Program | Trina/Susan H. |
| V. *Referrals Update
A. Financial Responsibility | Trina |
| VI. Update on Year 2 On-boarding | Trina |
| VII. Beck Institute Project
A. Sierra Unified is interested | Susan H./Trina/Tabitha |
| VIII. Prepare U Mental Health Education | T. Frazier |
| IX. Dr. Brar Contract | Tabitha |
| X. Discharge Connection to the School –
A. Navigating potential conflict of interest | T. Frazier |
| XI. Positions Update
A. HIA
B. Billing Clerk | Trina/Tabitha |
| XII. Comprehensive Youth Services
A. Washington Unified School District
B. Caruthers
C. Grant | Tammy |
| XIII. AVATAR
A. Capabilities for Data Pulls | Tabitha/J. Stoick |
| XIV. *Access Report | Tabitha/J. Stoick |

XV. Audit Frequency	Tammy
XVI. Treatment Plans	Tabitha
A. Call from DBH Nurse	
XVII. Clients with IEP's	Susan H.
XVIII. Create a Crisis Team in the Future	T. Frazier
XIX. Prescription Pads	T. Frazier
XX. Future Agenda Items	T. Frazier
XXI. Upcoming Meeting Dates	
A. Steering Committee Meeting: May 30, 2019, 3:00 p.m. – 5:00 p.m., Room 201	
B. Interagency Team Meeting: TBD	



Behavioral Health Partnership Steering Committee
June 18, 2019 ♦ 9:00 a.m. to 11:00 a.m. at FCSS, Room 274

Agenda

- | | |
|---|-------------|
| I. Program Update
A. Staffing
B. Training | T. Frazier |
| II. *Referral Update | T. Frazier |
| III. Change in Staff
A. Hire more Clinician Is since Clinician IIs are difficult to find.
B. Youth Care Specialist | T. Frazier |
| IV. 19 Hours
A. Limitations | T. Frazier |
| V. Private Insurance/Alternative Strategies | T. Baldwin |
| VI. Desert Mountain Debrief | All |
| VII. Cost of Avatar Invoicing | T. Baldwin |
| VIII. Fiscal Update | A. Williams |
| IX. Future Agenda Items | T. Frazier |
| X. Upcoming Meeting Dates
A. Steering Committee Meeting: August 23, 2019 9:00 a.m. – 10:30 a.m., Room 274
B. Interagency Team Meeting: TBD | |



Behavioral Health Partnership Steering Committee
November 12, 2019 ♦ 10:00 a.m. to 12:00 p.m. at FCSS, Room 301

Agenda

- | | |
|---|--------------------|
| I. Program Update
A. Staffing
B. Training | T. Frazier |
| II. *Referral Update | T. Frazier |
| III. Fiscal Update
A. All 4 Youth Rates
B. Private Insurance Contract | A. Williams |
| IV. Onboarding Coalinga Discussion | T. Frazier |
| V. MHSSA Application
A. Stakeholder Process
B. Grant Development Team
C. Generation of Ideas, etc. | S. Holt/T. Frazier |
| VI. Care Coordination
A. Follow-Up on Introduction to Kaiser
B. Planning for a Children's System of Care Convening in January or February
C. Any Follow-Up Needed from Meeting on November 7, 2019 | S. Holt |
| VII. Prepare U
A. Kern County's Plan – Possibility to Piggyback
B. Explore if any District might be Interested
C. Possible Full-Scale Presentation to Explore with Stakeholders (districts, parents, youth) | |
| VIII. Updating Presentation on DBH-FCSS Partnership to the Suicide Prevention Collaborative
A. Possibly December | S. Holt |
| IX. JJC | T. Frazier |
| X. Future Agenda Items | T. Frazier |
| XI. Upcoming Meeting Dates
A. Steering Committee Meeting: December 13, 2019 9:00 a.m. – 10:30 a.m., Room 274
B. Interagency Team Meeting: December 11, 2019 2:00 p.m. – 4:00 p.m., Room 274 | |



Behavioral Health Partnership Steering Committee
January 24, 2020 ♦ 9:00 a.m. to 10:30 a.m. at FCSS, Room 273

Agenda

- | | |
|---|----------------------------------|
| I. *Referral Data Update | T. Frazier |
| II. Reporting Structure | T. Frazier |
| III. On-Boarding Update <ul style="list-style-type: none">A. Clovis Unified – 6 Schools IdentifiedB. Learn 4 Life ChartersC. FUSDD. Westside Elementary | T. Frazier
T. Small/T. Frates |
| IV. Assessments for All Students | T. Baldwin |
| V. Training Update | T. Small |
| VI. Kaiser Grant Update <ul style="list-style-type: none">A. Sierra Unified Yoga Program | T. Frates |
| VII. Wellness Fair – April 25, 2020 at 11:00 AM-12:00 PM at Kerman HS | T. Frates |
| VIII. PEI Avatar Notes <ul style="list-style-type: none">A. Service CodesB. Payor Source | T. Baldwin/T. Frates |
| IX. Relias <ul style="list-style-type: none">A. Overview / Training | T. Baldwin |
| X. UMDAP <ul style="list-style-type: none">A. ProcessB. Collection of Payment | T. Baldwin |
| XI. Families Applying for Medi-Cal & Potential Cost to Families if Not Approved | T. Baldwin |
| XII. Help Me Grow | T. Frazier |
| XIII. RFA Check-In <ul style="list-style-type: none">A. MHSSA Questions 1-6B. Parent/Family Partner | T. Frazier |
| XIV. Fiscal Update | E. Davidson |
| XV. Future Agenda Items | T. Frazier |

XVI. Upcoming Meeting Dates

- A. Steering Committee Meeting: February 28, 2020 10:00 a.m. – 11:30 a.m., Room 274
- B. Interagency Team Meeting: February 18, 2020 2:00 p.m. – 4:00 p.m., Room 201

ATTACHMENT 5: PROPOSED PLAN

Proposed Plan	
VII.D.i.	The Program Plan must demonstrate the Applicant’s ability to meet all specified qualifications, requirements, and standards set forth in the RFA. The Program Plan will include, among other things, a description of the Existing Partnership, or New or Emerging Partnership and the proposed grant program.
VII.D.ii.	<p>Describe how the grant funds will be used to support the goals of the RFA, specifically address how funds will be used for the requirements listed below. If the proposed plan does not specifically include any programs or services to address those requirements listed below, explain how the county is addressing the requirements (i.e., through programs and services) and how the Partnership will provide linkages to the county programs and services.</p> <div> <p>Preventing mental illnesses from becoming severe and disabling.</p> <p>Fresno County Superintendent of Schools (FCSS), in partnership with Fresno County Department of Behavioral Health (DBH), will allocate Mental Health Student Services Act of 2019 (MHSSA) funding to expand prevention and early intervention services for youth aged 0-22 throughout Fresno County. Historically, California’s public mental health system has focused solely on the segment of the population with “serious mental illness.” Engaging with youth early in their experience of mental health issues will decrease the likelihood that mental illness becomes severe and disabling. Furthermore, the state’s public mental health system has had minimal, if any, focus on prevention or intervention. FCSS and DBH began partnering in 2011 to fill this gap and serve youth before their mental illness became serious. In 2018, this partnership was formalized as the All 4 Youth Partnership.</p> <p>FCSS and DBH will expand the current model of care provided through All 4 Youth</p> <ol style="list-style-type: none"> to serve more youth with mental illness and their families through a strengths-based, person-centered approach that focuses on prevention and early intervention, and connects youth with needed therapeutic services through the existing All 4 Youth Hubs. Since January 2018, the All 4 Youth Partnership has established two Hub locations to provide clinical care throughout Fresno County, with two more currently in progress. The Partnership intends to develop a total of ten Hub strategically and regionally located through Fresno County by 2023. To serve individuals early in the pipeline, the All 4 Youth Partnership proposes to establish four new, school-adjacent Wellness Centers in areas of the county with high-need (e.g., no accessible mental health services, low socio-economic status, lack of health care, and scarce resources) and where the All 4 Youth Partnership has been unable to acquire facility space. FCSS and DBH aspire to address and further expand efforts to encourage comprehensive self-care through promoting wellness at Centers where youth, families, and school staff can learn to connect, improve health and well-being, find fulfillment, and access natural resources and supports. </div>

	<p>Through the Wellness Centers, the Partnership will:</p> <ul style="list-style-type: none">● Provide accessible information and host trainings to increase student, family, school staff, and community knowledge about trauma and mental health;● Provide mental health prevention and intervention services in accessible locations including schools, the community, and at home;● Promote mental health for all and reduce stigma around mental health to increase the likelihood of accessing services;● Provide strategies and training for comprehensive self-care for families, students, and school staff; and● Collaborate with schools and districts to extend the implementation of their Natural School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools to families and communities. <p>Fresno County schools have not received funding for facilities expansion in years; therefore, space is scarce and what space does exist has limited availability. Through the proposed expansion, the All 4 Youth Partnership will allocate MHSSA funds to establish four Wellness Centers to expand the physical space on or near school campuses in which to provide outreach, prevention and early intervention, behavioral health services, and referrals to supportive services to youth ages 0-22 and their families.</p> <p>In order to meet the need for school-based mental health services identified by Fresno County stakeholders (see Section 7.a.i), the All 4 Youth Partnership will establish the proposed Wellness Centers during the first year of the four-year project period. The Centers will be established in target locations throughout the county to address regional needs and increase access to a large space to accommodate meetings and trainings for schools, community groups, families, and youth. Each Wellness Center will be located on or adjacent to a school to facilitate ease of accessing services and will be strategically placed within the county to reduce geographic barriers to access (in regional locations such as North, South, East, West, and Central Fresno County). The first Wellness Center will be adapted from an existing facility by September 2020, and three modular Wellness Centers will begin construction by November 2020, with the goal of completing construction by September 2021.</p> <p>All 4 Youth will recruit Family Partners from the local community, with lived experience that reflects that of the population they serve, to staff the Wellness Centers. Each Family Partner will receive training in evidence-based processes for providing outreach, prevention, early intervention, and service referrals, and will be provided with six months of follow-up support from the contracted trainer (Crestwood Behavioral Health, Inc.). In-kind FCSS Program Supervisors will oversee the work of the Family Partners inclusive of triage and referrals of youth and their families. In-kind All 4 Youth Clinicians will conduct mental health assessments for clinical mental health services at All 4 Youth Hubs including individual, group, and family therapy. In-kind All 4 Youth Youth Care Specialists and All 4 Youth</p>
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	<p>Intervention Specialists will provide support through the Wellness Centers, providing case management and collateral services following mental health assessment, and supporting individual service plan development with the Family Partners and Clinicians. Specialists will also provide ongoing psychoeducation and skills-building activities at All 4 Youth Hubs. In-kind All 4 Youth School Psychologist will provide evidence-based, trauma-informed trainings to school staff. Clerical support including scheduling, printing, and materials distribution will be provided at the Wellness Centers by in-kind bilingual All 4 Youth Office Assistants.</p> <p>Family Partners will conduct outreach to parents and youth to develop relationships and combat cultural distrust of medical and school professionals. They will also outreach to teachers and school staff to provide information about prevention and early intervention; receive referrals from parents, teachers, and other school staff; and refer youth to clinical mental health services at All 4 Youth Hubs. Following referral to the Wellness Center and assessment by an in-kind All 4 Youth Clinician, the Family Partner will work under the direction of the FCSS Program Supervisor, and in collaboration with the All 4 Youth Clinician and Specialists as appropriate, to develop an individual service plan with the youth and caregiver that outlines goals and needed services. Family Partners will refer youth to behavioral health-related services at the youth's school, other County agencies, and community-based providers, which may include: assistance applying for Medi-Cal, obtaining resources for food, clothing and shelter, after-school programs, social skills classes, substance use disorder services for youth and adults, employment supports, and other community-based services. The All 4 Youth Partnership will leverage its relationships with County departments (e.g., Department of Public Health, Department of Social Services, and Probation Department), community-based organizations, and collaboratives (e.g., Community Hospital, Cradle to Career Fresno, National Alliance for Mental Health [NAMI] Fresno, Suicide Prevention Collaborative, and Valley Children's Hospital) to link children and youth and their families with needed services.</p> <p>The proposed partnership expansion aims to remove barriers and increase access to a positive, healthy environment in which to live and learn for children and youth experiencing or at risk of mental illness and their families. Focusing upstream on prevention and intervention will reduce the risk of mental illness being ignored until it becomes severe and disabling. To contribute to a system-wide shift in the provision of mental health services for youth, the All 4 Youth Partnership Steering Committee will develop a toolkit, <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> (working title), for establishing a partnership (see attached supporting documentation for in-progress toolkit outline). The toolkit will comprise the following topics:</p> <ul style="list-style-type: none"> ● Initial planning; ● Staffing requirements; ● Job description development; ● Partnership agreement development; ● Budgeting;
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	<ul style="list-style-type: none"> ● Governance structure; ● Policies and procedures; ● Meetings and trainings; ● District onboarding; ● Referral process; ● Establishing Hubs and site certification; ● Data collection and outcomes; ● Billing Medi-Cal; ● Telepsychiatry services and psychiatrist; ● How to address barriers; ● Marketing; and ● Consultation, site visits, and lessons learned. <p>The toolkit will also include editable forms and documents to aid counties' efforts to establish partnerships. Developed during the first 12 to 18 months of the grant program, the completed <i>Bridging Education and Mental Health</i> toolkit will leverage FCSS' and DBH's nearly decade-long relationship to create an actionable guide for counties looking to develop a similar model. The toolkit will provide a framework and tangible structure for other counties to begin their work in helping education and mental health services coordinate to reduce stigma and increase timely access to services within their respective counties. The finalized electronic toolkit will be disbursed through the Mental Health Services Oversight & Accountability Commission website, accessible to MHSSA-funded emerging partnership counties as well as interested counties throughout the state. Through the development of <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i>, the All 4 Youth Partnership aims to contribute to the statewide body of knowledge and build a future in which youth access the mental health services they need early in the pipeline.</p>
2.	<p>Improving timely access to services for underserved populations.</p> <p>Fresno County is home to significant underserved populations: 53.5% of its residents are Hispanic/Latino, and 25.4% of residents live in poverty, a figure that is double the national average (U.S. Census Bureau, American Community Survey 5-Year Estimate, 2018). Furthermore, 42% of Fresno County households are below the Real Cost Measure (RCM), or the income required to meet basic needs in a specific community (United Ways of California, The Real Cost Measure in California, Fresno, 2017). This figure is heightened for underserved populations: 78% of households headed by single mothers are below the RCM, as are 73% of those headed by foreign-born non-citizens and 73% of those headed by a parent with less than a high school education. Nearly 60% of Fresno County's Latino households are below the RCM (Ibid.)</p> <p>The All 4 Youth Partnership is committed to providing accessible, culturally responsive services that place importance on traditional values, beliefs, and family histories. All 4 Youth believes that cultural values and traditions offer special strengths in treating youth and families, and refers to these traditions to help guide</p>

	<p>health care messages and wellness and recovery plans. Per the terms of the All 4 Youth Partnership’s current contract, all All 4 Youth clinical and non-clinical staff attend annual trainings on cultural competency, awareness, and diversity and are appropriately trained in providing services in a culturally sensitive manner. Staff receive ongoing support following trainings to address any follow-up needs and ensure meaningful understanding and implementation of training concepts. The All 4 Youth Partnership employs clinicians that are competent in English, Spanish, and Hmong, the identified threshold languages in Fresno County, and other emerging languages that are rising to the level of significant need (e.g., Punjabi, Laotian). Through the proposed expansion, All 4 Youth will continue to secure the services of trained translators as necessary for additional languages spoken by Fresno County families including Cambodian, Russian, Arabic, and Armenian. Translators will be appropriately trained in providing services in a culturally sensitive manner.</p> <p>The All 4 Youth Partnership works to continually engage underserved populations and provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context. To accomplish this, All 4 Youth staff attend evening and weekend school functions, such as health fairs and parent engagement events, and host public forums, such as focus groups and listening sessions. The All 4 Youth Partnership strives to meet youth and parents where they are and develop trusting relationships with them. As individuals with lived experience with mental health issues and an authentic understanding of the communities that they serve, Family Partners will help to minimize any distrust of medical professionals that youth and their families may experience based on previous experience and/or cultural beliefs.</p> <p>Fresno County is the sixth largest county in California by square miles (California State Association of Counties). However, the county has low population density: Fresno County has 160 persons per square mile, compared to 239 for the state (U.S. Census 2010). As such, service delivery is spread out across the county and transportation poses a challenge to many residents. Locating Wellness Centers where youth and their families already are will reduce the geographic barrier to accessing services. In combination with staffing Family Partners that are rooted in the community, this approach will increase the likelihood that youth and their families engage with Family Partners, ensuring timely access for services and improving follow-up.</p> <p>Family Partners will refer underserved populations to specific services based on needs related to language, ethnicity, income, citizenship status, foster status, homelessness, LGBTQ (lesbian, gay, bisexual, transgender, or queer) status, and other factors. Wellness Centers will host student groups, in particular the National Alliance on Mental Illness (NAMI) Fresno chapter and LGBTQ and cultural student groups, serving as a space where students can gather to hold meetings and receive information. This will increase familiarity with the Centers and reduce the stigma associated with mental illness, increasing the likelihood that youth and their families follow up with the services to which they are referred.</p>
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	<p>Establishing highly visible, destigmatized Wellness Centers staffed by familiar and trusted individuals will result in increased referrals and timely access to services, as parents will be more comfortable referring their children to services or acting on assessment and/or treatment referrals made in association with the school.</p>
3.	<p>Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.</p> <p>The All 4 Youth Partnership will establish four new Wellness Centers to serve as places for community-centered prevention and early intervention via referral to the treatment services currently provided through the All 4 Youth Hubs. The Wellness Centers will be located on or adjacent to school campuses in areas of Fresno County where it has been historically challenging for All 4 Youth to find space to provide clinical mental health services through the Hubs. The Wellness Centers will be outfitted with space for meetings and trainings. They will be staffed with Family Partners who will provide culturally appropriate outreach to youth as well as to parents, teachers and school staff, primary health care providers, and others to recognize the early signs of mental illness. Overseen by the FCSS Program Supervisors, Family Partners will make referrals to the All 4 Youth Hubs, as needed, for therapy at the closest Hub or in the school, home, or a preferred location within the community.</p> <p>The in-kind All 4 Youth School Psychologist will host regular evidence-based, trauma-informed prevention and early intervention trainings at Wellness Centers for teachers and school staff, including clerical staff, custodians, and bus drivers.</p> <p>The All 4 Youth Partnership will draw on its existing suite of stress resilience, trauma, verbal de-escalation, and mindfulness trainings.</p> <p>As described in Section 2 above, Family Partners will share a linguistic, cultural, and geographic background to the community they serve. Given this, Family Partners will be able to effectively speak to, and assuage, the specific barriers and concerns faced by youth and their families. DBH will train Family Partners in the provision of outreach to increase awareness of mental illness, reduce stigma, and share information about referral processes and available resources. Family Partners will work to normalize the connotations of mental health while addressing the concerns of community members who have a learned or inherited mistrust of the medical establishment. At Wellness Centers, Family Partners provide outreach specifically targeting parents. Family Partners will host community-based activities like Parent Cafés, meetings, and classes to build trust, destigmatize mental illness, share information, and foster an understanding of the signs of mental illness. Training and conversation topics will include the following, with others added to address emerging local needs:</p> <ul style="list-style-type: none"> ● Trauma-informed Behavioral Health Services: This training will provide an overview of the services available in the community, including the purpose of, and services provided by, All 4 Youth.

