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RENEWAL AND AMENDMENT NO. 5
TO MENTAL HEALTH SERVICES AGREEMENT A-14355
BY AND BETWEEN
COUNTY OF MONTEREY AND
SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER

THIS RENEWAL AND AMENDMENT NO. 5 is made to MENTAL HEALTH SERVICES AGREEMENT A-14355 by and between the **County of Monterey**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER,** hereinafter referred to as "CONTRACTOR."

WHEREAS, the COUNTY and CONTRACTOR entered into AGREEMENT A-14355 for the provision of mental health services to children and their families in the amount of $7,723,920 for the term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT No. 1 to AGREEMENT A-14355 to add a new Program 5: Mobile Crisis Support Team and Program 6: Wraparound and revise the total AGREEMENT to $12,555,719 for the term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 2 to AGREEMENT A-14355 to revise Programs 1, 2, 5, and 6, terminate Programs 3 and 4, and add a new Program 7: Mental Health Enhanced Foster Care for a revised total Agreement amount not to exceed $13,322,616 for the same term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 3. to AGREEMENT A-14355 to revise Program 5 units and rates for Fiscal Year (FY) 2020-21 and FY 2021-22 for a revised total Agreement amount not to exceed $13,324,319 for the same term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 4 to AGREEMENT A-14355 to increase the rates and decrease the units in Programs 1, 2, 6, and 7 for FY 2021-22 for the same total Agreement amount not to exceed $13,324,319 for the same term July 1, 2019 to June 30, 2022; and

WHEREAS, the AGREEMENT expired by its terms on June 30, 2022; and

WHEREAS, the COUNTY and CONTRATOR wish to renew and amend AGREEMENT A-14355 to, extend the term for one (1) additional FY, add services to Program 5 and 6 in FY 2021-22, revise the rates in Program 7 for FY 2022-23, and add a new Program 8: Family Partner in FY 2021-22, for a revised total Agreement amount not to exceed $19,274,021 for the new term of July 1, 2019 – June 30, 2023,

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

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1. Section IV. TERM AND TERMINATION, A. Term. Shall be amended by removing *"This Agreement shall be effective July 1, 2019 and shall remain in effective until June 30, 2022"* and replacing it with *"This Agreement shall be effective July 1, 2019 and shall remain in effective until June 30, 2023."*

2. EXHIBIT A-5: PROGRAM DESCRIPTION replaces EXHIBIT A-2. All references in the AGREEMENT to EXHIBIT A-2 shall be construed to refer to EXHIBIT A-5.

3. EXHIBIT B-5: PAYMENT AND BILLING PROVISIONS replaces Exhibit B-4. All references in the Agreement to Exhibit B-4 shall be construed to refer to EXHIBIT B-5.

4. EXHIBIT H-5: BUDGET AND EXPENDITURE REPORT replaces EXHIBIT H-4. All references in the AGREEMENT to EXHIBIT H-4 shall be construed to refer to EXHIBIT H-5.

5. Except as provided herein, all remaining terms, conditions and provisions of this AGREEMENT are unchanged and unaffected by this RENEWAL AND AMENDMENT NO. 5 and shall continue in full force and effect as set forth in the AGREEMENT.

6. This RENEWAL AND AMENDMENT NO. 5 shall be effective April 1, 2022.

7. A copy of this RENEWAL AND AMENDMENT NO. 5 shall be attached to the original AGREEMENT executed by the COUNTY on June 24, 2019.

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IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Renewal and Amendment No. 5 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head (if applicable)

Date: _____

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form [1]

By: DocuSigned by: Stacy Saetta C0ECE1B99E444A9...
County Counsel

Date: 8/30/2022 | 11:23 AM PDT

Approved as to Fiscal Provisions[2]

By: DocuSigned by: Gary Giboney D3834BFEC1D8449...
Auditor/Controller

Date: 8/30/2022 | 11:28 AM PDT

Approved as to Liability Provisions[3]

By: _____
Risk Management

Date: _____

CONTRACTOR

SENECA FAMILY OF AGENCIES

DBA KINSHP CENTER

Contractor's Business Name*

By: DocuSigned by: Leticia Galyean AB03134D78B3438...
(Signature of Chair, President, or Vice-president) *

Leticia Galyean President and CEO
Name and Title

Date: 8/29/2022 | 4:22 PM PDT

By: DocuSigned by: Janet Briggs 157F22318653460...
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer) *

Janet Briggs CFO
Name and Title

Date: 8/30/2022 | 7:46 AM PDT

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

[1]Approval by County Counsel is required; if Agreement is $100,000 and less approval by County Counsel is required only when modifications are made to any of the Agreement's standardized terms and conditions

[2]Approval by Auditor-Controller is required

[3]Approval by Risk Management is necessary only if changes are made in Sections XI or XII

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PROGRAM 1: D'ARRIGO OUTPATIENT

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
510-654-4004

Seneca Family of Agencies dba Kinship Center
124 River Road
Salinas, CA 93908
831-455-4710

II. PROGRAM NARRATIVE

The D'Arrigo Outpatient program provides outpatient Mental Health Services, Medication Support and Case Management to eligible children, youth and their families who require outpatient services; and Crisis services for infrequent situations where child/youth is in a foster care home and requires Crisis services for stabilization in the home. Services will promote the mental health of children whose social and emotional well-being has been negatively impacted by loss and trauma associated with poor family functioning, abuse, neglect, domestic violence, parental incarceration and parental substance abuse. The program specializes in serving foster care, adoption care, and adoption preservation and will use their expertise in permanency, development, attachment and trauma to support the well-being of the entire family.

Children and youth who are at acute risk for disruption in home or school placement, or loss of community access to extra-curricular activities, will receive a team based, "full service partnership" (FSP) approach that will include a Child & Family Therapist and Family Support Counselor, and with priority access, as needed, to psychiatric, psychological assessment and occupational therapy services. Adoption preservation is encouraged by integrating a parental course and additional mental health services in accordance with the FSP model.

III. PROGRAM GOALS

A. Improve the child's overall functioning within his/her family, school, peer group and community; and reduce the incidence and risk of mental health disabilities.
B. Improve family member's mental health and well-being to improve the child's mental health functioning through the provision of collateral, group, individual and/or family therapy.
C. Reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out of state facilities, or placement in a juvenile justice facility.

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IV. PROGRAM OBJECTIVES

A. CONTRACTOR shall provide outpatient Mental Health Services to a minimum of 150 children, youth and families using the "FSP" model.
   1. Utilize a holistic approach that is child centered and family focused.
   2. Services will be provided at a location and time that is convenient for the individual/family to the extent possible, and consistent with organizational capacity.
   3. Services will be provided in the beneficiary's preferred language. Friends or family members will not be expected to translate.
   4. Clinical staff assignments will be consistent with the needs of the individual/family and will provide an opportunity for the beneficiary to have a choice of therapist.
   5. Services will be provided in clinically appropriate treatment modalities as authorized and directed by COUNTY and provided in a timely and consistent manner.
   6. Address issues specific to adoption, foster care, relative families, and permanence for both the child/youth, and the family to improve the client's mental health functioning.
   7. Coordinate services with other County Agencies including Department of Social Services and Juvenile Probation Department.
   8. Services shall be consistent with the initial and updated treatment plans. Beneficiaries' progress in treatment will be re-evaluated and additional services may be authorized based upon documented medical necessity and the Utilization Review process.

B. CONTRACTOR shall complete the Child and Adolescent Needs and Strengths (CANS) for children/youth ages 6 through 20, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 at the start of treatment, and complete a reassessment every 6 months, and at time of discharge.

C. CONTRACTOR shall increase parent/caregiver awareness and skills to support children's mental health development as measured by the utilization of the CANS and The Parent Stress Index (or comparable standardized parenting assessment outcome tool to be decided in coordination with the COUNTY).
   1. Provide collateral parenting sessions to help caregivers understand the unique needs of children who have been exposed to trauma and multiple transitions and to develop successful interventions to support these children.
   2. Parents will be referred and encouraged to participate in parent education programs aimed at enhancing the impact of mental health intervention.

D. CONTRACTOR shall support Monterey County Behavioral Health (MCBH) with increasing racial and regional health equity in Monterey County. The achievement in health equity occurs when the demographics of clients served by MCBH, along with the value of services provided, match the demographics of the Medi-Cal beneficiary population.
   1. Racial Equity Goal - Reach target level of Latino engagement of 75% or above.
   2. Geographic Equity Goal - Reach target level of South County engagement of 20% or above.

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V. OUTCOME OBJECTIVES

A. 90% of clients will discharge with their treatment goals met or partially met.
- Data Source: Avatar Electronic Health Record (EHR)

B. Clients will demonstrate improved use of strength and positive coping skills.
- Data Source: CANS

C. Reduce the level of functional impairment of child or youth.
a. Data Source: Avatar EHR and administrating pre and post-tests

D. Reduce the volume and level of parental stress.
- Data Source: Administrating pre and post-tests

VI. TREATMENT SERVICES

A. **Mode of Service:** Outpatient
Outpatient Mental Health Services, Medication Support, Crisis Intervention, and Case Management services delivered in clinic, home and community settings, as indicated. Medication Support is offered in person or via telepsychiatry. Units of Service is per minute. CONTRACTOR shall make a full accounting of all units of service and cost in accordance with Section XIV, Preparation of Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement.

B. **Delivery Sites**
1) 124 River Road Salinas, CA 93908
2) 1180 Broadway St. King City, CA 93930

C. **Hours of Operation**
The clinic will operate five (5) days per week, Monday – Friday with evening hours on Monday & Wednesdays, and as needed based on client need. Services will be made available, whenever possible, at the convenience of the child/youth and his/her family. Services will be provided at the Delivery Site(s), but may also be available at additional community sites, including the child's school or daycare, and the family home.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Referrals for admission to these programs will be initiated by MCBH Children's Program, Monterey County Department of Social Services, parent request, and referral from other medical, educational or social services organizations.

Parents of children who are adopted, legal guardians and other adults that have the right to sign for treatment may self-refer using a Monterey County full scope Medi-Cal card for which the child is eligible to receive as an Adoption Assistance Program recipient. Screening criteria will be based on the degree of emotional or behavioral disturbance and a designated funding source. Admission for evaluation and subsequent treatment, if qualified by DSM IV diagnosis and medical necessity or the EPSDT rule, will be the sole authority of the CONTRACTOR.

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Medication Support beyond two visits per month, and IHBS requires prior authorization. These authorizations will be provided by the MCBH Program Manager or his/her designee in a format acceptable to the COUNTY. Additionally, the CONTRACTOR will comply with all Utilization Review requirements. The contracted duration of the treatment is limited to six (6) months; any extension requires consultation with the MCBH Case Manager and approval of the Contract Monitor.

VIII. CLIENT DESCRIPTION/CHARACTERISTICS

Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System: Covered specialty mental health services shall be provided to enrolled beneficiaries under the age of 21 who meet **either of the following criteria, (1) or (2)** below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

(2) The beneficiary meets **both of the following requirements in a) and b)**, below:

a) The beneficiary has at least one of the following:
   i. A significant impairment
   ii. A reasonable probability of significant deterioration in an important area of life functioning
   iii. A reasonable probability of not progressing developmentally as appropriate.
   iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

b) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:
   i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
   ii. A suspected mental health disorder that has not yet been diagnosed.
   iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

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IX. CASE COORDINATION

COUNTY shall provide case coordination, as necessary, through MCBH Quality Assurance.

X. POPULATION AND FINANCIAL ELIGIBLITY

All eligible Monterey County residents, children and youth who have full-scope Medi-Cal and who have been authorized and referred by the MCBH Case Manager. The Case Manager will ensure full scope Medi-Cal has been established and verified prior to the referral. Full scope Medi-Cal eligibility will be determined by Medi-Cal aid code as defined in Title XXI of the Social Security Act and the State Department of Mental Health latest Aid Codes Master Chart. The Chart can be found at the following web URL: http://www.dmh.ca.gov/medccc/library.asp

The CONTRACTOR must monitor referrals and verify Medi-Cal eligibility for each client referred by checking on the website: https://www.medi-cal.ca.gov/Eligibitity/Login.asp Any discrepancies of Medi-Cal eligibility must be communicated immediately to the Contract Monitor and resolved. Services provided to non Medi-Cal eligible children will not be reimbursed to CONTRACTOR unless the Director of Behavioral Health has approved for these services in writing.

XI. REPORTING REQUIREMENTS

A. CONTRACTOR shall submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month.

B. CONTRACTOR shall collect and report the data on each client enrolled in FSP Services for programs designated as FSP and funded with Mental Health Services Act (MHSA) Community Services & Supports.

C. Report on each Outcome Objective in Section V.

XII. MEETING/COMMUNICATIONS

The Contract Monitor shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The Contract Monitor does not have the authority to authorize changes requiring a contract amendment.

XIII. DESIGNATED CONTRACT MONITOR

Liz A. Perez-Cordero, Psy.D.
Behavioral Health Services Manager, Children Services
Family Assessment Support and Treatment Programs
1000 South Main Street, Suite 210B Salinas, CA 93901
(831-755-8430

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PROGRAM 2: EARLY CHILDHOOD TREATMENT

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
510-654-4004

Seneca Family of Agencies dba Kinship Center
124 River Road
Salinas, CA 93908
831-455-4710

II. PROGRAM NARRATIVE

The Early Childhood Treatment program provides outpatient Mental Health Services, Medication Support, and Case Management, as needed, to infants and children from birth to 5 years of age, and their families (including older siblings that present with mental health needs that are not being provided for through other County Programs). Mental Health Services include individual, family or group therapies and interventions that are designed to provide reduction of mental disability, and improvement and maintenance of functioning consistent with the goals of learning, development, future independent living and enhanced self-sufficiency. Program services are for children that have not experienced pre-natal substance exposure or other in-utero genetic challenges. The focus of the program will be to serve infants and young children who are exhibiting early signs of attachment disruption, poor attunement with their caregivers, and exhibiting trauma symptoms and related behavioral dysregulation. Such services will improve the early attachment relationship, resolve trauma experiences for children as well as the impact of trauma on a child and his/her family, and reduce mental health symptoms.

Children and youth who are at acute risk for disruption in home or school placement, or loss of community access to extra-curricular activities, will receive a team based, "full service partnership" (FSP) approach that will include a Child & Family Therapist and Family Support Counselor, and with priority access, as needed, to psychiatric, psychological assessment and occupational therapy services. Adoption preservation is encouraged by integrating a parental course and additional mental health services in accordance with the FSP model.

III. PROGRAM GOALS

A. Improve the child's overall functioning, support the child's parent/caregiver, improve the family's well-being, and address specific attachment relationship and mental health issues that impact the life of the child and his or her family.
B. Reduce parental and/or familial stress with the parent skills development in evidence informed reflective parenting.
C. Support and empower the child's parent(s)/caregiver(s) by providing knowledge, skills, and strategies to provide effective parental support, including knowledge, skills, and strategies related to the experience of loss and trauma, to in turn improve the child's mental health functioning.

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IV. PROGRAM OBJECTIVES

A. CONTRACTOR shall provide outpatient Mental Health Services to a minimum of thirty (30) children, youth and families using the "FSP" model.
   1. Utilize a holistic approach that is child centered and family focused.
   2. Services will be provided at a location and time that is convenient for the individual/family to the extent possible, and consistent with organizational capacity.
   3. Services will be provided in the beneficiary's preferred language. Friends or family members will not be expected to translate.
   4. Clinical staff assignments will be consistent with the needs of the individual/family and will provide an opportunity for the beneficiary to have a choice of therapist.
   5. Services shall be provided in clinically appropriate treatment modalities as authorized and directed by COUNTY and provided in a timely and consistent manner.
   6. Address issues specific to adoption, foster care, relative families, and permanence for both the child/youth, and the family to improve the client's mental health functioning.
   7. Coordinate services with other County Agencies including Department of Social Services and Juvenile Probation Department
   8. Services shall be consistent with the initial and updated treatment plans. Beneficiaries' progress in treatment will be re-evaluated and additional services may be authorized based upon documented medical necessity and the Utilization Review process.

B. CONTRACTOR shall complete the Child and Adolescent Needs and Strengths (CANS) for children/youth ages 6 through 20, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 at the start of treatment, and complete a reassessment every 6 months, and at time of discharge.

C. CONTRACTOR shall increase parent/caregiver awareness and skills to support children's mental health development as measured by the utilization of the CANS and The Parent Stress Index (or comparable standardized parenting assessment outcome tool to be decided in coordination with the COUNTY).
   1. Provide collateral parenting sessions to help caregivers understand the unique needs of children who have been exposed to trauma and multiple transitions and to develop successful interventions to support these children.
   2. Parents will be referred and encouraged to participate in parent education programs aimed at enhancing the impact of mental health intervention.

D. CONTRACTOR shall support Monterey County Behavioral Health (MCBH) with increasing racial and regional health equity in Monterey County. The achievement in health equity occurs when the demographics of clients served by MCBH, along with the value of services provided, match the demographics of the Medi-Cal beneficiary population.
   1. Racial Equity Goal - Reach target level of Latino engagement of 75% or above.
   2. Geographic Equity Goal - Reach target level of South County engagement of 20% or above.

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V. OUTCOMES OBJECTIVES

A. 90% of clients will discharge with their treatment goals met or partially met.
- Data Source: Avatar Electronic Health Record (HER)

B. Clients will demonstrate improved use of strength and positive coping skills.
- Data Source: CANS

C. Improve the child's functioning within his/her family, pre-school, peer group and community.
- Data Source: Pre and post-tests and CANS domains scores for children age 0-5.

D. Reduce the volume and level of parental stress
- Data Source: Pre and post-tests and CANS domains scores for family needs and strengths.

VI. TREATMENT SERVICES

A. **Mode of Service:** Outpatient
Outpatient Mental Health Services, Medication Support and Case Management services delivered in clinic, home and community settings, as indicated. Units of Service is per minute. CONTRACTOR shall make a full accounting of all units of service and cost in accordance with Section XIV, Preparation of Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement.

