

**PERSONAL SERVICES CONTRACT**

Health and Human Services Agency  
County of Nevada, California

This Personal Services Contract is made between the COUNTY OF NEVADA (herein "County"), and

**COMMUNITY RECOVERY RESOURCES (CoRR)**

(herein "Contractor"), wherein County desires to retain a person or entity to provide the following services, materials and products generally described as follows:

(§1) **Perinatal Outpatient Drug Free Treatment (ODF) and Intensive Outpatient Treatment (IOT) Services for substance abuse using pregnant and/or parenting women. Comprehensive Residential Treatment Program Services for the recovery of alcohol/drug dependency. Substance Abuse Prevention and Treatment Services to residents of Nevada County.**

**SUMMARY OF MATERIAL TERMS**

(§2) **Maximum Contract Price:** \$539,074  
(§3) **Contract Beginning Date:** 07/01/2017 **Contract Termination Date:** 06/30/2018  
(§4) **Liquidated Damages:** N/A

**INSURANCE POLICIES**

Designate all required policies:

		Req'd	Not Req'd
(§6)	<b>Commercial General Liability</b> (\$1,000,000)	<u>X</u>	<u>    </u>
(§7)	<b>Automobile Liability</b>	<u>X</u>	<u>    </u>
	(\$ 300,000) Personal Auto <u>    </u> (\$1,000,000) Business Rated <u>X</u>		
	(\$1,000,000) Commercial Policy <u>    </u>		
(§8)	<b>Workers' Compensation</b>	<u>X</u>	<u>    </u>
(§9)	<b>Errors and Omissions</b> (\$1,000,000)	<u>X</u>	<u>    </u>

**LICENSES**

Designate all required licenses:

(§14) All licenses as required for services contemplated under this Agreement.

**NOTICE & IDENTIFICATION**

(§33) <b>Contractor: Community Recovery Resources</b>	<b>County of Nevada:</b>
180 Sierra College Drive	950 Maidu Avenue
Grass Valley, California 95945	Nevada City, California 95959
Contact Person: Warren Daniels	Contact Person: Rebecca Slade
Phone: (530) 273-9541	Phone: (530) 470-2784
E-mail: wdaniels@corr.us	E-mail: Rebecca.Slade@co.nevada.ca.us

**Funding:** 1589-40105-493-7831/521520  
1589-40105-493-7831/521525

CFDA No.: 93.959  
CFDA Agreement No.: 17-TBD

**Contractor is a:** (check all that apply)

Corporation:	<u>X</u> Calif.	<u>    </u> Other	<u>    </u> LLC	<u>X</u> Non-profit
Partnership:	<u>    </u> Calif.	<u>    </u> Other	<u>    </u> LLP	<u>    </u> Limited
Person:	<u>    </u> Indiv.	<u>    </u> Dba	<u>    </u> Ass'n	<u>    </u> Other

**EDD:** Independent Contractor Worksheet Required:      Yes X No

**ATTACHMENTS**

Designate all required attachments:	Req'd	Not Req'd
<b>Exhibit A: Schedule of Services</b> (Provided by Contractor)	<u>X</u>	<u>    </u>
<b>Exhibit B: Schedule of Charges and Payments</b> (Paid by County)	<u>X</u>	<u>    </u>
<b>Exhibit C: Schedule of Changes</b> (Additions, Deletions & Amendments)	<u>X</u>	<u>    </u>
<b>Exhibit D: Schedule of HIPAA Provisions</b> (Protected Health Information)	<u>X</u>	<u>    </u>
<b>Exhibit E: Uniform Administrative Requirements</b> (CFDA-Funded)	<u>X</u>	<u>    </u>

## Terms

Each term of this Contract below specifically incorporates the information set forth in the Summary at page one (1) above as to each respective section (§) therein, as the case may be.

### Services

#### 1. **Scope of Services:**

Contractor shall provide all of the services, materials and products (herein "Services") generally described in **Exhibit "A"**, according to a performance schedule, if applicable, as set forth in said exhibit (herein "Performance Schedule"). If requested, Contractor agrees to serve as an expert witness for County in any third party action or proceeding arising out of this Contract.

### Payment

#### 2. **Charges and Payments:**

The charges (herein "Charges") for furnishing the aforesaid Services under this Contract are set forth in **Exhibit "B"**, including, if applicable, hourly rates, unit pricing, and expense, mileage and cost limits. Said Charges shall be presented monthly by invoice, and shall be due within thirty (30) days of receipt of said invoice unless payment is otherwise set forth in said **Exhibit "B"**, and shall remain in effect for the entire term of this Contract, and any extension hereof. In no event will the cost to County for Services to be provided under this Contract, including direct non-salary expenses, exceed the **Maximum Contract Price** set forth at §2, page one (1), of this Contract. If a Catalog of Federal Domestic Assistance ("CFDA") number is designated at §33, page one (1), of this Contract, then all components of compensation billed to County shall be calculated in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Chapter I, Chapter II, Part 200, et al (commonly referred to as the "OMB Super Circular" or "Uniform Guidance").

### Time for Performance

#### 3. **Contract Term:**

This Contract shall commence on the **Contract Beginning Date** set forth at §3, page one (1), of this contract. All Services required to be provided by this Contract shall be completed and ready for acceptance no later than the **Contract Termination Date** set forth at §3, page one (1), of this Contract.

#### 4. **Liquidated Damages:**

County and Contractor agree that damages to County due to delays in timely providing Services in accordance with the aforesaid Performance Schedule and Contract Termination Date are impractical and difficult to ascertain. Therefore, if §4 at page one (1) hereof shall indicate a daily amount as **Liquidated Damages**, County shall have the right to assess said daily sum, not as a penalty, but as and for damages to County due to delays in providing Services not in accordance with the said Performance Schedule, or later than the Contract Termination Date (herein "Delay"). Liquidated Damages shall be offset against amounts owing to Contractor, including retention sums.

To the extent that any Delay is a result of matters or circumstances wholly beyond the control of Contractor, County may excuse said Liquidated Damages; provided however, that County may condition such excuse upon Contractor having given prompt notice to County of such delay immediately by telephone and thereafter by written explanation within a reasonable time. The time for Contractor's performance shall be extended by the period of delay, or such other period as County may elect.

#### 5. **Time of the Essence:**

Time is of the essence with respect to Contractor's performance under this Contract. Delay in meeting the time commitments contemplated herein will result in the assessment of liquidated damages, if indicated at §4 at page one (1), hereof. If Liquidated Damages are not so indicated, damages shall be as otherwise provided by law.

### Insurance

#### 6. **Commercial General Liability Insurance:** (County Resolution Nos. 90-674, 02-439)

If §6 at page one (1) hereof shall indicate a **Commercial General Liability** insurance policy is required, Contractor shall promptly provide proof of such insurance evidenced by a certificate of insurance with properly executed endorsements attached, which insurance shall include the following:



- (i) Broad form coverage for liability for death or bodily injury to a person or persons, and for property damage, combined single limit coverage, in the minimum amount indicated at said §6;
- (ii) An endorsement naming County as an additional insured under said policy, with respect to claims or suits arising from the Services provided or the relationships created under this Contract;
- (iii) A provision that said insurance shall be primary and non-contributory, that other insurance maintained by the County of Nevada shall be excess only and that neither the insured nor the insurer shall seek contribution from any other insurance or self-insurance available to County;
- (iv) A provision that said insurance shall provide for thirty (30) days written notice to County of any termination or change in coverage protection, or reduction in coverage limits (except ten (10) days notice for non-payment of premium).

**7. Automobile Liability Insurance:** (County Resolution No. 90-676)

If §7 at page one (1) hereof shall require either a Business Rated or a Commercial Automobile Liability insurance policy, for each vehicle used including non-owned and hired automobiles, Contractor shall promptly provide proof of such insurance evidenced by a certificate of insurance with properly executed endorsements attached, which insurance shall include the following provisions:

- (i) Liability protection for death or bodily injury to a person or persons, property damage, and uninsured and underinsured coverage, combined single limit coverage, in the minimum amount indicated at said §7;
- (ii) An endorsement naming County as an additional insured under said policy, with respect to claims or suits arising from the Services provided or the relationships created under this Contract;
- (iii) A provision that said insurance shall be primary and non-contributory, that other insurance maintained by the County of Nevada shall be excess only and that neither the insured nor the insurer shall seek contribution from any other insurance or self-insurance available to County;
- (iv) A provision that said insurance shall provide for thirty (30) days written notice to County of any termination or change in coverage protection, or reduction in coverage limits (except ten (10) days notice for non-payment of premium).

If §7 at page one (1) hereof shall require a Personal Auto policy, for each vehicle used including non-owned and hired automobiles, Contractor shall promptly provide proof of such insurance for a minimum of three hundred thousand dollars, (\$300,000), in combined single limits, and naming the County as additionally insured.

**8. Workers' Compensation:** (County Resolution No. 90-674)

If §8 at page one (1) hereof shall indicate a **Workers' Compensation** insurance policy is required, Contractor shall maintain said policy as required by law, and shall promptly provide proof of such insurance evidenced by a certificate of insurance, or other documentation acceptable to County. The Workers' Compensation insurer shall agree to waive all rights of subrogation against the County, its agents, officers, employees, and volunteers for losses arising from work performed by Contractor for the County.

Before commencing to utilize employees in providing Services under this Contract, Contractor warrants that it will comply with the provisions of the California Labor Code, requiring Contractor to be insured for workers' compensation liability or to undertake a program of self-insurance therefor.

**9. Errors and Omissions:**

If §9 at page one (1) hereof shall indicate **Errors and Omissions** insurance is required, Contractor shall maintain either a professional liability or errors & omissions policy in the minimum amount indicated, and shall promptly provide proof of such insurance evidenced by a certificate of insurance, or other documentation acceptable to County.

**10. Miscellaneous Insurance Provisions:** (County Resolution Nos. 90-674, 90-675)

All policies of insurance required by this Contract shall remain in full force and effect throughout the life of this Contract and shall be payable on a "per occurrence" basis unless County specifically consents to "claims made" coverage. If the County does consent to "claims made" coverage and if Contractor changes insurance carriers during the term of this Contract or any extensions hereof, then



Contractor shall carry prior acts coverage. The following additional conditions apply to "claims made" coverage: In order for the acts and omissions of Contractor and all its agents during the term of this Agreement to be "continually covered" there must be insurance coverage for the entire contract period commencing on the effective date of this Agreement and ending on the date that is three (3) years beyond the final date this Agreement is effective, including any extensions or renewals of this Agreement. Contractor acknowledges that the provision of this Section may necessitate the purchase of "tail insurance" if coverage lapses. The requirement to maintain tail insurance shall survive termination of this Agreement.

Insurance afforded by the additional insured endorsement shall apply as primary and non-contributory insurance, and neither the insured nor the insurer shall seek contribution from any other insurance or self-insurance maintained by County, its officers, agents and/or employees. Any insurance or self-insurance maintained by County, its officers, agents and/or employees shall be excess only and not contributing with insurance required or provided under this agreement.

At all times, Contractor shall keep and maintain in full force and effect throughout the duration of this Contract, policies of insurance required by this Contract which policies shall be issued by companies with a Best's Rating of B+ or higher (B+, B++, A-, A, A+ or A++), or a Best's Financial Performance Rating (FPR) of 6 or higher (6, 7, 8 or 9) according to the current Best's Key Rating Guide, or shall be issued by companies approved by the County Risk Manager. In the event the Best's Rating or Best's FPR shall fall below the rating required by this paragraph, Contractor shall be required to forthwith secure alternate policies which comply with the rating required by this paragraph, or be in material breach of this Contract.

Failure to provide and maintain the insurance policies (including Best's ratings), endorsements, or certificates of insurance required by this Contract shall constitute a material breach of this agreement (herein "Material Breach"); and, in addition to any other remedy available at law or otherwise, shall serve as a basis upon which County may elect to suspend payments hereunder, or terminate this Contract, or both. (See §13, ¶2, below, as these provisions additionally apply to subcontractors.)

#### **11. Indemnity:**

Nothing herein shall be construed as a limitation of Contractor's liability, and Contractor shall indemnify, defend and hold harmless the County and its officers, officials, employees, agents and volunteers from any and all liabilities, claims, demands, damages, losses and expenses (including, without limitation, defense costs and attorney fees of litigation) which result from the negligent act, willful misconduct, or error or omission of Contractor, except such loss or damage which was caused by the sole negligence or willful misconduct of County or its officers, officials, employees, agents and volunteers.

### **Personal Services**

#### **12. Contractor as Independent:**

In providing services herein, Contractor, and the agents and employees thereof, shall act in an independent capacity and as an independent contractor and not as agents or employees of County. Contractor agrees neither its agents nor employees have any rights, entitlement or claim against County for any type of employment benefits or workers' compensation or other programs afforded to County employees. Contractor shall hold County harmless and indemnify County against any such claim by its agents or employees.

#### **13. Assignment and Subcontracting:**

Except as specifically provided herein, the rights, responsibilities, duties and Services to be performed under this Contract are personal to the Contractor and may not be transferred, subcontracted, or assigned without the prior written consent of County. Contractor shall not substitute nor replace any personnel for those specifically named herein or in its proposal without the prior written consent of County.

Unless otherwise agreed in writing by the County's Risk Manager, Contractor shall cause and require each transferee, subcontractor and assignee to comply with the insurance provisions set forth herein at §§6, 7, 8, 9 and 10, in the same amounts and subject to the same terms as are required of Contractor under this Contract, unless otherwise provided by County's Risk Manager. Said insurance shall include all upstream parties (including the Contractor and the County) as additional insureds using a Blanket Additional Insured Endorsement (ISO form number CG 20 38 04 13) or coverage at least as broad. Contractor shall verify that all subcontractors provide a policy endorsement in compliance with this Paragraph and shall provide a copy of the same to County at least ten (10) working days prior to commencement of any work by subcontractor. Failure of Contractor to so cause and require such compliance by each transferee, subcontractor and assignee, or to timely provide County with a copy of the required policy endorsement, shall constitute a Material Breach of this agreement, and, in addition to any



other remedy available at law or otherwise, shall serve as a basis upon which County may elect to suspend payments hereunder, or terminate this Contract, or both.