	<ul style="list-style-type: none"> ● Trauma-informed Parenting Practices: This training will review research related to childhood trauma, evidence-based interventions, and suggestions on how parents can work with children that are affected by trauma. ● Parent Training Programs: This training will provide an overview of the various parent training programs available to help bolster the skills needed to manage children’s behavior calmly and improve the quality of family life, including Parent-Child Interaction Therapy (PCIT), Parent Management Training (PMT), Defiant Teens, and Positive Parenting Program. ● Understanding Trauma in the School Environment: This training will increase parent understanding of trauma and how trauma affects the brain, safety and behavior in children, and how Fresno schools are developing a range of tools to increase safety, address unsafe behaviors, and promote connection to the school staff and grounds. ● Human Trafficking: California is one of the primary hotspots of human trafficking in the United States, and this training will cover the roots of human trafficking, how to identify red flags that someone may be a victim of trafficking, and the services available to victims of human trafficking. ● Gang Involvement: This training will include an overview of the risk factors that significantly affect a young person’s chance for gang involvement, but will focus on the protective factors that reduce the risk, including parental involvement and monitoring, family support, and coping/interpersonal skills. <p>Family Partners will conduct outreach to employers, primary health care providers, and other community members through inviting them to participate in community trainings, distributing informational materials, and inviting them to community-wide events, and sharing information as part of communication campaigns for national mental health awareness weeks, such as Suicide Awareness Prevention Week. Family Partners will leverage All 4 Youth’s existing relationships with Community Hospital and Valley Children’s Hospital to outreach to health care providers and employers. Family Partners will attend conferences, medical clinics, job fairs, and free community clinic days to share information about the expanded All 4 Youth program. Family Partners will connect with local employers in the community (e.g., small businesses, Head Start, health care centers, day care centers, education centers, community colleges, public libraries, and agricultural employers) to promote natural support connections for youth and families in order to reduce the likelihood of poverty and homelessness.</p> <p>The All 4 Youth Partnership will leverage its existing relationships with County agencies like the Probation Department and collaboratives like the Fresno County Suicide Prevention Collaborative to provide additional outreach, such as information campaigns during the national Suicide Prevention Week (see Section 6.a for more detail). Information about the early signs of mental illness will also be communicated through All 4 Youth’s website, housed at the Fresno County Superintendent of Schools’ (FCSS) website.</p>
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	<p>Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services.</p> <p>As introduced in Section 3 above, Family Partners will play a key role in reducing the stigma associated with the diagnosis of a mental illness or the seeking of mental health services. Family Partners will complete All 4 Youth's established, evidence-based outreach and awareness-building training, provided by DBH staff, and will be recruited from the local community to engender trust among youth, families, teachers and school staff, and community members. The four Wellness Centers will be established on or adjacent to schools in high-need locations throughout the county during the first year of the grant period. The All 4 Youth Partnership will work with schools where the new Wellness Centers will be located to collaborate on the Center location, layout, signage, and community-specific services, resulting in a center and services that are meaningfully embedded in the school's culture. Family Partners will hold classes on stigma reduction at the Centers for students and on-campus clubs, families, teachers and school staff, primary care health care providers, and others.</p> <p>The proposed project is responsive to the shift that the All 4 Youth Partnership has observed in recent years, as more students throughout Fresno County have raised the profile of mental health, anxiety, trauma, and other issues facing the student population. Students are currently forming National Alliance on Mental Illness (NAMI) clubs in high schools throughout Fresno County to reduce stigma and share information about mental health resources. Self-selected students have emerged as champions for mental health and have made themselves visible to destigmatize mental illness within their peer group. All 4 Youth is committed to creating spaces for these students to gather to further institutionalize the changing attitudes around mental health. The Wellness Centers will serve as gathering spaces for student groups, particularly NAMI chapters and LGBTQ and cultural student groups, to meet and receive mental health-related programming. Family Partners will lead information sessions about mental health to all student groups at the Centers.</p> <p>Since 2018, NAMI California and NAMI Fresno have collaborated with FCSS to host trainings for high schools in Fresno County, with the support of DBH. The Fresno County Suicide Prevention Collaborative has focused on providing education, training, and support to the Fresno community and its schools, serving as a forum for raising awareness and connections between community members and agencies. NAMI Fresno has been a key player in the work to end suicide in Fresno County. Through the Fresno County Suicide Prevention Collaborative, a strong relationship has been formed between the All 4 Youth Partnership and NAMI Fresno. This relationship facilitated trainings for high schools to create NAMI clubs on campus that are integrated with All 4 Youth Clinicians and clinical services. NAMI clubs aim to increase student involvement in the school community, build awareness about mental health, decrease stigma around mental health, and decrease suicide. All 4 Youth will continue to host NAMI club trainings for schools in Fresno County at the proposed Wellness Centers, which will decrease both travel</p>
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	time and time away from classes for students. The Wellness Centers will also serve as a space for NAMI clubs to meet and host events for their respective student body and their parents.	
	<p>Reducing discrimination against people with mental illness.</p> <p>The All 4 Youth Partnership will reduce discrimination against people with mental illness by raising awareness of and destigmatizing mental illness among a wide audience including youth aged 0-22 and their families, teachers and school staff, community members, primary care health care providers, employers, and others (see Sections 3 and 4 above). Family Partners will provide outreach, prevention and early intervention; referrals to All 4 Youth Hubs for clinical mental health services; linkages to behavioral health-related services; connection to resources and natural supports within the community; and training to the youth, families, and staff associated with the school campus on which each Wellness Center is located. As trusted messengers with lived experience that mirrors those of the community they serve, Family Partners will increase the likelihood of referrals by parents, timely follow-up with services, and increased understanding and awareness of mental illness among the community.</p> <p>Through these multipronged efforts, the All 4 Youth Partnership hopes to correct the misperceptions about and reduce the stigma around mental illness, leading to downstream reductions in discrimination against people with mental illness.</p>	
	5.	
	6.	<p>Preventing negative outcomes in the targeted population, including, but not limited to:</p>
	6.	<p>Suicide and attempted suicide</p> <p>The All 4 Youth Partnership will allocate MHSSA funds to expand existing services to prevent suicide and attempted suicide among youth aged 0-22 and their families in Fresno County. By offering expanded prevention and early intervention services through the four Wellness Centers to be established through the project, All 4 Youth will increase knowledge and understanding of the signs of mental illness, reduce stigma, and remove barriers to accessing mental health services. These efforts will increase the likelihood that at-risk youth and their families connect with behavioral health services, thereby lessening the risk of suicide or attempted suicide.</p> <p>a.</p> <p>Few counties in California have formal suicide prevention efforts. Following a cluster of deaths by suicide, DBH established the countywide Suicide Prevention Collaborative in January 2017 to respond to the clear need for a coordinated, systemic approach to preventing suicide. With the support of experts in the field, the Suicide Prevention Collaborative came together to: share learning and data; develop policies, procedures, and best practices across schools and school districts; train primary care physicians and mental health clinicians; develop the accessible fresnoCARES website; and hold Suicide Prevention Week events (including a “Know the Signs” coffee sleeve and coaster campaign). Despite the efforts of the Suicide Prevention Collaborative, there remains a stigma around</p>

		<p>suicide. Family Partners will hold outreach events and information sessions to reduce stigma and shame, and reinforce the message that it's okay to ask for help. All 4 Youth anticipates that this message will be more clearly understood when it comes from someone who has the same lived experience as youth, their parents, and the community.</p> <p>The All 4 Youth Partnership recognizes that to prevent suicide and attempted suicide it must combat limited knowledge, training, and awareness; misinformation and misunderstanding; stigma; and limited funding for prevention. The proposed project will leverage existing Suicide Prevention Collaborative trainings including Applied Suicide Intervention Skills Training; Mental Health First Aide; Safe Talk; and Question, Persuade, Refer to train school teachers and staff. These trainings, coupled with ongoing information sharing by Family Partners, will increase the awareness of suicide among teachers and staff, and their ability to identify when students may be at risk and link them to services. By locating service providers (Family Partners and FCSS Program Supervisors) at Wellness Centers on or adjacent to school campuses, the proposed project increases timely access for youth and families to get support when there are mental health struggles that could eventually lead to suicide or attempted suicide.</p>
	6. b.	<p>Incarceration</p> <p>The All 4 Youth Partnership recognizes the overlap among mental illness and incarceration, poverty, homelessness, and other related issues. All 4 Youth will continue to collaborate with the Fresno County Probation Department (Probation) to coordinate care for youth in order to reduce recidivism and improve resilience. In addition, All 4 Youth will directly engage youth on probation who are enrolled at alternative/continuation schools such as Violet Heintz Education Academy. Family Partners will coordinate with teachers and probation officers to connect recently incarcerated students who face mental health issues with needed therapeutic services and supports through the All 4 Youth Hubs and other community services providers.</p> <p>The All 4 Youth expansion will leverage the work of the Suicide Prevention Collaborative's Justice workgroup, which advocates for greater cross-sector awareness of what happens when a person experiences a crisis, implements a standardized screening tool (Columbia-Suicide Severity Rating Scale), and partners with local agencies to provide information to families with experience in the criminal justice system or with law enforcement. The Justice workgroup will share informational materials with Family Partners and school teachers and staff to increase awareness of the particular barriers and challenges faced by youth who are experiencing both incarceration and mental illness.</p>
	6. c.	<p>School failure or dropout</p> <p>The All 4 Youth Partnership has observed shame and stigma around suspension/expulsion for youth, some of whom spend as long as one year off</p>

		<p>campus, and will leverage existing All 4 Youth clinical mental health services to support these youth in the transition back to school. All 4 Youth will continue to provide mental health services to youth who are at risk of school failure or dropout, particularly those in independent study, attending continuation schools, or who have been previously suspended or expelled. All 4 Youth staff will deliver services to these youth to help them process any shame and stigma related to school failure and begin a healing journey to return and reintegrate into a mainstream school setting.</p> <p>The All 4 Youth Partnership has additionally observed that school failure, dropout, and suspension/expulsion are usually sparked by a previously unaddressed stressor. As described in Section 7.b below, All 4 Youth will leverage All 4 Youth Clinicians as in-kind match to provide mental health assessments at each Wellness Center. The FCSS Program Supervisors will work with the Family Partners to connect youth and families to clinical mental health services and behavioral health-related resources (e.g., medical, legal, nutritional, housing) to reduce their risk of future school failure.</p> <p>FCSS operates a school specifically for suspended/expelled youth and will host Family Partners to provide information sessions and trainings about mental health and available resources.</p> <p>All 4 Youth includes a particular focus on young children to help prevent preschool expulsion. To alleviate parents' fears about their child being asked not to return to preschool, Family Partners and FCSS Program Supervisors will meet with children ages 0-5 and their parents to provide information about their options for addressing developmental issues, assessments for mental health issues, and linkages to appropriate resources. This work early in the pipeline will help identify mental health needs early, reducing the chances of more serious issues developing in later years which could lead to school failure or dropout. Family Partners will conduct trainings and distribute information to parents that are specific to recognizing mental health issues in young children, and the community resources available to them to help respond to those issues.</p> <p>All 4 Youth currently measures outcomes related to school failure and dropout, including suspension/expulsion, absenteeism, and service penetration rates, among others, and will continue to measure and monitor these outcomes. As described in Section 7.d.iv below, the All 4 Youth Partnership's goal is that 70% of youth currently receiving All 4 Youth services will have no suspensions or a reduced rate of suspension since the beginning of treatment.</p>
	6. d.	<p>Unemployment</p> <p>The All 4 Youth Partnership will continue its work to prevent unemployment among youth due to unaddressed mental illness. Family Partners will connect youth to community resources for volunteer experience to add to their resume, such as Salvation Army, Goodwill, and the Society for the Prevention of Cruelty to Animals (SPCA), in addition to connecting youth to programs like Job Corps</p>

		and Educational Opportunity Centers (EOCs). Family Partners will guide youth in developing resumes and will connect them to additional school- and community-based resources as needed to support them in securing employment. As described in Section 3, Family Partners will provide outreach to local employers in the community including small businesses, Head Start providers, health care centers, day care centers, schools, community colleges, public libraries, agricultural employers, and others to strengthen natural supports for Fresno County youth with mental illness and their families, reducing the likelihood of job termination related to the effects of mental illness.
	6. e.	<p>Prolonged suffering</p> <p>The proposed expansion of All 4 Youth services will help prevent prolonged suffering among youth aged 0-22 and their families in Fresno County. As described in Section 1 above, the All 4 Youth Partnership will work to prevent mental illness from becoming severe and destabilizing by: establishing four new Wellness Centers; reducing stigma by staffing the Wellness Centers with Family Partners with shared linguistic, cultural, and geographic backgrounds as the community they serve; and providing outreach and training to raise awareness of the signs of mental illness. In addition to serving children and youth at the early stages of mental illness, All 4 Youth will provide behavioral health services to children and youth with Serious Emotional Disturbance (SED) who experience co-occurring mental health and alcohol/substance use disorders and/or discipline issues. Family Partners will provide referrals to more intensive mental and/or physical health services for those in need.</p> <p>As described in Section 2, the All 4 Youth Partnership will ensure timely access to services by locating Wellness Centers on or adjacent to schools and recruiting and training Family Partners who will establish trust with youth and their parents. Through these efforts, All 4 Youth will increase the likelihood that mental illness is identified early and services are accessed, reducing the risk of prolonged suffering.</p>
	6. f.	<p>Homelessness</p> <p>The All 4 Youth Partnership recognizes the overlap among mental illness and issues including homelessness, incarceration, poverty, and others. Through the expanded All 4 Youth program, Family Partners will refer youth and families to the Sanctuary Shelter operated by the Fresno Economic Opportunities Commission, a 24-hour emergency shelter and recognized Safe Place for runaway, homeless, exploited, or otherwise displaced youth. At the Sanctuary Shelter, youth are provided a hot meal, clothing, crisis intervention, case management, counseling, and family reunification when appropriate. Older youth will be referred to the EOC's Sanctuary Transitional Shelter, an emergency shelter that assists homeless young adults between the ages of 18 and 24. Youth and families may also be referred to Poverello House, a Fresno County non-profit organization that offers temporary overnight shelter, clothing</p>

			distribution, free meals and emergency food, a medical clinic, and social services. Youth and families in need of longer-term housing options may be referred to the Fresno Housing Authority for public housing rentals, housing choice vouchers, and other affordable housing programs and services.
	6.	g.	<p>Removal of children from their homes</p> <p>The All 4 Youth Partnership will allocate MHSSA funds to expand existing services to prevent the removal of children from their homes in Fresno County. Family Partners will provide training to parents on parenting strategies, particularly increasing natural supports to reduce risk factors for removal. Trainings will be evidence-based, trauma-informed, and culturally responsive, such as the Triple P (Positive Parenting Program) training.</p>
	6.	h.	<p>Involuntary mental health detentions</p> <p>The All 4 Youth Partnership will work to prevent involuntary mental health detentions by expanding upstream awareness of the signs of mental illness and timely access to services. The proposed program's preventative approach will lead to an increase in early identification and intervention, thereby reducing the likelihood that youth's mental health conditions exacerbate to the point of an involuntary detention. This will be accomplished through: the outreach, prevention and intervention, and referrals provided by the Family Partners as described in Sections 1, 2, and 3 above; and the evidence-based, trauma-informed prevention and early intervention trainings for parents, school teachers and staff, primary care health care providers, employers, and others hosted by Family Partners, as described in Section 3. Through these efforts, All 4 Youth will increase the early identification and prevention of mental illness and reduce stigma to increase the likelihood that youth and their families connect with behavioral health services before mental illness becomes so severe that an involuntary detention is the only option.</p>
	7.	That the plan includes a description of the following:	
	7.	a.	<p>The need for mental health services for children and youth, including campus-based mental health services, as well as potential gaps in local service connections</p> <p>In 2011, FCSS and DBH first began a partnership, using a school-wide Positive Behavioral Intervention Supports (PBIS) Tiered System of Support Model. DBH trained all schools and school site teams in 30 districts within Fresno County over a seven-year period. During this period, it became evident to FCSS and DBH that mental health services were not being accessed due to various school-level barriers for children, youth, and their families. In early 2016, FCSS and DBH agreed to further expand and enhance this partnership to address these needs, formalizing this work as All 4 Youth in 2018. Based on the needs observed by FCSS and DBH, All 4 Youth was founded on a Tiered System of Supports Model with an added clinical lens to integrate mental health services and reduce barriers to access.</p>

		<p>Since the formalization of the All 4 Youth Partnership contract in 2018, FCSS and DBH have observed a lack of information about and understanding of mental illness throughout Fresno County communities, persistent stigma about mental illness, distrust of mental health professionals, and youth and family barriers to accessing timely services. Many youth, families, and community members have received misinformation about mental health, and are not aware of available mental health resources and services. Despite the grassroots efforts of Fresno County students to make mental health more visible as described in Section 4 above, there remains a significant stigma around mental illness and suicide. Underserved groups within Fresno County exhibit fear, distrust, and uncertainty of medical professionals. In part, this perspective is a result of immigration fears and historic experiences in which the medical establishment was neither culturally nor linguistically responsive. As a result, many parents do not access mental health services for their children.</p> <p>As the sixth largest county in California by area and with a population density significantly lower than the state average, Fresno County residents face transportation barriers to accessing services, which are distributed across the county (California State Association of Counties). Establishing Wellness Centers at or adjacent to school sites will effectively bring mental health awareness, basic treatment, and referrals to more complex treatment to youth and families, instead of requiring them to travel for these services. The Wellness Center locations were selected based on community input and All 4 Youth analysis to target locations with low access to current service locations.</p>
7.	a. i.	<p>Identify the needs and how they were determined</p> <p>The needs described in Section 7.a above were determined through DBH’s extensive on-the-ground experience providing mental health services to Fresno County residents, and FCSS’s observation of mental health needs within schools.</p> <p>Mental health services needs were determined through a variety of practices including the Fresno County DBH Mental Health Services Act (MHSA) Community Planning Process. As part of this process, DBH sought parent and youth input through a variety of strategies, including 22 community-wide stakeholder meetings, focus groups, surveys, and other planning meetings over the 6,000-square mile County of Fresno. Stakeholder meetings were located throughout Fresno County and online to facilitate access, and targeted stakeholder groups including family/caregivers, rural residents, community-based organizations and service providers, Spanish-speaking adults, Hmong-speaking adults, LGBTQ individuals, transition age youth, the faith community, and first responders.</p> <p>DBH distributed a survey at each stakeholder meeting, posted surveys online, and distributed surveys through community stakeholders. More than 49% of respondents identified the expansion of behavioral health services to youth as a critical need; specifically, respondents identified</p>

		<p>reaching youth where they are in schools as a particular need. Finally, FCSS analyzed existing Local Control Accountability Plan (LCAP) data to identify a need among all 32 school districts in the county for more mental health services, social-emotional instruction, and building clinical staff into school culture. These findings have informed the development of the proposed project.</p> <p>The All 4 Youth Partnership Steering Committee developed an implementation plan that identified schools for participation in the Hubs based on the low penetration rates in rural Fresno County areas such as Firebaugh and Mendota. In addition, DBH analyzed the penetration rate of existing services by ZIP code, number of schools and districts without an assigned All 4 Youth Clinician, and suicide data. FCSS and DBH are active in The Children’s Movement, a community-wide children’s advocacy initiative in Fresno County, which held cross-sector focus groups to gather data related to the prevalence of trauma and behavioral health needs. These county-wide focus groups showed a repeated theme for the need of behavioral health services for youth in schools and in rural areas.</p>
7.	b.	<p>The proposed use of funds, which shall include, at a minimum, that funds will be used to provide personnel or peer support</p> <p>The All 4 Youth Partnership proposes to use MHSSA funds to establish four new Wellness Centers throughout Fresno County to serve as bases for outreach to youth, parents, and the community; prevention and early intervention services; referrals to All 4 Youth Hubs for clinical mental health services; and referrals to community resources and services. Each Center will be staffed by Family Partners that have been recruited from the local community and have received evidence-based, trauma-informed training. During the first year of the grant period, each Wellness Center will be staffed by one Family Partner. Additional Partners will be hired in subsequent years, until each Center is staffed by three Family Partners. During the first 12 to 18 months of the grant program, the All 4 Youth Partnership Steering Committee will develop the electronic <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> to serve as a guide for counties establishing similar partnerships. MHSSA funds will be used to secure a contractor to design an accessible, user-friendly electronic toolkit interface.</p> <p>During the first year of the grant period, MHSSA funds will be used to adapt an existing facility to serve as the first Wellness Center (by September 2020) and construct three new, modular Wellness Centers (by November 2021, with the goal of September 2021) in target locations within Fresno County. All Centers will be located on or adjacent to school campuses in high-risk locations within the county. To demonstrate its commitment to the proposed project, the All 4 Youth Partnership will leverage the Program Supervisor, Clinician, Youth Care Specialist, Intervention Specialist, School Psychologist, and Office Assistant positions as in-kind match, to be sustained with existing and committed funds throughout and beyond the duration of the project period. The Program</p>

		Supervisor will provide high-level oversight for the services provided at the Wellness Centers and directly supervise the Family Partners. FCSS will maintain Wellness Center facilities, including funding custodial services and routine upkeep, beyond the duration of the grant period. Finally, training of All 4 Youth staff and Family Partners beyond the duration of the grant period will be leveraged through the Contract between FCSS and DBH.
	7. c.	<p>How the funds will be used to facilitate linkages and access to ongoing and sustained services, including, but not limited to, objectives and anticipated outcomes</p> <p>As described in Sections 1, 2, and 3 above, the All 4 Youth Partnership will use MHSSA funds to facilitate linkages and access to ongoing and sustained services. The four Wellness Centers will house Family Partners who will receive referrals from parents and schools; provide prevention and early intervention services; and link youth and their families to the All 4 Youth Hubs and other providers in the community for ongoing therapeutic and behavioral health-related services. FCSS has committed to provide resources for the upkeep of the Centers, including custodial and facilities maintenance, beyond the duration of the grant period. Family Partners will be funded (after MHSSA funding ends) through several potential strategies: leveraging Mental Health Services Act funds, leveraging Local Control Accountability Program (LCAP) funds by schools with an adjacent Wellness Center, or through Medi-Cal reimbursement if Senate Bill (SB) 10, which provides for a peer specialist certification and the ability to draw down Medi-Cal funds for peer specialist services, is passed. The All 4 Youth Partnership Steering Committee will meet in Year 3 of the grant period to assess the viability of these funding sources and identify which to pursue to continue funding Family Partners.</p> <p>The All 4 Youth Partnership proposes the following project objectives and anticipated outcomes:</p> <ul style="list-style-type: none"> ● Objective 1: Expand accessible mental health services for youth and families by establishing four Wellness Centers in targeted high-risk locations throughout Fresno County. Outcome: All 4 Youth Partnership Steering Committee identifies high-need Wellness Center locations. One new Wellness Center is adapted and three new Wellness Centers are constructed during the first year of the grant period. Wellness Centers are located on or adjacent to school campuses. During the first year of the grant period, 750 youth aged 0-22 and their families will be served. During year two, 1,500; year three, 2,250; and year four, 3,000. ● Objective 2: Reduce stigma around mental illness by increasing awareness and understanding of early signs of mental illness, how to refer children and youth to Wellness Centers for services, and available resources and supports. Outcome: Youth, families, community members, school teachers and staff, primary care health care providers, employers, and others receive training and outreach. Training