B. **Delivery Sites**
1) 124 River Road Salinas, CA 93908
2) 1180 Broadway St. King City, CA 93930

C. **Hours of Operation**
The clinic will operate five (5) days per week, Monday – Friday with evening hours on Monday & Wednesdays, and as needed based on client need. Services will be made available, whenever possible, at the convenience of the child and his/her family. Services will be provided at the Delivery Site(s), but may also be available at additional community sites, including the child's school or daycare, and the family home.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Referrals for admission to these programs will be initiated by MCBH Children's Program, Monterey County Department of Social Services, parent request, and referral from other medical, educational or social services organizations.

Parents of children who are adopted, legal guardians and other adults that have the right to sign for treatment may self-refer using a Monterey County full scope Medi-Cal card for which the child is eligible to receive as an Adoption Assistance Program recipient. Screening criteria will be based on the degree of emotional or behavioral disturbance and a designated funding source. Admission for evaluation and subsequent treatment, if qualified by DSM IV (DSM-V starting in October 2015) diagnosis and medical necessity or the EPSDT rule, will be the sole authority of the CONTRACTOR.

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Medication Support beyond two visits per month, and IHBS requires prior authorization. These authorizations will be provided by the MCBH Program Manager or his/her designee in a format acceptable to the COUNTY. Additionally, the CONTRACTOR will comply with all Utilization Review requirements. The contracted duration of the treatment is limited to twelve (12) months; any extension requires consultation with the MCBH Health Case Manager and approval of the Contract Monitor.

VIII. CLIENT DESCRIPTION/CHARACTERISTICS

Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System: Covered specialty mental health services shall be provided to enrolled beneficiaries under the age of 21 who meet **either of the following criteria, (1) or (2)** below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

(2) The beneficiary meets **both of the following requirements in a) and b)**, below:

a) The beneficiary has at least one of the following:
   i. A significant impairment
   ii. A reasonable probability of significant deterioration in an important area of life functioning
   iii. A reasonable probability of not progressing developmentally as appropriate.
   iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

b) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:
   i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
   ii. A suspected mental health disorder that has not yet been diagnosed.
   iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

Diagnosis of children birth to five will be made using DC: 0-5 and the crosswalk to the DSM and/or ICD.

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IX. CASE COORDINATION

COUNTY shall provide case coordination, as necessary, through MCBH Quality Assurance.

X. POPULATION AND FINANCIAL ELIGIBLITY

All eligible Monterey County residents, children and youth who have full-scope Medi-Cal and who have been authorized and referred by the MCBH Case Manager. The Case Manager will ensure full scope Medi-Cal has been established and verified prior to the referral. Full scope Medi-Cal eligibility will be determined by Medi-Cal aid code as defined in Title XXI of the Social Security Act and the State Department of Mental Health latest Aid Codes Master Chart. The Chart can be found at the following web URL: http://www.dmh.ca.gov/medccc/library.asp

The CONTRACTOR must monitor referrals and verify Medi-Cal eligibility for each client referred by checking on the website: https://www.medi-cal.ca.gov/Eligibitity/Login.asp Any discrepancies of Medi-Cal eligibility must be communicated immediately to the Contract Monitor and resolved. Services provided to non Medi-Cal eligible children will not be reimbursed to CONTRACTOR unless the Director of Behavioral Health has approved for these services in writing.

XI. REPORTING REQUIREMENTS

A. CONTRACTOR shall submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month.

B. CONTRACTOR shall collect and report the data on each client enrolled in FSP Services for programs designated as an FSP and funded with Mental Health Services Act (MHSA) Community Services & Supports.

C. Report on each Outcome Objective in Section V.

XII. MEETING/COMMUNICATIONS

The Contract Monitor shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The Contract Monitor does not have the authority to authorize changes requiring a contract amendment.

XIII. DESIGNATED CONTRACT MONITOR

Liz A. Perez-Cordero, Psy.D.
Behavioral Health Services Manager, Children Services
Family Assessment Support and Treatment Programs
1000 South Main Street, Suite 210B Salinas, CA 93901
(831-755-8430

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PROGRAM 3: HOSPITAL ALTERNATIVE PLACEMENT

***Effective March 8, 2021 the Hospital Alternative Placement program is terminated, and COUNTY shall no longer refer clients to the CONTRACTOR under this program.**

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
510-654-4004

Seneca Family of Agencies dba Kinship Center
124 River Road
Salinas, CA 93908
831-455-4710

II. PROGRAM NARRATIVE

Hospital Alternative Placement (HAP) is a short-term, intensive, highly coordinated, trauma-informed, and individualized intervention home-based alternative to residential group homes, inpatient, or institutional care. The program provides Medi-Cal Specialty Mental Health Services (SMHS) and Therapeutic Foster Care services under the ESPDT benefit by a Professional Parent and clinical team. Hospital Alternative Placement is part of a spectrum of resources, supports, and services needed to maintain foster youth, and juvenile probation involved youth, in family-based home settings while promoting permanency for the youth through family reunification, adoption, or legal guardianship.

The service model is intended for children/youth up to age 21 with complex emotional and behavioral needs who are placed in a home with trained and intensely supervised and supported Professional Parents to receive frequent intensive mental health support to the child/youth in a family environment. Professional Parents serve as mental health service providers of rehabilitation interventions prescribed within the child/youth's mental health treatment plan under the supervision and direction of a Licensed Practitioner of the Healing Arts (LPHA) or Licensed Mental Health Professional (LMHP). Professional Parents are highly trained caregivers who have agreed to accept a high-needs child/youth for up to six months, have agreed to a "no eject, no reject" policy, and are committed to support a child/youth regardless of any behavioral challenges that emerge. In addition to home-based support by Professional Parents, the child/youth also receive intensive, individualized mental health interventions provided by a clinical team. The clinical team works collaboratively to support the youth and family in creating safety and treatment plans to address mental health needs, ensure stabilization, and support permanency. The clinical team provides mental health services, family finding and engagement, mobile response and crisis intervention; and coordinated services in the home or other community settings.

III. PROGRAM GOALS

A. Improve the child/youth's functioning and wellbeing to achieve permanency or move to less restrictive/intensive treatment settings.
B. Reduce the possibility of future residential care, Short-Term Residential Therapeutic level facilities, period inpatient hospitalization, or placement at an out of state facility.

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IV. PROGRAM OBJECTIVES

A. CONTRACTOR will collaborate and coordinate with the SMHS care coordinator and Child and Family Team (CFT); and integrate Professional Parents, appropriate clinical staff and County to ensure mental health service care coordination and implementation of the treatment plan for HAP services.

B. CONTRACTOR will actively participate in the CFT to understand the child/youth's need and identify supports for the child and family including placement with a Professional Parent who can best meet the child/youth's needs.

C. CONTRACTOR will provide SMHS, including Intensive Care Coordination, Intensive Home Base Services, Case Management, Mental Health Services, Therapeutic Behavioral Services, Medication Support, and Crisis Intervention services that may need to be available 24-hours a day, 7 days a week.

D. CONTRACTOR will monitor the child/youth's progress in meeting plan goals related to the provision of EPSDT services provided under a HAP service model.

E. CONTRACTOR will recruit foster care Professional Parents to provide Therapeutic Foster Care (TFC) to children/youth in the HAP Program. Professional Parents must meet and comply with all basic foster care or resource parent requirements as set forth in California Code of Regulations (CCR) Title 22, Division 6, Chapter 9.5 or Welfare and Institutions (W&I) Code 16519.5; and meet Resource Family approval standards.

F. CONTRACTOR will provide competency-based training to Professional Parents both initially and ongoing and incorporate evidence informed practices in the training.

G. CONTRACTOR's licensed staff, LPHA or a LMHP, will provide ongoing direct supervision and intensive support to the Professional Parents to ensure services align with the client plan, and review and co-sign each daily progress note by the Professional Parent to ensure progress note meets medical necessity and State Medi-Cal documentation standards.

H. Under the supervision of CONTRACTOR licensed staff, Professional Parents will:
   1. Provide direct trauma-informed, rehabilitative treatment of the child/youth as set forth in the client plan including providing skills-based interventions (including coaching and modeling), functional skills to improve self-care, and improving self-management in areas of anger management or self-esteem or peer relations;
   2. Implement the risk management/safety components of the child/youth's plan;
   3. Participate as a member in the CFT in care planning, monitoring, and review processes;
   4. Assist or link the child/youth in accessing needed medical, vocational, or other services needed to meet plan goals;
   5. Observe, monitor, and alert the Hospital Alternative Program Agency and members of the CFT about changes in the child/youth's needs;
   6. Provide one or more of the following service components under the TFC service model: Plan development, Rehabilitation, and Collateral;
   7. Write a daily progress note for services provided that meet medical necessity and are in accordance with state Medi-Cal documentation standards.

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I. CONTRACTOR shall complete the Child and Adolescent Needs and Strengths (CANS) for children/youth ages 6 through 20, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 at the start of treatment, and complete a reassessment every 6 months, and at time of discharge.

V. OUTCOME OBJECTIVES

A. 90% of clients will discharge with their treatment goals met or partially met.
- Data Source: Avatar Electronic Health Record (EHR)

B. Clients will demonstrate improved use of strength and positive coping skills.
- Data Source: CANS

C. Reduce the level of functional impairment of a child or youth.
- Data Source: CANS

D. Reduce psychiatric hospitalization rates for children as well as a reduction in and visits to emergency room or other acute facilities, and STRTP level facilities.
- Data Source: CONTRACTOR's EHR to report the number of clients in placement who have been hospitalized.

VI. TREATMENT SERVICES

A. **Mode of Service:**
1. Outpatient Services - Units of Service is per minute
2. Therapeutic Foster Care - Units of Service is per day

B. **Delivery Sites**
CONTRACTOR shall provide services in a variety of settings, including home, school, and community as needed.

C. **Hours of Operation**
Services will be timely and are individualized based on the client's needs. All outpatient services will be offered seven (7) days per week, except for holidays. Professional parents will be available twenty-four (24) hours a day, seven (7) days a week to address the regular and emergency needs of the client. Changes to this plan shall be submitted to the Contract Monitor for approval prior to implementation. Arrangements for emergency services must be available for all clients served in the program.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Referrals for admission to this program will be initiated exclusively by the Monterey County Behavioral Health (MCBH) Case Management staff after an initial screening. Admission to the program will involve children/youth who are voluntary participants or who are wards or dependents of the court. Screening criteria will be based on degree of emotional disturbance, a designated funding source, and the inability to utilize a less restrictive placement. Admission will be the sole authority of the CONTRACTOR. Mental

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Health Services including Therapeutic Behavioral Services require prior authorization in coordination with the CFT. The contracted duration of treatment is limited to one year; any extension requires consultation with the MCBH Case Manager and approval of the Contract Monitor.

Average recommended range for service dosage for HAP outpatient services will be up to three (3) hours of billable services per day. The recommended caseload for this program is one (1) to two (2) cases. Average length of stay will be six (6) months as determined by medical necessity.

CONTRACTOR may submit a request for re-authorization for additional treatment services to the designated COUNTY staff for review and authorization. Only those additional treatment services deemed allowable will be authorized.

VIII. CLIENT DESCRIPTION/CHARACTERISTICS

A. Diagnostic Spectrum and Functional Impairment of population served:
   1. Hospital Alternative Placement program will provide services to clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain clients in community settings, to help clients achieve agreed upon desired outcomes, and to achieve a sense of their own power and ability to positively influence their own lives.
   2. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major affective disorders, post-traumatic stress disorder, disorders of behavior and bodily function, anxiety and adjustment disorders, and dual diagnosis (mental health, developmental disability or drug and alcohol related diagnosis).

B. Individuals served meet the following criteria for medical necessity (diagnostic, impairment, and intervention related):
   1. Diagnostic Criteria: The focus of the service should be directed to functional impairments related to an Included Diagnosis.
   2. Impairment Criteria: The client must have at least one of the following as a result of the mental disorder(s) identified in the Diagnostic Criteria (A):
      a. A significant impairment in an important area of life functioning, or
      b. A probability of significant deterioration in an important area of life functioning, or
      c. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.

C. Intervention Related Criteria: Must have all 3:
   1. The focus of the proposed intervention is to address the condition identified in impairment criteria (B) above, and
   2. It is expected the proposed intervention will benefit the consumer by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning; and/or for children it is probable the child will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated),
   3. The condition would not be responsive to physical healthcare-based treatment.

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IX. CASE COORDINATION

COUNTY shall provide case coordination, as necessary, through MCBH Quality Assurance.

X. POPULATION AND FINANCIAL ELIGIBLITY

This current agreement is for two (2) eligible Monterey County residents who have full scope Medi-Cal and are authorized for services by the MCBH Case Manager. New eligible Monterey County residents referred to the program will require an amendment to this agreement. The population served include but are not limited pregnant or parenting; younger youth (client's ages 6-12 with severe mental health Issues and behaviors); Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth; cognitively low functioning with mental health and behavioral issues; and special medical and health care needs.

All eligible Monterey County residents, children and youth who have full-scope Medi-Cal and who have been authorized and referred by the MCBH Case Manager. The Case Manager will ensure full scope Medi-Cal has been established and verified prior to the referral. Full scope Medi-Cal eligibility will be determined by Medi-Cal aid code as defined in Title XXI of the Social Security Act and the State Department of Mental Health latest Aid Codes Master Chart. The Chart can be found at the following web URL: http://www.dmh.ca.gov/medccc/library.asp

The CONTRACTOR must monitor referrals and verify Medi-Cal eligibility for each client referred by checking on the website: https://www.medi-cal.ca.gov/Eligibitity/Login.asp Any discrepancies of Medi-Cal eligibility must be communicated immediately to the Contract Monitor and resolved. Services provided to non Medi-Cal eligible children will not be reimbursed to CONTRACTOR unless the Director of Behavioral Health has approved for these services in writing.

XI. LEGAL STATUS

Voluntary or Juvenile dependents and wards (W&I Code, Sections 300 et set. and Sections 601 & 602 et seq.)

XII. COVERAGE

Mental Health services and Medication Support will be as designated on the service plan.

XIII. REPORTING REQUIREMENTS

A. CONTRACTOR shall submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month.

B. CONTRACTOR will submit reports on the following outcomes data no later than thirty (30) days following the end of each quarter to the MCBH Designated Contract Monitor:
   1. Total number of children/youth receiving service and length of stay;

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2. Number of CFT meetings are attended on a quarterly basis;
3. Number of children/youth who have returned to higher levels of care; and
4. Year-end narrative report identifying areas of success and challenges in the prior year.
5. Report on each Outcome Objective in Section V.

XIV. MEETING/COMMUNICATIONS

The Contract Monitor shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The Contract Monitor does not have the authority to authorize changes requiring a contract amendment.

XV. DESIGNATED CONTRACT MONITOR

Marni R. Sandoval, Psy. D.
Deputy Director, Children's Services
Training Director, Doctoral Psychology Practicum/Internship Program
Monterey County Behavioral Health Bureau
951-B Blanco Circle Salinas, CA 93901
(831) 784-2170

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PROGRAM 4: COMPASS

Effective March 8, 2021 the Compass program is terminated, and COUNTY shall no longer refer clients to the CONTRACTOR under this program.

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
510-654-4004

II. PROGRAM NARRATIVE

The Comprehensive Assessment and Stabilization Services (COMPASS) program is a licensed Short Term Residential Therapeutic Program (STRTP) that serves children/youth with acute mental health needs whose crisis behaviors have resulted in a need for temporary out-of-home care. The COMPASS program site is comprised of multiple single-family homes in close proximity to one another to create and allow for a sense of community while maximizing shared resources. The home-like, family-based residential setting utilizes Professional Parents and a multi-tiered approach to stabilization that includes an intensive array of services on a short-term basis to support effective crisis stabilization and linkage to a rich array of community-based supports.

The COMPASS program provides Emergency Placement with Crisis Stabilization services for children/youth with acute mental health needs requiring 24/7 in-person support. The program Professional Parent provides 24-hour support to stabilize, prevent or divert youth in crisis from hospitalization. Children/youth who step down from the Emergency Placement with Crisis Stabilization tier, or who enter the COMPASS program at a lower level of intensity receive Intensive Services Foster Care level of service and Therapeutic Foster Case (TFC) services. This includes youth in need of extensive caregiver support, who are more easily triggered, or are less likely to be successful with other youth in the home. The COMPASS program is designed to allow the same Professional Parent the flexibly to provide either tier of service to adapt to the needs of each youth without the need for physical change in placement or relational disruption.

III. PROGRAM GOALS

A. Provide trauma-informed therapeutic interventions and integrated programming designed to treat and ameliorate the behavioral health symptoms and improve functioning.
B. Provide a range of services, of varying intensity, tailored to the individual needs of the child, which can be adjusted during his or her stay in the program as they are meeting goals and improving functioning.
C. Provide mental health interventions so that children and adolescents may move to less restrictive/intensive treatment settings.

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D. Child/youth develops effective problem-solving and coping skills to resolve behavioral and emotional problems, improving relationships, and overall functioning.
E. Enhance the psychosocial health and development of the child within the context of the client's families, peer group, and community.

IV. PROGRAM OBJECTIVES

A. CONTRACTOR shall provide specialty mental health services to eligible Monterey County youth residing in the program.
   1. Client meets the STRTP Placement Criteria pursuant to WIC sections 4096 and 11462.01.
   2. Treatment will be available to every client according to their specific needs and prescribed in a manner consistent with their treatment plans. Psychotropic medication will be made available through psychiatric consultation and routinely monitored.
   3. Services will be strength-based, individualized, and will consider each client's age and appropriate developmental needs, maturational level, culture, language, family values and structure, educational functioning level, and physical health.
   4. Specialty Mental Health Services include Intensive Care Coordination, Intensive Home Base Services, Case Management, Mental Health Services, Therapeutic Behavioral Services, Medication Support, and Crisis Intervention services.
   5. Service provision meets medical necessity criteria (Title 9, California Code of Regulations (CCR), Ch. 11, Sections 1830.205 and 1830.210) as indicated in the Case Plan to meet individual goal.
   6. Services shall be appropriate for the needs of youth involved in the Child Welfare and/or Juvenile Justice systems; trauma exposed; the Lesbian, Gay, Bisexual, Trans-gender, Queer and/or Questioning (LGBTQ); and Special Education communities.

