

**AMENDMENT #1 TO THE RENEWAL CONTRACT WITH
TURNING POINT COMMUNITY PROGRAMS, INC. (RESO 17-430)**

THIS AMENDMENT is dated this 24th day of October, 2017 by and between TURNING POINT COMMUNITY PROGRAMS, INC., hereinafter referred to as "Contractor" and COUNTY OF NEVADA, hereinafter referred to as "County". Said Amendment will amend the prior Agreement between the parties entitled Personal Services Contract, as approved on August 15, 2017, per Resolution No. 17-430.

WHEREAS, the County has contracted with Contractor to provide Mental Health Services Act (MHSA) Adult Assertive Community Treatment (AACT) Program Services and integrated health care services as part of the Integration Services Team (IST) for the contract term of July 1, 2017 through June 30, 2018; and

WHEREAS, the parties desire to amend their agreement to: 1) increase the Maximum Contract Price from \$2,345,893 to \$2,449,541 (an increase of \$103,648) to account for additional services being provided; 2) revise Exhibit "A", "Schedule of Services", to include additional services provided; and 3) revise Exhibit "B", "Schedule of Charges and Payments", to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of October 1, 2017.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$2,449,541.
3. That Exhibit "A", "Schedule of Services", shall be revised to the amended Exhibit "A" as attached hereto and incorporated herein.
4. That Exhibit "B", "Schedule of Charges and Payments", shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.
5. That in all other respects the prior Agreement of the parties shall remain in full force and effect.

COUNTY OF NEVADA:

By: _____
Honorable Hank Weston
Chair of the Board of Supervisors

CONTRACTOR:

By: _____
Al Rowlett, CEO
Turning Point Community Programs, Inc.
3440 Viking Drive, Suite 114
Sacramento, California 95827

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

EXHIBIT "A"
SCHEDULE OF SERVICES
TURNING POINT COMMUNITY PROGRAMS, INC.

Turning Point Community Programs, Inc., hereinafter referred to as "Contractor", shall provide Mental Health Services Act (MHSA) Adult Assertive Community Treatment (AACT) Program Services and integrated health care services as part of the Integration Services Team (IST) for the Nevada County Behavioral Health hereinafter referred to as "County".

I. Providence Center

Clients Served: the ongoing caseload of qualified adults to be served under this agreement is **76**.

1) List of Services/Authorization responsibilities

- A. Mental Health Services
- B. Case Management, Brokerage
- C. Medication Support
- D. Crisis Intervention
- E. Therapeutic Behavioral Services (TBS)
- F. Non-Medi-Cal Jail Services
- G. MHSA Outreach and Engagement
- H. Authorization of outpatient Mental Health Services and Medication Support

2) Programs/Client Populations Served

- A. Eastern and Western Nevada County
- B. MHSA Assertive Community Treatment Team
- C. TBS. May be adults in ACT team or non-ACT team adults.
- D. Medi-Cal adults who have graduated from ACT program and need follow-up services.

3) Staffing

Contractor's program staffing for TPCP's Adult Assertive Community Treatment Program shall include:

- Program Director- Overall management of the program, including clinical oversight of services, management of budget, AOT, AACT services, and personnel.
- Clinical Director- a licensed(MFT, LCSW, RN, Ph.D, Psy D.), waived, or BBS-approved intern Clinician responsible for clinical oversight of services while ensuring that treatment to members includes adequate planning. Reviews assessment and treatment plans, authorizes services as permitted herein, and provides treatment staff training and clinical supervision as needed. The Clinical Director also scrutinizes all chart documentation and ensures compliance with Medi-Cal documentation standards and HIPAA compliance. Tracks employee productivity. Ensures all documentation is completed in a timely manner.
- Office Manager- overall management of the office functions to support staff in service delivery. Scheduling of doctors' days, transcription, ensured charting standards and oversees the adherence to Medi-Cal service requirements. Monitors Medi-Cal coverage or coverage by other third party payers for member services. Coordinates after hours scheduling of on-call response teams.

- Registered Nurse- Provides prescribed medical treatment and oversight to members with co-occurring medical conditions as well as staying abreast of member medication needs and disbursements.
- Team Leader - oversee all aspects of clinical services, as well as ensure that direct treatment staff provides appropriate responsive services. Responsible for administrative supervisions of direct treatment staff i.e. employee evaluations, properly prepared time sheets.
- Assistant Program Director-Tracks employee productivity. completes assessments for Assisted Outpatient Treatment (AOT), and coordinates all AOT treatment. Oversees all clinical and staffing functions of Providence Center and Catherine Lane, including employee evaluations.
- Licensed Team Leader (MFT, LCSW, Ph.D., PsyD., EdD, or LPCC) - provide clinical assessments, including AOT, clinical supervision and consultation, and individual, group or family therapy. This person will also back up management staff in their duties.
- Youth/Peer/Family Advocate- advocates for the individual/family voice in areas of treatment and program planning. Facilitates individual/family support groups and supports clients as needed with linkage to other community supports.
- Personal Service Coordinator (PSC) - ensures members' treatment needs are met. Coordinates services for up to ten (10) members. Facilitates the Community Support Team Meetings and also helps provide linkage to formal and informal supports. Completes Medi-Cal assessments as needed along with other charting, documentation and authorizations for treatment. Ensures members access to meet health needs. PSC also attends court hearings with the individual to advocate on the behalf of client, for mental health treatment, instead of jail time when appropriate. Outreach and advocacy also includes establishing positive relationships with public defender's office and attorneys. Develops housing resources in the community through linkage and partnerships. Assists members in locating and maintaining housing. Develops employment resources in the community through linkage and partnerships. Assists members with developing job skills needed for the careers they choose to explore. Assists members with locating job opportunities and provides support for the member's work experience.
- Court Liaison/CAADAC Counselor- stays in close communication with attorneys/judges, probation, law enforcement, Behavioral Health and any other parties involved in members' progress/status of case through the criminal justice system, including Mental Health Court. This position also provides CAADAC based, drug and alcohol counseling to clients referred from within the Providence Center program.

4) Program Services Team

A. MHSA Adult Assertive Community Treatment (AACT) Team

1. **Program Overview MHSA AACT**—Contractor shall provide Adult Assertive Community Treatment Program Services as a Full Service Partnership (FSP) consistent with Nevada County's approved MHSA Community Services and Supports (CSS) Plan. This program shall target adults, transition age youth, and seniors. Members of full service partnerships will receive specialized, individualized, intensive services and supports. Outreach and Engagement Services will be provided to the unserved and underserved individuals, including the homeless, incarcerated, and other unserved individuals to ensure participation in mental health service opportunities.

When individuals do not receive needed mental health services, the negative consequences can spread a wave of disconnect and destruction throughout families and communities. The goal of

AACT Program services is to decrease the negative impact of mental illness by providing a range of treatment options within Nevada County that respects an individual's cultural needs and includes family participation, whenever possible, in planning and decision-making.

- 2. Target Population MHSA AACT:** The target population the Contractor will serve consists of individuals over the age of 18 with severe mental illness (SMI) in accordance with Welfare and Institutions Code (W& I) Code Section 5600.3. To qualify for MHSA AACT services, the severe mental illness must be causing behavioral functioning that interferes substantially with areas specified in this regulation. This section further states that to qualify for services, a person must have a mental disorder as identified in the most recent edition of the DSM-IV. Individuals with Medi-Cal eligibility will meet medical necessity standards identified in the California Code of Regulations, Title 9, Section 1830.205, and Medical Necessity Criteria for Specialty Mental Health Plan Reimbursement of Specialty Mental Health Services.

