

**AMENDMENT NO. 1 TO THE CONTRACT WITH SIERRA
MENTAL WELLNESS GROUP (RES 22-309)**

THIS AMENDMENT is executed this October 25th, 2022 by and between **SIERRA MENTAL WELLNESS GROUP**, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County.” Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on June 28, 2022 per Resolution RES 22-309; and

WHEREAS, the Contractor provides crisis intervention, community client services, and services in relation to the operation of a Crisis Stabilization Unit (CSU); and

WHEREAS, the Contractor requires access to vehicles to provide mobile crisis services within the County;

WHEREAS, the Department of Health Care Services Crisis Care Mobile Unit (CCMU) Grant funds have been accepted and budgeted for the purpose of purchasing needed vehicles;

WHEREAS, the parties desire to amend their Agreement to increase the contract price from \$2,990,079 to \$3,090,612 (an increase of \$100,533), revise Exhibit “A” Schedule of Services, Section “Mobile Crisis Team” Item A.(d), to incorporate the purchase of two all-wheel drive vehicles with safety and equipment modifications for mobile crisis use and amend Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment No. 1 shall be effective as of September 1, 2022.
2. That Maximum Contract Price, shall be amended to the following:
\$3,090,612.
3. That the Schedule of Services, Exhibit “A” is amended to the revised Exhibit “A” attached hereto and incorporated herein.
4. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
5. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

CONTRACTOR:

By: _____
Sue Hoek
Chair of the Board of Supervisors

By: _____
Sierra Mental Wellness Group
406 Sunrise Avenue, Suite 300
Roseville, CA 95661

ATTEST:

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

EXHIBIT “A”
SCHEDULE OF SERVICES
SIERRA MENTAL WELLNESS GROUP

Contractor shall provide Crisis Intervention Services defined as an immediate therapeutic response by telehealth and/or face to face contact. This response shall encompass multiple functions including direct service provision of counseling and/or mental status evaluation, information regarding Mental Health services and related issues, referral to alternate resources and consultation with referring agencies or client’s significant others. Contractor shall also operate, in collaboration with the County and stakeholders, a Crisis Stabilization Unit (CSU) for the Nevada County Behavioral Health Department, as outlined in this Schedule of Services.

A. Crisis Intervention Services

The specific responsibilities of the Contractor are as follows:

1. Providing assessments and evaluations of Mental Health clients at the clinic, jail, Juvenile Hall, Sierra Nevada Memorial Hospital emergency room, Hospitality House, Rood Center, or other designated areas. Either an on-site or on-call staff will respond to law enforcement requests for crisis services when time is permissible in their shift to meet the officer in the field and complete an assessment.
2. Providing referral, linkage and follow-up, including daily referrals, when appropriate to Spirit Center.
3. Completing admissions to the 5150-facility designated by County when needed.
4. Assisting crisis clients in obtaining social and other human agency services.
5. Responding to special requests for crisis and/or evaluation services, including telehealth assessments, intakes, authorizations and screening for medical necessity.
6. Providing crisis services and short-term follow-up for mentally disordered clients who have had previous crisis contact.
7. Providing information, education and consultation as appropriate.
8. For clients evaluated for a 5150, but not appropriate for hospitalization and needing detoxification from alcohol or drugs, the crisis worker will link client to appropriate detoxification program using the associated Behavioral Health Policy and Procedure.

The locations, services, and hours are as follows:

1. Nevada City/Grass Valley on-site hours shall be Monday-Friday 24-hour coverage with at least one staff member on-site, and one additional position from 10:00 am to 10:00 pm; weekends and holidays coverage includes having one staff person on site 24-hour per day, and an additional position on site or on call from 10:00 am

to 6:30 pm. An additional 40 hours per week will include staff responding as on call during the week days, based on the demand for services.

2. TRUCKEE- Contractor will provide a crisis worker in Tahoe Truckee. This includes 1FTE Crisis worker in addition to an afterhours on-call schedule. A request to modify this staffing model will occur if community needs are not being met.

Staff coverage shall be as follows:

Monday through Friday (weekdays)

8:00 am to 5:00pm

One (1) Staff available to respond to Tahoe Forest Hospital (TFH) for Mental Health Crisis Evaluations. When crisis response is not needed at TFH this position will be available to complete outreach, education and community-based crisis assessments in partnership with law enforcement, Tahoe Truckee Unified School District (TTUSD) and other relevant partners. This position will also support follow-Up Services, as necessary, within 2 days of the initial crisis. The primary goal of Follow-Up Services is to link each person to the appropriate services (i.e., mental health, substance use, housing, medical, food). The secondary goal will be to see a reduction of 5150 evaluations in the ED. Outcomes will be measured by the number of in-field 5150 assessments and crisis contacts compared to ED assessments.

5:00pm to 12:00 am

Staff will be on-call to respond to TFH.

12:00am-8:00am

Telehealth would be used with in-person evaluation at 8am.

Saturday-Sunday (Weekends)

8:00am-12:00am

Staff will be on-call to respond to TFH

12:00am-8:00am

Telehealth would be used with a follow-up in-person evaluation at 8am.

*NOTE: The expected response time of one-half hour may vary due to winter conditions.

