

**PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF SHASTA  
AND  
NORTHERN VALLEY CATHOLIC SOCIAL SERVICE**

This agreement is entered into between the County of Shasta, through its Health and Human Services Agency a political subdivision of the State of California, (County) and Northern Valley Catholic Social Service a California non-profit corporation (Consultant) (collectively, the Parties and individually a Party) for the provision of youth specialty mental health services.

**Section 1. RESPONSIBILITIES OF CONSULTANT.**

Pursuant to the terms and conditions of this agreement Consultant shall:

- A. Provide specialty mental health services at the compensated rates as prescribed in **EXHIBIT A, SERVICES** and **EXHIBIT B, RATES** attached and incorporated herein. For all services, Consultant shall comply with applicable provisions of the State of California approved Shasta County Managed Care Mental Health Plan, number 12-89397, (Plan) and any subsequent updates. For the purposes of this agreement, the Plan is the contract between the State of California Department of Health Care Services (DHCS) and the County to provide mental health managed care services to California Medi-Cal beneficiaries. The Plan is available at: [http://www.co.shasta.ca.us/index/hhsa\\_index/Community\\_partnerships/OrgProviders.aspx](http://www.co.shasta.ca.us/index/hhsa_index/Community_partnerships/OrgProviders.aspx). Consultant shall check the website for updates regularly to ensure Consultant has current approved Plan. Should Consultant be unable to access the electronic version of the Plan, County will provide Consultant with a hard copy version upon written request. If any ambiguity, inconsistency, or conflict exists between the language of this agreement, the Exhibits, and the Plan, the Plan shall govern.
- B. Provide specialized Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services to Shasta County or other counties Medi-Cal eligible beneficiaries age 0-21 years (Clients) referred by County.
- C. Screen 100% of referred Clients for EPSDT Medi-Cal eligibility monthly while the Client is open to services with the Consultant. The eligibility screening shall include verifying that Shasta County is the responsible County, and assessing for valid full scope Medi-Cal coverage aid codes.
- D. Take the necessary steps to ensure the timely reinstatement of Medi-Cal eligibility, should the Client become ineligible for full-scope Medi-Cal, and notify County regarding ineligibility and potential for reinstatement.
- E. Treatment shall be based on a comprehensive mental health assessment that determines medical necessity and in collaboration with the Client and a person or persons authorized to consent to treatment. Treatment shall not exceed the services authorized by County.
- F. Provide community-based services to Clients and families including, but not limited to home, school, office or other sites. Place of service shall enhance service delivery and access to service. Documentation of the site of services shall be reflected in the Client treatment record and service claims.

- G. Provide flexible service delivery to Clients and families during regular business hours as well as outside of the Monday through Friday 8am – 5pm work day.
- H. Ensure all staff accompanying a Client into the community, as a part of mental health service delivery, maintains ongoing supervision and care for the Client throughout the service event, to include returning the Client to an appropriate responsible adult.
- I. Ensure staff provides documentation of productivity at a minimum of 65% of available time to the provision of mental health services to Clients. The 65% shall be based on an aggregate of Consultant's staff. For purposes of this agreement, "available time" is defined as the total number of minutes paid to each of Consultant's treatment staff including paid time off.
- J. Notify County of any/all changes in leadership staff within ten days of change. Leadership staff includes but is not limited to, Executive Director, Clinical/Program Director, and Chief Fiscal Officer.
- K. Ensure staff attend County meetings and other work groups as scheduled by County at a minimum of every 90 days, a maximum of once per month.
- L. Ensure Consultant's staff attends training sessions conducted by, or arranged through, County, as determined by County.
- M. Allow County and the DHCS, and their duly authorized representatives at all reasonable times to inspect or otherwise evaluate the work performed under the terms of this agreement, including all supported activities and the premises in which it is being performed.
- N. As required by Government Code section 7550, each document or report prepared by Consultant for or under the direction of County pursuant to this agreement shall contain the numbers and dollar amount of the agreement and all subcontracts under the agreement relating to the preparation of the document or written report. If multiple documents or written reports are the subject of the agreement or subcontracts, the disclosure section may also contain a statement indicating that the total agreement amount represents compensation for multiple documents or written reports. Consultant shall label the bottom of the last page of the document or report as follows: department name, agreement number, and dollar amount. If more than one document or report is produced under this agreement, Consultant shall add: "This [document or report] is one of [number] produced under this agreement."
- O. Comply with the privacy and information security provisions contained in Exhibit F within the Shasta County Mental Health Managed Care Plan as referenced in section 1.A. Consultant shall implement reasonable and appropriate administrative, physical and technical safeguards to protect Protected Health Information (PHI). For purposes of this agreement PHI means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or is transmitted or maintained in any other form or medium.
- P. Maintain collaborative relationships with Child Welfare, Probation, Special Education, Medical Providers, and other supportive entities in an effort to provide the most comprehensive experience for the Client.
- Q. Utilize an Electronic Health Record (EHR) and document all clinical services within 3 days of service delivery.

- R. Understand the California Code of Regulations, Title 9, Chapter 11 services to Medi-Cal beneficiaries age 0-21, and work under the Shasta County Mental Health Managed Care Plan.
- S. Maintain an Annual Quality Management (QM) Work Plan for compliance with the County's Managed Care Mental Health Plan (MHP).
- T. Acknowledge the funding source of all activities undertaken pursuant to this agreement including in any educational and training materials, audio visual aids, interviews with the press, flyers, or publication of the following statement: "This activity (or program) has been funded (or sponsored) by the County of Shasta through the California Department of Health Care Services."

## **Section 2. RESPONSIBILITIES OF COUNTY.**

Pursuant to the terms and conditions of this agreement County shall:

- A. Compensate Consultant as prescribed in sections 3 and 4 of this agreement.
- B. Monitor and evaluate the performance of Consultant throughout the term of this agreement to assure compliance with the terms and conditions of this agreement.
- C. Conduct meetings a minimum of biannually, maximum of once per month, to coordinate mental health treatment, program planning, contract compliance, and to provide consultation to Consultant regarding service delivery. The date, time, and location of each meeting will be set by County.
- D. Conduct visits for Medi-Cal site certification and program review at site(s) where services are provided by Consultant in accordance with the Plan and Title 9 of the California Code of Regulations. Dates and times of site visits shall be determined by County based upon Medi-Cal Certification and Recertification requirements.
- E. Review Consultant's participation in and compliance with Plan problem resolution process and Title 9 of the California Code of Regulations for Client complaints or grievances.
- F. Conduct utilization review meetings with Consultant staff for the purpose of reviewing documentation in the records of Clients receiving services. The date, time, and location of each utilization review meeting shall be set by County.
- G. Notify Consultant when Clients are admitted to a psychiatric hospital by County.
- H. Refer Clients that are Full-Scope Medi-Cal eligible beneficiaries and assess non Medi-Cal eligible youth to determine eligibility for services prior to referral for Consultant's services as provided in **EXHIBIT A**.
- I. Submit billings to Medi-Cal or other payor sources as appropriate for services provided by Consultant.
- J. Exhaust administrative remedies to appeal or otherwise reverse the denial of payment by Medi-Cal for services delivered and billed pursuant to this agreement.

- K. Provide Treatment Authorization approvals or denials in a timely manner.
- L. Provide Consultant with Triple P® Resource Materials when requested by the Consultant's individual staff. County will only provide materials based upon the staffs' Triple P® accreditation and utilization of outcome tools.
- M. If a federal or state audit exception is created, during the course of the provision of services under this agreement, due to an error or errors of omission or commission on the part of County, be responsible for the audit exception.
- N. Ensure that referrals to Consultant are based on a catchment area as defined by County in its sole discretion. County, in its sole discretion, may refer Clients from outside Consultant's catchment area when determined by County to be appropriate. Within 20 days of receipt of a written request from Consultant, County shall provide a map to Consultant depicting Consultant's catchment area.

### **Section 3. COMPENSATION.**

- A. County shall compensate Consultant for services rendered pursuant to this agreement in accordance with the terms specified in **EXHIBIT B, RATES**. The total compensation payable to Consultant under this agreement shall not exceed \$1,084,598 for County fiscal year 2018-19, and \$1,084,598 for County fiscal year 2019-2020. In no event shall the total maximum amount payable under this agreement exceed \$2,169,196.
- B. During the term of this agreement, the Health and Human Services Agency (HHSA) Director (Director) or HHSA Branch Director may approve, in writing and in advance, changes in any line item budgeted expenses in the Budget up to a maximum of 10 percent between categories within each line item budget expense provided the maximum compensation specified in Section 3.A. of this agreement is not exceeded.
- C. Consultant's violation or breach of agreement terms may result in fiscal penalties, withholding of compensation, or termination of agreement.

### **Section 4. BILLING AND PAYMENT.**

- A. Consultant shall submit to Fiscal Unit, Shasta County HHSA, Attn: Accounts Payable, P.O. Box 496005, Redding, CA 96049-6005, monthly by the 15<sup>th</sup> of each month for services rendered the preceding month, and in accordance with the Budget, a billhead or invoice regularly used in the conduct of Consultant's business for services rendered and costs incurred, accompanied by an **EXPENDITURE REPORT, EXHIBIT C**, attached and incorporated herein, and receipts.
- B. The correct and currently active NPI(s) shall be included as documentation on each billhead or invoice submitted by Consultant to County. Any billhead or invoice received by County without the NPI included shall be returned to Consultant and shall not be reimbursed by or compensated for by County until the billhead or invoice is submitted including the NPI.
- C. County shall not be obligated to pay Consultant for services covered by any Invoice, if Consultant presents the Invoice to County more than 90 days after the date services were

rendered by Consultant for Medi-Cal eligible youth or more than 150 days after the date services were rendered by Consultant for Medi-Cal eligible youth with private insurance.

