# RESOLUTION No. 15-056

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION APPROVING EXECUTION OF AMENDMENT NO. 1 TO THE RENEWAL PERSONAL SERVICES CONTRACT WITH FAMILIESFIRST, INC., D/B/A EMQ FAMILIESFIRST

WHEREAS, per Resolution 14-356, the Board approved the annual contract for Contractor to provide Mental Health Services Act (MHSA) Children's Wraparound and Senate Bill (SB) 163 Treatment Program Services to eligible high risk children/youth who are seriously emotionally disturbed (SED) or have severe mental illness (SMI) and their families; and

WHEREAS, the parties desire to amend the Contract to revise the Schedule of Services, Exhibit "A" to include school based individual and collateral services to children/youth referred by Tahoe Truckee Unified School District.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that Amendment No. 1 to the Personal Services Contract by and between the County and FamiliesFirst, Inc., d/b/a EMQ FamiliesFirst pertaining to the provision of Mental Health Services Act (MHSA) Wraparound and SB 163 Treatment Program Services for eligible children/youth, which revises the Schedule of Services to include school based individual and collateral services to children/youth referred by Tahoe Truckee Unified School District for the term of July 1, 2014 through June 30, 2015 be and hereby is approved, and that the Chair of the Board of Supervisors be and is hereby authorized to execute the Amendment on behalf of the County of Nevada. The maximum contract amount remains unchanged in the amount of $1,556,389.

Funds to be disbursed from account: 1512-40104-493-1000/521520; 1589-40104-493-1000/521520; 1589-40140-491-1000/521520.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 10th day of February, 2015, by the following vote of said Board:

Ayes: Supervisors Nathan H. Beason, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

DONNA LANDI
Clerk of the Board of Supervisors

By: Julie Patterson Hunter, Deputy

Edward C. Scofield, Chair

2/10/2015 cc: BH*
AC*
FF

**AMENDMENT #1 TO THE PERSONAL SERVICES CONTRACT WITH FAMILIESFIRST, INC., D/B/A EMQ FAMILIESFIRST**

**THIS AMENDMENT** #1 is dated this 1ST day of February 2015 by and between FAMILIESFIRST, INC., D/B/A EMQ FAMILIESFIRST, 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 per Resolution No. 14-356.

**WHEREAS**, the Contractor provides Mental Health Services Act (MHSA) Children's Wraparound and SB 163 Treatment Program Services; and

**WHEREAS,** the parties desire to amend their agreement to revise the Schedule of Services, Exhibit "A" to include school based individual and collateral services to children and youth referred by Tahoe Truckee Unified School District.

**NOW, THEREFORE,** the parties hereto agree as follows:

1. That this Amendment shall be effective as of February 1, 2015.
2. That the Schedule of Services, Exhibit "A" is amended to the revised Exhibit "A" attached hereto and incorporated herein.
3. That Section (§2.) Maximum Contract Price remains unchanged at $1,556,289.
4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA

By: _____
Edward C. Scofield, Chair
Nevada County Board of Supervisors

CONTRACTOR:

By: _____
Kathryn McCarthy
Chief Administrative Officer
Families First, Inc.
251 Llewellyn Avenue
Campbell, California 95008

ATTEST:

By: _____
Donna Landi
Clerk of the Board of Supervisors

**EXHIBIT "A"**
**SCHEDULE OF SERVICES**
**FAMILIESFIRST, INC., D/B/A EMQ FAMILIESFIRST**

Nevada County Behavioral Health hereinafter referred to as "County", and FamiliesFirst, Inc., d/b/a EMQ Families First hereinafter referred to as "Contractor", agree to enter into a specific contract for the provision of services and programs listed below.

**Clients Served**: the ongoing caseload of qualified juveniles to be served under this agreement is **56** including children served under SB163 Wraparound and Therapeutic Behavioral Services (TBS).