Welfare and Institutions Code Section 5878.1(b) specifies that MHSA services will be provided to adults and older adults. Transition age youth age 16-25 may also be served under W&I Code Section 5865.1.

Services would focus on the individual/family, use a strength-based approach, and include multi-agency programs and joint planning. These individuals as the result of their mental health diagnosis are:

- At serious risk of, or have a history of, psychiatric hospitalization, residential care, or out of home placement.
- Adults who are homeless or at risk of being homeless.
- At risk of fragmenting or being displaced from their families.
- In danger of experiencing job failure or loss of income required for basic needs such as food, shelter, and clothing.
- At risk of involvement or currently involved in the criminal justice system.
- Inability to provide for basic medical needs.
- The desired ratio of providers to members should not exceed 1:10.

3. Comprehensive Program Description:

Contractor shall incorporate community collaboration, cultural competence, client/family driven services, a focus on wellness, and integrated services under this Agreement.

Like many of Turning Point Community Programs (TPCP) existing programs in other counties, the Nevada County AACT will be built upon the central principles of the Assertive Community Treatment (ACT) model: multi-disciplinary team direct provision of community-based psychiatric treatment, assertive outreach, rehabilitation and support services to the population with serious mental illness that also has co-occurring problems or multiple hospitalizations.

TPCP's AACT Team will operate 24-hours, 365 days per year in providing flexible crisis intervention and wraparound services. Both individuals and groups services are designed for TAY (transitional age youth), adults, older adults and their families to form partnerships with TPCP staff as individuals seek to realize their full potential as people and members of a community. Services shall include, but are not limited to: peer support, therapy, housing assistance, job development skills/assistance, psychiatric services, medication support, outreach, and linkage to

other community supports, substance abuse treatment, and assistance in supporting other health and life needs.

4. Forensic Services

Mental Health Court AACT will provide services to Mental Health Court clients, which are assigned by the County. Mental Health Court is an alternative court that places legal mandates, as part of formal probation, on individuals needing mental health services. The mental health court treatment team includes members from County Behavioral Health, Probation, District Attorney's, and Public defender offices, and AACT. The aim of this program is to prevent criminal recidivism by ensuring and monitoring the treatment of mental health clients, consulting with multiple agencies involved in care, via regular team meeting and court proceedings to make needed adjustments to treatment.

The AACT representative will attend all Mental Health Court team meetings, steering committee meetings, and provide regular treatment summaries, recommendations, and consultation to mental health court by attending and actively participating in the court proceedings.

All services provided under this Agreement shall focus on rapid disposition and early release of adult offenders from custody or incarceration. Services will be provided in jail until the member is released. Jail discharge planning will be implemented for those inmates meeting AACT criteria and will include dispositional recommendations, assessment, case management, referral and linkage to appropriate treatment resources.

5. Assisted Outpatient Treatment (Laura's Law)

The AACT program will receive referrals by the County for Assisted Outpatient Treatment, and follow criteria, assessment, and legal proceedings per Welfare and Institutions Code 5345-5349.5. AOT is a program mandated by the Board of Supervisors to prevent mentally ill adult individuals from harming themselves and others by court ordering potentially effective mental health treatment on individuals refusing mental health services, particularly the use of psychiatric medication.

The AACT representative for AOT will be a licensed clinician, attend all court proceedings, and keep the County Director or his/her designee current on the clinical and legal aspects of AOT clients, and consult with the County Director or his/her designee when necessary. The AACT representative for AOT will attend all AOT steering committees, as well.

6. Outpatient Services:

Clients who receive on average less than four hours of services per month, or who are expected to be receiving this level of service, will be either transitioned outside of Turning Point to other services in the community, including Behavioral Health, or to the Outpatient unit of the Providence Center. The Outpatient services will be a noticeably reduced level of services as compared to the services provided by the ACT programs. Often the clients will see the psychiatrist at less frequent rates compared to the services in ACT and they will need minimal service coordination, including less than one contact by a service or care coordinator per month.

7. Authorization:

- a. All planned (non-emergency) services must be pre-authorized. Services may be authorized by County licensed staff or by Contractor's licensed staff as permitted herein. Contractor will designate a licensed team member as the Utilization Review Coordinator ("URC")

who will make authorization decisions for services rendered by Contractor. The County URC will oversee all service authorizations that have not been delegated to Contractor herein. Further, the County may review and change authorization decisions made by Contractor and has ultimate authority in this area.

b. Requirements:

To authorize a service, the URC must review the Assessment, Medical Necessity determination and Client Plan (if available) and conclude that medical necessity for outpatient Mental Health Services exists. The URC must also follow other County guidelines regarding Authorization of Services. The URC or designee must enter all service authorizations into a data base which shows the authorization expiration date and the URC shall be responsible for insuring that all services are pre-authorized. In conjunction with the billing of services, Contractor shall confirm on the billing statement that all services billed have been properly authorized in accord with these requirements.

8. Therapeutic Behavioral Services:

- a. Clients Served:** clients served as needed within the overall target number of clients served in this contract, including both Western and Eastern Nevada County (Truckee)
- b. Target Population:** includes mental health services for adults who have severe emotional problems, who are at risk of or who have been hospitalized recently for mental health problems.
- c. Program Description:** Therapeutic Behavioral Services (TBS) is one to one contact between a mental health provider and a beneficiary for a specified short period of time, to prevent placement in a psychiatric hospital or to enable transition from those institutions to a lower level of care. TBS helps to resolve changes in target behaviors and achieving short term goals.
- d. Contractor** is expected to follow all state requirements on authorization, reporting and time restriction requirements.
- e. Contractor** shall not provide TBS until such time as Contractor is fully certified to provide such services; and the provision of TBS must be specifically pre-authorized by Behavioral Health.

9. Overall Structure of all ACT Teams shall include:

24/7 - 365 days a year response
Smaller caseloads (1:10)
Client driven

Treatment shall include:

- Assessments- each client receiving services shall participate in a thorough assessment of service needs. Contractor shall also inquire and evaluate any cultural or language issues relevant in the formation of diagnosis and treatment.
- Staff shall work closely with each client to develop a safe and trusting professional relationship.
- Psychopharmacologic treatment, including new atypical antipsychotic and antidepressant medications

- Individual supportive therapy
- Crisis Intervention
- Hospitalization- Contractor will require pre-authorization from the County's Behavioral Health Department to place a member in acute inpatient, long-term residential (IMD, SNF), or psychiatric board and care facility.
- Substance abuse treatment, including group therapy (for members with a dual diagnosis of substance abuse and mental illness). Clients shall have access to specialized groups such as Alcoholics Anonymous, Narcotics Anonymous and dual diagnosis groups that employ the "harm reduction model."
- Continuum of Care- as clients move through the process of personal recovery, ongoing assessments shall be conducted to identify the level of services needed to reach service goals.

Rehabilitation:

- Behaviorally oriented skill teaching (supportive and cognitive-behavioral therapy), including structuring time and handling activities of daily living
- Supported employment, both paid and volunteer work
- Support for resuming or continuing education
- Individual and Group therapy

Support Services:

- Support, education, and skill teaching to family members
- Collaboration with families and assistance to members with children
- Direct support to help members obtain legal and advocacy services, financial support, supported housing, money management services, and transportation.

Recovery Principles: Represents a practical approach to providing psychiatric services for people recently deinstitutionalized (release from a locked facility) within the parameters of some specific principles. These include, but are not limited to:

- 1) Individuals participate in the decisions that affect their lives.
- 2) Individuals have real input into how their services are provided.
- 3) Eliminate service delivery methods that are confusing and fragmented.
- 4) Prioritize resources and services for individuals.
- 5) Emphasize and utilize the self-help model.
- 6) Hire clients so that they can provide services at all levels of the agency.