**14. Licensing and Permits:**

Contractor warrants (i) Contractor is qualified and competent to provide all Services under this contract; (ii) Contractor and all employees of Contractor hold all necessary and appropriate licenses therefor, including those licenses set forth at §14, page one (1) hereof; and, (iii) Contractor shall obtain, and remain in compliance with, all permits necessary and appropriate to provide said Services. Contractor shall cause said licenses and permits to be maintained throughout the life of this Contract. Failure to do so shall constitute a Material Breach of this agreement, and, in addition to any other remedy available at law or otherwise, shall serve as a basis upon which County may elect to suspend payments hereunder, or terminate this Contract, or both.

**Public Contracts**

**15. Certificate of Good Standing:**

Registered corporations including those corporations that are registered non-profits shall possess a Certificate of Good Standing also known as Certificate of Existence or Certificate of Authorization from the California Secretary of State, and further warrants to shall keep its status in good standing and effect during the term of this Contract.

**16. Prevailing Wage and Apprentices:**

To the extent made applicable by law, performance of this contract shall be in conformity with the provisions of California Labor Code, Division 2, Part 7, Chapter 1, commencing with Section 1720 relating to prevailing wages which must be paid to workers employed on a public work as defined in Labor Code §§ 1720, et seq.; and shall be in conformity with Title 8 of the California Code of Regulations §§ 200 et seq., relating to apprenticeship. Contractor shall comply with the provisions thereof at the commencement of Services to be provided herein, and thereafter during the term of this Contract. A breach of the requirements of this section shall be deemed a material breach of this contract. A copy of the relevant prevailing wage as defined in Labor Code §1770 et seq. is on file with the Department of Transportation, County of Nevada, 950 Maidu Avenue, Nevada City, California 95959. Copies will be provided upon request.

**17. Accessibility (County Resolution No. 00190):**

It is the policy of the County of Nevada that all County services, programs, meetings, activities and facilities shall be accessible to all persons, and shall be in compliance with the provisions of the Americans with Disabilities Act and Title 24, California Code of Regulations. To the extent this Contract shall call for Contractor to provide County contracted services directly to the public, Contractor shall certify that said direct Services are and shall be accessible to all persons.

**18. Nondiscriminatory Employment:**

In providing Services hereunder, Contractor shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, including the provisions of the Americans with Disabilities Act of 1990, and Fair Employment and Housing Act, and shall not discriminate against any employee, or applicant for employment or client because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, political affiliation, mental disability, physical disability, medical condition (including cancer, HIV and AIDS), age (over 40), marital status, or use of Family and Medical Care Leave and/or Pregnancy Disability Leave in regard to any position for which the employee or applicant is qualified.

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

**19. Drug-Free Workplace:**



Senate Bill 1120, (Chapter 1170, Statutes of 1990), requires recipients of state grants to maintain a "drug-free workplace". Every person or organization awarded a contract for the procurement of any property or services shall certify as required under Government Code Section 8355-8357 that it will provide a drug-free workplace.

**20. Prior Nevada County Employment** (County Resolution No. 03-353):

Effective July 22, 2003, it is the policy of the County of Nevada that former members of the Board of Supervisors, a former CEO, or a former Purchasing Agent, for a period of twelve (12) months following the last day of employment, shall not enter into any relationship wherein that former employee or former Board member receives direct remuneration from a legal entity that, during the last twelve (12) months of said employment or Board member's service, entered into a contract with, or received a grant from the County of Nevada. Provided however, that this prohibition shall not apply to any employee that did not personally approve a contract with or grant to said legal entity during the last twelve (12) months of said employment, and shall not apply when the Board of Supervisors did not approve a contract with or grant to said legal entity during the last twelve (12) months of said Board member's service.

A violation of this policy shall subject Contractor to all of the remedies enumerated in said resolution and as otherwise provided in law, which remedies shall include but not be limited to injunctive relief, cancellation and voiding of this contract by County, a return of grant money, a cause of action for breach of contract, and entitlement to costs and reasonable attorney fees in any action based upon a breach of contract under this provision.

**21. Conflict of Interest:**

Contractor shall not cause, use or allow any payments, funds or proceeds derived from this Contract to be used, either directly or indirectly, for salary, wages or benefits, for any of its officers, directors, or shareholders. Contractor shall not cause, use nor allow any payments, funds or proceeds derived from this Contract to be used, either directly or indirectly, for salary, wages or benefits for any of its agents, servants, or employees, except those expressly specified in Exhibit "B".

Contractor further certifies that its employees and the officers of its governing body shall avoid any actual or potential conflicts of interest and that no officer or employee who performs any function or responsibilities in connection with this contract shall have any personal financial interest or benefit that either directly or indirectly arises from this contract. Contractor shall establish safeguards to prohibit its employees or its officers from using their position for the purpose that could result in private gain or that gives the appearance of being motivated for private gain for themselves or others, particularly those with whom they have family, business or other ties.

**22. Political Activities:**

Contractor shall in no instance expend funds or use resources derived from this Contract on any political activities.

**23. Cost Disclosure:**

In accordance with Government Code Section 7550, should a written report be prepared under or required by the provisions of this Contract, Contractor agrees to state in a separate section of said report the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of said report.

**Default and Termination**

**24. Termination:**

a. A Material Breach of this Contract pursuant to the terms hereof or otherwise, in addition to any other remedy available at law, shall serve as a basis upon which County may elect to immediately suspend payments hereunder, or terminate this contract, or both **without notice**.

b. If Contractor fails to timely provide in any manner the services, materials and products required under this Contract, or otherwise fails to promptly comply with the terms of this Contract, or violates any ordinance, regulation or other law which applies to its performance herein, County may terminate this Contract by giving **five (5) days written notice** to Contractor.



c. County, upon giving **seven (7) calendar days written notice** to Contractor, shall have the right to terminate its obligations under this Contract if the County, the Federal Government or the State of California, as the case may be, does not appropriate funds sufficient to discharge County's obligations coming due under this contract.

d. Either party may terminate this Contract for any reason, or without cause, by giving **thirty (30) calendar days written notice** to the other, which notice shall be sent by certified mail in conformity with the notice provisions. In the event of termination not the fault of the Contractor, the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Contractor shall be excused for failure to perform services herein if such performance is prevented by acts of God, strikes, labor disputes or other forces over which the Contractor has no control.

e. Any notice to be provided under this section may be given by the County Executive Officer or Designee or Agency Director.

**25. Suspension:**

County, upon giving seven (7) calendar days written notice to Contractor, shall have the right to suspend this Contract, in whole or in part, for any time period as County deems necessary due to delays in federal, state or County appropriation of funds, lack of demand for services to be provided under this contract, or other good cause. Upon receipt of a notice of suspension from County, Contractor shall immediately suspend or stop work as directed by County and shall not resume work until and unless County gives Contractor a written notice to resume work. In the event of a suspension not the fault of the Contractor, Contractor shall be paid for services performed to the date of the notice of suspension in accordance with the terms of this Contract.

**Miscellaneous**

**26. Financial, Statistical and Contract-Related Records:**

a. **BOOKS AND RECORDS:** Contractor shall maintain statistical records and submit reports as required by County. Contractor shall also maintain accounting and administrative books and records, program procedures and documentation relating to licensure and accreditation as they pertain to this Contract. All such financial, statistical and contract-related records shall be retained for five (5) years or until program review findings and/or audit findings are resolved, whichever is later. Such records shall include but not be limited to bids and all supporting documents, original entry books, canceled checks, receipts, invoices, payroll records, including subsistence, travel and field expenses, together with a general ledger itemizing all debits and credits.

b. **INSPECTION:** Upon reasonable advance notice and during normal business hours or at such other times as may be agreed upon, Contractor shall make all of its books and records available for inspection, examination or copying, to County, or to the State Department of Health Care Services, the Federal Department of Health and Human Services, the Controller General of the United States and to all other authorized federal and state agencies, or their duly authorized representatives.

c. **AUDIT:** Contractor shall permit the aforesaid agencies or their duly authorized representatives to audit all books, accounts or records relating to this Contract, and all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. All such records shall be available for inspection by auditors designated by County or State, at reasonable times during normal business hours. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within fifteen (15) days upon delivery of written notice from County. Contractor shall promptly refund any moneys erroneously charged and shall be liable for the costs of audit if the audit establishes an over-charge of five percent (5%) or more of the Maximum Contract Price.

**27. Non-Profit Provisions:**

If Contractor is registered as a non-profit corporation, Contractor shall comply with the following requirements of this section:



**a. Reporting Requirements:**

Contractor shall submit a report to County no later than thirty (30) days after the aforesaid Contract Termination Date, which report shall identify the status of each service which was provided as described in **Exhibit "A"** (Schedule of Services), and detail all amounts expended as set forth in **Exhibit "B"** (Schedule of Charges and Payments), or otherwise. This report is subject to audit by the Nevada County Auditor/Controller.

**b. Supplemental Audit Provisions:**

(i) Contractor shall provide the most recent copy of the Contractor's reviewed or audited financial statements. Said financial statements shall be verified by an independent Certified Public Accountant. These financial statements together with the Certified Public Accountant's verification are due to the County within thirty (30) days of execution of the Contract. If Contractor, however, has another County Contract currently in effect and has previously provided this information to the County within the last year, it is not necessary for Contractor to re-submit these statements and verification under this Agreement.

(ii) Non-profit Contractors whose contract with the County includes services that will be reimbursed, partially or in full, with Federal funds are also governed by the OMB Super Circular and are required to have a single or program-specific audit conducted if the Contractor has expended \$500,000 or more in Federal awards made on or before December 26, 2014, or \$750,000 or more in Federal awards made after December 26, 2014, during Contractor's fiscal year. Any Contractor who is required to complete an annual Single Audit must submit a copy of their annual audit report and audit findings to County at the address listed in "Notice & Identification" §33 on page one (1) of the executed contract within the earlier of thirty (30) days after the Contractor's receipt of the auditor's report or nine (9) months following the end of the Contractor's fiscal year.

**28. Intellectual Property:**

All original photographs, diagrams, plans, documents, information, reports, computer code and all recordable media together with all copyright interests thereto (herein "Intellectual Property"), which concern or relate to this Contract and which have been prepared by, for or submitted to Contractor, shall be the property of County, and upon fifteen (15) days demand therefore, shall be promptly delivered to County without exception. Provided however, for personal purposes only and not for commercial, economic or any other purpose, Contractor may retain a copy of Contractor's work product hereunder.

**29. Entire Agreement:**

This Contract represents the entire agreement of the parties, and no representations have been made or relied upon except as set forth herein. This Contract may be amended or modified only by written, fully executed agreement of the parties.

**30. Jurisdiction and Venue:**

This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in Nevada County, California.

**31. Compliance with Applicable Laws:**

The Contractor shall comply with any and all federal, state and local laws, codes, ordinances, rules and regulations which relate to, concern or affect the Services to be provided by this Contract. If a CFDA number is designated at §33, page one (1), of this Contract then the applicable CFDA funding agreement requires that this Contract shall also be governed by and construed in accordance with all applicable laws, regulations and contractual obligations set forth in the applicable CFDA funding agreement. Contractor shall comply with all terms and conditions of the applicable CFDA funding agreement and all other applicable Federal, state and local laws, regulations, and policies governing the funding for this Contract. A full copy of the applicable CFDA funding agreement is available for review at the Health and Human Services Agency Administration Office.

**32. Confidentiality:**

Contractor, its employees, agents and or subcontractors may come in contact with documents that contain information regarding matters that must be kept confidential by the County, including



personally identifiable patient or client information. Even information that might not be considered confidential for the usual reasons of protecting non-public records should be considered by Contractor to be confidential.

Contractor agrees to maintain confidentiality of information and records as required by applicable federal, state, and local laws, regulations and rules and recognized standards of professional practice.

Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any confidential information with which the Contractor may come into contact in the process of performing its contracted services. This information includes but is not limited to all written, oral, visual and printed patient or client information, including but not limited to: names, addresses, social security numbers, date of birth, driver's license number, case numbers, services provided, social and economic conditions or circumstances, agency evaluation of personal information, and medical data.

The Contractor shall not retain, copy, use, or disclose this information in any manner for any purpose that is not specifically permitted by this agreement. Violation of the confidentiality of patient or client information may, at the option of the County, be considered a material breach of this Agreement.

**33. Notices:**

This Contract shall be managed and administered on County's behalf by the department and the person set forth at "Notice & Identification" §33 page one (1) of this Contract, and all invoices shall be submitted to and approved by this Department. In addition to personal service, all notices may be given to County and to Contractor by first class mail addressed as set forth at said §33 of page one (1) of this Contract. Said notices shall be deemed received the fifth (5th) day following the date of mailing or the earlier date of personal service, as the case may be.

**34. Authority:**

All individuals executing this Contract on behalf of Contractor represent and warrant that they are authorized to execute and deliver this Contract on behalf of Contractor.

**IN WITNESS WHEREOF**, the parties have executed this Contract effective on the Beginning Date, above.

**CONTRACTOR:**

  
\_\_\_\_\_  
Warren Daniels  
Executive Director / CEO

Dated: 8/14/17

**COUNTY OF NEVADA:**

\_\_\_\_\_  
Hank Weston  
Chair, Board of Supervisors

Dated: \_\_\_\_\_

Attest: \_\_\_\_\_  
Julie Patterson-Hunter  
Clerk of the Board of Supervisors

**EXHIBIT "A"**  
**SCHEDULE OF SERVICES**  
**COMMUNITY RECOVERY RESOURCES (CoRR)**

Community Recovery Resources, (CoRR), hereinafter referred to as Contractor shall provide substance use disorder services for the County of Nevada, Department of Behavioral Health. This Contract shall include the following specific program components:

- Section I. Full spectrum of Perinatal Services within the modalities of Outpatient Drug Free (ODF) Treatment and Intensive Outpatient (IOT) Treatment.
- Section II. Residential Treatment, Residential Crisis, Transitional, and Withdrawal Management Programs.
- Section III. Prevention and Outpatient Treatment Programs
- Section IV. Ancillary Services

**SECTION I. PERINATAL**

**Program Overview:**

The Perinatal Program provides coordinated substance abuse intervention and treatment services complimented with health care and pertinent ancillary services to pregnant and parenting women of Nevada County.

In bringing together substance abuse treatment, mental health, and social services expertise, with health professionals, Contractor shall provide a cohesive system for intervention, assessment, education, treatment and referrals to enhance the well-being of women and their children.

