



RESOLUTION No. 25-010

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF AMENDMENT 1 TO THE CONTACT WITH AUBURN COUNSELING SERVICES, INC. D/B/A COMMUNICARE TO INCREASE THE MAXIMUM CONTRACT PRICE FROM \$1,629,445 TO \$1,690,050 (AN INCREASE OF \$60,605), REVISE EXHIBIT "A", SCHEDULE OF SERVICES TO REFLECT THE ADDITION OF GLENN COUNTY AND AMEND THE SCOPE OF SERVICES TO SIERRA COUNTY, AND REVISE EXHIBIT "B", SCHEDULE OF CHARGES AND PAYMENTS TO REFLECT THE INCREASE IN THE MAXIMUM CONTRACT PRICE IN THE MAXIMUM AMOUNT OF \$1,690,050 FOR FISCAL YEAR 2024/25

WHEREAS, On June 11, 2024, per Resolution 24-259, the Nevada County Board of Supervisors approved execution of the Professional Services Contract with Auburn Counseling Services, Inc. D/B/A Communicare, for Phone Triage Services; Regional Telephone Triage Services for Placer, Plumas, Sierra, Colusa, and El Dorado County, New Directions Program Services; Patients' Rights and Quality Assurance Services, Care Coordination, and Jail Based Mental Health Services; and

WHEREAS, the contract provides for case management, plan development, collateral, and rehabilitation mental health services (as defined by California Code of Regulation, Title 9), as well as adult education classes for County clients in the New Directions Behavioral Health Program; and

WHEREAS, to increase the maximum contract price from \$1,629,445 to \$1,690,050 (an increase of \$60,605), revise Exhibit "A", Schedule of Services to reflect the addition of Glenn County and an amendment to the scope of services to Sierra County and revise Exhibit "B", Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that Amendment 1 the Professional Services Contract by and between the County of Nevada and Auburn Counseling Services, Inc., pertaining to the provision of Phone Triage Services Adult System of Care and Placer County's Children's System of Care (CSOC), Personal Services Coordination; Mental Health Therapy in the jail; New Directions Program Services, as well as Patients' Rights and Quality Assurance Services for the contract term of July 1, 2024, through June 30, 2025, in the maximum amount of \$1,690,050 be and hereby is approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors be and is hereby authorized to execute the Contract on behalf of the County of Nevada.

Funds to be disbursed from accounts: 1589-40110-493-8505/521520; 1589-40103-493-1000/521520; 1589-40110-493-8301/521520; 1512-40110-493-1000/521520 1589-40104-493-1000/521520.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 14th day of January 2025, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Robb Tucker, Lisa Swarthout, Susan Hoek, and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

Recuse: None.

ATTEST:

TINE MATHIASSEN
Chief Deputy Clerk of the Board of Supervisors

By: 


Heidi Hall, Chair

EXHIBIT "A"
SCHEDULE OF SERVICES
AUBURN COUNSELING SERVICES, INC., D/B/A COMMUNICARE

Auburn Counseling Services, Inc., D/B/S Communicare, hereinafter referred to as "Contractor", shall provide phone triage line services for the Department of Behavioral Health, herein referred to as "County."

Program Overview/List of Programs:

This contract serves the needs of the mentally ill by having a Phone Triage line in Nevada County, as well as for other counties, along with supporting the County to meet other state mandated programs for clinical supervision, patient rights advocacy, and mental health treatment.

1) Contractor Responsibilities

As more fully set forth herein, Contractor, in conjunction with Behavioral Health staff, shall continue to implement and monitor a Crisis Triage Program, including a Regional Telephone Triage Service for Placer County, El Dorado County, Sierra County, Colusa County and Plumas County; develop, implement, and monitor County mandated needs for clinical supervision, patient rights advocacy, care coordination and a jail therapist. The Contractor shall meet all requirements in 1810.405 of Title IX, California Code of Regulations as it pertains to beneficiaries accessing specialty mental health services. Additionally, Contractor will provide telephone answering services for after-hours Placer County CSOC Child Welfare Services referrals and emergency calls. In no event shall Contractor provide triage services or otherwise be responsible for the intake and/or screening of after-hours CSOC Child Welfare Services referrals and/or child welfare emergency calls, and shall only act as a telephone answering service for the purpose of answering and transferring after-hours CSOC Child Welfare Services callers making child abuse, neglect, sexual exploitation/trafficking reports, or other emergency child welfare services calls, to the designated Placer County CSOC CWS after-hours social worker.

a. Program Structure

i. Services provided: Overview

1. Nevada County Programs:

- a. Phone Triage
- b. Access Line Phone Services
- c. Satellite Employees
 - i. New Directions Staff
 - ii. Jail Based Therapist
 - iii. Behavioral Health Service Coordinator
 - iv. Registered Intern Supervisor
 - v. Patient's Rights Advocate

2. Other County Programs

- a. Placer County
- b. Plumas County Phone Triage Services
- c. El Dorado County Phone Services
- d. Sierra County Phone Triage Services
- e. Colusa County Phone Triage Services

**AMENDMENT #1 TO THE CONTRACT WITH
AUBURN COUNSELING SERVICES, INC. D/B/A COMMUNICARE
(Res 24-259)**

THIS AMENDMENT is executed this 14th day of January 2025 by and Auburn Counseling Services, Inc. D/B/A Communicare, 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 Professional Services Contract, executed on June 11, 2024 per Resolution RES 24-259; and

WHEREAS, the Contractor provides Phone Triage Services; Regional Telephone Triage Services for Placer, Plumas, Sierra, Colusa, and El Dorado County, New Directions Program Services; Patients’ Rights and Quality Assurance Services, Care Coordination, and Jail Based Mental Health Services; and

WHEREAS, the parties desire to amend their Agreement to increase the maximum contract price from \$1,629,445 to \$1,690,050 (an increase of \$60,605), revise Exhibit “A”, Schedule of Services to reflect the addition of Glenn County to the contract and an amended scope of services to Sierra County and 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 December 1, 2024.
2. That Maximum Contract Price, shall be amended to the following: \$1,690,050.
3. That the Schedule of Services, Exhibit “A” is amended to the revised Exhibit “A” attached hereto and incorporated herein.
4. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
5. 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: 
Heidi Hall (Jan 14, 2025 16:46 PST)
Hardy Bullock
Chair of the Board of Supervisors