B. CONTRACTOR will receive referrals only through the COUNTY Inter-Agency Placement Committee (IPC) or an Individual Education Plan (IEP). All referrals for services will be assessed for eligibility according to the following criteria:
   1. Evidence of symptoms of mental health problem which meet the criteria for DSM 5 or the 10th revision of the international Statistical Classification of Disease and Related Health Problems (ICD-10) diagnosis as an included diagnosis in Title 9, CCR, Ch. 11, Section 1830.205.
   2. Evidence of impaired functioning in one or more of the areas of self-care, danger to harm self, behavior towards others, family functioning, school performance, moods/emotions, substance use, and/or cultural adjustment.

C. CONTRACTOR shall maintain staffing requirement:
   1. Staff meet the minimum licensing requirements as set forth in CCR Title 9, Title 19, Title 22 and Medi-Cal regulations.
   2. Psychiatric services will be available to support clients ages 6-18 and the ability to provide treatment to clients with co-occurring disorders as part of the service continuum.
   3. Staff shall be appropriately trained and meet the qualifications of the Licensed Practitioner of the Healing Arts (LPHA) as well as meet discipline specific

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licensure requirements. The CONTRACTOR's facilities shall be up to date with all relevant State and local building and safety requirements.

4. Provide ongoing clinical supervision to practitioners involved in direct service to clients.
5. Services shall be culturally and linguistically appropriate for the target population. At a minimum, services shall be made available in the two (2) threshold languages (English and Spanish).

D. CONTRACTOR shall coordinate care planning efforts with other child-serving agencies and institutions involved in delivering services to the child and family to ensure comprehensive and consistent care.

E. CONTRACTOR shall utilize the Child and Adolescent Needs and Strengths (CANS) assessment tool
   1. The CONTRACTOR will adhere to the Monterey County Behavioral Health CANS/ANSA/PSC-35 policy: http://qi.mtyhd.org/wp-content/uploads/2018/10/CANS_ANSA_PSC35.pdf
   2. CANS will be administered as appropriate to clients to support decision making and treatment planning, facilitate quality improvement, and monitor the outcomes of services.
   3. CONTRACTOR is responsible for training, certifying, and annually recertifying their staff on the CANS Comprehensive 5+. In addition, if the CONTRACTOR provides services to children ages 0-5, the CONTRACTOR is responsible for training, certifying, and annually re-certifying their staff on the CANS: Early Childhood.
   4. CONTRACTOR shall maintain staff as CANS Trainers to ensure sustainability and that CANS principles and philosophy are integrated into clinical practice.
   5. CONTRACTOR will establish an online account with Praed Foundation to access online CANS trainings and certification, by first quarter of the AGREEMENT.

F. CONTRACTOR shall use the Child and Family Team (CFT) process to identify team members, client needs and services, and set goals toward transitioning back to lower level of care.
   1. A CFT is a highly facilitated process and it is only a CFT meeting if decisions about goals and strategies to achieve them are made with involvement of the child and family members.
   2. After January 1, 2017, a child or youth is required to have a CFT within the first sixty (60) days of entering into the child welfare or probation foster care placement. As defined in Welfare and Institutions Code (WIC), Section 16501, a CFT is also required for those children and youth residing in a group home or STRTP placement with an existing Case Plan. Best practice dictates that meetings should occur as soon as possible for purposes, including but not limited to, case planning, placement determination, emancipation planning and/or safety planning. The CONTRACTOR providing mental health services to children in the child welfare or probation system may participate in the CFT.
   3. CONTRACTOR shall provide client progress for the CFT to determine appropriate or ongoing placement, if necessary.

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4. The CONTRACTOR will make CANS data available for the CFT in conformity with all applicable laws.

G. The CONTRACTOR shall follow guidelines when the client is transitioning to a new program or lower level placement.
   1. Coordinate with the new provider to assure understanding of client's strengths, needs, supports, and goals.
   2. Provide copies of Care Plan, Narrative Summary, and Assessment information to the new provider.
   3. Provide notification to COUNTY of any hospitalization.

H. CONTRACTOR will recruit Professional Parents to provide Therapeutic Foster Care (TFC) to children/youth in placement. Professional Parents meet and will comply with all basic foster care or resource parent requirements as set forth in California Code of Regulations (CCR) Title 22, Division 6, Chapter 9.5 or Welfare and Institutions (W&I) Code 16519.5; and meet Resource Family approval standards.

I. CONTRACTOR will provide competency-based training to Professional Parents both initially and ongoing and incorporate evidence informed practices in the training.

J. CONTRACTOR's licensed staff, LPHA or a LMHP, will provide weekly and ongoing direct supervision and intensive support to the Professional Parents to ensure services align with the client plan, and review and co-sign each daily progress note by the Professional Parent to ensure progress note meets medical necessity and State Medi-Cal documentation standards.

K. Under the supervision of CONTRACTOR licensed staff, Professional Parents will:
   1. Provide direct trauma-informed, rehabilitative treatment of the child/youth as set forth in the client plan including providing skills-based interventions (coaching and modeling), functional skills to improve self-care, and improving self-management in areas of anger management or self-esteem or peer relations;
   2. Implement the risk management/safety components of the child/youth's plan;
   3. Participate as a member in the CFT in care planning, monitoring, and review processes;
   4. Assist or link the child/youth in accessing needed medical, vocational, or other services needed to meet plan goals;
   5. Observe, monitor, and alert the CONTRACTOR and members of the CFT about changes in the child/youth's needs;
   6. Provide one or more of the following service components under the TFC service model: Plan development, Rehabilitation, and Collateral;
   7. Write a daily progress note for services provided that meet medical necessity and are in accordance with state Medi-Cal documentation standards.

V. OUTCOME OBJECTIVES

A. 90% of clients will discharge with their treatment goals met or partially met.
   - Data Source: Avatar EHR

B. Clients will demonstrate improved use of strength and positive coping skills.

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- Data Source: CANS, etc.

C. Reduce the level of functional impairment of a child or youth.

a. Data Source: CANS

D. Reduce psychiatric hospitalization, visits to emergency room or other acute facilities, and number of placements in STRTP level facilities
- CONTRACTOR's EHR to report the number of clients in placement who have been hospitalized.

VI. TREATMENT SERVICES

A. **Mode of Service:**
1. Outpatient Services - Units of Service is per minute.
2. Therapeutic Foster Care - Units of Service is per day

B. **Service Delivery Sites:** Each home accommodates only one youth at a time.

C. **Hours of Operation**
Services will be timely and are individualized based on the client's needs. All outpatient services will be offered seven (7) days per week, except for holidays. Professional parents will be available twenty-four (24) hours a day, seven (7) days a week to address the regular and emergency needs of the client. Changes to this plan shall be submitted to the Contract Monitor for approval prior to implementation. Arrangements for emergency services must be available for all clients served in the program.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Referrals for admission to this program will be initiated exclusively by the Monterey County Behavioral Health Bureau (MCBH) Case Management staff after an initial screening. Admission to the program will involve children/youth who are voluntary participants or who are wards or dependents of the court. Screening criteria will be based on degree of emotional disturbance, a designated funding source, and the inability to utilize a less restrictive placement. Admission will be the sole authority of the CONTRACTOR. Mental Health Services require prior authorization in coordination with the Child and Family Team (CFT). The contracted duration of treatment is limited to one year; any extension requires consultation with the MCBH Case Manager and approval of the Contract Monitor.

Average recommended range for service dosage for outpatient services in the COMPASS program will be up to three (3) hours of billable services per day. Average length of stay will be 15-45 days as determined by medical necessity.

CONTRACTOR may submit a request for re-authorization for additional treatment services to the designated County staff for review and authorization. Only those additional treatment services deemed allowable will be authorized.

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XIV. CLIENT DESCRIPTION/CHARACTERISTICS

Individuals served meet the following criteria for medical necessity (diagnostic, impairment, and intervention related):

A. Diagnostic Criteria: The focus of the service should be directed to functional impairments related to an Included Diagnosis.
B. Impairment Criteria: The client must have at least one of the following as a result of the mental disorder(s) identified in the Diagnostic Criteria (A):
    1. A significant impairment in an important area of life functioning, or
    2. A probability of significant deterioration in an important area of life functioning, or
    3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.
C. Intervention Related Criteria: Must have all 3:
    1. The focus of the proposed intervention is to address the condition identified in impairment criteria (B) above, and
    2. It is expected the proposed intervention will benefit the consumer by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning; and/or for children it is probable the child will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated),
    3. The condition would not be responsive to physical healthcare-based treatment.

XV. CASE COORDINATION

COUNTY shall provide case coordination, as necessary, through MCBH Quality Assurance.

XVI. POPULATION AND FINANCIAL ELIGIBLITY

Monterey County children/youth who are full scope Medi-Cal eligible, and have been screened through the County Interagency Placement Committee, or any youth placed through the IEP process. The current Agreement is for two (2) eligible residents of Monterey County. Any additional eligible residents of Monterey County referred to the program will require an amendment to this Agreement.

All eligible Monterey County residents, children and youth who have full-scope Medi-Cal and who have been authorized and referred by the MCBH Case Manager. The Case Manager will ensure full scope Medi-Cal has been established and verified prior to the referral. Full scope Medi-Cal eligibility will be determined by Medi-Cal aid code as defined in Title XXI of the Social Security Act and the State Department of Mental Health latest Aid Codes Master Chart. The Chart can be found at the following web URL: http://www.dmh.ca.gov/medccc/library.asp

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The CONTRACTOR must monitor referrals and verify Medi-Cal eligibility for each client referred by checking on the website: https://www.medi-cal.ca.gov/Eligibitity/Login.asp Any discrepancies of Medi-Cal eligibility must be communicated immediately to the Contract Monitor and resolved. Services provided to non Medi-Cal eligible children will not be reimbursed to CONTRACTOR unless the Director of Behavioral Health has approved for these services in writing.

XVII. LEGAL STATUS

Voluntary or Juvenile dependents and wards (W&I Code, Sections 300 et set. and Sections 601 & 602 et seq.)

XVIII. COVERAGE

Mental Health services and Medication Support will be as designated on the service plan.

XIX. REPORTING REQUIREMENTS

A. CONTRACTOR shall submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month.

B. CONTRACTOR will submit reports on the following outcomes data no later than thirty (30) days following the end of each quarter to the MCBH Designated Contract Monitor:
   1. Total number of children/youth receiving service and length of stay;
   2. Number of CFT meetings are attended on a quarterly basis;
   3. Number of children/youth who have returned to higher levels of care; and
   4. Year-end narrative report identifying areas of success and challenges in the prior year.
   5. Report on each Outcome Objective in Section V.

XVI. MEETING/COMMUNICATIONS

The Contract Monitor shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The Contract Monitor does not have the authority to authorize changes requiring a contract amendment.

XVII. DESIGNATED CONTRACT MONITOR

Marni R. Sandoval, Psy. D.
Deputy Director, Children's Services
Training Director, Doctoral Psychology Practicum/Internship Program
Monterey County Behavioral Health Bureau
951-B Blanco Circle Salinas, CA 93901
(831) 784-2170

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PROGRAM 5: MOBILE CRISIS SUPPORT TEAM

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
510-654-4004

Seneca Family of Agencies dba Kinship Center
124 River Road
Salinas, CA 93908
831-455-4710

II. PROGRAM NARRATIVE

The Mobile Crisis Support Team (MCST) provides community-based mental health crisis response, triage, and stabilization to children and youth up to 21 years of age, and their family who are experiencing immediate acute mental health crisis. The MCST will triage crisis calls placed to a support line and travel in Monterey County communities to provide risk/safety assessment and crisis intervention; collaborate with existing treatment team members; provide linkage for youth and families in need of further mental health services, coordinate with emergency response; and provide follow up services. The clinical threshold for crisis may include aggressive behaviors; suicide attempts/ideation; drug and alcohol overdose or abuse; disruptive symptoms related to thought, mood and anxiety disorders; escalating behavior(s) and, without immediate intervention, the individual is likely to require a higher intensity of services. It may also present as an overt change in functioning or be prompted by traumatic life events. The MCST provides 24 hours, 7 days a week immediate mental health crisis service.

The MCST program is partially funded by a COUNTY awarded Investment in Mental Health Wellness Grant Program for Children and Youth ("Grant Program") of the California Health Facilities Financing Authority (CHFFA) to develop and implement a MCST program for the grant period May 30, 2019 through June 30, 2026.

III. PROGRAM GOALS

Provide immediate crisis support and intervention to children and youth with psychiatric emergencies to:

A. Divert psychiatric crises before major impacts on their safety and stability occur.
B. Reduce the volume and frequency of other more restrictive (and less appropriate) services, including inpatient hospitalizations or law enforcement involvement.
C. Increase access to youth-specific crisis support that will effectively address the behavioral needs of youth and families in their communities.

IV. PROGRAM OBJECTIVES

A. CONTRACTOR shall provide access to a 24-hours a day, 7 days a week support line for youth and family in crisis. Crisis calls received through the support line are triaged to determine the level of severity and prioritize calls that meet the clinical threshold required for an in-person response available 24 hours a day, 7 days a week.

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B. CONTRACTOR shall provide two (2) MCST teams. Each team consist of four (4) staff comprised of one (1) Lead master's level Clinician, two (2) Crisis Clinicians, and one (1) Family Partner and one (1) Peer Partner both serving the entire program with a flexible schedule to meet caregiver needs:
   - **Lead Clinician:** A licensed registered master's-level staff who responds to mobile response calls. The Lead Clinician provides shift management, assigns teams to respond to calls, and ensures documentation and follow-up occurs.
   - **Crisis Clinician:** A registered master's-level staff who will triage support line calls, provide in person response to crisis situations, and provide follow-up services for youth and families. Half of the MCST clinicians will be bilingual staff.
   - **Family Partner:** A highly trained staff who has lived experience navigating the behavioral health system and focused on providing support to the family. The Family Partner responds to mobile response calls, providing assistance in intake, assessment, and collaboration, support to child and family members, and follow-up services for youth and families.

     Peer Partner: A highly trained staff who has lived experience navigating the behavioral health system and focused on providing peer support to the child/youth. The Peer Partner responds to mobile response calls, providing assistance in intake, assessment, and collaboration, support to child and family members, and follow-up services for youth and families.

C. The MCST will respond in-person, face-to-face within 1-3 hours in extenuating circumstances for urgent needs, or same-day response within 24 hours of nonurgent situations.

D. After hour phone calls will be connected with the CONTRACTOR'S Rapid Response, an Administrator On-Call from the MCST on-call staffing pool, who will assess the severity of the crisis, attempt to stabilize the situation through phone-based counseling and coaching, contact emergency response personnel if there are immediate safety risks, and create a plan for both safety and follow-up with the family. Rapid Response will then write a call summary and forward to MCST staff to facilitate a follow-up call or visit the next morning when the program formally opens again.

E. The MCST shall respond to crisis emergency calls and provide in-person community-based crisis support services, intervention, and stabilization, risk/safety assessment, and case management. The MCST staff does not transport clients and will coordinate transportation as appropriate.
   1. **Crisis Intervention:** Therapeutic interventions are provided to engage the youth and family in a safety and risk assessment. MCST staff will complete a Crisis Assessment Tool and short-term safety plan with the youth and family. If further emergency psychiatric treatment is needed, the MCST will work with the caregivers to develop a plan for immediate referral to emergency psychiatric services in the community. The MCST will work closely with youth, family, teacher, police, paramedics, and/or psychiatric emergency staff when necessary to assist with the referral process for a smooth transition to acute psychiatric care. In the event of an acute mental health crisis, the MCST may assess clients for a WIC

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5150/5585 hold or contact the local law enforcement to assess clients for a WIC 5150/5585 hold.

2. **Case Management:** The MCST may make a referral to a community provider and/or work with existing treatment team members to ensure linkage to needed services. Services may be provided by a Crisis Clinician or a Family Partner. Services may be provided during a crisis.
3. **Assessment:** An Assessment may be provided to the youth during follow up services to assist the youth in further understanding the feelings, behaviors and triggers linked to the crisis. The intent of this service is to have a MCST staff contact the client's support systems (guardian, social workers, therapist, teacher, psychiatrist, etc.) to work together on the best ways to improve or maintain the mental health status of the youth. Services may be provided by a Crisis clinician or a Family Partner. Services may be provided during a crisis.
4. **Mental Health Rehabilitation**: A service activity that includes, but is not limited to, assistance improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming, and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. **Collateral**: A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client; consultation and training of the significant support person(s) to assist in better understanding of mental illness; and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.
6. **Intensive Care Coordination (ICC)**: ICC is similar to the activities that are routinely provided to our clients as Case Management. ICC must be delivered using a Child/Youth/Client and Family Team to develop and guide the planning and service delivery process. The difference between this service code and traditional Case Management is that ICC must be used to facilitate implementation of the cross-system/multi-agency collaborative services approach. ICC also differs from Case Management in that it typically requires more frequent and active participation by the ICC Coordinator to ensure that the needs of the child/youth are being met.