- D. Consultant shall provide County with supporting documentation and an explanation of benefits (EOB) when submitting Invoices for Medi-Cal eligible youth with private insurance. If Consultant does not receive a response from the private insurer within 90 days of billing to them, Consultant shall include that service in the next Invoice to the County, providing the completed claim form as proof of billing. Consultant shall provide advance notice to County when submitting an Invoice more than 90 days after the date services were rendered by Consultant.
- E. County shall make payment within 30 days of receipt of Consultant's correct and approved Invoice. For the final month of this agreement, June 2020, Consultant shall submit to Fiscal Unit Shasta County HHSA, a final Invoice no later than July 10, 2020. Notwithstanding the previous sentence, a final Invoice for Medi-Cal eligible youth with private insurance, including supporting documentation and EOB, may be submitted by Consultant to Fiscal Unit, Shasta County HHSA after July 10, 2020, with prior approval of the Director or any HHSA Branch Director designated by the Director provided that the final Invoice is submitted no later than November 30, 2020.
- F. Upon termination of this agreement, County shall compensate Consultant pursuant to the terms of this agreement within 30 days of receipt of Consultant's final Invoice and Expenditure Report. Consultant shall submit Consultant's final Invoice and Expenditure Report, within 15 days of the effective date of termination. To the extent necessary to effectuate full compensation of Consultant, this provision shall survive the termination of this agreement.
- G. Consultant shall provide County with all records required to bill third-party payors, including documentation of billing to private insurance, required for the purposes of utilization review and as may be required by County for other purposes relevant to the provision of services under the terms of this agreement, within 90 days of the date of service.
- H. All approved services adjudicated through the Short-Doyle/Medi-Cal Program of the State of California Department of Health Care Services shall be settled pursuant to Section 34 of this agreement, at actual costs or published costs, whichever is less.
- I. Compensation under this agreement shall be reduced by applicable Consultant revenues. The term "applicable Consultant revenues" refers to those receipts or reductions in expenditures or costs which operate to offset or reduce expense or cost items that are allocable to Consultant's compensation under this agreement (such as but not limited to: purchase discounts, rebates or allowances, insurance refunds and adjustments or overpayment, or other erroneous charges). To the extent that applicable Consultant revenues, accruing or received by Consultant relate to allowable costs, they shall be credited to County either as a reduction, or a cash refund, as appropriate.
- J. Should County, or the state or federal government, disallow any amount claimed by Consultant, Consultant shall reimburse County, or the state or federal government, as directed by County, or the state or federal government, for such disallowed cost.

- K. Services denied for payment by Medi-Cal will be adjusted against future Consultant monthly statements.
- L. Consultant shall hold harmless the California Department of Health Care Services and Clients served under the terms of this agreement in the event the County cannot or does not pay for services provided by Consultant pursuant to this agreement.

**Section 5. TERM OF AGREEMENT.**

The term of this agreement shall be for begin July 1, 2018 and end June 30, 2020. Notwithstanding the foregoing, County shall not be obligated for payments hereunder for any future County fiscal year unless or until County's Board of Supervisors appropriates funds for this agreement in County's budget for that County fiscal year. In the event that funds are not appropriated for this agreement, then this agreement shall end as of June 30 of the last County fiscal year for which funds for this agreement were appropriated. For the purposes of this agreement, the County fiscal year commences on July 1 and ends on June 30 of the following year. County shall notify Consultant in writing of such non-appropriation at the earliest possible date.

**Section 6. TERMINATION OF AGREEMENT.**

- A. If Consultant materially fails to perform Consultant's responsibilities under this agreement to the satisfaction of County, or if Consultant fails to fulfill in a timely and professional manner Consultant's responsibilities under this agreement, or if Consultant violates any of the terms or provisions of this agreement, then County shall have the right to terminate this agreement for cause effective immediately upon the County giving written notice thereof to Consultant. If termination for cause is given by County to Consultant and it is later determined that Consultant was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph B of this section.
- B. Either party may terminate this agreement without cause on 60 days written notice to Consultant.
- C. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased during the term of this agreement.
- D. County's right to terminate this agreement may be exercised by the Shasta County Board of Supervisors, the Shasta County Executive Officer, the Director or any HHSA Branch Director designated by the Director.
- E. Should this agreement be terminated, Consultant shall promptly provide to County any and all finished and unfinished reports, data, studies, photographs, charts, and other documents prepared by Consultant pursuant to this agreement.
- F. If this agreement is terminated, Consultant shall only be paid for services satisfactorily completed and provided prior to the effective date of termination.

## **Section 7. REPORTING REQUIREMENTS**

Consultant shall:

- A. Provide an expenditure report in the format as prescribed in **EXHIBIT C** (Expenditure Report) on the expenditures made based on Consultant's budget, herein attached and incorporated as **EXHIBIT D** (Budget) in providing youth mental health services pursuant to this agreement and reflecting Consultant's expenditures shall be submitted to and received by County within 30 days of the conclusion, termination or cancellation of this agreement. Should this agreement be terminated or cancelled prior to the end of the agreement, Consultant shall submit the Expenditure Report covering the period of time during which this agreement was in effect within 30 days of the termination or cancellation of this agreement. This provision shall survive the termination, expiration, or cancellation of this agreement.
- B. Provide, within 60 days of execution of this agreement, program objectives and goals.
- C. Provide by the 15<sup>th</sup> of each month following the month of services rendered the **MONTHLY PROGRESS REPORT** herein attached and incorporated as **EXHIBIT I**.
- D. Provide by July 15<sup>th</sup> and January 15<sup>th</sup> a narrative Semi-Annual Report including, but not limited to, all the following:
  - (1) CANS reporting outcomes;
  - (2) Staffing changes;
  - (3) Evaluation of services;
  - (4) Analysis of progress towards previously established goals and outcomes;
  - (5) Specialized training and/or curriculum development describing activities completed; and
  - (6) Analysis of identified issues and responses, developing issues, opportunities for improvement.
- E. Provide to County the Annual Quality Management (QM) Work Plan for compliance with the Quality Management requirements as set forth in the Shasta County Managed Care Mental Health Plan by July 15<sup>th</sup> for each preceding fiscal year.
- F. Financial Reporting
  - (1) Consultant shall provide financial information and/or records pertaining to Consultant's agency including, but not limited to: audited financial statement from audit prepared in accordance with Circular No. A-133 of the Office of Management and Budget of the Executive Office of the President of the United States (OMB) and performed by a qualified Certified Public Accountant (submitted annually to County within 30 days of Consultant's receipt of financial statement); IRS form 990 and all supporting schedules (submit to County within 30 days of filing); notice to County of any tax delinquency including but not limited to property, sales, income, and payroll taxes (submit to County within 10 days of receipt of notice or knowledge of delinquency). All financial information shall be submitted to Shasta County HHSA Business and Support Services, Attention: HHSA Fiscal Manager, P.O. Box 496005,

Redding, CA 96049-6005. Consultant shall provide additional financial information as requested by County within 30 days of receiving such request. Consultant shall fully cooperate with County in providing any financial information and/or records requested by County concerning this agreement. This Section shall survive the termination, expiration or cancellation of this agreement for the period of time necessary to submit all required financial reporting to County as prescribed herein.

**Section 8. ENTIRE AGREEMENT; AMENDMENTS; HEADINGS; EXHIBITS/APPENDICES.**

- A. This agreement supersedes all previous agreements relating to the subject of this agreement and constitutes the entire understanding of the Parties hereto. Consultant shall be entitled to no other benefits other than those specified herein. Consultant specifically acknowledges that in entering into and executing this agreement, Consultant relies solely upon the provisions contained in this agreement and no others.
- B. No changes, amendments, or alterations to this agreement shall be effective unless in writing and signed by both parties. In addition to the provision in Section 3.C., minor amendments, including retroactive, that do not result in a substantial or functional change to the original intent of this agreement and do not cause an increase to the maximum amount payable under this agreement may be agreed to by amendment between Consultant and Director, or any HHSA Branch Director designated by the Director, provided that the amendment is in substantially the same format as the County's standard format amendment contained in the Shasta County Contracts Manual (Administrative Policy 6-101).
- C. The headings that appear in this agreement are for reference purposes only and shall not affect the meaning or construction of this agreement.
- D. If any ambiguity, inconsistency, or conflict exists or arises between the provisions of this agreement and the provisions of any of this agreement's exhibits or appendices, the provisions of this agreement shall govern.
- E. Notwithstanding the provisions of Section 9.B. of this agreement, total line item budgeted costs in the Budget may vary up to a maximum of 10 percent between categories within each budget line item and 15 percent between Personnel/Position and Operating Expense budgets with prior approval through amendment by the Director or his/her designee, and provided the maximum amount of compensation per County fiscal year of this agreement is not exceeded.

**Section 9. NONASSIGNMENT OF AGREEMENT; NON-WAIVER.**

Inasmuch as this agreement is intended to secure the specialized services of Consultant, Consultant may not assign, transfer, delegate, or sublet any interest herein without the prior written consent of County. The waiver by County of any breach of any requirement of this agreement shall not be deemed to be a waiver of any other breach.

**Section 10. EMPLOYMENT STATUS OF CONSULTANT.**

Consultant shall, during the entire term of this agreement, be construed to be an independent contractor, and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Consultant performs the work or services that are the



subject matter of this agreement; provided, however, that the work or services to be provided by Consultant shall be provided in a manner consistent with the professional standards applicable to such work or services. The sole interest of County is to ensure that the work or services shall be rendered and performed in a competent, efficient, and satisfactory manner. Consultant shall be fully responsible for payment of all taxes due to the State of California or the federal government that would be withheld from compensation if Consultant were a County employee. County shall not be liable for deductions for any amount for any purpose from Consultant's compensation. Consultant shall not be eligible for coverage under County's workers' compensation insurance plan nor shall Consultant be eligible for any other County benefit. Consultant must issue W-2 and 941 Forms for income and employment tax purposes, for all of Consultant's assigned personnel under the terms and conditions of this agreement.