**Perinatal Treatment Modalities:**

- 1) Outpatient Drug Free Treatment (ODF) -This modality will provide alcohol and drug treatment services without medication in a non-residential setting. Group sessions will be no less than 90 minutes each and individual counseling sessions no less than 60 minutes each.
- 2) Intensive Out Patient Treatment (IOT) - This modality will provide alcohol and drug treatment services (intake, individual counseling, group counseling, patient education, family therapy, medication services, collateral services, crisis intervention, treatment planning, and discharge services) in a non-residential setting to participants at a minimum of three hours per week, for three or more days per week.

Services provided herein shall target pregnant and/or parenting women that are substance using, and Contractor assures that their program shall meet all the requirements listed in the California Department of Alcohol and Drug Programs (ADP) Perinatal Services Network Guidelines pertaining to ODF and IOT services.

**Target Population-** Women who are either:

- (a) pregnant and substance using; or
- (b) parenting and substance using, with child(ren) ages birth through 17. Parenting also includes a woman who is attempting to regain legal custody of her child(ren).

**Admission and Re-Admission Criteria:**

Participants accepted into Perinatal Treatment must be pregnant women or parenting mothers who have a primary substance abuse problem and who meet the following criteria:

- 1) Any of the seven criteria for dependence established by the DSM 5 or ICD 10, effective as of October 1, 2015.
- 2) Inadequate family, social, and/or occupational supports necessary to be successful in outpatient treatment.
- 3) Has given birth to a drug exposed baby
- 4) Has no medical or psychological disabilities which would preclude participation in the program structure and/or activities.
- 5) Proof of being under an obstetrician's care if currently pregnant
- 6) Participants must be willing to accept program rules prior to admission, agreeing to remain drug-free during treatment and to abide by the program rules.
- 7) Client eligibility shall be verified or confirmed by Contractor.

**Re-Admission:** Participants applying for readmission must meet the following criteria:

- 1) Must have been discharged at least 72 hours prior to readmission
- 2) Must meet all admission criteria
- 3) Must complete any assignments, meetings, etc. that were part of their previous discharge plan

**Admission Priority:** Priority admission for women to perinatal funded services will be given in the following order:

- (a) pregnant injection drug users;
- (b) pregnant substance users;
- (c) parenting injection drug users;
- (d) parenting substance users.

Consistent with the requirements of applicable federal or state law, the Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference, or mental or physical handicap. All admission policies shall adhere to the Americans with Disabilities Act, Public Law 336 of the 101st Congress, enacted July 26, 1990.

**Location of Services:** Contractor shall provide services through its Grass Valley location:  
180 Sierra College Drive  
Grass Valley, CA 95945

**Program Treatment Services:** Services shall include but not necessarily be limited to the following:

- substance abuse counseling and education;
- individual, group, and family counseling;
- sexual and physical abuse counseling;
- parenting education; mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
- education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant;
- education on HIV/AIDS transmission and access to testing;
- education on TB and Hep C and access to testing;



- coordination of ancillary services (i.e. assistance in accessing and completing dental services, social services, community services, educational/vocational training, and other services which are medically necessary to prevent risk to fetus or infant); referral to pertinent community services according to client treatment/discharge plans;
- gender specific substance abuse treatment and other therapeutic interventions for women which address issues of relationships, sexual and physical abuse, and parenting;
- sufficient case management to ensure that women and their children have access to primary medical care, primary pediatric care, gender specific substance abuse recovery and treatment, and other needed services.

**The program will also:**

- Provide or arrange for primary pediatric care, including immunizations, for patients' dependent children.
- Provide onsite child care for children during the hours of the Perinatal Treatment Program. However, the mother is ultimately responsible for her children, and in the event of a child's illness or other problems the mother may be asked to leave the women's activities and care for her child(ren).
- Provide frequent recreational activities and require all participants to participate.
- Provide or arrange for transportation to and from the treatment site, for women who do not have their own transportation.

**Individualized Plan:** Counseling, Education, Program Activities: Contractor shall be responsible for developing for each participant an individualized written treatment plan within 30 days of intake. The individualized plan is developed between the participant and the counselor and/or therapists. The medical director will determine whether treatment services are medically necessary and approve the treatment plan within 15 days of signature from counselor and/or therapist. The Clinical Director will review for appropriateness. The plan shall be reviewed and updated every 90 days.

At a minimum the plan will include the following:

- statement of problems to be addressed while in treatment;
- statement of goals to be reached which address each problem;
- action steps to be taken by the participant and/or the program target dates for the accomplishment of the action steps and/or goals or, whenever possible, resolution of the problem.
- Diagnosis with DSM code(s)

Participants will attend program services in accordance with individualized treatment plans. Examples of activities include, but are not be limited to, the following; group counseling, substance abuse education, individual and family counseling, parenting training, life skills training, nutritional instruction, recreational activities, access to ancillary and/or scheduled services; homework assignments (usually 1 hour daily). Participants will be subject to drug testing randomly and/or by reasonable suspicion.

The recommended length of the Perinatal Program will be a minimum of one year. Participants will be required to participate in IOT perinatal services for six (6) months of their one year program. During the remainder of the one year placement (6 months), client will be required to participate in ODF perinatal services as appropriate.

It is estimated that the Contractor will have 15 slots for treatment in the IOT perinatal component and up to 30 slots for treatment for the ODF perinatal component. The latter treatment slots present a possible child care issue in that childcare will be limited to what can reasonably be served on-site at CoRR which



will be capped at 10. If needed, Contractor will collaborate with outside resources for additional child care services on-site and off-site for those children old enough to be served off-site.

**Completion/Discharge Criteria and Grounds for Termination:** Successful completion will mean that a participant has met all the goals of the program as established in their treatment plan.

**Unsuccessful** discharge will mean that a participant has terminated treatment of their own volition and has not met the criteria for successful completion.

**Involuntary** discharge will mean that a participant has been discharged as an inappropriate referral, or has not complied with or has violated the program policies and procedures.

**Grounds for Termination:**

Involuntary discharge **will** result if:

- 1) A participant possesses a weapon of any type.
- 2) A participant demonstrates violence or threatens violence towards self or another person.

Involuntary discharge **may** result if:

- 1) A participant continues to test positive for any illegal substance and/or legally prescribed substance if abuse is determined,
- 2) A participant refuses to participate in program activities both in and outside of the program.
- 3) A participant refuses to adhere to program policies and procedures.
- 4) A participant withholds knowledge of another participant's violation of program policies and procedures.
- 5) A participant does not progress satisfactorily towards reaching treatment goals.
- 6) A participant has poor attendance, does not complete make-up assignments, and/or misses two consecutive appointments without prior notification to the program.

All participants excused due to their own illness or their child(ren)'s illness will be expected to make up their assignments for each day missed. Participants must call in daily in order to extend excused absences.

**Program Administration:**

- I. The Department of Health Care Services (DHCS) must certify contractor's program to be eligible for DMC (Drug Medi-Cal) reimbursement for services provided for Medi-Cal eligible clients. Contractor shall retain its Medi-Cal Certification status. Contractor shall ensure all records and documentation meets Medi-Cal standards. Contractors shall comply with findings and recommendations on any audits, certification process, and/or state reviews.
- II. Contractor assures that Substance Abuse Prevention and Treatment [SAPT] Block Grant Perinatal Funds requirements will be met. Contractor shall comply with all regulations and guidelines regarding the continuum of treatment modalities and service options that can be provided with perinatal funding. CoRR administration will collaborate with County to ensure compliance with all state program requirements.
- III. Contractor shall, at all times, maintain communication and coordination with Director of the Department of Behavioral Health or designee and meet as needed regarding program services and/or for problem solving.
- IV. Contractor shall maintain at all times a trained, skilled staff, which understands and maintains

confidentiality of clients and records. Contractor agrees to comply with all patient privacy/confidentiality laws and regulations. In-service training shall be provided as needed for Contractor's employees to maintain a well-trained staff.

- V. Public Notice and Outreach: CoRR's Perinatal Program will collaborate with the County to publicize and encourage women in need of treatment services to access those services.
- VI. Contractor shall provide written description to the Department of Behavioral Health of evidence based practice(s) provider currently uses for treatment. Contractor will also be responsible to indicate best evidence based practice(s) they are utilizing at the SAMHSA website (<http://www.samhsa.gov>).
- VII. Contractor's CalOMS forms must be submitted within two (2) weeks of opening the client to the facility. When a client has completed treatment with the Contractor, CalOMS closing will be completed and sent to the Department of Behavioral Health within two weeks.
- VIII. New Contractor staff responsible to complete CalOMS forms will complete the CalOMS web-based training prior to being issued a staff number by the County Department of Behavioral Health.
- IX. Contractor agrees to report all significant events such as positive drug test(s) or pending client discharge to County's Behavioral Health Alcohol/Drug Therapist. Contractor will inform the Alcohol and Drug Program Manager of any changes in programs such as length or groups per week.

**Staffing:**

Contractor shall provide sufficient staff for all programs in adherence with all state licensing/certification requirements. Additionally all CoRR clinical staff will be DOJ-screened and NPI lookup confirmed in addition to being TB tested annually. All clinical staff shall maintain licensing and credentialing as required by state regulations.

**Outcome Measures and Quarterly Reports:**

A Quarterly Report will be submitted to the County AOD Program Manager. Quarterly reports are based on the fiscal year and are due by the last day of the month following each quarter.

The Quarterly Report will include the following information:

- Number of clients enrolled in ODF treatment for that quarter
- Number of clients enrolled in IOT treatment for that quarter
- Ancillary Services provided to participants
- Any specific time-limited and measurable process and outcome objectives chosen or currently measured by provider that provider thinks are relevant for report.

The following CalOMS measurements are collected by CoRR:

- Discharge Status: (Select one of the eight categories on the CalOMS Data Collection Form)
- Days participant was on waiting list before being admitted to program
- Participant's primary alcohol or drug problem
- Participant's current employment status
- Participant's current criminal justice status
- How many times participant has been arrested in the past 30 days
- How many times participant has visited an emergency room in the past 30 days

- Participant's current living arrangement.
- Number of successful graduations
- Number of successful transitions prior to planned graduations
- Days of abstinence
- Days of employment
- Days of school enrollment
- Number of appointments with Primary Care
- Number of Emergency Room visits
- Number of arrests

**Referral to Other Programs and Interim Services:**

- A. When CoRR's Perinatal program is unable to admit a substance abusing pregnant woman because of insufficient capacity or because the program does not provide the necessary services, a referral will be made to a program that can meet the client's needs until admission to Perinatal services can be accommodated. Such referral or interim services will be provided within 48 hours of a woman physically presenting for services at CoRR. Pregnant women receiving interim services will be placed at the top of the waiting list for program admission.
- B. Injection drug-using women will either:
- (1) be admitted to the program no later than 14 days after making the request; or
  - (2) admitted to program within 120 days after making the request, if interim services are provided.
- C. A list of community resources shall be made available to all clients.
- D. Interim Services will be as follows:
- (1) HIV and Tuberculosis (TB) education and counseling and referrals for testing;
  - (2) Referrals for prenatal health care;
  - (3) Education on the effects of alcohol and drug use on the fetus; and
  - (4) Referrals based on individual assessments that may include, but are not limited to: self-help recovery groups; pre-recovery and treatment support groups, sources for housing, food, legal-aid, case management; children's services, medical services, and Temporary Assistance to Needy Families/ Medi-Cal services.

**SECTION II. RESIDENTIAL TREATMENT, RESIDENTIAL CRISIS, TRANSITIONAL, AND WITHDRAWAL MANAGEMENT PROGRAMS FOR ADULTS OVER THE AGE OF EIGHTEEN (18), SERVING BOTH MALES AND FEMALES, FOR THE RECOVERY AND TREATMENT OF ALCOHOL/DRUG DEPENDENCY**

**Program Overview: Residential, Withdrawal Management, Transitional, and Crisis**

Contractor shall provide SUD recovery services in an appropriate ASAM designated program where residents shall reside in a substance-free environment. Contractor shall maintain well-qualified and well-trained staff at appropriate levels in their residential programs, 24 hours a day, seven (7) days a week. All staff providing direct alcohol and other drug (AOD) services to the residents of the program will be either certified by the California Consortium of Addiction Programs and Professionals (CCAPP),



the California Association of DUI Treatment Programs (CADTP) or the California Association for Alcohol/Drug Educators.

Contractor shall foster conditions which will support reintegration of the individual into the community by providing a stable residential situation and partnering with the individual on active discharge planning.

Contractor’s residential treatment and withdrawal management programs provide comprehensive treatment services to adult men and women, over the age of eighteen (18), in a carefully structured and supportive environment with a high degree of accountability. CoRR shall provide an integrated continuum of care for a client that focuses on each unique individual and his/her family system.

**Locations:**

CoRR operates two fully licensed residential facilities, both of which also have licenses for withdrawal management services.

**Grass Valley Campus - Hope House/Serenity House: 159 Brentwood Dr., Grass Valley, CA 95945**

Hope House is a residential treatment program for women (18 or over) with children (up to age 12, or with special exception) and single women (age 18 or over), and Serenity House is for men (18 or over). Hope House/Serenity House is licensed and certified by ADP to serve up to 50 adult women/men with up to 10 children. The program is also approved for detoxification services.

**Grass Valley Campus, 180 Sierra College Dr., Grass Valley, CA 95945**

A campus-style wellness center focused on substance abuse recovery and mental health located in Grass Valley. The center combines therapy, counseling, psychiatric, residential and medical services with programs that promote self-sufficiency education, supportive transitional housing, employment and parenting/ life-skill training.

**Auburn Campus – Residential/Detox 12125 Shale Ridge Lane, Auburn, CA 95603**

Auburn Campus Residential can serve men and women, without children. This facility has been continuously operating as a residential treatment home since 1988. ACR is licensed and certified by the State to serve up to 25 adult men and women. Although it is a co-ed facility, gender populations are separated; all programming is gender- specific with exception of family nights and house meetings.

**Transitional services** - (Clean and Sober Transitional Living Environments, CASTLE’S) may be provided at any of CoRR's Transitional homes, at the following locations.