CONTRACTOR:

By: 
Ben Lopez (Dec 17, 2024 14:03 PST)
Auburn Counseling Services, Inc. D/B/A
Communicare

ATTEST:

By: 
Clerk of the Board

- d. Sierra County Phone Triage Services
- e. Colusa County Phone Triage Services
- f. Glenn county Phone Triage Services

2) Nevada County Programs

a. Phone Triage:

Triage staff shall be responsible for answering all calls forwarded to facility by County. Staff shall evaluate each call to determine if the caller is in crisis, calling to request a service, or calling for some other reason. Triage staff shall connect the caller to crisis services if appropriate, complete the Mobile Crisis, SUD and/or Mental Health screening tools as appropriate, provide mental health rehabilitation services as appropriate; and provide information, education, and/or consultation as needed. Triage staff shall document all requests for service, crisis calls, and inquiries in SmartCare, or the county designated system. Documentation shall meet Medi-Cal, Medicare, and Nevada County Behavioral Health requirements for all calls.

i. Crisis Phone Triage Services: Crisis Phone Triage Service shall respond to all crisis line [i.e., (530) 265-5811] telephone calls 24 hours/day, 365 days/year. Crisis Phone Triage Services shall:

1. Evaluate each call to determine if call is an emergency and should be connected to crisis services. Crisis services may include requesting the mobile crisis team, referring a client to the crisis stabilization unit, or calling law enforcement for a welfare check with the Mobile Crisis Team.
2. After 1/1/2024, based on Crisis Phone Triage Service Staff's evaluation of the situation, Crisis Phone Triage Services will initiate dispatch of the mobile crisis team as appropriate.
3. Provide information, consultation, and education for clients by phone as appropriate.
4. Provide mental health rehabilitation services by phone as appropriate.
5. Relay any pending emergency situations to Nevada County Behavioral Health Hospital Liaison, Clinical Supervisors, or Program Managers. If the call takes place during business hours, notification should be relayed on the same day. If the call occurs during non-business hours, notification shall occur by 9am on the following business day.
6. Complete documentation of the crisis calls, including a statement of the crisis, client disposition, interventions provided, and safety plan or next steps. Documentation must be completed in SmartCare or other county designated location and comply with Medi-cal and County Behavioral Health standards.

b. Access Line Phone Services:

Contractor shall operate a 24/7 Access Line for individuals seeking treatment, or for family/friends/support persons of a potential client. Access phone requests are received through the two Access lines: (530) 265-1437 or (888) 801-1437. Nevada County business hours are Monday-Friday 9am to 5pm. The contractor shall cover all non-business hours, including nights, weekends, and holidays. The contractor shall also cover business hours when NCBH staff are not available to take such calls. Phone Triage Staff shall:

- i. Document all calls in SmartCare or other county designated location. Documentation must meet Medi-Cal and County Behavioral Health requirements.

- ii. All requests for service must be documented as an Inquiry in SmartCare and include the following steps:
 - 1. Request: Start Services (new Client)
 - 2. Verify Medi-Cal (Inquiry: Insurance tab)
 - 3. Basic Demographics (client identifiers) (Inquiry: Demographics tab)
 - 4. Create a client ID (Link/Create Client button)
 - 5. If an existing client is requesting a new service, use the Link function to connect the inquiry to the existing client
 - 6. Include referring agency information if applicable
 - 7. Documentation of discussion of alternative resources when caller is not a Medi-Cal beneficiary.
 - 8. Completion of appropriate screening tool when caller is a Nevada County Medi-Cal beneficiary: BQUIP for SUD, Adult Universal Screening Tool or Youth Universal Screening tool for Mental Health
 - 9. Notification to the appropriate NCBH system of care via SmartCare.
 - iii. Take after-hours business calls related to urgent situations involving clients in Permanent Supportive Housing or other Behavioral Health supported housing and those participating in New Directions. For calls identifying a facility related need that must be addressed immediately (e.g., flooding), or an interpersonal need that must be addressed immediately (e.g., conflict at risk of escalating), contact the BH Case Management Supervisor, the Nevada County Housing Resource Manager, or the Adult Behavioral Health Program Manager via cell.
 - c. Mobile Crisis Team Dispatch
 - i. Maintain a Memorandum of Understanding (MOU) with Sierra Mental Wellness Group pertaining to the policy and procedures of dispatch of the mobile crisis teams operating out of the NCBH crisis system of care.
 - ii. Maintain a positive working relationship with local law enforcement agencies.
 - iii. Complete the DHCS Approved Mobile Crisis Dispatch Tool for all mobile crisis events.
 - iv. Ensure all staff have completed training related to DHCS requirements for mobile crisis dispatch tool and maintain documentation of staff training.
 - v. Bring concerns related to mobile crisis dispatch system to NCBH in a timely manner.
- 3) Satellite employees
- a. New Directions Staff
 - i. Contractor shall provide staff trained in both adult education and case management and provide these services at the Behavioral Health office in Grass Valley. The staff shall provide case management, plan development, collateral, and rehabilitation mental health services (as defined by California Code of Regulation, Title 9), as well as adult education classes for County clients in the New Directions Behavioral Health Program. Services shall be provided based on established medical necessity and authorization policies carried out by the County and these services shall address behavioral, emotional, and functional impairments. This staff shall maintain at least an 80% productivity standard. All documentation shall be completed according to Medi-Cal requirements.
 - ii. The Contractor shall provide targeted peer counseling training classes. These classes and other adult education classes, including the performance objectives, methodology, and teaching plan, shall be reviewed with and approved by the County Program Manager. At least two (2) separate Peer Counseling Training series (of at least 24 weeks) shall be completed within the year. The staff shall provide four (4)

hours per week of targeted training services to enable Peer Supporters to effectively provide crisis support, counseling, and rehabilitative services to individuals in the Insight Respite Center.