1. **List of Services/Authorization Responsibilities**
   - A. Mental Health and Rehabilitation Services
   - B. Case Management, Brokerage
   - C. Medication Support
   - D. Crisis Intervention
   - E. Non-Medi-Cal Juvenile Hall
   - F. MHSA outreach
   - G. Wraparound
   - H. Authorization of outpatient Mental Health Services and Medication Support
   - I. TBS (Therapeutic Behavioral Services)
   - J. Katie A services, including Intensive Care Coordination and Intensive Home Based Services

2. **Programs/Client Populations Served**
   - A. Eastern and Western Nevada County
   - B. California Wraparound
   - C. CPS and Probation youth needing full service partnership
   - D. Medi-Cal youth who have graduated from program and need follow-up services.
   - E. Educationally-related mental health services
   - F. Qualified Juveniles needing TBS services
   - G. Drug and Alcohol Services
   - H. Katie A subclass children
   - I. SB163 youth.
   - J. Children and youth referred by Tahoe Truckee School District

3. **Staffing and Facilities**

   The Contractor will maintain positions consistent with the principles of, Educationally-related mental health services, Wraparound, TBS, Katie A services and other standards of service related to this contract , including but not limited to:

   - Director, Associate Director, and Clinical Supervisors
   - Psychiatrist
   - Psychotherapists
   - Facilitator
   - Family Partner
   - Family Support Counselors

- Community Development Specialist

Contractor shall provide and maintain facilities and professional and supportive personnel to provide all necessary services under this Agreement. Contractor will maintain sufficient office and IT support as necessary to implement and maintain program services.

4. **Program Services –Wraparound Teams**

A. **Target Population: Wraparound** services will be targeted to serve Nevada County children and their families. Child/Youth will meet the established Nevada County's criteria for identification as seriously emotionally disturbed or seriously mentally ill child/youth. Welfare and Institutions Code Section 5878.1 (a) specifies that MHSA services will be provided to children and young adults with severe mental illness as defined by WIC 5878.2: those minors under the age of 21 who meet the criteria set forth in subdivision (a) of 5600.3- seriously emotionally disturbed children and adolescents. Services can be provided to children up through age 21.

B. 1) at risk of, or history of psychiatric hospitalization, residential care or out of home placement; 2) who are homeless or at risk of being homeless; 3) risk of aging out of foster care without permanent supportive relationships; or 4) risk of academic failure or current school disciplinary problems; 5) risk of or current involvement in the juvenile justice system and 6) and for children who are members of the Katie A. subclass.

This population also includes CPS, Probation and eligible Special Education youth needing full service partnership services.

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.

All referrals to the program will be screened and authorized by the Behavioral Health Department using mutually agreed upon established protocols. Priority admission protocols will be established for children and youth at imminent risk of loss of current placement or hospitalization so they can receive expedited access to avoid placement disruption or more intensive levels of care.

Contractor may provide specialty mental health services to clients who have graduated from the wraparound programs. These clients will be identified in separate reporting units from wraparound clients, according to all County procedures and policies and all Medi-Cal requirements as identified in this contract.

C. **Program Description for MHSA Wraparound and SB163 Wraparound Teams:** Contractor shall provide Wraparound services as a Full Service Partnership (FSP) consistent with Nevada County's approved MHSA Community Services and Supports (CSS) Plan. Each Team position will require appropriate licensure or certification for their designated scope of practice, relevant experience, and proven expertise in providing mental health, substance abuse, medical support, outreach, and engagement services.

The Wraparound Services model delivers services to children and families with severe and multiple problems often being served by multiple agencies. Wraparound services refer to an individually designed set of services to be provided to high risk children/youth with serious emotionally disturbance (SED) or severe mental illness (SMI), and their families. It includes treatment services, personal support services, and any other support necessary to maintain the child/youth in the family home or at the lowest level of appropriate care. Services are developed and delivered through an interagency collaborative approach that includes family participation and the family as an active team member. The youth and family will be contacted within three business days and will be seen face to face within ten working days of receiving the referral.

In the process of providing Wraparound services, Contractor shall commit to meeting the specialized needs in Nevada County while ensuring that the Mental Health Services Act principles- consumer and family driven services that promote wellness and resilience are embedded in all services strategies.

Contractor shall serve as the lead organization. Additionally, Contractor expects to subcontract with other providers with the approval of County for the delivery of mental health treatment services. Contractor will be solely responsible for the delivery of Wraparound contracted services.

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

D. **Comprehensive Program Description: Wraparound** services will consist of a well defined planning and service delivery methodology, with the following included as key components of services:

- The youth and family will be contacted within three business days and seen face to face with ten business days of receiving the referral
- An individualized culturally appropriate plan is developed by a Child and Family Team (CFT), the people who know the child and family best. Service planning and delivery are culturally competent. Service strategies utilize natural supports of the family and reflect the family's preferences, values, and norms and including language needs other than English.
- The plan is needs-driven rather than service-driven. The service strategies may include, but are never limited to, traditional mental health or other human service programs. Plans reflect strategies to achieve the hopes and dreams of children, youth and families for the life they want for themselves.
- The plan is family-centered rather than child-centered. The plan reflects the unique strengths, values, norms, and preferences of the family.
- The parent and youth are integral members of the team, whose access and voice in planning and decisions, as well as choice in selecting priorities and strategies creates ownership of their plan and the process.