<i>Location</i>	<i>Population Served</i>	<i># of beds</i>
<i>CASTLE 1(A and B) 139 Brentwood Drive, GV</i>	A) Women/Children B) Women only	A) 6 women/5 children B) 6 women
<i>CASTLE 2 152 Brentwood Drive, GV</i>	Men	6
<i>CASTLE 3 187 Brentwood Drive, GV</i>	Men	6
<i>CASTLE 4 194 Brentwood Drive, GV</i>	Men (NC Drug Court only)	2
<i>CASTLE 4 5 187 Brentwood Dr., GV</i>	Men (NC Drug Court only)	2



CASTLE 6 303 Bennett ST., GV	Women/Children	6 plus children
Castle 7 13480 Hwy 49, GV	Men	6
CASTLE 8 Keiser Ave., Truckee	Women/Children	4 plus children
CASTLE 9 12085 Shale Ridge Rd., Auburn	Women only	6
CASTLE 11 12120 Shale Ridge Rd., Auburn	Men	6
CASTLE 12 12105 Shale Ridge Road Auburn	Women	6
CASTLE 13 12093 Shale Ridge Road Auburn	Women	6
CASTLE 14 12095 Shale Ridge Road Auburn	Women	6

Participants are expected to comply with rules set by CoRR and which are listed below:

1. Curfew rules.
2. Recovering participants will maintain enrollment in CoRR Services.
3. Non-recovering participants will enroll in ancillary service(s) such as anger management, parenting or other proven evidence based service(s).
4. Participants will remain clean and sober.
5. Participants will participate in asset development activities which support attainment of self-sufficiency. Asset development activities may include job skills training, continuation of education, attainment and compliance with medical interventions for chronic issues and attainment of permanent and safe housing.

Any participant failing to comply with CoRR rules may be removed from the program at the discretion of CoRR, County Behavioral Health or Nevada County Probation Department.

**Program Components: All**

**Admission:** Contractor agrees that all clients treated under this Agreement, except those admitted in a crisis situation during a weekend, will be pre-authorized for services by the Behavioral Health Department or Probation Department before admission into one of CoRR's programs and will be authorized for a specific length of treatment term. CoRR will collaborate with the County and agrees that the County will make the final placement decision with consideration of bed availability and evidence

based practices, including gender sensitive placement and whether a local versus out of area placement is more suitable.

All policies and procedures for refusal to admit an individual to or for terminating an individual from a program will be subject to County review. All terminations will be reported as soon as the decision is in process and no later than the actual termination. If it is a weekend, a voicemail message will be left with the County contact in addition to all regular discharge communications and processes.

### **RESIDENTIAL:**

**Initial Evaluation and Orientation:** CoRR's holistic assessment process includes careful screening for co-occurring disorders and emphasizes self-evaluation complemented with clinical diagnostic tools to provide informative assessments. CoRR's assessment process includes gathering information on background, including trauma history, family information, legal involvement and financial situation, medical/dental health or prenatal exposure, education, housing, employment, etc.

**Treatment Plans:** CoRR will develop an Individual Treatment Plan for each participant. Each participant will have a Primary Counselor assigned and together they will develop an Individual Treatment Plan within 3-7 days of admission that addresses the participant's short term and long term goals. The Treatment Plan will be written to address these seven (7) domains:

- 1) Drug Use and/or Withdrawal Potential
- 2) Biomedical/Behavioral Conditions and Complications (physical health)
- 3) Emotional/Behavioral Conditions and Complications (mental health)
- 4) Treatment Acceptance/Resistance/Readiness to Change
- 5) Relapse/Continued Use Potential
- 6) Recovery Environment (Family, Social, Educational, Vocations)
- 7) Discharge Planning (plan for reintegration into community after discharge)

CoRR shall provide a copy of the Individual Treatment Plan, including Discharge Planning, to the County within two weeks of client admittance. Treatment Plans include three basic phases: 1) Stabilization 2) Core Program, and 3) Preparation and Action. Services will include: individual counseling, individual therapy, education groups, family groups, and ancillary groups. CoRR shall maintain a schedule that includes daily activities for the entire week.

Contractor shall utilize evidence-based practices (EBPs) and curricula throughout the programs. The practices must have efficacy as referenced in literature and be identified as a best practice at the SAMHSA website (<http://www.samhsa.gov>).

Overviews of these practices are listed below:

*Seeking Safety:* Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse, listed on SAMHSA's National Registry of Evidenced-Based Programs and Practices (NREPP). This modality is delivered by MFTs in group and individual settings, and was chosen due to the prevalence of prior trauma (including domestic violence) in our population.

Seeking Safety focuses on coping skills and psycho-education and has five key principles: 1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); 2) integrated treatment of Post-Traumatic Stress Disorder, Substance Use & other addictive behaviors (smoking, excessive spending, gambling, pornography, etc.) 3) a focus on ideals to counteract the loss of ideals in both PTSD and substance use; 4) four content areas: cognitive, behavioral, interpersonal, and case management; and 5) attention to clinician processes (helping clinicians work on

counter-transference, self-care, and other issues). Results from trials showed significant improvements in substance use (both alcohol and drug), trauma-related symptoms, suicide risk, suicidal thoughts, social adjustment, family functioning, problem solving, depression, cognitions about substance use, and didactic knowledge related to the treatment.

Motivational Interviewing: Motivational interviewing (MI) is an evidence-based strategy designed to address ambivalence to change. According to SAMHSA's Center for Substance Abuse Treatment, "MI is a client-centered, directive method for enhancing intrinsic motivation to change (by exploring and resolving ambivalence) that has proven effective in helping clients clarify goals and commit to change". MI can also be modified to meet the special circumstances of clients with co-occurring disorders (COD).

Cognitive Behavioral Therapy (CBT): Cognitive-Behavioral Therapy is a form of psychotherapy proven in numerous clinical trials to be effective for a wide variety of disorders. Therapists help clients to overcome their difficulties by changing their thinking, behavior, and emotional responses. Outcomes include decreases in: Post Traumatic Stress Disorder symptoms, self-blame, problem behaviors, and depression. CBT is a strategy used in group and individual sessions.

Eye Movement Desensitization and Reprocessing (EMDR): is a comprehensive, integrative psychotherapy approach. It contains elements of many effective psychotherapies in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies. EMDR is delivered on an individual basis by a specifically trained LMFT (Licensed Marriage and Family Therapist). EMDR is an evidence-based practice determined to be effective by the American Psychiatric Association; the therapy was also an "A" category, strongly-recommended practice for the treatment of trauma by the Department of Defense and the Department of Veterans Affairs.

Family Team Meetings: Family Team meetings are modeled on Family Group Decision Making (FGDM), an approach recognized by the California Evidence Based Clearinghouse that positions the "family group" as leaders in decision-making. FTMs are convened every 30 days, led by the Program Manager and engaging informal and formal support, including counselors, therapists, social worker, MD, etc. along with identified social supports (family, friends, clergy etc.). Through this process, the "family group" (the client, their families, their support networks, and community members) is given the opportunity to develop recovery plans. Since the "family group" is involved, the plans have a greater likelihood of being family-centered, reflective of the family group's culture and strengths, and comprehensive.

The intent of these plans is to resolve the issues endangering both clients' and their family members' health and wellbeing. This strengths-based practice is appropriate for mothers in recovery, many of whom have children in the Child Welfare System. The process emphasizes recovery capital by strengthening family support networks, increasing social connections, supporting effective community-based recovery support services, and respecting the client as an asset in her own recovery. This is important, both to increase attractiveness of the service and effectiveness as it fosters strength, self-worth, and capability in the individuals own recovery process.

Interactive Journaling (Change Companies): The Change Companies curricula are designed not only to enable programs to implement leading behavioral-change research, but to do so in a way that is accessible, meaningful and motivational for the program participant. Curricula are delivered in education groups at Hope House and SPRTP. Interactive Journals deliver core behavior-change content combination with targeted questioning designed to engage participants in exploring risks, needs and skill

deficits, as well as strengths, resources and solutions to problem behaviors. Clients are provided a set of workbooks (up to 15 if authorized for 90 days) upon entry into the program which are split out for the duration of their program. They retain those completed when they are discharged from the program.

Managing Co-occurring Disorders Curriculum: This twelve-lesson format provides a focal point for specific treatment of adults with co-occurring disorders. The program utilizes 12 workbooks (20-50pgs) to offer a cognitive behavioral approach using reading, journaling, and discussion, all of which are delivered by the group facilitator using motivational interviewing. This also utilizes the Stages of Change to elicit change talk by the client in moving from pre-contemplation to maintenance of the disorders through participation in the program. The twelve core sessions include; 1) Orientation, 2) Responsible Thinking, 3) My Individual Change Plan, 4) Values, 5) Substance Use Disorders, 6) Handling Difficult Emotions, 7) Lifeskills, 8) Healthy Relationships, 9) Maintaining Positive Change, 10) Mental Health Disorders, 11) Transition, 12) Employment Skills.

Living In Balance Curriculum: Living in Balance is an NREPP recognized, evidence-based psychoeducational treatment program published by Hazelden, supported by the National Institutes of Drug Abuse (NIDA). Living in Balance (LIB): Moving from a Life of Addiction to a Life of Recovery is a manual-based, comprehensive treatment program that emphasizes relapse prevention. LIB consists of a series of 1.5- to 2-hour psychoeducational and experiential training sessions. LIB can be delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions, and workbook exercises. The psychoeducational sessions cover topics such as drug education, relapse prevention, available self-help groups, and sexually transmitted diseases (STDs).

The experientially based or interactive sessions are designed to enhance the client's level of functioning in certain key life areas that are often neglected with prolonged drug use: physical, emotional, and social well-being, adult education opportunities, vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. These sessions include a large amount of role-play with time to actively process personal issues and learn how to cope with everyday stressors.

Strengths-Based Case Management: Case management is identified as a promising practice related to increased access and attractiveness of services, quality of service dose, especially related to assertive linkages to community resources. Originally developed at the University of Kansas School of Social Welfare to help people with mental illness transition from institutionalized care to independent living (Rapp and Chamberlain, 1985), this strengths-based model is based on two primary principles: (1) providing clients support for asserting direct control over their search for resources (2) examining clients' own strengths and assets as the vehicle for resource acquisition.

#### Special Issues Addressed:

Contractor's residential programs have comprehensive policies and procedures to work with specific populations such as:

- 1) Women's and men's issues
- 2) Clients with trauma and sexual assault issues
- 3) Clients with co-occurring disorders
- 4) Clients with specific criminal justice issues
- 5) Clients with literacy issues.

**Discharge/ Relapse Prevention/ and Community Integration:** Contractor's residential program prioritizes transition (or discharge) planning, beginning at intake to support successful reintegration. Contractor's programs include the following components:

- a. Family Team Meetings: are a key strategy to support successful reintegration through engaging the participant and the identified support system to collectively support the participant's plan.
- b. Follow-up Care: During intake consent for follow-up is signed by each participant and upon successful completion each participant is called at 30 days, 90 days, 6 months, and 1 year after completion of program to assess their level of success and/or needs for additional services or referrals. Reports are compiled on an annual basis and disseminated to staff. Individuals are encouraged to attend weekly Alumni meetings and regularly check in with staff on their current status.
- c. Case Management: CoRR's social worker provides strength-based case management to identify appropriate resources and plans with respect to housing, employment, education, medical services, and support clients to achieve other milestones toward greater self-sufficiency (e.g. childcare enrollment; obtaining and improving credit scores, etc.).
- d. Alumni: Participants are also encouraged to join CoRR Alumni, an informal support system as well as a means for contributive citizenship. Alumni participate in community events to help educate about available resources, fundraise to support people in early recovery, and participate in events like Recovery Happens.
- e. Transition Plan: A written transition plan is prepared when a person is transferred to another level of care, an aftercare program, or prepares for discharge. In addition to resources, the plan will identify the person's current progress in his/her own recovery and movement toward well-being; need for support systems; as well as information on medications, when applicable; referral source information; and communication on options available should symptoms recur.

Contractor will report to the County the date of discharge or termination and discharge status within one business day. Contractor can confirm successful planned discharge via email to the designated County Contact but needs to call the designated contact prior to any unplanned termination.

#### **CRISIS WITHDRAWAL MANAGEMENT:**

Under this Agreement \$10,000 is set aside for withdrawal management beds for people being evaluated by crisis at an emergency department who meet the following criteria:

- Do not meet imminent criteria for 5150
- Are under the influence and have a history of substance use disorder
- Pose potential risk of harm to self or others though they don't meet 5150 criteria, and substance use appears to be precipitating primary factor for risk
- Present with Co-Occurring Disorder though don't have to present as SMI.

This can include individuals under the influence of meth, alcohol or opiates.

The County Alcohol/Drug (AOD) therapist will authorize this service before admission into this program. Although a Crisis worker will authorize this service after hours and during weekends, the



County Alcohol/Drug (AOD) therapist will be informed of this authorization on the first working day following admission.

Typical placements will be 7 days. It is understood that these placements are separate from residential placements which would require additional authorization from AOD therapist following face-to-face assessment. Medical clearance will primarily occur at the hospital emergency department; however, in the event that CoRR's Medical Director is required to complete medical clearance, an additional cost will be charged to the contract.

### **WITHDRAWAL MANAGEMENT:**

It is the intention of CoRR's Residential Treatment Division to provide a comprehensive Withdrawal Management Program for the treatment of substance dependence disorders, in a comprehensive therapeutic treatment setting. A primary goal will be to act as a service to both the patient and community at large. The program's overall goal for the patient is total abstinence from illicit drug use and the development of an independent, healthy and fulfilling lifestyle. This Program will operate in strict keeping with all pertinent Federal, State and Local regulatory guidelines and in conjunction with the program-specific parameters as set-forth in the American Society of Addiction Medicine (ASAM), Patient Placement Criteria. The immediate goals of withdrawal management may be summarized as follows:

1. To provide safe withdrawal from drug(s) of dependence and enable the individual to become drug free.
2. To provide withdrawal that is humane and protects the individual's dignity.
3. To prepare the individual for ongoing treatment of his or her substance dependence.
4. To provide a treatment service that is needed in the community and surrounding areas.

### **Evidenced-based practices (EBPs) and curricula are utilized throughout the programs.**

Core EBP's used to support individuals during withdrawal management are limited due to the short and intense nature of withdrawal management, but include Motivational Interviewing (MI), recognized by SAMHSA, and the research-based recovery curriculum developed by the Change Companies. Individuals are given the first workbook, Getting Started, while going through withdrawal.