3. PROCEDURES FOR CRISIS WORKERS: Crisis workers will respond to phone calls and walk-ins directly and triage each case according to individual needs. Crisis workers will be available by phone. Crisis workers will provide immediate brief intervention and follow-up for people experiencing emotional crisis in their lives. Phone contacts will result in arranging an on-site evaluation within 30 minutes according to Section 5150 of the Welfare and Institutions Code when the client or community circumstances warrant mental status evaluation; requests by hospital, law enforcement or other agencies for on-site consultation or when the

worker determines that the client's condition requires immediate intervention. At the end of each shift crisis worker will contact the incoming crisis worker regarding crisis contacts and pending issues. Crisis worker will leave crisis note making recommendation for follow-up treatment at jail, Juvenile Hall and Sierra Nevada Memorial Hospital.

4. CRISIS TEAM STAFF

DIRECTOR and SUPERVISOR: The Crisis Team Director and the Crisis Team Supervisor will be provided by Contractor and will have the primary responsibility for supervising the Crisis Team and coordinating the crisis service with Nevada County Behavioral Health; the Supervisor will carry out their responsibilities on a day-to-day basis.

Staff Specific responsibilities include:

B. Provide and maintain crisis coverage for Nevada County Behavioral Health.

- b. Collaborate with Behavioral Health to ensure that there is 24-hour crisis coverage scheduled.
- c. Provide oversight and coordination of the Crisis Team; meeting with individual crisis team members on an as needed basis.
- d. Train the Crisis Team members prior to assuming crisis duties and provide ongoing training as needed.
- e. Coordinate staff attendance at Crisis Team meetings as needed.
- f. Coordinate Crisis Services with and provide feedback to Nevada County Behavioral Health Director/Alcohol and Drug Program Administrator, hereinafter referred to as Behavioral Health Director, or his/her designee. Attend meetings, which focus on crisis interface with Mental Health services.
- g. Review crisis system procedures and policies and submit to Behavioral Health Director for approval.
- h. Other specific duties relevant to crisis service provision including consultation and education regarding crisis services/case resolution. This shall not include general mental health promotional activities.

5. QUALIFICATIONS: The Crisis Team Director shall have a Master's degree in either social work, psychology or a related field and must possess a valid California license as LCSW, MFT, PhD/PsyD, or Registered Nurse. He/she shall have five years experience in the provision of community Mental Health Crisis services and two years supervision of Crisis services. The Crisis Team Supervisor will have at least a Master's degree in either social work, psychology or a related field and must possess a valid California license as LCSW, MFT, or PhD/PsyD or be eligible to collect hours toward licensure through the California Board of Behavioral Sciences or the Board of Psychology.

The scope of work for Crisis workers will depend on their level of education. It is preferred that Crisis workers shall have at least a Master's Degree in behavioral sciences, psychology, sociology or a related field. License eligibility is required unless staff are currently enrolled in a graduate program related to above educational requirement, and they have both graduate courses in Assessment and Diagnosis and training in these areas sufficient to operate in the role of a license eligible staff. Crisis workers may have only a Bachelor's Degree in behavioral sciences and at least two years crisis related experience. These staff may complete crisis evaluations and only select components of assessments (per the Department of Health Care Services Information Notice 17-040), but they may not complete diagnoses and must work at the same time as Master's level or graduate school staff who can complete required components of the assessment and the diagnosis. If State Department of Health Care Services or Federal Medi-Cal requirements change, Contractor staff must meet those requirements.

6. **PHYSICAL HEALTH QUALIFICATIONS:** In the event that any hospital or other health care facility or any state or local law requires physical tests, drug tests, immunizations or other specific health related requirements be met, Contractor agrees to provide workers who have met all of the requirements or have had all of the appropriate tests or exams.
7. **CERTIFICATION:** Upon request by any hospital or other health care facility, Contractor agrees to provide a certification that the crisis workers it has hired meet the employment criteria for crisis workers and are qualified to do crisis intervention.
8. It is not the intent of the County of Nevada to direct or control the hiring or the provision of Crisis Services. However, the parties acknowledge that from time to time a crisis worker may be hired by Contractor who does not provide services to the level or in the manner, which is appropriate for the circumstance. In that event, County shall communicate any service or worker deficiencies to Contractor. County reserves the right to require Contractor to take appropriate action, pertaining to any worker who does not provide services to the level of its expectation.
9. Administrative services shall be provided by Contractor.
10. Contractor must maintain privileges at Sierra Nevada Memorial Hospital and

Tahoe Forest Hospital.

11. Contractor must maintain cooperative working relationships with all agencies and county departments and report any problem areas to the Behavioral Health Director.

12. Contractor must follow criteria established by Nevada County for admission to Psychiatric inpatient unit.

13. APPLICABLE RECORDS:

- a. Patient Records – Contractor shall provide County with necessary documentation of each contact using format designated by County. This documentation must be submitted at the end of each shift. Records of each individual client shall include a record of services provided by the various professional personnel in sufficient detail to make possible an evaluation of services, and contain all data necessary as required by the Department of Behavioral Health, including Event Monitoring Forms, records of client interviews, progress notes and assessments. All documentation shall meet Medi-Cal and Medicare requirements. Client records and notes shall be maintained by the County and incorporated into the Behavioral Health case record as appropriate.
- b. Statistical Reports – Statistical records shall be kept and reports made as required by County on forms provided by County. All such records shall be available for inspection by auditors designated by County or State, at reasonable times during the normal business hours.
- c. The Contractor agrees to extend to the Behavioral Health Director or his/her designee, the right to review and investigate records, programs or procedures, at any time in regard to clients as well as the overall operation of Contractor's programs.
- d. Monthly statistical and activity reports will be submitted to the Behavioral Health Director in a format specified by the Behavioral Health Director.
- e. All records shall be held in strictest confidence to the extent required by law and Contractor shall implement procedures to protect such confidentiality and train workers in the confidentiality requirements.