- iii. The Contractor shall run Rehabilitation groups, which include peer counseling training, three (3) days per week, five (5) hours per day with a minimum of five (5) people attending groups. The Contractor shall facilitate the development of community service training where New Directions clients educate community partners one (1) time per quarter on issues related to mental illness, to include the goal of decreasing stigma about mental illness.
- b. Jail-Based Therapist:
- i. The Contractor shall provide of a therapist at the Wayne Brown Correctional Facility to provide assessment and care coordination services.
 - ii. The contractor therapist shall:
 1. Be licensed through the California Board of Psychology or Board of Behavioral Sciences or be a registered intern that is able to collect professional experience required of these boards.
 2. Provide psychosocial assessment for those persons who screen as high-risk on the Brief Jail Mental Health Screen (BJMHS) or for those individuals referred for assessment by the jail medical provider.
 3. Provide psychosocial assessments that are designed to evaluate the status of a participant's mental, emotional, or behavioral health. The therapist will utilize guidelines for the format of the assessment that is provided by the appointed Program Manager of the County. Assessments will be provided to the jail medical contractor upon the consent of the inmate.
 4. Collaborate with jail medical provider therapist on discharge planning, including designing a system for discharge that connects people with services in the community.
 5. Coordinate with NCBH or Health and Human Services Administration staff so that data on MI/SMI is collected and kept up to date for accurate reporting.
- c. Behavioral Health Service Coordinator
- i. The service coordinator will provide services as part of the Behavioral Health service coordinator team.
 - ii. The service coordinator provides Med-Cal billable case management and rehabilitative services to clients with mental illness or co-occurring Mental Health and Substance Use Disorders.
 - iii. This position will provide a strength based, recovery-oriented approach that attempts to restore or improve functioning in the community, including accessing services related to physical health, housing, substance use, financial survival, and other critical areas.
 - iv. Key relationships will be made and maintained for staff on the service coordinator team, along with staff from key community agencies, including the HOME team, SUD and mental health providers, and other staff at the County Behavioral Health clinic.
 - v. The designated County Supervisor of Behavioral Health will direct day to day activities of this person, along with providing clinical oversight of the completion of work.
- d. Registered Intern Supervisor:

- i. Provide individual and/or group supervision for registered MSW and other registered interns' hours toward licensure.
 - ii. Provide regular updates to management regarding intern progress.
- e. Patients' Rights Advocate:

Contractor shall provide personnel to provide Patients' Rights Advocate duties pursuant to Welfare and Institution Code §5520 and Mental Health Service Act (MHSA) Issue Resolution Process: Each local mental health director shall appoint, or contract for services of, one or more county patients' rights advocates (based on county population). The duties of an advocate shall include, but not necessarily be limited to the following:

- i. To receive and investigate complaints, (e.g. Appeals and Grievances) from or concerning recipients, or prior recipients, of mental health services.
- ii. To represent a client's interests, as defined by the client, as long as those interests are within the bounds of law and achievable within the resources of the advocate.
- iii. To monitor mental health services and programs for compliance with statutory and regulatory patients' rights provisions.
- iv. To provide training and education about mental health law and patients' rights to Behavioral Health providers.
- v. To ensure that recipients of mental health services in licensed health and community care facilities are notified of their rights.
- vi. To exchange information and cooperate with the Office of Patients' Rights (a portion of Disability Rights of CA), which has contracted with the Department of Mental Health to provide technical assistance and training to county advocates.
- vii. To receive and investigate complaints regarding inappropriate use of MHSA funds.
- viii. To receive and investigate complaints regarding inconsistency between approved MHSA plan and implementation.
- ix. To receive and investigate complaints regarding Nevada County Community Program Planning Process.
- x. To participate in the 5150 Hearing Certifications or Writ of Habeas Corpus Hearings as requested by the client or client representative.
- xi. At this time, the Patients' Rights Advocate services shall average approximately fifteen (15) hours a week of services for the Behavioral Health Department.

The Patients' Rights Advocate is a mandated position through Title IX, designated by and responsible to the local county mental health director. Also, the Patients' Rights Advocate is to provide the process for addressing issues, complaints, and grievances regarding MHSA planning process. Contractor's assigned Patients' Rights Advocate staff responsibilities shall include the following:

- i. Help ensure the statutory and constitutional rights of persons identified as mental health clients – these rights are in Nevada County Behavioral Health (NCBH) policies, procedures, and the Guide to Medi-Cal Mental Health Services, the Welfare and Institutions Code and Federal laws.
- ii. Follow guidelines NCBH has established to work out problems about issues related to the specialty mental health services a beneficiary may be receiving (please see most recent Guide to Medi-Cal Mental Health Services). This may involve The Appeal Process, standard and expedited; The State Fair Hearing Process, standard and expedited; and the Grievance Process (including Discrimination grievances). Additionally, follow Nevada County MHSA Issue Resolution Process document.

- iii. Respond to complaints regarding the provision of mental health services from members, their representatives or family members.
- iv. Assure notices are posted at all NCBH offices and MHP provider sites explaining BH Consumer Rights and the Problem Resolution procedures to ensure that the information is readily available to both beneficiaries and provider staff.
- v. Assure Consumer Rights/Problem Resolution brochures, with Grievance and Appeal forms and self-addressed envelopes, are available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request.
- vi. Receive and investigate complaints (Grievances/Appeals) from or concerning recipients of mental health services. A beneficiary may file a grievance or appeal orally. An oral appeal must be followed-up with a written, signed appeal.
- vii. Give Behavioral Health clients reasonable assistance in completing grievance or appeal forms and in completing the process. This would include going to any hearing on their matter, if they should desire.
- viii. Ensure that individuals who make decisions on grievances and appeals are not involved in any previous level of review or decision-making; and who are health care professionals who have the appropriate clinical expertise.
- ix. Ensure Grievances and Appeals are resolved within mandated timelines.
 - x. Maintain a confidential Grievance/Appeal Log on the county computer "H" drive, for view only by people authorized by the NCBH Director. This Log contains, at least, the name of the beneficiary and person making initial contact; the date of receipt of the grievance/appeal; the nature of the problem; documentation of written acknowledgement to the beneficiary regarding receipt of each grievance or appeal; and documentation re notifying the beneficiaries or their representative, in writing, of the grievance or appeal disposition/resolution.
- xi. Include in written dispositions the results of the resolution process and the date it was completed. For Appeals, or if a Grievance was not completed according to the mandated timeline, the disposition letter must state that the beneficiary has the right to request a State Fair Hearing, if dissatisfied, and tell how to do so.
- xii. Keep an All-Call Log on the "H:" drive that contains a more detailed compilation of the complete Grievance and Appeal process. The Patients' Rights advocate keeps the physical paper Log which includes written documents, letters, etc., and also Information/Referral calls or contacts.
- xiii. Acknowledge the receipt of each grievance and appeal to the beneficiary in writing, within the required timelines.
- xiv. Represent a client's interests, as defined by the client.
- xv. Promote and represent the Behavioral Health clients' rights and expressed interests. Advocates do not determine what is in the client's "best interests." Rather, the advocate will discuss available options with the client and assist the client in making an informed choice if desired.
- xvi. Provide information/Referral services to clients when requested.
- xvii. Conduct a Supply Review at NCBH sites and provider sites at least twice yearly to assure the appropriate English and Spanish Posters and Consumer Rights/Problem Resolution Brochures (with Grievance/Appeal forms and self-addressed envelope) are accessible and restock the supply as needed.
- xviii. Report results (e.g., any deficiencies and the restocking of brochures) of the twice-yearly Supply Reviews to the Quality Assurance Officer.
- xix. Provide a report to the Quality Assurance Officer showing the statistics on Patients' Rights contacts for each fiscal year on a six- and twelve-month basis, indicating the