Special attention will be provided to the outreach and engagement of the County's Latino population, and the outreach and provision to the more remote and underserved areas of the County including Truckee and North San Juan.

The Contractor shall collaborate and cooperate with, mental health, public health, child welfare, social services, justice system, substance abuse providers, attorneys, drug courts, social services, and other agencies or providers that may be involved in the member's treatment and recovery needs.

10. Housing Services:

TPCP's program in Nevada County will also focus on providing individuals with access to an array of community-based housing options designed to meet the needs of each person.

Contractor shall work to create housing collaborations similar to alliances TPCP has in other counties, including master leases with property management companies, payment of rent/responding to intervention requests at various apartments, and knowledge of resources necessary to home and apartment maintenance. In addition, TPCP will work to become familiar with Housing Authority locations and personnel through assisting members with submitting applications for federal subsidies. TPCP will effectively implement the following housing support strategies with and on behalf of the individuals they are serving under this Agreement: Assist in obtaining federal housing subsidies as available; training in skills necessary to maintain acquired housing. Contractor shall assure timely linkage with utility resources as needed on behalf of individuals; payment of rental and utility obligations; repair of individual's housing when needed; and clean-up of housing after individual's move-out.

II. Catherine Lane:

Contractor, in conjunction with Behavioral Health staff, shall implement and monitor a specific treatment program for providing services to Medi-Cal beneficiaries living in the Catherine Lane home. This home will house up to 6 clients at any given time. The Contractor will implement and monitor an Independent Living Program Component for clients residing in the house. The County will also provide staffing to support this component.

CONTRACTOR RESPONSIBILITIES:

A. The contractor will provide the following:

- Master Lease home large enough to house at least 6 clients
- Develop Admission Agreements and Procedures, and Eviction Procedures
- Personal Rights Policy
- Assist in Maintaining Buildings and Grounds
- Outdoor Activity Space
- Indoor Activity Space
- Provide Fixtures, Furniture, and Equipment and Supplies
- Rehabilitative Mental Health Services
- Case Management Brokerage
- Night and Weekend Supervision

In addition, the Contractor shall provide services for Independent Living Program described below in section C.

B. Staffing Plan, Qualifications, and Duties:

1. The Contractor shall develop, screen, hire, train, schedule, and supervise appropriate staff. At least one staff will be present at all times, 24 hours per day, seven days per week, and including holidays. All staff shall possess a valid California Driver's license.
2. Staff shall meet Medi-Cal requirements for billing Rehabilitative Services and other Mental Health Services. Staff shall meet productivity standard of at least 25% of their time with clients in waking hours is billable.
3. All staff hired by Contractor shall be employees of Contractor and shall not be acting in any capacity as employee of County, during time they are on duty as employee of Contractor.

4. It is not the intent of the County to direct or control the hiring of Contractor's employees; however, the parties acknowledge that from time to time a Contractor's employee may not provide services to the level or in the manner which is appropriate for the circumstances. In that event, County shall communicate any service or employee deficiencies to Contractor. County reserves the right to require Contractor to take appropriate action, including termination of any Contractor employee who does not provide services to the level of County's expectations.
5. All services provided under this contract shall be documented in accordance with Short/Doyle Medi-Cal and Managed Care.
6. The County may desire services to be performed which are relevant to this contract but have not been included in the scope of the services listed above and Contractor agrees to perform said services upon the written request of County. These additional services could include, but are not limited to, any of the following: Work requested by the County in connection with any other matter or any item of work not specified herein; work resulting from substantial changes ordered by the County in the nature or extent of the project, and serving as an expert witness for the County in any litigation or other proceedings involving the transition home.
7. Personnel employment and services under this contract shall be rendered without discrimination on the basis of race, color, religion, national origin, sex, or ancestry and Contractor shall comply with all fair employment practice requirements of State and Federal law.

The Contractor shall comply with the provision of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.

8. All staff shall receive at least 19 hours per year in assessment, effective treatment interventions, or other areas to support the mental health needs of the clients. Some examples of this training follow:

- Basic knowledge of mental disorders
- Counseling skills:
 - Motivational Interviewing
 - Recovery philosophy and services
 - Understanding Schizophrenia
 - Understanding Depression
 - Working with the multiple diagnosed individual
 - Principles of Substance Abuse
 - Medication usage
 - Working with individuals that have a severe personality disorder
 - Communication skills
 - Therapeutic exercises
 - Leisure time usage
 - Handling suicide threats or actions
 - Crisis management
 - Discharge planning
 - Knowledge of community services and resources
 - Principles of good nutrition including:
 - Proper food preparation and storage
 - Menu planning

C. The Contractor shall provide the following Independent Living Program services:

- 1. Structured day and evening services available seven (7) days a week that include, but not limited to, Rehabilitative Mental Health Services, Case Management Brokerage, and Night and Weekend Supervision**
- 2. Assistance in daily living skills, including food preparation, grooming, and completion of individual assigned and group house chores for all Turning Point clients.**
- 3. Treatment plan development and monitoring for specific services, related to supporting Turning Point Clients, for recreational, social, and therapeutic activities.**
- 4. Assist individuals in developing skills necessary to maintain independent living environment, including a safe and clean environment, and budgeting their financial resources to provide nutritious food.**
- 5. The development of community support systems for clients to maximize their utilization of non-mental health community resources;**
- 6. An activity program that encourages socialization within the program and mobility within the general community, and which links the client to resources which are available after leaving the program; and**
- 7. Use of the house environment to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skills.**
- 8. Residents will generally be expected to have attained sufficient knowledge of the need for medications, and will take medications delivered by the contractor, when necessary.**
- 9. Attend all meetings or other meetings as necessary with the County pertaining to the functioning of the house.**
- 10. Meet with County Program Manager or Designee at least monthly, and sometimes sooner if necessary given a unique situation, as part of placement team to review client's moving into home, including selection criteria met, proposed treatment plan, and likelihood of success of proposed clients, and monitoring current client success and modifications to treatment plans of these clients would also be discussed.**
- 11. Comply with County's Fair Hearing and Beneficiary Problem Solving Policy. The Contractor shall comply with applicable laws, regulations and State policies relating to patients' rights.**
- 12. Work with county to develop protocol for resolving potential disputes, disagreements and/or misunderstandings regarding services.**

D. General Criteria for all Placements:

1. No individual shall be accepted for any type of placement unless individual has been admitted to County's Adult System of Care Program and authorized by the Placement Team and County Program Manager or Designee.
2. All proposed clients shall be reviewed by placement team consisting of the Contractor staff and County staff, and placement must approved by the County Program Manager or Designee. All clients accepted into the program will be monitored by the placement committee to determine if the client continues to clinically need this intensive level of supervision. If a client no longer meets this criteria, as determined by the County Program Manager or his/her designee, then the client will be encouraged to find a lower level of care. If a client does not agree to move then possible notice of eviction, when permissible under federal and state (e.g., MHSA) housing guidelines, may be given.
3. No individual shall be accepted for admission if he/she is seen to be a potential threat to the safety of the community, the other residents or staff or have a history of repeated assaultive behavior.
4. All individuals accepted for residency shall be free of any communicable disease.

III. Hospitality House Shelter Case Manager

The Contractor, in conjunction with Behavioral Health and Hospitality House staff, shall implement and monitor the delivery of mental health services to clients of the Hospitality House shelter, rapid re-housing and outreach program. Two .80 FTE Shelter Case Managers will be responsible for assisting Hospitality House clients in meeting their expressed mental health-related goals, which may include specific assistance with medication management, housing, counseling, medical services, counseling, support, brokerage for other needed services, and advocacy. The Shelter Case Manager works directly under the supervision and direction of a Hospitality House Supervisor or Program Manager and Turning Point management.