F. CONTRACTOR shall communicate with COUNTY Child Welfare or Probation on direct referrals for system involved youth received from the State Family Urgent Response (FURS) hotline to ensure immediate in-person trauma-informed support during situations of instability, for purposes of preserving the relationship of the caregiver and child/youth, providing developmentally appropriate relationship conflict management and resolution skills, stabilizing the living situation, mitigating the distress of the caregiver or child or youth, connecting the caregiver and child or youth to the existing array of local services, and promoting a healthy and healing environment for children, youth, and families (foster youth and former foster youth)

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G. CONTRACTOR shall ensure minimum staffing levels are maintained, and supervision is provided to all MCST staff, licensed and unlicensed, in accordance with the State Licensure Board. CONTRACTOR shall notify the COUNTY of any staff changes. Any changes in the staffing detail will require prior written approval of the COUNTY.

H. The MCST shall coordinate care planning efforts with COUNTY for existing Monterey County Behavioral Health child and family clients to provide the least restrictive interventions needed for each situation and ensure client and families receive comprehensive and consistent care and the necessary services to maintain stabilization.

I. If the MCST determines the individual in crisis meets the California Welfare and Institutions Code Section 5150/5585 for an involuntary psychiatric hold, the MCST on duty will complete the 5150/5585 documentation. If an individual is placed on an involuntary psychiatric hold by either the MSCT or a responding peace officer, the individual will be transported by peace officer or ambulance.

J. The MCST shall provide linkage to the COUNTY for individuals who are not existing clients and meet the target population and criteria for Specialty Mental Health Services (SMHS) or make referrals to appropriate alternative services if a client does not meet Medical Necessity for SMHS.

K. The MCST shall conduct follow up services that may include necessary safety planning and education to individuals and family; assessment, case management for linkage to appropriate services; and supports, and community resources for youth and families in need of further mental health services in the field to aide in prevention of a future crisis and address unnecessary emergency department visits and inpatient hospitalizations.

L. The MCST shall accept referrals from COUNTY agencies including Behavioral Health, Child Welfare, and Juvenile Probation, and conduct intake appointments, and follow-up meetings with families. CONTRACTOR shall contact new referrals for follow-up services within 24-hours of notification.

M. The MCST shall provide strength-based, individualized services that consider each client's age and appropriate developmental needs, maturational level, culture, language, family values and structure, educational functioning level, and physical health.

N. The MCST shall provide culturally and linguistically appropriate services for the target population. At a minimum, services shall be made available in the two (2) threshold languages (English and Spanish).

O. The MCST shall participate in a Child and Family Team (CFT) meeting for children and youth in the child welfare or probation system to review goals and strategies to achieve, case planning, placement determination, emancipation planning and/or safety planning as needed.

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P. The MCST shall open and close episodes in the Avatar Electronic Health Record, and document admission, CSI, diagnosis, discharges, and mobile response call log data.

Q. The MCST shall complete services and discharge clients within thirty (30) calendar days. Any exceptions shall be made in coordination with the clinical supervisor and document clinical justification. CONTRACTOR shall discharge clients from MCST program if one or more of the following situations occur:
   1. The goals of the Individualized Stabilization Plan are met, and client is no longer in need of crisis stabilization.
   2. Client has no had contact with CONTRACTOR staff for over fourteen (14) of days, and staff has documented a minimum of three (3) attempts to contact the client, including phone calls, field visits to last known address, and/or letters indicating attempts to engage in services prior to closure. Client episode must be closed in Avatar within seventeen (17) business days without contact.

R. CONTRACTOR shall comply with all provisions of the CHFFA Grant Program and FURS requirements in the delivery of MCST program services.

V. TREATMENT SERVICES

A. **Mode of Service:** Outpatient
Crisis Intervention, Assessment, and Case Management Units of Service is per minute. CONTRACTOR shall make a full accounting of all Units of Service and cost in accordance with Section XIV, Preparation of Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement.

B. **Delivery Sites**
MCST office sites:
- 124 River Road Salinas, CA 93908
- 1180 Broadway St. King City, CA 93930

Services may be provided in a variety of settings, including home, school, and community as needed.

C. **Hours of Operation**
   1. Support line is accessible 24 hours a day, 7 days a week, including holidays
   2. At least one team will be available for in-person response 24 hours a day, 7 days a week.

VI. CLIENT DESCRIPTION/CHARACTERISTICS

Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System: Covered specialty mental health services shall be provided to enrolled beneficiaries under the age of 21 who meet **either of the following criteria, (1) or (2)** below:

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(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

(2) The beneficiary meets **both of the following requirements in a) and b)**, below:

a) The beneficiary has at least one of the following:
   i. A significant impairment
   ii. A reasonable probability of significant deterioration in an important area of life functioning
   iii. A reasonable probability of not progressing developmentally as appropriate.
   iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

b) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:
   i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
   ii. A suspected mental health disorder that has not yet been diagnosed.
   iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

The MCST shall also provide linkage to the COUNTY for individuals who are not existing clients and meet the target population and criteria for Specialty Mental Health Services (SMHS) or make referrals to appropriate alternative services if a client does not meet Medical Necessity for SMHS

VII. POPULATION AND FINANCIAL ELIGIBLITY

All eligible Monterey County children and youth up to 21 years of age. The CONTRACTOR must monitor referrals and verify Medi-Cal eligibility for each client referred. Any discrepancies of Medi-Cal eligibility must be communicated immediately to the Contract Monitor and resolved. Initial response, triage, and stabilization services will be provided to all referrals that are appropriate regardless of Medi-Cal eligibility. Any additional or follow-up services provided to non Medi-Cal eligible children or non-minor dependents up to age 18 will not be reimbursed to CONTRACTOR unless the Director of Behavioral Health or designee has approved for these services in writing.

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VIII. OUTCOME OBJECTIVES

OUTCOME	METHOD	TIMELINE	RESPONSIBLE PARTY
A. Reduced hospital emergency room (ER) and psychiatric inpatient utilization.	County will collect ER utilization and psychiatric inpatient utilization to track change overtime, if any, during and following implementation of the project. Baseline- Calendar Year (CY) 2019 # of children/youth admitted in Emergency Room Visits at Natividad Medical Center: - Count of individuals: 466 - Number of admissions: 1,078 - Total Cost Value: $1,258,901.97 Baseline- CY 2019 Inpatient psychiatric hospitalizations: - Count of individuals: 193 - Number of admissions: 267 - Total Cost Value: $2,575,315.64	Data collected and reported annually per grant expectations.	County
B. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment.	County will work with county law enforcement agencies to collect data on crisis calls, contacts, and custodies. Baseline- CY 2019 # of children/youth served: - Individuals serviced by current Mobile Crisis Team: 242	Data collected and reported annually per grant.	County
C. Improvements in participation rates in the Program.	Seneca will track: - Total unduplicated youth served. - Total number of service contacts, including information on type, duration, and immediate outcome of each contact. - Basic demographic information on youth served. - Total number of clients that are repeatedly opened for new crisis response calls and services. - Services to which clients have been referred. - Information on individual enrollment in mental health services, including whether the youth served was enrolled in mental health service at the time of service provision and if so, what specific services were being accessed. Data trends will be tracked over time to determine changes in participation rates	Data collected and reported annually per grant expectations.	Contractor

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D. Child/youth and/or their family members' satisfaction with the crisis services received.	MCST staff will administer Seneca's agency-specific satisfaction survey for crisis programs.	Survey conducted at close of services.	Contractor
E. Number of MCST vehicles and staff.	Contractor will track number of active MCST personnel at any given point.	On-going	Contractor
F. The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals.	County will track the total amount of claim for reimbursement of crisis intervention (371) and inpatient care (QI will provide dollar amount for this) over time to determine mitigation of costs, if any, during implementation of the project. Baseline- CY 2019 Emergency Room Visits at Natividad Medical Center: - Total Cost Value $1,258,901.97 Baseline- CY 2019 Inpatient Psychiatric Hospitalizations: - Total Cost Value $2,575,315.64	Data collected and reported annually per grant expectations.	County
G. The percent of children/youth who receive a crisis service who, within 15 and 30 days, return for crisis services at a hospital emergency department, psychiatric hospital, detainment center, juvenile hall or jail.	County will work with ERs, out of county psychiatric hospital placements, and juvenile justice staff to track the number of children who are served by the project and are subsequently seen within 15 and 30 days for a crisis incident by ERs and psychiatric in-patient hospitals/placements.	Data collected and reported annually per grant expectations.	County

IX. REPORTING REQUIREMENTS

CONTRACTOR shall:

A. Report on Section VIII. Outcomes Objectives identified as responsible party on a quarterly basis.
B. Collect and report Family Urgent Response System (FURS) data as required by CDSS and County.
C. Collect and report data as required by CHFFA and County.

X. LEASE OF COUNTY VEHICLES FOR MCST SERVICES

A. **General:**
   1. COUNTY leases to CONTRACTOR, beginning on the date of this Agreement through the end of the term of this Agreement two (2) COUNTY-owned vehicles.

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2. COUNTY is the registered owner and lessor of the Vehicles and is responsible for the cost of registration, and CONTRACTOR is the lessee of the Vehicles and is responsible for the cost of fuel and lost or stolen keys.
3. Upon expiration or termination of this Agreement, the lease of the Vehicles to CONTRACTOR shall immediately terminate and CONTRACTOR shall surrender the Vehicles to COUNTY to the location specified by COUNTY.
4. COUNTY vehicles/equipment shall only be used for official COUNTY business.
5. COUNTY vehicles/equipment operated for COUNTY business shall be operated in accordance with all safety and legal requirements of the County, State and any other jurisdiction in which they are operated.

B. **COUNTY responsibilities:**

1. Be responsible for procuring, maintaining and disposing of vehicles leased by contracted providers, in partnership with Fleet Management.
2. Ensure vehicle evaluation in collaboration with Fleet Management, determine the most economical replacement dates.
3. Ensure maintenance of COUNTY vehicles is provided in collaboration with Fleet Management in a manner which will best service the interest of the COUNTY. The COUNTY will assume the cost of keeping leased vehicles(s) in good running order, making repairs and replacing all vehicle components necessary due to normal wear and operation. Repairs necessary due to improper maintenance, negligence, carelessness or abuse may be charged to the contracted agency to which the vehicles(s) is assigned.
4. Will notify contractor within ninety (90) calendar days of the expiration date (based on the term of the contract) for existing lease agreement. If lease is not renewed, the vehicle(s) must be returned to the COUNTY by the expiration date.

C. CONTRACTOR responsibilities:

1. Assume all risk of loss for use of the vehicle(s) in the provision of MCST services.
2. Procure and maintain at its own expense, liability and casualty insurance coverage for the vehicle(s) within policy limits. CONTRACTOR shall not use vehicle(s) unless and until the COUNTY is provided with certificates of insurance to the COUNTY's satisfaction evidencing appropriate coverage.
3. Limit use of the vehicles to employees with a valid California driver's license.
4. CONTRACTOR shall ensure that drivers meet and comply with; CONTRACTOR'S standards for drivers, possess a current valid driver's license, are in good standing with the California Department of Motor Vehicles, and shall provide verification upon request by the COUNTY.
5. Ensure all contracted personnel designated to drive the leased vehicle attend a defensive driving class.
6. Shall maintain a current driver's mileage log for all employees utilizing leased vehicles for each use. Mileage log shall include date, time and name of driver, and actual mileage usage.
7. Perform advance and annual driving record screenings of all drivers. No driver with a ticket for reckless driving, driving under the influence, or record of 2 or more points shall be permitted to operate the vehicle(s).

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8. Prohibit employees from operating a COUNTY vehicle with any measurable amount of alcohol or illegal substance(s) in the employee's blood stream. Violation of this policy is grounds for disciplinary action as deemed appropriate.
9. Do not paint or otherwise modify the vehicles in any way without the advance written consent of the COUNTY. The COUNTY may inspect the vehicles at any time upon 24-hour notice to contractor.
10. Do not allow smoking in the vehicle(s). This includes electronic smoking devices or paraphernalia.
11. Do not allow consumption of food or drink in the vehicle(s). CONTRACTOR shall maintain general cleanliness of the interior and exterior of the vehicles.
12. Obey Federal, State or local traffic laws and ordinances at all times. Ensure all drivers and passengers are provided with and are utilizing seat belts. Traffic and parking citations issued to an employee while using a COUNTY vehicle are the sole responsibility of the employee involved. If the employee cannot be identified, then the appointing authority of the contractor shall be responsible.
13. Report all mechanical defects to the COUNTY immediately. The driver of a leased vehicle used on COUNTY business must be satisfied that the vehicle is in good operating condition before embarking on a trip. The following items are to be checked by the driver prior to the use of any leased vehicles: brakes, lights, fuel, horn, rear view mirrors, steering, tires and windshield wipers.
14. Bring the vehicles to COUNTY maintenance facilities according to the COUNTY Vehicle Service Schedule for repair, maintenance or inspections. Costs of repairing damage to County vehicles resulting from negligence, abuse or willful misconduct by the employee having custody of the vehicle will be recoverable from the contractor.
15. Do not install any article of personal property in or on the vehicle without prior approval of the COUNTY. Do not "personalize" a COUNTY vehicle, either by maintaining an excessive number of personal belongings in the vehicle or by modifying the cosmetics or mechanical systems of the vehicle in any way.
16. Prohibit employees from removing County vehicle decals, seals, or any vehicle identification.
17. Only use appropriate fuel in leased vehicles. Contractor will assume the cost of gasoline.
18. CONTRACTOR shall ensure that vehicles are parked and stored in a secure setting when not in use for mental health services at the location specified by the COUNTY in its sole discretion.
19. CONTRACTOR'S use of the Vehicles shall be limited to providing official MCST services only. Only CONTRACTOR'S designated personnel shall be allowed to operate and use the vehicles. Leased vehicle(s) shall not be used to transport any passengers other than authorized employees on official County business. No personal use of the vehicles by CONTRACTOR is allowed. CONTRACTOR shall be subject to and shall follow the County of Monterey Vehicle Use Policy available at https://countyofmonterey.sharepoint.com/sites/Infonet/Policies/Board%20Policies/Vehicle%20Use.pdf#search=county%20vehicle%20use%20policy,as amended from time to time by COUNTY without need for notice to CONTRACTOR, and CONTRACTOR shall provide a copy to its personnel using Vehicles.

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20. CONTRACTOR shall report any accident involving any leased vehicle to their appropriate insurance carrier(s). Contractor shall notify the COUNTY Contract Monitor by completing County accident/incident report within 24 hours of the accident. If there is damage to the vehicle, other property damage, or injury to any party, the CONTRACTOR is responsible to file a claim with their insurance carrier and have the vehicle repaired. Completion of vehicle repair, including all invoices shall be filed with the COUNTY within 30 days of repair.
21. If any claim for damages is filed with CONTRACTOR or if any lawsuit is instituted against CONTRACTOR, that arise out of or are in any way connected with CONTRACTOR'S performance under this Agreement and that in any way, directly or indirectly, contingently or otherwise, affect or might reasonably affect COUNTY, CONTRACTOR shall give prompt and timely notice thereof to COUNTY. Notice shall be prompt and timely if given within thirty (30) days following the date of receipt of a claim or ten days following the date of service of process of a lawsuit.

XI. MEETING/COMMUNICATIONS

The Contract Monitor shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract and program implementation; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The Contract Monitor does not have the authority to authorize changes requiring a contract amendment.

XII. DESIGNATED CONTRACT MONITOR

Relindis Lorie Diaz, MS, LMFT, IFECMHS, RPFII
Behavioral Health Services Manager II
County of Monterey Children's Behavioral Health
Early Childhood Services Team
951-B Blanco Circle Salinas, CA 93901
(831)784-2113

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PROGRAM 6: WRAPAROUND

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
(510)654-5004

Seneca Family of Agencies Central Coast
124 River Road
Salinas, CA 93908
(831)455-4710

II. PROGRAM NARRATIVE

The Wraparound program provides flexible, family-centered, and highly individualized Specialty Mental Health Services and supports for eligible youth and their families involved with foster care, juvenile justice, or children's behavioral health. Wraparound services are designed to enhance permanency and promote the mental health and wellbeing of youth whose social and emotional well-being has been negatively impacted by loss and trauma associated with low family functioning, disrupted attachment, abuse, neglect, exposure to violence, parental incarceration, and parental substance abuse. The program supports the family in identifying their short- and long-term objectives, building a network of natural supports, and facilitating meetings that create accountable action towards treatment goals and family aspirations. Within the Wraparound program clients are provided assessment, intensive care coordination, intensive home-based services, rehabilitation, individual and, family, crisis prevention and response and referrals to clinical services as appropriate.,

III. PROGRAM GOALS

A. Youth will *experience increased social supports and community integration* by increasing the number of identified and engaged family members as well as other adult supports in the youth's life, as measured by an increase in family team participants and adult connections from baseline to program graduation.

B. Youth and families will move toward *achievement of family- and team-defined goals*, as measured by treatment goal progress, Wraparound action plan progress, placement stability while enrolled, and status at discharge.

C. Youth will experience *improved behavioral and emotional adjustment and mental health outcomes* in multiple domains, as measured by improved scores in relevant CANS domains, including behavioral and emotional needs, risk behaviors, individual strengths, and life domain functioning.

D. Youth and families will report *satisfaction with Wraparound* as measured by their indicating agreement on Client and Caregiver Perception Surveys.

E. Wraparound will demonstrate *adherence to CDSS-defined Wraparound standards* as measured by the Wraparound Fidelity Index.

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IV. PROGRAM OBJECTIVES

A. CONTRACTOR shall provide Specialty Mental Health Services to eligible youth and families referred by COUNTY using CONTRACTOR'S innovative Wraparound model, approved by the California Department of Social Services.

B. CONTRACTOR shall provide a Wraparound team composed of a master's-level care coordinator and bachelor's-level support counselors to provide assessment, plan development, intensive care coordination, intensive home-based services, rehabilitation, individual therapy, family therapy, family group counseling, group rehabilitation/counseling, collateral group counseling, and crisis prevention and response.