All withdrawal management staff has had rigorous 16-hours training, with four hours each on CPR, First Aid, Life Support, and Withdrawal Management specific training. Individuals are cleared by a medical professional at a clinic or hospital prior to entering the withdrawal management program. CoRR has a detailed manual for specifying withdrawal management services policy and procedure; this manual applies to all sites (SPTRTP, HH/SH Campus). Although CoRR embraces a social model philosophy, Contractor does not have residents oversee withdrawal management participants; all withdrawal management participants are monitored by staff, all of which receive ongoing staff training as well as withdrawal management specific training outlined above.

Motivational Interviewing and Interactive Journaling (Change Companies): are core EBPS described above in residential that are also used in withdrawal management, as are others depending on clients' ability to participate in services.

Withdrawal Management is considered to be a minimum of 72 hours but is not to exceed 21 days. Because an explicit goal during intake and throughout the withdrawal management process is to motivate individuals and prepare them to continue treatment for their addiction in the appropriate level

of care, transition to residential treatment services will be seamless. CoRR will partner with the County to develop an appropriate aftercare plan for each person referred under the terms of the contract.

**TRANSITIONAL HOUSING:**

An additional element in CoRR's system of care that supports participants discharge planning is the availability of Transitional Housing services. CoRR maintains eight transitional homes; separated for men, for women; and for women with children. Participants in residential treatment often access this resource as a lower level of care that still provides an affordable clean and sober supported living environment while individuals rebuild their own housing and employment resources.

Individuals are required to participate in ongoing outpatient treatment while they live in the transitional housing program, to remain clean and sober, and are expected to be active in developing the assets for self-sufficiency such as job skills, continued education, receiving medical attention for chronic issues, and attaining permanent and safe housing. In addition to maintaining abstinence from drugs and alcohol, the explicit goal of transitional living is for individuals to use the time to build a solid foundation for self-sufficiency.

**Statham (Fund 1144) Funded Program Services:**

Statham funds are fines imposed for violations of the Vehicle Code, Sections 23103, 23104, 23152, or 23153. Statham funds are to be used exclusively for treatment of alcoholism or a polysubstance disorder that includes alcoholism. Contractor agrees to provide residential treatment services for individuals referred from County and as authorized for Statham Services under this Agreement.

**Evaluations/ Reporting:**

Contractor agrees to comply and cooperate with County for any data/ statistical information related to services and as may be required to meet mandated reporting requirements.

On a monthly basis, Contractor shall provide information pertaining to the State Outcomes Monitoring System. Contractor shall provide the Department of Behavioral Health's Alcohol and Drug Program Administrator the following monthly cumulative information:

- A. The number of individuals enrolled in Contractor's program.
- B. The length of stay for said individuals enrolled in program.
- C. The average length of stay of program participants.
- D. The number of unplanned exits (Usually drinking, using drugs, or non-compliant).
- E. The number of participants that stay until they assess to move to step down services.
- F. The ancillary services provided to the participants.

**Performance Measures and Outcomes Reports:**

The residential program shall have written time-limited and measurable process and outcome objectives that can be verified in terms of time and results that also serve as indicators of program effectiveness for the individual.

- 1) Contractor shall assess 100% of clients using ASAM upon entry and discharge from program and give outcome data regarding improvements with 75% of participants expected to move from low functioning to either moderate or high functioning within their treatment period.
- 2) 80% of participants will say they are satisfied with the services they received in a Consumer Satisfaction Survey developed by the Contractor.

- 3) 80% of participants will be linked to at least a preliminary primary care medical and dental appointment if they have not had one within a year. In the latter case Contractor will confirm and document that they are under the care of a doctor and/or dentist.
- 4) 80% of participants will remain abstinent throughout program.
- 5) 75% of participants will either complete treatment/Recovery Plan, Goals/Referred or Left before Completion with satisfactory Progress/Not Referred

Quarterly Report:

A quarterly report will be submitted to the County AOD Administrator. Quarterly reports are based on the fiscal year and are due by the last day of the month following each quarter. The quarterly reports will include data on all the outcome measures.

### **SECTION III. PREVENTION, AND OTHER OUTPATIENT TREATMENT PROGRAMS**

#### **PREVENTION SERVICES**

Services in #I and #II below shall be provided cost free to the general public:

**I. Information, Referral Services and Community Presentations:**

Contractor shall provide information and/or referral services and community presentations to individuals about alcohol abuse and other alcohol related problems for themselves, their family or other individuals.

**II. Drop-In Center:**

Contractor shall provide a non-drinking, supportive environment for recovering alcoholics who are encouraged to drop in on a non-scheduled basis. The drop-in center will be located at the Service Center and will be open during normal business hours. Printed materials will be displayed in a convenient place where members of the community may take advantage of them.

**III. A. Student Intervention Program (SIP)**

**B. Adolescent Drug and Alcohol Prevention and Treatment (ADAPT):**

**Target Population**

Adolescents (ages 13 through 18) defined as at-risk for chemical dependency and adolescents who are transitioning from out-of-home placement or at risk of entering/re-entering the Foster Care System. Referrals for the program will come through Juvenile Probation, Courts, Child Protective Services, Behavioral Health, CalWORKs, Schools, Smart Team, parents and self-referrals. Adolescents receiving services under the Supported Therapeutic Options Program (S.T.O.P.) are non Medi-Cal eligible.

**Program Overview**

SIP is provided as a short term intervention program off school campus and ADAPT is a longer term off school campus prevention/treatment program.

**A. Student Intervention Program (SIP)** is a 4-week diversion program for first-time offenders. The purpose of SIP is to provide an effective, targeted program to reduce recurrence of youth substance use or possession and increase student attendance. Students who receive a drug or alcohol citation, such as possession, are referred to the program, composed of four group therapy sessions, two individual counseling sessions, and intake and exit appointments (attended by parent/guardian). The KIDS curriculum (Keep it Direct and Simple) is used, an evidenced-based practice involving



interactive journaling addressing a variety of issues affecting positive teen behavior along with the group and individual sessions. The process of journaling builds self-responsibility, promotes self-efficacy, and helps youth personalize core concepts. The KIDS curriculum uses a cognitive behavioral approach delivered by certified, licensed addiction professionals on campus.

- B. ADAPT** (adolescent drug and alcohol prevention and treatment) program provides a variable outpatient program for adolescents. This program is set up in three phases. Each phase is at twelve (12) week increments and consists of at least one, or as many as three weekly education/process groups (1 hr. and 30 mins.), a minimum of seven (7) individual counseling sessions (1 hr.), and may also include therapeutic services; individual therapy sessions as well as Family Therapy Groups (weekly), where appropriate. Clients will submit urinalysis tests as frequently as once weekly and with a minimum of once monthly. Successful completion of services is contingent upon a clean urinalysis test. Each intervention episode will include up to one-year of follow-up contact by CoRR.

### **Program Description**

1. **Intake Session**. This session will provide the participant, their family member/members, and the substance abuse counselor the opportunity to sign all necessary forms (program expectations, releases of information, consent for follow-up contact, consent for counseling, health questionnaire), and be orientated to program expectations and policies. The participant is then interviewed without family member/members to initiate the counseling relationship. Participant will submit a urinalysis test upon intake.

2. **Assessment** An initial assessment is done at intake to determine the participant's level of care and clinical needs. This is done by administering the ASAM PPC 2R (American Society of Addiction Medicine Patient Placement Criteria 2 revised), a substance abuse history, Biopsychosocial and clinical interview with the substance abuse counselor.

3. **Education/Process Groups**

Participants will attend a minimum of twelve (12) groups (once weekly), and a maximum of thirty-six (36) groups (three times weekly); dependent upon the phase of treatment that may best fit the participant's needs, and based on information gathered at initial assessment.

Education/Process groups will be (1 hr. and 30 mins.) in length and will address the following topics:

1. ***"Why Am I Here?"***- exploring reasons for entering a program for making positive life changes and preparing for the work that lies ahead.
2. ***"Abuse or Addiction?"*** – gain an understanding of how alcohol and other drugs affect bodies, minds and lives.
3. ***"My Values"***- how values affect decision making.
4. ***"My Family"*** – a look at families and the issues affecting the family structure
5. ***"Personal Relationships"*** – how to improve current relationships and build new ones.
6. ***"Anger and Other Feelings"*** – learning to understand and accept feelings and assist in learning to cope with difficult feelings.
7. ***"I'm Okay"*** – recognizing feelings about one's self and how to increase self-worth.
8. ***"Faulty Beliefs"*** – examining errors in thinking that may have led to high-risk behaviors.

9. ***“Living with Others”*** – evaluate and practice skills in areas that are important to interacting with other people.
10. ***“Powerlessness and Unmanageability”*** – learning to accept the powerlessness and unmanageability of personal alcohol or other drug use.
11. ***“Personal Inventory”*** – identifying tools needed to do a personal inventory, identifying both their negative and positive traits.
12. ***“Moving On”*** - Relapse prevention and Exit Planning

4. **Individual Sessions**

Participants will attend (1 hr.) individual counseling sessions, as needed and as frequently as every week, in conjunction with other programming. The focus of the sessions will be to determine participant’s progress, level of understanding of presented information, develop with the participant and family member/members an action plan specific to the participant’s relation to substance abuse, and monitor achievement of the action plan goals. The topics to be addressed in these sessions are as follows:

1. Process past and present
2. Addictive behaviors
3. Establish personal goals and objectives
4. Family dynamics
5. Problem solving
6. Affirm accomplishments/successes
7. Assess needs for continued progress towards personal recovery
8. Exit Planning/Relapse Prevention

5. **Program Length** The participant’s continued program involvement is determined by the need of the individual participant. The primary goals are for all participants will be to achieve a minimum of three months abstinence, continued attendance at school, and zero recidivism.

6. **Group Size** The maximum number of participants in each group will be limited to 12 (except in emergency situations where it is necessary for the extra participant to attend).

7. **Age of Participant** Participants are to be 13 to 18 years of age. The participant may continue in the program after age 18 if they are living at home, continuing school and continuing their probation requirements.

8. **Additional Components**

- A. Family – It will be required during the course of the program to have family involvement in the counseling process. Family member/members *may* be expected to attend individual therapy (or counseling) sessions as well as weekly Family Therapy Group sessions as requested by the primary substance abuse counselor. Re-instituting communication through honesty and trust will be the focus for these sessions.
- B. Additional Support Groups – Participants will have the opportunity to attend 12-step support groups (AA, NA, Alateen) in addition to CoRR facilitating a once a week support group (Young & Restless). A “Self-help” component is a requirement for all treatment episodes and is not specific to 12-step support groups. Appropriateness of alternate self-help activities can be processed on an individual basis.

- C. Mentoring – During the course of the Education/Process groups, participants will be introduced to adults that are clean and sober and can be positive role models.

### **Anticipated Behavioral Changes**

For SIP, anticipated behavioral changes include:

1. Clean urinalysis test
2. Improved school attendance
3. Reduced, or eliminated, citations
4. Demonstrate harmful effects of drugs and alcohol.
5. Identify future goals.

For ADAPT, anticipated behavioral changes include:

1. Periods of abstinence increasing in duration
2. Acquire GED
3. Continuation of or re-entry into the school system with improved attendance and cooperation
4. Decreased truancy
5. Decrease contact with legal system, decrease recidivism
6. Increase awareness of chemical dependency, addiction process, and recovery process
7. Decrease crisis events such as runaways and family altercations
8. Identify and learn to express feelings appropriately
9. Learn harmful effects of alcohol and drug use
10. Help establish future goals
11. Learn to consider consequences prior to decision making
12. Learn positive stress management methods
13. Build and maintain a positive support system and/or become involved in a support group such as: Alcoholics Anonymous, Narcotics Anonymous, and Alateen.

### **IV. Adult Services Prevention**

Adult Services Prevention activities include planning, carrying out and evaluating activities to prevent and treat substance abuse, within SAPT BG guidelines. Contractor will provide an array of services including the following:

**Substance abuse assessment** services are provided for individuals needing professional assessment for substance abuse or anger issues. Clinical assessment comprised of a clinical interview with clinical testing and drug testing, written report, and recommendations.

**Interventions** are provided at no cost to assist families with the process needed to intervene on negative family behavior. Certified interventionist staff will provide couples, families and individuals with consultation and hands-on interventions. Interventions are guided by Contractor's clinical director, and embrace a holistic perspective that is not limited to how to get the individual in treatment, but how to support and heal the family. Interventions provide support and resources to all family members.

**Preventive after care groups** Contractor will offer group attendance as a preventive aftercare component at no cost for clients that have completed an outpatient program at CoRR.

**Immediate Treatment Response (ITR)** is an initiative to engage motivated participants immediately in supportive interventions. This means that after a brief intake an individual can be engaged that same day in services. This includes immediate case management with follow-up, and the option to attend group therapy, and connection to peer-delivered support (connection with AA/NA meetings.) This approach will begin the moment a participant walks in the door, to improve engagement outcomes.

## V. Drug Medi-Cal Substance Abuse Treatment Services

CoRR will maintain certification by the State Department of Alcohol and Drug Programs to provide Intensive Outpatient Treatment (IOT) and Outpatient Drug Free (ODF) treatment services to Nevada County's Medi-Cal beneficiaries. These services shall be provided in accordance to Title 22 - Drug/Medi-Cal Section 51341.1 through 51516.1; Code of Regulations for Drug Medi-Cal Substance Abuse Services.

Substance Abuse Outpatient treatment services are covered by the Medi-Cal Program when determined to be medically necessary in accordance with Section 51303. Services shall be prescribed by a physician and all subject to utilization controls, as set forth in Section 51159.

Intensive Out-Patient Treatment (IOP) treatment services will provide alcohol and drug treatment services (intake, individual counseling, group counseling, patient education, family therapy, medication services, collateral services, crisis intervention, treatment planning, and discharge services) in a non-residential setting to participants at a minimum of three hours per week, for three or more days per week.

Outpatient drug free (ODF) treatment services shall include:

- a) Individual counseling which is limited to intake, crisis intervention, collateral services, discharge planning and treatment planning.
- b) Group counseling sessions which shall focus on short-term personal, family, job/school and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. Each participant shall receive at least 2 group-counseling sessions per month.