- The plan is strength-based. A discovery of inherent functional assets, talents, strengths and resources including the positive reframing of assets and strengths demonstrated within problems is key in wraparound planning and empowering change strategies.

- The plan is focused on normalization, creating a vision with the child and his/her family of what constitutes a "normal" desired future for that child and family.

- The team makes a commitment to unconditional care. Services are adjusted to meet the changing needs of the child and family (no client is rejected or ejected from the program as the result of problems). As long as services are desired by the family and authorized by the payor, the team keeps working.

- Teams have capacity to create individualized services and resources, in addition to blending or reshaping categorical services. Services reflect the unique needs of the child and family.

- Services are community-based. If hospitalization or other out of home service is required, these service modalities are used as resources and not as a place to live. Behavioral Health must pre-authorize any hospitalization or residential placement referrals made for children/youth for services provided under this Agreement.

- Planning and interventions are comprehensive and holistic. Plans reflect identified needs in multiple life domains including, but not limited to, safety, family life, social and recreational opportunity, housing, economic stability, educational/vocational success, medical, legal, psychological/emotional, and spiritual.

- Flexible funding financially supports families to meet their needs when other resources are unavailable.

- Outcome measures are identified and the plan is evaluated and revised often.

**Wraparound Service Structure:**
The Wraparound Facilitator will rapidly identify and engage a Child and Family Team (CFT) made up of the child/youth, the family, identified involved professionals and others who are invested in this child and/or family's success. Additional Wraparound staff including a Family Partner, Behavioral Specialists, Psychiatrist and Therapists will participate as needed. By the end of the wraparound process, the goal is that more natural, unpaid supports are on the team than professionals. Together, the team will develop and implement an individualized child and family plan that addresses the child and family's concerns while identifying and building on strengths and resources.

Wraparound will demonstrate the team's ability to translate the child or youth's and/or caregiver's target behaviors into an understanding of the underlying function and needs the behavior is expressing. The function may reflect a biochemical imbalance, the impact of trauma, learning disabilities, or insufficient concrete resources such as food, clothing or shelter. Interventions will be customized to improve family and child functioning across multiple life domains. Special attention will be paid to recognizing and ensuring appropriate response to drug and alcohol and co-occurring disorders to ensure appropriate access to resources. Contractor will work with a wide variety of community organizations to support access to available resources.

Services will be provided in home and community settings and will be available when and where the problematic behaviors occur. Planning meetings will occur at times and locations for the convenience of the family. Interventions and strategies will be developed to resolve presenting crisis situations and individualized safety plans will be refined as behavior and identified needs change. Plans will move from reactive strategies to proactive coping and replacement strategies with development of sustainable support resources. Planned service can occur any time of day or day of the week, as needed. Easy access to staff will be available 24/7 in response to unplanned service needs, supporting and coaching families to follow safety plans, making adaptations as needed, or providing emotional support.

**Wraparound services shall integrate the following:**

- An assessment and completion of an Individual Services Plan [ISP]. The Individual Child Service Plan (ISP) is developed and implemented by the Child and Family Team (CFT) as the primary deliverable of Phase 2 while reflecting perspectives of all team members, the plan is dominated by the vision and goals set by the family. Ensuring safety is always included as a non-negotiable goal. The implementation of the plan and follow-through on action items is monitored by the EMQ FamiliesFirst Facilitator and reviewed at every CFT meeting. Plans are evaluated by the team members. As changes are agreed upon by the team, the notes of the CFT meeting record those changes.
- A complete range of mental health services will be incorporated into service delivery consistent with the needs of the youth and family and as identified in the ISP.
  Services will include psychiatric assessment; medication support; individual, family and group mental health treatment services as appropriate and desired; rehabilitation services; collateral services; and case management. Services will be provided in alignment with the plan defined in the CFT.
- Services are available 24/7 to meet planned needs for children and families. Staff will routinely be scheduled at times and locations that meet the needs and preferences of children and families. This may include early mornings, evenings, weekends or any other time that determined by the ISP plan. Staff presence in the home can be increased or decreased, as needed, to monitor, motivate, teach and model child and care-provider behaviors that support effective communication and constructive problem solving. Intervention strategies and development of resources are planned to respond to identified needs and goals. Staff and contract resources will provide individualized support and services, consistent with the ISP, including behavioral interventions, cognitive interventions including self-management and coping strategies, medication evaluation and support services, linkage to community resources, mental health treatment, psychosocial education, self-help support groups, and other interventions that develop and support confidence and competence building to achieve self-direction and self-care. All staff carries a cell phone during working hours; the ability to provide encouragement, coaching and support is available when needed.
- Staff works proactively with caregivers to predict timing of predictable crisis and to incorporate strategies to manage them into individualized safety plans. Reactive strategies describe the predicted situation, and what each of the family or support system members will do to ensure safety and to de-escalate the event. Proactive strategies help the family take steps to avoid predictable crisis and to prevent problems from getting worse when they do occur. Safety plans typically include extended family and community members to ensure sustainability over time. A crisis in the child and family that cannot be handled by using the safety plan strategies will mobilize professional and natural family supports in response. These events trigger review and revision of the safety plan within the CFT, including identification and prioritization of new goals in the