C. Five Wraparound teams will provide Tier 1 Wraparound services to a caseload of six families. One additional team will hold a flexible caseload consisting of zero to four families receiving Tier 1 Wraparound services, and zero to two families receiving Tier 2 high-intensity Wraparound services. This specialized team, designed to serve the County's highest-needs youth at risk of hospitalization or Short-Term Residential Therapeutic Program (STRTP) placement, will have the capacity to provide Tier 2 high-intensity Wraparound services to up to two youth at any given time.

D. All Wraparound services and supports across both tiers shall reflect the following service components:
   1. Services are provided in a manner consistent with the ten principles of the National Wraparound Institute.
   2. Utilize a holistic approach that is youth-driven and family-focused.
   3. Provide assessment, plan development, Intensive Care Coordination, Intensive Home-Based Services, Mental Health Rehabilitation, individual therapy, family therapy, family group counseling, group rehabilitation/counseling, collateral group counseling, and Crisis Intervention.
   4. Services are provided at a location and time that is convenient for the individual and family to the extent possible, and consistent with organizational capacity. Staff will travel up to 90 miles from their home office to work with youth and families in the community.
   5. Services are provided in the family's preferred language. Seneca shall provide translation and interpretation services as needed.
   6. Clinical staff assignment shall be based upon the needs and preferences of the youth and their family.
   7. Services shall be provided using clinically appropriate treatment modalities as authorized and directed by the COUNTY and provided in a timely manner.
   8. Services shall address issues specific to foster care and permanence in order to improve the youth's stability, permanence, and mental wellbeing.
   9. Services shall be coordinated with COUNTY agencies including the Department of Social Services (DSS), the Health Department (HD), and the Juvenile Probation Department (JPD).

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10. Services shall be provided in alignment with the initial and updated treatment plans. Youth progress shall be regularly re-evaluated and additional services may be authorized based upon documented medical necessity.

E. CONTRACTOR shall complete the Child and Adolescent Needs and Strengths (CANS) for children/youth ages 6 through 20 years, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 years at the start of treatment, and complete a reassessment every 6 months, and at time of discharge. CONTRACTOR shall utilize CANS completed by COUNTY as initial assessment if the CANS was completed on the month prior to initiation of Wraparound services.

F. CONTRACTOR shall provide services as long as necessary to accomplish the youth and family goals, and as authorized by the COUNTY. Wraparound services last an average of 10 months.

V. OUTCOME OBJECTIVES

A. Accept and enroll 100% of children and youth referred by the COUNTY.

B. Initiate intake and engagement processes for 95% of enrolled families within 24 business hours of receiving a referral from the County.

C. Hold a first face-to-face meeting for 95% of enrolled families within 20 days of receiving a referral from the County.

D. Complete the initial comprehensive assessment, including the CANS assessment if applicable, for 95% of enrolled families within 60 days of the initial face-to-face contact with the family.

E. At least 95% of Wraparound-enrolled youth will conclude services within 18 months.

F. At discharge, at least 75% of Wraparound-enrolled youth who were either placed in or at risk of placement in group home care at intake will be stepped down to or maintained in the least-restrictive, family-like environment.

G. At discharge, at least 75% of Wraparound-enrolled youth with serious emotional or behavioral challenges will have made full or partial progress on their treatment goals.

VI. TREATMENT SERVICES

A. **Mode of Service:** Outpatient
Services inclusive of Assessment, Plan Development, Intensive Care Coordination, Intensive Home-Based Services, Mental Health Rehabilitation services, Individual Therapy, Family Therapy, Family Group Counseling, Group Rehabilitation/ Counseling, Collateral Group Counseling, and Crisis Intervention. Units of Service is per minute. CONTRACTOR shall make a full accounting of all units of service and

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cost in accordance with Section XIV, Preparation of Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement.

B. **Program Sites:**
   1. 124 River Road, Salinas, CA 93908
   2. 1180 Broadway St., King City, CA 93930

C. **Hours of Operation:**
   1. Program operates 7 days per week.
   2. Program sites shall be open from 8:30 AM to 6:00 PM.
   3. Service hours are flexible and adjusted based on client need. Staff may work early in mornings or late in evenings.
   4. Staff remain available to clients for emergency needs on a 24/7 on-call basis.
   5. Services will be provided primarily in the community, such as family homes or client schools, but may also be provided at Program Sites depending on the family's preference.

VII. LIMITATION OF SERVICE PER AUTHORIZATION

A. Potential referrals will be screened by the County Interagency Placement Committee (IPC) to ensure that youth meet criteria for admission to the program and that family has given preliminary agreement to participate in Wraparound services. Further, COUNTY will ensure that all children and youth referred to the CONTRACTOR meet Medical Necessity criteria through assessment and diagnosis, as described in Title IX, Section 18.30.205 or 1830.210 regulations. If for any reason, the CONTRACTOR believes Medical Necessity has not been established CONTRACTOR retains the right to reject the referral. The COUNTY will provide the CONTRACTOR with copies of clinical assessments and treatment plans, and the CONTRACTOR will maintain those records in a safe and confidential manner consistent with California law and HIPAA regulations. The CONTRACTOR will document all applicable mental health services provided under this contract and in accordance with documentation guidelines as established by Title IX regulations. The CONTRACTOR will provide copies of all clinical notes to the County upon request.

B. Referrals for admission to Wraparound will be initiated by COUNTY.

C. If a child/youth is discharged from the Wraparound program but seeks to re-enroll in services with 7 business days, CONTRACTOR may continue providing services to that child/youth without waiting for authorization by COUNTY. CONTRACTOR shall submit the authorization request to DSS to participate in Wraparound at the next regularly scheduled COUNTY meeting.

D. CONTRACTOR shall ensure one point of contact for all program referrals from the COUNTY to promote ease of access for COUNTY staff.

E. Admission for evaluation and subsequent treatment, if qualified by DSM-V diagnosis and medical necessity or EPSDT criteria, will be the sole authority of Seneca.

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F. Primary mental health treatment will remain the responsibility of COUNTY.

VIII. CLIENT DESCRIPTION/CHARACTERISTICS

Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System: Covered specialty mental health services shall be provided to enrolled beneficiaries under the age of 21 who meet **either of the following criteria, (1) or (2)** below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

(2) The beneficiary meets **both of the following requirements in a) and b)**, below:

a) The beneficiary has at least one of the following:
   i. A significant impairment
   ii. A reasonable probability of significant deterioration in an important area of life functioning
   iii. A reasonable probability of not progressing developmentally as appropriate.
   iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

b) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:
   i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
   ii. A suspected mental health disorder that has not yet been diagnosed.
   iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

XX. CASE COODINATION

COUNTY shall provide case coordination, as necessary, through MCBH Quality Assurance.

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IX. TARGET POPULATION

A. Children, youth, and families involved with child welfare or juvenile probation systems who have complex needs requiring intensive, comprehensive, coordinated, highly individualized interventions, as well as linkage to services to ensure safety, permanency, and wellbeing.

B. Specific subpopulations to be served may include:
   1. Families with voluntary (non-Court) child welfare cases
   2. Reunified families whose case closes during service delivery
   3. Legal guardianship cases
   4. Infants and young children ages birth through five
   5. Developmentally delayed children and youth with co-occurring mental health disorders
   6. Pre-adjudicated, juvenile justice involved youth
   7. Adopted children and youth

C. Eligibility criteria:
   1. The youth and/or family is experiencing a disturbance in one or more of the following areas: school, community relations, emotional functioning or family relations; and/or:
   2. Intensive service coordination, delivery, and or support is required to assist the family or caretaker in meeting the youth's needs; and
   3. The youth has a family, relative, legal guardian, or other significant person in their life that is open to participating in a strengths-based, family-centered process and resides within close geographic proximity; otherwise, family finding efforts can be used to identify such persons; and
   4. The youth is eligible under California Welfare and Institutions Code (WIC) 300 or 602 (i.e. is a dependent or ward of the Juvenile Court; or
   5. The youth has an open child welfare case (including legal guardianship), adoption aid payments, or juvenile probation petition pending at the time of referral.
   6. For youth not already involved with DSS or JPD, CONTRACTOR will conduct the assessment for medical necessity.

D. CONTRACTOR will collaborate with COUNTY to create a process to serve Behavioral Health youth and families, with complex needs and mental health disorders, such as those discharging from hospitals, with critical Wraparound services, who are not involved with DSS or JPD.

E. The total number of youths who will receive Wraparound services during the year shall not exceed 37. The active capacity for youth receiving Wraparound shall be an average of 34 at a time.

X. FINANCIAL ELIGIBILITY

Monterey County youth who are identified within the population to be served as noted above have full scope Medi-Cal and have been screened and approved by the Interagency Placement Committee. Non Medi-Cal eligible clients, including undocumented or

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uninsured youth or youth in lockout facilities, who have been screened and approved by the Interagency Placement Committee require pre-authorization by the COUNTY Behavioral Health Director or designee and will be served under the Non-Medi-Cal component. County shall be the payor of last resort.

XI. REPORTING REQUIREMENTS

A. CONTRACTOR shall submit progress made on mental health treatment goals as measured by CANS and PSC-35 no later than the last day of the following service month.

B. CONTRACTOR shall collect and report the data on enrolled clients, CFTs, services, and any other information as set forth by the COUNTY as appropriate.

C. All services are promptly documented by CONTRACTOR in COUNTY Avatar Electronic Health Record system within 72 hours.

D. CONTRACTOR will report on each of the Outcome Objectives described in Section V.

XII. MEETING/COMMUNICATIONS

A. CONTRACTOR shall attend regularly scheduled meetings with the COUNTY for the purpose of overseeing implementation of the contract, discussing contract issues, evaluating contract usage and effectiveness, providing updates about client progress, and making recommendations for quality improvements.

B. CONTRACTOR shall attend monthly leadership team meeting with appropriate COUNTY representatives. During program startup, the leadership meeting will occur every two weeks.

C. CONTRACTOR shall attend regular COUNTY Interagency Placement Committee (IPC) meetings to discuss referrals and identify means of maximizing Wraparound slots to most effectively serve youth and families.

XIII. DESIGNATED CONTRACT MONITOR

Liz A. Pérez-Cordero, Psy.D.
BH Services Manager–Children's Services
Family Assessment Support and Treatment Programs
1000 South Main Street, Suite 210B
Salinas, CA 93901
Phone: 831-755-8430

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PROGRAM 7: MENTAL HEALTH ENHANCED FOSTER CARE

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
510-654-4004

Seneca Family of Agencies DBA Kinship Center
124 River Road
Salinas, CA 93908
831-455-4710

II. PROGRAM NARRATIVE

The Mental Health Enhanced Foster Care Program provides a variety of specialty mental health service support options to ensure that foster children with intensive mental health needs have access to the appropriate level of mental health care services. Several specialty mental health services are part of this program including crisis intervention, Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), and Therapeutic Foster Care. Therapeutic Foster Care (TFC) is a short-term, intensive, highly coordinated, trauma informed, and individualized rehabilitative service. TFC is intended for children/youth up to age 21 with complex emotional and behavioral needs and require intensive and frequent mental health support in a one-on-one environment through a home base placement with trained and intensely supervised and supported TFC parents. The TFC parents serve as a key participant in the therapeutic treatment process of the child/youth. TFC services are part of a spectrum of resources, supports, and services needed to maintain foster youth and wards in family-based home settings while promoting permanency for the youth through family reunification, adoption, or legal guardianship.

The Mental Health Enhanced Foster Care Program will provide two tiers of services. TFC and Enhanced TFC. The program is an intensive tier of TFC services that allows for home-based care for youth with complex needs. The goal of program is to provide an alternative to residential treatment and to provide shorter-term stabilization for youth with the goal of stepping down to a traditional Intensive Services Foster Care (ISFC) home. Each home has a dedicated professional parent, an ISFC (Child Welfare Level of Care category) approved resource parent who is also a professional with education and work experience with youth that helps them to understand and respond to the needs of youth placed in their care (e.g. social workers, teachers, nurses, etc.). Enhanced TFC homes are intended to be linked directly with supportive community-based services like Wraparound and Mobile Response to prevent placement disruption and to build natural support systems around a youth with intensive needs.

CONRACTOR was selected as the Foster Family Agency (FFA) through a Request for Proposal process to provide clinical oversight and management for mental health services provided to children/youth in need of a Therapeutic Foster Care (TFC) level of service.

III. PROGRAM GOALS

A. Improve functioning and well-being and help the child/youth to remain in community settings, thereby avoiding residential, inpatient, or institutional care

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B. Support comprehensive intervention efforts to ameliorate the child or youth's mental health issues to support successful transition toward stable permanency, through reunification, adoption, or legal guardianship.
C. Provide comprehensive culturally relevant mental health services to treat individuals, and families, experiencing acute and/or ongoing psychological distress that is affecting their relationships and ability to function in their environment.
D. Reduce subjective suffering from serious emotional disorders for children and youth.
E. Coordinate and collaborate in care planning efforts with other child serving agencies and institutions involved in delivering services to the child and family, to insure comprehensive and consistent care.
F. Demonstrate practice and principals of the Integrated Core Practice Model (ICPM) when providing services to child/youth and families.

IV. PROGRAM OBJECTIVES

A. CONTRACTOR will accept referrals according to COUNTY BH guidelines.
   1. Referrals for TFC will be an outcome of a Child and Family Team (CFT) Meeting.
   2. Youth referred could be part of the following diagnostic spectrum which includes schizophrenia and other psychotic disorders, major affective disorders, post-traumatic stress disorder, disorders of behavior and bodily function, anxiety and adjustment disorders, dual diagnosed mental health, developmental disability or drug and alcohol related diagnosis.

B. CONTRACTOR shall discharge clients from service when they meet the following criteria:
   1. Upon mutual agreement by all members of the CFT that the goals of treatment have been met;
   2. Upon parent or guardian's unilateral decision to terminate treatment;
   3. Upon a good faith determination by the CONTRACTOR that the individual youth cannot be effectively served by the program and will be linked to other appropriate services that meet the needs of the youth; and
   4. Upon transfer out of the COUNTY to another mental health program.

C. CONTRACTOR shall maintain an appropriate training and supervision regime to ensure TFC is provided and documented appropriately. The services are intended to be a one to one service in a foster based home setting. The TFC foster parents will provide services under the supervision of licensed clinical staff from the FFA.

D. TFC parents will provide EPSDT specialty mental health services as defined by the State which such as plan development, rehabilitation, and collateral. These services may encompass community service and supports, physical, behavioral, and mental health support and access to services, including specialty mental health services, educational support, life and social support, transitional support services for children/youth, families who assume permanency, services for transition-aged youth, services for non-minor dependents, and trauma-informed practices and supports for children and youth, including treatment services. It is expected that services will be provided within the context and implementation of the Integrated Core Practice Model (ICPM) as outlined in the Katie A. Settlement.

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E. Services provided by TFC parents will be available 24 hours a day, 7 days a week, services will be timely and are individualized based on the child/youth needs. As part of the CFT process the TFC parent will be a participating member of the CFT and attend Child Family Team Meetings (CFTM).

F. CONTRACTOR is responsible for the following:
   1. Collaborating and coordinating between and among the SMHS care coordinator and CFT with the TFC services in the development and implementation of the coordinated care plan;
   2. Assessing the child/youth's progress in meeting plan goals related to provision of TFC services and communicating progress through the CFT;
   3. Providing the provision of non-TFC Specialty Mental Health Services such as crisis intervention services that may need to be available 24-hours a day, 7 days a week and additional Specialty Mental Health Services within the provider's scope of practice; and,
   4. Incorporating evidence informed practices in the training of TFC parents and the treatment of the child/youth.

G. TFC Parent Services: The child/youth placed with a TFC parent(s) will receive certain Medi-Cal SMHS components under a TFC service model operating under the direction of a LPHA or a Licensed Mental Health Professional able to direct services from the TFC Program Agency, as described below. The TFC parent(s) serve as one of the primary change agents for the trauma-informed, rehabilitative treatment of the child/youth as set forth in the client plan. A child/youth receiving TFC remains eligible for all medically necessary Medi-Cal SMHS services including ICC and IHBS. TFC parents provide a range of activities and services activities which include:
   1. Implementing in-home evidence informed practices that include trauma informed rehabilitative treatment strategies set forth in the child/youth's client plan. Examples of services to be provided include providing skills-based interventions (including coaching and modeling), developing functional skills to improve self-care, and improving self-management in areas of anger management or self-esteem or peer relations;
   2. Implementing the risk management/safety components of the child/youth's plan;
   3. Participating as a member in the CFT in care planning, monitoring, and review processes;
   4. Assisting or linking the child/youth in accessing needed medical, vocational, or other services needed to meet plan goals;
   5. Observing, monitoring, and alerting TFC Program Agency and members of the CFT about changes in the child/youth's needs; The TFC service model is provided face-to-face at the TFC home or anywhere in the community.
   6. This service is provided by the TFC parent and is billed as a daily bundled rate.
   7. The TFC parents must write and sign a daily progress note and the TFC Program Agency's LPHA or a Licensed Mental Health Professional must review and co-sign the daily progress note which meets state Medi-Cal documentation standards of the child/youth's qualifying behavior, activities, progress, and achievements or progress toward specific outcomes outlined in the child/youth's Plan.

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8. CONTRACTOR must comply with the mental health documentation requirements prescribed by the County Mental Health Plan and the contract between DHCS and the local mental health plan.
9. The SMHS components provided under a TFC service model must be reflected in the child/youth's Plan.

H. Provide comprehensive culturally relevant mental health services to treat individuals, and families, experiencing acute and/or ongoing psychological distress that is affecting their relationships and ability to function in their environment.