To receive Medi-Cal reimbursement for Drug Medi-Cal substance abuse services, Contractor shall provide these services under the direction of a physician and the following requirements shall apply:

### 1. Admission Criteria & Procedures

- A. Develop and use criteria and procedures for the admission of individuals to treatment.
- B. Complete a personal medical and substance abuse history for each individual upon admission to treatment.
- C. Complete an assessment of the physical condition of the individual within 30 days of the admission to treatment date. The assessment shall be completed by either:
  - 1) A physical examination of the individual by a physician, registered nurse practitioner, or physician assistant authorized by state law to perform the prescribed procedures; or

- 2) A review of the documentation of a physical examination completed within the last 12 months; or.
- 3) If the physician has not reviewed or conducted a physical exam, the provider shall document the goal of obtaining a physical exam on the initial and updated treatment plans until the goal of obtaining a physical exam has been met.

## 2. Treatment Plan

- A. The initial treatment plan shall include:
  - 1) A statement of problems to be addressed.
  - 2) Goals to be reached which address each problem.
  - 3) Action steps which will be taken by the Contractor and/or beneficiary to accomplish identified goals.
  - 4) Target dates for the accomplishment of action steps and goals.
  - 5) A description of the services including the type of counseling to be provided and the frequency thereof.
  - 6) The assignment of a primary counselor.
- B. Contractor shall ensure that the initial treatment plan meets the following requirements:
  - 1) Engage the individual to meaningfully participate in the development.
  - 2) The counselor shall complete the plan, type or legibly print name, date and sign the plan within 30 calendar days of the admission date.
  - 3) The individual shall review and approve the plan within 30 calendar days of the admission date; the provider will document the reasons if the individual refuses to sign the plan and the strategy to engage the individual to participate.
  - 4) The physician shall review, approve the plan, type or legibly print name, date and sign within 15 calendar days of signature by the counselor.
- C. The Contractor shall ensure that the treatment plan is reviewed and updated as follows:
  - 1) The counselor shall review and sign the updated treatment plan no later than 90 calendar days after signing the initial treatment plan and no later than every 90 calendar days thereafter or when a change in problem identification or focus of treatment occurs, whichever comes first.
  - 2) Within 15 calendar days of signature by the counselor, the physician shall review, approve and sign all updated treatment plans. If the physician has not prescribed medication, a psychologist licensed by the State of California Board of Psychology may sign an updated treatment plan.

## 3. Progress notes shall be legible and completed as follows:

- A. The counselor shall record a progress note for each participant participating in an individual or group counseling session. Progress notes are individual summaries and shall include:

- 1) A description of the participant's progress on the treatment plan, problems, goals, action steps, objectives and /or referrals.
- 2) Information on a participant's attendance including the date (month, day, year) and duration in minutes of each individual or group counseling session.

4. Minimum Contractor and Participant Contact for ODF

- A. A beneficiary shall be provided a minimum of 2 counseling sessions per 30 day period except when contractor determines that:
- 1) Fewer participant contacts are clinically appropriate and are documented in participant's record.
  - 2) The participant is progressing toward treatment plan goals as evidenced through progress note documentation.

5. Continuing Services for Participants

- A. Continuing services shall be justified as follows:
- 1) No sooner than 5 months and no later than 6 months from the participant's admission to treatment date or the date of completion of the most recent justification for continuing services, the counselor shall review the progress and eligibility of the participant to receive treatment services.
  - 2) If the counselor recommends that the participant requires further treatment, the physician shall determine the need to continue services based on the following:
    - a) Medical necessity of continuing treatment.
    - b) The prognosis.
    - c) The counselor's recommendation for the participant to continue.
  - 3) The Contractor shall discharge the participant if the physician determines there is no medical necessity to continue treatment.

6. Discharge of a participant may occur on a voluntary or involuntary basis. In addition to the following requirements on an involuntary discharge, Contractor must comply with:

- A. The Discharge Summary shall include:
- 1) The duration of the participant's treatment as determined by the dates of admission to and discharge from treatment.
  - 2) The reason for discharge.
  - 3) A narrative summary of the treatment episode.
  - 4) Participant's prognosis.

7. Denial of Service, Involuntary Discharge from Service, or Reduction of Service

A. Contractor shall inform all participants of their right to a Fair Hearing related to denial, involuntary discharge, or reduction in Drug Medi-Cal substance abuse services as it relates to their eligibility or benefits.

1) Contractor shall advise participants in writing at least 10 days prior to the effective date of the intended action to deny, reduce or terminate services. The written notice shall include:

- a) Statement of Action the Contractor intends to take.
- b) Reason for intended action.
- c) A citation of the specific regulation(s) supporting intended action.
- d) Explanation of participant's right to a Fair Hearing for the purpose of appealing intended action.
- e) An explanation that the participant may request a Fair Hearing by submitting a written request to:

California Department of Social Service  
State Hearings Division  
P.O. Box 944243  
Mail Station 9-17-37  
Sacramento, CA 94244-2430

Or the participant may make a toll-free call at the following number:  
California Department of Social Services

Public Inquiry and Response  
Telephone: 1-800-952-5253 (voice)  
T.D.D: 1-800-952-8349

- f) An explanation that the Contractor shall continue treatment services pending a Fair Hearing decision only if the participant appeals in writing to DHCS for a hearing within 10 calendar days of the mailing or personal delivery of the notice of intended action.

## **VII. Drinking Driver Program:**

*Driving Under the Influence* will be provided in accordance and regulated by Title 9 of the California Code of Regulations and the Health and Safety Code.

Provider shall provide Wet Reckless, First Offender and Multiple Offender Program at all locations. Curriculum shall be provided to County upon request (or whenever changes are made.)

Provider shall submit a schedule of fees and appropriate ancillary charges to county contract administrator for approval annually. Fees may not be changed without administrator approval or state approval.

**Participant fees shall not be used for purposes other than DUI program activities.**

## **VIII. Drug Testing:**

Drug testing for clients is done in collaboration with the Courts, Probation, and Behavioral Health. Individuals in treatment will be given an entrance drug screen to determine either the absence of substances or a baseline of current substances used.

\$15,000 is set aside under this Agreement to compensate Contractor for needed drug testing services to authorized clients, within SAPT BG requirements. The base line drugs to be tested for are:

1. THC;
  2. Amphetamines and Methamphetamines;
  3. Cocaine;
  4. Morphine and Morphine based drugs.
- \$5 per additional substance tested for or substituted for one of the base 4 above.  
\$20 per test for ETG (72 hr. Alcohol) test  
\$20 Breath Alcohol Testing- by DOT approved device and certified Technician.

Individuals who have tested positive for any of the above-listed substances will be re-tested within a two (2) week period.

All testing would include online access to testing results (if County requests), positive notifications, clinical intervention with all positives (and documented), reporting as reasonably expected to courts and client case manager, and expert witness testimony in the event of court disputed results.

### **Outcome Measures and Quarterly Reports:**

The Quarterly Report will include the following information;

- Number of community presentations regarding alcohol related problems
- Number of adults utilizing drop-in center
- Number of adolescents participating in the Adolescent Diversion Program (ADAPT) and the Supported Therapeutic Options Program (SIP)
- Description of Ancillary Services provided to target populations
- Description Adult Services Prevention activities
- Number of Drug Medi-Cal individuals participating in out-patient treatment
- Number of drug tests given
- CalOMS data shall be provided on a regular basis.

The quarterly report will also include written description to Behavioral Health of evidence based practice or practices provider currently uses for treatment. Contractor will also be responsible to indicate best evidence based practice(s) they are utilizing at the SAMHSA (<http://www.samhsa.gov>) website.

Contractor agrees to report all significant events such as positive drug test(s) or pending client discharge to County's Behavioral Health Alcohol/Drug Therapist or Probation Department's designated staff for those participants authorized by County Probation Department. Contractor will inform Alcohol and Drug Administrator of any changes in programs such as length or groups per week.

### **SECTION IV. Ancillary Services (Parenting, Anger Management, Life Skills, Smoking Cessation, Individual Therapy, DUI) for Probation Referred/Authorized Clients Only**



Ancillary services are provided on an individual, as-needed basis depending on client's treatment plan and may include:

**Parenting Classes:** Parenting support may include on-one-on support, or parenting classes drawing on Incredible Years, Protective Factor Framework, and other evidence-based practices.

**Anger Management:** A 12-week program for individuals experiencing anger issues and desiring to learn positive problem resolution.

**Lifeskills & literacy:** For individuals desiring to learn additional everyday self-sufficiency and independent living skills. Lifeskills information may be delivered in group and individual sessions; a 12-week program and self-sufficiency including training for State Proficiency Exam and GED (by Certified Teacher); literacy; budgeting; resume, interview, and job seeking skills.

**Smoking Cessation:** An 8-week class based on American Lung Association's program material.

**Individual Therapy:** Individual therapy focusing on problem-solving specific to a client can complement a program or treatment plan.

**Driving Under the Influence (DUI) Classes:** 12 week and 3, 6, 9, 12, 18 month programs

### **Contractor's Performance Standards for all Contract Components:**

Contractor shall maintain at all times a trained, skilled staff, which understands and maintains confidentiality of participants and records. Confidentiality of participants is maintained by staff. In-service training shall be provided at least monthly for staff in order to maintain a well-trained staff. Contractor shall maintain qualified staff to provide Drug / Alcohol services.

All programs and facilities shall be in full compliance with applicable county, state, and federal laws, ordinances, rules, certifications and regulations and shall remain in full compliance during the term of this Agreement.

Personnel employment and services under this contract shall be rendered without discrimination on the basis of race, color, religion, national origin, sex, age, or ancestry, and Contractor shall comply with all fair employment practice requirements of Federal and State laws and Nevada County ordinances.

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

Contractor shall comply with findings and recommendations of any audits; certification process and / or state reviews.

Contractor shall 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.

Contractor shall ensure services will be culturally competent and culturally responsive.

Contractor shall, at all times, maintain communication and coordination with the Director of the Department of Behavioral Health (hereinafter referred to as "Director") and/or his designee and meet with the Director and/or his designee as needed regarding alcohol/drug treatment services or for any problem/resolution solving related to this Agreement.

Contractor agrees that County department staff may participate in any of the treatment groups with reasonable notification to the Contractor. County agrees that its intent is not to be disruptive in any form to the treatment milieu at Contractor's facilities.

As the department uses the Cerner Behavioral Health Solution for an Electronic Health Records System, the Contractor shall be required to use the Cerner Behavioral Health Solution functionality that is relevant to the scope of work of this contract, as requested by County. This may include the following Cerner Behavioral Health Solution functionality: use of the Billing System, Doctors HomePage, E-Prescribing, Medication Notes, and other Electronic Health Record data collection necessary for the County to meet billing and quality assurance goals. The Contractor shall receive training as needed to be able to comply with this requirement, and will be asked to designate a super user(s) for billing and for clinical/documentation. These super users will serve as the main points of contact with the County for training and help desk issues, as well as distributing information and updates regarding Cerner Behavioral Health Solution to applicable Contractor staff.

Contractor shall ensure the following related to tuberculosis (TB)

- 1) Routinely make available TB services to each individual receiving treatment for alcohol and other drug use and/or abuse;
- 2) Reduce barriers to patients accepting TB treatment and,
- 3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance. (Per State Substance Use Disorder Contract)

**Contractor's Reporting Requirements for all Contract Components:**

**CalOMS:**

Contractor agrees to cooperate with the County for the collection of data for the California Outcomes Measurement System (CalOMS), a statewide client-based data compilation and outcomes measurement system, as related to services rendered under this Agreement or as may be needed for completion of state report(s). Contractor shall collect and report data for the California Outcomes Measurement System (CalOMS), pursuant to state regulations and county protocols.

CalOMS forms must be submitted within two (2) weeks of opening the client to the facility. When a client has completed treatment with the Contractor, CalOMS closing will be completed and sent to Behavioral Health within two weeks.

All new Contractor staff involved in completing and/or submitting CalOMS forms to County will complete a six (6) hour web based training and present a Certificate of Completion to County AOD Program Manager or Designee for the CalOMS web-based training prior to completing and/or submitting CalOMS forms to County.

**DATAR:**

Treatment providers that receive state or federal funding through the County must send DATAR information to the Department of Health Care Services (DHCS) each month. This has information on the program's capacity to provide different types of AOD treatment to clients and how much of the capacity was utilized that month. If the provider has a waiting list for publicly-funded AOD treatment services, DATAR includes summary information about the people on the waiting list. Contractor agrees to comply with this requirement.

Contractor shall also cooperate with County Behavioral Health Department and County Probation Department for collection of any other data of informational reports as may be needed pertaining to services rendered under this Agreement.

**Additional Contractor Responsibilities:**

Contractor agrees to abide by the provisions of Attachment 1 hereto attached and incorporated herein as required of "contractors" and "subcontractors" under the State Department of Health Care Services (DHCS) Standard Agreement Number 14-90076 by and between DHCS and the County.

Contractor shall cooperate with the County in the implementation, monitoring and evaluation of the Contract and comply with any and all reporting requirements established by the County. Payment of invoices may be held until Contractor is in compliance with reporting requirements. County shall not be responsible for reimbursement of invoices submitted by Contractor that do not have proper authorizations in place.

**Drug Medi-Cal Organized Delivery System:**

Nevada County will opt into the 1115 waiver during the Fiscal Year 2016 - 2017 and submit an implementation plan to the California Department of Health Care Services and the federal Center for Medicare and Medicaid Services. Upon approval of this plan all contracted substance use treatment providers contracted with the Nevada County Behavioral Health Department must have an active Department of Health Care Services certification and license including an ASAM (American Society of Addiction Medicine) level designation that meets the requirements of the approved implementation plan.

**Additional Contractor Responsibilities for Participants referred through the Nevada County Probation Department:**

Contractor agrees to provide all treatment components listed in this contract to eligible persons referred through and authorized by the Nevada County Probation Department. Contractor may accept referrals and authorizations from a Post Release Community Supervision coordinating Deputy Probation Officer, Adult Supervising Probation Officer, Adult Probation Program Manager, Chief Probation Officer or other authorized designee. County may terminate participants from CoRR services at any time. Contractor, shall at all times, maintain communication and coordination with Probation Officers and/or their designee and meet with them and/or their designee as needed regarding all services detailed in this contract.