#### **Section 11. INDEMNIFICATION.**

To the fullest extent permitted by law, Consultant shall indemnify and hold harmless County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses, (including, but not limited to, reasonable attorney's fees of County Counsel and counsel retained by County, expert fees, litigation costs, and investigation costs), damages, judgments, or decrees arising from the work or the provision of services undertaken pursuant to this agreement by Consultant, or by any of Consultant's subcontractors, any person employed under Consultant, or under any subcontractor, or in any capacity, except when the injury or loss is caused by the sole negligence or intentional wrongdoing of County. Consultant shall also, at Consultant's own expense, defend the County, its elected officials, officers, employees, agents, and volunteers, against any claim, suit, action or proceeding brought against County, its elected officials, officers, employees, agents, and volunteers, arising from the work or the provision of services undertaken pursuant to this agreement by Consultant, or any of Consultant's subcontractors, any person employed under Consultant, or under any Subcontractor, or in any capacity. Consultant shall also defend and indemnify County for any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency and shall defend, indemnify, and hold harmless County with respect to Consultant's "independent contractor" status that would establish a liability on County for failure to make social security deductions or contributions or income tax withholding payments, or any other legally mandated payment. The provisions of this paragraph are intended to be interpreted as broadly as permitted by applicable law. This provision shall survive the termination, expiration, or cancellation of this agreement.

#### **Section 12. INSURANCE COVERAGE.**

- A. Without limiting Consultant's duties of defense and indemnification, Consultant and any subcontractor shall obtain, from an insurance carrier authorized to transact business in the State of California, and maintain continuously during the term of this agreement Commercial General Liability Insurance, including coverage for owned and non-owned automobiles, and other coverage necessary to protect County and the public with limits of liability of not less than \$1 million per occurrence; such insurance shall be primary as to any other insurance maintained by County.
- B. Consultant and any subcontractor shall obtain and maintain continuously required Workers' Compensation and Employer's Liability Insurance to cover Consultant, subcontractor, Consultant's partner(s), subcontractor's partner(s), Consultant's employees, and subcontractor's(s') employees with an insurance carrier authorized to transact business in the State of California covering the full liability for compensation for injury to those employed by Consultant or subcontractor. Each such policy shall be endorsed to state that the Workers'

Compensation carrier waives its right of subrogation against *County, its elected officials, officers, employees, agents, and volunteers* which might arise in connection with this agreement. Consultant hereby certifies that Consultant is aware of the provisions of section 3700 of the Labor Code, which requires every employer to insure against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Labor Code, and Consultant shall comply with such provisions before commencing the performance of the work or the provision of services pursuant to this agreement.

- C. Consultant shall obtain and maintain continuously a policy of Errors and Omissions coverage with limits of liability of not less than \$1 million per occurrence, \$3 million in the aggregate.
- D. Consultant shall require subcontractors to furnish satisfactory proof to County that liability and workers' compensation and other required types of insurance have been obtained and are maintained similar to that required of Consultant pursuant to this agreement.
- E. With regard to all insurance coverage required by this agreement:
  - (1) Any deductible or self-insured retention exceeding \$25,000 for Consultant or subcontractor shall be disclosed to and be subject to approval by the County Risk Manager prior to the effective date of this agreement.
  - (2) If any insurance coverage required hereunder is provided on a "claims made" rather than "occurrence" form, Consultant or subcontractor shall maintain such insurance coverage with an effective date earlier or equal to the effective date of this agreement and continue coverage for a period of three years after the expiration of this agreement and any extensions thereof. In lieu of maintaining post-agreement expiration coverage as specified above, Consultant or subcontractor may satisfy this provision by purchasing tail coverage for the claims-made policy. Such tail coverage shall, at a minimum, provide the insurance coverage required hereunder for claims received and reported three years after the expiration date of this agreement.
  - (3) All insurance (except workers' compensation and professional liability) shall include an endorsement or an amendment to the policy of insurance which names *County, its elected officials, officers, employees, agents, and volunteers as additional insureds*. In the event that coverage is reduced or canceled, a notice of said reduction or cancellation shall be provided to County within 24 hours. Any available insurance proceeds in excess of the specified minimum limits and coverage pursuant to the terms of this agreement shall be applicable to the Additional Insured. The additional insureds coverage shall be equal to Insurance Service Office endorsement CG 20 10 for on-going operations, and CG 20 37 for completed operations.
  - (4) Each insurance policy (except for workers' compensation and professional liability policies), or an endorsement thereto, shall contain a "separation of insureds" clause which shall read:

"Separation of Insureds.

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
  - b. Separately to each suit insured against whom a claim is made or suit is brought.”
- (5) Consultant shall provide County with an endorsement or amendment to Consultant’s policy of insurance as evidence of insurance protection before the effective date of this agreement.
- (6) The insurance coverage required herein shall be in effect at all times during the term of this agreement. In the event any insurance coverage expires at any time during the term of this agreement, Consultant shall provide County, at least 20 days prior to said expiration date, a new endorsement or policy amendment evidencing insurance coverage as provided for herein for not less than the remainder of the term of this agreement or for a period of not less than one year. In the event Consultant fails to keep in effect at all times insurance coverage as herein provided and a renewal endorsement or policy amendment is not provided within 10 days of the expiration of the endorsement or policy amendment in effect at inception of this agreement, County may, in addition to any other remedies it may have, terminate this agreement upon the occurrence of such event.
- (7) If the endorsement or amendment does not reflect the limits of liability provided by the policy of insurance, Consultant shall provide County a certificate of insurance reflecting those limits.
- (8) Any of Consultant’s Excess Insurance shall contain a provision that such coverage shall also apply on a primary and non-contributory basis for the benefit of County.

**Section 13. NOTICE OF CLAIM; APPLICABLE LAW; VENUE.**

- A. If any claim for damages is filed with Consultant or if any lawsuit is instituted concerning Consultant’s performance under this agreement and that in any way, directly or indirectly, contingently or otherwise, affects or might reasonably affect County, Consultant shall give prompt and timely notice thereof to County. Notice shall be prompt and timely if given within 30 days following the date of receipt of a claim or 10 days following the date of service of process of a lawsuit. This provision shall survive the termination, expiration, or cancellation of this agreement.
- B. Any dispute between the Parties, and the interpretation of this agreement, shall be governed by the laws of the State of California. Any litigation shall be venued in Shasta County.

**Section 14. COMPLIANCE WITH LAWS; NON-DISCRIMINATION.**

- A. Consultant shall observe and comply with all applicable present and future federal laws, state laws, and local laws, codes, rules, regulations, and/or orders that relate to the work or services to be provided pursuant to this agreement.
- B. Consultant shall not discriminate in employment practices or in the delivery of services on the basis of race, color, creed, religion, national origin, sex, age, marital status, sexual orientation, medical condition (including cancer, HIV, and AIDS), physical or mental

disability, or use of family care leave under either the Family & Medical Leave Act or the California Family Rights Act, or in the basis of any other status or conduct protected by law.

- C. Consultant represents that Consultant is in compliance with and agrees that Consultant shall continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. section 12101, *et seq.*), the Fair Employment and Housing Act (Government Code sections 12900, *et seq.*), and regulations and guidelines issued pursuant thereto.
- D. Consultant shall comply with the Federal Rehabilitation Act of 1973, section 504.
- E. Consultant and Consultant's officers, employees, and agents shall comply with the policies of Shasta County adopted pursuant to the Deficit Reduction Act of 2005 §6032.
- F. For all services, Consultant shall comply with all applicable Medi-Cal Specialty Mental Health Services regulations; section 14680 of the Welfare and Institutions Code; and the California Code of Regulations, Title 9, Chapter 11.
- G. Consultant shall comply with all applicable provisions of Part 2 of Division 5 of the Welfare and Institutions Code, (commencing at section 5600 *et seq.*), Title 9 and Title 22 of the California Code of Regulations, the California Department of Health Care Services Cost Reporting/Data Collection Manual (CR/DC), and the prior State of California Department of Mental Health Policy Letters.
- H. Consultant shall comply with all applicable County, state and federal laws, ordinances, rules and regulations now in effect or hereafter enacted, pertaining to the provision of Medi-Cal Specialty Mental Health Services, each of which are hereby made a part hereof and incorporated herein by reference including, but not limited to, California Code of Regulations, title 9, section 1810.436, subd. (a)(1)-(5), which provides (in substance) that:
  - (1) Medi-Cal beneficiaries shall receive the same level of care as provided to all other patients served;
  - (2) Medi-Cal beneficiaries shall not be discriminated against in any manner;
  - (3) Consultant shall make all records, program compliance, and beneficiary complaints available for authorized review and fiscal audit whenever requested to do so by County, state, or federal authorities;
  - (4) Compensation paid pursuant to this agreement is considered to be payment in full; and
  - (5) Consultant shall adhere to Title XIX of the Social Security Act and conform to all other applicable federal and state statutes and regulations.
- I. Consultant shall comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act [42 U.S.C. 1857(h)], section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR part 15).

- J. Consultant shall comply with Section 1352 of Title 31, U.S.C. and no funds expended pursuant to this agreement shall be used to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract or agreement, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract or agreement, grant, loan, or cooperative agreement. All services rendered by Consultant pursuant to this agreement shall be in compliance with Section 1352 of Title 31, U.S.C., and in conjunction therewith shall executed the attached **EXHIBIT E, CERTIFICATION REGARDING LOBBYING**, attached hereto and incorporated herein.
- K. No funds or compensation received by Consultant under this agreement shall be used by Consultant for sectarian worship, instruction, or proselytization. No funds or compensation received by Consultant under this agreement shall be used to provide direct, immediate, or substantial support to any religious activity.
- L. In addition to any other provisions of this agreement, Consultant shall be solely responsible for any and all damages caused, and/or penalties levied, as the result of Consultant's noncompliance with the provisions of this section.