14. ADMINISTRATIVE CHANNELS: Contractor shall be responsible to the Behavioral Health Director, or his/her designee, in accordance with all provisions under the Welfare and Institutions Code, which includes that the Director shall exercise general supervision over the Mental Health Services under the County Short-Doyle Plan, and shall be responsible for the ongoing coordination of all public and private Mental Health programs and services in the County.

15. The Contractor agrees to comply with all applicable provisions of Title 9 of the California Administrative Code Division 5 entitled Community Mental Health Services Act, Sections 5000-5803.

16. Contractor shall follow all Medi-Cal Final Rule (CFR 438) requirements, as applicable.

17. As the Department utilizes the Cerner Behavioral Health Solution for an Electronic Health Records System, the Contractor shall be required to use the Cerner Behavioral Health Solution functionality that is relevant to the scope of work of this contract, as authorized and requested by the County. This may include the following Cerner/Anasazi functionality: use of the Billing System, Doctors Home Page, 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.

Additionally, Contractor shall be responsible for providing:

1. Quarterly Progress Reports within 30 days of the end of each quarter;
2. An Annual Progress Report within 30 days of the end of the fiscal year;
3. Any MHSA Progress or Evaluation Report that is required, and or as may be requested by the County. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this contract as may be necessary for the County to conform to MHSA reporting guidelines.

B. Crisis Stabilization Unit

Contractor shall operate, in collaboration with the County and stakeholders, a Crisis Stabilization Unit (CSU) for the Nevada County Behavioral Health Department, as outlined in this Schedule of Services.

All services provided under this contract shall be documented in accordance with Short/Doyle Medi-Cal and Managed Care requirements.

Background and Overview

Contractor shall maintain staffing for the CSU, and thereby further enhance the crisis continuum of care for residents of Nevada County. This continuum of care includes the Crisis Response Team, Insight Respite Center, Spirit Peer Empowerment Emergency

Department program, and other collaborative arrangements with agencies within and outside the county, such as Nevada County Behavioral Health (NCBH) and Turning Point. The CSU offers a much calmer, therapeutic environment for individuals in a psychiatric crisis, given that the CSU lends to physical separation from non-psychiatric patients at the Emergency Department (ED). At the CSU, individuals receive crisis services, including psychotherapy, medication services, and psychiatry for up to 23 hours per client event.

Crisis Stabilization Unit Management

Contractor CSU Responsibilities

- 1) Provide management and oversight to all CSU Specialists. It is not the intent of the County of Nevada to direct or control the hiring or the provision of Crisis Services. However, the parties acknowledge that from time to time CSU staff may be employed by Contractor who does not provide services at the level or in the manner that meets performance level criteria for such a position. In such an event, County shall communicate any service or worker deficiencies to Contractor and the County reserves the right to require Contractor to take appropriate action regarding any worker who does not provide services to the level of its expectation.
- 2) Management and administrative services, such as creating invoices for payment, timesheet management, purchasing supplies, replacing furniture and equipment as necessary, contracting for psychiatry services, and other non-clinical activities.
- 3) Maintain cooperative working relationships with all CSU-related agencies, including SNMH and Tahoe Forest Hospital (TFH), any relevant counties and other Nevada County departments, and report any problems to NCBH. The CSU supervisor or designee along with County Department staff shall attend quarterly meetings with SNMH to discuss the CSU. Contractor will implement as approved by the Department process improvements identified at these meetings.
- 4) Develop and maintain all applicable documentation and records:
 - a. Patient Records – Contractor shall provide County with necessary documentation of each contact using format designated by County. This documentation must be submitted at the end of each shift. Records of each individual client shall include a record of services provided by the various professional personnel in sufficient detail to make possible an evaluation of services, and contain all data necessary as required by NCBH, including Event Monitoring Forms, progress notes, assessments and other required documentation. All documentation shall meet Medi-Cal and Medicare requirements. Pertinent client records and notes shall be incorporated into the NCBH Electronic Health Records (EHR) system, as appropriate.
 - b. Statistical Reports – Statistical records and evaluation activities shall be kept and reports made as required by County on forms provided by County. All such

- records shall be available for inspection by auditors designated by County or State, at reasonable times during the normal business hours.
- c. Contractor agrees to extend to NCBH or his/her designee, the right to review and investigate records, programs, or procedures, at any time in regards to clients as well as the overall operation of Contractor's programs.
 - d. Develop and submit all required monthly statistical and activity reports to NCBH and/or evaluation in a format specified by NCBH.
- 5) Maintain the confidentiality and security of all services and records in compliance with HIPAA and HITECH, to the extent required by law. Contractor shall implement procedures to protect client confidentiality and train workers in complying with all confidentiality requirements.
 - 6) Develop and maintain a budget in compliance with all county, state and federal requirements.
 - 7) Deliver services in compliance with all provisions described under the Welfare and Institutions Code.
 - 8) Comply with all applicable provisions of Title 9 of the California Code of Regulations, entitled Community Mental Health Services under the Bronzan-McCorquodale Act, Sections 500-868, the Welfare and Institutions Code Division 5, entitled Community Mental Health Services, Sections 5000-5803, as amended, Local Mental Health Authority, and other applicable laws, regulations and policies governing the provisions of public Mental Health services.