			<p>participants demonstrate increased knowledge of mental illness signs and resources.</p> <ul style="list-style-type: none"> ● Objective 3: Recruit Family Partners from the local community who are culturally and linguistically responsive to youth and their families. Outcome: Youth and their families experience less fear and mistrust of mental health professionals and are more likely to seek out mental health services and exhibit shorter follow-up time when accessing services. ● Objective 4: Create a healthy environment in which youth in Fresno County can live and learn through increased awareness of, reduced stigma of, and increased supports for mental illness. Outcome: Prevention and early intervention efforts reduce the risk of mental illness being ignored and/or untreated until it becomes severe and disabling, sparks suicide or attempted suicide, results in school failure or dropout, and/or leads to incarceration.
	7.	d.	The Partnership's ability to do all of the following:
	7.	d. i.	<p>Obtain federal Medicaid or other reimbursement, including Early and Periodic Screening, Diagnostic, and Treatment funds, when applicable, or to leverage other funds, when feasible</p> <p>Through its ongoing work providing mental health services in schools, homes, and communities for Fresno County youth aged 0-22 and their families, the All 4 Youth Partnership has a demonstrated ability to obtain federal Medicaid and other reimbursement: clinical staff are expected to meet the goal of 60% Medi-Cal billable services.</p> <p>As is typical of counties receiving Medi-Cal dollars for billable services, all DBH providers that provide Medi-Cal billable services receive the Federal Financial Participation and Early and Periodic Screening, Diagnostic, and Treatment reimbursements, as applicable.</p> <p>All 4 Youth currently utilizes multiple funding streams including:</p> <ul style="list-style-type: none"> ● Medi-Cal Federal Financial Participation (FFP) funding; ● Mental Health Services Act (MHSA) for prevention and early intervention and Community Services and Supports under California State funding through Proposition 63; and ● Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) federal funds that may be drawn down through the provision of mental health services. <p>Additional diversified funds are also available through private insurance, for qualifying mental health services, and Assembly Bill 114 via FCSS, for youth who qualify for Special Education.</p>
	7.	d. ii.	Collect information on the health insurance carrier for each child or youth, with the permission of the child or youth's parent, to allow the

			<p>partnership to seek reimbursement for mental health services provided to children and youth, where applicable</p> <p>Through its ongoing work providing mental health services in schools, homes, and the community for Fresno County youth aged 0-22 and their families, the All 4 Youth Partnership has a demonstrated ability to collect information on the health insurance carrier for each child and youth served through All 4 Youth. Since 2018, the All 4 Youth Partnership has used a documented protocol for this process. Referrals made to All 4 Youth by parents or schools include the provision of insurance information. After the referral is made, insurance is verified by DBH staff and an All 4 Youth Clinician contacts the family/caregiver of the youth to schedule an appointment. In order to facilitate communication and coordination around services between school staff and Clinicians, parents are asked to sign an Authorization to Release Information.</p> <p>All 4 Youth operates under a medical model bridged through an educational structure and must adhere to the privacy and confidentiality regulations of HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act). Private information can only be shared with people or entities that the youth and/or care providers have identified on a signed Release of Information on file within the youth's medical record. In cases of imminent danger and/or risk of safety to persons or the public, service providers are permitted to share minimum information necessary to prevent and/or reduce the potential risk of harm.</p> <p>The All 4 Youth Partnership maximizes the availability of services through insurance billing and by using the state-established Uniform Method to Determine Ability to Pay (UMDAP), an income-based sliding fee scale that allows the County to charge the client at a minimal rate for service. MHSA funding is used for families accessing prevention and early intervention services. Families are linked to other resources as applicable (including UMDAP) when insurance cannot be billed.</p>
			<p>Engage a health care service plan or a health insurer in the mental health partnership, when applicable, and to the extent mutually agreed to by the partnership and the plan or insurer</p> <p>DBH has a strong relationship with the two Medi-Cal Managed Care Plans (MCP) in the region, Anthem Blue Cross and Cal Viva Health Net. DBH meets monthly with the MCPs for the purpose of coordinating care for all shared beneficiaries, inclusive of youth who may receive mental health services in the school setting. In addition, both DBH and FCSS are working to engage commercial insurance plans in the coordination of care. FCSS has successfully engaged several commercial insurance plans in the All 4 Youth Partnership and have received reimbursement for qualifying services provided. Additionally, FCSS is actively pursuing credentialing of clinicians to be paneled on additional insurance plans. In addition, some schools in</p>

			Fresno County have worked to develop School Health Centers operated by a Federally Qualified Health Clinic. For two sites in the largest school district in Fresno County, the provider of the School Health Center is also a contracted specialty mental health services provider under DBH. The All 4 Youth Partnership will continue to explore the potential to expand primary care integration services into School Health Centers through the proposed program.
	7.	d. iv.	<p>Administer an effective service program and the degree to which mental health providers and educational entities will support and collaborate to accomplish the goals of the effort</p> <p>Since 2018, the All 4 Youth Partnership has administered an effective service program founded on collaboration between mental health providers and education entities. All 4 Youth is currently serving 1,350 youth and has processed referrals for more than 2,000 youth. The All 4 Youth Partnership has established baseline data since beginning services and is continuing to collect data on objectives. All 4 Youth will continue to collect data to determine the Partnership's success in meeting the following program objectives:</p> <ul style="list-style-type: none"> ● 60% of the youth 18-22 years of age that participate in the program demonstrated recovery and well-being maintenance or improvement from enrollment to current date in time in program (minimum stay of 90 days); ● 85% of the youth that participate in the program reported functional overall maintenance or improvement from enrollment to current date in time in program (minimum stay 6 months active or 90 days with discharge); ● 50% of youth that have previous history of inpatient mental health crisis visits reported a decrease in those visits between the start of the program and the 6 months prior to discharge; ● 50% of the youth that have previous history of juvenile justice system incarcerations reported a decrease in incarcerations between the start of the program and the 6 months prior to discharge; ● 70% of youth served had no suspensions or a reduced rate of suspension since the beginning of treatment; ● Clinical staff members met the expected goal of 60% Medi-Cal billable services; ● 70% of Medi-Cal eligible youth had their first contact within 10 business days of request for services (excluding youth that have received services within the 12 months prior to a new request for services); and ● 80% of youth and parents reported satisfaction with treatment/services.

			<p>Through the proposed expanded services, All 4 Youth will develop strategies to mitigate lengthy client waitlists should service demand exceed program capacity. This may include the provision of services during non-traditional hours of operation and weekends. Further, the All 4 Youth Partnership will ensure that the proposed program's structure, staffing, and service delivery values reflect the cultural values and orientation of the target populations. The program will embody principals of cultural competence including: diverse staff that are representative of the primary ethnic groups to be reached through the program; staff trained regarding common access barriers for racial and ethnic groups targeted (including the impact of housing discrimination); and linkages to community-based organizations that share the healing beliefs and practices of ethnic communities served by the program. All All 4 Youth staff, including Family Partners, will be expected to be familiar with gender and sexual orientation diversity, including participating in training.</p>
			<p>Connect children and youth to a source of ongoing mental health services, including, but not limited to, through Medi-Cal, specialty mental health plans, county mental health programs, or private health coverage</p> <p>Through its ongoing work providing mental health services in schools, homes, and communities in Fresno County for youth aged 0-22 and their families, the All 4 Youth Partnership has a demonstrated ability to connect youth and families to a source of ongoing mental health services. Schools make referrals to All 4 Youth for therapeutic behavioral services when speciality mental health services beyond what the school can provide are warranted. All 4 Youth Clinicians provide a range of therapy modalities, and All 4 Youth Youth Care Specialists and Intervention Specialists provide ongoing psychoeducational and skills-based activities. Clinicians connect youth to Therapeutic Behavioral Services or to Fresno County Department of Social Services when a higher level of need (e.g., Wraparound support, Full Service Partnership [FSP] support) is identified during assessment. All 4 Youth Clinicians connect high-need youth with severe mental illness to the community providers that operate Full Service Partnership (FSP) intensive service programs for individuals at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services. When there is a mild-to-moderate mental health need and the services are accessible, All 4 Youth Clinicians refer youth to local primary health care providers (e.g., United Health Centers, Valley Health Team) or other private insurance or Medi-Cal providers, as applicable.</p> <p>Since 2018, All 4 Youth has leveraged existing relationships among FCSS, DBH, other County agencies, community-based organizations, Medi-Cal, specialty mental health plans, county mental health programs, and private health insurers to connect youth and their families with needed mental health services. During training, the Family Partners will be informed about the constellation of available mental health services, and will be supervised</p>

			by the in-kind FCSS Program Supervisors, who will provide guidance on connecting youth and families to ongoing services as needed.
	7.	d. vi.	<p>Continue to provide services and activities under this program after grant funding has been expended</p> <p>As described in Section 7.c above, the All 4 Youth Partnership is committed to providing services and activities under this program after MHSSA funding has been expended. The proposed program will be sustained through the leveraging of Program Supervisor, Clinician, Youth Care Specialist, Intervention Specialist, School Psychologist, and Office Assistant positions as in-kind match. Further, FCSS has committed to the upkeep of the Centers, including custodial and facilities maintenance, beyond the duration of the grant period. Family Partners will be funded by a number of potential strategies after MHSSA funding ends, described in detail in Section 7.c.</p>
	7.	d. vii	<p>Screen students for risk factors related to trauma or other mental health conditions, with emphasis on Pre-K through 3rd grade.</p> <p>Through its ongoing work providing mental health services in schools, homes, and communities in Fresno County for youth aged 0-22 and their families, the All 4 Youth Partnership has a demonstrated ability to screen students for risk factors related to trauma or other mental health conditions. The proposed program will continue the All 4 Youth Partnership's existing prevention and early intervention approach for young children, training Family Partners to screen children who are referred to the Wellness Centers for risk factors and indicators of mental health conditions. Based on the results of the assessment, the youth, caregiver, and Family Partner will create an individual service and support plan that outlines the youth's goals for health and wellbeing, and the required services and supports to achieve them. The plan will determine any referrals or linkages to be made to All 4 Youth Hubs, other County agencies, or community-based service providers.</p> <p>The mental health assessment used by All 4 Youth is comprehensive and includes screening to match treatment modalities to needs and to gather information on trauma and other mental health conditions or symptoms. All 4 Youth Clinicians will coordinate treatment services, provide guidance based on their mental health assessments, and collaborate with Family Partners, who will provide information, come alongside youth and share lived experience, and facilitate youth and family connections to resources and natural supports.</p> <p>The State of California, Department of Health Care Services (DHCS) has selected the Pediatric Symptom Checklist (PSC-35) and the California Child and Adolescents Needs and Strengths (CANS 50) tools to measure child and youth functioning, as intended by Welfare and Institutions Code Section 14707.5. Family Partners and All 4 Youth Clinicians will utilize the PSC-35 and CANS 50 tools in accordance with State of California Mental Health and</p>

			<p>Substance Use Disorder Services (MHSUDS) Information Notice Number 17-052. The PSC-35 is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated during early childhood. Parents/caregivers will complete PSC-35 (parent/caregiver version) for children and youth, ages 4 up to age 18. The CANS 50 is a structured assessment used for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. Family Partners and All 4 Youth Clinicians will complete the CANS 50 through a collaborative process which includes children and youth age 6 up to age 17, and their caregivers (at a minimum). For children age 0 to 4, All 4 Youth Clinicians will use the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). Clinicians will also conduct a 0 to 5 mental health status exam. These functional assessment tools need to be completed at the beginning of treatment, every six months following the first administration, and at the end of treatment.</p> <p>The All 4 Youth Partnership will continue to provide trainings in preschools for professionals including school administrators, teachers, psychologist/therapist, and rehabilitation specialists in domains including ACES (Adverse Childhood Experiences), trauma responsiveness, mindfulness, and verbal de-escalation strategies. These trainings will increase awareness and understanding of early signs of trauma or other mental health conditions in young children.</p>
			<p>Collect data on program implementation and measures of student well-being.</p> <p>Through its ongoing work providing mental health services in schools, homes, and communities in Fresno County for youth aged 0-22 and their families, All 4 Youth has a demonstrated ability to collect data on program implementation and measures of student well-being. Per the existing contract between FCSS and DBH, DBH is required to submit reports on measurable outcomes that satisfy all State and local mandates on an annual basis. All performance indicators reflect the four domains identified by the Commission Accreditation of Rehabilitation Facilities (CARF): effectiveness, efficiency, access, and satisfaction.</p> <p>Overseen by the in-kind FCSS Program Supervisors and supported by the in-kind Clinicians, Youth Care Specialists, Intervention Specialists, School Psychologist, and Office Assistants, Family Partners will track timeliness of services to clients and provide a monthly report of this data. The All 4 Youth Partnership will meet to go over this monitoring tool on a monthly basis, as needed, and will take corrective action if there is a failure to comply with the timely access standards. All 4 Youth continues to use the Avatar platform to collect, track, and share confidential data while adhering to</p>

			patient privacy standards (see Attachment 6, Section 8.a for more information). Section 7.d.iv above documents All 4 Youth's ability to collect data on specific measures of student well-being through the Avatar system and through child/youth and parent surveys. These processes will continue to be used for the proposed service expansion, with adjustments made as needed to ensure continuous improvement.
	8.	The plan must also address facilitating linkages and access to ongoing and sustained services, including:	
	8. a.	Services provided on school campus	MHSSA funding will be used to establish four new Wellness Centers on or adjacent to school campuses to be staffed by Family Partners and in-kind Program Supervisors, Clinicians, Youth Care Specialists, Intervention Specialists, School Psychologist, and Office Assistants. Family Partners will provide prevention and early intervention training to school teachers and staff, receive referrals from teachers and school staff for assessment and intervention, and refer youth to clinical mental health services through the existing All 4 Youth Hubs. Family Partners will also coordinate with school counselors to ensure that youth and their families have access to a full range of services available through the school (including health and nutrition services).
	8. b.	Suicide prevention services	See Section 6.a above for a detailed description of the suicide prevention services with which youth and their families will be provided or linked through the proposed program.
	8. c.	Drop-out prevention services	See Section 6.c above for a detailed description of the school failure, dropout, and suspension/expulsion prevention services with which youth and their families will be provided or linked through the proposed program. Family Partners will connect youth and families with services provided by Fresno Unified School District, including the School-Based Student Motivation and Maintenance Program, the Early Intervention for School Success Program, School-Based Pupil Motivation and Maintenance Program and Dropout Recovery Act, and Educational Clinics. Family Partners will also connect youth with available resources through America's Promise Alliance, the nation's largest cross-sector alliance of nonprofits, community-based organizations, businesses, and government organizations.
	8. d.	Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school	As described in Sections 2, 4, 6.c, and 7.d.iv, the proposed service expansion will include outreach specifically targeted to youth who are foster youth, LGBTQ, or who have been expelled or suspended from school. Locating Wellness Centers on or adjacent to school campuses will ensure that outreach and mental health

		<p>services provided to youth who may face fears in accessing services, particularly foster youth who have been system-involved, are provided in a familiar, comfortable space. The All 4 Youth Partnership will leverage FCSS's access to a database of all foster youth in Fresno County to identify youth, and will partner with the FCSS Foster and Homeless Youth Department and coordinate with the Fresno County Department of Social Services to proactively outreach to those identified individuals.</p> <p>In its extensive experience serving youth, parents, and community members, the All 4 Youth Partnership has observed that visibility on school campuses and in the community is the best way to decrease barriers and stigma around LGBTQ identities. Regularly hosting LGBTQ student groups at the Wellness Centers will communicate the message that the Centers (and, by extension, the campuses) are welcoming spaces.</p> <p>As described in Section 6.c, Family Partners will work with youth who have been expelled or suspended from school to provide information about mental health, link them to needed mental health services and resources, and navigate their transition back to campus. The All 4 Youth Partnership is committed to ensuring that program staff are reflective of the diversity of the youth and families they serve, and include individuals who have experienced the foster care system, identify as LGBTQ, or who have experience with being expelled or suspended from school. All program staff will increase visibility of and reduce stigma around these identities.</p>
		<p>Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services</p> <p>The determination of which services and supports will be provided to each youth and their family shall be made on the basis of the individual service and support plan created by the youth and their family and the Family Partner, informed by the results of the assessments (see Section 7.d.vii for more detail). An individual service and support plan is a plan developed to identify the youth's long-term mental health goals and describe the array of services and supports necessary to advance these goals based on the youth's needs and preferences and, when appropriate, the needs and preferences of the client's family. As youth and their families advance in the program, they will be able to reach a level of wellness and recovery that should allow them to successfully discharge from the program or move to a lower level of service. The service and support plan will include long-term supports for youth that are in need of ongoing services to sustain the plan over time as the youth and their family work to achieve stability, wellness, and self-sufficiency.</p>

	<p>Funds may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth, as determined by the Commission</p> <p>As described in Section 3 above, the in-kind All 4 Youth School Psychologist will host evidence-based, trauma-informed prevention and early intervention trainings for school teachers and staff to increase their ability to recognize early signs of mental illness. Family Partners will host regular information sessions and conduct outreach for teachers and staff to share information about the process for referring youth and families to the Wellness Centers and available mental health resources at the Wellness Centers, All 4 Youth Hubs, and through the community.</p> <p>As introduced in Section 1, the All 4 Youth Partnership Steering Committee will contribute to the statewide body of knowledge in serving youth with mental health issues and their families by developing the <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i>. Based on requests from counties throughout the state for information and site visits, FCSS began outlining a toolkit for developing an emerging mental health services County-education partnership in 2019 (see attached). Drawing on FCSS' and DBH's nearly decade-long relationship, <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> will be developed by the All 4 Youth Partnership Steering Committee during the first 12 to 18 months of the grant program as a guide for counties in establishing a partnership to deliver school-based mental health services. The finalized <i>Bridging Education and Mental Health</i> will be circulated to counties throughout the state through the Mental Health Services Oversight & Accountability Commission website to MHSSA emerging partnership counties and will be available for any interested counties to download. This information sharing will result in a stronger statewide mental health system.</p>
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Fresno County Superintendent of Schools & Department of Behavioral Health Partnership

Initial Planning

- Numerous Meetings with Desert Mountain (FCSS)
- Stakeholders Surveys and Meetings (DBH)
- Determine the Need in Fresno County Initial Planning (Jointly)
- Develop a Mission and Vision (Jointly)
- Create a List of All School in Fresno County (Include Number of Students and Zip Codes) (FCSS)
- Determine Name without a Stigma (All 4 Youth) (FCSS)
- Use a Tiered Model of Support (Jointly)
- Determine Scope of Work (Jointly)
- Develop a Timeline for all Components (FCSS)
- Determine and Agree on a Ramp-up Period (Jointly)
- Determine What Technology Will Be Needed and Our Capacity (FCSS)
- Develop All 4 Youth Brochure (In all languages) (FCSS)
- Determine Who (What Ages) Will Be Served (0-22) (Jointly)
- Develop a Behavioral Health Continuum (What services we both provide) (Jointly)
- Determine What Billing System to Use (DBH AVATAR System) (Jointly)
- Explore and Research Universal Release of Information Sharing work with Legal Counsel (Involve all Parties) (Jointly)
- Use Evidenced-Based Practices (Jointly)
- Survey all Operations (Needs, Space, etc.) (FCSS)
- Identify Training Needs (Jointly) (and FCSS Internally)
- Community buy in and Collaboration (Jointly)
- Develop Narrative Contract Language (Jointly)
 - 80% MHSA Medi-Cal
 - 20% Prevention and Early Intervention (PEI)
- Contract Amendment (It is Extensive and Frequent) (Jointly)
- Develop a Logo Specific to All 4 Youth (FCSS)
- Develop Adverse Childhood Experiences (ACES Survey) (FCSS)
- Develop Adverse Childhood Experiences (ACES Survey) (FCSS)
- Create and Update a Fact Sheet (FCSS)
- Develop Master Calendar Dates of all Meetings (FCSS)
- Develop Private Insurance Referral Flowchart (FCSS)
- Develop and Maintain Referral Report (On boarded, Non-On boarded, Discharged, Dropped) (FCSS)

Organization Chart

- Develop an Org Chart (FCSS)
- Distribute to HR, Staff, and Administration (FCSS)
- Update Org Chart Quarterly (FCSS)

Agreement Between FCSS and DBH

- Develop an Agreement between FCSS and each District On-Boarded (FCSS)
- Vet through Legal Counsel (FCSS)
- Agreement Needs to go to ALL School Boards for Approval (FCSS)