I. Staffing Requirements:
   1. CONTRACTOR's staff shall be appropriately trained and meet the qualifications of the Licensed Practitioner of the Healing Arts (LPHA) as well as meet discipline specific licensure requirements. CONTRACTOR's facilities shall be up to date with all relevant State and local building and safety requirements.
   2. In addition to licensing requirements, the following additional experience, training and skills will be expected of CONTRACTOR'S staff:
      a. Capability for addressing the diverse levels of client acculturation and bi-culturally.
      b. Capability to perform effective intervention with abused and neglected youth and their families, including clients involved in the juvenile justice system and clients of African American, Asian and Hispanic cultures.
      c. Knowledge of multicultural experience, local community resources available to the client population, trauma-informed practice, clinical issues related to child abuse, substance abuse, domestic violence, communication, behavioral management, parenting skills, and parent engagement strategies.
      d. Knowledge of local community resources available to the client population, including those within ethnic/cultural groups.
      e. Capability to work effectively as part of a multidisciplinary team.
      f. Use of Treatment Teams and Family Specialists/Partners type staff is highly encouraged.
      g. Knowledge of crisis management and defined practice model.

J. Cultural & Linguistic Skills
   1. Services shall be culturally and linguistically appropriate for the target population. At a minimum, services shall be made available in the two threshold languages (English and Spanish).
   2. Staffing shall reflect the percentage of ethnic makeup of the target population.
   3. CONTRACTOR shall have the capability to provide an interpreter for non-English speaking participants as needed.

K. Clinical Supervision
   1. CONTRACTOR will provide consistent, scheduled, and structured clinical supervision integrating principles of reflective practice and evidence-based care and will at a minimum adhere to the following:
      a. Unlicensed staff on licensure track receive supervision in accordance to their licensure board requirements
      b. Licensed staff receive 1 unit of supervision 2 times/month

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c. Paraprofessionals and other practitioners receive 1 unit of supervision weekly
d. 1 unit of supervision = 1 hour of individual or 2 hours of group supervision

2. CONTRACTOR shall maintain a workflow that is manageable for supervisors by attending to the 1:8 ratio of supervisors to supervisees.
3. The numbers of supervisees assigned to a supervisor shall be tied to licensure regulations, level of expertise and experience, years of professional practice, comfort level, complexity and intensity of services, qualifications, etc.
4. CONTRACTOR will ensure that clinical supervisors receive supervision and feedback related to their supervision of direct service staff at minimum monthly

L. CONTRACTOR will demonstrate and support the values and principles of the ICPM

M. CANS will be administered as appropriate to clients to support decision making and treatment planning, facilitate quality improvement, and monitor the outcomes of services, using the county specific CANS.
1. CONTRACTOR shall complete the Child and Adolescent Needs and Strengths (CANS) for children/youth ages 6 through 20, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 at the start of treatment, and complete a reassessment every 6 months, and at time of discharge
2. CONTRACTOR is responsible for training, certifying and annually re-certifying their staff on the CANS. In addition, if Contractor provides services to children birth through age 5, then CONTRACTOR is responsible for training, certifying, and annually re-certifying their staff on the CANS: Early Childhood.
3. CONTRACTOR shall maintain a minimum of 2 staff that are the CONTRACTOR's CANS Trainers to ensure sustainability and that CANS principles and philosophy are integrated into clinical practice.
4. CONTRACTOR will establish an online account with Praed Foundation to access online CANS trainings and certification, within 90 days of contract execution

V. OUTCOME OBJECTIVES

A. Access for New Clients (Timeliness/Access)
1. Target Performance: Amount of time to access initial TFC services is no more than 7 days for clients (including urgent clients and those discharging from inpatient services)
2. Metric: Time to Services
a) Average amount of time to TFC services for clients
b) Clients receiving 1st service more than 1 calendar day from initial request
3. Improvement Objective: Reduce the number of clients who access services more than 7 days from initial request to no more that 10% of total new clients.
4. Data Source: Referral forms and Avatar Electronic Health Record (EHR)

B. Successful Discharges (Quality)
1. Target Performance: At least 75% of discharges are successful, as measured by Child and Adolescent Needs and Strengths (CANS) Comprehensive Multisystem Assessment.

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2. Metric: Number and percentage of clients who discharged successfully from TFC service and into a lower LOC (as indicated by change in CANS scores).
3. Improvement Objective: Increase to at least 75% the number of clients who successfully discharge, as indicated by improvement in CANS score at discharge.
4. Data Source: CANS

C. Hospital ER and PHF Readmission Reduction (Quality)
1. Target System Performance: No more than 5% of clients receiving inpatient hospital services are readmitted within 30 days.
2. Metric: Number and percentage of clients discharging from acute care services who are readmitted within 30 days for any reason.
3. Improvement Objective: Reduce the percentage of clients receiving inpatient hospital services who are readmitted within 30 days to no more than 5%.
4. Data Source: EHR to report the number of clients in placement who have been hospitalized.

VI. TREATMENT SERVICES

A. Mode of Service:
1. Outpatient Services – Units of Service is per minute
2. Therapeutic Foster Care – Units of Service is per day

B. Delivery Sites
CONTRACTOR shall provide services in a variety of settings, including home, school, and community as needed.

C. Hours of Operation
Services will be timely and are individualized based on the client's needs. All outpatient services will be offered seven (7) days per week, except for holidays. Professional parents will be available twenty-four (24) hours a day, seven (7) days a week to address the regular and emergency needs of the client. Changes to this plan shall be submitted to the Contract Monitor for approval prior to implementation. Arrangements for emergency services must be available for all clients served in the program.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Referrals for admission to this program will be initiated exclusively by the Monterey County Behavioral Health (MCBH) Case Management staff after an initial screening. Admission to the program will involve children/youth who are voluntary participants or who are wards or dependents of the court. Screening criteria will be based on degree of emotional disturbance, a designated funding source, and the inability to utilize a less restrictive placement. Admission will be the sole authority of the CONTRACTOR. Mental Health Services including TFC require prior authorization in coordination with the CFT. The contracted duration of treatment is limited to one year; any extension requires consultation with the MCBH Case Manager and approval of the Contract Monitor. The

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recommended caseload for this program is one (1) to two (2) cases. Average length of stay will be six (6) months as determined by medical necessity.

CONTRACTOR may submit a request for re-authorization for additional treatment services to the designated COUNTY staff for review and authorization. Only those additional treatment services deemed allowable will be authorized.

VIII. CLIENT DESCRIPTION/CHARACTERISTICS

A. Diagnostic Spectrum and Functional Impairment of population served:

1. TFC Program will provide services to clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain clients in community settings, to help clients achieve agreed upon desired outcomes, and to achieve a sense of their own power and ability to positively influence their own lives.
2. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major affective disorders, post-traumatic stress disorder, disorders of behavior and bodily function, anxiety and adjustment disorders, and dual diagnosis (mental health, developmental disability or drug and alcohol related diagnosis).

B. Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System: Covered specialty mental health services shall be provided to enrolled beneficiaries under the age of 21 who meet **either of the following criteria, (1) or (2)** below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

(2) The beneficiary meets **both of the following requirements in a) and b)**, below:

a) The beneficiary has at least one of the following:
   i. A significant impairment
   ii. A reasonable probability of significant deterioration in an important area of life functioning
   iii. A reasonable probability of not progressing developmentally as appropriate.
   iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

b) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:

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i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
ii. A suspected mental health disorder that has not yet been diagnosed.
iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

IX. POPULATION AND FINANCIAL ELIGIBILITY

This current agreement is for twelve (12) eligible Monterey County children/youth up to age 21 years, who have full scope Medi-Cal, are screened through the County IPC, and who are County dependents and wards of the Court in need of specialty mental health services. Children/youth will meet Medical Necessity Criteria for reimbursement for EPSDT Medi-Cal Specialty Mental Health Services (Reference Title 9, California Code of Regulations Ch. 11 Sec. 1830.210).

The target population will be comprised of Dependents and Wards, as defined by Welfare & Institutions Code (W&I) 300, placed by County Child Welfare (CW) and Wards (W&I 602) placed by County Juvenile Probation Department (JPD). The population served include but are not limited to pregnant or parenting; younger youth (below age12) with severe mental health issues and behaviors; LGBTQ+ Youth; cognitively low functioning with mental health and behavioral issues; and special medical and health care needs.

X. LEGAL STATUS

Voluntary or Juvenile dependents and wards (W&I Code, Sections 300 et set. and Sections 601 & 602 et seq.)

XI. COVERAGE

Mental Health services and Medication Support will be as designated on the service plan.

XII. CASE COORDINATION

COUNTY shall provide case coordination, as necessary, through MCBH Quality Assurance.

XIII. REPORTING REQUIREMENTS

A. CONTRACTOR shall report on the total number of children and youth who receive TFC services, including the following metrics:
   - Age of child/youth
   - Gender

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- Ethnicity
- Length of stay
- Number of CFT meetings attended on a quarterly basis

B. CONTRACTOR shall submit a quarterly report demonstrating performance in the metrics noted in Outcome Objectives above. Report will include run charts that demonstrate monthly performance since effective date of the contract and discussion of improvement activities related to the target performance.

C. CONTRACTOR will submit for review and approval an annual Quality Improvement Plan (QIP) as set forth by the COUNTY. CONTRACTOR will assess performance per above targets, metrics and improvement objectives and address needed improvements in the QIP.

D. CONTRACTOR shall comply with the reporting requirements reflected in Division 5 of the California W&I and Division 1 of Title 9 of the California Code of Regulations (CCR).

E. When applicable, the CONTRACTOR shall administer assessment tool(s) as part of the COUNTY's program requirement(s); the CONTRACTOR shall collect and report on assessment tool data.

F. CONTRACTOR shall submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month.

XIV. MEETING/COMMUNICATIONS

The Contract Monitor shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The Contract Monitor does not have the authority to authorize changes requiring a contract amendment.

XV. DESIGNATED CONTRACT MONITOR

Liz A. Pérez-Cordero, Psy.D.
BH Services Manager–Children's Services
Family Assessment Support and Treatment Programs
1000 South Main Street, Suite 210B
Salinas, CA 93901
Phone: 831-755-8430

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PROGRAM 8: FAMILY PARTNER

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
510-654-4004

Seneca Family of Agencies DBA Kinship Center
124 River Road
Salinas, CA 93908
831-455-4710

II. PROGRAM NARRATIVE

The Family Partner program provides peer support to family members of clients receiving mental health services. The Family Partner works individually with family members to engage them in the process of mental health services and assists them in achieving their individual/family goals. The Family Partner can also support families in navigating the system of care, building engagement, and provide support to bridge the family and provider's communication. They will perform a wide range of activities to function as a member of the supporting team as well as provide individual support to the parents. Family Partners are employed across multiple programs within the agency. Family Partners have personal caregiver experience of a youth who has been the recipient of child welfare or probation and/or behavioral health services, is experienced and/or interested in working with youth and families, as well as a high school diploma.

III. PROGRAM GOALS

A. Support parents of children and youth that have serious emotional disturbance in identifying goals that promote recovery and resiliency.
B. Improvement in client participation rates in the program due to increased supports to family members.
C. Empower families by assisting in skill-building and instilling hope.
D. Youth and their family members' will feel satisfied with services received.
E. Coordinate and collaborate in care planning efforts with other child serving agencies and institutions involved in delivering services to the child and family, to insure comprehensive and consistent care.

IV. PROGRAM OBJECTIVES

A. CONTRACTOR shall provide Family Partners services that may include:
   1. Case management, including linkage and referrals to ensure connection to culturally responsive services and community resources.
   2. Supportive services, including psychoeducation, parenting coaching, emotional support, and validation. These services can be provided in-the-moment during in-field response (e.g., in crisis situations), as follow-up to crisis situations/as-needed, or in regularly scheduled meetings.
   3. Engaging the youth and family's systems of supports and services to help build strong networks and avoid duplicative interventions.

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4. Support family in the process of IEP/504 plan and how to best advocate for their child's educational needs.

B. Referral and Building Alignment
   1. Assign case to Family Partner staff within 48 hours of a referral being received. Within 24 hours of the referral being assigned (36 hours from the time of receipt), staff will initiate contact with the referring multidisciplinary team to schedule a meeting. During this initial phone call and/or face-to-face meeting with the Clinician, staff will have consents signed and gather additional details about the referred family, the County's goals in referring to Family Partner program.
   2. If a Waiting List for the program is present, these timelines will be discussed, and the team will receive an update when a referral is moved from Waitlist to Pending status.
   3. Once the meeting between the Clinician and Family Partner Staff takes place and applicable consents are signed, the referral will be moved to Active Status.

C. Collaborate with the assigned Clinician and multidisciplinary team to develop a specific strategy to provide mental health services to family. A clear process for communication throughout the team with updates from Family Partner on case management, support services, and family support systems.

D. Provide services for up to 6 – 9 months. Extensions beyond 9 months are discussed on a case-by-case basis with the County.

E. Cultural & Linguistic Skills
   1. Services shall be culturally and linguistically appropriate for the target population. At a minimum, services shall be made available in the two threshold languages (English and Spanish).
   2. Staffing shall reflect the percentage of ethnic makeup of the target population.
   3. CONTRACTOR shall have the capability to provide an interpreter for non-English speaking participants as needed.

F. Supervision - CONTRACTOR will provide consistent, scheduled, and structured clinical supervision to Family Partner integrating principles of reflective practice and evidence-based care.

V. OUTCOME OBJECTIVES

A. Data will be collected and reported on client enrollment and participation in services.

B. CONTRACTOR will administer satisfaction survey for family partner programs

VI. TREATMENT SERVICES

A. Mode of Service:
   Outpatient Services – Units of Service is per minute

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B. Delivery Sites
CONTRACTOR shall provide services in a variety of settings, including home, school, and community as needed.

C. Hours of Operation
Services will be timely and are individualized based on the client's needs. All outpatient services will be offered seven (7) days per week, except for holidays. Professional parents will be available twenty-four (24) hours a day, seven (7) days a week to address the regular and emergency needs of the client. Changes to this plan shall be submitted to the Contract Monitor for approval prior to implementation. Arrangements for emergency services must be available for all clients served in the program.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Referrals for admission to these programs will be initiated by MCBH Children's Program or parent request.

Parents of children who are adopted, legal guardians and other adults that have the right to sign for treatment may self-refer using a Monterey County full scope Medi-Cal card for which the child is eligible to receive as an Adoption Assistance Program recipient. Screening criteria will be based on the degree of emotional or behavioral disturbance and a designated funding source. Admission for evaluation and subsequent treatment, if qualified by DSM V diagnosis and medical necessity or the EPSDT rule, will be the sole authority of the CONTRACTOR.

The contracted duration of the treatment is limited to six (6) months; any extension requires consultation with the MCBH Case Manager and approval of the Contract Monitor.

VIII. CLIENT DESCRIPTION/CHARACTERISTICS

Populations served are children or youth, up to age 25, including their families/caregivers, who meet the following criteria for medical necessity (diagnostic, impairment, and intervention related):

A. Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System: Covered specialty mental health services shall be provided to enrolled beneficiaries under the age of 21 who meet **either of the following criteria, (1) or (2)** below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

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(2) The beneficiary meets **both of the following requirements in a) and b)**, below:

b) The beneficiary has at least one of the following:

i. A significant impairment

ii. A reasonable probability of significant deterioration in an important area of life functioning

iii. A reasonable probability of not progressing developmentally as appropriate.

iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

c) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:

i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.

ii. A suspected mental health disorder that has not yet been diagnosed.

iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

B. Criteria for Adult Beneficiaries to Access the Specialty Mental Health Services Delivery System for beneficiaries 21 years of age or older, a county mental health plan shall provide covered specialty mental health services for beneficiaries who meet **both of the following criteria, (1) and (2) below:**

(1) The beneficiary has one or both of the following:

a) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.

b) A reasonable probability of significant deterioration in an important area of life functioning.

AND

(2) The beneficiary's condition/impairment as described in paragraph (1) is due to either of the following:

a) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.

b) A suspected mental disorder that has not yet been diagnosed.

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IX. POPULATION AND FINANCIAL ELIGIBILITY

This current agreement is for 10-15 eligible Monterey County families per Family Partner, for a total of 40 families per Fiscal Year, who have full scope Medi-Cal. Children/youth will meet Medical Necessity Criteria for reimbursement for EPSDT Medi-Cal Specialty Mental Health Services (Reference Title 9, California Code of Regulations Ch. 11 Sec. 1830.210).

X. LEGAL STATUS

Voluntary or Juvenile dependents and wards (W&I Code, Sections 300 et set. and Sections 601 & 602 et seq.)

XI. COVERAGE

Mental Health services will be as designated on the service plan.

XII. CASE COORDINATION

COUNTY shall provide case coordination, as necessary, through MCBH Quality Assurance.

XIII. REPORTING REQUIREMENTS

A. Provide an aggregate report, on a quarterly basis, detailing the following: Number of families referred to services, average time between referral and enrollment (waitlist), number of families served, duration of services (months between intake and discharge), number of face-to-face contacts, percentage and number of referred families that successfully complete services, and percentage and number of enrolled families that successfully complete services.

B. Submit a Family Partner Quarterly Report to the Contract Monitor which includes (a) the progress in performing the scope of work and results of client satisfaction surveys.

C. Submit a Family Partner Discharge Summary for all families at the time of discharge that includes the elements of the Family Partner Quarterly Report, and any recommendations or referrals made for each family.

D. Monterey County Behavioral Health shall provide to CONTRACTOR the reporting requirements and instructions as required by the State Mental Health Services Oversight and Accountability Commission, DHCS and County. CONTRACTOR shall report to MCBH's designated Contract Monitor and Prevention Services Manager, on a quarterly and annual basis, demographic data for each service provided, as well as the program goals and outcomes included in the Program Description. As part of the County's ongoing PEI Program Evaluation process, these required program data and outcome reporting requirements may be revised to assure compliance with State PEI regulations.

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XIV. MEETING/COMMUNICATIONS

The Contract Monitor shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The Contract Monitor does not have the authority to authorize changes requiring a contract amendment.