**Section 15. ACCESS TO RECORDS; RECORDS RETENTION.**

- A. County, federal, and state officials shall have access to any books, documents, papers, and records of Consultant that are directly pertinent to the subject matter of this agreement for the purpose of auditing or examining the activities of Consultant or County. Except where longer retention is required by federal or state law, Consultant shall maintain all records for ten years after County makes final payment hereunder. This provision shall survive the termination, expiration, or cancellation of this agreement.
- B. Consultant shall maintain appropriate records to insure a proper accounting of all funds and expenditures pertaining to the work performed or the services provided pursuant to this agreement. Consultant shall maintain records providing information that account for all funds and expenses related to the provision of services provided pursuant to this agreement. Access to these records shall be provided to County during working days, 8:00 a.m. to 5:00 p.m. and at other times upon reasonable notice by County, and upon request of state and federal agencies charged with the administration of programs related to the work or services to be provided pursuant to this agreement.
- C. Consultant agrees to accept responsibility for receiving, replying to, and/or complying with any audit exception by appropriate federal, state, or County audit directly related to the provisions of this agreement. Consultant agrees to repay County the full amount of payment received for duplicate billings, erroneous billings, audit exceptions, or false or deceptive claims. Consultant agrees that County may withhold any money due and recover through any appropriate method any money erroneously paid under this agreement if evidence exists of less than full compliance with this agreement including, but not limited to, exercising a right of set-off against any compensation payable to Consultant.
- D. The Director or any HHSA Branch Director designated by the Director shall have the right to oversee, monitor and specify the kind, quality, appropriateness, timeliness and amount of

the services and the criteria for determining the persons and Clients to be served within this agreement. Consultant agrees to extend to the Director, or any HHS Branch Director designated by the Director, and to the State of California Department of Health Care Services, the United States Department of Health and Human Services, the Comptroller General of the United States and other authorized state and federal agencies or their duly authorized representatives, the right to review, monitor, and evaluate Consultant's programs, books, records or procedures at any reasonable time.

- E. Consultant shall be subject to the examination and audit of the Department or Auditor General for a period of three years after final payment under contract (Government Code §8546.7). Consultant agrees to maintain and present, until six years after termination of this Agreement and final payment from County to Consultant, to permit the California Department of Health Care services or any duly authorized representative to have access to, examine or audit any pertinent books, documents, papers and records related to this agreement and to allow interviews of any employees who might reasonably have information related to such records.

**Section 16. COMPLIANCE WITH CHILD, FAMILY, AND SPOUSAL SUPPORT REPORTING OBLIGATIONS.**

Consultant's failure to comply with state and federal child, family, and spousal support reporting requirements regarding Consultant's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family, and spousal support obligations shall constitute a default under this agreement. Consultant's failure to cure such default within 90 days of notice by County shall be grounds for termination of this agreement.

**Section 17. LICENSES AND PERMITS.**

- A. Consultant and Consultant's officers, employees, and agents performing the work or services required by this agreement, shall possess and maintain all necessary licenses, permits, certificates, and credentials required by the laws of the United States, the State of California, the County of Shasta, and all other appropriate governmental agencies, including any certification and credentials required by County. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this agreement and constitutes grounds for the termination of this agreement by County.
- B. With respect to Consultant's Site(s), Consultant shall comply with all applicable County, state and federal licensing requirements and shall obtain all applicable licenses and display the same in a location on Consultant's Site(s) that is reasonably conspicuous. Failure to maintain the licensing requirements shall be deemed a breach of this agreement and may be, at County's sole discretion, grounds for the termination of this agreement pursuant to subsection A of Section 6 of this agreement.
- C. Consultant shall obtain a copy of the most recent Fire Marshall Clearance for each school based service delivery site(s) at the start of each school year and retain Fire Marshall Clearance for review as requested by County and/or the State of California Department of Health Care Services.

- D. Consultant shall immediately advise County of any investigation or adverse action taken against it, or against its officers, employees, and agents providing services pursuant to this agreement, by state or federal agencies and/or professional licensing organizations.

**Section 18. PERFORMANCE STANDARDS.**

Consultant shall perform the work or services required by this agreement in accordance with the industry and/or professional standards applicable to Consultant's work or services.

**Section 19. CONFLICTS OF INTEREST.**

Consultant and Consultant's officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property, or source of income that could be financially affected by or otherwise conflict in any manner or degree with the performance of the work or services required under this agreement.

**Section 20. NOTICES.**

- A. Except as provided in section 6.C. of this agreement (oral notice of termination due to insufficient funding), any notices required or permitted pursuant to the terms and provisions of this agreement shall be given to the appropriate Party at the address specified below or at such other address as the Party shall specify in writing. Such notice shall be deemed given: (1) upon personal delivery; or (2) if sent by first class mail, postage prepaid, two days after the date of mailing.

If to County:                      Branch Director  
    Children's Services  
    Attn: Contracts Unit  
    1313 Yuba Street  
    Redding, CA 96001  
    Tel: (530) 225-5757  
    Fax: (530) 225-5190

and for Clinical Contact:

Branch Director  
Children's Services  
1313 Yuba St.  
Redding, CA 96001  
Phone: (530) 225-5705  
Fax: (530) 225-5190

If to Consultant:                Executive Director  
    Northern Valley Catholic Social Service  
    2400 Washington Ave.  
    Redding, Ca 96001  
    Tel: (530) 241-0552  
    Fax: (530) 241-6457

- B. Any oral notice authorized by this agreement shall be given to the persons specified in Section 20.A. and shall be deemed to be effective immediately.
- C. Unless otherwise stated in this agreement, any written or oral notices on behalf of the County as provided for in this agreement may be executed and/or exercised by the County Executive Officer.

**Section 21. AGREEMENT PREPARATION.**

It is agreed and understood by the Parties that this agreement has been arrived at through negotiation and that neither Party is to be deemed the Party which created any uncertainty in this agreement within the meaning of section 1654 of the Civil Code.

**Section 22. COMPLIANCE WITH POLITICAL REFORM ACT.**

Consultant shall comply with the California Political Reform Act (Government Code, sections 81000, *et seq.*), with all regulations adopted by the Fair Political Practices Commission pursuant thereto, and with the County's Conflict of Interest Code, with regard to any obligation on the part of Consultant to disclose financial interests and to recuse from influencing any County decision which may affect Consultant's financial interests. If required by the County's Conflict of Interest Code, Consultant shall comply with the ethics training requirements of Government Code sections 53234, *et seq.*

**Section 23. PROPERTY TAXES.**

Consultant represents and warrants that Consultant, on the date of execution of this agreement, (1) has paid all property taxes for which Consultant is obligated to pay, or (2) is current in payments due under any approved property tax payment arrangement. Consultant shall make timely payment of all property taxes at all times during the term of this agreement.

**Section 24. SEVERABILITY.**

If any portion of this agreement or application thereof to any person or circumstance is declared invalid by a court of competent jurisdiction or if it is found in contravention of any federal or state statute or regulation or County ordinance, the remaining provisions of this agreement, or the application thereof, shall not be invalidated thereby and shall remain in full force and effect to the extent that the provisions of this agreement are severable.

**Section 25. COUNTY'S RIGHT OF SETOFF.**

To the fullest extent permitted by law, County shall have the right but not the obligation, to setoff, in whole or in part, against any compensation owed to Consultant or any of its subsidiaries under any contract with the County, any amount of any Federal or State audit liability owed by or claimed or asserted against the County or any amounts owed to County by Consultant or its subsidiaries.

**Section 26. CONFIDENTIALITY.**

During the term of this agreement, both parties may have access to information that is confidential or proprietary in nature. Both parties agree to preserve the confidentiality of and to not disclose any such information to any third party without the express written consent of the other Party or as



required by law. This provision shall survive the termination, expiration, or cancellation of this agreement.

**Section 27. CONFIDENTIALITY OF PATIENT INFORMATION.**

All information and records obtained in the course of providing services under this agreement shall be confidential, and Consultant and all of Consultant's employees, volunteers, agents, and officers shall comply with state and federal requirements regarding confidentiality of patient information (including, but not limited to, sections 827, 5328, 10850, and 14100.2 of the California Welfare and Institutions Code; Health and Safety sections 11845.5 and 11812, 22 California code of Regulations section 51009; California Civil Code section 56.10; the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations adopted pursuant thereto; Title 42, Code of Federal Regulations, Part 2; and Title 45, Code of Federal Regulations, section 205.50). All applicable regulations and statutes relating to patients' rights shall be adhered to. No list of services of persons receiving services under this Agreement shall be published, disclosed, or used for any other purpose except for the direct administration of the program or other uses authorized by law that are not in conflict with requirements of confidentiality. This provision shall survive the termination, expiration, or cancellation of this agreement.

**Section 28. CLINICAL RECORDS.**

Consultant shall maintain adequate clinical treatment records. Clinical treatment records must comply with all applicable state and federal requirements. Individual Client clinical treatment records shall contain assessment information, treatment planning documents, and progress notes which reflect all Client contacts and/or all treatment decisions. Program and Client clinical treatment records shall contain detail adequate for the evaluation of the service. Consultant shall provide monthly reports to the Director in conformance with the Client and Service Information (CSI) System as directed by the County.

**Section 29. FINANCIAL RECORDS.**

Consultant shall maintain financial records that clearly reflect the cost of each type of service for which compensation under this agreement is claimed. Any apportionment of costs shall be made in accordance with generally accepted accounting principles and shall evidence proper audit trails reflecting the true cost of the services rendered. Appropriate service and financial records must be maintained and retained for six years following the close of the fiscal year to which the records pertain. This provision shall survive the termination, expiration, or cancellation of this agreement.

**Section 30. AGREEMENT SUPERVISION.**

- A. The Director, or his or her designee, shall be the County representative authorized and assigned to represent the interests of the County and to determine if the terms and conditions of this agreement are carried out.
- B. County shall monitor the kind, quality, and quantity of Consultant's services and criteria for determining the persons to be served and length of treatment for the persons receiving mental health services covered under the terms of this agreement.