type of call (i.e., Grievance, Appeal, non-Grievance/Appeal, and Information/Referral) and how long it took to resolve any Grievance or Appeal to assure mandated timelines were met.

For Quality Assurance, duties include:

- i. Verify and conduct exclusion checks of the NCBH individual providers' licenses twice yearly (e.g., June and December). This involves checking the current Medi-Cal Suspended and Ineligible Provider list, The CA Dept. of Consumer Affairs verification lists for Behavioral Sciences and Psychologists, and the Federal Exclusion List of the Office of Inspector General, U.S. Dept. of Health and Human Services.
- ii. Notify the Quality Assurance Manager if someone is found to be out of compliance with Medi-Cal, Consumer Affairs, or the Federal exclusion list.
- iii. Notify said person, ask them to do what is necessary to get off the list so they can continue working with NCBH clients.

4) Other-County Programs

a. Placer County

Program Description:

Auburn Counseling Phone Triage shall provide telephone triage and access services for Placer County Adult System of Care (ASOC) with regard to Adult Protective Service (APS) referrals, Public Guardian (PG) referrals, Conditional Release Program (CONREP) calls, In-Home Supportive Services (IHSS) referrals, Mental Health referrals for adults, Substance Use Disorder (SUD) referrals for adults and behavioral health crisis referrals for adults, children, and youth. Additionally, Telephone Triage Services will be provided for the Children's System of Care (CSOC) with regard to Mental Health and Substance Use Disorder referrals for children and youth.

Auburn Counseling Phone Triage will also serve as a telephone answering service for after-hours Child Welfare Service (CWS) referrals and emergency calls, which shall be directed immediately to the after-hours Placer County CWS Social Worker who shall be responsible for the taking of any child welfare reports or emergency calls.

Auburn Counseling Phone Triage will also serve as a telephone answering service for the CSOC Wraparound program which shall be directed immediately to the after-hours Placer County CSOC Mental Health Social Worker who shall be responsible for triaging the Wraparound call for further services.

Auburn Counseling Phone Triage will also service as a telephone answering service for the CSOC Family Urgent Response Services (FURS) and those calls will be directed immediately to the CSOC Mental Health after hours supervisor for further triage.

In no event shall Auburn Counseling/Telephone Triage Services provide triage services or otherwise be responsible for the intake and/or screening of child welfare referrals and/or child welfare emergency calls, and shall only act as a telephone answering service for the purpose of answering and transferring after-hours CSOC CWS callers making child abuse, neglect, sexual exploitation/trafficking reports, or other emergency child welfare services calls, to the designated Placer County CSOC CWS after-hours social worker.

Hours of Operation:

- i. For ASOC, Telephone Triage Services shall be provided 7 days a week, 24 hours each day (24/7), including holidays, for the term of this Agreement.
- ii. For CSOC (Mental Health or 5150 Crisis), Telephone Triage Services shall be provided 7 days a week, between the hours of 10:00 pm and 8:00am, including holidays, for the term of this Agreement.
 1. Referrals after 10:00 p.m. and prior to 8:00 a.m., 7 days per week, or for the full 24 hours of each Placer County holiday, shall be referred to Placer County's CSOC FURS Supervisor on call as appropriate.

Responsibilities: The specific responsibilities of Auburn Counseling are as follows:

- iii. Receive all calls, collect intake information, and make assessment for appropriate referral to ASOC programs (APS, IHSS, Public Guardian, Mental Health, SUD, or behavioral health Crisis). • Referrals received After-Hours (after 5:00 p.m. and prior to 8:00 a.m., 7 days per week, 24 hours each day (24/7), including holidays) will be assessed and triaged and coordinated with others depending on the service requested or needed. For requests for mental health evaluations at the Placer County jails, efforts will be coordinated with ASOC After Hours on-call staff. For all requests for adult placement attempts into a 5150 designated facility by outlying entities (Sutter, Kaiser, etc), efforts will be coordinated through the Lotus Crisis Respite Provider (currently North Valley Behavioral Health) who will seek placement. All calls or referrals relating to APS, IHSS, PG, CONREP and urgent SUD referrals shall be triaged with Placer County ASOC on-call lead staff.
- iv. Receive 24/7 calls for Mobile Crisis requests, make assessment and gather information for appropriate referral for Mobile Crisis Team, MCT. Intake completes an Inquiry, the MCT Screening/Dispatch Tool and enrolls them in the MCT program within the EHR, Smartcare. Intake will contact the on-call staff, complete the MCT Worksheet and securely get it to the responding team member. Once the MCT is completed, Intake will enter and/or update the demographic information for the request from the returned completed MCT Worksheet. Intake will maintain MCT Worksheets and submit a monthly report to the County with the number of MCT requests, from whom, canceled, and not available.
- v. Receive all calls, collect intake information, and forward appropriate referral to CSOC programs (CWS, Mental Health, SUD, FURS or 5150 Crisis). For CSOC Mental Health and 5150 crisis programs not involving CSOC CWS reports and/or CWS emergency calls, CONTRACTOR will also collect intake information.
- vi. Document all ASOC calls through utilization of the Placer County Electronic Health Record. or Panoramic tracking systems. Placer County is in the process of transitioning to a new Electronic Health Record called SmartCare effective July 1, 2023. CONTRACTOR will ensure its employees are trained in SmartCare and that all necessary information will be entered into SmartCare. For Public Guardian calls after hours, staff will alert the after-hours on-call County supervisor, who documents in Panoramic.
- vii. Document all CSOC mental health, SUD, FURS or 5150 crisis calls received for non-urgent mental health services through utilization of the Placer County EHR system.
- viii. Check the EHR to verify if caller is an active client in ASOC program or whether client has mental health or SUD history. For APS/PG calls, Intake worker will check relative history in Panoramic.