XV. DESIGNATED CONTRACT MONITOR

Liz A. Pérez-Cordero, Psy.D.
BH Services Manager–Children's Services
Family Assessment Support and Treatment Programs
1000 South Main Street, Suite 210B
Salinas, CA 93901
Phone: 831-755-8430

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EXHIBIT B-5:
PAYMENT AND BILLING PROVISIONS

I. PAYMENT TYPES

Provisional Rates and Cash Flow Advances

II. PAYMENT AUTHORIZATION FOR SERVICES

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

III. PAYMENT RATE

The following program services will be paid in arrears, not to exceed the negotiated rates for a total maximum of **$19,274,021** for FY 2019-20 through FY 2022-23.

PROGRAM SUMMARY

Program	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	Total Amount
Program 1: D'Arrigo Outpatient	$1,922,185	$1,762,805	$1,762,805	$1,762,805	$7,210,600
Program 2: Early Childhood Treatment	$343,461	$343,461	$343,461	$343,461	$1,373,844
Program 3: Home Alternative Placement	$239,414	$64,996	$0	$0	$304,410
Program 4: Compass	$69,580	$0	$0	$0	$69,580
Program 5: Mobile Crisis Support Team	$158,818	$1,238,478	$1,588,155	$1,588,155	$4,573,606
Program 6: Wraparound	$166,667	$1,010,000	$1,014,000	$1,010,000	$3,200,667
Program 7: Mental Health Enhanced Foster Care	$0	$559,252	$740,781	$740,781	$2,040,814
Program 8: Family Partner	$0	$0	$38,500	$462,000	$500,500
Total	**$2,900,125**	**$4,978,992**	**$5,487,702**	**$5,907,202**	**$19,274,021**

A. PROVISIONAL RATE: NEGOATIED RATE

CONTRACTOR shall be paid at the negotiated rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B. Payment Method is Rate multiplied by the Units. Rate schedules and maximum annual liability for each program are as follows below.

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Invoices requesting payment shall be prepared for each program separately and accompanied by Exhibit G: Behavioral Health Cost Reimbursement Invoice for the appropriate program.

PROGRAM 1: D'ARRIGO OUTPATIENT

Program 1: D'Arrigo Outpatient Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	89,185	$2.36	$210,477
Assessment and Evaluation	15	30	536,090	$3.05	$1,635,075
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	12,492	$5.64	$70,455
Crisis Intervention	15	70	1,440	$4.29	$6,178
TOTAL MAXIMUM LIABILITY FY 2019-2020					**$1,922,185**

Program 1: D'Arrigo Outpatient Fiscal Year 2020-2021					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	81,789	$2.36	$193,023
Intensive Care Coordination	15	01			
Intensive Homebase Services	15	30	491,640	$3.05	$1,499,502
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	11,456	$5.64	$64,612
Crisis Intervention	15	70	1,321	$4.29	$5,668
TOTAL MAXIMUM LIABILITY FY 2020-21					**$1,762,805**

Program 1: D'Arrigo Outpatient Fiscal Year 2021-2022					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	73,115	$2.64	$193,024
Intensive Care Coordination	15	01			
Intensive Homebase Services	15	30	438,449	$3.42	$1,499,496
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			

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Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	10,224	$6.32	$64,616
Crisis Intervention	15	70	1,181	$4.80	$5,669
TOTAL MAXIMUM LIABILITY FY 2021-2022					**$1,762,805**

Program 1: D'Arrigo Outpatient Fiscal Year 2022-2023					
Service Description	**Mode of Service**	**Service Function Code**	**Estimated Units**	**Rate per Unit**	**Total Amount**
Case Management	15	01	73,115	$2.64	$193,024
Intensive Care Coordination	15	01			
Intensive Homebase Services	15	30	438,449	$3.42	$1,499,496
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	10,224	$6.32	$64,616
Crisis Intervention	15	70	1,181	$4.80	$5,669
TOTAL MAXIMUM LIABILITY FY 2022-2023					**$1,762,805**

PROGRAM 2: EARLY CHILDHOOD TREATMENT

Program 2: Early Childhood Treatment Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	11,539	$2.36	$27,233
Assessment and Evaluation	15	30	102,087	$3.05	$311,366
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	862	$5.64	$4,862
TOTAL MAXIMUM LIABILITY FY 2019-2020					**$343,461**

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Program 2: Early Childhood Treatment Fiscal Year 2020-2021					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	11,539	$2.36	$27,233
Assessment and Evaluation	15	30	102,087	$3.05	$311,366
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	862	$5.64	$4,862
TOTAL MAXIMUM LIABILITY FY 2020-2021					**$343,461**

Program 2: Early Childhood Treatment Fiscal Year 2021-2022					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	10,315	$2.64	$27,232
Assessment and Evaluation	15	30	91,043	$3.42	$311,368
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	769	$6.32	$4,861
TOTAL MAXIMUM LIABILITY FY 2021-2022					**$343,461**

Program 2: Early Childhood Treatment Fiscal Year 2022-2023					
Service Description	**Mode of Service**	**Service Function Code**	**Estimated Units**	**Rate per Unit**	**Total Amount**
Case Management	15	01	10,315	$2.64	$27,232
Assessment and Evaluation	15	30	91,043	$3.42	$311,368
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	769	$6.32	$4,861
TOTAL MAXIMUM LIABILITY FY 2022-2023					**$343,461**

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PROGRAM 3: HOSPITAL ALTERNATIVE PLACEMENT

**** Effective March 8, 2021 the Hospital Alternative Placement program is terminated, and COUNTY shall no longer refer clients to the CONTRACTOR under this program.**

Program 3: Hospital Alternative Placement Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	4,320	$2.36	$10,196
Assessment and Evaluation	15	30	13,298	$3.05	$40,559
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Group Rehab/Counseling	15	50			
Therapeutic Behavioral Services	15	58			
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30			
Medication Support	15	60	3,600	$5.64	$20,304
Crisis Intervention	15	70	2,250	$4.29	$9,653
Therapeutic Foster Care	05	95-98	730	$217.40	$158,702
TOTAL MAXIMUM LIABILITY FY 2019-2020					**$239,414**

Program 3: Hospital Alternative Placement Fiscal Year 2020-2021					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	6,722	$2.36	$15,864
Assessment and Evaluation	15	30	9,797	$3.05	$29,881
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Parent Therapy	15	30			
Group Rehab/Counseling	15	50			
Therapeutic Behavioral Services	15	58			
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30			
Medication Support	15	60	772	$5.64	$4,355
Crisis Intervention	15	70	685	$4.29	$2,939
Therapeutic Foster Care	05	95-98	55	$217.40	$11,957
TOTAL MAXIMUM LIABILITY FY 2020-2021					**$64,996**

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PROGRAM 4: COMPASS

**** Effective March 8, 2021 the Compass program is terminated, and COUNTY shall no longer refer clients to the CONTRACTOR under this program.**

Program 4: Compass Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	2,888	$2.36	$6,816
Assessment and Evaluation	15	30	12,600	$3.05	$38,430
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Group Rehab/Counseling	15	50			
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30			
Medication Support	15	60	480	$5.64	$2,708
Crisis Intervention	15	70	480	$4.29	$2,060
Therapeutic Foster Care	05	95-98	90	$217.40	$19,566
TOTAL MAXIMUM LIABILITY FY 2019-2020					**$69,580**

There were no youth in placement during Fiscal Year 2020-21 (July 1, 2020 – March 8, 2021)

PROGRAM 5: MOBILE CRISIS SUPPORT TEAM

Program 5: Mobile Crisis Support Team Fiscal Year 2019-2020 (May 1, 2020 - June 30, 2020)	
GRANT	
Personnel	Total Amount
Lead Clinician	$0.00
Bilingual Clinical	$0.00
Bilingual Clinical	$0.00
Total Personnel	$0.00
Operational	Total Amount
Program Support	$2,692.68
Personnel Start up	$156,124.90
Total Operational	$158,817.58
TOTAL MAXIMUM LIABILITY FY 2019-2020 Grant	**$158,818.00**

Program 5: Mobile Crisis Support Team Fiscal Year 2020-2021	
GRANT	
Personnel	Total Amount
Lead Clinician	$74,940.00
Bilingual Clinical	$72,930.00
Bilingual Clinical	$80,223.00
Total Personnel	$228,093.00

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Operational					Total Amount
Program Support					$1,500.00
Personnel Startup					$30,000.00
Total Operational					$31,500.00
TOTAL MAXIMUM LIABILITY FY 2020-2021 Grant					$259,593.00
MHSA					
Service Description					Total Amount
Family Urgent Response System (FURS)					$140,511.00
TOTAL MAXIMUM LIABILITY FY 2020-2021 MHSA					$140,511.00
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	*Rate per Unit	Total Amount
Assessment and Evaluation	15	30	58,111	$5.03	$292,299
Case Management	15	01	10,733	$3.89	$41,752
Crisis Intervention	15	70	71,232	$7.08	$504,323
TOTAL MAXIMUM LIABILITY FY 2020-2021 Medi-Cal					$838,374
TOTAL MAXIMUM LIABILITY FY 2020-2021					**$1,238,478**

Program 5: Mobile Crisis Support Team Fiscal Year 2021-2022					
GRANT					
Personnel					Total Amount
Lead Clinician					$74,940.00
Bilingual Clinical					$72,930.00
Bilingual Clinical					$80,223.00
TOTAL MAXIMUM LIABILITY FY 2021-2022 Grant					$228,093.00
FURS					
Service Description					Total Amount
Family Urgent Response System (FURS)					$440,319.00
TOTAL MAXIMUM LIABILITY FY 2021-2022					$440,319.00
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	50,728	$5.03	$255,162
Mental Health Rehab	15	45			
Collateral	15	10			
Intensive Care Coordination	15	01	22,429	$3.89	$87,249
Case Management	15	01			
Crisis Intervention	15	70	81,544	$7.08	$577,332
TOTAL MAXIMUM LIABILITY FY 2021-2022 Medi-Cal					$919,743
TOTAL MAXIMUM LIABILITY FY 2021-2022					**$1,588,155**

**Services provided beginning July 1, 2020 will be paid at the interim rates which are subject to the cost report settlement process set forth in Exhibit I. These rates are temporary due to the COVID-19 pandemic and will be reduced upon receipt of notice by the State Department of Health Care Services to counties that these COVID-19 pandemic rates are no longer applicable/allowable.*

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Program 5: Mobile Crisis Support Team Fiscal Year 2022-2023					
GRANT					
Personnel					Total Amount
Lead Clinician					$74,940.00
Bilingual Clinical					$72,930.00
Bilingual Clinical					$80,223.00
TOTAL MAXIMUM LIABILITY FY 2022-2023 Grant					$228,093.00
FURS					
Service Description					Total Amount
Family Urgent Response System (FURS)					$440,319.00
TOTAL MAXIMUM LIABILITY FY 2022-2023					$440,319.00
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	50,728	$5.03	$255,162
Mental Health Rehab	15	45			
Collateral	15	10			
Intensive Care Coordination	15	01	22,429	$3.89	$87,249
Case Management	15	01			
Crisis Intervention	15	70	81,544	$7.08	$577,332
TOTAL MAXIMUM LIABILITY FY 2022-2023 Medi-Cal					$919,743
TOTAL MAXIMUM LIABILITY FY 2022-2023					**$1,588,155**

PROGRAM 6: WRAPAROUND

Program 6: Wraparound Fiscal Year 2019-2020 (May 1, 2020 - June 30, 2020)					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Intensive Care Coordination	15	01	35,905	$3.05	$109,511
Intensive Home-Based Services	15	30			
Assessment and Evaluation	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	13,323	$4.29	$57,156
TOTAL MAXIMUM LIABILITY FY 2019-2020					**$166,667**

Program 6: Wraparound Fiscal Year 2020-2021					
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	215,455	$3.05	$657,138
Intensive Care Coordination	15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	79,921	$4.29	$342,862
TOTAL MAXIMUM LIABILITY FY 2020-2021 Medi-Cal					$1,000,000

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NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	2,395	$3.05	$7,305
Intensive Care Coordination	15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	628	$4.29	$2,695
TOTAL MAXIMUM LIABILITY FY 2020-2021 Non Medi-Cal					$10,000
TOTAL MAXIMUM LIABILITY FY 2020-2021					**$1,010,000**

Program 6: Wraparound Fiscal Year 2021-2022					
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	277,777	$3.42	$949,998
Intensive Care Coordination	15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Individual Counseling	15	40			
Family Therapy	15	30			
Family Group Counseling	15	50			
Group Rehab/Counseling	15	50			
Collateral Group Counseling	15	30			
Crisis Intervention	15	70	10,417	$4.80	$50,002
TOTAL MAXIMUM LIABILITY FY 2021-2022 Medi-Cal					$1,000,000
NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	3,626	$3.42	$12,401
Intensive Care Coordination	15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Individual Counseling	15	40			
Family Therapy	15	30			
Family Group Counseling	15	50			
Group Rehab/Counseling	15	50			
Collateral Group Counseling	15	30			
Crisis Intervention	15	70	333	$4.80	$1,599
TOTAL MAXIMUM LIABILITY FY 2021-2022 Non Medi-Cal					$14,000
TOTAL MAXIMUM LIABILITY FY 2021-2022					**$1,014,000**

Program 6: Wraparound Fiscal Year 2022-2023					
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	277,777	$3.42	$949,998
Intensive Care Coordination	15	01			

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Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Individual Counseling	15	40			
Family Therapy	15	30			
Family Group Counseling	15	50			
Group Rehab/Counseling	15	50			
Collateral Group Counseling	15	30			
Crisis Intervention	15	70	10,417	$4.80	$50,002
TOTAL MAXIMUM LIABILITY FY 2022-2023 Medi-Cal					$1,000,000
NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	2,135	$3.42	$7,302
Intensive Care Coordination	15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Individual Counseling	15	40			
Family Therapy	15	30			
Family Group Counseling	15	50			
Group Rehab/Counseling	15	50			
Collateral Group Counseling	15	30			
Family Group Counseling					
Crisis Intervention	15	70	562	$4.80	$2,698
TOTAL MAXIMUM LIABILITY FY 2022-2023 Non Medi-Cal					$10,000
TOTAL MAXIMUM LIABILITY FY 2022-2023					**$1,010,000**

PROGRAM 7: MENTAL HEALTH ENHANCED FOSTER CARE

Program 7: Mental Health Enhanced Foster Care Fiscal Year 2020-2021 (March 8, 2021 – June 30, 2021)					
Services Description	Mode of Service	Service Function Code	Estimated Units	Rate Per Unit	Total Amount
Case Management	15	01	48,333	$2.36	$114,066
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30	107,943	$3.05	$329,227
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	3,222	$5.64	$18,173
Crisis Intervention	15	70	1,611	$4.29	$6,912
Therapeutic Foster Care	5	95-98	418	$217.40	$90,874
TOTAL MAXIMUM LIABILITY FY 2020-2021					**$559,252**

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Program 7: Mental Health Enhanced Foster Care Fiscal Year 2021-2022					
Services Description	Mode of Service	Service Function Code	Estimated Units	Rate Per Unit	Total Amount
Case Management	15	01	43,208	$2.64	$114,070
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30	96,264	$3.42	$329,223
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	2,876	$6.32	$18,177
Crisis Intervention	15	70	1,439	$4.80	$6,908
Therapeutic Foster Care	5	95-98	1,253	$217.40	$272,403
TOTAL MAXIMUM LIABILITY FY 2021-2022					**$740,781**

Program 7: Mental Health Enhanced Foster Care Fiscal Year 2022-2023					
Services Description	Mode of Service	Service Function Code	Estimated Units	Rate Per Unit	Total Amount
Case Management	15	01	43,204	$2.64	$114,059
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30	96,268	$3.42	$329,237
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	2,876	$6.32	$18,177
Crisis Intervention	15	70	1,439	$4.80	$6,908
Therapeutic Foster Care	5	95-98	681	$400.00	$272,400
TOTAL MAXIMUM LIABILITY FY 2022-2023					**$740,781**

PROGRAM 8: FAMILY PARTNER

Program 8: Family Partner			
Fiscal Year (FY)	Number of Months	Monthly Rate	Total Amount
FY 2021 - 2022 (May 1, 2022 - June 30, 2022)	2	$19,250	$38,500
FY 2022 - 2023	12	$38,500	$462,000
TOTAL MAXIMUM LIABILITY FY 2022-2023			**$500,500**

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IV. PAYMENT CONDITIONS

A. If CONTRACTOR is seeking reimbursement for eligible services funded by the Short-Doyle/Medi-Cal, Mental Health Services Act ("MHSA"), SB 90, Federal or State Grants, and/or COUNTY funds provided pursuant to this Agreement, reimbursement for such services shall be based on actual cost of providing those services less any deductible revenues collected by the CONTRACTOR from other payer sources. In order to reduce COUNTY costs, the CONTRACTOR shall comply with all applicable provisions of the California Welfare and Institutions Code (WIC), the California Code of Regulations, the Code of Federal Regulations, and the federal Social Security Act related to reimbursements by non-County and non-State sources, including, but not limited to, collecting reimbursements for services from clients (which shall be the same as patient fees established pursuant to WIC section 5710) and from private or public third-party payers.

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY'S Maximum Allowances (CMA), which is based on the most recent State's Schedule of Maximum Allowances (SMA) as established by the State's Department of Mental Health. The SMA Schedule shall be used until COUNTY establishes the COUNTY'S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable CMAs. In no case shall payments to CONTRACTOR exceed CMAs. In addition to the CMA limitation, in no event shall the maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B, Section III. Said amounts shall be referred to as the "Maximum Obligation of County," as identified in this Exhibit B, Section V.

B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program ("an eligible beneficiary"), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.

C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same

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geographic area to the extent feasible, which has available funds allocated for that Funded Program.

D. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form acceptable by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit a Day Care Activity Report for Day Care Services and a Claim Form summarizing service costs, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30^{th}) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

   CONTRACTOR shall submit via email a monthly claim using Exhibit G, Cost Reimbursement Invoice Form in Excel format with electronic signature along with supporting documentations, as may be required by the COUNTY for services rendered to: MCHDBHFinance@co.monterey.ca.us

E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any "obligations incurred" included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.

F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.