**Section 31. NOTICE OF RIGHTS.**

Consultant shall give the persons provided services pursuant to this agreement notice of their rights in accordance with section 5325 of the Welfare and Institutions Code and California Code of Regulations, Title 9, section 862. In addition, in all of Consultant's Site(s), Consultant shall have prominently posted in the predominant languages of the community a notice of the rights delineated in section 5325 of the Welfare and Institutions Code and in California Code of Regulations, Title 9, section 862.

**Section 32. FEDERAL HEALTHCARE COMPLIANCE PROGRAM.**

- A. In entering into this agreement, Consultant acknowledges the County's Program for Compliance with Federal Healthcare Programs (Compliance Program) and agrees to comply, and to require its employees who are considered "Covered Individuals" to comply with all policies and procedures of the Compliance Program including, without limitation, County's code of conduct (Code of Conduct), attached and incorporated herein as **EXHIBIT F**. Should the aforementioned Code of Conduct be amended during the term of this agreement, Consultant shall comply with the Code of Conduct as amended and as provided to Consultant by County. "Covered Individuals" are defined as employees of the Consultant with responsibilities pertaining to the ordering, provision, documentation, coding, or billing of services payable by a Federal Healthcare program for which County seeks reimbursement from the Federal Healthcare programs.
- B. Consultant agrees to provide copies of the Code of Conduct to all Covered Individuals who are its employees and to obtain (subject to review by County and/or Office of Inspector General [OIG]) signed certifications from each individual certifying that they have received, read, and understand the Code of Conduct and agree to abide by the requirements of the Compliance Program. Consultant shall submit the signed certifications to County's Compliance Officer within 30 days after the effective date of this agreement for all current employees who are Covered Individuals and within 30 days after the start date of any newly-hired employees who are Covered Individuals.
- C. Consultant agrees that all of its employees who are Covered Individuals, both current and all newly-hired, will be required to attend annually the complete compliance training program provided by County, or Consultant's program with prior approval of County's Compliance Officer, as required by the County's Program for Compliance with Federal Healthcare Programs.
- D. Consultant shall not enter into an agreement with any provider who is, or at any time has been, excluded from participation in any federally funded healthcare program, including, without limitation, Medi-Care or Medi-Cal.
- E. Consultant attests that Consultant and all Consultant's employees and subcontractors are not excluded from Medi-Cal and Medicaid provider participation.
- F. Consultant shall verify monthly all of Consultant's employees and subcontractors are not excluded from Medi-Cal and Medicaid provider participation. Consultant shall maintain documentation of monthly verification on file and provide such documentation to County by the 15<sup>th</sup> of the following month, electronically in .pdf format or other electronic format preapproved by County to mceur@co.shasta.ca.us and CSContracts@co.shasta.ca.us.

Verification checking, at a minimum shall include Consultant's use of the following three websites:

- (1) Office of Inspection General  
[http://oig.hhs.gov/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/exclusions/exclusions_list.asp)
- (2) Medi-Cal Suspended and Ineligible List  
<https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>
- (3) System for Award Management  
<https://www.sam.gov/portal/SAM/#1>

**Section 33. PERSONNEL.**

- A. Consultant shall furnish such qualified professional personnel as prescribed in Title 9 of the California Code of Regulations, for the type of services prescribed in this agreement.
- B. Consultant shall provide clinical supervision to all treatment staff, licensed or unlicensed. Those staff seeking licensure shall receive supervision in accordance with the appropriate State Licensure Board.

**Section 34. ANNUAL COST REPORT**

- A. Consultant shall submit a separate, detailed Mental Health Provider Cost Report ("Cost Report") in the format prescribed by the State of California Department of Health Care Services and a complete financial statement ("Financial Statement") not later than 90 days after the end of this agreement. Consultant's Cost Report and Financial Statement shall be subject to audit by appropriate County, state, and federal audit agencies. Costs for Medi-Cal eligible services rendered by Consultant shall be settled in accordance with State of California Department of Health Care Services guidelines. The Cost Report shall calculate the cost per unit as the lowest of the actual costs or published charges. In the event the Cost Report settlement identifies an overpayment to Consultant, Consultant shall reimburse County the full overpayment amount. If Consultant fails to reimburse County within 60 days of receiving notice from County of the overpayment, County may withhold up to 20 percent of future monthly payments to Consultant under this agreement until the full overpayment has been recouped, or up to 100 percent of the final payment to Consultant under this agreement until the full overpayment has been recouped. If any amount of overpayment to Consultant remains unpaid upon the termination, expiration, or cancellation of this agreement, which has not been reimbursed to County either by monthly withholding or withholding from the final payment under this agreement, Consultant shall reimburse County within 60 days of the termination, expiration, or cancellation of this agreement. If, at the time of Cost Settlement, additional compensation is due Consultant by County, County shall compensate Consultant the per unit rate up to the contract maximum, pursuant to California Department of Health Care Services guidelines. This provision shall survive the termination, expiration or cancellation of this agreement.
- B. Consultant may use unaudited financial statements as the basis of cost information for completion of the Cost Report and Financial Statement. Consultant shall submit a copy of the unaudited financial statements with the completed Cost Report and Financial Statement. In addition, Consultant shall submit to County an independent audit report conducted by a

Certified Public Accountant in accordance with OMB Circular A133 within 276 days after the close of each County fiscal year during which this agreement is in effect. This provision shall survive the termination, expiration, or cancellation of this agreement.

- C. Compensation for services rendered subsequent to the Cost Report and Financial Statement due dates may be withheld from Consultant at the County's sole discretion until the Cost Report and Financial Statement have been received by County.

**Section 35. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.**

The parties acknowledge the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA). Consultant understands and agrees that, as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of staff and the establishment of proper procedures for the release of such information. The Parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Consultant understands and agrees that it is independently responsible for compliance with HIPAA and agrees to take all necessary and reasonable actions to comply with the requirements of HIPAA related to transactions and code sets, privacy, and security. Consultant agrees that, should it fail to comply with its obligations under HIPAA, it shall indemnify and hold harmless County (including County's officers, employees, and agents), for damages that are attributable to such failure. The indemnification provided for in this section is in addition to, and does not in any way limit, the hold harmless, indemnification, and defense obligations of Consultant that are provided for in Section 11.

***SIGNATURE PAGE FOLLOWS***

IN WITNESS WHEREOF, County and Consultant have executed this agreement on the dates set forth below. By their signatures below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

**COUNTY OF SHASTA**

Date: \_\_\_\_\_

\_\_\_\_\_  
LES BAUGH, CHAIRMAN  
Board of Supervisors  
County of Shasta  
State of California

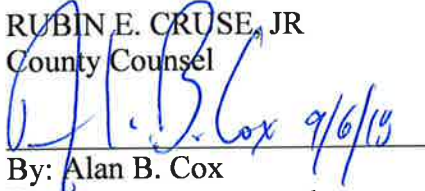
ATTEST  
LAWRENCE G. LEES  
Clerk of the Board of Supervisors

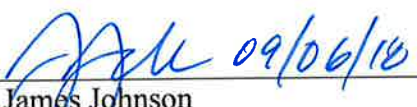
By: \_\_\_\_\_  
Deputy

Approved as to form:

**RISK MANAGEMENT APPROVAL**

RUBIN E. CRUSE, JR.  
County Counsel

  
By: Alan B. Cox  
Deputy County Counsel

  
By: James Johnson  
Risk Management Analyst

**CONSULTANT**

Date: 09/05/18

  
\_\_\_\_\_  
CATHLEEN WYATT,  
Executive Director

Tax I.D.#: On File

## SCOPE OF WORK

SERVICES
A. Consultant shall make available a minimum of 5 individual assessment appointment slots per week, to be scheduled by County staff only. New referrals, and their associated intake appointment scheduling, will be given preference over rescheduling of "no show" appointments. The Consultant shall ensure a Client will receive an assessment within 10 days of referral.
B. Gather Client information in the first three assessment contacts to complete a Diagnostic Assessment and Treatment Plan that meets Medi-Cal regulation requirements, to include ICD-10 diagnosis, or current diagnostic criteria set forth by the state within <u>45 days of the intake appointment</u> . This information shall address, at a minimum, but not be limited to: Client's risk factors, presenting symptoms, diagnosis and related functional impairments, Client and family strengths, along with goals and interventions to ameliorate symptoms and impairments. Additional assessment contacts in the initial 60 day authorization period require prior County approval. [Treatment plan submitted in 45 days.]
C. Begin clinical treatment (medication, family, individual) for the assessed condition within two weeks of completed comprehensive mental health assessment and TAR or during the 45-day comprehensive mental health assessment period.
D. Involve the Client, parents, guardians and/or caregivers who are authorized to participate in all assessment, treatment planning, ongoing therapy and decision-making regarding the Client's service and document in the Client's Treatment Plan and EHR.
E. On-going collateral therapy (with parent or other caregiver) is necessary for effective treatment for Clients under age 18, and must be frequent for those under age 14; therefore there will be an expected 50% collateral inclusion for Clients under age 14 and a 30% collateral inclusion for those between the ages of 14-18. Collateral therapy should focus on: <ul style="list-style-type: none"> <li>a. Helping parent(s), guardian(s), and caregivers understand the process of mental health treatment and the nature of the Client's mental disorder.</li> <li>b. Parent/caregiver capacity to support/address Client's mental disorder including but not limited to: <ul style="list-style-type: none"> <li>i. Parent, guardian, or caregiver and Client relationship issues;</li> <li>ii. Structure and stability of the home environment;</li> <li>iii. Parenting strategies for challenging behaviors.</li> </ul> </li> </ul>
F. Consultant shall provide referrals and/or facilitate linkage to community services for needs such as housing, food, clothing and transportation, as appropriate.
G. Implement required services including, but not limited to: The Positive Parenting Program (Triple P), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Case Management, Intensive Case Coordination (ICC), Intensive Home Based Services (IHBS), and Crisis Intervention.
H. Ensure interagency and organizational collaboration, including participation in meetings that address the mental health needs of children.
I. Attend, participate, and at times coordinate a Clinical Care Meeting or a Child and Family Team (CFT) meeting for Clients involved with Child Welfare and Probation. Consultant must come prepared with the following information: <ul style="list-style-type: none"> <li>a. Reason for calling the Clinical Care Meeting or CFT</li> <li>b. Age of Client</li> <li>c. Who Client lives with/caregiver</li> <li>d. When did they begin treatment with the Consultant</li> <li>e. Treatment goals and progress toward or lack thereof</li> </ul>

- f. School performance/IEP status
- g. Diagnosis and medication management

J. Provide Consultant staffing composition which may include professionals and paraprofessionals.

### CRISIS

- A. In addition to the intake slots per week, Consultant shall give priority for services to Clients identified by County or Consultant as requiring immediate service (such as Clients discharging from an inpatient program, Clients identified high risk/need, or foster youth).
- B. Provide crisis support, including crisis assessment and intervention services to clients during normal business hours and after hours. Accompany Clients to the HHSA Children's Services Mental Health office or Emergency Rooms when Client is in crisis and is considered a danger to self or a danger to others.
- C. Consultant shall contact and coordinate with acute psychiatric hospitals, Juvenile Hall, emergency rooms or any other involved agency within twenty-four hours when the Consultant is notified the Client has been hospitalized, or temporarily removed from their usual residence.