A. The contractor will provide the following:

1. Rehabilitative Mental Health Services
2. Case Management Brokerage
3. Coordination and assistances with Hospitality House staff in a team approach to meet the individual needs of shelter, rapid re-housing and outreach clients with mental illness.

B. Staff Plan, Qualifications, and Duties:

1. Two .80 FTE case managers will work a combined six days per week, including at least one day of overlap, at the Hospitality House shelter and outreach program.
2. A Bachelor's Degree in Social Work or related field and two years varied experience as a provider of mental health services is preferred. Associates Degree in Social Work, or certificate as a California Addiction Specialist (e.g., CAD_C or equivalent), or related field and a minimum of six (6) years varied experience as a provider of mental health services is required. Additional qualifying experience may be substituted for education. Additionally, staff will be required to possess a valid California driver's license and current vehicle insurance/registration, along with a reliable means of transportation capable of passing vehicle safety inspection if more than five years old, excluding all modes of two-wheeled transport inclusive of bicycles, mopeds and motorcycles.

3. Other skills include knowledge of and commitment to principles and goals of community mental health, a “self-help model,” and “consumer-driven model,” along with knowledge of principles, techniques and trends in counseling, psychotherapy, psychosocial rehabilitation, clinical case management, and various treatment modalities. Staff will also have an ability to work and communicate with staff, clients, families, community agencies and professionals, and perform crisis intervention strategies and work effectively under stress and conflict, and have appropriate judgment and decision-making.
4. Duties of the staff shall be:
 - a. “On-the-spot” counseling that is both helpful to the clients and consistent with the philosophy of the program, which may include crisis counseling and the use of de-escalation strategies.
 - b. Maintaining all client records and complete required documentation and data entry according to shelter standards (e.g., HMIS), including progress notes, activity reports, and logs.
 - c. Carrying a client caseload of approximately 30 clients, creating client case plans with major client input, as well as monitoring client progress with plan activities.
 - d. Advocating for clients in all areas of treatment, including mental health, substance use, and helps them apply for and receive services and benefits from other agencies that will support independent living.
 - e. Specific assessments of housing barriers will be completed to create an individualized housing stabilization plan for sheltered, rapid re-housing, and outreach individuals, along with engaging members in the field, jobsites, homes, and other locations.
 - f. Locate available housing, negotiate with landlords, and assist clients with rental applications and interpreting lease/rental agreements, and develop and maintain positive relationships with local area landlords and property managers and develop and update a housing resource directory.
 - g. Assist in establishing client’s eligibility for Medi-Cal or other benefits and advocates for continuation of benefits when appropriate.
 - h. Transport clients to necessary meetings and appointments using his/ her personal vehicle.
 - i. Counseling, case management, life skills and other services to support the individualized housing stabilization plan may take place at the shelter, on the streets, in the field, jobsite, in homes and other locations that the client chooses. Supportive service can continue for 18 months from the time the individual is housed.

C. Evaluation: Data to be Collected

1. Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Demographic information.
2. For each Mental Health Services Act Early Intervention Program the Contractor must evaluate the reduction of prolonged suffering as referenced in Welfare and Institution Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functional.
3. For each Mental Health Services Act Prevention Program the Contractor must measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.
4. Number of referrals to community supports and mental health treatment, and kind of treatment to which person was referred.
5. Number of persons who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.

6. Duration of untreated mental illness
 - a. Duration of untreated mental illness shall be measured for persons who are referred to mental health treatment and who have not previously received treatment as follows:
 - i. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.
7. The interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred.

D. Performance Goals

1. Provide Early Intervention or Prevention services to approximately 60 individuals/families
2. Shelter guests, Rapid Re-housing tenants, and Outreach Program participants maintain their housing or improve their housing situation. Ninety percent of program participants maintain their permanent housing or improve their housing situation.
3. Program participants receive the services and benefits that they need to obtain or maintain permanent housing or to be able to be a successful shelter guest. Ninety percent of program participants have identified at least one service or benefit that they need and has received that service or benefit.
4. Ninety percent of program participants that receive Early Intervention services show a decrease in prolong suffering from mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functional.
5. Ninety percent of program participants that receive Prevention services show a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.
6. Seventy percent of referrals provided to program participants are followed up on by the program participant.
7. Ninety present of mental health referrals provided to program participants are followed up on by the program participant.
8. Duration of untreated mental illness is tracked and reported for 100 percent of program participants.

E. Reporting Requirements and Timelines

1. Contractor shall provide standard PEI evaluation data forms by the 10th of each month to the MHSA Evaluation contractor/staff member.
2. A Mid-year Progress Report within 30 days of the end of the second quarter (Q2 ends 12/31; report due 2/1) for PEI (Prevention and Early Intervention funding);
3. An Annual Progress Report within 30 days of the end of the fiscal year (fiscal year ends 6/30; report due 8/1) for all MHSA funded programs;
4. Any MHSA Progress or Evaluation Report that is required, and or as may be requested by the County. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this Agreement as may be necessary for the County to conform to MHSA PEI reporting guidelines

COUNTY RESPONSIBILITIES:

The County shall:

- A. Participate and lead placement team meetings to authorize clients placed in the home, as well as coordinate with Contractor staff to determine client needs and program functioning, and any modifications to treatment plans necessary for non-contractor clients and Turning Point clients.
- B. Provide full range of services and support to non-contractor clients, including Treatment Plan development and monitoring for specific services, related to supporting clients, for planned, as well as unplanned, vocational, recreational, social, and therapeutic activities.
- C. Arrange appointment with Contractor to allow prospective referral of non-contractor client an opportunity to visit home prior to placement.
- D. Make available all pertinent data and records for review

EVALUATION:

With reasonable notice, the County shall do a Program Review, which shall include evaluation of:

- Cost effectiveness
- Program's ability to meet Individual client's treatment goals and objectives
- Follow-up of appropriateness of client's placement outside of transition home
- Analysis of impact on out-of-county placements and acute care costs
- Review of personnel records to assure compliance with Title 9

IV. Contracted TP Staff Working Onsite at Behavioral Health, IST

Project Overview

The Nevada County Integration Services Team (IST) supports healthy futures in which adults ages 18 and older with a serious mental illness (SMI) are able to achieve health, wellness, and recovery through the development of integrated care. The IST is a consortium of health care providers, community partners, individuals with an SMI, and family members. The consortium will work together to integrate services to help individuals take an active role in improving their health outcomes. Each individual with an SMI who is served by IST will have access to a range of effective health services, supports, and resources to promote wellness, manage illnesses, and improve overall health outcomes.

Persons with an SMI often have multiple health conditions. Data shows that the most common health issues for adults with an SMI may include obesity, hypertension, asthma, diabetes, and heart disease. Unhealthy practices such as inadequate physical activity, poor nutrition, smoking, substance use, and the long-term side effects of psychotropic medications can contribute to our clients' risks of developing these serious health conditions. These multiple health conditions often impact their mental illness and prevent them from achieving wellness and recovery. These individuals would greatly benefit from a person-centered health care system that addresses their health care, mental health, and substance use issues.

Turning Point IST shall assist in the coordination of a person-centered health care home and coordinated health services for clients. Turning Point will maintain and administratively supervise part-time (.30 FTE) Registered Nurses (RN) and Supervisor (.82 FTE) and Service Coordinators (2.0 FTE) that make up part of the IST team. These staff shall be stationed and work the majority of their time at the Behavioral Health clinic. All clinical supervision of these staff will occur on a day to day basis by County staff, while performance evaluations will be a combined effort of clinical staff and the Turning Point Supervisor position.