Individualized Service Plan as needed.

- EMQ FamiliesFirst has developed effective and reliable 24/7 Quick Response (on-call) protocols for urgent and emerging situations. The purpose of the Quick Response is to ensure dependable, predictable response for EMQ FamiliesFirst families in time of crisis or concern outside of normal business hours. Participation in the Quick Response rotation is a job expectation for all direct service staff. The Quick Response team is available during non-business hours 7 days per week including holidays. Staff is required to ensure telephone/cell phones are operational while they are on-call and that they respond to any call within a 10 minute window. Children and families are provided the Quick Response contact number as part of the intake process and encouraged to post it in an easily accessible place near the telephone. A Quick Response rotation ensures families have immediate access to a knowledgeable team of staff who has access to pertinent clinical, social support network, and safety plan information via an electronic record during non-routine business hours. If face-to-face intervention and/or support are required, staff is dispatched to arrive within 60 minutes, depending on time of day, distance, and traffic conditions. Every Quick Response call is followed up with a debriefing to the assigned Facilitator about what worked and what did not to provide information for the refinement of the safety plan.
    - The quick response team is lead by a Facilitator who carries the on-call phone, screens and evaluates the calls and provides telephone coaching using the established safety plan and other available information. Additionally, two Behavior Specialists provide back-up and can be dispatched for face-to-face assessment and support at the direction of the Facilitator. The Clinical Program Manager is available for consultation and back-up, and has the authority to dispatch additional staff if needed. Staff is required to consult with supervisory personnel prior to contact with law enforcement, or immediately after if there is an urgent safety concern. Psychiatric back-up is available as required. EMQ FamiliesFirst will work with Nevada County Behavioral Health to ensure that children who may need an evaluation for involuntary hospitalization are able to access services.

- Contractor will notify County within twenty four hours of: unusual, aggressive, or high risk behavior or threats of violence, by Participant or Participant's family; if a Participant or their family is hurt; if the Participant or their family is refusing to participate in services or want to terminate services; any other similar circumstance that would warrant notification.

**Length of Services:**

FamiliesFirst will refine the following outlined Phases to include specific Nevada County requirements, as needed.

- **Phase 1** establishes the team responsible for setting the goals, desired outcomes and creating the logistics of how the team will work together. The primary interventions methods are engagement of the youth and family and clarification of presenting issues. If there is a presenting crisis, significant resources are invested in safety planning, de-escalation and stabilization. The child and family are supported to identify their initial goals and the requirements of the court, as applicable. The initial members of the Child and Family Team (CFT) are identified and engaged. **(Typically, up to 30 days)**
- **Phase 2** establishes the initial plans and intervention strategies, using the resources of the team and the community. Safety issues are explored more deeply with specific plans for

management of those issues long term. The mental health treatment plan is specifically defined, including measurable outcomes within a timeframe, and incorporated in the Individualized Service Plan (ISP). Initial crises are stabilized, freeing the child, family and other team members to focus on prioritization of larger needs and goals. The group supports early successes to feed motivation, confidence and a sense of hope. The primary intervention strategies are group facilitation to identify and prioritize goals and underlying needs. Immediate strategies focus on behavioral and environmental interventions in response to safety and other prioritized issues, providing education regarding "normal' development and the impact of mental illness and trauma on development, and the identification and development of natural support resources. **(Typically, 30 days up to 4 months)**