### MANAGED CARE

- A. Initial Authorizations for services pursuant to this agreement shall be authorized by County for up to 60 days.
- B. Use only those forms that have been pre-approved by County.
- C. Mental health services available shall include:
  - a. Assessment;
  - b. Plan development;
  - c. Psychotherapy including individual therapy;
  - d. Group therapy;
  - e. Collateral services;
  - f. Rehabilitation services;
  - g. Case management;
  - h. Crisis intervention services;
  - i. Intensive home based services (IHBS); and
  - j. Intensive case coordination (ICC).
- D. Obtain prior written authorization for all services provided beyond the 60 day authorization through the submission and approval of a Treatment Plan and authorization request for all mental health services from County. Services rendered by Consultant without prior authorization, unless otherwise specified from County shall not be reimbursed.
- E. Complete the Assessment and Treatment Plan and if needed, authorization request within 45 days of referral.
- F. Reauthorizations for ongoing services pursuant to this agreement may be authorized by County as follows:
  - a. Treatment Plans shall specify the type and frequency of interventions to be provided.
  - b. Requests for reauthorization of services will be evaluated for medical necessity including level of ongoing impairment, as well as evidence of progress in treatment or risk of impaired development due to a mental disorder.
- G. The first Treatment Plan and authorization request after the initial 60 day Initial Authorization shall be for a service period of up to one year from the date of the Initial Authorization, including the period of the Initial Authorization.



H. Ongoing interventions that may be reauthorized by County include, but are not necessarily limited to:

- a. Continued collateral sessions only.
- b. Individual therapy and collateral with at least one collateral session monthly.
- c. Group with collateral contact at least one time monthly.
- d. Other ongoing mental health services, including rehabilitation services or case management with collateral contacts.
- e. Adolescent Clients may receive individual therapy as the primary intervention when caregiver(s) is/are not willing to participate in treatment after two documented attempts to outreach and engage parents/caregivers after assessment.

I. Reassess Client at least once per year based on the date of Client's initial assessment and submit a copy of the annual assessment and Treatment Plan and authorization request for continued services to County when continued services beyond one year are clinically indicated. Continued services may be reauthorized up to one year subject to approval by County within 30 days before prior authorization expires.

J. Inform County and submit assessment document to County, by fax, within 3 working days after assessment, when any Medi-Cal beneficiary is determined to be ineligible for services. County shall review the assessment document and, if applicable, issue a Notice of Adverse Benefit Determination (NOABD) to Client in accordance with the guidelines set forth in the County's Managed Care Mental Health Plan.

K. Complete all Performance Outcome requirements in accordance with and as determined by the State of California Department of Health Care Services, and County. For purposes of this agreement Performance Outcomes include, but are not limited to, measures to determine Client progress and Consultant's productivity.

L. Adhere to guidelines in accordance with policies and procedures issued by County, including but not limited to:

- a. Complete all chart documentation as defined by the policy and procedure information located at the County Provider website. The Provider website is updated and maintained by County and is available at: [http://www.co.shasta.ca.us/index/hhsa\\_index/Mental\\_health\\_alcohol\\_and\\_drug/OrgProviders.aspx](http://www.co.shasta.ca.us/index/hhsa_index/Mental_health_alcohol_and_drug/OrgProviders.aspx)
- b. Conduct a minimum of three internal chart audits each month and shall submit documentation of said audits to County by the 15<sup>th</sup> day of the following month. Consultant shall participate in additional internal Utilization Review activities as directed by County.
- c. Comply with audit requests by County.
- d. Complete and submit to County within 30 days of execution of this agreement, a Quality Management Annual Work Plan (QM Plan) including Annual Work Plan Goals and Annual Work Plan Goal report analyzing progress made on prior year's QM Plan as required by the State of California Department of Health Care Services and as set forth in the County's Managed Care Mental Health Plan.
- e. Provide EPSDT notification to all Medi-Cal beneficiaries as required by the State of California Department of Health Care Services.
- f. Determine who can legally give consent for Client treatment and obtain consent from that person as required by law.
- g. Verbally notify Children's Branch Director within 4 hours regarding instances of significant harm.

M. Provide a Treatment Authorization Request (TAR) within 45 days of intake appointment.

## DISCHARGE PLANNING

A. A written Discharge Summary shall accompany the episode closing paperwork to County's Managed Care. The Discharge Summary shall have the following elements:

- a. Reason for discharge.
- b. Progress toward goals, or barriers to achieving completion of goals.
- c. Referrals to other providers or community supports.



## TRIPLE P

- A. Levels 3, 4, and 5 of the Triple P® Positive Parenting Program shall be provided to parents, family members, and caretakers of children/youth. Triple P® Positive Parenting Program services for Medi-Cal beneficiaries require prior authorization.
- B. Triple P Services will be provided in the home 80% of the time.
- C. Consultant shall sustain Triple P accredited staff and maintain all documentation and data tracking that is required to ensure fidelity to the evidence based practice.
- D. Staff providing Triple P® Services shall only provide Triple P® for levels they are certified to provide.
- E. Participate in the countywide evaluation of Triple P® and conduct surveys that correspond to the level of Triple P® that they are providing and that the County has deemed required for the countywide Triple P® evaluation herein attached and incorporated as **EXHIBIT G, REQUIRED TRIPLE P® EVALUATIONS**. Consultant shall enter all required surveys into the Shasta County Scoring Application and complete monthly documentation showing the number of services provided to each Client on a County provided form.
- F. Comply with applicable copyright laws regarding Triple P® Resource Materials. All resource materials shall be requested by Consultant using the Triple P® Resource Materials request form as provided by the County. In order to receive resource materials requested, Consultant must be current with their submission of data via the County metrics form and scoring application.
- G. Complete a Triple P® Quarterly Implementation Report and submit to the Agency Staff Services Analyst, 1313 Yuba Street, Redding, CA 96001. The **TRIPLE P® QUARTERLY IMPLEMENTATION REPORT** herein attached and incorporated as **EXHIBIT H** is due by the 10<sup>th</sup> of October, January, April and July each year of the agreement.

## MEDICATION MANAGEMENT

- A. A referral for medication management services may be made at any time the Client presents risk to self or others, is at risk of disruption to school placement or at risk for out-of-home placement, or an assessment indicates that medication could assist in decreasing presenting symptoms. Parent/guardian/caregiver participation in medication management services is required. Consultant's primary therapist for the Client shall coordinate services with County medication management services.
- B. For Clients receiving medications through Children's Services, a Clinical Care meeting will be requested to discuss coordination and transition of Client out of therapy and medication treatment. If the Client prefers to receive only medication services, this information will be discussed in the Clinical Care meeting and a plan for the appropriate provision of medication management services will be determined.

## FOSTER YOUTH

- A. Verbally notify the Child Welfare social worker, or probation officer and Mental Health Access within five working days of any of the following:
  - a. Client has terminated counseling with Consultant.
  - b. Client/family/foster family/relative caregiver has failed to respond to Consultant's efforts to schedule an appointment.
  - c. If Consultant deems a planned discharge is necessary, notification to County should be provided to the assigned social worker and probation officer before the Client is discharged.
- B. Attend, participate, and at times coordinate the Children and Family Team (CFT) meetings that occur throughout the life of the child welfare case.
  - a. Provide the Client's team information on treatment plan goals and progress made.
- C. Consultant shall provide testimony when subpoenaed to court and ordered to release information. In the event that Consultant is required by subpoena to testify in any matter arising out of or concerning this

agreement by any party, Consultant shall not be entitled to any compensation from County for time spent or expense incurred in giving or preparing for such testimony, including travel time.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) & Pediatric Symptom Checklist (PSC-35)**

- A. Utilize the CANS and PSC-35 for assessment, treatment planning and evaluation of program. At a minimum, Consultant shall complete a CANS and PSC-35 during the initial assessment and TAR submission, at 6 months intervals, with the annual TAR submission, and prior to discharge. County shall provide the Consultant with the version/template of the CANS and PSC-35 the County uses as a minimum application.
- B. Routinely review individual Client and Consultant outcomes for quality improvement efforts in service delivery.
- C. Consultant may utilize a CANS version with additional questions beyond the County version, but it must contain, at minimum, the same questions as the County version. Consultant shall submit CANS and PSC-35 data into an identified County database for reporting purposes.
- D. Ensure staff are trained initially and annually in use of the CANS and PSC-35 tools.

**TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)**

- A. Utilize TF-CBT as the primary treatment modality for Clients diagnosed with Post Traumatic Stress Disorder and Anxiety Disorder not otherwise specified when the Client's symptoms appear related to the Client experiencing a traumatic event.
- B. Consultant shall sustain TF-CBT accredited staff and maintain all documentation and data tracking that is required to ensure fidelity to the evidence based practice.