The Contractor shall incorporate community collaboration, cultural competence, client/family driven services, a focus on wellness, and integrated services under this Agreement.

Clients Served: the ongoing caseload of qualified adults to be served under this agreement is at least 20.

CONTRACTOR RESPONSIBILITIES:

1. Staffing Plan, Qualifications, and Duties:

The Contractor shall in collaboration with the County develop, screen, hire, train, schedule, and supervise the following staff:

a. Registered Nurse:

The RN position will include a .30 FTE. The position will coordinate primary care and mental health services for persons enrolled in the program. The RN will coordinate services for clients seeing a primary care provider; discuss health and mental health factors with the primary care and mental health providers; and ensure that the client (and their family members, as feasible) is an active participant in all aspects of the health care team. The nurse will also perform a variety of duties associated with improved health outcomes, including conducting physical and behavioral health assessments, administering drug screenings, collecting health indicators and outcomes, and educating clients on nutrition, exercise, and other healthy behaviors.

b. Supervisor:

The Supervisor will include up to two individuals working with the IST providers, including the hospitals, to track and oversight of both referrals into IST and other referrals to the IST providers. The Supervisor will also provide clinical supervision for licensure, and intake and other assessments, as well as oversight of the treatment planning process for all clients at Behavioral Health. The Supervisor will also provide psychotherapy to select number of clients within IST.

c. Service Coordinators: which will be at least two and not more than three individuals. The Service Coordinators being employed by Turning Point will be persons with lived experience (mental health consumers) and/or family members. The Service Coordinators will link clients to the primary care services at the NCBH clinic and FQHCs, as well as assist individuals to access substance use services and other resources in the community. The RN and Service Coordinators will assist clients to develop a wellness based treatment plan that includes both physical and mental health issues. The activities of the plan will promote integrated, person-centered care and help ensure that each client and their family members are actively involved in the treatment process and achieving healthy outcomes. Service Coordination will also assist clients in linkage between SNMH and other services in the community, including services at Nevada County Behavioral Health, Hospitality House, Probation, and substance abuse treatment. These services will include working on a special forensic team that involves law enforcement, probation, and other county agencies, including the jail and Public Defender's office.

2. Staff shall meet Medi-Cal requirements for billing Medication Services, Rehabilitative Services and other Mental Health Services and bill Medi-Cal for services that meet Medi-Cal standards. Staff shall meet productivity standard of at least 70% of their time with clients, but this time will include forensic and health engagement/linkage services that are not billable.

3. All staff hired by Contractor shall be employees of Contractor and shall not be acting in any capacity as employee of County, during time they are on duty as employee of Contractor.

4. It is not the intent of the County to direct or control the hiring of Contractor's employees; however, the parties acknowledge that from time to time a Contractor's employee may not provide services to the level or in the manner which is appropriate for the circumstances. In that event, County shall communicate any service or employee deficiencies to Contractor. County reserves the right to

require Contractor to take appropriate action, including termination of any Contractor employee who does not provide services to the level of County's expectations.

5. All services provided under this contract shall be documented in accordance with Short/Doyle Medical and Managed Care.
6. The County may desire services to be performed which are relevant to this contract but have not been included in the scope of the services listed above and Contractor agrees to perform said services upon the written request of County. These additional services could include, but are not limited to, any of the following: Work requested by the County in connection with any other matter or any item of work not specified herein; work resulting from substantial changes ordered by the County in the nature or extent of the project, and serving as an expert witness for the County in any litigation or other proceedings involving the transition home.
7. Personnel employment and services under this contract shall be rendered without discrimination on the basis of race, color, religion, national origin, sex, or ancestry and Contractor shall comply with all fair employment practice requirements of State and Federal law.
The Contractor shall comply with the provision of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.
8. All staff shall be trained and provide services, based on the evidence based practices.
9. During periodic time off, the duties of these staff will not be required to be covered by other TP staff in Providence Center or Catherine Lane programs. Extended FMLA or other longer term leave coverage would require coverage of the staff's duties.

COUNTY RESPONSIBILITIES:

The County shall:

1. Provide direct oversight of the daily operation of IST Turning Point staff by the Supervisor, and administratively by the Program Manager, providing direction and feedback in how to provide outpatient treatment to clients at Behavioral Health. Specifically, a central focus will be on meeting health and linkage outcomes using the evidenced based practices, and coordination of referrals and services related to the treatment plan that involves services from other IST agencies and other relevant organizations.
2. In collaboration with the Contractor choose specific evidenced, based trainings.
3. The County will provide feedback on job performance evaluations, and in other situations requiring immediate feedback, by collaborating with TP management staff administratively supervising these employees.

OTHER COUNTY RESPONSIBILITIES

EVALUATION:

With reasonable notice, the County shall do a Program Review, which shall include evaluation of:
Cost effectiveness
Program's ability to meet Individual client's treatment goals and objectives

1. Performance Measures:

A number of different key health indicators will be measured to help track health status improvement as a result of the IST services, and particularly of the Contractor staff, for an identified limited number of clients in both IST and Behavioral Health.

Data will be collected at the time of the initial Nursing (e.g., weight, height, BMI, blood pressure), and follow up lab work (i.e., Glucose, HGBA1c, HDL and LDL Cholesterol, and Triglycerides) initially and as needed on special subset of clients with intensive medical needs or risks.

Other performance measurement goals include:

Objective a: At least 85% of intensive clients will have medication reconciliation, communicating what if any meds are being prescribed between the treatment providers.

Objective b: 100% of all open clients will have a primary care provider and sign a release of information for that provider with Behavioral Health.

2. Medi-Cal Certification and Goals:

Contractor shall maintain certification as an organizational provider of Medi-Cal specialty mental health services for all new locations. Contractor will offer regular hours of operation and will offer Medi-Cal clients the same hours of operation as it offers to non-Medi-Cal clients.

Medi-Cal Performance Measurement Goals:

Contractor shall maintain productivity standards sufficient to generate revenue as specified in contract.

Objective a: 70% of all clients being served as being Medi-Cal eligible.

Objective b: Service Coordinators and RN will have at least an overall 70% productivity, except by the Service Coordinator providing linkage/liason services with the local hospital and homeless shelter. These linkage services will be utilized as productive to determine if the staff is providing 70% of his/her time related to direct services.

Objective c: Contractor shall have less than 5% denial rate for all billed and audited services.

Objective d: Each Medi-Cal service provided must meet medical necessity guidelines and meet Medi-Cal requirements as described by service and activity/procedure code.

Objective e: Contractor shall document and maintain all clients' records to comply with all Medi-Cal regulations.

3. Documentation:

Assessment, Client Plan, Progress Notes, and Treatment Plans—will be prepared and maintained in accord with County procedures as well as state and federal requirements and submitted by Contractor to County upon request. For services which must be authorized by County, Contractor shall submit Request for Authorization and other required documentation prior to rendering such services. County or County designee will review for authorization and communicate in writing or by E-mail the results within 5 calendar days to the provider, in accordance with applicable regulations.

4. Additional Contractor's Responsibilities:

- Maintain a system that provides required data in compliance with MHSA and Medi-Cal reporting requirements.
- Contractor shall attend IST Coordinating Meetings, MHSA Innovation Subcommittee Meeting and MHSA Steering Committee Meetings.