- If client is determined an active mental health or SUD client, Intake Worker shall leave a voice mail message for specific ASOC case manager with information on client's status as well as complete any necessary assessment tools, such as the State Screening and Transition of Care tool or the Brief questionnaire for Initial Placement (BQuiP) .
 - If client is determined an active conserved client, the Intake worker shall leave a voice mail message for the specific ASOC PG deputy with information on client's status
- ix. For ASOC calls, Screen all APS, SUD, IHSS and mental health referrals to determine eligibility (Medi-Cal or third party insurance), and enter insurance information into SmartCare.
 - x. For non-CWS CSOC calls, screen all SUD, and mental health referrals to determine crisis status.
 - xi. For non-CWS and non- FURS CSOC calls, contact the appropriate after-hours CSOC supervisor, if necessary, to coordinate the appropriate response and disposition.
 - xii. For CSOC CWS or FURS calls, obtain necessary contact information of caller to allow a call back in the event of a disrupted call, and forward caller to the after-hours Placer County CSOC CWS after-hours social worker.
 - xiii. For ASOC calls, complete required referral documentation for specific programs using the appropriate forms for APS, IHSS, Mental Health, SUD (i.e. BQuiP), or 5150 Crisis.
 - xiv. For ASOC and CSOC mental health, SUD, and Mobile Crisis Triage calls, use the youth or Adult screening to determine linkage of mental health services to the specific manage care plan, where appropriate.

b. Plumas County Phone Triage Services:

Plumas County Phone Triage services includes answering the main line for Mental Health and Substance Use Disorder (SUD) calls of Plumas County Behavioral Health after-hours (5:00 p.m. to 8:00 a.m., daily, including holidays). Requests for Behavioral Health Services, including possible crisis calls, shall be documented, and relayed to the main contact at Plumas County Behavioral Health. The following specific services will be provided:

- i. Receive all calls, collect all intake information, and make assessment for appropriate referral to the Plumas Behavioral Health Access Contact or to the Plumas on-call crisis worker. Provide information, consultation, and education for clients by telephone as appropriate.
- ii. Document all Behavioral Health calls through utilization of the Plumas County forms. Documentation will be sent to Plumas County Behavioral Health via Box.com, Fax, (530) 283-6045, or encrypted email, plumasfax@kingsview.org.
- iii. Use the Plumas County Behavioral Health screening tool to determine linkage of mental health services to the specific manage care plan, where appropriate. All staff will receive annual training on:
 - How to properly access appropriate interpreting services for callers and
 - Ensuring that all requirements of the After- Hours access line are met. New hires will receive training within 30 days of hire.

c. El Dorado County Phone Services:

The El Dorado County phone services will be specifically after-hours (midnight to 8:00 am, daily) phone crisis. Telephone crisis counseling and appropriate referrals for possible psychiatric emergency-related events to law enforcement will be provided. Specific responsibilities include:

- i. Answer County crisis calls within two (2) rings, from a line specifically dedicated for County crisis line callers.
- ii. Collect intake information, screen to determine crisis status of caller, and make appropriate referrals to County Law Enforcement, County Mental Health Request for Service, or County Substance Use Disorder (SUD) Request for Service, as mutually agreed upon by the caller and the Contractor.
- iii. Law Enforcement referrals include welfare checks, as well as general referrals that are mutually agreed upon by the caller and the Contractor.
- iv. Develop a safety plan with callers in crisis, which includes mental health, SUD, and other referrals, along with names of support people, and the number for the twenty-four (24) hour crisis line.
- v. Instruct caller to go to a hospital if a safety plan with caller is not possible. For those callers considered an immediate danger to self or others, Contractor shall cross report to County Law Enforcement for welfare check.
- vi. Daily documentation of calls, including type of referrals made and disposition of calls to the County for follow up, will be sent via fax at (530) 295-2532.

d. Sierra County Phone Triage Services:

- i. Sierra County Phone Triage services shall be provided weekday Call Overflow and Screenings (between 8:00 am and 5:00 pm) and After-Hours (after 5:00 p.m. and prior to 8:00 a.m., 12:00 p.m. to 1:00 p.m.) and All-Hours (after 5:00 p.m. the day before the weekend/holiday and prior to 8:00 a.m. day after weekend/holiday) for weekends and holidays. Receive all calls, collect all intake information, and make assessment for appropriate referral to the Sierra County Behavioral Health Access Contact or to the Sierra County on-call crisis worker and Dispatch of Sierra County Mobile Crisis Response Team. Provide information, consultation, and education for clients by telephone as appropriate. Receive all calls, collect all intake information, and make assessment for appropriate referral to the COUNTY Behavioral Health Access Contact and/or Sierra County's 911 Emergency System at (530) 289-3700. Provide information, consultation, and education for clients by telephone as appropriate.
- ii. Be call center for Mobile Crisis Calls, including calls forwarded from Sierra County Sheriff's 911 and triage accordingly. Notify designated Mobile Crisis Team Member for dispatch. Document call and complete Mobile Crisis Screening Tool with Sierra County Electronic Health Record (EHR), currently Credible.
- iii. Be call center for FSP clients and triage accordingly. Forward to after-hours case manager or other designee.
- iv. Document all Behavioral Health calls through utilization of the COUNTY Electronic Health Record (EHR), currently Credible.
- v. Complete intakes and screening for Sierra County clients to determine linkage of mental health services to the specific manage care plan, where appropriate. For Mental Health Crisis calls, including referral of any 5150 evaluations, transfer the

call to the COUNTY Behavioral Health Access Contact and/or Sierra County's 911 Emergency System at (530) 289-3700.