Staffing

- Determine what staff will be needed, When and How Many Will Come On Each Year (FCSS)
 - Management and Supervisory
 - Clinician II
 - Clinician I
 - Intervention Specialist (Case Managers)
 - Youth Care Specialists
 - Support Staff
- Create Job Descriptions, Interview Questions and Skills Tests (FCSS)
- Create and Maintain Job Duties Responsibilities (FCSS)
- Recruiting (FCSS)
- Create and Maintain Recruitment Timeline (FCSS)
- Interviewing all Staff (FCSS)
- Hiring (The Right People) (FCSS)
- On-boarding all Staff (FCSS)
- Staff Duties (Who will do what?) (FCSS)
- Staff Assignments (Determine who will be where and what days?) (FCSS)
- Determine Management Responsibilities (FCSS)
- Credentialing Requirements and Verifications (FCSS)
- Laptops, Materials and Supplies (FCSS)
- Staff Orientation (FCSS)
- Create and Maintain a Staffing Matrix (FCSS)
- Develop Licensure Monitoring Procedure (FCSS)
- Position Control (FCSS)
- Develop and Maintain Staffing Assignments (Districts, Schools, Days of the Week) (FCSS)
- Develop and Maintain Recruitment Timeline (FCSS)
- Develop Clinician Supervision Matrix (Direct Reports vs. Clinical Supervision) (FCSS)
- Develop and Maintain List of all Trainings, Dates and Refreshers (FCSS)
- Develop and Maintain Monthly Staffing Report- HR to DBH (FCSS)
- Develop Recruitment Brochure (FCSS)
- Develop and Maintain Staff List that includes areas of expertise, addresses, phone numbers and bilingual indicated. (FCSS)
- Trainings (FCSS)
 1. Determine Who Will Provide Each Training (Jointly)
 2. Train the Trainers (FCSS)
 3. District Protocols and Compliance (FCSS)
 4. Medi-Cal Billing (Jointly)
 5. HIPAA/FERPA (Jointly)

Staffing (Continued)

6. County Compliance (Jointly)
7. County Documentation (Jointly)
8. Cultural Competency (Jointly)
9. Cultural Bias (FCSS)
10. Wellness Recovery (Jointly)
11. CANS (Jointly)
12. AVATAR (Billing System) (Jointly)
13. Incident Reporting (Jointly)
14. Assessment (FCSS)
15. Trauma (FCSS)
16. Speed of Trust (FCSS)

Budgeting

- Year 1 Budget Development (FCSS)
- Year 2 Budget Development (FCSS)
- Year 3 Budget Development (FCSS)
- Year 4 Budget Development (FCSS)
- Year 5 Budget Development (FCSS)
- Total Budget - \$111,000,000 (FCSS)
- Approval From DBH of the Total Budget (Jointly)
- Determine Medi-Cal Productivity Rate (60%) (Jointly)
- Budget Amendments and Modification (Jointly)
- Contract Modification (Jointly)
- Develop and Utilize Billing Manual (FCSS)
- Intake & Billing Procedures Flow Chart (FCSS)

On-Going Meetings (Meeting Rooms)

- Internal Behavioral Health Team Meetings (Jointly)
- On-Boarding Collaboration Meetings (DBH and FCSS) (Jointly)
- Steering Committee (FCSS and DBH) (Jointly)
- Behavioral Health Interagency Team Meeting – Year 1 and 2 Districts (Includes 1 high school student from each district) (Jointly)
- Fiscal Committee Meetings (FCSS)
- Weekly Standing Meetings of FCSS Core Staff (FCSS)
- Parent Meetings (FCSS)
- Student Meetings (FCSS)
- Post on-boarding Follow-Up Meetings with every district (FCSS)
- Develop Annual Calendar Dates of all Meetings (FCSS)

Develop Contract Language

- Work in Collaboration to Develop Contract Language Staff Orientation (Jointly)
- Vet through Legal Counsel Staff Orientation (FCSS)
- Seek a Signed Agreement with each District Served (FCSS)

Confidential Internal Document

Policies and Procedure

- Develop Policies and Procedures (Extensive) (FCSS)
- Work with Legal Counsel to Vet (FCSS)
- Work With DBH to Ensure all Policies and Procedures are in Place (FCSS)
- Develop Youth Right to Request Access to Health Record Form (FCSS)
- Develop Private Insurance Fee for Services Agreement (FCSS)
- Develop Summary of Our Private Practices (FCSS)

District On-Boarding

- Establish Buy-in and Trust with Districts (FCSS)
- Meetings with District Staff (FCSS)
- Trainings – Administrators, Trauma, Verbal De-escalation, Mindfulness (FCSS)
- On-Boarding with all District Administration (Supt., Assist Supt., Principals, V.P.s, Counselors, etc. (FCSS)
- Determine What Resources each District Already has in Place (FCSS)
- Use the MTSS Pyramid to Determine Existing Services (FCSS)
- Create a Frequently Asked Questions (FAQ) Sheet (FCSS)
- Create and Maintain all Districts and outside Agencies (Be Present all all of these events) (FCSS)
- Create and Maintain Community and Stakeholder Events Calendar (Ensure staff are present at each event) (FCSS)
- Schedule on-boarding follow-up meetings to hear how it is going at each site. (FCSS)

Trainings

- Parent Trainings (FCSS)
- Student Trainings (FCSS)
- District Trainings (Train every staff member at every site (FCSS)
 1. Administration Training (FCSS)
 2. Trauma (FCSS)
 3. Mindfulness (FCSS)
 4. Verbal De-escalation (FCSS)
 5. Trauma Informed Schools (FCSS)
 6. Mental Health Literacy (FCSS)
- Develop and maintain a Summary of Training Evaluations(FCSS)
 - Sign-in sheets, Title, Evaluations
- Send a copy of the Evaluations Summary to each District (FCSS)

Referral Process

- Develop a Referral Process (FCSS)
- Train School Staff and Clinicians on the Referral Process (FCSS)
- IS&T – Confidentiality (FCSS)
- Develop a Release of Information (FCSS)
- Consent to Treatment (FCSS)
- Minor Eligibility (FCSS)
- Maintain all Referral Data (FCSS)

Hubs and Site Certification

- Determine Hubs and which Sites will be certified (10 Hubs in 5 Years) (FCSS)
 - Year 1
 - Downtown Hub
 - Firebaugh Hub
 - Mobile Hub
 - Year 2
 - Selma Hub
- Complete Paperwork for Certification (FCSS)
- Ensure the Site is Ready to be Certified (FCSS)
- Work With Districts to Secure Space (FCSS)
- Work with DBH to become Site Certified (Jointly)
- Lease Space (Civic Center) (FCSS)
- Obtain NPI Number (FCSS)
- Obtain IRS Employment Tax ID Verification (FCSS)

School Climate Survey

- Pre and Post (FCSS)
- Students, Staff and Parents (FCSS)

Data Collection and Outcomes

1. School Indicators (Suspension, Expulsion, Attendance, Truancy, etc.) (FCSS)
2. Penetration Rates (Jointly)
3. Access (FCSS)
4. Zip Codes of all Schools (FCSS)
5. Access to Timely Services (FCSS)
6. Work with DBH to Ensure We Provide the Data Written Into Contract (Jointly)
7. Provide Data Outcomes to DBBH (FCSS)
8. Maintain and update all Referral Data (Number of Referrals, Number of students receiving services Discharge, Decline (FCSS)

Billing Medi-Cal and Private Insurance

- Medi-Cal Billing (FCSS)
- Private Insurance (FCSS)
- Combination of Both (FCSS)
- Meet Productivity Rate (60%) (FCSS)
- Develop and Intake Process (FCSS)
- Documentation and Progress Notes (FCSS)
- Work Closely with DBH Staff to Ensure We are Compliant with AVATAR and Medi-Cal Billing From Their Perspective (Jointly)
- Develop Private Insurance Fee for Services Form (FCSS)

Telepsychiatry & Psychiatrist

- Find a Vendor (Dr. Schaeffer) (FCSS)
- Purchase Equipment and Setup (FCSS)
- Develop a Contract (FCSS)
- In-person Psychiatrist for Crisis and Emergency Meds Management (FCSS)
- Work Closely with Legal (FCSS)
- Fingerprinting and Clearance (FCSS)

Things To Consider

- Consider Expanding Substance Use Disorders (Jointly)
- Innovation Dollars for Special Projects (DBH)

Addressing Barriers

- Develop and Continuously Address Barriers to Providing Supervisors (FCSS)
- Private Insurance (Panels) (FCSS)
- HIPAA/FERPA (FCSS)
- Universal Release of Information (FCSS)

ATTACHMENT 6: PROGRAM IMPLEMENTATION PLAN – PLAN NARRATIVE

PLAN NARRATIVE			
VII.E.i.	<p>The purpose of the Program Implementation Plan is to illustrate the critical steps in starting the proposed programs and to identify any challenges associated with implementation. By requiring the Program Implementation Plan to be completed prior to submission, counties and educational entities will be better equipped to begin serving students within 90 days of grant award.</p>		
VII.E.ii.	<p>Plan Narrative</p> <table border="1"> <tr> <td style="vertical-align: top;">1.</td><td> <p>Describe how the Applicant will implement the proposed program described in the Proposed Plan in Section VII.D. above.</p> <p>Fresno County Superintendent of Schools (FCSS), in partnership with Fresno County Department of Behavioral Health (DBH), will allocate Mental Health Student Services Act of 2019 (MHSSA) funding to expand prevention and early intervention services for youth ages 0-22 throughout Fresno County and further expand efforts to encourage comprehensive self-care through promoting wellness at Centers where youth, families, and school staff can learn to connect, improve health and well-being, find fulfillment, and access natural resources and supports. FCSS and DBH (“the All 4 Youth Partnership”) have collaborated to serve youth and their families with mental health issues since 2011 and propose to expand these services as described in detail in Attachment 5, Section VII.D. Through the proposed program, All 4 Youth will establish four first-of-their-kind Wellness Centers to:</p> <ul style="list-style-type: none"> • Provide accessible information and host trainings to increase student, family, school staff, and community knowledge about trauma and mental health; • Provide mental health prevention and intervention services in accessible locations including schools, the community, and at home; • Promote mental health for all and reduce stigma around mental health to increase the likelihood of accessing services; • Provide strategies and training for comprehensive self-care for families, students, and school staff; and • Collaborate with schools and districts to extend the implementation of their Natural School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools to families and communities. <p>During the first year of the four-year project period, the All 4 Youth Partnership will adapt an existing FCSS location into a new Wellness Center and build three new modular Wellness Centers in target locations throughout the county. Each Wellness Center will be located on or adjacent to a school site to facilitate ease of accessing services and will be placed strategically to reduce transportation barriers for youth and families from across the 6,000 square mile county. All 4 Youth will recruit</p> </td></tr> </table>	1.	<p>Describe how the Applicant will implement the proposed program described in the Proposed Plan in Section VII.D. above.</p> <p>Fresno County Superintendent of Schools (FCSS), in partnership with Fresno County Department of Behavioral Health (DBH), will allocate Mental Health Student Services Act of 2019 (MHSSA) funding to expand prevention and early intervention services for youth ages 0-22 throughout Fresno County and further expand efforts to encourage comprehensive self-care through promoting wellness at Centers where youth, families, and school staff can learn to connect, improve health and well-being, find fulfillment, and access natural resources and supports. FCSS and DBH (“the All 4 Youth Partnership”) have collaborated to serve youth and their families with mental health issues since 2011 and propose to expand these services as described in detail in Attachment 5, Section VII.D. Through the proposed program, All 4 Youth will establish four first-of-their-kind Wellness Centers to:</p> <ul style="list-style-type: none"> • Provide accessible information and host trainings to increase student, family, school staff, and community knowledge about trauma and mental health; • Provide mental health prevention and intervention services in accessible locations including schools, the community, and at home; • Promote mental health for all and reduce stigma around mental health to increase the likelihood of accessing services; • Provide strategies and training for comprehensive self-care for families, students, and school staff; and • Collaborate with schools and districts to extend the implementation of their Natural School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools to families and communities. <p>During the first year of the four-year project period, the All 4 Youth Partnership will adapt an existing FCSS location into a new Wellness Center and build three new modular Wellness Centers in target locations throughout the county. Each Wellness Center will be located on or adjacent to a school site to facilitate ease of accessing services and will be placed strategically to reduce transportation barriers for youth and families from across the 6,000 square mile county. All 4 Youth will recruit</p>
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	<p>Family Partners from the local community, with lived experience that reflects that of the population they serve, to staff the Centers. Each Family Partner will receive training in evidence-based processes for providing outreach, prevention and early intervention, and service referrals. In-kind supervision and triage will be provided by 0.5 FTE FCSS Program Supervisor at Wellness Centers on a rotating basis. In-kind mental health assessments will be provided by 0.86 FTE All 4 Youth Clinicians. In-kind individual service plan support and case management and collateral services at Wellness Centers, and ongoing psychoeducation and skills-building activities at All 4 Youth Hubs will be provided by 0.24 FTE All 4 Youth Youth Care Specialist and 0.20 FTE All 4 Youth Intervention Specialist. In-kind training for school staff will be provided by 0.20 FTE All 4 Youth School Psychologist. In-kind clerical support including scheduling, printing, and materials distribution will be provided by 0.80 FTE bilingual All 4 Youth Office Assistant at Wellness Centers.</p> <p>Family Partners will work to strengthen parent-community-school ties. They will provide outreach to parents and youth to develop relationships and combat cultural distrust of medical professionals; receive referrals from parents, teachers, and other school staff; and make referrals to existing All 4 Youth Hubs for needed clinical mental health services. In addition, Family Partners will provide referrals for children and youth with mental illness and their families to additional resources at the school and in the community based on their individual needs. The All 4 Youth Partnership will leverage its relationships with Center-adjacent schools, County departments (e.g., Department of Public Health, Department of Social Services, Probation Department), community-based organizations, and collaboratives (e.g., the Suicide Prevention Collaborative, Cradle to Career) to link children and youth and their families with needed ongoing services.</p> <p>During the first 12 to 18 months of MHSSA 2019 funding, All 4 Youth Partnership leadership will oversee the development and finalization of <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> to serve as an implementation road map for other counties to develop their emerging partnership or enhance an existing partnership. The toolkit will comprise the following topics:</p> <ul style="list-style-type: none"> ● Initial planning; ● Staffing requirements; ● Job description development; ● Partnership agreement development; ● Budgeting; ● Governance structure; ● Policies and procedures; ● Meetings and trainings; ● District onboarding; ● Referral process; ● Establishing Hubs and site certification; ● Data collection and outcomes;
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	<ul style="list-style-type: none"> ● Billing Medi-Cal; ● Telepsychiatry services and psychiatrist; ● How to address barriers; ● Marketing; and ● Consultation, site visits, and lessons learned. <p>The toolkit will also include editable forms and documents to aid counties' efforts to establish partnerships. Family Partners, FCSS Program Supervisors, and additional All 4 Youth staff will provide input to inform <i>Bridging Education and Mental Health</i>. The All 4 Youth Partnership Steering Committee will approve the finalized <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i>. The electronic toolkit will be distributed through the Mental Health Services Oversight & Accountability Commission (MHSOAC) website to MHSSA emerging partnership awardees and will be available for download by any county interested in establishing a partnership. The All 4 Youth Partnership Steering Committee will add revisions annually and will provide two hard copies of <i>Bridging Education and Mental Health</i> per county.</p> <p>The All 4 Youth Partnership is committed to expanding school-based prevention and early intervention services and increasing the number of available and accessible services throughout the county. To demonstrate this commitment, the All 4 Youth Partnership will leverage Program Supervisor, Clinician, Youth Care Specialist, Intervention Specialist, School Psychologist, and Office Assistant positions as in-kind match, and FCSS will provide resources for the upkeep of the Centers, including custodial and facilities maintenance, beyond the duration of the grant period. Training of Family Partners beyond the duration of the grant period will be funded through the Contract between FCSS and DBH.</p> <p>FCSS and DBH will work collaboratively to implement the proposed project, each taking on specific roles. FCSS will oversee: the establishment of four new Wellness Centers, including the construction of facilities; hiring of staff; tracking of data and all MHSSA reporting requirements; and allocation of funds. DBH will oversee the training of Family Partners and existing FCSS staff, and will support the tracking of data.</p>		
2.	Provide the following:		
2.	<table> <tr> <td data-bbox="324 1570 406 1925">a.</td><td data-bbox="406 1570 1468 1925"> <p>Recruitment strategy for each position. Clearly identify if the staff will be an employee, contracted staff, peer, parent partner, or other.</p> <p>1) Position: Family Partner</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Contracted</p> <p><input type="checkbox"/> Other: _____</p> </td></tr> </table>	a.	<p>Recruitment strategy for each position. Clearly identify if the staff will be an employee, contracted staff, peer, parent partner, or other.</p> <p>1) Position: Family Partner</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Contracted</p> <p><input type="checkbox"/> Other: _____</p>
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		<p>Strategy: As the employer for the proposed staff position, FCSS will follow its Recruitment, Interview, & Selection process, documented as Standard Operating Procedure #1355, to hire 12 Family Partners over the course of the grant program period. All open positions are announced through FCSS's global email system and will be posted on EDJOIN for a minimum of seven days and until the position is filled. The job description, job title, salary range, and application requirements will also be posted on Monster.com, Indeed.com, Idealist.org, and in the Fresno Bee. Members of the All 4 Youth Partnership leadership will also conduct outreach through the Suicide Prevention Collaborative, the California State University, Fresno's (CSUF) Department of Social Work, CSUF's Kremen School of Education and Human Development's graduate program in counseling, and Alliant International University's programs in psychology and mental health. The Family Partner position will be advertised on Fresno Unified School District's Atlas Parent Portal, through the NAMI Fresno website, and on other related community-based organizations. Applicants must demonstrate lived experience in the community they will be serving, in addition to cultural, linguistic, and LGBTQ competency.</p> <p>Expected Hiring Date: Four Family Partners will be hired by August 1, 2020; four more Family Partners will be hired by June 30, 2021 (eight total); two more Family Partners will be hired by June 30, 2022 (10 total); and two more Family Partners will be hired by June 30, 2023 (12 total).</p> <p>2) Position: Fresno County Superintendent of Schools Program Supervisor <input type="checkbox"/> Employee <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Other: In-kind</p> <p>Strategy: Two in-kind (0.5 FTE total) FCSS Program Supervisors will provide high-level supervision of the Family Partners at all Wellness Centers on a rotating basis. As a leadership position, the Program Supervisor is required to have the necessary licensure, excellent clinical competencies, extensive knowledge of the Medi-Cal billing system and auditing requirements, and knowledge and experience of the educational system. To demonstrate its commitment to the proposed project, the All 4 Youth Partnership will leverage this position as in-kind match, to be sustained with existing funds beyond the duration of the project period.</p> <p>Expected Hiring Date: N/A; this is an existing position</p> <p>3) Position: All 4 Youth Clinician <input type="checkbox"/> Employee <input type="checkbox"/> Contracted</p>
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		<p>X Other: In-Kind</p> <p>Strategy: In-kind All 4 Youth Clinicians (approximately 0.86 FTE total, or 0.03 FTE of all Clinicians) will provide mental health assessments to youth age 0-22 who have been referred to Wellness Centers by schools, families, or through self-referral. All 4 Youth Clinicians will support Family Partners to develop individual service plans in collaboration with youth, families, and All 4 Youth Specialists, and to refer youth to All 4 Youth Hubs or other needed services.</p>
		<p>4) Position: All 4 Youth Youth Care Specialist</p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Contracted X Other: In-Kind</p> <p>Strategy: In-kind All 4 Youth Youth Care Specialists (approximately 0.24 FTE total, or 0.03 FTE of all Youth Care Specialists) will provide case management and collateral services to youth age 0-22 who have been referred to Wellness Centers by schools, families, or through self-referral alongside the All 4 Youth Clinician. All 4 Youth Youth Care Specialists will support Family Partners to develop individual service plans in collaboration with youth, families, and All 4 Youth Clinicians. All 4 Youth Youth Care Specialists will provide ongoing psychoeducation and skills-building activities as well as trainings in suicide prevention, stigma reduction, LGBTQ awareness, and early intervention at All 4 Youth Hubs for referred youth and families.</p>
		<p>5) Position: All 4 Youth Intervention Specialist</p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Contracted X Other: In-Kind</p> <p>Strategy: In-kind All 4 Youth Intervention Specialists (approximately 0.20 FTE total, or 0.03 FTE of all Intervention Specialists) will provide case management and collateral services to youth ages 0-22 who have been referred to Wellness Centers by schools, families, or through self-referral alongside the All 4 Youth Clinician. All 4 Youth Intervention Specialists will support Family Partners to develop individual service plans in collaboration with youth, families, and All 4 Youth Clinicians. All 4 Youth Intervention Specialists will provide ongoing psychoeducation and skills-building activities as well as trainings in suicide prevention, stigma reduction, LGBTQ awareness, and early intervention at All 4 Youth Hubs for referred youth and families.</p>
		<p>6) Position: All 4 Youth School Psychologist</p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Contracted</p>