- **Phase 3** refines and continues the work done in Phase 2. Strategies are tried, refined, and replaced. As needs are resolved, additional goals and needs are prioritized. Learning to take and share reasonable risks is a major task. Group trust and cohesion can become an issue as the team struggles to find effective approaches to complex problems without reverting to previously used, expert-based approaches and traditional resources. Celebration of successes and appreciating what has been accomplished is important. Strategies primarily involve positive behavioral interventions, building on strengths and preferences. Cognitive tools and methods are incorporated to strengthen self-management skills of children and adults. Parent education and self-help support is essential. Enduring natural supports are developed and incorporated in plan strategies. **(Typically, 6 to 9 months)**
- **Phase 4** focuses on Transition. While transition planning is addressed from the beginning of service, Phase 4 ensures that as Wraparound completes its work, safety plans are in place for the future, enduring natural supports are reliably in place and aftercare resources are identified, as necessary. Celebration throughout the Wrap process cements confidence and mastery. Celebration at the transition from Wraparound creates a symbolic marker, acknowledging that the process is complete with a look-back appreciation for all that has been accomplished. **(Typically, 1 to 2 months)**

  Total length of stay in Wraparound will average **12 months**; however, specific discharge dates will be determined by the child and family's response to service and attainment of service objectives.

## E. Educationally Related Mental Health Services

❖ **Target Population:** The target population for services are eligible Special Education Pupils (SEP) in the Nevada County public schools.

❖ **Program Description:** Every student who receives special education has an Individualized Education Plan (IEP), designed to help meet his or her unique educational needs. If, through the assessment process a child's IEP identifies the need for mental health services, these are to be provided free of charge to the student. The services include but are not limited to, assessment, individual, collateral and group therapy, medication support and in the most severe cases residential treatment. The array of services will be provided for a child with a disability, as defined in paragraph (3) of Section 1401 of Title 20 of the United States Code, and shall include those related services as defined in paragraph (26) of Section 1401 of Title 20 of the United States Code, and designated instruction and services, as defined in Section 56363 of the Education Code, the California Code of Regulations, Title 2, Division 9, Section 60020(i); and in the most current version of the State Mandates Claims Parameters and Guidelines for this program.

F. **Therapeutic Behavioral Services: Program Services-Therapeutic Behavioral Services**

- Target Population: includes mental health services for youth who have severe emotional problems, those placed in group homes, youth at risk of placement in a RCL 12 through 14 facility or who have been hospitalized recently for mental health problems.
- 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 group home, or 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.
- Contractor shall follow all state requirements on authorization, reporting and time restriction.

5. **School Based Individual and Collateral Services:**

❖ Target Population: includes children and youth that Tahoe Truckee Unified School District (TTUSD) refers for mental health services. These are children and youth who mostly have not had previous mental health treatment. This treatment duration will mostly be under one year.

❖ Program Description: Contractor will staff with a .5 FTE who will be out stationed at schools determined by TTUSD. Contractor shall create a referral system where school professionals can refer students to the .5 FTE EMQ-FF licensed, registered or waivered staff. Contractor after receiving consent to treat from the student's parents shall request authorization from Nevada County Behavioral Health for mental health services. After receiving authorization from the County, contractor shall assess the child to establish medical necessity and treat the child, if appropriate, using Mental Health and Rehabilitation Service, Case Management, Brokerage and if necessary Medication support and Crisis intervention.

6. **Program Services – Authorization:**

❖ All planned, routine (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.

❖ 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.

7. **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 MHSA Wraparound or SB163 Wraparound 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 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 programs. The use of these funds may make a difference between the success or failure of treatment, and the County encourages these expenditures within the scope of program services as identified in this contract. The contractor will report quarterly on Stabilization fund usage, including specific costs per child.

**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:

| | |
|---|---|
| • Auto Repair/Maintenance<br>• Childcare<br>• Child participation in sport or activity<br>• Client transportation<br>• Clothing assistance<br>• Dental Care/Treatment<br>• Emergency and Temporary shelter | • Family Activity<br>• Food<br>• Hygiene assistance<br>• Housing assistance<br>• Job placement<br>• Medical Care/Treatment<br>• Supplies for celebrating an achievement<br>• Youth Mentoring |

**Procedures**
- All items purchased with program funds must be authorized through the Stabilization Funding Request Form (Attached hereto and included herein as Attachment A) or a similar form that has been approved by the County.
- 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: the MHSA and SB163 Plans. Expenditures for flexible funding must be included in costs such that Contractor does not exceed CMA.