- vi. All staff will receive annual training on: 1) How to properly access appropriate interpreting services for callers and 2) Ensuring that all requirements of the After-Hours access line are met. New hires will receive training within 30 days of hire.

e. Colusa County Phone Services

Triage staff shall be responsible for answering all calls forwarded to facility by County. Staff shall evaluate each call to determine if the caller is in crisis, calling to request a service, or calling for some other reason. Triage staff shall connect the caller to crisis services if appropriate, complete the SUD and/or Mental Health screening tools as appropriate, provide mental health rehabilitation services as appropriate; and provide information, education, and/or consultation as needed.

Triage staff shall document all requests for service, crisis calls, and inquiries in SmartCare, or the county designated system. Documentation shall meet Medi-Cal, Medicare, and Colusa County Behavioral Health requirements for all calls.

i. Crisis Phone Triage Services:

1. Evaluate each call to determine if the call is an emergency and should be connected to crisis services. Crisis services may include referring a client to the Colusa Medical Center, contacting After Hours on-call crisis worker, calling law enforcement for a welfare check, or requesting the Mobile Crisis Team to respond.
2. Based on Triage Staff's evaluation of the situation, and completion of the Mobile Crisis Screening Tool in Smartcare, Triage Staff will initiate dispatch of the mobile crisis team as appropriate.
3. Provide information, consultation, and education for callers by phone as appropriate.
4. Provide mental health rehabilitation services by phone as appropriate.
5. Relay any pending emergency situations to Colusa Medical Center, Clinical Supervisors, or Program Managers. If the call takes place during business hours, notification should be relayed on the same day. If the call occurs during non-business hours, notification shall occur by 8am on the following business day.
6. Complete documentation of the crisis calls, including a statement of the crisis, client disposition, interventions provided, and safety plan or next steps. Documentation must be completed in SmartCare Inquiry Screen or other county designated location and comply with Medi-cal and County Behavioral Health standards.

ii. Access Line Phone Services:

1. Contractor shall operate a 24/7 Access Line for individuals seeking treatment, or for family/friends/support persons of a potential client. Access Line shall also provide the Grievance process and Patient's Rights Advocate contact information. Each caller will be asked the urgency of their call. Access phone requests are received through the two Access lines: 530-458-0520 or 1-888-793-6580. Colusa County business hours are Monday-Friday 8am to 5pm.

The contractor shall cover all non-business hours, including nights, weekends, and holidays. The contractor shall also cover business hours when Colusa County staff are not available to take such calls. Triage Staff shall:

- a. Document all calls in SmartCare or other county designated location. Documentation must meet Medi-Cal and County Behavioral Health requirements.
- b. All requests for service must be documented as an Inquiry in SmartCare and include the following steps:
 - i. Request: Start Services (new Client)
 - ii. Verify Medi-Cal (Inquiry: Insurance tab)
 - iii. Basic Demographics (client identifiers) (Inquiry: Demographics tab)
 - iv. Create a client ID (Link/Create Client button)
 - v. If an existing client is requesting a new service, use the Link function to connect the inquiry to the existing client
 - vi. Include referring agency information if applicable
 - vii. Documentation of discussion of alternative resources when caller is not a Medi-Cal beneficiary.
 - viii. Completion of appropriate screening tool when caller is a Colusa County Medi-Cal beneficiary: BQUIP for SUD, Adult Universal Screening Tool or Youth Universal Screening tool for Mental Health
 - ix. Notification to the appropriate Colusa County system of care via SmartCare.
- c. For callers requesting information on how to file a grievance, Triage Staff will offer to document the complaint, provide the grievance process and Patient's Right's Advocate contact information and will be documented in the Inquiry Screen within Smartcare.

f. Glenn County Phone Services

Triage staff shall be responsible for answering all calls forwarded to facility by COUNTY. Staff shall evaluate each call to determine if the caller is in crisis, calling to request a service, or calling for some other reason. Triage staff shall connect the caller to crisis services if appropriate, complete the SUD and/or Mental Health screening tools as appropriate, provide mental health rehabilitative services as appropriate, and provide information, education, and/or consultation as needed. Triage staff shall document all requests for service, crisis calls, and inquiries in SmartCare, or the county designated system. Documentation shall meet Medi-Cal, Medicare, and Glenn County Behavioral Health requirements for all calls. Triage staff shall document all requests for service, crisis calls, and inquiries in SmartCare, or the county designated system. Documentation shall meet Medi-Cal, Medicare, and Glenn County Behavioral Health requirements for all calls.

i. Crisis Phone Triage Services:

1. Evaluate each call to determine if the call is an emergency and should be connected to crisis services. Crisis services may include referring a client to the Glenn Medical Center, contacting After Hours on-call crisis workers,

calling law enforcement for a welfare check, or requesting the Mobile Crisis Team to respond.

2. Based on triage staff's evaluation of the situation, and completion of the Mobile Crisis Screening Tool in SmartCare, triage staff will initiate dispatch of the Mobile Crisis Team as appropriate.
3. Provide information, consultation, and education for callers by phone as appropriate.
4. Provide mental health rehabilitation services by phone as appropriate.
5. Relay any pending emergency situations to Glenn Medical Center, Clinical Supervisors, or Program Managers. If the call takes place during business hours, notification should be relayed on the same day. If the call occurs during non-business hours, notification shall occur by 8:00am on the following business day.
6. Complete documentation of the crisis calls, including a statement of the crisis, client disposition, interventions provided, and safety plan or next steps. Documentation must be completed in SmartCare Inquiry Screen or other county designated location and comply with Medi-Cal and County Behavioral Health standards.

ii. Access Line Phone Services:

1. Contractor shall operate a 24/7 Access Line for individuals seeking treatment, or for family/friends/support persons or a potential client. Access Line shall also provide the grievance process and Patient's Rights Advocate contact information. Each caller will be asked the urgency of their call. Access phone requests are received through the 24/7 Access Line. Glenn County business hours are Monday through Friday 8:00am to 5:00pm. The CONTRACTOR shall cover all non-business hours, including nights, weekends, and holidays. The CONTRACTOR shall also cover business hours when Glenn County staff are not available to take such calls. Triage staff shall:
 - a. Document all calls in SmartCare or other county designated location. Documentation must meet Medi-Cal and County Behavioral Health requirements.
 - b. All requests for service must be documented as an Inquiry in SmartCare and include the following steps:
 - i. Request: Start Services (new Client)
 - ii. Verify Medi-Cal (Inquiry: Insurance tab)
 - iii. Basic Demographics (client identifiers) (Inquiry: Demographics tab)
 - iv. Create a client ID (Link/Create Client button)
 - v. If an existing client is requesting a new service, use the Link function to connect the inquiry to the existing client
 - vi. Include referring agency information if applicable
 - vii. Documentation of discussion of alternative resources when caller is not a Medi-Cal beneficiary.
 - viii. Completion of appropriate screening tool when caller is a Glenn County Medi-Cal beneficiary: BQUIP for SUD, Adult Universal Screening Tool or Youth Universal Screening tool for Mental Health

- ix. Notification to the appropriate Glenn County system of care via SmartCare.
- c. For callers requesting information on how to file a grievance, Triage Staff will offer to document the complaint, provide the grievance process and Patient's Right's Advocate contact information and will be documented in the Inquiry Screen within Smartcare.