Crisis Stabilization Unit (CSU)

A. CSU Staffing Qualifications

- 1) All staff hired by Contractor shall be employees of Contractor and shall not be acting in any capacity as an employee of the County, during time they are on duty as employee of Contractor.
- 2) The Contractor shall maintain a documented staffing plan for the CSU that covers staffing strategies for business hours, after hours, and weekends.
- 3) The plan will detail the use of licensed and non-licensed clinicians for staff of the CSU. Staffing will meet criteria for billing Medi-Cal certification standards per California Code of Regulations (CCR), Title 9, 1840.348.
- 4) Staff shall meet Medi-Cal requirements for billing Rehabilitative Services and other Mental Health Services.

- 5) A full-time Registered Nurse (RN), Psychiatric Technician, or Licensed Vocational Nurse of the contractor will be on site at all times beneficiaries are present.
- 6) At a minimum, there shall also be a ratio of at least one licensed mental health or waived/registered professional on site for each of four clients receiving Crisis Stabilization Services.
- 7) A Board Certified Psychiatrist will be on call daily for a block of 12 hours. This period will be determined by the Contractor and County as the time that best meets the needs of the clients and staff.
- 8) CSU staff shall be strength-based and respectful in all dealings with clients. Throughout the client's stay, a strong team approach will be emphasized that consistently follows shared decision making. Gender, social, cultural, ethnic, trauma history, age, and other factors will be considered. Utilizing the Recovery Principles of client self-direction and strengths based, CSU staff will facilitate a discussion of day-to-day coping strategies that clients believe are helpful with symptom recognition and symptom triggers and develop a well-prepared Recovery plan.

B. CSU Admission and Discharge Processes

- 1) Each person will be screened for eligibility by the Crisis Response Team (CRT). The screening will include a collaboration of the Crisis Specialists, who completed an initial 5150 assessment, along with possible Tele psychiatric consulting physician, ED physician and other staff when appropriate. Screenings will take place at the CSU on a walk-in basis or in the Emergency Department of SNMH, the former will happen from 10 am to 10 pm. NCBH will perform periodic review and oversight of admission practices to the CSU. Eligibility criteria for admission to the CSU are outlined below:
 - Eighteen (18) years of age or older;
 - Crisis Intervention, meaning a service that requires more timely response than a regularly scheduled visit, or the person possibly being at risk of needing psychiatric hospitalization;
 - Discharged, or transferred while on a 5150 hold, from an ED, and determined to be both medically cleared of any need for inpatient medical procedures and medically appropriate for the CSU; Clients may be admitted to the CSU while on a 5150 hold for purpose of providing assessment, evaluation and crisis intervention services pending psychiatric hospitalization or release from the 5150 custodial hold within twenty-three (23) hours of admission to the CSU. Those clients on a 5150 hold shall only be admitted after being medically cleared, and evaluated and determined by the CRT to be appropriate for admission to the CSU. Appropriateness of admission while on a 5150 custodial hold includes a clinical determination by both the treating ED physician and the

CRT that the CSU is the most appropriate location at that time for assessment, evaluation, and crisis intervention. Individuals on a 5150 hold who are determined to pose a threat to the safety and security of other CSU clients or staff due to aggressive, violent, disruptive, or dangerous behaviors, shall not be admitted to the CSU. Individuals on a 5150 hold shall be admitted to the CSU for purposes of assessment, evaluation, and crisis intervention, and shall not be considered as placed in a designated facility for treatment purposes. Contractor shall maintain staffing in conformity with 9 CFR §1840.348(f) to ensure adequate staffing levels at all times for each Specialty Mental Health Service provided, including CSU clients receiving Crisis Stabilization or those clients admitted while on 5150 custodial holds.

The CRT may also, at times, need to re-assess a CSU client who psychiatrically escalates while in the CSU for re-determining the appropriateness of that admission. These assessments will consider whether the staffing and interventions available to the CSU will meet the psychiatric and behavioral health needs of the client, including whether the environment and support of the CSU specifically is adequate in managing potentially dangerous behavior. Staff at the CSU may also do this re-assessment if they are also a member of the CRT, and bill their time for this activity to the CRT contract.