- Comply and cooperate with County for any data/ statistical information that related to services that are required to meet mandated reporting requirements, including reporting data for the federal grant.
- Complete required reporting forms.
- Ensure that services are provided to eligible populations only
- Maintain effective program planning
- Maximize billable units of service, maintain adherence to all billing standards, and submit monthly claims in a timely manner.
 - MHTSA reporting requirements include the following:
A quarterly Progress Report shall be submitted, by service category, for each approved program and/or service. The report shall include, but not be limited to the following:

- The targeted number of individuals, clients, and families to be served in each reporting quarter.
- The total number of individuals, clients, and families to be served in each reporting quarter.
- The final Quarterly progress Report shall include the total number of unduplicated individuals, clients, and family units served by each program/service during the fiscal year.
- The Quarterly Progress Report shall be submitted no later than 30 days following the end of each reporting quarter.

The Contractor shall also:

- Holistic Approach- services will be designed to support the whole person can attain the highest level of resiliency.
- Grounded in the Community: Promoting community involvement, mutual support relationships and increased self-reliance. The program services will promote collaboration with the support of consumer, family and service and support providers.
- Rehabilitation: promoting the ideals of “at home” and “out of trouble: through personal responsibility and accountability.
- Wellness Focused: Pursuing recovery so participants can benefit from educational opportunities, learn, participate in their communities, and achieve resilience exemplified by personal qualities of optimism and hope.
- Ensure services will be culturally competent and culturally responsive.
- All staff will receive at least 19 hours per year in assessment, effective treatment interventions, or other areas to support the mental health needs of the clients. Some examples of this training follow:

- Basic knowledge of mental disorders
- Counseling skills:
 - Motivational Interviewing
 - Recovery philosophy and services
 - Understanding Schizophrenia
 - Understanding Depression
 - Working with the multiple diagnosed individual
 - Principles of Substance Abuse
 - Medication usage
 - Working with individuals that have a severe personality disorder
 - Communication skills
 - Therapeutic exercises

- Leisure time usage
- Handling suicide threats or actions
- Crisis management
- Discharge planning
- Knowledge of community services and resources
- Principles of good nutrition including:
- Proper food preparation and storage
- Menu planning

V. Other Requirements for all Programs

1. Stabilization Funds:

Stabilization Funding Request Overview, Allowable Costs, & Procedures

Overview

Stabilization funds are intended to support activities and basic life needs directly related to the FACT and/or MHSA wraparound (for children/juveniles) and ACT (for adults) programs. The purpose of the stabilization funds are to provide support to clients—consistent with the goals and objectives of an approved Service Plan—during their participation in the program, to do “whatever it takes” to make them successful in reaching the goals and outcomes developed by the wrap or ACT team. Program funds may not be used to supplant the existing funding for activities that are not a part of the enhanced or new services related to wraparound or ACT programs.

Contractor shall abide by the following allowable costs guidelines:

Allowable costs are those directly related to meeting a clients planned goals and outcomes. They may include, but are not limited to, the following:

<ul style="list-style-type: none"> • Auto Repair/Maintenance • Childcare • Child participation in sport or activity • Client transportation • Clothing assistance • Dental Care/Treatment • Emergency and Temporary shelter 	<ul style="list-style-type: none"> • Family Activity • Food • Hygiene assistance • Housing assistance • Job placement • Medical Care/Treatment • Supplies for celebrating an achievement
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Procedures

- All items purchased with program funds must be authorized through the Stabilization Funding Request Form (Attached hereto and included herein as Attachment A).
- All requests will be signed by Contractor’s Director (or his/her designee) prior to payment, for final authorization.
- Expenditure will be documented and included in a separate line-item in the detail of expenses submitted from the Contractor to the County Behavioral Health Department.

- Once services have been rendered, receipts will be retained in contractor files.

Grant/Funding Authorization

Stabilization/Flexible Funding is authorized by MHSA Plan. Expenditures for flexible funding must be included in costs such that Contractor does not exceed CMA.

2. Outcome Measures:

It is expected services provided under this Agreement to meet the following outcome objectives:

Providence Center and Catherine Lane

- Decreased utilization and minimization of acute psychiatric inpatient hospitalization by clients.
- Decreased utilization of client of locked residential care facilities
- Decreased client involvement with justice system for clients
- Decrease in number of days of homelessness
- Increase the number of days employed over the prior twelve month period.
- Increase the utilization of supported housing.
- Assist County in reducing utilization of IMD (Institute of Mental Disease).
- Families and caregivers are supported.

The Contractor shall provide a written summary on a quarterly basis the following outcomes, comparing time periods of 12 months before treatment with Turning Point and increments of at least six months after treatment begins for the following:

1. Days of homelessness
2. Days of psychiatric hospitalization
3. Days of employment
4. Days incarcerated in jail
5. 5150 assessments by Nevada County Crisis Team, at ER and other settings

The Contractor will provide an additional annual summary yearly by April 1st of the following:

6. Level of Care:
 - a. categories of living independently with daily medication deliveries
 - b. living independently without daily medication delivery
 - c. Board and Care
 - d. IMD
 - e. Odyssey House
7. Changes in MORs ratings as average across clients, beginning at onset of treatment as first comparison, rather than 12 months prior to treatment

3. Medi-Cal Certification and Goals:

Contractor shall obtain and maintain certification as an organizational provider of Medi-Cal specialty mental health services for all new locations. Contractor will offer regular hours of operation and will offer Medi-Cal clients the same hours of operation as it offers to non-Medi-Cal clients.

Medi-Cal Performance Measurement Goals:

Contractor shall maintain productivity standards sufficient to generate revenue as specified in contract. Objective a. Contractor shall meet a minimum productivity standard of 65% of billable time for hours worked.

- Objective b. Contractor's shall have the goal of: Providence Center 90% of all clients being served as being Medi-Cal eligible; Catherine Lane 100% of all clients Medi-Cal eligible
- Objective c. Contractor shall have less than 5% denial rate for all billed and audited services.
- Objective d. Each Medi-Cal service provided must meet medical necessity guidelines and meet Medi-Cal requirements as described by service and activity/procedure code.
- Objective e. Contractor shall document and maintain all clients' records to comply with all Medi-Cal regulations.

4. Documentation

- Assessment, Authorization of Services, Client Plan, Progress Notes—will be prepared and maintained in accord with County procedures as well as state and federal requirements and submitted by Contractor to County upon request. For services which must be authorized by County, Contractor shall submit Request for Authorization and other required documentation prior to rendering such services. County or County designee will review for authorization and communicate in writing or by E-mail the results within 5 calendar days to the provider, in accordance with applicable regulations.
- Discharge Planning—will begin at time of initial assessment, be specified in the treatment goals and plan and is accomplished through collaborative communication with the designated County Staff. In the case of an emergency discharge (i.e. psychiatric hospitalization, removal of client by self, or family, serious illness or accident, etc.) the County Staff will be contacted and consulted immediately within 24 hours at the latest.
- Retention of Records—Contractor shall maintain and preserve all clinical records related to this contract for seven (7) years from the date of discharge for adult clients, and records of clients under the age of eighteen (18) at the time of treatment must be retained until either one (1) year beyond the clients eighteenth (18th) birthday or for a period of seven (7) years from the date of discharge, whichever is later. Contractor shall also contractually require the maintenance of such records in the possession of any third party performing work related to this contract for the same period of time. Such records shall be retained beyond the seven year period, if any audit involving such records is then pending, until the audit findings are resolved. The obligation to insure the maintenance of the records beyond the initial seven year period shall arise only if the County notifies Contractor of the commencement of an audit prior to the expiration of the seven year period.