5) Staffing

a. Level of Staffing/qualifications

i. Program Director:

Program Director shall be a Licensed Clinical Social Worker, Marriage Family Child Counselor, Licensed Psychologist, or Registered Nurse with 5 years' experience in community mental health and three years administrative or management experience. Program Director shall be responsible in this contract for Phone Triage Service, Crisis Support Services, CSOC Child Welfare Services telephone answering services, patient rights advocacy, and quality assurance. The Program Director shall be available to meet with the Program Manager in scheduled meetings and clinical consultation as needed. All contacts occurring between the Program Director and Program Manager shall be documented.

ii. Program Manager:

Program Manager must be a licensed or licensed eligible mental health professional with five years' experience in community mental health services. Another qualifier would be an individual with a graduate level degree in Public Service and Administration and 5 years of experience in Administrative Management of Mental Health Services. The Program Manager is to meet on a scheduled basis with the Program Director and to confer as necessary on clinical issues specific to phone services. Program Manager shall, under the direct supervision of the Program Director and commensurate with scope of practice, provide supervision for Phone Triage Service, Crisis Support Services, CSOC Child Welfare Services telephone answering services, patient rights advocacy, and quality assurance. The Program Manager will be responsible for providing on the job training as well as arranging for the In-service Program.

iii. Phone Triage Staff:

The minimum qualifications for Phone Triage staff shall be: Mental Health Rehabilitation Specialist – an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

iv. Patients' Rights Advocate:

Patients' Rights Advocate shall meet the minimum qualifications set forth by the County for the position. Contractor shall provide administrative oversight of satellite employees, including providing necessary pre-employment background checks, new-

employee training specific to Contractor, and any annual trainings as identified by contractor. Performance evaluations shall be provided by Contractor in conjunction with county supervisor, and regular feedback should occur between Contractor and appointed County supervisor to address any performance or personnel issues

v. Satellite Employees

Satellite employees shall meet the minimum qualifications set forth by the County for the position. Contractor shall provide administrative oversight of satellite employees, including providing necessary pre-employment background checks, new-employee training specific to Contractor, and any annual trainings as identified by contractor. Performance evaluations shall be provided by Contractor in conjunction with county supervisor, and regular feedback should occur between Contractor and appointed County supervisor to address any performance or personnel issues.

b. Training

i. Phone Triage:

1. Phone Triage staff will receive training within 15 days of hire, including:
 - a. SmartCare: learning to navigate the Electronic Health Record, and all functions related inquiry, crisis calls, and screening tools.
 - b. Specific training on how to use and interpret the following screening tools: BQUIP for SUD access, and the Youth and Adult Universal Screening Tools for Mental Health access.
 - c. Dispatch process for mobile crisis (as of 1/1/2024)
2. Phone Triage staff shall have a minimum of 40 hours per year of training specific to crisis assessment, response, and intervention, including the following topics:
 - a. Crisis screening
 - b. Crisis theory and principles of crisis management
 - c. Basic suicidology, including assessment and intervention strategies
 - d. Victimology, including assessment of victimization and risk of assaulting others
 - e. Legal/Ethical issues
 - f. Community resources
 - g. Record system and program policies
 - h. Consultation process
 - i. Cultural Competency
 - j. Voluntary and involuntary hospitalization criteria and procedures
 - k. Psychopathology, psychiatric diagnosis, psychotropic medications, and substance abuse
3. All in-service training shall be documented for each employee, and records must be maintained and submitted to the county upon request. In-service trainings may be provided through video presentations, classroom instruction, oral presentations, audiovisual presentations, audio tape presentations, or performing the duties under the direct supervision of an instructor.

ii. Patient's Rights Advocate:

1. Contractor will provide administrative oversight of PRA, including HR support, and training specific to on-boarding and annual trainings required by Contractor.
 2. County will provide trainings specific to job duties and the NCBH system of care.
 3. PRA will participate in local, regional, and statewide trainings and workgroups as applicable.
- iii. Satellite positions:
1. Contractor will provide administrative oversight of each satellite employee, including HR support, and training specific to Contractor required at on-boarding and annually.
 2. County will provide training specific to the job duties.
 3. County and Contractor will work together to provide supervision and support to the satellite employee.
- c. Other Staffing Requirements
- i. Ensure that employees provide services to the level or in the manner which is appropriate for the circumstances. It is not the intent of the County to direct or control the hiring of Contractor's employees, but if an employee is not performing to the expectations of the County, the 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.
 - ii. Contractor is encouraged to have a diverse and inclusive workforce that includes representation from the disparate communities served by our county. Contractor is expected to think holistically about creating services, program sites and an employee culture that is welcoming and inclusive. Contractor should track metrics on Diversity, Equity, and Inclusion outcomes within their service delivery. Additional efforts should be made to identify and highlight growth opportunities for equitable outcomes, access to services, and other opportunities. Contractor shall consult with County contract manager about proposed metrics to track.
- 6) Administrative
- a. Data/Evaluation/EHR
 - i. Provide documentation of all services in accordance with Short/Doyle Medi-Cal Rehabilitation Option Manual and Managed Care.
 - ii. Be responsible for maintaining compliance with Department of Health Care Services Medi-Cal audits.
 - iii. Services should be designed to meet clients' diverse needs. Contractor will be expected to participate in the NCBH Cultural Competency program, participate in trainings and tailor outreach efforts and marketing materials to engage a diverse population of community members. Given that Spanish is a threshold language in Nevada County, a special emphasis should be placed on engaging Latinx communities and providing services in Spanish.
 - iv. Incident Reporting: Any County of Nevada network account holder is responsible for protecting their account credentials and must report any potential cybersecurity incident to their County liaison and the County Information Services Service Desk.
 - b. CALMHSA STREAMLINE SMARTCARE ELECTRONIC HEALTH RECORD:
 - i. As the department is implementing and will go live with the CalMHSA Streamline SmartCare products for an Electronic Health Records System, the Contractor shall be required to use the Streamline SmartCare product functionality that is relevant to the

scope of work of this contract, as requested by the County. This may include the following Streamline SmartCare functionality: use of the Billing System, client chart, physician or nursing specific home pages, E-Prescribing, other clinical documentation, and any other Electronic Health Record data collection necessary for the County to meet billing and quality assurance goals.