**RATES****I. Mental Health Services**

- A. Subject to the terms and conditions of this agreement, County shall pay Consultant at the following interim rates for pre-authorized services.

<b>Service</b>	<b>Rate</b>	
Mental Health Services	2.61	per minute
Rehabilitation	2.61	per minute
Case Management/Brokerage	1.75	per minute
Crisis Intervention	2.90	per minute

- B. Should the Consultant create a federal or state audit exception, during the course of the provision of services under this agreement, due to an error or errors of omission or commission, Consultant shall be responsible for the audit exception.
- C. Consultant shall provide County with current and active National Provider Identifier (NPI) numbers. Services provided without submission to County of current and active NPI's by Consultant shall be the responsibility of Consultant and shall not be reimbursed by or compensated for by County.

## EXPENDITURE REPORT

Northern Valley Catholic Social Services  
 2400 Washington Ave.  
 Redding, CA 96001

Check for final Report ☐

Date of Report

Term of Contract: 10/1/17 – 6/30/18

Period of Report

Budget Category (1)	Approved Budget (2)	This Period (3)	Previous Periods (4)	YTD (5)	Remaining Balance (6)
<b>Personnel/Position</b>					
Fringe Benefits					
<b>Total Salary and Benefits</b>					
<b>Operating Expenses</b>					
Office Expenses/Supplies					
Equipment					
Rents/Leases					
Utilities/Communications					
Travel					
(OTHER - Please Specify)					
<b>Total Operating Expenses</b>					
<b>Other Expenses</b>					
Fixed Assets					
(OTHER - Please Specify)					
<b>Total Other Expenses</b>					
<b>Total Expenses</b>					
<b>Administrative Cost</b>					
(Not to exceed 15%)					
<b>Totals</b>					

Invoice Total

\$-,-,-,-

Prepared by: (type name here)

Date

Telephone #

FOR COUNTY USE ONLY:

Cost Center

Account Code

Project Code

Activity Code

**NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, INC.  
BUDGET**

Shasta County Health & Human Services Agency  
1810 Market Street  
Redding, CA 96001

Northern Valley Catholic Social Service, Inc.  
2400 Washington Ave.  
Redding, CA 96001

**Term of Contract: 7/01/2018 - 6/30/2020**

**Youth Organizational Provider Budgets**

Budget Category	7/1/18 - 6/30/19	7/1/19 - 6/30/20	Total Budgeted Costs	
<b>Personnel/Position</b>				
	<b>FTE</b>			
Regional Director	17.50%	14,149	14,149	28,298
Clinical Supervisor	80.00%	50,685	50,685	101,370
Maintenance Worker	5.00%	1,942	1,942	3,884
Officer Manager	100.00%	33,301	33,301	66,602
Front Desk	10.00%	3,139	3,139	6,278
Technician II	87.50%	32,360	32,360	64,720
Supervising Therapist	100.00%	59,155	59,155	118,310
Therapist I	360.00%	158,897	158,897	317,794
Therapist II	160.00%	80,192	80,192	160,384
Therapist III	125.00%	72,239	72,239	144,478
IT	15.00%	8,873	8,873	17,746
On Call Therapist	0.00%	5,200	5,200	10,400
Mental Health Rehab Sepcialists	100.00%	32,614	32,614	65,228
Fringe Benefits		219,637	219,637	439,274
<b>Total Salary and Benefits</b>		<b>772,383</b>	<b>772,383</b>	<b>1,544,766</b>
<b>Operating Expenses</b>				
Office Expenses/Supplies		7,467	7,467	14,934
Equipment				
Rents/Leases		48,000	48,000	96,000
Utilities/Communications		20,600	20,600	41,200
Travel		12,000	12,000	24,000
Rental		2,000	2,000	4,000
Insurance		30,000	30,000	60,000
Subscriptions		100	100	200
Fees and Licenses		17,750	17,750	35,500
Postage, Copies & Printing		5,450	5,450	10,900
Employment Cost and Fees		1,000	1,000	2,000
Training Conferences		10,000	10,000	20,000
Employee Meetings		325	325	650
Maintenance Labor and Supplies		10,554	10,554	21,108
Depreciation (Cerner)		5,500	5,500	11,000
<b>Total Operating Expenses</b>		<b>170,746</b>	<b>170,746</b>	<b>341,492</b>
<b>Total Expenses</b>		<b>943,129</b>	<b>943,129</b>	<b>1,886,258</b>
<b>Administrative Cost</b>		<b>141,469</b>	<b>141,469</b>	<b>282,938</b>
<i>(Not to exceed 15%)</i>				
<b>Totals</b>		<b>1,084,598</b>	<b>1,084,598</b>	<b>2,169,196</b>

**FOR COUNTY USE ONLY:**

Cost Center \_\_\_\_\_  
Account Code \_\_\_\_\_  
Project Code \_\_\_\_\_  
Activity Code \_\_\_\_\_

Administrative overhead expenses in the Budget shall be calculated at an amount not to exceed 15 percent of direct expenses.

**State of California  
Department of Health Care Services**

**CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Name of Consultant

\_\_\_\_\_  
Printed Name of Person Signing for Consultant

2009-10-2018-01  
\_\_\_\_\_  
Contract/Grant Number

\_\_\_\_\_  
Signature of Person Signing for Consultant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**SHASTA COUNTY HEALTH AND HUMAN SERVICES,  
MENTAL HEALTH PLAN (MHP)  
CODE OF CONDUCT**

Shasta County Health and Human Services (HHSA), maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. HHSA Consultants shall follow this Consultant Code of Conduct (Code of Conduct) as applicable to services performed under the Managed Care Plan agreement between Shasta County and the State Department of Health Care Services and this Agreement between the County of Shasta and HHSA Consultant.

**1. PURPOSE**

The purpose of the HHSA Code of Conduct is to ensure that all HHSA Consultants providing services under the Shasta County Managed Care Plan (the agreement between Shasta County and State of California Department of Health Care Services to provide specialty mental health services to eligible Shasta County Medi-Cal beneficiaries) and this Agreement between the County of Shasta and Consultant, are committed to conducting their activities ethically and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs. This Code of Conduct also serves to demonstrate HHSA's dedication to providing quality care to its clients, and to submitting accurate claims for reimbursement to all payers.

**2. CODE OF CONDUCT - GENERAL STATEMENT**

- A. The Code of Conduct is intended to provide HHSA Consultants with general guidelines, to enable them to conduct the business of HHSA in an ethical and legal manner;
- B. Every HHSA Consultant is expected to uphold this Code of Conduct;
- C. Failure to comply with this Consultant Code of Conduct, or failure to report reasonably suspected issues of non-compliance, may result in the HHSA Consultant's termination of contracted status. In addition, such conduct may place the Consultant, the individuals employed under Consultant, or HHSA, at substantial risk in terms of its relationship with various payers. In extreme cases, there is also the risk of action by a governmental entity up to and including an investigation, criminal prosecution, and/or exclusion from participation in the Federal Health Care Programs.

**3. CODE OF CONDUCT**

All HHSA Consultants and employees, volunteers, and interns of Consultant shall:

- A. Perform their duties in good faith and to the best of their ability;

- B. Comply with all statutes, regulations, and guidelines applicable to Federal Health Care programs, and with this Code of Conduct;
- C. Refrain from any illegal conduct. When a Consultant is uncertain of the meaning or application of a statute, regulation, or policy, or the legality of a certain practice or activity, Consultant shall inform the HHSA Compliance officer or designee;
- D. Not obtain any improper personal benefit by virtue of their contractual relationship with HHSA.
- E. Notify the Compliance Officer or designee immediately upon the receipt, at any location, of any inquiry, subpoena, or other agency or government request for information regarding HHSA or the services provided under this agreement between HHSA and Consultant;
- F. Not destroy or alter HHSA information or documents in anticipation of, or in response to, a request for documents by any applicable government agency or from a court of competent jurisdiction;
- G. Not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- H. Not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the Consultant's independent judgment in transactions involving HHSA or the services provided under this agreement between HHSA and Consultant;
- I. Disclose to the HHSA Compliance Officer or designee any financial interest, official position, ownership interest, or any other financial or business relationship that they (or a member of their immediate family, or persons in their employ) has with HHSA's employees, vendors or contractors;
- J. Not participate in any false billing of HHSA, client, other government entities, or any other party;
- K. Not participate in preparation or submission of any false cost report or other type of report submitted to the HHSA or any other government entity;
- L. Not pay, or arrange for Consultant to pay, any person or entity for the referral of HHSA client to Consultant, and shall not accept any payment or arrange for any other entity to accept any payment for referrals from Consultant;



- M. Not use confidential HHSA information for their own personal benefit or for the benefit of any other person or entity, while under contract to HHSA, or at any time thereafter;
- N. Not disclose confidential medical information pertaining to HHSA's clients without the express written consent of the client or pursuant to court order and in accordance with all applicable laws;
- O. Promptly report to the HHSA Compliance Officer or designee any and all violations or reasonably suspected violations of this Code of Conduct;
- P. Promptly report to the HHSA Compliance Officer or designee any and all violations or reasonably suspected violations of any statute, regulation, or guideline applicable to Federal Health Care programs;
- Q. Know they have the right to use HHSA's Confidential Disclosure Line without fear of retaliation with respect to disclosures; and with HHSA's commitment to maintain confidentiality, as appropriate; and
- R. Not engage in or tolerate retaliation against anyone who reports suspected wrongdoing.