		<p>X Other: In-Kind</p> <p>Strategy:</p> <p>The in-kind 0.20 FTE All 4 Youth School Psychologist will train school teachers, administrators, and staff (including custodians, bus drivers, etc.) in prevention and early intervention, resilience, trauma, mindfulness, and de-escalation, in addition to the process for referring youth with mental health needs to Wellness Centers. The School Psychologist will also coordinate with the All 4 Youth Partnership Steering Committee to provide quarterly awareness-building among County agencies and community-based organizations about the proposed process.</p>
		<p>7) Position: All 4 Youth Office Assistant</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Contracted</p> <p>X Other: In-Kind</p> <p>Strategy:</p> <p>Four in-kind (0.80 FTE total) All 4 Youth Office Assistants will provide clerical support including scheduling, printing, and materials distribution at Wellness Centers. Office Assistants will be existing All 4 Youth staff and will be bilingual. They will be provided with training in working alongside and supporting Family Partners. To demonstrate its commitment to the proposed project, the All 4 Youth Partnership will leverage this position as in-kind match, to be sustained with existing funds beyond the duration of the project period.</p> <p>Expected Hiring Date:</p> <p>N/A; this is an existing position</p>
	3.	<p>Retention Strategy for staff.</p> <p>The retention strategies for the proposed project's staff are consistent with the best practices documented by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for the behavioral health field. These strategies begin with the selection process (finding the right people for the job) and extend through intentional career development and effective supervision. The following is a brief description of the five interrelated strategies that the Partnership will implement to develop and retain a highly-skilled, highly-motivated team:</p> <ol style="list-style-type: none"> 1. Selection: The selection process begins with the recruiting strategies identified in Section 2.a. above. Applicants will submit a cover letter, resume, letters of reference, and proof of current licensures and/or credentials. Following a screening process to identify a pool of candidates to be interviewed using a scoring rubric, each candidate will be interviewed by a panel that will include members of the All 4 Youth Partnership Steering Committee. Each interview will include questions about lived experience, with lived experience listed as a requirement for Family Partners. The

	<p>Partnership will offer salaries that are competitive within the local market to ensure access to a high-quality candidate pool.</p> <ol style="list-style-type: none"> 2. Orientation and onboarding: The orientation and onboarding process will comprise the first 90 days of each team member’s employment and will include the staff training plan described in Section 3.a below. Additionally, orientation will cover the following topics: the history and services of the Partnership; the mission and goals of the proposed project; the organizational structure and management style; the culture of the Partnership (e.g., commitment to work/life balance, commitment to balanced caseloads, creation and implementation of a personal wellness plan, scheduling flexibility, commitment to a strengths-based approach to supervision, etc.); the interrelationship between and among FCSS, DBH, district and school staff, and collaborative entities (e.g., first responders, community-based behavioral health providers); career development opportunities; an overview of the performance evaluation system; and an overview of the youth and their families to be served through the proposed project. 3. Career Development: The behavioral health field is expanding across Fresno County, with numerous opportunities for professional development and future advancement. Training and skill development opportunities are provided to staff at all levels and applying for advancement is encouraged. All 4 Youth staff in every position have the ability to pursue higher education and expand their experience in order to advance in clinical positions, once they have gained the appropriate license to function within a clinical capacity and scope, in addition to other advancement opportunities within FCSS. 4. Training: See Section 3.a below 5. Supervision: As described in Section 4 below, the FCSS Program Supervisor will provide direct supervision and support to Family Partners as they work to meet the goals and outcomes of the proposed program as well as they advance their own career development. FCSS will ensure that the Program Supervisor possesses a thorough knowledge of the job, is committed to the work and to setting a strong example for the team, communicates effectively, establishes a culture of individual and collective accountability. As an existing All 4 Youth staff member, the Program Supervisor will have been trained in Critical Incident Stress Management, including how to facilitate the Critical Incident Stress Debriefing (CISD) process which is designed to mitigate the impact of a traumatic event, facilitate a healthy recovery process, and serve as an early-warning process to identify team members who might benefit from additional support services. Existing All 4 Youth staff who will provide in-kind support to the expanded All 4 Youth program will be supervised according to the existing supervisory structure: the Clinicians will be supervised by the Clinical Supervisor and Program Supervisor, the Youth Care Specialists will be supervised by the Program
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		Supervisor, the Intervention Specialists will be supervised by the Clinical Supervisor, the School Psychologist will be supervised by the Personnel Director, and the Office Assistants will be supervised by the Clinical Director and Program Director. The All 4 Youth Partnership Steering Committee will provide high-level supervision for the project, overseeing data collection and tracking and monitoring process towards program goals and outcomes.
	3. a.	<p>Including training plan</p> <p>The All 4 Youth Partnership will implement a robust training plan to ensure that Family Partners become fully integrated into the Partnership. DBH, through its collaboration with Crestwood Behavioral Health Inc., will provide several hours of training and orientation to the All 4 Youth Partnership’s senior leadership to ensure their understanding of the Family Partner role and its incorporation across the entire system of care. Following this, DBH will oversee a layered system of training for existing staff and clinicians: DBH will train the in-kind 0.5 FTE Program Supervisors about the nuances of supervising Family Partners, then train the All 4 Youth Clinicians, Youth Care Specialists, Intervention Specialists, School Psychologist, and Office Assistants who will be supporting the expanded All 4 Youth program, and then train the Family Partners themselves. In addition to receiving referrals for therapy, the All 4 Youth clinicians will facilitate connections between Family Partners and All 4 Youth staff and resources in ways that complement the clinical continuum of care.</p> <p>The staff training plan for Family Partners and Wellness Center Office Assistants will cover a comprehensive range of topics over the course of the individual’s first three months, with refresher trainings provided annually for a number of topics (indicated with an asterisk (*) in the list below) and the remainder refreshed on an as-needed basis. Trainings will be conducted by a combination of internal experts and external providers.</p> <p>Initial Orientation and Onboarding</p> <ul style="list-style-type: none"> ● FCSS/DBH Organization and Services Overview ● Understanding the Array of Services in the Community ● HIPAA and FERPA* ● Documentation and Billing – Avatar platform ● Critical Incident Stress Management and Critical Incident Debriefing Process* ● Collaboration and Effective Teamwork ● Child Abuse Mandated Reporting* ● Recognizing and Responding to Suicide Risk* ● Recognizing and Responding to Signs of Human Trafficking <p>Trauma-Informed Practices</p> <ul style="list-style-type: none"> ● Traumatic Events and Prevention Strategies ● Trauma-Informed Care in Schools* ● Care Planning and Case Coordination*

		<ul style="list-style-type: none"> • Screening, Prevention, Intervention, and Treatment Options • Verbal De-Escalation Strategies* • Strength-Based Approaches • Cultural Competence and Adaptation* <p>Stress Management and Self-Care</p> <ul style="list-style-type: none"> • Stress Management and Self-Care • Mindfulness and Resilience • Developing a personal wellness plan <p>As Family Partners are hired in the second year of the grant period and beyond, the more experienced Family Partners will provide training and orientation.</p>
	4.	<p>Describe how staff/personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/parent partners, etc.). List the activities to be performed by each position to be hired through this grant.</p> <p>1) Position: Family Partner</p> <p>Indicate if a peer/parent partner position: Yes X No <input type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>Each of the four school campus-based Wellness Centers will be staffed by Family Partners (one Family Partner will be hired for each Wellness Center during the first year, increasing to three at each Center by the end of the program period), who will be life-trained paraprofessionals with first-hand experience with the behavioral or mental health system and under the direct supervision of the FCSS Program Supervisor. The Family Partners will provide outreach, prevention and early intervention, referrals, and behavioral health services to youth aged 0-22 and their families. With the support of the FCSS Program Supervisors, the Family Partners will provide direct prevention and early intervention services, screening, case management, and referrals for additional campus-, County-, or community-based services. Program Supervisors will oversee triage and referrals and will coordinate with All 4 Youth Clinicians to complete mental health assessments. The Family Partners will provide training and information to families, school teachers and staff, community-based organizations, health care providers, and employers to increase awareness of mental health warning signs and improve early intervention. After receiving referrals from schools and parents, the Family Partners will work with the referred youth and their parent/caregiver to develop a service and support plan, provide culturally responsive mental health services, and link youth and their families to necessary resources, such as clinical mental health services provided through All 4 Youth Hubs and other providers.</p> <p>Family engagement services will include training parent groups on trauma-informed parenting as part of the Parent Café model, facilitating parent peer support groups, and serving as an advocate for families accessing Specialty Mental</p>

	<p>Health Services or other community-based mental health resources. FCSS implements Parent Cafés throughout the county to provide a safe, non-judgmental opportunity for parents and caregivers to build their protective factors while engaging in conversations about what it means to keep their children safe and families strong. In partnership with FCSS staff, the Family Partners will host monthly Parent Cafés at each Wellness Center. Family Partners will conduct a number of outreach activities, including hosting community trainings, distributing informational materials, and coordinating community-wide events and information campaigns for national mental health awareness weeks. Family Partners will specifically conduct outreach to health care providers and employers through providing information at free community clinics and mobile health clinics, and attending local conferences hosted by health care providers and job fairs in the community (including agricultural, health care, and small business job fairs).</p> <hr/> <p>2) Position: FCSS Program Supervisor</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The All 4 Youth Partnership will leverage two 0.5 FTE FCSS Program Supervisors to oversee the Family Partners and provide intensive coordination of care and services between the Wellness Centers and All 4 Youth Hubs. The Program Supervisors, in coordination with in-kind Clinicians, Supervisors, and Family Partners, will identify behavioral health needs of youth and families and provide guidance and oversight for screening, evidence-based mental health assessments, triage, and the provision of short-term treatment to stabilize youth and their families after a traumatic event. The Program Supervisors will oversee the work of Family Partners to connect youth and families to additional treatment services, and will interface with school and district staff as needed.</p> <hr/> <p>3) Position: All 4 Youth Clinician</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The All 4 Youth Partnership will leverage 0.86 FTE All 4 Youth Clinician (an estimated 0.03 FTE of all Clinicians) to provide mental health assessments to youth age 0-22 who have been referred to Wellness Centers by schools, families, or through self-referral. All 4 Youth Clinicians will support Family Partners to develop individual service plans in collaboration with youth and families, as necessary, and to refer youth to All 4 Youth Hubs or other needed services.</p> <hr/> <p>4) Position: All 4 Youth School Psychologist</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p>
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	<p>The All 4 Youth Partnership will leverage 0.20 FTE All 4 Youth School Psychologist to train school teachers, administrators, ad staff (including custodians, bus drivers, etc.) in prevention and early intervention, resilience, trauma, mindfulness, and de-escalation, in addition to the process for referring youth with mental health needs to Wellness Centers. The School Psychologist will also coordinate with the All 4 Youth Partnership Steering Committee to provide quarterly awareness-building among County agencies and community-based organizations about the proposed process.</p> <p>5) Position: All 4 Youth Office Assistant</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No X</p> <p>How this position will be used/Activities performed by this position:</p> <p>The All 4 Youth Partnership will leverage four 0.20 FTE All 4 Youth Office Assistants to provide clerical support at Wellness Centers on a rotating basis, including scheduling, printing, and materials distribution. All Office Assistants will be bilingual and trained in the support of Family Partners.</p> <p>List of any other community partner collaborative entities that are involved with the proposed plan.</p> <ol style="list-style-type: none"> 1) Community Hospital 2) Cradle to Career Fresno 3) Fresno County Department of Public Health 5. 4) Fresno County Department of Social Services 5) Fresno County Probation Department 6) National Alliance for Mental Illness (NAMI) Fresno 7) Suicide Prevention Collaborative 8) Valley Children’s Hospital <p>Partnership Training Plan:</p> <p>6. Since 2011, FCSS and DBH have worked to establish a collaborative partnership to integrate outreach, prevention, and early intervention mental health services into schools and communities throughout Fresno County. The All 4 Youth Partnership will continue to hold training for its member organizations, FCSS and DBH, to ensure All 4 Youth fulfills its mission and makes progress toward its vision.</p> <p>In addition, the All 4 Youth Partnership will ensure that external partners are aware of the program and its available resources, the role of the Family Partners, and the process for referral. The All 4 Youth School Psychologist will coordinate with FCSS and DBH to provide quarterly awareness-building among County agencies and community-based organizations about the proposed process (see Attachment 5 for</p>
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					a description of the proposed project plan). As described in Section 4.1 above, Family Partners will conduct outreach at a variety of health clinics and job fairs, and will partner with natural support connections like health care providers and employers to bring training onsite, as needed, facilitating greater understanding of mental health and available resources county-wide.
					<p>Care coordination plan with ongoing mental health providers.</p> <p>Through the established Partnership, DBH provides a full array of specialty mental health outpatient treatment services, including intensive case management, Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), rehabilitation, collateral, mental health therapy services, group therapy, crisis services, medication support services, outreach, and advocacy services. DBH provides these services pursuant to and in accordance with the County's Managed Care Fresno County Mental Health Plan (FCMHP) Organizational Provider Manual, the FCMHP Clinical Documentation and Billing Manual, and the Medicaid Managed care (MMC) Final Rule regulations.</p> <p>To ensure timely access to services, the Partnership will continue to provide mental health services (non-urgent services) within 10 business days from first request/referral of services to first appointment, psychiatry services within 15 business days, and urgent services within 48 hours or as soon as needed based on each client's needs.</p>
					<p>How access to protected health information (PHI) will be ensured.</p> <p>The Partnership operates under a medical model and must adhere to the privacy and confidentiality regulations of HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act). Privacy information can only be shared with people or entities that the youth and/or care providers have identified within a signed Release of Information on file within the youth's medical record. In cases of imminent danger and/or risk of safety to persons or the public, service providers are permitted to share minimum information necessary to prevent and/or reduce the potential risk of harm.</p>
					<p>Describe how data will be shared between partners and the steps to be taken to protect the data.</p> <p>Through the proposed program, the Partnership will take data security measures to protect confidential information. Per the terms of the Partnership contract, FCSS and DBH will work to prevent the potential loss, misappropriation or inadvertent access, viewing, use, or disclosure of County data including sensitive or personal client information.</p> <p>The Partnership will continue its use of the Avatar system to collect and share data that adheres to patient confidentiality and is visible to both partners. Program staff may not connect to County networks via personally-owned mobile, wireless, or handheld devices, unless the County has authorized telecommuting, current virus protection software is in place, the mobile device</p>

		<p>has the remote wipe feature enabled, and a secure connection is used. Program staff may not bring DBH-owned computers or computer peripherals for use without prior authorization from the Chief Information Officer, including but not limited to mobile storage devices. If data is approved to be transferred, data must be stored on a secure server approved by the County and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection. Said data must be encrypted. Program staff may not use County computers or computer peripherals on non-County premises without prior authorization from the Chief Information Officer, nor may program staff store the County's private, confidential, or sensitive data on any hard-disk drive, portable storage device, or remote storage installation unless encrypted. Confidential client information transmitted to one party by the other by means of electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of 128 BIT or higher. Additionally, a password or passphrase must be utilized.</p> <p>Program staff will be responsible for immediately notifying the County of any violations, breaches, or potential breaches of security related to confidential information, data maintained in computer files, program documentation, data processing systems, data files, and internal or external data processing equipment.</p>
	9.	<p>An assessment of any risks, challenges, or barriers to program implementation. Stating that there are no risks, challenges, or barriers is not an acceptable response and may be grounds for disqualification as it implies an assessment was not performed</p> <p>State each risk, challenge, or barrier and describe how each will be addressed to minimize the impact on program success</p> <p>1) Risk: Delays to facilities construction</p> <p>How will risk be addressed:</p> <p>As a public agency, FCSS must follow all requirements for contracting and securing agreements, often a long process. Further, adapting an existing facility into a Wellness Center and constructing three new modular Wellness Centers will be subject to physical limitations around breaking ground, weather, building materials, etc. To minimize the likelihood of delays to facilities construction and their impact on the program's success, FCSS will begin the County contracting process as soon as the award has been made. The Partnership will rigorously monitor progress on facilities construction to ensure adherence to the proposed timeline. Recruiting, hiring, and training of Family Partners will occur according to this timeline so that, if facilities are delayed, Family Partners can provide outreach, prevention and early intervention, and referrals at the youth's home, school, or elsewhere in the community until the Wellness Center is move-in ready.</p>

	<p>2) Risk: Family Partners remain distinct from existing Partnership services and not fully integrated into or able to complete their job</p> <p>How will risk be addressed:</p> <p>As described in Section 3.a, the Partnership will implement a robust training plan to prepare the existing workforce, staff, and schools for Partner integration into their new roles. Led by DBH, the Partnership will train existing staff to establish a strong foundation into which the Family Partners will be meaningfully added. DBH will provide several hours of training/orientation to the Partnership’s senior leadership to ensure high-level understanding of the Family Partner role and its incorporation across the entire system of care. Following this, DBH will oversee a layered system of training for existing staff and clinicians: DBH will train the two 0.5 FTE Program Supervisors about the nuances of integrating and supervising Family Partners, then train the All 4 Youth clinicians and other staff who will be receiving referrals from the Family Partners and the All 4 Youth Office Assistants who will be supporting them, and then train the Family Partners themselves.</p>
	<p>3) Risk: Barriers to transportation given the county’s large size and very rural communities</p> <p>How will risk be addressed:</p> <p>The All 4 Youth Partnership has worked to establish Hubs in high-need areas of Fresno County to provide clinical mental health services at schools, in the home or community, or through telepsychiatry. The proposed expansion will build upon this foundation and bring much-needed school-adjacent prevention and intervention services to previously underserved areas of the county.</p> <p>The All 4 Youth Partnership Steering Committee will select the school sites for the four new Wellness Centers based on established need and current lack of access. To further reduce the likelihood of transportation barriers that may affect follow-up or timely access of services, the Partnership will recruit Family Partners from the community that the position would serve. Schools will help support outreach and recruitment for these positions in each region where a Wellness Center will be constructed. To further mitigate the transportation barrier, FCSS will offer reimbursement for mileage.</p>

ATTACHMENT 7: PROGRAM IMPLEMENTATION PLAN - PLAN TIMELINE

PLAN TIMELINE			
VII.E.iii.	<p>Provide a Plan Timeline for the requirements detailed in the Plan Narrative. The Timeline should agree with the Narrative and contain activities and milestones to ensure success of the Implementation Plan</p> <p>List the key activities and milestones in your plan over the 4 years of the contract. Key activities and milestones include hiring and key expenditures outside of hiring and administration. List the proposed date when each activity and milestone would be completed</p>		
	Implementing the Proposed Program		
		Beg Date	End Date
	<p>1) Strategy:</p> <p>Expand accessible mental health services for youth and families by establishing four new Wellness Centers in targeted high-risk locations throughout Fresno County.</p>	May 1, 2020	Sep 1, 2021
	<p>1) Activity/Milestone:</p> <p>Identify location for adaptation into first Wellness Center in target area in Fresno County</p>	May 1 , 2020	May 15, 2020
	<p>2) Activity/Milestone:</p> <p>Conduct County bidding process to identify and engage a contractor and begin work on adapting existing site into first Wellness Center</p>	May 1 , 2020	July 31, 2020
	<p>3) Activity/Milestone:</p> <p>Open first Wellness Center to provide outreach, prevention and early intervention, mental health services, and referrals to youth aged 0-22 and their families</p>	Sep 15, 2020	N/A
	<p>4) Activity/Milestone:</p>	Apr 1, 2020	July 31, 2020

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	Identify location for development of second, third, and fourth modular Wellness Centers in target areas in Fresno County		
	5) Activity/Milestone: Conduct County bidding process (including design, Division of the State Architect approval and review, order building, bid, and construction) to identify and engage a contractor and begin work on building second, third, and fourth Wellness Centers, aiming for completion by September but no later than November 23, 2021	July 31, 2020	Nov 23, 2021
	6) Activity/Milestone: Open second, third, and fourth modular Wellness Centers to provide outreach, prevention and early intervention, mental health services, and referrals to youth aged 0-22 and their families, aiming for September but no later than November 24, 2021	Nov 24, 2021	N/A
		Beg Date	End Date
	2) Strategy: Family Partners are recruited from the local community and are culturally and linguistically responsive to youth and their families.	May 1, 2020	Aug 1, 2023
	1) Activity/Milestone: Follow the FCSS Recruitment, Interview & Selection process, including announcing open Family Partner position through FCSS's global email system, posting on EDJOIN for a minimum of seven days and until the position is filled, and posting on Monster.com, Indeed.com, Idealist.org, and in the Fresno Bee	May 1, 2020	July 31, 2020
	2) Activity/Milestone: Conduct outreach through the Suicide Prevention Collaborative, the California State University, Fresno's (CSUF) Department of Social Work, CSUF's Kremen School of Education and Human Development's graduate program in counseling, and Alliant International University's programs in	May 1, 2020	July 31, 2020