- ii. The Contractor shall receive training as needed to be able to comply with this requirement and will be required to complete CalMHSA Learning Management System Modules specific to the Streamline SmartCare product prior to being able to enter into the system.
- c. MENTAL HEALTH SERVICES ACT:
 - i. For programs receiving MHSA Funding, 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.
- d. Other
 - i. Perform services that the County may desire that 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) County Responsibilities

- a. Guarantee access to and make provisions for the Contractor to enter upon public and private lands as required to perform their work.
- b. Make available all pertinent data and records for review.
- c. Oversee day-to-day operations of the staff doing clinical supervision, care coordination, patient rights advocacy, and therapist services.
- d. Provide clinical supervision of the staff, including review of performance and other key aspects of the positions.
- e. Conduct periodic reviews of the triage staff to ensure that county, state, and federal requirements are met related to crisis and access calls.

8) Joint responsibilities

- a. Contractor and Behavioral Health shall jointly:
 - i. On a quarterly basis review expenses and budget status and renegotiate budget projections if necessary.
 - ii. Provide Quality Improvement training and shall monitor records to assure compliance.

- iii. Agree to comply with County's Fair Hearing and Beneficiary Problem Solving Policy. The parties to this contract shall comply with applicable laws, regulations and State policies relating to patients' rights.
- iv. Share joint responsibilities for review of all adverse incidents and unusual occurrences, excluding privacy incidents and breaches.
- v. Develop protocol for resolving potential disputes, disagreements and/or misunderstandings regarding services.
- vi. Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Though we have made many strides toward racial equity, policies, practices, and implicit bias have created and still create disparate results. Through partnerships with the community, Nevada County Behavioral Health strives to address these inequities and continue progress in moving forward.

EXHIBIT "B"
SCHEDULE OF CHARGES AND PAYMENTS
AUBURN COUNSELING SERVICES, INC., D/B/A COMMUNICARE

As compensation for services rendered to County, Contractor shall be reimbursed for actual costs incurred. It is understood and agreed by and between the parties that said payments are for services provided herein and not for direct client care which is to be billed by Nevada County Behavioral Health to the involved third party in accordance with the procedures, rules and regulations of the State of California and/or third-party payers.

Contractor shall bill County each month for actual costs incurred in carrying out the terms of the Contract. Contractor agrees that he will be responsible for the validity of all invoices. These invoices shall include costs incurred for liability and malpractice insurance, tax and accounting services and actual salary and benefits paid to employees.

The maximum contract price shall not exceed \$1,690,050 for the contract term and is based on the following projected budget:

Category	Phone Triage						Nevada County Other						
	Nevada County Phone	Placer County Phone	El Dorado County Phone	Plumas County Phone	Sierra County Phone	Colusa County Phone	Glenn County Phone	PR Advocate	QA&CS	New Directions	Jail Therapist	Behavioral Health	Combined Total
Personnel Costs	228,213	703,297	9,685	35,635	17,778	33,602	29,093	32,795	6,004	34,260	140,003	76,006	1,346,371
Transportation Costs										500		16,000	16,500
Facilities (Off Site)	5,400	19,800	960	2,100	900	2,100	2,100						33,360
Telephone Reimbursements									1,000				1,000
Other County Offsets	(26,325)		5,400	10,800	2,025	4,050	4,050						0
Miscellaneous	1,317	420	245	610	275	532	345	124	283	658		566	5,375
Financial Accounting Services	4,500	13,800	1,260	2,520	1,660	2,520	2,520	1,260	1,250	800	2,294	1,500	35,884
Administration Services	1,200	3,900	315	928	700	876	760	428	585	335	685	520	11,232
Payroll Services & Fees	4,500	12,500	945	1,891	1,395	1,771	1,710	1,284	1,300	670	2,054	1,487	31,507
Other Professional Fees	300	900	-							900			2,100
Program Facilitation Fee			3,600	3,600	900	3,600	3,600						15,300
Liab/Mal Insurance (2.25%)	4,458	13,732	189	697	348	657	569	642	117	670	2,739	1,487	26,305
Interest Expense (1%)	1,982	6,196	128	310	155	292	253	285	52	298	861	661	11,473
Administration Fees (10%)	22,555	77,455	2,273	5,909	2,614	5,000	4,500	3,682	1,059	3,909	14,864	9,823	153,643
Total Expenses and Fees	248,100	852,000	25,000	65,000	28,750	55,000	49,500	40,500	11,650	43,000	163,500	108,050	1,690,050

Administrative services billed shall not exceed 10% of the accrued monthly cost. Should modification to or changes to the budget line items be needed, a written request for modification shall be submitted for approval to the Director and or his/her designee. The County at its sole discretion shall determine if the change will continue to meet the contract objectives and approve or deny the request.

Monthly invoices shall be an itemized accounting for costs incurred each month.

In the event of termination or in the event of non-performance of this contract for any reason, payment shall be prorated to the date of termination or non-performance, notwithstanding any other provision of this contract.

Contractor shall submit invoices to:

Via mail

Nevada County Health and Human Services Agency
 Attn: BH Fiscal
 950 Maidu Avenue
 Nevada City, California 95959

Or

Via Email

BH.Fiscal@nevadacountyca.gov

CC: Contract Manager (refer to Notification section)

County shall review the invoice and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire invoice pending resolution of the cost(s). Payment of approved invoices shall be made within thirty (30) days of receipt of a complete, correct, and approved invoice.