- 2) Any time a client cannot be managed in the CSU, including upon a determination that the client poses a threat to other CSU clients or staff due to aggressive, violent, disruptive, or dangerous behaviors, they will be referred back to the SNMH ED or to another medical or forensic setting that meets their psychiatric needs. Upon admission to the CSU, the client will have a collaborative meeting that includes a Crisis Unit Specialist, and if available the client's family / supports to develop the best plan for the stay in the CSU. The discharge plan, which includes a Recovery Plan and Relapse Prevention Plan, will be initiated in the first few hours of the CSU stay, and completed prior to leaving the CSU at discharge. The discharge plan provides a clear outline of both strategies for staying safe and linkages to services with community services.
- 3) All clients are to be discharged from the CSU within 23 hours. The CSU supervisor and the County designee must be immediately notified of an exception (e.g., severe weather, etc.) of a client staying longer than 23 hours at the CSU. Any client on a 5150 hold while at the CSU who appears to no longer meet criteria for 5150 will be assessed by the CRT, and be cleared by the on call psychiatrist for a rescind or expiration of the 5150.
- 4) The goal of the CSU is to help stabilize risk factors and eventually, following the resolution of the crisis, to support the client to integrate back into the community and/or reduce the reoccurrence of crises, as well as help clients stay connected to the community. The contractor will integrate family members and other supports in the community into the provided services as much as reasonably possible.

Immediate resources that help the client meet physical, emotional, social, housing and other basic necessities will be sought, as well. The staff will utilize a collaborative team approach involving CSU staff, on-call psychiatrist, client's supports, NCBH staff, and Respite staff and other resources from the community or other agencies as appropriate.

- 5) Each client will be discharged from CSU with a Recovery Plan that includes a comprehensive plan to manage risks and to prevent relapse. The plan will be developed after ongoing assessments and needs identification, using motivational interviewing and the Recovery perspective. In addition to identifying relapse prevention strategies, the plans will include the topics of clinical interventions of medication, nursing, psychotherapy, service coordination, and an identification of potentially effective interventions of outside agencies and community resources will be considered in how they will proceed with the client's discharge from the CSU.
- 6) Clients will be linked to appropriate community resources prior to discharge, including scheduled appointments with outpatient services, referral to Insight Respite, Odyssey House, and/or other resources, including resources of another county when that person is a resident outside of Nevada County.

C. CSU Policies and Procedures

- 1) Contractor will work with the County, other counties that contract with Nevada County, and its stakeholders to further refine policies and procedures that involve all aspects of the operations of the CSU. Admission, discharge, safety protocols including storage of personal property, physical management of medication, psychiatrist consultation, meal times, and other essential functioning of the CSU will be continually analyzed, and revisions made in the corresponding policies and procedures, as warranted.
- 2) The procedures will be organized by the Contractor in an Operations manual and made available during State audits and required onsite visits.

Mobile Crisis Team

A. Contractor Responsibilities:

a. Mobile Crisis Team:

- i. Hire and supervise 2.0 FTE Crisis Specialist who will participate on Mobile Crisis Team with Nevada County Sheriff's Office (NCSO)
 1. 0.1 FTE of one of the Crisis Specialist's time will be tracked to the Crisis Care Mobile Unit (CCMU) grant for community outreach and education, trainings, coordination with local organizations, coordination and planning with other mobile crisis teams

- ii.** Jointly respond with NCSO to calls related to mental health, substance use, and/or homelessness, with goal of de-escalating crises and reducing incidents of arrest and incarceration
- iii.** Write 5150 holds as needed and appropriate
- iv.** Share information with NCSO as appropriate in crisis situations as allowed by HIPAA to contribute to the safety and well-being of all parties
- v.** Coordinate referrals to treatment as appropriate, including to the Crisis Stabilization Unit, HOME Team, Nevada County Behavioral Health, and other critical services.
- vi.** Engage and outreach to family and natural supports of program participants
- vii.** Participate in any appropriate training for this specialized position such as Radio Training, Safety Awareness Training, CGIS Security Training, and other trainings as appropriate.
- viii.** Abide by NCSO expectations for attire and appearance.
- ix.** Pass security clearance provided by NCSO
- x.** Be available to work a 40 hour work week with some flexibility about days and times
- xi.** Track relevant project data such as number of 5150 holds written, referrals to treatment, follow-up contact, and other data as directed by the county; provide data monthly to county. Provide all necessary grant reporting for the 1.0 FTE funded by the Department of Justice Grant.
- xii.** Conduct Medi-Cal billing when appropriate and allowable

b. Mobile Youth Crisis Specialist:

- i.** Hire and supervise 1.0 FTE Youth Crisis Specialist who will participate on Mobile Crisis Team.
- ii.** Respond to crisis calls involving youth at local schools, community-based organizations, and other sites as agreed upon by Contractor and County, to provide crisis assessment, de-escalation, and safety planning and referral to appropriate level of care or services.
- iii.** Respond jointly to calls with law enforcement, as needed, related to mental health, substance use, and/or youth, with goal of de-escalating crises and reducing incidents of transfer to high levels of care.
- iv.** Write 5150 holds as needed and appropriate
- v.** Provide transportation for 5150 hold placement as appropriate
- vi.** Share information with law enforcement, schools, and providers, including Nevada County Behavioral Health, as appropriate in crisis situations as allowed by HIPAA to promote continuity of care and contribute to the safety and well-being of all parties
- vii.** Coordinate referrals to treatment as appropriate, including to the Crisis Stabilization Unit, Nevada County Children's Behavioral Health, and other critical services