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	psychology and mental health to inform about the open position		
	3) Activity/Milestone: Advertise Family Partner position on Fresno Unified School District's Atlas Parent Portal, through the NAMI Fresno website, and on other related community-based organizations' websites	May 1, 2020	July 31, 2020
	4) Activity/Milestone: Conduct interview process and hire first cohort of four Family Partners	June 1, 2020	Aug 1, 2020
	5) Activity/Milestone: Conduct recruitment process described above and hire second cohort of four Family Partners	Mar 1, 2021	June 30, 2021
	6) Activity/Milestone: Conduct recruitment process described above and hire third cohort of two Family Partners	Mar 1, 2022	June 30, 2022
	7) Activity/Milestone: Conduct recruitment process described above and hire fourth cohort of two Family Partners	Mar 1, 2023	June 30, 2023
		Beg Date	End Date
	3) Strategy: Reduce stigma around mental illness by increasing awareness and understanding of early signs of mental illness, how to refer children and youth to Wellness Centers for services, and available resources and supports.	Aug 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone: In-kind All 4 Youth School Psychologist trains school teachers, administrators, and staff (including custodians, bus drivers, etc.) in prevention and early intervention, resilience, trauma, mindfulness, and de-escalation, in addition to the process for referring youth with mental health needs to Wellness Centers	July 1, 2020	Sustained beyond the duration of the grant period
	2) Activity/Milestone:	Sep 1, 2020	Sustained beyond the

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		Family Partners provide outreach to parents and host activities including Parent Cafés, prevention and early intervention trainings, and mindfulness techniques to increase awareness and understanding of mental illness		duration of the grant period
	3) Activity/Milestone:	Wellness Centers host student groups (including LGBTQ and National Alliance on Mental Illness [NAMI] student groups) for mindfulness activities, meeting space, and mental health information sessions	Sep 1, 2020	Sustained beyond the duration of the grant period
	4) Activity/Milestone:	Family Partners and Wellness Centers participate in national awareness-raising events (e.g., National Suicide Prevention Week, National Child Abuse Prevention Month, National Bullying Prevention Month, Domestic Violence Awareness Month, National ADHD Awareness Month) to raise the profile of risk factors for trauma and destigmatize mental illness	Sep 1, 2020	Sustained beyond the duration of the grant period
			Beg Date	End Date
	4) Strategy:	Create a healthy environment in which youth in Fresno County can live and learn through increased awareness of, reduced stigma of, and increased supports for mental illness.	Sep 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone:	All 4 Youth leadership (members of the All 4 Youth Partnership Steering Committee) develop and finalize <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services</i> (working title) to be shared with emerging partnership counties throughout the state to serve as a guide to the first six-eight months of partnership	May 1, 2020	Nov 1, 2021
	2) Activity/Milestone:	Family Partners develop relationships with youth aged 0-22 and their families and connect with needed mental health resources through the All 4	Sep 1, 2020	Sustained beyond the duration of the grant period

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		Youth Hubs, at County agencies, or through community-based organizations		
	3)	Activity/Milestone: In-kind All 4 Youth Clinicians assess youth for mental health issues and in-kind FCSS Program Supervisors, in partnership with Family Partners, support referrals to All 4 Youth Hubs for needed therapeutic services. In-kind Youth Care Specialists and Intervention Specialists provide prevention and early intervention services during assessment at Wellness Centers, and ongoing case management, one-on-one coaching, group intervention, collateral services, psychoeducation and skill-building activities to youth and families at Hubs	Sep 1, 2020	Sustained beyond the duration of the grant period
	Recruitment strategy for each position			
			Beg Date	End Date
	1)	Strategy: Recruit linguistically and culturally competent Family Partners from the local community	May 1, 2020	Aug 1, 2023
	1)	Activity/Milestone: Initial cohort of four Family Partners are recruited from the local community following the FCSS Recruitment, Interview & Selection process described in 2.1 above	May 1, 2020	July 31, 2020
	2)	Activity/Milestone: Second cohort of four Family Partners are recruited from the local community following the FCSS Recruitment, Interview & Selection process described in 2.1 above	Mar 1, 2021	June 30, 2021
	3)	Activity/Milestone: Third cohort of two Family Partners are recruited from the local community following the FCSS Recruitment, Interview & Selection process described in 2.1 above	Mar 1, 2022	June 30, 2022
	4)	Activity/Milestone:	Mar 1, 2023	June 30, 2023

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		Fourth cohort of two Family Partners are recruited from the local community following the FCSS Recruitment, Interview, & Selection process described in 2.1 above		
			Beg Date	End Date
		2) Strategy: Leverage in-kind and dedicated FCSS Program Supervisor, in-kind All 4 Youth Clinician, in-kind All 4 Youth Youth Care Specialist, and in-kind All 4 Youth Intervention Specialist	June 1, 2020	Sustained beyond the duration of the grant period
		1) Activity/Milestone: Allocate existing 0.5 FTE FCSS Program Supervisor from All 4 Youth program to provide supervision to Family Partners and triage at Wellness Centers on a rotating basis	June 1, 2020	Sustained beyond the duration of the grant period
		2) Activity/Milestone: Allocate existing 0.86 FTE All 4 Youth Clinician to provide mental health assessments for youth aged 0-22 at Wellness Centers on a rotating basis	June 1, 2020	Sustained beyond the duration of the grant period
		3) Activity/Milestone: Allocate existing 0.24 FTE All 4 Youth Youth Care Specialist and 0.20 FTE All 4 Youth Intervention Specialist to provide prevention and early intervention services during assessment at Wellness Centers on a rotating basis, and ongoing case management, one-on-one coaching, group intervention, collateral services, psychoeducation, and skill-building activities for youth and families at Hubs	June 1, 2020	Sustained beyond the duration of the grant period
			Beg Date	End Date
		3) Strategy: Leverage in-kind All 4 Youth Office Assistant	June 1, 2020	Sustained beyond the duration of the grant period
		1) Activity/Milestone:	June 1, 2020	Sustained beyond the duration of

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	Allocate existing 0.8 FTE All 4 Youth Office Assistant to provide bilingual clerical support including scheduling, printing, and materials distribution at Wellness Centers on a rotating basis		the grant period
	Retention strategy for staff		
		Beg Date	End Date
	1) Strategy: Selection: Recruit Family Partners from the community they will be serving and offer competitive salary, evidence-based training, supervision, and linkage to resources for All 4 Youth staff	May 1, 2020	Aug 1, 2023
	1) Activity/Milestone: Applicants submit a cover letter, resume, letters of reference, and proof of current licensures and/or credentials	May 1, 2020	Aug 1, 2023
	2) Activity/Milestone: FCSS screen applications to identify a pool of candidates to be interviewed using a scoring rubric. Each candidate is interviewed by a panel including Steering Committee members and asked about lived experience	May 15, 2020	Aug 1, 2023
	3) Activity/Milestone: The All 4 Youth Partnership offers salaries that are competitive within the local market to ensure access to a high-quality candidate pool	July 1, 2020	Sustained beyond the duration of the grant period
		Beg Date	End Date
	2) Strategy: Orientation and onboarding takes place during the first 90 days of each team member's employment (including the staff training plan described in Attachment 6, Section 3.a)	Start of employment	Within 90 days
	1) Activity/Milestone: Family Partners are provided with All 4 Youth orientation and onboarding. Orientation will address: the history and services of the Partnership; the mission and goals of the	Start of employment	Within 90 days

	proposed project; the organizational structure and management style; the culture of the Partnership (e.g., commitment to work/life balance, commitment to balanced caseloads, creation and implementation of a personal wellness plan, scheduling flexibility, commitment to a strengths-based approach to supervision, etc.); the interrelationship between and among FCSS, DBH, district and school staff, and collaborative entities (e.g., first responders, community-based behavioral health providers); career development opportunities; an overview of the performance evaluation system; and an overview of the youth and their families to be served through the proposed project		
		Beg Date	End Date
	3) Strategy: Career development to leverage the professional development and future advancement opportunities available in the behavioral health field in Fresno County	July 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone: Provide training and skill development opportunities for All 4 Youth staff at all levels	July 1, 2020	Sustained beyond the duration of the grant period
	4) Strategy: Training: The All 4 Youth Partnership Steering Committee will implement a robust training plan to ensure that Family Partners become fully integrated into All 4 Youth	July 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone: DBH, through its collaboration with Crestwood Behavioral Health Inc., provides several hours of training and orientation to the All 4 Youth Partnership's senior leadership to ensure understanding of the Family Partner role and its incorporation across the entire system of care	July 1, 2020	July 31, 2020
	2) Activity/Milestone:	July 1, 2020	July 31, 2020

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		DBH oversees a layered system of training for existing staff and clinicians, including FCSS Program Supervisors and All 4 Youth Office Assistants		
	3) Activity/Milestone:	Family Partners are trained in a comprehensive range of topics, with refresher trainings provided annually and on an as-needed basis	Start of employment	Within 90 days
	5) Strategy:	Supervision: FCSS Program Supervisor oversees Family Partners and possesses a thorough knowledge of the job, commitment to the work and to setting a strong example for the team, and effective communication	July 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone:	FCSS Program Supervisor is trained in providing oversight to Family Partners, including skills like Critical Incident Stress Management	July 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone:	FCSS Program Supervisor provides direct supervision and support to Family Partners as they work to meet the goals and outcomes of the proposed program, and advance their own career development	Aug 1, 2020	Sustained beyond the duration of the grant period
	Care coordination plan with ongoing mental health providers			
			Beg Date	End Date
	1) Strategy:	Wellness Centers host training on trauma, mental illness stigma reduction, prevention and early intervention, etc., receive referrals from adjacent schools, triage cases, and conduct mental health assessments	July 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone:	School teachers, administrators, and staff (including custodians, bus drivers, etc.) are trained in prevention and early intervention, and the process for making referrals to Wellness Centers	July 1, 2020	Sustained beyond the duration of the grant period

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	2) Activity/Milestone:		
	After Wellness Centers receive referrals from schools, the Program Supervisors triage cases, with support from Family Partners, and All 4 Youth Clinicians conduct mental health assessments on a rotating basis	Aug 1, 2020	Sustained beyond the duration of the grant period
		Beg Date	End Date
	2) Strategy:		
	Wellness Center staff link youth with additional mental health needs to All 4 Youth Hubs for therapeutic services	Aug 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone:		
	After mental health assessments are conducted by in-kind All 4 Youth Clinicians, Family Partners, Youth Care Specialists, and Intervention Specialists work with youth and families to develop a care plan	Aug 1, 2020	Sustained beyond the duration of the grant period
	2) Activity/Milestone:		
	Family Partners link youth and family to needed clinical services through All 4 Youth Hubs and connect youth and families with needed resources from County agencies and community-based organizations according to the care plan	Aug 1, 2020	Sustained beyond the duration of the grant period
		Beg Date	End Date
	3) Strategy:		
	All 4 Youth staff coordinate in the provision of mental health care and share information with Wellness Center staff	July 1, 2020	Sustained beyond the duration of the grant period
	1) Activity/Milestone:		
	Program Supervisors facilitate information-sharing between clinical All 4 Youth staff and Family Partners	Sep 1, 2020	Sustained beyond the duration of the grant period

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	<p>2) Activity/Milestone:</p> <p>Family Partners collaborate with All 4 Youth Hubs staff to connect youth and families with additional needed community-based non-therapeutic resources</p>	Sep 1, 2020	Sustained beyond the duration of the grant period
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ATTACHMENT 8: PROGRAM IMPLEMENTATION PLAN - SUSTAINABILITY PLAN

Sustainability Plan	
VII.E.iv.2.	<p>The Sustainability Plan shall include the following:</p> <p>a. The plan to ensure the continuation of the positive program impacts on the system of care after the MHSSA grant cycle ends</p> <p>The proposed approach of developing new Wellness Centers will facilitate the continuation of positive program impacts beyond the grant period. All 4 Youth will utilize modular buildings for the Wellness Centers as these are flexible and cost effective. These will be located on or adjacent to school campuses so that the Fresno County Superintendent of Schools (FCSS) will be poised to take over the building maintenance at the end of the grant cycle. Maintenance includes custodial upkeep, repairs, and painting when campus updates are made.</p> <p>The services provided by All 4 Youth staff (including the MHSSA-funded Family Partners and in-kind FCSS Program Supervisors, All 4 Youth Clinicians, All 4 Youth Youth Care Specialists, All 4 Youth Intervention Specialists, All 4 Youth School Psychologist, and All 4 Youth Office Assistants) will be funded beyond the grant period through a combination of committed funds, insurance and health plan reimbursements (including Medi-Cal, Mental Health Services Act [MHSA] Prevention and Early Intervention [PEI] and Community Services and Supports (CSS) funds, and new funding to be identified and secured during the grant period.</p> <p>The All 4 Youth Partnership was already in place prior to the grant cycle. Many of All 4 Youth's structures and systems have become embedded into the culture of work at both FCSS and DBH. In-kind matching contributions from FCSS for the Program Supervisors, Clinicians, Youth Care Specialists, Intervention Specialists, School Psychologist, and Office Assistants will continue beyond the grant period, as these positions are funded through All 4 Youth's existing contract.</p> <p>All 4 Youth is committed to reducing the stigma of mental health through the support of Family Partners. The Family Partners will be sustained through financial support from future grants as well as potential funding from Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds and schools' Local Control Accountability Plan (LCAP) funds. Both FCSS and DBH see the value of this work in the community and are committed to maintaining an enhanced level of mental health prevention and intervention services for children and youth and their families in the county. The All 4 Youth Partnership intends to sustain these efforts in perpetuity due to their overall positive impact on the community.</p>

	b.	Describe the strategy and key milestones, with dates, to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the MHSSA program.	
		<p>All 4 Youth will leverage existing and seek additional funding to maintain prevention and intervention services as well as community outreach efforts established at the Wellness Centers during the program. Key to this strategy will be ongoing training and support of the Family Partners and a gradual transition of maintenance and upkeep of the Wellness Centers to FCSS as the grant cycle progresses. Training for Family Partners for the first year of the grant period will be an in-kind contribution through an existing grant between DBH and Crestwood Behavioral Health Inc. All 4 Youth will support any efforts by the student population of FCSS to increase awareness and support of mental health, which will be promoted through focus groups with student leaders midway through the grant cycle.</p> <p>In order to support replication of All 4 Youth's success in increasing access, linkages, and diversions to care, the Partnership will create <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> (working title) for other counties interested in creating a similar partnership.</p>	
		Key Milestones:	Dates
		Establish ongoing training program for Family Partners.	May - Aug 2020
		Create agreement with FCSS to begin transfer of maintenance of Wellness Centers.	May 2021
		Report on data collected and tracked using the Avatar system, on number of youth and their families served, time between referral and access of services, and referrals to school- or community-based resources.	Sept 2021, Sept 2022, Sept 2023, Sept 2024
		Facilitate focus groups with student leaders about All 4 Youth and its impact on their school experience.	May 2021, May 2022, May 2023, May 2024
		Create and distribute <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> to interested counties and departments of behavioral health.	Nov 2021
		Develop and disburse surveys to participating youth and parents to gauge student well-being, by measuring satisfaction with access of FCSS, linkage to community resources/services as needed, and diversion to appropriate levels of care.	Dec 2020, Dec 2021, Dec 2022, Dec 2023

		Bi-annually review Avatar and youth and parent survey data at All 4 Youth Steering Committee meetings to measure progress maintaining increase in access, linkages, and diversions to appropriate levels of care.	March 2021 Sept 2021 March 2022 Sept 2022 March 2023 Sept 2023 March 2024 Sept 2024
	c.	The plan to acquire additional/new funding to sustain the program after the grant cycle ends.	
	i.	<p>Describe your ability to get Medi-Cal reimbursement for your program</p> <p>The All 4 Youth Partnership is already Medi-Cal certified and, through the Fresno County Department of Behavioral Health (DBH) Managed Care, has access to a range of funding streams including Medi-Cal reimbursement, which it currently receives for eligible All 4 Youth services. Due to the existing relationship, services will be immediately reimbursable for youth and families who are Medi-Cal eligible for the proposed project.</p> <p>As described in Attachment 5, Section 7.d.i, All 4 Youth has a demonstrated ability to obtain federal Medicaid and other reimbursement for mental health services for Fresno County youth aged 0-22 and their families. Through their existing partnership, FCSS and DBH can utilize several funding streams. These include Mental Health Services Act (MHSA) funding for Prevention and Early Intervention (PEI) services and Community Services and Supports (CSS) such as expanded treatment services. Medi-Cal funding and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) federal funds are drawn down through the provision of mental health services pursuant to the partnership agreement. Additional diversified funding is also available through three sources: private insurance for qualifying mental health services, LCAP funding through school districts, and AB 114 dollars for youth who qualify for Special Education.</p>	
	ii	<p>Describe your ability to get/commit local (County, School, etc.) funds to support and sustain your proposed program during the term of this grant.</p> <p>FCSS will manage the hiring process for all of the staff brought on during the term of this grant. FCSS is committed to providing the Program Supervisors, Clinicians, Youth Care Specialists, Intervention Specialists, School Psychologist, and Office Assistants through in-kind support. FCSS will also support the maintenance and upkeep of the Wellness Centers beyond the grant cycle upon completion of construction.</p>	

			a.	Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source.
			1.	<p>Source of Funds:</p> <p>AB 114 funds for qualifying expenditures will be used for the purchase and installation of three modular buildings.</p> <p>FCSS Program Supervisors will be provided at 0.5 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Clinicians will be provided at 0.86 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Youth Care Specialists will be provided at 0.24 FTE and Intervention Specialists will be provided at 0.20 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth School Psychologists will be provided at 0.20 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Office Assistants will be provided at 0.80 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Clinical Supervisors will be provided at 0.90 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>DBH Staff Analysts will be provided at 0.20 FTE for each year of the grant program period from the local contract between FCSS and DBH to provide fiscal and administrative support.</p>

			2.	<p>Amount committed to:</p> <p>Year one: \$354,035.58 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support</p> <p>Year two: \$87,215.12 for modulars; \$371,737 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support (reflects anticipated annual salary and cost of living increases)</p> <p>Year three: \$389,439 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support (reflects anticipated annual salary and cost of living increases)</p> <p>Year four: \$407,141 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support (reflects anticipated annual salary and cost of living increases)</p>
			iii	<p>Describe your ability to commit known State/Local funds (e.g. Mental Health Services Fund, etc.) for matching in order to support and sustain your proposed program during the term of this grant and beyond. (This does not include the grant funds that you are applying for with this application)</p> <p>All 4 Youth will commit State/local funds to this project including Mental Health Services Act (MHSA) Community Services and Supports (CSS), Medi-Cal Federal Financial Participation (FFP), Prevention and Early Intervention (PEI), and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds.</p>
			a.	<p>Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source</p>
			1.	<p>Source of Funds:</p> <p>AB 114 funds for qualifying expenditures will be used for the purchase and installation of three modular buildings.</p> <p>FCSS Program Supervisors will be provided at 0.5 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Clinicians will be provided at 0.86 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Youth Care Specialists will be provided at 0.24 FTE and Intervention Specialists will be provided at 0.20 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p>

			<p>All 4 Youth School Psychologists will be provided at 0.20 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Office Assistants will be provided at 0.80 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>All 4 Youth Clinical Supervisors will be provided at 0.90 FTE for each year of the grant program period from the local contract between FCSS and DBH.</p> <p>DBH Staff Analysts will be provided at 0.20 FTE for each year of the grant program period from the local contract between FCSS and DBH to provide fiscal and administrative support.</p>
		<p>2. Amount committed to:</p> <p>Year one: \$354,035.58 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support.</p> <p>Year two: \$87,215.12 for modulars; \$371,737 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support (reflects anticipated annual salary and cost of living increases)</p> <p>Year three: \$389,439 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support (reflects anticipated annual salary and cost of living increases)</p> <p>Year four: \$407,141 for All 4 Youth clinical, supervisory, and administrative staff, and DBH administration and fiscal support (reflects anticipated annual salary and cost of living increases)</p>	
	iv.	<p>Describe your ability to commit private or other funds for matching to support and sustain your proposed program during the term of this grant and beyond. Identify the source of the funds.</p> <p>All 4 Youth is committed to applying for private foundation grants to diversify funding streams for this program. Increased awareness developed through this program and ongoing community support will promote financial support from a variety of partners.</p> <p>In California, \$112.5 billion is spent annually to treat obesity, diabetes, asthma, cancer, and other diseases linked to the potential causal relationships of trauma-induced toxic stress. Through the Wellness Centers, All 4 Youth will reduce stigma and increase access to mental health services, teach nurturing parenting, and partner with other community providers for cross-sector</p>	

			training so youth will be protected against toxic stress, have tools for emotional regulation, and experience improvement in their overall health and well-being. This will ultimately reduce costs to hospitals and other health care centers prompting support from funders interested in collaborating to make a difference in the overall reduction in costs for medical services in the county.	
			a.	Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source
				1. Source of Funds: All 4 Youth has a priority goal of bringing in \$25,000 in private funding sources including foundation grants for each year of the grant cycle.
				2. Amount committed to: Year one: \$25,000 Year two: \$25,000 Year three: \$25,000 Year four: \$25,000
VII.E.iv.3.	Describe how the Partnership will continue after the funding for this grant ends. Include funding streams from private and public sources. All 4 Youth will seek out federal, state, and private funding sources to fund this work after the grant ends. MHSA PEI funds can be used by the Partnership for the Family Partner positions. In addition, MHSA PEI funds for the Program Supervisors, Clinicians, Youth Care Specialists, Intervention Specialists, School Psychologist, and Office Assistants can be used as an in-kind match. LCAP funding will also be leveraged by working collaboratively with district Superintendents as they develop their financial plans.			
	a.	Also include a plan for continued access to program data derived from the Partnership. Continued access to program data will be provided as part of All 4 Youth’s core functions. Through its ongoing work providing mental health services in schools, homes, and communities in Fresno County for children and youth aged 0-22 and their families, All 4 Youth has a demonstrated ability to collect data on program implementation and measures of student well-being. Per the existing contract, FCSS is required to submit measurable outcomes that satisfy all State and local mandates on an annual basis. All performance indicators will reflect the four domains identified by the Commission Accreditation of Rehabilitation Facilities (CARF): effectiveness, efficiency, access, and satisfaction. DBH/FCSS will provide technical assistance and support in defining measurable outcomes, which will be mutually agreed upon by all All 4 Youth partners.		