Additional Contractor's Responsibilities:

- Maintain a system that provides required data in compliance with MHSA reporting requirements.
- Contractor shall attend MHSA CSS/PEI Subcommittee Meeting and MHSA Steering Committee Meetings.
- Comply and cooperate with County for any data/ statistical information that related to services any may be required to meet mandated reporting requirements.
- Comply and cooperate with County in the transition from ICD-9 to ICD-10 and from DSM IV-TR to DSM-5 Codes. County will make training available to Contractor.
- Complete required reporting forms.
- Ensure that services are provided to eligible populations only
- Maintain effective program planning
- Maximize billable units of service, maintain adherence to all billing standards, and submit monthly claims in a timely manner.
 - MHSA reporting requirement include the following:
A quarterly Progress Report shall be submitted, by service category, for each approved program and/or service. The report shall include, but not be limited to the following:

1. The targeted number of individuals, clients, and families to be served in each reporting quarter.
2. The total number of individuals, clients, and families to be served in each reporting quarter.
3. The final Quarterly progress Report shall include the total number of unduplicated individuals, clients, and family units served by each program/service during the fiscal year.
4. The Quarterly Progress Report shall be submitted no later than 30 days following the end of each reporting quarter.

Full Service Partnership Contractors shall submit Full Service Partnership Performance Outcome Data through the Data Collection and Reporting System (DCR). The contractor shall conduct a Partnership Assessment of the client at the time the full service partnership agreement is created between the Contractor and the client, and when appropriate the client's family. The contractor shall collect information as appropriate including, but not limited to:

1. General administrative data.
2. Residential status, including hospitalization or incarceration.
3. Education status.
4. Employment status.
5. Legal issues/designation.
6. Sources of financial support.
7. Health status.
8. Substance abuse issues.
9. Assessment of daily living functions, when appropriate.
10. Emergency interventions

The Contractor shall collect the following key event data:

1. Emergency interventions.
2. Changes in:
 - o Administrative data
 - o Residential status.
 - o Educational status.
 - o Educational status.
 - o Employment status.
 - o Legal issues/designation.

The Contractor shall review and update, through the Quarterly Assessment the following information:

1. Educational status.
2. Sources of financial support.
3. Legal issues/designation.
4. Health status.
5. Substance abuse issues.

All Full Service Partnership Data Collection Requirements-Partnership Assessments, Key Event Data, Quarterly Assessments shall be entered into the DCR system within 60 days of collection.

- Maintain a system of quality assurance and utilization review that conforms to state and federal requirements pertaining to consumer/beneficiary rights, consumer access to services, and quality of care to services and quality of care.
- Holistic Approach- services will be designed to support the whole person can attain the highest level of resiliency.
- Grounded in the Community: Promoting community involvement, mutual support relationships and increased self-reliance. The program services will promote collaboration with the support of consumer, family and service and support providers.
- Rehabilitation: promoting the ideals of “at home” and “out of trouble: through personal responsibility and accountability.
- Wellness Focused: Pursuing recovery so participants can benefit from educational opportunities, learn, participate in their communities, and achieve resilience exemplified by personal qualities of optimism and hope.
- Ensure services will be culturally competent and culturally responsive.

DCR Data Quality Metrics

The Nevada County Behavioral Health Department is dedicated to use quality data to generate meaningful and valuable outcome measures. The contractor will support this effort and agrees that Full Service Partnership DCR Data Metrics Reports for the following elements will be:

- 3Ms (Quarterly Assessments) – 100% of those due will be submitted within the given 45 day window
- KETs - 100% of partners served more than 90 days will have at least one (1) KET and/or a KET will be completed every time there is a change in one of the six (6) KET domains.
 - Administrative
 - Residential
 - Education
 - Employment
 - Legal Issues / Designations
 - Emergency Interventions

As the department utilizes the Cerner Behavioral Health Solution for an Electronic Health Records System, the Contractor shall be required to use the Cerner Behavioral Health Solution functionality that is relevant to the scope of work of this contract, as requested by County. This may include the following Cerner Behavioral Health Solution functionality: use of the Billing System, Doctors HomePage, E-Prescribing, Medication Notes, and other Electronic Health Record data collection necessary for the County to meet billing and quality assurance goals. The Contractor shall receive training as needed to be able to comply with this requirement.

EXHIBIT "B"
SCHEDULE OF CHARGES AND PAYMENTS
TURNING POINT COMMUNITY PROGRAMS, INC.

Subject to the satisfactory performance of services required of Contractor pursuant to this contact, and to the terms and conditions as set forth, the County shall pay Contractor a maximum amount not to exceed \$2,449,541 for the period of July 1, 2017 through June 30, 2018.

Contract maximum is based on the project budget (See Attachment B):

Service and Rate Table	
Type of Service	Interim Rate
Psychiatric/Med Support	4.82
Mental Health Services	2.61
Rehabilitation	2.61
Case Management/Brokerage	2.02
Crisis Intervention	3.88
MHSA/Other Non-Billable Mental Hlth Svc	2.02
MHSA/Other Non-Billable Case Management	2.02
Target Annual Billable Svc \$	2,082,110
Target Annual Billable Units	845,527
Target Monthly Billable Svc \$	173,509
Target Monthly Billable Units	70,461
Target Annual Non-Billable Svc \$	367,431
Target Annual Non-Billable Units	181,897
Target Monthly Non-Billable Svc \$	30,619
Target Monthly Non-Billable Units	15,158
Total Contract Amount	2,449,541

Billing and Service Documentation

The table above shows the expected number of billable units and revenue to be produced under this contract. Interim Payment rates shall be at the County Maximum Allowance (CMA) rate or Negotiated Rate effective on the day the service is rendered (current interim rates are listed in the table above). Negotiated Rate shall apply only if the Contractor already has a State Department of Health Care Services (SDHCS) approved negotiated rate in County for the specific services to be provided. Interim Rates are subject to the Settlement provisions below for both billable and non-billable services.

Non-Billable services under this contract include Jail mental health services and/or MHSA Client Support and Client Participation services (service codes 120 and 121). Any other reimbursable non-billable services must be approved by the County Director of Mental Health.

The County and Contractor will periodically review the units of time for Medi-Cal services submitted through this Contract, and at the discretion of the Director of Behavioral Health, and then as mutually agreeable the parties will renegotiate the Agreement if either Medi-Cal/Billable services are expected to be 10% greater or lesser than projected target minutes of time; or if the proportion of Medi-Cal/Billable units to total units of service fall below the 80% target for Catherine Lane and 85% target for all other programs.

Each Medi-Cal service requires documentation which must meet medical necessity guidelines and Medi-Cal requirements as described by service.

Contractor will cooperate with the County process for submitting the unit of service data for the County Medi-Cal and other billing processes on the required timeline. Contractor will: ensure that authorizations are received for services; check and maintain client Medi-Cal and/or other eligibility; process financial, registration and intake documents; upon County request; audit services and correcting service or billing errors, follow up on eligibility issues and other issues that may result in denial of Medi-Cal or other billable services.

Contractor shall submit a monthly invoice with detail and summary of billings/services, for services provided during the prior month. The documentation shall include units of service and interim payment rate, by type of services provided, e.g. Psychiatric/Med Support, Mental Health Services, Case Management, etc. for all service types identified in the Scope of Work. The submitted invoice will identify the Medi-Cal beneficiary by name or county case number, using standard County billing forms, or a substitute form approved by County.

Contractor shall remit payment to the County in the amount of 2.0% of the total amount of each monthly invoice. This payment shall be for the County monitoring fee.

Contractor shall submit monthly fiscal report, including a detailed list of costs for the prior month and cumulatively during the contract period. Contractor will report quarterly on Stabilization fund usage, including specific costs per client.