G. COUNTY shall review and certify CONTRACTOR'S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.

H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.

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I. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR'S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

V. MAXIMUM OBLIGATION OF COUNTY

A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **$19,274,021** for services rendered under this Agreement.

B. Funding Sources and Estimated Amounts per Fiscal Year. The County retains the right to adjust the funding sources as may be required.

Fiscal Year (FY) 2019-2020									
Program Number/Name		Avatar Program Name	Avatar Program ID	FFP/ Medi-Cal	EPSDT	MHSA CSS	CHFFA Grant	SAMHSA	Total FY Amount
1	D'Arrigo Outpatient	Kinship Adoption FSP Seneca	27CW	$961,092.50	$768,874.00	$192,218.50			$1,922,185.00
		Kinship Center Seneca FSP King City	DLCSOC						
2	Early Childhood Treatment	Kinship Center Seneca First Five Trauma	27CW3	$171,730.50	$137,384.40	$34,346.10			$343,461.00
3	Home Alternative Placement	KS Hospital Alternative Placement	27CW4	$119,707.00	$119,707.00				$239,414.00
4	Compass	TBD	TBD	$34,790.00	$34,790.00				$69,580.00
5	Mobile Crisis Support Team	Kinship Seneca Youth Mobile Crisis	217CWYMC				$158,818.00		$158,818.00
6	Wraparound	Kinship Wraparound	87CSOCW	$116,666.90	$50,000.10				$166,667.00
Total Amount FY 2019-2020				**$1,403,986.90**	**$1,110,755.50**	**$226,564.60**	**$158,818.00**		**$2,900,125.00**

Fiscal Year (FY) 2020-2021									
Program Number/Name		Avatar Program Name	Avatar Program ID	FFP/ Medi-Cal	EPSDT	MHSA CSS	CHFFA Grant	SAMHSA	Total FY Amount
1	D'Arrigo Outpatient	Kinship Adoption FSP Seneca	27CW	$881,402.50	$705,122.00	$176,280.50			$1,762,805.00
		Kinship Center Seneca FSP King City	DLCSOC						
2	Early Childhood Treatment	Kinship Center Seneca First Five Trauma	27CW3	$171,730.50	$137,384.40	$34,346.10			$343,461.00
3	Home Alternative Placement	KS Hospital Alternative Placement	27CW4	$32,498.00	$32,498.00				$64,996.00
4	Compass	TBD	TBD						$0.00
5	Mobile Crisis Support Team	Kinship Seneca Youth Mobile Crisis	217CWYMC	$544,943.10		$433,941.90	$259,593.00		$1,238,478.00
6	Wraparound	Kinship Wraparound	87CSOCW	$700,000.00	$300,000.00			$10,000.00	$1,010,000.00
7	Mental Health Enhanced Foster Care	TBD	TBD	$391,476.40	$167,775.60				$559,252.00
Total Amount per FY 2020-2021				**$2,722,050.50**	**$1,342,780.00**	**$644,568.50**	**$259,593.00**	**$10,000.00**	**$4,978,992.00**

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Fiscal Year (FY) 2021-2022													
	Program Number/Name	Avatar Program Name	Avatar Program ID	FFP/ Medi-Cal	EPSDT	MHSA CSS	CHFFA Grant	SAMHSA	FURS	MHSA PEI	MHBG Supplemental - CRRSAA	MHBG Supplemental - ARPA	Total FY Amount
1	D'Arrigo Outpatient	Kinship Adoption FSP Seneca	27CW	$881,402.50	$705,122.00	$176,280.50							$1,762,805.00
		Kinship Center Seneca FSP King City	DLCSOC										
2	Early Childhood Treatment	Kinship Center Seneca First Five Trauma	27CW3	$171,730.50	$137,384.40	$34,346.10							$343,461.00
3	Home Alternative Placement	KS Hospital Alternative Placement	27CW4										$0.00
4	Compass	TBD	TBD										$0.00
5	Mobile Crisis Support Team	Kinship Seneca Youth Mobile Crisis	217CWYMC	$597,832.95		$321,910.05	$228,093.00		$440,319.00				$1,588,155.00
6	Wraparound	Kinship Wraparound	87CSOCW	$700,000.00	$300,000.00			$14,000.00					$1,014,000.00
7	Mental Health Enhanced Foster Care	Kinship Seneca MH Enhanced Foster Care	27CW5	$518,546.70	$222,234.30								$740,781.00
8	Family Partner	TBD	TBD								$38,500.00		$38,500.00
Total Amount per FY 2021-2022				**$2,869,512.65**	**$1,364,740.70**	**$532,536.65**	**$228,093.00**	**$14,000.00**	**$440,319.00**	**$0.00**	**$38,500.00**	**$0.00**	**$5,487,702.00**

Fiscal Year (FY) 2022-2023													
	Program Number/Name	Avatar Program Name	Avatar Program ID	FFP/ Medi-Cal	EPSDT	MHSA CSS	CHFFA Grant	SAMHSA	FURS	MHSA PEI	MHBG Supplemental - CRRSAA	MHBG Supplemental - ARPA	Total FY Amount
1	D'Arrigo Outpatient	Kinship Adoption FSP Seneca	27CW	$881,402.50	$705,122.00	$176,280.50							$1,762,805.00
		Kinship Center Seneca FSP King City	DLCSOC										
2	Early Childhood Treatment	Kinship Center Seneca First Five Trauma	27CW3	$171,730.50	$137,384.40	$34,346.10							$343,461.00
3	Home Alternative Placement	KS Hospital Alternative Placement	27CW4										$0.00
4	Compass	TBD	TBD										$0.00
5	Mobile Crisis Support Team	Kinship Seneca Youth Mobile Crisis	217CWYMC	$597,832.95		$321,910.05	$228,093.00		$440,319.00				$1,588,155.00
6	Wraparound	Kinship Wraparound	87CSOCW	$700,000.00	$300,000.00			$10,000.00					$1,010,000.00
7	Mental Health Enhanced Foster Care	Kinship Seneca MH Enhanced Foster Care	27CW5	$518,546.70	$222,234.30								$740,781.00
8	Family Partner	TBD	TBD							$231,000.00	$15,500.00	$215,500.00	$462,000.00
Total Amount per FY 2022-2023				**$2,869,512.65**	**$1,364,740.70**	**$532,536.65**	**$228,093.00**	**$10,000.00**	**$440,319.00**	**$231,000.00**	**$15,500.00**	**$215,500.00**	**$5,907,202.00**

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C. Maximum Annual Liability:

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2019 - June 30, 2020	$2,900,125
July 1, 2020 - June 30, 2021	$4,978,992
July 1, 2021 - June 30, 2022	$5,487,702
July 1, 2022 - June 30, 2023	$5,907,202
TOTAL MAXIMUM LIABILITY	**$19,274,021**

D. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY'S maximum liability under this Agreement.

E. If for any reason this Agreement is canceled, COUNTY'S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.

F. As an exception to Section D. above with respect to the Survival of Obligations after Termination, COUNTY, any payer, and CONTRACTOR shall continue to remain obligated under this Agreement with regard to payment for services required to be rendered after termination.

VI. BILLING AND PAYMENT LIMITATIONS

A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY'S claims processing information system data, State adjudication of Medi-Cal and Healthy Families claims files, contractual limitations of this Agreement, annual cost and MHSA reports, application of various Federal, State, and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.

B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.

C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of

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COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.

D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.

E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS

A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State which may in any way affect the provisions or funding of this Agreement, including, but not limited to, those contained in State's Budget Act.

B. This Agreement shall also be subject to any additional restrictions, limitations, or conditions imposed by the Federal government which may in any way affect the provisions or funding of this Agreement.

C. In the event that the COUNTY'S Board of Supervisors adopts, in any fiscal year, a COUNTY Budget which provides for reductions in COUNTY Agreements, the COUNTY reserves the right to unilaterally reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent fiscal year during the term of this Agreement, correspondingly. The COUNTY'S notice to the CONTRACTOR regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action.

D. Notwithstanding any other provision of this Agreement, COUNTY shall not be obligated for CONTRACTOR'S performance hereunder or by any provision of this Agreement during any of COUNTY'S current or future fiscal year(s) unless and until COUNTY'S Board of Supervisors appropriates funds for this Agreement in COUNTY'S Budget for each such fiscal year. In the event funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated. COUNTY shall notify CONTRACTOR of any such non-appropriation of funds at the earliest possible date and the services to be provided by the CONTRACTOR under this Agreement shall also be reduced or terminated.

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VIII. BILLING PROCEDURES AND LIMITATIONS ON COUNTY'S FINANCIAL RESPONSIBILITY FOR PAYMENT OF SERVICES UNDER FEDERAL SOCIAL SECURITY ACT, TITLE XIX SHORT-DOYLE/MEDI-CAL SERVICES AND/OR TITLE XXI HEALTHY FAMILIES

The Short-Doyle/Medi-Cal (SD/MC) claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal funds for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries and to Healthy Families subscribers diagnosed as Seriously Emotionally Disturbed (SED). The Mental Health Medi-Cal program oversees the SD/MC claims processing system. Authority for the Mental Health Medi-Cal program is governed by Federal and California statutes.

A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services and/or Healthy Families services, CONTRACTOR shall certify in writing annually, by August 1 of each year, that all necessary documentation shall exist at the time any claims for Short-Doyle/Medi-Cal services and/or Healthy Families services are submitted by CONTRACTOR to COUNTY.

   CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

B. CONTRACTOR acknowledges and agrees that the COUNTY, in under taking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.

C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal, and/or Healthy Families claims or other State required claims data within the thirty (30) calendar day time frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.

D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services, and/or Healthy Families services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.

E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services and/or Healthy Families services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.

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F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.

G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.

H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/ activities subsequently denied or disallowed by Federal, State and/or COUNTY government.

I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may off set future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section IV (Method of Payments for Amounts Due to County) of this Agreement.

J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.

K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

IX. PATIENT/CLIENT ELIGIBILITY, UMDAP FEES, THIRD PARTY REVENUES, AND INTEREST

A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:

1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Mental Health guidelines and WIC sections 5709 and 5710.
2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.

B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by

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CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.

C. CONTRACTOR may retain unanticipated program revenue, under this Agreement, for a maximum period of one Fiscal Year, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement. CONTRACTOR shall report the expenditures for the mental health services/activities funded by this unanticipated revenue in the Annual Report(s) and Cost Report Settlement submitted by CONTRACTOR to COUNTY.

D. CONTRACTOR shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.

E. CONTRACTOR may retain any interest and/or return which may be received, earned or collected from any funds paid by COUNTY to CONTRACTOR, provided that CONTRACTOR shall utilize all such interest and return only for the delivery of mental health services/activities specified in this Agreement.

F. Failure of CONTRACTOR to report in all its claims and in its Annual Report(s) and Cost Report Settlement all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal beneficiaries receiving services and/or activities hereunder, and all interest and return on funds paid by COUNTY to CONTRACTOR, shall result in:

1. CONTRACTOR'S submission of a revised claim statement and/or Annual Report(s) and Cost Report Settlement showing all such non-reported revenue.
2. A report by COUNTY to State of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries and/or COUNTY'S revision of the Annual Report(s).
3. Any appropriate financial adjustment to CONTRACTOR'S reimbursement.'

X. CASH FLOW ADVANCE IN EXPECTATION OF SERVICES/ ACTIVITIES TO BE RENDERED OR FIXED RATE PAYMENTS

A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.

B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.

C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.

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D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.

E. Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.

F. Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.

G. If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.

H. Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.

I. Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

XI. AUTHORITY TO ACT FOR THE COUNTY

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term "Director" in all cases shall mean "Director or his/her designee."

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EXHIBIT H-5

Monterey County, Behavioral Health Bureau
Program 7: Mental Health Enhanced Foster Care
Proposed Budget to Revise Therapeutic Foster Care Rate
Prepared by: Seneca Family of Agencies
Date: June 9, 2022

	Annualized Program Budget with Funding Breakout					
FY 2022-23	**Social Services**		**Behavioral Health**		**Total**	
Program Capacity						**10.0**
						9.00
Revenue						
Social Services Revenue						
AFDC - Monthly Rate/Client ISFC Level of Care	689,904					689,904
Total Social Services Revenue	**$689,904**					**$689,904**
Mental Health Revenue			Units of Svc			
EPSDT - Specialty Mental Health Services	-		161,109	468,378		468,378
EPSDT- Therapeutic Foster Care @ $400/day	-		681	272,403		272,403
Total Mental Health Revenue	**-**			**$740,781**		**$740,781**
All County Funds Revenue						
Other	446,510					446,510
Total All County Funds Revenue	**$446,510**					**$446,510**
Total Revenue	**$1,136,414**			**$740,781**		**$1,877,195**
Expenses						
Payroll	**FTE**	**Total**	**FTE**	**Total**	**FTE**	**Total**
Executive Director	0.075	10,875	0.075	10,875	0.150	21,750
Director	0.25	26,250	0.25	26,250	0.50	52,500
Clinical Program Supervisor	0.35	33,416	0.40	38,190	0.75	71,606
TFC Clinician (Licensed)		-	0.60	42,414	0.60	42,414
ISFC Clinician	1.00	72,930	1.00	72,930	2.00	145,860
ISFC Support Counselor	1.00	47,840	1.00	47,840	2.00	95,680
Resource Family Recruiter & Retention Specialist	0.85	40,823		-	0.85	40,823
Senior Administrative Assistant	0.075	3,947	0.075	3,947	0.150	7,894
Program Assistant	0.25	11,960	0.25	11,960	0.50	23,920
Health Information Specialist	0.25	11,960	0.25	11,960	0.50	23,920
Maintenance/Transportation (Variable FTE)		4,920		4,693	-	9,613
Administrator On-Call (Variable FTE)		28,500		28,500	-	57,000
Supplemental Overtime/Crisis Response (Variable FTE)		3,400		60,330	-	63,730
Total Salaries	**4.10**	**$296,821**	**3.90**	**$359,888**	**8.00**	**$656,709**
Benefits @ 27%		80,142		97,170		177,311
Total Payroll		**$376,963**		**$457,058**		**$834,021**
Operations						
Contract Services						
Psychiatry Services				20,271		20,271
Nursing Services				14,336		14,336
Other Contract Services		9,000		9,000		18,000
Total Contract Services		**$9,000**		**$43,607**		**$52,607**
Program Support						
Office Supplies		1,650		1,650		3,300
Telephone		4,326		4,326		8,651
Advertising/Marketing- Enhanced Digital Resoure Family Recruitment		15,000				15,000
Conference & Training		2,510		2,510		5,019
Mileage Reimbursement/Travel		10,634		10,634		21,268
Staff Recruitment		1,202		1,202		2,403
Resource Family Recruitment- Materials and Supplies		2,500				2,500
Total Program Support		**$37,821**		**$20,321**		**$58,142**
Occupancy						
Facility Lease		144,000				144,000
Facility Interest		2,750		2,750		5,500
Utilities		7,963		7,963		15,925
Bldg. Mt & Supplies		41,200		2,400		43,600
Equipment (Expendable Equip., Equip Lease, Equip Maintenance)		2,958		2,958		5,916
Depreciation Expense (Building, LHI, Equipment)		13,240		13,240		26,480
Total Occupancy		**$212,111**		**$29,311**		**$241,421**
Child and Family Related						
Treatment Supplies		3,294		3,294		6,588
Foster Care Fees: Monthly Foster Parent Stipend		350,549				350,549
Foster Care Fees: TFC Daily Rate				89,100		89,100
Foster Care Fees: Resource Family Respite		7,110		7,110		14,219
Foster Care Fees: Resource Family Training (Initial, Ongoing- covered by IV-E)						-
Total Child and Family Related		**$360,952**		**$99,504**		**$460,456**
Total Operations		**$619,884**		**$192,742**		**$812,626**
Total Direct Expenses		**$996,847**		**$649,800**		**$1,646,646**
Allocable Expense		139,568		90,981		230,549
Total Expense		**$1,136,414**		**$740,781**		**$1,877,195**
						-
Net Income (Loss)		**0**		**0**		**1**

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EXHIBIT H-5

REGION: Central Coast
Program 8: Family Partner
Fiscal Year: 2021-2022
Seneca Family of Agencies
Date: 8/4/2021

REVENUE			Total
County Funds			
			231,000
Total Revenue			**$231,000**
EXPENSES	**Salary**	**FTE**	**Total**
Payroll			
Regional Executive Director	150,000	0.014	2,100
Director	115,000	0.040	4,600
Program Supervisor	97,000	0.250	24,250
Bilingual Family Partner	54,703	1.000	54,703
Family Partner	49,730	1.000	49,730
Senior Administrative Assistant	58,240	0.014	815
Program Assistant/HIS	50,000	0.150	7,500
Total		**2.468**	**$143,698**
Benefits @	27%		38,799
Total Payroll			**$182,497**
Operations			
		FTE	
Contract Services			
Language Services/Translation			2,000
Total Contract			**$2,000**
Program Support			
Office Supplies			520
Telephone			2,665
Staff Training & Professional Development			1,500
Subscriptions and Dues			100
Travel & Mileage Reimbursement			6,003
Staff Recruitment			740
Total Program Support			**$11,529**
Occupancy			
Facility Lease			
Utilities			
Building Maintenance and Supplies			
Expendable Equipment			2,221
Equipment Lease			
Equipment Maintenance and Repair			
Facility Interest			
Facility Depreciation			
Facility Depreciation- Leasehold Improvements			
Equipment Depreciation			
Total Occupancy			**$2,221**
Vehicle			
Vehicle Operating			155
Vehicle Depreciation			125
Total Vehicle			**$280**
Child and Family Related			
Treatment Supplies			4,000
Total Child and Family Related			**$4,000**
Total Operations			**$20,030**
Total Direct Expenses			**$202,527**
Indirect Costs @ 14%			28,354
Total Expense			**$230,881**
Revenue Over (Under) Expense			**$119**