	<p>Overseen by the FCSS Program Supervisor and FCSS Clinical Supervisor, Family Partners and Program Supervisors will track timeliness of services to clients and provide a monthly report of this data. Student well-being will be gauged by measuring satisfaction with access to FCSS supports, linkages to community resources as needed, and diversions to appropriate levels of care. All 4 Youth will meet to go over this monitoring tool on a monthly basis, as needed, and will take corrective action if there is a failure to comply with the timely access standards. All 4 Youth will continue to use the Avatar platform to collect, track, and share confidential data while adhering to patient privacy standards (see Attachment 5, Section 7.d.iv and Attachment 6, Section 8.a for more information). Per the terms of the contract, All 4 Youth will continue to collect data on specific measures of student well-being through the Avatar system and through youth and parent surveys.</p> <p>These processes will be used for the proposed service expansion beyond the duration of MHSSA funding, with adjustments made as needed to ensure continuous improvement.</p>
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ATTACHMENT 9: PROGRAM IMPLEMENTATION PLAN – COMMUNICATIONS PLAN

Program Communications Plan			
VII.E.v.	1.	a.	<p>Provide a plan as to how you will increase awareness of and access and linkage to mental health services for students and their families.</p> <p>The All 4 Youth Partnership (All 4 Youth) will expand existing collaboration to increase awareness of mental illness and mental health services for youth aged 0-22 and their families. Wellness Centers will enhance All 4 Youth by providing accessible prevention and intervention services to youth and their families in additional, school-adjacent locations throughout the county. The Centers are a critical building block in expanding All 4 Youth’s communication channels, as they will be a gathering place for student activities, as well as training and events for students, families, teachers, and school staff. These activities will be designed to increase awareness of available mental health resources and services, build the capacity of service providers, and reduce the stigma of mental health. Wellness Centers position All 4 Youth to improve the overall mental health of surrounding communities.</p> <p>The communication plan consists of internal and external efforts to ensure the success of the project. Internally, All 4 Youth is committed to timely delivery of prevention and intervention services to students. This begins in the classroom: teachers will receive information about how to connect students with mental health services through a variety of channels, including but not limited to: new hire onboarding meetings, Back to School All 4 Youth meet and greets, community events, and trauma training for all front-line staff. A teacher is often the most trusted adult in a child’s life outside of their parents, and it is vital that these front-line partners have a full understanding about services available at the Wellness Centers and the mechanism for referral. This understanding will be enhanced through information sharing and training from Family Partners, who will staff the Wellness Centers, to teachers and other key staff including school psychologists, Principals, Vice Principals, Guidance Learning Directors, and Directors of Student Services (who track and guide referrals for their school/district). Family Partners will also provide mental health awareness training to teachers and support staff such as bus drivers, cafeteria staff, office staff, and janitorial staff who have regular interaction with students. Training about the Wellness Center offerings and the referral process will occur on a formal basis at the beginning of each school year and informally on an as needed basis to support information sharing.</p> <p>Externally, All 4 Youth will utilize Family Partners as spokespersons for the mental health services available to the community. Family Partners will hold regular information sessions designed to reduce the stigma of mental illness as well as inform the public of services provided through All 4 Youth. Information</p>

		<p>sessions and related materials will be provided in multiple languages to ensure accessibility to all residents of Fresno County including English, Spanish, and Hmong; other languages will also be added as youth and family need arises (e.g., emerging languages such as Punjabi and Laotian). Family Partners will also share information at school events (e.g., carnivals, festivals, awareness weeks) and other community platforms, including annual events like The Migrant Wellness Conference and NAMI Walk, Behavioral Health Public Forums, and others. Parent Cafés will provide in-depth learning experiences for parents with opportunities to communicate and ask questions in a non-judgemental environment. Family Partners will also attend local consortia and partnerships meetings in the communities surrounding each Wellness Center to share information about the training and services offered by the Wellness Centers.</p> <p>In addition to the communication efforts of Family Partners, FCSS and DBH will share project updates and information about available services through All 4 Youth Wellness Centers and Hubs at various cross-sector gatherings and stakeholder meetings, including but not limited to: the Fresno County Suicide Prevention Collaborative, the Behavioral Health Board, Superintendents' meetings, and Department of Behavioral Health meetings.</p> <p>All 4 Youth will provide regular updates about mental illness FAQs and misconceptions, as well as local mental health resources via social media channels such as Facebook, Twitter, and Instagram. All 4 Youth will also use social media for cross promotion of events and groups, such as for National Alliance on Mental Illness (NAMI) student clubs. Family Partners will lead activities during nationwide awareness events including Mental Illness Awareness Week, National Suicide Prevention Week, Domestic Violence Awareness Month, National Anxiety and Depression Awareness Week, National Eating Disorders Awareness Week, and others to raise awareness about mental health issues and related resources with the goal of destigmatizing mental illness. All 4 Youth will also participate in back to school nights and other local events to build relationships and establish a significant presence in the community.</p> <p>All 4 Youth is committed to increasing awareness of this partnership and how it can be successfully replicated in other counties throughout the state. <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> (working title) will be critical in communicating this information to other agencies and school systems interested in doing similar work.</p>
	b.	<p>The MHSOAC will require that the partnership provide information on their website(s). Include this in your plan and describe how you will provide the information on your website.</p> <p>The All 4 Youth website is hosted and maintained by the Fresno County Superintendent of Schools (FCSS) (http://all4youth.FCSS.org/). This site</p>

		<p>includes a description of the partnership and contact information for mental health referrals and brochures in Fresno County threshold languages including English, Spanish, and Hmong for services available by age group. There is also an online payment portal and resources about privacy practices.</p> <p>The website will be expanded for this project to include location information for the Wellness Centers and general announcements about upcoming events and opportunities. An online referral form will also be created for use by school staff, parents, and other community partners.</p>
	2.	<p>Identify how you will measure the success of your communication plan.</p> <p>All 4 Youth will measure the success of the proposed communication plan through the number of youth receiving services, attendance at Wellness Center outreach events, and regular feedback from partners at quarterly meetings. All 4 Youth currently tracks communication using an outcome survey for school staff and regular in-person check-ins that can be adapted for this project. All 4 Youth will also develop a survey(s) for students and parents to be conducted on an annual basis. In addition to information about satisfaction rates described in Attachment 8, the surveys will garner feedback regarding the ease and familiarity of the referral process and accessibility of services at the All 4 Youth Hubs and Wellness Centers.</p> <p>All 4 Youth will also utilize data from website visits and traditional and social media impressions to measure the level of web traffic and gauge community awareness.</p>
	3.	<p>List what you want to accomplish with this plan, on a quarterly basis.</p> <p>Year 1: Expand internal and external communication channels.</p> <ul style="list-style-type: none"> • Quarter 1: Initial updates to All 4 Youth website completed with stated plans/goals of the MHSSA grant; begin media promotions (press releases, local television broadcast segments, Behavioral Health Forum website, etc.) • Quarter 2: Posters distributed in the community with All 4 Youth website; begin expanding existing <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> outline into full toolkit • Quarter 3: Internal communication channels established for schools including newsletter and email templates; Family Partners host first information session about Wellness Center services and activities; Steering Committee continues working on toolkit • Quarter 4: Initial survey administered to schools, staff, and parents; Steering Committee continues working on toolkit <p>Year 2: Increase awareness and promotion of Wellness Centers and accompanying activities.</p> <ul style="list-style-type: none"> • Quarter 1: Family Partner contact information listed on All 4 Youth website; Steering Committee finalizes <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i>

	<ul style="list-style-type: none"> • Quarter 2: Survey administered to school, staff, and parents; Promote <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> to counties using appropriate communication channels including the All 4 Youth website and the Mental Health Services Oversight and Accountability Commission (MHSOAC) website • Quarter 3: Update website event listings to include student and community activities such as NAMI clubs • Quarter 4: Administer survey to school, staff, and parents <p>Year 3: Wellness Centers are fully operational with service offerings extended or modified based on community feedback.</p> <ul style="list-style-type: none"> • Quarter 1: Back to School All 4 Youth meet and greets; Family Partners host community events; Trauma training for all front line staff • Quarter 2: Family Partners provide mental health awareness training to all school staff and host community events to request feedback • Quarter 3: All 4 Youth share updates at cross-sector meetings • Quarter 4: All 4 Youth Partnership Steering Committee process stakeholder feedback and recommend program modifications as appropriate <p>Year 4: All 4 Youth revises existing communication plan to promote sustainability of the project.</p> <ul style="list-style-type: none"> • Quarter 1: All 4 Youth Partnership Steering Committee reviews existing communication plan • Quarter 2: Steering Committee makes recommendations for revisions • Quarter 3: Steering Committee adopts revised communication plan • Quarter 4: Steering Committee begins implementing revised communication plan
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ATTACHMENT 10 BUDGET WORKSHEET

(Whole Dollars)

Applicant:

(1) Hire Staff (list individual role/classification) (add rows as needed)

Hire Staff (list individual role/classification) (add rows as needed)	(2) Hiring Month	(3) GY 1	(4) GY 2	(5) GY 3	(6) GY 4	(7) Total All GYs
Family Partner 1	2	44,059	46,262	48,465	50,668	189,454
Family Partner 2	2	44,059	46,262	48,465	50,668	189,454
Family Partner 3	2	44,059	46,262	48,465	50,668	189,454
Family Partner 4	2	44,059	46,262	48,465	50,668	189,454
Family Partner 5	14		46,262	48,465	50,668	145,395
Family Partner 6	14		46,262	48,465	50,668	145,395
Family Partner 7	14		46,262	48,465	50,668	145,395
Family Partner 8	14		46,262	48,465	50,668	145,395
Family Partner 9	26			48,465	50,668	99,133
Family Partner 10	26			48,465	50,668	99,133
Family Partner 11	26			48,465	50,668	99,133
Family Partner 12	26			48,465	50,668	99,133

Subtotal - (8) Personnel Services Salaries

176,236 370,096 581,580 608,016 1,735,928

Add: (9) Personnel Services Benefits

116,316 244,263 383,843 401,291 1,145,712

(10) Total Personnel Services

292,552 614,359 965,423 1,009,307 2,881,640

(11) Hire Contractors or other non-staff (If applicable, list individual role/classification) (Add rows as

(12) Hiring Month	(13) GY1	(14) GY2	(15) GY3	(16) GY4	(17) Total All GYs
Tool Kit Preparation & Marketing Services	1	126,584			126,584
Marketing & Communication Services for Wellness Centers	1	13,152	10,378		23,530
Building Architect Fees	1	168,396			168,396
Building Construction - New Construction	12		1,936,554		1,936,554
Facilities Improvement	1	150,000			150,000
					-
					-
					-

(18) Total Contracted Services

458,132 1,946,932 - - 2,405,064

(19) Total Personnel/Contracted Services

750,684 2,561,291 965,423 1,009,307 5,286,704

(20) Other Costs (non-staff and non-contracted services)

(21) Exp Month	(22) GY1	(23) GY2	(24) GY3	(25) GY4	(26) Total All GYs
Non-Capitalized Equipment	1	10,000	30,000		40,000
Materials and Supplies	1	14,200	25,200	11,200	53,600
Training and Development Expenses	2	6,200	6,200	6,200	21,800
Travel Reimbursement Expenses	2	18,000	36,000	54,000	162,000
Building Repairs	36			5,760	11,520
Professional Services and Operating Expenditures	1	8,000	11,000	14,000	47,000
					-
					-
					-
					-
					-
					-
					-

ATTACHMENT 10
BUDGET WORKSHEET
(Whole Dollars)

Applicant:

(27) Total Other Costs	56,400	108,400	91,160	79,960	335,920
(28) Total Program Costs before Administration	807,084	2,669,691	1,056,583	1,089,267	5,622,624
(29) Administration (includes indirect costs and overhead, limited to 15%) *	54,761	82,154	118,399	122,061	377,376
(30) Total Proposed Program Costs	861,845	2,751,845	1,174,982	1,211,328	6,000,000

* Total Administration costs cannot exceed the following for the total term (4 years) of the contract:

Small population designation:	\$375,000	(\$2,500,000 grant x 15%)
Medium population designation:	\$600,000	(\$4,000,000 grant x 15%)
Large population designation:	\$900,000	(\$6,000,000 grant x 15%)

Estimate

Fresno County Superintendent of Schools
All 4 Youth Mental Health in Schools Outreach & Marketing



Project Description

The Fresno County Superintendent of Schools will be partnering with the Department of Behavioral Health to offer mental health services to the youth of Fresno County. This estimate covers the specific communication, outreach and marketing needs to support this partnership.

Scope of Work

- 1) **BRANDING** – Brands are so much more than a logo, although logo development is part of the journey. Your brand is your first impression. Make it count. It lets people know your organization is modern and professional and credible. The All 4 Youth group at this point doesn't have a brand of its own. With the efforts outlined below, it is time to take it to the next level. Let's make sure your brand tells the story you want it to tell and that it resonates with the people that you want it to. Branding for All 4 Youth will be incorporated in all aspects of your marketing effort. It is an essential first step. It is the foundation of all marketing and communication efforts. Scope of work includes:
 - a. Logo – Design and layout. Development of a color palate. Will include a branding style guide
 - b. Brand Positioning Statement – Refine existing messaging to speak to the various target audiences. Approved messaging will succinctly explain who you are and what you do and why. This will determine the voice of all our marketing efforts outlined below
- 2) **TOOLKIT** - Creation of a Toolkit that includes the explanation of this partnership, the policies, procedures and guidelines (provided by All 4 Youth staff), forms, branding assets and contact information. Will be an easy to use and understand document valuable to all those who may need to reference it. Scope of work includes:
 - a. DOCUMENT - Design and layout of up to a 300-page final document. Includes copywriting and content development in collaboration with the All 4 Youth staff. Document will be in PDF form but printable should it need to be printed.
 - i. Includes max of 100 stock images if layout and design require them
 - ii. Includes building up to 20 infographs and 20 other graphs for use in document
 - b. LANDING PAGE - Copywriting, design and launch of a web Landing page for this endeavor.
 - i. The link to the PDF of the toolkit to live on this landing page.
 1. Landing page will be where all parties will be referred to for more information and to review or download the toolkit.
 2. Landing page will also include information about the Wellness Centers when they are open
 3. Includes set up of hosting of landing page and url

subscription. Handed over to All 4 Youth/FCSS for ongoing renewal

- c. **MARKETING** – Includes research and creation of an outreach list to send the link to the landing page to. Outreach list would consist of but not limited to school districts, community-based organizations, county health divisions and other partner organizations.
 - i. Includes copywriting and design of an email template the agency and client to use to send out to target outreach list
 - ii. Includes agency to code email template into an email program like (MailChimp) and upload outreach list to email program
 - 1. Includes 1-year's annual cost of MailChimp subscription
 - 2. Handed over to All 4 Youth/FCSS for ongoing renewal
 - iii. Includes creation of digital and social media content to use in targeted, paid digital and social media efforts
 - iv. Includes paid digital and social media budget
 - v. Includes reporting on results of the campaign
- d. **PROJECT MANAGER** – Dedicated project manager handling all project deadlines, budgets and client communications including client meetings
- e. Scope of work does not include:
 - i. Photo or video shoot
 - ii. Printing of toolkit

Investment: \$126,000

- 3) **WELLNESS CENTER MARKETING** – The plan is to build 4 wellness centers to support the efforts of this mental health partnership and to deliver mental health services to youth and their families. The marketing and outreach scope of work includes:
 - a. **4 GRAND OPENING EVENTS** – Creation and promotion of event plans to support getting the word out about the Wellness Center Openings.
 - i. Facebook Event Creation and paid social promotion of the event
 - ii. Copywriting, design, printing and postage of post card invite
 - iii. Copywriting, design and deployment of email invite
 - iv. PR – Writing and distribution of press release, custom pitching and phone calls to the media to get them to attend
 - v. Event Budget – Decorations, refreshments, rentals and AV equipment
 - vi. Additional creative and design support for facilities such as signage design
 - vii. Run-of-Day even plan outline for use by All 4 Youth staff
 - b. **MARKETING** – Create Wellness Center Marketing awareness with our key target audiences through paid digital and social efforts.
 - i. Includes reporting on performance of paid media
 - c. **COLLATERAL / BROCHURE DEVELOPMENT** - Copywriting, design, layout and printing of printed pieces to be given to partner organizations and parents explaining the services and location of the wellness centers. Will re-use stock images from the Toolkit
 - d. **POSTERS** - Copywriting, design and layout of posters to be given to partner organizations and parents explaining the services and location of

- the wellness centers. Will re-use stock images from the Toolkit
- e. PROJECT MANAGER – Dedicated project manager handling all project deadlines, budgets and client communications including client meetings
- f. Scope of work does not include:
 - i. On-site event management at the grand openings

Investment: \$23,000

Disclaimer: Printing and mailing quantities and all other specifics that are yet to be determined and will be bound by the budget allocated. Items not explicitly specified in this estimate are not part of this budget. JP will advise client if any request falls outside this estimate. All of the above efforts and designs subject to client and Fresno County Department of Behavioral Health approval.

Investment

☒ **\$149,000**

Deposit at Commencement:

\$17,250 (25% of total branding and toolkit development)

Remaining balance billed as accrued with the total balance on projects billed at completion.

Terms & Conditions

1. Financial Considerations. Estimates define the project specifications and deliverables that constitute Final Product to the best and reasonable understanding of JP Marketing, hereafter Agency, and Fresno County Superintendent of Schools, hereafter Client. Estimates include estimated fees for labor hours and any vendor hard costs where applicable. All changes to original scope of work, additional rounds of revisions exceeding predetermined number or additional hard costs will be quoted to and approved by Client before charges are incurred. Rush charges may occur. If a signed Estimate is cancelled, Client will be billed the labor hours logged and any hard costs incurred or 50% of the total Estimate, whichever is greater, and Agency retains all intellectual property and physical ownership rights. Estimates are valid for 30 days from date listed. Approved Estimate with Client signature may be executed in physical or digital format.
2. Payment Terms – Pre-Billing, deposit required. No creative or development work will commence until the Agency has received signed approval of the Estimate and a minimum deposit of 25% as outlined above (unless otherwise stated). The remaining balance will be billed accordingly: as accrued with the total balance on projects billed at completion. Unless otherwise stated, all invoices are due Net 30 of Agency invoice date.
3. Use of Client Materials. Client Materials include client provided copy and images. Client warrants and represents that: (a) Client Materials and all parts thereof, including all copyrights, are either owned by or properly licensed to Client, and that Client has all necessary and appropriate rights for lawful use of Client Materials; (b) Client has obtained the necessary and appropriate written consents and waivers from persons appearing in Client Materials; and (c) neither Client's action in delivering Client Materials to Agency, nor Agency's use of Client Materials will infringe any third party's intellectual property rights, proprietary rights, rights of privacy, rights of publicity or otherwise.
4. Limitations. Client agrees to indemnify Agency and keep Agency indemnified and held harmless from and against any claims, actions, proceedings, losses, liabilities, damages,

costs, or expenses suffered or incurred in relation to work or services provided. The Agency is not liable for any loss that may occur before, during or after the development of projects undertaken, and will not be held responsible for any delays, errors, omissions or losses arising from any third party.

5. Rights of Ownership. Final Products include all designs and artwork, whether in printed or digital format. All intellectual property and copyrights of Final Product shall be owned exclusively by Agency until final payment is received. Upon final payment, Agency shall surrender and assign to Client all claims of ownership and full copyright for Final Product produced. Client hereby grants to Agency license to use Final Products, roughs, visuals, mock-ups and presentations, in JP Marketing, its affiliates and subcontractors, advertising and promotional efforts. Native files to be produced for a fee upon Client request. Agency will store Client files for a period of 1 year from the date of delivery of Final Product.
6. Force majeure. Production schedules, storage of files and property belonging to the Client will be established and adhered to by both Client and Agency, provided that neither shall incur any liability, penalty or additional cost due to delays caused by a state of war, riot, civil disorder, fire, industrial dispute or strike, accidents, energy failure, equipment breakdown, delays in shipment by suppliers or carriers, action of government or civil authority, and acts of God or other causes beyond the control of the Client or Agency.

Authorization

The signatures below are authorized representatives of both Client and Agency to bind each to this estimate for work.