Contractor shall submit invoices and reports to:

Nevada County Behavioral Health Department
Attn: Fiscal Staff
500 Crown Point, Suite 120
Grass Valley, CA 95945

Behavioral Health Department will review the invoice and notify the Contractor within fifteen (15) working days if any individual item or group of costs is being questioned. Payments of approved billing shall be made within thirty (30) days of receipt of a completed, correct, and approved billing. Monitoring charge payment is due within thirty (30) days of payment from County.

Cost Settlement

Contractor will submit an annual Cost Report on the State mandated forms—in compliance with the State Cost Report manual—to County by September 30th, after the close of the fiscal year. Contractor may request extension of due date for good cause—at its discretion, County will provide written approval or

denial of request. The Cost Report requires the reporting of all services to the County on one Cost Report.

The Cost Report calculates the Cost per unit as the lowest of Actual Cost, Published Charge, or SDHCS County Maximum Allowance (CMA).

A Cost Report Settlement will be completed by County within a reasonable timeline and will be based on a comparison of the allowed Medi-Cal reimbursement or other authorized non-billable services per unit in the Cost Report compared to the payment per unit paid by the County. Settlement amount will be net of rental income. Payment will be required by County or Contractor within 60 days of Settlement or as otherwise mutually agreed.

Contractor will be subject to SDHCS/Federal Medi-Cal or Quality Assurance audits at any time. Contractor and County will each be responsible for any errors or omissions on their part. The annual SDHCS/Federal Audit may not occur until five years after close of fiscal year and not be settled until all audit appeals are completed/closed. Final findings must be paid by County or Contractor within 60 days of final audit report or as otherwise agreed.

Records to be Maintained:

Contractor shall keep and maintain accurate records of all costs incurred and all time expended for work under this contract. Contractor shall contractually require that all of Contractor's Subcontractors performing work called for under this contract also keep and maintain such records, whether kept by Contractor or any Subcontractor, shall be made available to County or its authorized representative, or officials of the State of California for review or audit during normal business hours, upon reasonable advance notice given by County, its authorized representative, or officials of the State of California. All fiscal records shall be maintained for five years or until all audits and appeals are completed, whichever is later.

ATTACHMENT "A"

NEVADA COUNTY BEHAVIORAL HEALTH

STABILIZATION FUNDING REQUEST FORM

Person Making Request: Name: _____

Agency: _____

Date of Request: _____

COUNTY VENDOR I.D. NO. _____

Payment To: _____

Name: _____

Phone: _____

Address: _____

FAX: _____

Description of Services Covered by Payment:

Date Funds are Needed by Participant: _____

Program (check one): FACT Children's FACT Adult MHSA Children's MHSA Adult

Payment For: (Participant(s) Name) _____

Payment Totals: \$ _____

Payment Method Credit Card \$ _____

Check/Warrant \$ _____

Paid Directly by Contractor \$ _____

GRAND TOTAL: \$ _____

PURCHASE APPROVED BY

Executive Director Signature _____

Date: _____

ATTACHMENT "B"

	Total	Providence	Catherine	IST	Shelter Svcs
Revenue					
Revenue - Nevada Co.	2,353,435	1,655,952	297,265	296,570	103,648
Revenue - County Mode 60	96,106	45,919	50,187	-	-
Total Revenue	2,449,541	1,701,871	347,452	296,570	103,648
Expenses					
Personnel					
Salaries - Management	163,667	163,667	-	-	-
Salaries - Treatment	947,804	557,236	156,774	174,568	59,226
Salaries - Office	32,323	32,323	-	-	-
Member pay	6,545	5,586	959	-	-
Vacation/holiday	45,309	30,129	5,828	6,983	2,369
Retirement benefit	59,076	38,843	8,515	8,757	2,961
Benefit credit	212,618	148,436	25,749	25,338	13,095
Payroll tax - fica-medicare	90,886	59,856	13,102	13,397	4,531
SUI	9,505	6,260	1,370	1,401	474
Worker compensation insurance	88,131	31,862	48,295	5,959	2,015
Physician	135,000	135,000	-	-	-
On-call/Overtime	37,722	23,623	13,536	563	-
Total Personnel	1,828,586	1,232,821	274,128	236,966	84,671
Operating Costs					
Other consultants (Transcription/IT)	5,280	5,159	121	-	-
Training	4,326	4,326	-	-	-
Medical supplies	953	953	-	-	-
Program Supplies	2,233	2,233	-	-	-
Books, dues, and subscriptions	440	440	-	-	-
Expensed Furniture-Office	3,825	2,165	1,060	-	600
Expensed tools & equipment	10,537	9,172	1,365	-	-
Software License, Support & Upgrades	10,639	9,296	1,343	-	-
Equipment <> 1 & 5 thousand	6,425	3,881	394	-	2,150
Equipment rental	1,885	1,763	122	-	-
Equipment repair and maint	1,510	1,510	-	-	-
Vehicle repair and maintenance	3,625	3,625	-	-	-
Vehicle fuel	4,010	4,010	-	-	-
Facility repair & maintenance	2,899	2,523	376	-	-

Security					
	1,607	1,607	-	-	-
Maintenance					
	4,809	3,718	1,091	-	-
Storage rent					
	1,156	1,156	-	-	-
Building rent					
	68,707	68,707	-	-	-
Utilities					
	4,545	1,987	2,558	-	-
Telephone					
	41,753	23,019	9,820	7,798	1,116
Insurance					
	15,357	12,662	1,515	1,180	-
Employee mileage					
	47,480	35,664	3,000	7,231	1,585
Travel					
	1,818	1,818	-	-	-
Office expenses					
	11,301	9,027	2,074	-	200
Contract Monitoring Fees					
	46,917	34,037	6,949	5,931	-
Employee hiring					
	1,045	828	100	117	-
Employment advertising					
	639	425	102	112	-
Depreciation					
	448	396	52	-	-
Note Premium					
	1,333	-	1,333	-	-
Acquisition Costs Amortization					
	167	-	167	-	-
Delivery expense					
	1,739	1,739	-	-	-
Total Operating Costs					
	309,408	247,846	33,542	22,369	5,651
Allocated Costs					
Indirect Administrative					
	279,524	192,487	39,997	33,714	13,326
Total Allocated Costs					
	279,524	192,487	39,997	33,714	13,326
Client Support Expense					
Client Special Events					
	3,000	3,000	-	-	-
Client Groceries					
	14,224	2,155	12,069	-	-
Flex Funds					
	3,521	-	-	3,521	-
Furniture & Other Household-Client					
	3,544	2,680	864	-	-
Facility repair & maintenance-Client					
	6,130	3,990	2,140	-	-
Client Deposits-MHSA					
	2,240	2,240	-	-	-
Master Lease Rent					
	41,875	17,201	24,674	-	-
Permanent Housing Rent					
	3,029	3,029	-	-	-
Motel/Hotel Vouchers					
	3,090	3,090	-	-	-
Utilities-Client					
	12,497	3,127	9,370	-	-
Telephone-Client					
	1,849	890	959	-	-
Client Housing-Insurance					
	1,824	1,715	109	-	-
Client-Other Purchased Supports					
	2,801	2,801	-	-	-
Total Client Support Expense					
	99,624	45,918	50,185	3,521	-

Total Expenses	2,517,142	1,719,072	397,852	296,570	103,648
Revenue - rents	(67,601)	(17,201)	(50,400)	-	-
Total Net Expenses	2,449,541	1,701,871	347,452	296,570	103,648
Total Revenue over Expenses	-	-	-	-	-