- viii. Engage and outreach to family and natural supports of program participants, providing support and navigation through systems of care
 - ix. Conduct crisis assessments and/or provide support to youth at the hospital emergency department when not needed in the field
 - x. Provide follow up and aftercare to program participants in order to assist with implementation of safety plans and follow through with connection to supports and referrals
 - xi. Participate in any appropriate training for this specialized position such as Radio Training, Safety Awareness Training, CGIS Security Training, and other trainings as appropriate.
 - xii. Provide outreach and education to organizations that provided a focus on youth to increase awareness of the program, the program's function, and increase awareness and knowledge surrounding youth crisis needs and best practices.
 - xiii. Track relevant project data such as number of 5150 holds written, referrals to treatment, follow-up contact, and other data as directed by the county; provide data monthly to county. Provide all necessary grant reporting for the 1.0 FTE funded by the Crisis Care Mobile Unit (CCMU) Grant.
 - xiv. Track Youth Mobile Crisis staff time according to CCMU grant requirements:
 - 1. 0.1 FTE Infrastructure: community outreach and education, trainings, coordination with local organizations, coordination and planning with other mobile crisis teams
 - 2. 0.9 FTE Direct Services
- c. Mobile Crisis Clinical Lead
- i. Hire 0.5 FTE Mobile Crisis Clinical Lead to oversee Mobile Crisis Staff
 - ii. Oversee mobile crisis data and outcomes and participate in regular steering committee meetings to ensure oversight of the mobile crisis team project
 - iii. Track staff time according to CCMU grant requirements:
 - 1. 0.3 FTE Infrastructure: participation in administrative oversight and steering committee meetings, quality assurance activities including documentation and productivity review; checking data within electronic health record and other data tracking systems, monitoring of evaluations and outcomes
 - 2. 0.2 FTE Direct Services: clinical supervision of the mobile crisis workers, clinical consultation, administrative supervision
- d. Purchase Vehicles for Crisis Team
- i. The Contractor shall utilize CCMU grant funding to purchase and upgrade 2 SUV vehicles with needed equipment (GPS, radio, safety upgrades, etc.) to be used to support program activities.

- ii. The Contractor shall provide all required maintenance and maintenance costs of the vehicles.
- iii. The Contractor shall utilize the vehicle to support program activities for the useful life of the vehicle, which is expected to be no less than ten (10) years or 175,000 miles (whichever comes first) from date of procurement, unless the Contractor has specifically been granted prior approval from the County for an alternate use. Should the Contractor cease contracted program operations, or stop using the vehicle for its intended purpose before its useful life, Contractor shall reimburse County the fair market value of the vehicle, unless County elects to waive this obligation. Contractor is expected to maintain vehicle licensing and automobile liability Insurance Services Offices Form Number CA 0001 covering Code 1 (any auto) with limits no less than \$1,000,000 per accident for bodily injury and property damage, and all required routine maintenance on the vehicle at all times. This provision shall survive the termination date of the Contract.
- iv. Upon termination of the vehicle's useful life the Contractor shall seek written permission of the County to dispose of the vehicle by means of donation to a non-profit organization located within Nevada County. Should the Contractor decide not to donate the vehicle, the vehicle shall be sold and all proceeds must be returned to the County unless County elects to waive this obligation.
- v. Provide fiscal documentation per CCMU reporting guidelines for the purchase, upgrades, and maintenance cost of vehicles.
- e. Provide adequate administrative fiscal tracking per CCMU grant requirements
 - i. 0.5 FTE Mobile Crisis Clinical Lead
 - 1. 0.3 FTE Infrastructure
 - 2. 0.2 Direct Services
 - ii. 1.0 Youth Crisis Specialist
 - 1. 0.1 FTE Infrastructure
 - 2. 0.9FTE Direct Services
 - iii. 0.06 FTE General Manager of Crisis Services toward Infrastructure costs
 - iv. Administrative Costs

B. County Responsibilities:

- a. Provide laptops, cellphones, and access to Electronic Health Record (EHR) system for the Crisis Specialists
- b. NCSO will provide appropriate uniform/work attire for Crisis Specialists
- c. Provide appropriate workspace
- d. Provide specialist training such as radio training, safety awareness training, CGIS security training, and other trainings as appropriate

Additional Contract Provision

A. Staff Training

- 1) Training, mentoring, education, and support are high priorities for the contractor, as well as all NCBH staff and stakeholders. Training will include not only didactic presentations in-house and through NCBH and other agencies, but frequent supervision, supportive meetings, and collaborative communication within the CSU, as well as with the County and with the other agencies in the crisis continuum of care and other community agencies
- 2) Contractor shall provide evidence-based or emerging/promising practices whenever possible, including following the principles of being Wellness-, Recovery-, Family-, and Resiliency-oriented in the CSU. Training within SMWG shall include Motivational Interviewing, Trauma Informed Care, managing potentially assaultive clients, and other areas relevant to the services provided in the CSU.
- 3) Contractor shall provide a minimum of 20 hours of training per year to its staff to develop and refine skills in at least the following training areas:
 - Counseling skills
 - Motivational Interviewing
 - Recovery philosophy and services
 - Understanding Mental Health Disorders (e.g., Schizophrenia, Mood Disorders, Depression; multiple disorders; co-occurring substance use)
 - Principles of Substance Abuse
 - Medication usage and management
 - Working with individuals that have a severe personality disorder
 - Communication skills
 - Therapeutic exercises
 - Handling suicide threats or actions
 - Crisis management
 - Discharge planning
 - Knowledge of community services and resources
 - Promoting family involvement and support
 - Principles of good nutrition including: proper food preparation, storage, menu planning
- 4) Training will take into account the individual needs of staff, as well as providing update training for all staff in these core skills. Further trainings identified by the Contractor, County, or stakeholders will also involve adding new skill sets. Such areas may include supporting family members and/or a client's natural supports, understanding "inside mental illness," and challenges with living with and obtaining treatment for co-occurring mental illness and substance used disorders. In addition, training on working with families and other support persons, will be available.