For Client:

Printed Name

Signature

Title

Date

For Agency:

Printed Name

Signature

Title

Date

PAGE 3 - PLANNING

REPORT NUMBER:

Fund Source Identification:
FUND NO. 0499 FUND NO.

Renovation Sample Scope

Add walls for offices - \$6,000 (\$100 per linear foot)
Doors for new interior offices, restroom, exterior - \$6,000
Reroof- \$20,000
New carpet - \$10,000
Exterior paint - \$10,000
HVAC new unit - \$10,000
Ductwork for office - \$5,000
Sub flooring and siding repairs - \$10,000
New window - \$2,000
Interior wall repairs - \$7,000
Restroom renovation - \$10,000
Electrical and low voltage for new offices - \$7,000
Total - \$103,000

Hard costs (70% of total budget) \$103,000
Soft costs (30% of total budget) \$44,142.86
Total budget \$147,142.86

The 70/30 split is a general rule of thumb for the split between hard and soft costs for school construction projects. Soft costs included architect fees, inspector fees, testing labs, special inspections, permit fees, geological hazards reports, soil reports, etc.

Line Item	Budget	Spend/Spend To Date	Notes
Account Service			
Additional Research That Might Be Needed	\$52,500	\$0.00	Added an additional \$40,000 as approved by DBH
Sponsorship / event research, negotiation and management	\$10,000	\$3,536.74	Approved to bill monthly
Reporting	\$8,000	\$3,201.08	
Project Mgmt / Strategic Consulting / Meetings	\$38,000	\$38,000.00	Approved to bill monthly
Creative			
Website Management & Purchases	\$2,500	\$1,460.51	Approved to bill monthly
FresnoCares.org Website Redesign and Ongoing Updates	\$16,000		Approved.
Redesign Behavioral Health County Webpages	\$20,000		Approved.
Behavioral Health Overarching Campaign Concept	\$8,000	\$8,000.00	Approved
Suicide Prevention Campaign Creative	\$36,100	\$32,579.00	Approved.
Mental Health Awareness Campaign Creative	\$33,000		
Mental Health Stigma Reduction Campaign Creative Fall	\$4,500	\$4,500.00	Approved
Mental Health Stigma Reduction Campaign Creative Spring	\$8,500		
Substance Use Disorder Prevention Campaign Creative Fall	\$3,250	\$3,250.00	
Substance Use Disorder Prevention Campaign Creative Spring	\$0	\$0.00	\$6500 is being reallocated to SUD access carteles & Mental Health car wrap
Substance Use Disorder Access Campaign Creative Fall	\$3,250		Approved.
Substance Use Disorder Access Campaign Creative Spring	\$7,597	\$0.00	\$6500 is being reallocated to SUD access carteles & Mental Health car wrap
Extra Budget	\$3,400		Approved to spend as needed on Circle Paper Concept
Misc Creative Support (i.e. Flyers, signs, infographics, event programs.)	\$10,000	\$5,038.00	Approved to bill based on project.
Sponsorships Misc (Billing to go through JP as a pass-through)	\$20,000	\$12,000.00	Approved.
Media			
Outreach/Public Relations (i.e. News Releases, media relations, story development, interviews, content development, media training video for partners, develop a strengths questionnaire to send to partners)	\$30,000	\$7,500.00	Approved
Additional \$ for paid SUD Carteles	\$5,403		
Paid Media (Includes paid social, digital, broadcast, etc)	\$480,000		Approved by campaign basis
	\$800,000	\$119,065	
Media Dollars Breakdown (See 2019/2020 Media tab for detailed ad planner)			
Total Media Budget			
Suicide Prevention Awareness Campaign	\$183,000		
Substance Use Disorder Access Campaign	\$36,000		
Substance Use Disorder Prevention Campaign	\$30,000		
Mental Health Stigma Reduction Campaign	\$99,500		
Mental Health Awareness Campaign	\$131,500		
TOTAL	\$480,000		

Fresno County Department of Behavioral Health
Fresno County Superintendent of Schools
Agreement # A-18-308 - Exhibit C

Facility/Equipment Expenses		Amount	Criteria
1010	Rent/Lease Building	\$2.20	per sq ft per month
1011	Rent/Lease Equipment	\$0.00	per sq ft per month
1012	Utilities	\$0.63	per sq ft per month
1013	Building Maintenance	\$0.19	per sq ft per month
1014	Equipment Purchase	\$6,250	per Unit (originally \$25k with 4 units)

Operating Expenses		Amount	Criteria
1060	Telephone	\$1,000	per full-time equivalent
1061	Answering Service	\$0	
1062	Postage	\$200	per Hub
1063	Printing/Reproduction	\$1,350	\$6 per person per day at 225 days
1064	Publications	\$250	per Hub
1065	Legal Notices/Advertising	\$0	
1066	Office Supplies & Equipment	\$5,300	per full-time equivalent
1067	Household Supplies	\$200	per Hub
1068	Food	\$3,000	per Hub
1069	Program Supplies - Therapeutic	\$5,000	per Hub
1070	Program Supplies - Medical	\$5,000	per Hub
1071	Transportation of Clients	\$7,200	\$600 per month per vehicle
1072	Staff Mileage/Vehicle Maintenance	\$5,000	per position that travels
1073	Staff Travel (Out of County)	\$0	per Unit
1074	Staff Training/Registration	\$6,560	per Hub
1075	Lodging	\$5,000	per Hub
1076	Other - Vehicle Insurance	\$0	
1077	Other - Parking1	\$500	per Hub
1078	Other - Parking2	\$0	Corporate Hub only
1079	Other - Recruitment	\$500	per Hub
1080	Licenses	\$0	per BH Prog Sup, BH Clinician II, BH Clin Sup
		\$0	per BH Clinician I, Psych, and IBIS

Financial Services Expenses		Amount	Criteria
1081	External Audit		
1082	Liability Insurance		
1083	Administrative Overhead	15.00%	
1084	Payroll Services		
1085	Professional Liability Insurance		

Special Expenses (Consultant/Etc.)		Amount	Criteria
1090	Consultant (network & data management)	3,500	per Hub
1090.1	Legal Fees		
1091	Translation Services	6,000	per Hub
1092	Medication Supports	0.00	per full-time equivalent

Fixed Assets		Amount	Criteria
1190	Computers & Software	0	per full-time equivalent
1191	Furniture & Fixtures	0	
1192	Other -		
1193	Other -		191

Attachment 6: Participation Verification Form

Date: 08/08/2019

County Mental Health /Community-Based Organization Fresno County Department of Behavioral Health

The Applicant Organization (see below) intends to apply for a grant from the Office of Statewide Health Planning and Development (OSHPD) to provide training and support for individuals deployed as peer personnel in the Public Mental Health System (PMHS).

The purpose of this participation verification form is to ensure OSHPD that the applicant contacted a county or community-based organization (CBO) before applying and plans to engage and collaborate with the county(ies) or CBO(s) in their program area. By signing the letter, the county or CBO is agreeing that where applicable, the county or CBO will collaborate and engage with the applicant organization if awarded a grant. OSHPD encourages the county/CBO director to sign only if planning to collaborate and engage with this organization in a manner consistent with the description below.

To better assess the peer personnel needs in your County Mental Health Program/CBO, please complete the following questions:

1. Provide the number of positions currently filled by peer personnel in your organization. Fresno County operates behavioral health services through a hybrid model of county-operated and contracted programs. County-operated programs currently has 8 filled Peer Personnel positions and 20 allocated; Contracted programs have 47 filled positions and 70 allocated (including Peer Support Specialists, Peer Advocates, Parent Partners, etc.)
2. Provide the number of open peer personnel positions not filled in your organization. Fresno County currently has 12 vacant positions with more positions to be added in contracts.
3. Provide the projected number of trained peer personnel your organization needs. We anticipate 40 Peer Personnel will need training over the next year.
4. Identify the main skills, competencies, and qualifications needed by peer personnel to obtain placement as peer personnel within your organization.
 1. Understanding the role of Peers in behavioral health services.
 2. Incorporating the perspective of the Peer Support Specialist in the treatment plan.
 3. Professional and personal boundaries.
 4. Effectively educate and assist clients and family members/caregivers in understanding and navigating the behavioral health system and accessing community resources.
 5. Write basic reports and maintain records.
 6. Effectively represent and advocate for clients and family members/caregivers within the behavioral health system and community.
 7. Communicate effectively orally and in writing with people of various educational, socio-economic and cultural backgrounds.
 8. Work effectively in stressful, emotional and confrontational situations and as part of a multidisciplinary team.
 9. Establish and maintain effective working relationships at all organizational levels as well as other agencies and the public.
 10. Maintain confidentiality of all information.
 11. Display and maintain a high degree of maturity, integrity and good judgement.

5. Identify how your organization plans to collaborate and engage with the applicant organization.

Fresno County DBH expects to collaborate with Crestwood Behavioral Health to assist DBH in increasing skills and competencies of current staff and potential staff through training and recruitment efforts. We anticipate an expansion of the Peer Personal workforce. We will be developing strategies to promote Peer Personnel employment, recruit persons with lived experience to receive pre-employment training, and to obtain training for our existing and future Peer Support Specialists.

By signing below, I confirm that Crestwood Behavioral Health Inc. (Applicant Organization) has contacted my organization, my organization is part of the PMHS and, where applicable, my organization will engage with Crestwood Behavioral Health Inc. (Applicant Organization) to recruit, train, place, and support individuals with lived experience in PMHS peer personnel positions.

Susan L. Holt, LMFT Deputy Director
Director (or authorized designee), County Mental Health Program/CBO (Print)

[Signature]
Director (or authorized designee), County Mental Health Program/CBO (Signature)

ATTACHMENT 11: BUDGET NARRATIVE

Budget Narrative		
VII.F.2.	a.	Hire Staff
	i.	<p>For each “Hire Staff” listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary</p> <p>The All 4 Youth Partnership will hire twelve Family Partners over the course of the grant cycle. These positions will be gradually incorporated based on growing youth, family, and community needs with four hired in year one of the grant program period, four hired in year two, and four hired in year three. Salaries for the Family Partners were determined based on a comparable job position in the FCSS 2019-2020 salary schedule (Accountant Technician classification, range 136, modified for 199 duty days) with a salary range of \$44,059 to \$50,668 annually. Family Partners will have 199 duty days, on a 10-month work schedule.</p> <p>Historically, All 4 Youth has not been able to offer peer/parent partner salaries at the rate proposed for this project; salaries have been offered at a lower rate reflective of other similar positions in Fresno County and throughout the state. Salaries for the proposed project may have to be adjusted down depending on a few key factors. If the peer specialist certification legislation (Senate Bill 10) is passed at the state level, All 4 Youth will likely be able to offer salaries of the competitive rate proposed in this application. However, if this is not passed, the Fresno County Department of Behavioral Health (DBH) will embark on a comprehensive salary study to ensure that all salaries are reflective of community and market rates across the organization. All 4 Youth is committed to providing competitive salaries for this position as it is critical that these employees are retained to build meaningful and longstanding relationships with students, families, and the community.</p>
	ii.	<p>Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed.</p> <p>Each Family Partner position will be 1.0 FTE for all four years of the grant program period.</p> <p>The Family Partners will be supported by existing All 4 Youth staff including the Program Supervisor, Clinicians, Youth Care Specialist and Intervention Specialist, School Psychologist, and Office Assistants (see Attachments 5 and 6 for a detailed description of their proposed roles). The staff that comprise the All 4 Youth Partnership Steering Committee will additionally develop the toolkit, working title <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i>, provide oversight for the expanded services, and ensure adherence to grant reporting requirements.</p> <p>To demonstrate its commitment to the proposed program, the All 4 Youth Partnership will allocate \$1,522,353 in in-kind existing staff time over the four</p>

		years of the grant program period. The existing All 4 Youth FTE breakdown is provided in detail in Attachment 8, Section c.
	b.	Personnel Service Benefits
	i	<p>Explain what is included in the cost and how were the costs determined The All 4 Youth Partnership has included personnel service benefits for Family Partners in the proposed budget request, using the established Fresno County Superintendent of Schools (FCSS) benefits breakdown published on the FCSS website. Benefits are included in the in-kind costs for all existing All 4 Youth staff.</p> <p>Benefits on average equal approximately 51% of an FCSS employee's total salary and are comprised of the following: Retirement- 22.215%, Workers' Compensation - 2.261%, and Health Insurance- 19.32%. Taxes are approximately 7% of an employee's total salary: FICA/Medicare- 7.279% and California SUI – 0.052%. The aggregate total of each category is divided into the annual base salary to determine the annual contribution to be paid by FCSS. Health and Welfare benefits are \$14,500 per FTE and retirement is \$650 per FTE.</p>
	c.	<p>Hire Contractors or other non-staff</p> <p>For each “Hire Contractors or other non-staff” listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost.</p> <p>Toolkit Preparation Services: The estimated cost of the <i>Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California</i> is \$126,584. The estimated cost includes All 4 Youth Partnership Steering Committee staff time to develop the toolkit from the existing outline (see supporting documentation for Attachment 5 for the draft toolkit outline), contracting a marketing/design firm to package the toolkit in an accessible electronic format, and printing two copies of the complete toolkit for each MHSSA-funded emerging partnership county. This estimated cost is based on a quote by a local marketing firm (see supporting documentation).</p> <p>Marketing and Communication Services for Wellness Centers: All 4 Youth will contract with a marketing firm for advertising of the Wellness Centers as well as marketing of mental health awareness, stigma reduction, suicide prevention awareness, and LGBTQ and foster/homeless youth outreach and awareness for the proposed project. The contracted firm will also communicate to Fresno County service providers about the expanded All 4 Youth program, available services, and referral process. This is budgeted at \$13,152 in the first year and \$10,378 for the second year of the grant period. This estimate is based on marketing estimates for existing DBH projects (see supporting documentation).</p> <p>Building Architect Fees: As new construction, the three modular Wellness Centers will require architectural design completed by a contracted architect or firm. All 4 Youth estimates that the cost of contracted architect fees will be \$168,396. These fees were determined by the FCSS Facilities Director based on current construction</p>

costs and estimates received from vendors who have gone through the FCSS procurement process.

Building Construction (Modular Buildings): There will be three modular Wellness Centers constructed during the first year of the grant period, to be completed by November 2021. Constructing the modulares is an integral aspect of the proposed project and adheres to the grant program goals, by expanding the partnership between DBH and FCSS to provide more school-based mental health services in Fresno County. Each new Wellness Center will cost approximately \$645,418 to construct, for a total cost of \$1,936,554. The cost per building was determined by the FCSS Facilities Director based on current construction costs and estimates received from vendors who have gone through the FCSS procurement process. These construction costs include Common Data Environment (CDE) fees, preliminary environmental testing, and other miscellaneous associated costs including technology, connection fees, and utility services. The FCSS Facilities Director will go out for bid to hire contractors for this project with an anticipated construction completion date of November 2021 (with the goal of completing by September 2021). FCSS has utilized modular buildings for other similar projects, and the proposed cost is consistent with this background experience (see supporting documentation).

Facilities Improvement: During the first year of the grant program period, \$150,000 will be allocated towards facilities improvement and renovation of an existing building owned by FCSS in a target location in the county to serve as one of the four Wellness Centers. The renovation is anticipated to be completed by September 2020. The proposed cost is \$110/square foot: approximately \$105,000 will be used for hard construction costs and the remaining \$45,000 will be used for soft costs such as the architect, permits, and inspectors. Contractors will be engaged to complete the renovation as described below. The estimated cost is based on FCSS' experience completing similar renovation projects (see supporting documentation).

Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested.

The number of contractors and their FTE equivalents for *Bridging Education and Mental Health: A Toolkit Integrating School-based Services in California* will be determined by a firm hired according to capacity needs for work to be completed in the first year of the grant period.

The number of contractors and their FTE equivalents for the marketing and communication services for Wellness Centers will be determined by a firm hired according to capacity needs for work to be completed in the first and second year of the grant period.

The number of contracted staff and their FTE equivalents for building architecture, modular construction, and facilities improvement will be determined by a firm (or firms) contracted according to their capacity needs for this work.

	d.	Other Costs (non-staff and non-contracted services)
	i.	<p>For each “Other Costs (non-staff and non-contracted services)” listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost</p> <p>Non-Capitalized Equipment: Each of the Wellness Centers requires non-capitalized equipment (furniture) to operate. FCSS has estimated a cost of \$10,000 to furnish each Center, for a total cost of \$40,000. This is consistent with costs associated with similar FCSS construction projects and is designed to accommodate a variety of community groups that will utilize the centers.</p> <p>Materials and Supplies: All materials and supplies are estimated to cost \$53,600 over the four years of the grant program period. Office supplies are budgeted at \$2,300 per FTE and include office supplies, programming materials, and other items essential for job function. Wellness supplies include materials such as drums, yoga mats, puzzles, games, stability balls, sand, toys, books, and meditation music used in therapeutic and community activities. The estimated Supplies cost includes one-time supplies (e.g., printers) only during the employees’ first year and recurring costs (e.g., printing paper) during each subsequent year of employment. The cost is estimated at \$14,200 in the first year of the grant program period (\$2,300 per Family Partner at 4.0 FTE total and \$5,000 for wellness supplies), \$25,200 in the second (\$2,300 per new Family Partner at 4.0 FTE total, \$250 per existing Family Partner at 4.0 FTE total, and \$15,000 for wellness supplies), \$11,200 in the third (\$2,300 per new Family Partner at 2.0 FTE, \$250 per existing Family Partner at 8.0 FTE, and \$4,600 for wellness supplies), and \$3,000 in the fourth (\$250 per existing Family Partner at 12.0 FTE). The cost/employee was determined through a formula developed for the Hub project and is based on FCSS’ experience of what each staff person will need. See supporting documentation for an example of the Partnership’s historical materials and supplies costs.</p> <p>Training and Development Expenses: Training and Development will be provided by Crestwood Behavioral Health using existing training modules that were developed for All 4 Youth for mental health employees in school settings at a total estimated cost of \$21,800 (see supporting documentation). The first year of training will be provided in-kind. Training costs are budgeted at \$750 per employee (Family Partner) with an annual cost of \$6,200 in grant years one through three and \$3,200 in the fourth year of the grant program period. The initial cohort of four Family Partners from the first grant year will be able to assist in the training of newly hired Family Partners in subsequent years to offset the overall costs.</p> <p>Travel Reimbursement Expenses: Travel is budgeted at a total of \$162,000 for all four years of the grant period, at \$4,050 per Family Partner per year (or \$405 per month). Travel reimbursement expenses are comprised of mileage reimbursement to travel between Wellness Centers and Hubs, schools,</p>

youth's homes, and locations in the community for direct services or outreach using the federal mileage reimbursement rate (\$0.575 per mile). Travel reimbursement will adjust as the United States Internal Revenue Service adjusts the federal reimbursement rate. The budgeted travel costs will increase as more Family Partners are added to the project: \$18,000 in the first year of the grant program period, \$36,000 in the second, and \$54,000 in the third and fourth years.

Building Repairs: The cost of building repairs and maintenance is estimated at \$11,520 for all four Wellness Centers and is budgeted based on square footage (\$1.00 per square foot). Repair and maintenance costs will be applied in the third and fourth years of the grant program period as FCSS assumes maintenance of the buildings. FCSS is committed to providing the costs for building maintenance for all four Wellness Centers beyond the duration of the grant program period. See supporting documentation for an example of the Partnership's historical building repairs costs.

Professional Services and Operating Expenses: Professional services and operating costs are budgeted at \$750 per FTE, a total cost of \$47,000 for the grant period. This includes intangible technology costs for employees such as copier use, internet, and cell phone reimbursement and increases as more employees are added to the project: \$8,000 in the first year, \$11,000 in the second year, and \$14,000 in the third and fourth years. The cost/employee was determined through a formula developed for the Hub project and is based on FCSS' experience of what each staff person will need. See supporting documentation for an example of the Partnership's historical professional services and operating expenses costs.

Administration: Administration includes indirect and overhead costs and is budgeted at 12.62% of the cost for each year of the grant program period. Indirect costs are based on a calculation for each local educational agency (LEA), approved annually by the California Department of Education (CDE) and based on a history of FCSS's spending. Indirect includes all administration for the project and is not applied to construction costs.

FCSS will provide \$87,215 to the proposed program as a cash match to demonstrate its commitment to the expanded All 4 Youth Partnership and the youth, families, and communities of Fresno County.

ATTACHMENT 12: FINAL SUBMISSION CHECKLIST

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to MHSOAC. For your application to be complete, all required attachments along with this checklist shall be returned with your application package.

Check	DESCRIPTION
X	Attachment 1: Application Cover Sheet
X	Attachment 2: Intent to Apply
X	Attachment 3: Minimum Qualifications
X	Attachment 4: Applicant Background
X	Attachment 5: Proposed Plan
X	Attachment 6: Program Implementation Plan – Plan Narrative
X	Attachment 7: Program Implementation Plan – Plan Timeline
X	Attachment 8: Program Implementation Plan – Sustainability Plan
X	Attachment 9: Program Communications Plan
X	Attachment 10: Budget Worksheet
X	Attachment 11: Budget Narrative
X	Attachment 12: Final Submission Checklist
N/A	Attachment 13: Payee Data Record (Std 204)