8. **Performance Measures:**

The success of Wraparound is defined by healthy and successful children who are at home with their committed and permanent families, in school, and out of trouble. Successful children, youth and families are able to advocate for and use family and community resources to meet their own needs with only targeted reliance on human services systems as necessary to manage chronic issues.

The goals of service are to help families achieve positive outcomes, reduce out of home placements, maintain family and foster care stability, and decrease the return to Juvenile Hall, psychiatric hospitalization, and out of home placement.

**A. Performance Measures:**

| Goal | Objective |
|---|---|
| 1. To prevent and reduce out-of-home placements and placement disruptions to higher levels of care. | 80% of children and youth served will be stabilized at home or in foster care. |
| 2. Youth will be out of legal trouble | At least 70% of youth will have no new legal involvement (arrests/violations of probation/citations) between admission and discharge. |
| 3. Youth will improve academic performance. | At least 80% of parents will report youth maintained a C average or improved on their academic performance. |
| 4. Youth will attend school regularly. | At least 75% of youth will maintain regular school attendance or improve their school attendance. |
| 5. Youth will improve school behavior. | 70% of youth will have no new suspensions or expulsions between admit and discharge. |
| 6. Caregivers will strengthen their parenting skills. | At least 80% of parents will report an increase in their parenting skills. |
| 7. Every child establishes, reestablishes, or reinforces a lifelong relationship with a caring adult. | At least 65% of children served will be able to identify at least one lifelong contact. |
| 8. Caregivers will improve connections to the community. | At least 75% of caregivers will report maintaining or increasing connection to natural supports. |
| 9. Youth and families will improve functioning. | At least 80% of youth and families will improve their scores on the Comprehensive Child & Adolescent Needs and Strengths (CANS) instrument between intake and discharge. |
| 10. Contractor is to be responsive to community needs. | Contractor will attempt initial contact with youth and caregiver within 3 business days of receipt of referral. |
| 11. Contractor is to be responsive to community needs. | Contractor will have face-to-face contact with 60% of children and families within 10 working days of receiving the referral. |

**9. <u>Medi-Cal Certification and Goals</u>:**

Contractor shall provide services at Medi-Cal certified sites. EMQ FamiliesFirst operates Medi-Cal certified sites in Los Angeles, Sacramento, San Bernardino, and Santa Clara Counties and Nevada County. Contractor shall obtain and maintain certification as an organizational provider of Medi-Cal specialty mental health services for all new locations.

Medi-Cal Performance Measurement Goals:

- Contractor shall maintain productivity standards sufficient to generate service levels as specified in contract.
- Objective a. Contractor's shall have the goal of 90% of all clients being served as being Medi-Cal eligible.
- Objective b. Contractor shall have less than 5% denial rate for all billed and audited services.
- Objective c. Each Medi-Cal service provided must meet medical necessity guidelines and meet Medi-Cal requirements as described by service and activity/procedure code.
- Objective d. Contractor shall document and maintain all clients' records to comply with all Medi-Cal regulations.

**10. Documentation**

- Treatment Plan—will be submitted by Contractor to County according to County documentation guidelines during the contract period, and in accordance with all applicable regulations. When requested, Contractor will allow County to review Treatment Plan, including requested level of services for each service type.
- 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 the State Department of Health Care Services DCR/MHSA reporting requirements, and other reporting requirements identified with funding sources or programs within the scope of this contract and services provided by Contractor.
- Comply and cooperate with County for any data/ statistical information related to services that may be required to meet mandated reporting requirements.
- Complete required reporting forms.
- Quarterly Progress Reports within 30 days of the end of each quarter;
- An Annual Progress Report within 30 days of the end of the fiscal year;
- 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.
- 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.

- Function as part of Nevada County's Quality Improvement System. 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 child and the whole family so that the child can attain the highest level of resiliency.
- Ensure services will be culturally competent and culturally responsive
- 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 in which children and transition age youth with a mental illness are able to living within a family, benefit from educational opportunities, learn, participate in their communities, and achieve resilience exemplified by personal qualities of optimism and hope. Children and transition youth will learn and function with a sense of mastery and competence.
- Referrals and assessment reports. The Contractor agrees to abide by the County and other agency policies and applicable law for making student referrals, and providing necessary assessment reports.
- As the department transitions to the Anasazi System for an Electronic Health Records System, the Contractor shall be required to use the Anasazi System functionality that is relevant to the scope of work of this contract, as requested by County. This may include the following Anasazi 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.

**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