- 5) Contractor shall maintain, at all times, trained and skilled staff, who understand and maintain confidentiality of all persons served and their records. Anonymity of current and past clients will be maintained by staff at all times.
- 6) Through formal training, ongoing mentoring, frequent supervision and collaboration, and access to online courses, persons who provide services will have the needed support to deliver quality, accessible services.

B. Electronic Health Record (EHR)

- 1) The Contractor shall utilize Cerner Behavioral Health Solution EHR System functionality that is relevant to the scope of work of this contract, as requested by the County. This utilization may include the following Cerner Behavioral Health Solution EHR functionality: Registration, assessment, documentation, Billing, System, Doctors HomePage, E-Prescribing, Medication Notes, and other designated functions. This requirement includes the data collection necessary for the County to meet billing and, importantly, quality assurance goals.
- 2) The Contractor shall receive training as needed to be able to comply with this requirement. The Contractor will identify “Super users” which have strong computer skills that can provide extra training and support of weaker users of the EHR in the CSU. The Contractor will also collect and transmit to the County demographic and other grant related data on clients that meets criteria for State, Federal, MHSA, and other guidelines per the NCBH directive. NCBH will provide access and training to Contractor as needed to enable Contractor to comply with the EHR system-use requirement. In addition, Contractor will collect information on forms provided by County, to meet these guidelines.
- 3) The Contractor shall also maintain approval from Sierra Nevada Memorial Hospital to access their portal to obtain relevant health information to the extent permissible under the law.

C. Evaluation and Data Collection

- 1) Contractor agrees to cooperate with County for the collection of data for the Evaluation Component of the grant for the operation of the CSU. Contractor shall collect demographic, service, and outcome evaluation data on each individual who receives services at the CSU. This approach will provide the information needed to understand access, quality, utilization, and client- and system-level outcomes. Contractor staff shall work closely with the grant evaluator to conduct evaluation activities, including timely data collection and submission to the evaluator. The evaluation data will be used by the evaluator to produce monthly, quarterly, and annual reports. CSU team members shall participate in periodic evaluation meetings, provide feedback on data reports, and share evaluation findings with the

staff. Client satisfaction surveys will be collected on at least 25% of all CSU clients. This data will be submitted to the grant evaluator for analysis.

- 2) Contractor shall provide data for other available funding sources, such as MHSA. Contractor shall collect and submit timely data on all persons referred to the CSU, including data related to number of admissions to the CSU. Contractor shall ensure that data is collected in a reliable and timely manner and ensure that all staff and volunteers understand the importance of accurate and timely data. All data will be presented and reviewed at MHSA, Continuum of Crisis Care, stakeholder, and other relevant meetings.
- 3) Contractor shall provide data for analyzing outcome measures for clients and the Crisis Continuum of Care. This may include data on discharged clients, CSU admissions that were successfully returned to the community (removing 5150 holds), etc.

D. Medi-Cal Certification

- 1) Contractor shall obtain and maintain certification as an organizational provider of Medi-Cal specialty mental health services for all of its service locations. Contractor will offer regular hours of operation and will offer Medi-Cal clients the same hours of operation as it offers to non-Medi-Cal clients.
- 2) Each Medi-Cal service provided must meet medical necessity guidelines and meet Medi-Cal requirements as described by service and activity/procedure code.
- 3) Contractor shall document and maintain all clients' records to comply with all Medi-Cal regulations.
- 4) Maximize billable units of service, maintain adherence to all billing standards, and submit monthly claims in a timely manner.
- 5) Contractor shall follow all Medi-Cal Final Rule (CFR 438) requirements, as applicable.

E. Records

As a contractor of County operating the Crisis Stabilization Unit and receiving Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period, contractor shall make available, upon written request from the Secretary of Health and Human Services, Sierra Nevada Memorial Hospital, Comptroller General of the United States, or any other duly authorized agent or representatives, books, documents and records of Contractor's organization that are necessary to verify the nature and extent of such costs until the expiration of seven (7) years after the end of the contract term.

Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Though we have made many strides toward racial equity, policies, practices, and implicit bias have created and still create disparate results. Through partnerships with the community, Nevada County Behavioral Health strives to address these inequities and continue progress in moving forward.

Contractor is encouraged to have a diverse and inclusive workforce that includes representation from the disparate communities served by our county. Contractors is expected to think holistically about creating services, program sites and an employee culture that is welcoming and inclusive. Contractors should track metrics on Diversity, Equity, and Inclusion outcomes within their service delivery. Additional efforts should be made to identify and highlight growth opportunities for equitable outcomes, access to services, and other opportunities. Contractor shall consult with County contract manager about proposed metrics to track.