**4. SHASTA COUNTY COMPLIANCE OFFICER**

The Shasta County HHSA Compliance Officer may be contacted at:

Compliance Officer

Shasta County Health and Human Services Agency, Business & Support Services

1810 Market Street, Redding, CA 96001

P. O. Box 496005, Redding, CA 96049-6005

(530) 245-6750

24/7 Confidential Disclosure Line: (530) 229-8050 or 1-866-229-8050

Email: [mhcompofcr@co.shasta.ca.us](mailto:mhcompofcr@co.shasta.ca.us)

*CODE OF CONDUCT CERTIFICATION PAGES FOLLOWS*



Shasta County Health & Human Services Agency (HHSA)

# CODE OF CONDUCT CERTIFICATION

I, \_\_\_\_\_ by signing this Certification  
(Print First and Last Name)

acknowledge that:

1. I am an employee of Northern Valley Catholic Social Service, a consultant of the County of Shasta, through its Health and Human Services Agency;
2. I have received a copy of the Code of Conduct;
3. I have read and understand the Code of Conduct; and
4. I agree to comply with the Code of Conduct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Consultant shall maintain all current signed Code of Conduct Certification forms on file and retain forms for a period of seven years after employee no longer works for Consultant, and provide to HHSA upon request, or submit depending upon agreement terms, this signed certification to HHSA Compliance Program staff at 1810 Market Street, Redding, CA 96001, or to P.O. Box 496005, Redding, CA 96049-6005.

Thank you.

## Triple P® Required Evaluations

### Shasta County Online Triple P® Scoring Application Required Data Fields

Focus Child	Family Members/Caregivers
• What Organization/Agency is providing services for this child?	• Which best describes the household in which the child is presently living?
• Last four digits of child's SSN.	• Is intervention complete?
• Level providing.	• Relationship to child.
• Date intervention commenced.	• Caregiver's marital status.
• Date intervention ended.	• Add family members.
• Caregiver's zip code.	• Caregiver's primary language.
• Child's gender.	• Caregiver's race/ethnicity.
• Child's age today.	• What culture does Caregiver identify with?
• Child's date of birth.	• How did Caregiver hear about Triple P or who referred Caregiver?

#### **Level 2 Seminar, Level 2 Seminar Teen:**

- No surveys required

#### **Level 3 Primary, Level 3 Primary Teen:**

- Client Satisfaction Survey (Post Only)
- Strength and Difficulties Questionnaire (Pre/Post)

#### **Level 4 Standard, Level 4 Group**

- Client Satisfaction Survey (Post Only)
- Being a Parent (PSOC) (Pre/Post)
- Strengths and Difficulties Questionnaire (Pre/Post)
- Depression, Anxiety, Stress Scale – 42 Question Survey (Pre/Post)

#### **Level 4 Standard Teen, Level 4 Group Teen**

- Client Satisfaction Survey (Post Only)
- Parenting Scale – Adolescent (Pre/Post)
- Strength and Difficulties Questionnaire (Pre/Post)
- Depression, Anxiety, Stress Scale- 21 Question Survey (Pre/Post)

#### **Level 4 Stepping Stones**

- Client Satisfaction Survey (Post Only)
- Parenting Scale – Adolescent (Pre/Post)
- Being A Parent Survey (Pre/Post)
- Strength and Difficulties Questionnaire (Pre/Post)
- Depression, Anxiety, Stress Scale – 42 Question Survey (Pre/Post)

#### **Level 5 Enhanced, Level 5 Pathways, Level 5 Family Transitions**

- Client Satisfaction Survey (Post Only)
- Parenting Scale (Pre/Post)
- Strength and Difficulties Questionnaire (Pre/Post)
- Depression, Anxiety, Stress Scale – 42 Question Survey (Pre/Post) (21 Questions Survey for Family Transitions (Pre/Post))
- Acrimony Scale (Pre/Post) – Required for Level 5 Family Transitions Only

### Triple P® Quarterly Implementation Report

**Name of Organization:**
**Report Period:**

**1. List the staff names, his/her Triple P® accredited levels, and whether or not they were active this quarter:**

**2. For Triple P® Level 4 Groups this reporting quarter please provide:**

Start Date	Standard	Teen	End Date	# of Participants	# of Participants that Completed	# of Sessions
1.	<input type="checkbox"/>	<input type="checkbox"/>				
2.	<input type="checkbox"/>	<input type="checkbox"/>				
3.	<input type="checkbox"/>	<input type="checkbox"/>				
4.	<input type="checkbox"/>	<input type="checkbox"/>				
5.	<input type="checkbox"/>	<input type="checkbox"/>				
6.	<input type="checkbox"/>	<input type="checkbox"/>				

**3. Briefly report on your marketing and outreach activities for this quarter:**

**4. Briefly describe some of the success and barriers your Organization has experienced in implementing Triple P® this quarter?**

- Success:

- Barriers:

**5. Do you have a waitlist? ☐ No ☐ Yes**

- If yes, how many caregivers are waiting for each level?

\_\_\_ Level 3    \_\_\_ Level 3 Teen    \_\_\_ Level 4    \_\_\_ Level 4 Group    \_\_\_ Level 4 Stepping Stones  
 \_\_\_ Level 5 Enhanced    \_\_\_ Level 5 Pathways    \_\_\_ Level 5 Family Transitions

**6. For individual Triple P® services this quarter please provide the following:**

Triple P ID's that <b>completed</b> the Triple P® program:					Triple P® ID's that have <b>discontinued</b> the program:				
<b>LEVEL 3 (Primary and Teen)</b>									
<b>LEVEL 4 (Standard, Group, Stepping Stones)</b>									
<b>LEVEL 5 (Enhanced, Pathways, Family Transitions)</b>									

Submit completed reports to: Agency Staff Services Analyst, 1313 Yuba Street, Redding, CA 96001

**Shasta County Health & Human Services Agency – Children’s Services Branch  
Youth Mental Health Services Agreement  
Monthly Progress Report**

**Monthly PROGRESS REPORT INSTRUCTIONS**

One electronic copy of each monthly report is due to Shasta County HHSA Children’s Services Branch by the 15<sup>th</sup> of each month reporting on services rendered in the previous month.

1. Email electronic copies of monthly reports to: [lsteale@co.shasta.ca.us](mailto:lsteale@co.shasta.ca.us); [dshelton@co.shasta.ca.us](mailto:dshelton@co.shasta.ca.us); [acondrey@co.shasta.ca.us](mailto:acondrey@co.shasta.ca.us); [CSContracts@co.shasta.ca.us](mailto:CSContracts@co.shasta.ca.us); [mceur@co.shasta.ca.us](mailto:mceur@co.shasta.ca.us)

**Provider Name:** \_\_\_\_\_ **Month Covered by Report:** \_\_\_\_\_

**Provider Number:** \_\_\_\_\_ **NPI Number:** \_\_\_\_\_

**Report Completed by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_

1. **Achievement of Program Objectives:** Please report the number of existing, new and discharged individuals served during the reporting month.

	# Served	Target # to Serve	% Served
Children/Youth in program at beginning of month			
Children/Youth added to program during month			
Children/Youth discharged from program during month			

Number of children/youth who were admitted to psychiatric hospital. <i>Target = &lt; 3%</i> <b>Take # of children admitted and divide by number served to get %</b>	# admitted	%
Number of children/youth who received crisis services. <i>Target = &lt; 5%</i> <b>Take # of children receiving crisis services and divide by number served to get %</b>	# receiving	%
Number of children/youth arrested/detained. <i>Target = &lt; 5%</i> <b>Take # of children arrested/detained and divide by number served to get %</b>	# arrested /detained	%
Number of children/youth moved to group home. <i>Target = &lt; 5%</i> <b>Take # of children moved to group home and divide by number served to get %</b>	# moved	%
Number of discharged who had CANS improved from initial score of (2-3) to (0-1). <b>Number of those improved divided by number discharged. <i>Target = 70%</i></b>	# discharged	%
a. Life Domain Functioning <b>Number improved divided by number discharged.</b>		%
b. Mental Health Behavioral Emotional Needs <b>Number improved divided by number discharged.</b>		%
c. Risk Behaviors <b>Number improved divided by number discharged.</b>		%
d. Educational Needs <b>Number improved divided by number discharged.</b>		%
Number of care providers receiving Triple P services in the home. <i>Target = 80%</i> <b>Number of care providers receiving Triple P in the home divide by number of care providers receiving Triple P services.</b>	# care providers	%
Number of Clients receiving collateral with family (Family Therapy). <i>Target = 75%</i> <b>Number of Clients receiving collateral divide by number of Clients served.</b>	# care providers	%
Number of Clients receiving services in their home. <i>Target = 60%</i> <b>Number of Clients receiving services in their home divide by number of Clients served.</b>	# care providers	%
Number of minutes billed to Medi-Cal this month.		
Amount of Unbilled Services this month.		

**3. If achievement of any program objectives is below the expected target percentage, please provide explanation and plans for improving the rate of achievement in the next month:**

**4. Verification of compliance with Section 32.F. – sanction verification requirements:**

**By:** \_\_\_\_\_

**On:** \_\_\_\_\_

**5. Monthly Internal chart audit:**

Chart Number/MH ID Number	Date of Audit	# of Discrepancies Identified	Auditor Name

**6. Progress on completing the Additional Requirements this month (Check if complete).**  
*(Use only those requirements listed on the EXHIBIT A)*

- ☐ All staff working in program have passed the Sanction Checks.
- ☐ All staff working with Clients less than 18 years of age have received clearance from the Department of Justice (DOJ).
- ☐ All staff have been trained in and are adhering to the Code of Conduct.
- ☐ All staff have attended the mandatory staff trainings as required by Children's Services.  
Number of mandatory trainings completed by staff this month. \_\_\_\_\_
- ☐ All documentation was brought to the Managed Care site on a weekly basis.
- ☐ Agency has submitted Financial Audit within the time limits as required by the Agreement.

Date Audit was submitted to Fiscal. \_\_\_\_\_

**7. If any of the Additional Requirements have not been met, please provide explanation and a plan for meeting them:**

**8. Please describe any challenges or barriers encountered in program implementation and the steps that have been taken to resolve these issues.**

**9. Please provide any other information you would like us to have.**