Contractor shall provide reasonable transportation for individuals residing in one of the nine (9) Transitional Living houses to and from treatment programs, counseling, court and/or probation appointments, and any other services which the individual may be required to participate in as a

condition of his or her probation. Contractor shall provide nutrition counseling and nutrition monitoring services, all food, sundry necessities and household items including bed linens and towels.

Participants referred through the Probation Department to reside in the Residential Treatment Program shall not receive outside passes to leave any residential treatment facility without prior approval by a Deputy Probation Officer, Supervising Deputy Probation Officer or Program Manager. Participants, excluding those chaperoned by Contractor's Residential Staff, shall be drug tested by Contractor for illicit substances upon their return to a residential treatment facility from an outside pass. Contractor shall provide monthly Progress reports for each probation participant. Progress reports will include dosages, dates of program attendance, progress update notes, assigned CoRR case manager/clinician name with contact phone number.

**Risk Needs Responsivity:** Contractor shall participate in Risk Needs Responsivity practices as determined by County.

**Documentation for Probation Referred Clients:**

Contractor shall provide monthly documentation supporting all expenses billed for services provided to Nevada County Probation Department. Documentation shall include client names, services and dates of service provided by Contractor.



## ATTACHMENT 1

Contractor agrees to comply with the requirements of “contractors” and “subcontractors” as listed and required per– Program Specifications of the current Standard Agreement between the County of Nevada and the State Department of Health Care Services entered into by the authority of Chapter 3 of Part 1, Division 10.5 of the Health and Safety Code (HSC) and as approved by County’s Board of Supervisors for the purpose of providing alcohol and drug treatment services. The provisions are as follows:

A. Additional Contract Restrictions

This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Contract in any manner.

B. Nullification of Drug Medi-Cal (DMC) Treatment Program substance use disorder services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of Welfare and Institutions Code (W&I) Section 14124.24, all areas related to the DMC Treatment Program substance use disorder services shall be null and void and severed from the remainder of this Contract.

In the event the Drug Medi-Cal Treatment Program Services component of this Contract becomes null and void, an updated Exhibit B, Attachment I will take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Contract. All other requirements and conditions of this Contract will remain in effect until amended or terminated.

C. Hatch Act

Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Contractor agrees that information produced through these funds, and which pertains to drug and alcohol- related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its Subcontractors to enforce, these requirements.



E. Noncompliance with Reporting Requirements

Contractor agrees that the State has the right to withhold payments until Contractor has submitted any required data and reports to the State, as identified in Exhibit A, Attachment I, Part III – Reporting Requirements, or as identified in Document 1F(a), Reporting Requirements Matrix for Counties.

F. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

G. Debarment and Suspension

Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

H. Restriction on Distribution of Sterile Needles

No funds made available through this Contract shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug unless the State chooses to implement a demonstration syringe services program for injecting drug users with Substance Abuse Prevention and Treatment Block Grant (SABG) funds.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Contract is subject to the HIPAA, then Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F, the State and County shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit F for additional information.

1. Trading Partner Requirements

- (a) No Changes. Contractor hereby agrees that for the personal health information (Information), it will not change any definition, data condition or use of a data element or segment as proscribed in the Federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))
- (b) No Additions. Contractor hereby agrees that for the Information, it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

- (c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it will not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))
- (d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it will not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2. Concurrence for Test Modifications to HHS Transaction Standards

Contractor agrees and understands that there exists the possibility that the State or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Contractor agrees that it will participate in such test modifications.

3. Adequate Testing

Contractor is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Contractor has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4. Deficiencies

Contractor agrees to correct transactions errors or deficiencies identified by the State, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. When County is a clearinghouse, Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5. Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Agreement for at least the current billing period or any appeal period, whichever is longer.

6. Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Contract. Each Party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and



shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

J. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

K. Counselor Certification

Any counselor providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H)

L. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V).

M. Intravenous Drug Use (IVDU) Treatment

Contractor shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo alcohol and other drug (AOD) treatment (42 USC 300x-23(45 CFR 96.126(e)).

N. Tuberculosis Treatment

Contractor shall ensure the following related to Tuberculosis (TB):

1. Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse;
2. Reduce barriers to patients' accepting TB treatment; and,
3. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

O. Trafficking Victims Protection Act of 2000

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 United States Code (USC) 7104(g)) as amended by section 1702. The County is authorized to terminate a contract and/or take other remedial action as deemed necessary, without penalty, if the Contractor or any Subcontractor:



1. Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
2. Procures a commercial sex act during the period of time that the award is in effect;
3. Uses forced labor in the performance of the award or subawards under the award.

For full text of the award term, go to: <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=2&SID=30cef173ce45f9ae560f5ba6faf646b4&ty=HTML&h=L&n=pt2.1.175&r=PART>

P. Tribal Communities and Organizations

Contractor shall regularly assess (e.g. review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS Tx) to determine whether the population is being reached, survey Tribal representatives for insight in potential barriers), the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area, and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the County.

Q. Participation of County Alcohol and Drug Program Administrators Association of California.

Pursuant to HSC Section 11801(g), the AOD administrator shall participate and represent the county in meetings of the County Alcohol and Drug Program Administrators Association of California for the purposes of representing the counties in their relationship with the state with respect to policies, standards, and administration for AOD abuse services.

Pursuant to HSC Section 11811.5(c), the county alcohol and drug program administrator shall attend any special meetings called by the Director of DHCS.

R. Youth Treatment Guidelines

Contractor will follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to apply.

S. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services

Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this contract shall not require a formal amendment.

Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

T. Restrictions on Grantee Lobbying – Appropriations Act Section 503

No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature, except in presentation to the Congress or any State legislative body itself.

No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

U. Nondiscrimination in Employment and Services

By signing this Contract, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Contract by reference and made a part hereof as if set forth in full, Contractor will not unlawfully discriminate against any person.

V. Federal Law Requirements:

1. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in Federally-funded programs.
2. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
3. Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
4. Age Discrimination in Employment Act (29 CFR Part 1625)
5. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment
6. Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities
7. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
8. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of handicap



9. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under Federal contracts and construction contracts greater than \$10,000 funded by Federal financial assistance
10. Executive Order 13166 (67 FR 41455) to improve access to Federal services for those with limited English proficiency
11. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse
12. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.
13. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

W. State Law Requirements:

1. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
2. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
3. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800
4. No state or Federal funds shall be used by the Contractor or its Subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its Subcontractors to provide direct, immediate, or substantial support to any religious activity.
5. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

X. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Subcontract Provisions

Contractor shall include all of the foregoing provisions in all of its subcontracts.

Z. Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8).

Contractor shall comply with the linguistic requirements included in this Section.

Contractor shall have:

1. Oral interpreter services available in threshold languages at key points of contact available to assist beneficiaries whose primary language is a threshold language to access the SUD services or related services through that key point of contact. The threshold languages shall be determined on a countywide basis. Counties may



limit the key points of contact at which interpreter services in a threshold language are available to a specific geographic area within the county when:

- (a) The county has determined, for a language that is a threshold language on a countywide basis, that there are geographic areas of the county where that language is a threshold language, and other areas where it is not; and
  - (b) The Contractor provides referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area, to a key point of contact that does have interpreter services in that threshold language.
2. Policies and procedures in place to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the SUD services or related services available at the key points of contact.
  3. General program literature used by the Contractor to assist beneficiaries in accessing services available in threshold languages, based on the threshold languages in the county as a whole.

  
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**EXHIBIT "B"**  
**SCHEDULE OF CHARGES AND PAYMENTS**  
**COMMUNITY RECOVERY RESOURCES**

For satisfactory performance of services as outlined in Exhibit "A", the County shall reimburse the Contractor a sum not to exceed the maximum contract price of \$539,074

The maximum obligation of this Contract is contingent and dependent upon final approval of State budget and County receipt of anticipated funding to support program expenses.

**SAPT Perinatal Services: \$132,000**

Services will be reimbursed based on the Proposed Drug Medi-Cal (DMC) Rate for Fiscal Year 2017/18. If the DMC rates for fiscal year 2017/18 are changed and County is notified of these changes the County shall adjust the reimbursement rates accordingly.

<u>Service</u>	<u>Drug Medi- Cal Rate per Unit of Service</u>
Outpatient drug free treatment services (ODF), face-to-face individual counseling session, per person	Non-Perinatal \$ 76.91
	Perinatal \$ 81.93
ODF, face-to-face group counseling session, per person	Non-Perinatal \$ 30.89
	Perinatal \$ 38.56
Intensive outpatient treatment (IOT) face-to-face visit	Non-Perinatal \$ 58.53
	Perinatal \$ 84.43

Contractor shall abide by the Title 22 minimum of 2 with a maximum of 12 rules for group sessions. Contract is based on 12 months of services.

**Residential Treatment and Withdrawal Management Behavioral Health Referred client: \$117,000**

Contractor shall be compensated at the rate of \$105 per day for residential treatment services at Grass Valley Campus - Residential or Auburn Campus Residential Treatment Program. This cost remains the same for men and women without children. For women with children at Grass Valley Campus - Residential, there is an additional \$30/ per day for the cost of the 1st child, and an additional \$20/ per day cost for the second child, with a maximum of two children per client, or up to \$50. County shall be billed only for those days County client was a resident in one of the Contractor's programs.

Contractor shall also be compensated at the rate of \$115 per day for detox services, and \$115 per day for crisis detox services. The total amount allocated for Crisis Detox Services under this Agreement shall not exceed \$10,000.

Contractor shall provide delineated invoicing and tracking for clients receiving treatment for alcoholism or a polysubstance disorder that includes alcoholism as well as for Probation referred clients.

For Transitional Housing Services, Contractor shall be reimbursed at the rate of \$600 per month (\$19.73 daily) for each authorized individual. County shall be billed only for those days the County authorized client was a resident in said program. For stays less than thirty (30) days, rates shall be prorated.

**Prevention Services: \$36,074**

I Information/Presentations	\$10,000
II Drop-In	
III A. Adolescent Diversion/ADAPT	\$ 6,400
B. Supported Therapeutic Options Program/SIP	\$ 3,600
IV Adult Services Prevention	\$16,074

Contractor shall submit monthly invoices for Prevention Services containing the total fund allocation amount with identified individual funds, charges and current balances. The monthly invoice for Prevention Services shall not exceed 1/12 of the total contracted amount for Prevention Services unless approved by the Director of Behavioral Health.

**Drug Medi-Cal: \$142,000**

Except where Share of Cost as defined in Section 50090 of Title 22, California Code of Regulations is applicable, Contractor shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered. Contractor shall not charge fees to beneficiaries for access to, or admission to Contractor's Drug Medi-Cal Treatment slot.

Reimbursement Rates for Drug Medi-Cal Substance Abuse Program Services:

- A) Reimbursement for outpatient drug free treatment services shall be based on the lowest of the following:
- 1) The Contractor's usual and customary charge to the general public for the same or similar services;
  - 2) The Contractor's allowable actual cost of rendering the services, as defined in Section 11987.5 of the Health and Safety Code; or
  - 3) The Drug Medi-Cal (DMC) Rate for Fiscal Year 2017/18. If the DMC rates for fiscal year 2017/18 are changed and County is notified of these changes the County shall adjust the reimbursement rates accordingly.

The current DMC Rates are:

Service	Drug Medi- Cal Rate per Unit of Service
Outpatient drug free treatment services (ODF), face-to-face individual counseling session, per person	Non-Perinatal \$ 76.91
	Perinatal \$ 81.93
ODF, face-to-face group counseling session, per person	Non-Perinatal \$ 30.89
	Perinatal \$ 38.56
Intensive outpatient treatment (IOT) face-to-face visit	Non-Perinatal \$ 58.53
	Perinatal \$ 84.43

- B) The DMC rate for counseling sessions for outpatient drug free services shall be prorated as follows:
1. The DMC for an individual counseling session shall be prorated using the percentage computed by dividing the total actual time for all counseling sessions by the total time which would have been spent if all counseling sessions were 50 minutes in duration. This percentage (not to exceed 100 percent) shall be applied to the DMC to determine the maximum reimbursement rate.  
Example: Total Session Time/ (50 minutes x Number of Sessions) x DMC = Prorated DMC.
  2. The DMC for a group counseling session shall be prorated using the percentage computed by dividing the total actual time for all counseling sessions by the total time which would have

been spent if all counseling sessions were 90 minutes in duration. This percentage (not to exceed 100 percent) shall be applied to the DMC per person to determine the maximum reimbursement rate.

Example: Total Session Time/ (90 minutes x Number of Sessions) x DMC = Prorated DMC.

3. To qualify as a group counseling session there shall be at least two Medi-Cal beneficiaries in a group of no less than four and no more than twelve individuals.

C) Drug-Medi-Cal payments shall be made in the amount of the total Contractor's claim minus amount of denied services. County will provide Contractor with the amount of denials received for prior months' services, as identified on documents received from the State. Contractor will make adjustment for denials on their next submitted invoice.

### **Drug Testing: \$12,000**

The rate charged for clients under this Agreement shall be \$20 per test for each standard test that will include screening for:

1. THC;
2. Amphetamines and Methamphetamines;
3. Cocaine;
4. Morphine and Morphine based drugs, including adulteration screening.

\$5 per additional substance tested for or substituted for another of the base 4 above.

\$20 per test for ETG (72 hr. Alcohol) test

\$20 Breath Alcohol Testing- by DOT approved device and certified Technician

### **Probation Referred Clients: \$100,000**

Outpatient and Residential Treatment and Withdrawal management services including perinatal, provided to clients referred from County Probation Department funded through this contract are not to exceed \$100,000. Rates for services will be the same for Probation and Behavioral Health authorized clients. See rates listed above for Residential and Outpatient Programs. In addition, the below services and rates apply to Probation authorized clients only:

- **Assessments:** \$250
- **Ancillary Services:** Vary; as charged to public. Typical fees are:
  - **Smoking Cessation Classes:** \$25 per session.
  - **Lifeskills & Literacy:** \$25 per session.
  - **DUI:** State established fees \$250 to \$1700 depending on required program
- **Transitional/Supportive Housing:** \$600 per month (\$19.73 daily) for each authorized individual. County shall be billed only for those days the County authorized client was a resident in said program. For stays less than thirty (30) days, rates shall be prorated.
- Provision of nutrition counseling and nutrition monitoring services, food, sundry necessities and household items including bed linens and towels: Contractor shall be reimbursed at an amount not to exceed \$300 per month for each authorized Transitional Housing individual.