Services should be designed to meet clients' diverse needs. Contractors will be expected to participate in the NCBH Cultural Competency program, participate in trainings and tailor outreach efforts and marketing materials to engage a diverse population of community members. Given that Spanish is a threshold language in Nevada County, a special emphasis should be placed on engaging Latinx communities and providing services in Spanish.

EXHIBIT “B”
SCHEDULE OF CHARGES AND PAYMENTS
SIERRA MENTAL WELLNESS GROUP

Subject to the satisfactory performance of services required of Contractor pursuant to this contract, and to the terms and conditions as set forth, County shall pay Contractor a maximum amount not to exceed \$3,090,612 for the fiscal year July 1, 2022 through June 30, 2023. 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.

It is understood and agreed by and between the parties that said payment is for services provided herein and not for direct patient care which is to be billed by Nevada County Behavioral Health to the involved third party in accordance with the procedures, rules and regulations of the State of California, and the Nevada County Behavioral Health Department, and/or third payor.

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

The Contractor's reimbursement is based on the staffing pattern described in Exhibit A, and according to the estimated project budget:

	Crisis Intervention Services						CSU	
	Western MHSA	Western Non-MHSA	Eastern Other	Mobile Crisis 1	Mobile Crisis 2	Youth Mobile & CCMU	Crisis Stabilization Unit	Total All Programs
On Site	153,002	268,929	43,243	85,482	85,482	85,482		721,620
Supervisor	31,414	58,342				58,342	85,809	233,907
Assistant Supervisor	19,501	65,284					64,974	149,759
Lead Clinician	19,316							19,316
Staff Back-up/On Call	38,325		30,420				23,505	92,250
Rollouts	17,063		9,400					26,463
Program Management			11,550			5,123		16,673
Licensed Therapist/Mental Health Professional							258,586	258,586
Psych Tech/Medical Professional							291,892	291,892
Administrative	40,556						43,680	84,236
Meetings/Training	7,030	7,030	3,465	4,250	4,250		6,989	33,014
Total Salaries	326,207	399,585	98,078	89,732	89,732	148,947	775,435	1,927,716
Payroll Taxes as 25% of Salaries	81,552	99,896	24,519	22,433	22,433	37,237	186,104	474,174
Total Personnel Expenses	407,759	499,481	122,597	112,165	112,165	186,184	961,539	2,401,890
								-
Psychiatry							78,330	78,330
Pharmacy							945	945
Office Supplies				250	250		15,000	15,500
Laptop/Computer Equipment								-
Cellphone/Communication	1,000	1,000	1,600	1,070	1,070			5,740
Utilities/Meals/Environmental/Linen/Security							82,500	82,500
Staff Development							4,200	4,200
Transportation Services							998	998
Job Postings/Recruitment/Printing				125	125		6,000	6,250
Vehicle						87,420		87,420
Mileage			2,545				1,170	3,715
Total Operating Expenses	1,000	1,000	4,145	1,445	1,445	87,420	189,143	285,598
Administrative Overhead	61,314	75,072	19,011	17,042	17,042	41,041	172,602	403,124
Total Expenses	470,073	575,553	145,753	130,652	130,652	314,645	1,323,284	3,090,612

Contractor agrees that it will be responsible for the validity of all invoices and agrees that it will reimburse County for any payments made by County to Contractor for which billings were prepared and submitted to Department of Behavioral Health, and which were thereafter disallowed in whole or in part by the Department of Behavioral Health and/or County; which includes maximum allowable cost(s) reimbursement by the State.

Contractor may submit a monthly invoice for up to \$110,274 or one-twelfth of the contract maximum for Crisis Stabilization services by the first day of each month in the contract term. The Behavioral Health Director may at her discretion approve an increase over the monthly 1/12th amount if necessary, for program expenditures.

Contractor shall submit quarterly fiscal reports, including a detailed list of costs for the prior quarter, and cumulative for the contract period, within 30 days of the end of each quarter.

Contractor shall submit invoices and fiscal reports to:

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

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

Cost Settlement

Contractor shall submit an annual Cost Report on the State Department of Health Care Services' mandated forms—in compliance with the Department of Health Care Services (DHCS) Cost Report manual—to County by September 30th, after the close of the fiscal year. Contractor may request extension of due date for good cause—at its discretion, County shall provide written approval or denial of request. The Cost Report requires the reporting of all services to the County on one Cost Report.

The Cost Report calculates the Cost per unit as the lowest of Contractor Actual Cost, Contract Maximum, or County's total paid amount under this contract.

A Cost Report Settlement shall be completed by County within one year of the end date of the contract and shall be based on the lower of the amount paid by the County and the Contractor's allowable total cost. If Contractor cost is lower than the amount paid by the County under this contract, payment of the difference shall be required by Contractor within 60 days of Settlement or as otherwise mutually agreed.

Audits:

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

Records to be Maintained:

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

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

Non-Profit Supplemental Audit Provisions:

(i) Contractor shall have on file with the County at all times their most recent reviewed or audited financial statements including the review or opinion letter issued by an independent Certified Public Accountant. The financial statement package is due to the County within one hundred eighty (180) days of the end of the Contractor's fiscal year. Contractor may request in writing an extension of due date for good cause – at its discretion, County shall provide written approval or denial of request.

(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 \$750,000 or more in Federal awards 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 the "Notification" section 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.