### **Billing and Payment:**

Contractor shall submit to County, for services rendered in the prior month, and in accordance with the reimbursement rate, a statement of services rendered to County and costs incurred that includes documentation to support all expenses claimed by the 20th of each month. County shall review the



billing 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 claim pending resolution of the cost(s).

Payment of approved billing shall be made within thirty (30) days of receipt of a complete, correct and approved billing. Drug Medi-Cal payments shall be made in the amount of the total Contractor's claim minus amount of denied services that are not Drug-Medi-Cal eligible.

County shall not be responsible for reimbursement of invoices submitted by Contractor that do not meet State and/or Federal submission timeliness requirements. Contractor shall prepare, in the form and manner required by County and the State Department of Health Care Services, a financial statement and a cost report verifying the total number of service units actually provided and covering the costs that are actually incurred in the provision of services under this Contract no later than 60 days following the termination or expiration of this Contract, whichever comes first.

Contractor shall submit quarterly fiscal reports, including detailed list of costs for the prior quarter and cumulatively during the contract period.

Contractor shall submit invoices to:

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



EXHIBIT "C"

SCHEDULE OF CHANGES

(Personal Services Contract - Mental Health)

BEHAVIORAL HEALTH PROVISIONS

Sections 35 through 36 are hereby added to read as follows:

**35. Laws, Statutes, and Regulations:**

A. Contractor agrees to comply with the Bronzan-McCorquodale Act (Welfare and Institutions Code, Division 5, 6, and 9, Section 5600 et seq. and Section 4132.44), Title 9 and Title 22 of the California Code of Regulations, Title XIX of the Social Security Act, State Department of Health Care Services Policy Letters, and Title 42 of the Code of Federal Regulations, Sections 434.6 and 438.608 which relate to, concern or affect the Services to be provided under this Contract.

B. Clean Air Act and Federal Water Pollution Control:  
Contractor shall comply with the provisions of the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.), as amended, which provides that contracts and subcontracts of amounts in excess of \$100,000 shall contain a provision that the Contractor and Subcontractor shall comply with all applicable standards, orders or regulations issues pursuant to the Clear Air Act and the Federal Water Pollution Control Act. Violations shall be reported to the Centers for Medicare and Medicaid Services.

C. For the provision of services as provided herein, Contractor shall not employ or contract with providers or other individuals and entities excluded from participation in Federal Health Care Programs under either Section 1128 or 1128A of the Social Security Act and shall screen all individuals and entities employed or retained to provide services for eligibility to participate in Federal Health Care programs (see <http://oig.hhs.gov/exclusions/index.asp> and <http://files.medical.ca.gov/pubsdoco/SandILanding.asp>). The Contractor shall check monthly and immediately report to the department if there is a change of status.

D. Ownership: Contractor shall provide written verification of compliance with CFR, Title 42, sections 455.101 and 455.104. This verification will be provided to Nevada County Behavioral Health (NCBH) by December 31 of each year and when prescribed below.

- (a) Who must provide disclosures. The Medi-Cal agency must obtain disclosures from disclosing entities, fiscal agents, and managed care entities.
- (b) What disclosures must be provided. The Medi-Cal agency must require that disclosing entities, fiscal agents, and managed care entities provide the following disclosures:

1. i) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.
  - ii) Date of birth and Social Security Number (in the case of an individual).
  - iii) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a five (5) percent or more interest.
2. Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a five (5) percent or more interest is related to another person



- with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.
3. The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.
  4. The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).
- (c) When the disclosures must be provided.
- I. Disclosures from providers or disclosing entities. Disclosure from any provider or disclosing entity is due at any of the following times:
    - i) Upon the provider or disclosing entity submitting the provider application.
    - ii) Upon the provider or disclosing entity executing the provider agreement.
    - iii) Upon request of the Medi-Cal agency during the re-validation of enrollment process under § 455.414.
    - iv) Within 35 days after any change in ownership of the disclosing entity.
  - II. Disclosures from fiscal agents. Disclosures from fiscal agents are due at any of the following times:
    - i) Upon the fiscal agent submitting the proposal in accordance with the State's procurement process.
    - ii) Upon the fiscal agent executing the contract with the State.
    - iii) Upon renewal or extension of the contract.
    - iv) Within 35 days after any change in ownership of the fiscal agent.
  - III. Disclosures from managed care entities. Disclosures from managed care entities (MCOs, PIHPs, PAHPs, and HIOs), except PCCMs are due at any of the following times:
    - i) Upon the managed care entity submitting the proposal in accordance with the State's procurement process.
    - ii) Upon the managed care entity executing the contract with the State.
    - iii) Upon renewal or extension of the contract.
    - iv) Within 35 days after any change in ownership of the managed care entity.
  - IV. Disclosures from PCCMs. PCCMs will comply with disclosure requirements under paragraph (c)(1) of this section.
- (d) To whom must the disclosures be provided. All disclosures must be provided to the Medi-Cal agency.
- (e) Consequences for failure to provide required disclosures. Federal financial participation (FFP) is not available in payments made to a disclosing entity that fails to disclose ownership or control information as required by this section.

E. Contractor shall have a method to verify whether services billed to Medi-Cal were actually furnished to Medi-Cal beneficiaries. The Contractor's verification method shall be based on random samples and will specify the percentage of total services provided that shall be verified. The Contractor's verification process shall be submitted to and approved by the NCBH Quality Assurance Manager. Contractor will report the outcome of service verification activities to the NCBH Quality Assurance Manager quarterly.

### 36. Client/Patient Records:

Where this contract is for services relating to the mental health or the medical needs or condition of clients or patients:

A. HEALTH RECORDS: Contractor shall maintain adequate mental and/or medical health records of each individual client/patient which shall include a record of services provided by the various professional personnel in sufficient detail to make possible an evaluation of services, and which shall contain all necessary data as required by the Department of Behavioral Health and state or federal regulations, including but not limited to records of client/patient interviews and progress notes.

B. TREATMENT PLAN: Contractor shall also maintain a record of services provided, including the goals and objectives of any treatment plan and the progress toward achieving those goals and objectives. County shall be allowed to review all client/patient record(s) during site visits, or at any reasonable time. Specialized mental health services provided by Contractor shall be in accordance and as defined by the



California Code of Regulation Title 9, Chapter 11, and in compliance with Nevada County's Mental Health Plan (MHP).

C. LOCATION / OWNERSHIP OF RECORDS: If Contractor works primarily in a County facility, records shall be kept in the County's facility and owned by County. If Contractor works in another facility or a school setting, the records shall be owned and kept by Contractor and upon demand by County, a copy of all original records shall be delivered to County within a reasonable time from the conclusion of this Contract.

D. CONFIDENTIALITY: Such records and information shall be maintained in a manner and pursuant to procedures designed to protect the confidentiality of the client/patient records. Contractor agrees to maintain confidentiality of information and records as required by applicable federal, state and local laws, regulations and rules, and recognized standards of professional practice and further agrees to hold County harmless from any breach of confidentiality.

E. 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. Psychologists' records involving minors must be kept until the minor's 25<sup>th</sup> birthday. 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.

F. REPORTS: Contractor shall provide reports to County from time to time as necessary, and as reasonably requested by County. Contractor agrees to provide County with reports that may be required by County, State or Federal agencies for compliance with this Agreement.

G. COPIES OF RECORDS: Upon termination of this Contract, Contractor agrees to cooperate with client/patients, County and subsequent providers with respect to the orderly and prompt transfer of client or patient records. This Contract does not preclude Contractor from assessing reasonable charges for the expense of transferring such records if appropriate. Said charges shall be twenty-five Cents (\$0.25) per page, plus the cost of labor, not to exceed Sixteen Dollars (\$16.00) per hour or pro rata fraction thereof, for actual time required to photocopy said records.

H. CULTURAL COMPETENCE: Contractor shall provide services pursuant to this Agreement in accordance with current State statutory, regulatory and policy provisions related to cultural and linguistic competence as defined in the Department of Health Care Services (DHCS) most recent Information Notice(s) regarding Cultural Competence Plan Requirements (CCPR), that establish standards and criteria for the entire County Mental Health System, including Medi-Cal services, Mental Health Services Act (MHSA), and Realignment as part of working toward achieving cultural and linguistic competence. The CCPR standards and criteria as cited in California Code of Regulations, Title 9, Section 1810.410, are applicable to organizations/agencies that provide mental health services via Medi-Cal, Mental Health Services Act (MHSA), and/or Realignment.

I. PATIENTS' RIGHTS: Patients' Rights shall be in compliance with Welfare and Institutions Code Division 5, Section 5325 et seq.; and California Code of Code of Regulations, Title 9, Section 862 et seq and Title 42, Code of Federal Regulations (CFR), Section 438.100.

J. HOURS OF OPERATION: Pursuant to Title 42 CFR, Section 438.206 (c)( 1)(ii) if Contractor also serves individuals who are not Medi-Cal beneficiaries, the Contractor shall require that the hours of operation during which the Contractor offers services to Medi-Cal beneficiaries are no less than and comparable to the hours of operation during which the Contractor offers services to non-Medi-Cal beneficiaries.

**EXHIBIT "D"**

**SCHEDULE OF HIPAA PROVISIONS  
FOR COVERED ENTITY CONTRACTORS**

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):  
HEALTH CARE PROVIDER AGREEMENT

Contractor acknowledges that it is a "health care provider" and therefore is a Covered Entity, for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and therefore is directly subject to the privacy, security and breach notification requirements therein and the civil and criminal penalties and shall implement its standards.

Contractor agrees to:

1. Use or disclose Protected Health Information (PHI) obtained from the County only for purposes of providing diagnostic or treatment services to patients.
2. Develop and maintain a written information privacy and security program that includes the designation of Privacy and Security Officer and establishes and maintains appropriate safeguards to prevent any use or disclosure of PHI other than as provided for by this agreement and applicable law. Safeguards shall include administrative, physical, and technical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities. Contractor will provide County with information concerning such safeguards as County may reasonably request from time to time.
3. Track disclosures and make available the information required to provide an accounting of disclosures if requested by the individual or County in accordance with 45 CFR §164.528.
4. Ensure sufficient training and utilize reasonable measures to ensure compliance with requirements of this agreement by Contractor's workforce members who use or disclose PHI (in any form) to assist in the performance of functions or activities under this contract; and discipline such employees who intentionally violate any provisions of this agreement, including termination of employment. Workforce member training shall be documented and such documents retained for the period of this contract and made available to County for inspection if requested.
5. Take prompt corrective action in the event of any security incident or any unauthorized use or disclosure of Protected Health Information to cure any such deficiencies and to take any action required by applicable federal and state laws and regulations.

6. Report to County any security incident or any unauthorized use or disclosure of PHI (in any form). Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. Contractor shall make this report by the next business day following discovery of the use, disclosure, or security incident. Any unauthorized use or disclosure or security incident shall be treated as discovered by Contractor on the first day on which such use or disclosure or security incident is known to the Contractor, including any person, other than the individual committing the unauthorized use or disclosure or security incident, that is an employee, officer or other agent of the Contractor, or who should reasonably have known such unauthorized activities occurred.
7. Make Contractor's internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of COUNTY available to the County upon request. In addition, Contractor will make these items available to the Secretary of the United States Health and Human Services for purposes of determining County's or Contractor's compliance with HIPAA and its implementing regulations (in all events Contractor shall immediately notify County of any such request, and shall provide County with copies of any such materials).
8. Contractor agrees that this agreement may be amended from time to time by County if and to the extent required by the provision of 42 U.S.C. § 1171, et seq., enacted by HIPAA and regulations promulgated thereunder, in order to assure that this agreement is consistent therewith; and authorize termination of the agreement by County if County determines that Contractor has violated a material term of this agreement.
9. Ensure that Contractor will enter into "Business Associate Agreements" as required by HIPAA including provisions that the Business Associate agrees to comply with the same restrictions, conditions and terms that apply to the Contractor with respect to this agreement and with applicable requirements of HIPAA and HITECH. The Business Associate Agreement must be a written contract including permissible uses and disclosures and provisions where the Business Associate agrees to implement reasonable and appropriate security measures to protect the information (PHI or ePHI) it creates, receives, maintains or transmits on behalf of Contractor or County with respect to this agreement.

**EXHIBIT "E"**  
**(for use with HHS PSK for CFDA-funded Subrecipients)**

**Subrecipient Compliance with OMB Uniform Guidance (12/26/13)**

1. This Subrecipient Agreement is subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Chapter I, Chapter II, Part 200 et al (commonly referred to as the "OMB Super Circular" or "Uniform Guidance"). A copy of these regulations are available at the Nevada County Clerk of the Board's Office located at 950 Maidu Avenue, Nevada City, CA 95959.
2. Subrecipient hereby certifies to the best of its knowledge that neither Contractor, nor any of its officers, agents, employees, contractors, subcontractors, volunteers, or five (5%) percent owners are excluded or debarred from participating in or being paid for participation in any Federal program. Subrecipient shall be required to certify its disbarment status annually, prior to receiving funds each fiscal year.
3. Subrecipient agrees to comply with all requirements imposed on the pass-through entity pursuant to the Uniform Guidance, including but not limited to 2 CFR Sections 200.100 to 200.113 and Section 200.331. The CFDA Funding Agreement requires that all Subrecipients and their subcontractors be governed by and construed in accordance with all applicable laws, regulations and contractual obligations set forth in the CFDA Funding Agreement through which this Agreement is funded. A full copy of the CFDA Funding Agreement for this Agreement is available at the Clerk of the Board's Office located at 950 Maidu Avenue, Nevada City, CA 95959.
4. Subrecipient acknowledges that this Agreement is funded in whole or in part with Federal funds. Nevada County and non-profit organizations that expend a combined total of more than \$750,000 of federal financial assistance (from all sources) in any fiscal year must have a single audit for that year. A letter confirming that an audit will be conducted must be provided to Nevada County stating that the Contractor has expended more than \$750,000 in total federal funds and will comply with the federal Single Audit Act and the requirements of the OMB Uniform Guidance.
5. Subrecipient acknowledges that its program is subject to a Risk Assessment/Monitoring Program annually, as established by the County, which contains the following components:
  - A review of required reports
  - Verification of audits
  - Methodology to address noncompliance
  - Issuance of management decision on audit findings within six (6) months
  - On site reviews
  - Training and technical assistance to Subrecipient

Contractor approves this page

