

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

2016



**FROM:** Riverside University Health Systems - Behavioral Health

**SUBMITTAL DATE:**  
March 14, 2016

**SUBJECT:** Approve the Memorandum of Understanding (MOU) between the Riverside University Health Systems - Behavioral Health (RUHS-BH), Inland Empire Health Plan (IEHP) and Inland Empire Health Plan Health Access (IEHPHA) in the amount of \$3,220,164 for a Total Program Cost of \$5,366,941 and Amend Salary Ordinance No. 440 Pursuant to Resolution No. 440-9033 Submitted Herewith. (District: 1), [\$5,366,941] Federal 40%, IEHP 60%.

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the MOU between RUHS-BH, IEHP and IEHPHA in the amount of \$3,220,164 for a total program cost of \$5,366,941 for the period of January 20, 2016 through August 15, 2017;
2. Authorize the Director of Behavioral Health or designee, to sign the MOU, subsequent amendments, related documents and reports in accordance with Riverside County Board of Supervisors Policy A-30;
3. Approve and direct the Auditor-Controller to make the budget adjustments applicable to FY15/16 as specified in Schedule A; and
4. Approve and amend Salary Ordinance No. 440 pursuant to Resolution No. 440-9033 submitted herewith.

FISCAL PROCEDURES APPROVED  
PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
BY: Susana Garcia-Bocanegra 3/30/16  
Susana Garcia-Bocanegra

Steve Steinberg  
Steve Steinberg, Director  
Behavioral Health

(Continued on page 2)  
SS:AH

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 1,162,247	\$ 2,522,816	\$ 5,366,941	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
SOURCE OF FUNDS: 40% Federal, 60% IEHP				Budget Adjustment: YES	
				For Fiscal Year: 15/16 - 17/18	

**C.E.O. RECOMMENDATION:**

APPROVE

County Executive Office Signature

BY: Christopher M. Hans  
Christopher M. Hans

**MINUTES OF THE BOARD OF SUPERVISORS**

Positions Added  
 Change Order

A-30  
 4/5 Vote

Prev. Agn. Ref.:

District: 1

Agenda Number:

3-17

FORM APPROVED COUNTY COUNSEL  
DATE 3/23/16  
BY: GREGORY P. PRIAMOS

Departmental Concurrence

Approved by Michael T. Stock  
Asst. County Executive Officer/  
Human Resources Director

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

**FORM 11:** Approve the Memorandum of Understanding (MOU) between the Riverside University Health Systems - Behavioral Health (RUHS-BH), Inland Empire Health Plan (IEHP) and Inland Empire Health Plan Health Access (IEHPHA) in the amount of \$3,220,164 for a Total Program Cost of \$5,366,941 and Amend Salary Ordinance No. 440 Pursuant to Resolution No. 440-9033 Submitted Herewith. (District: 1), [\$5,366,941] Federal 40%, IEHP 60%.

**DATE:** March 14, 2016

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**BACKGROUND:**

**Summary**

RUHS-BH has been awarded a two year grant by IEHP for the term January 20, 2016 through August 15, 2017. RUHS-BH and IEHP Health Plan desire to become working partners to transform clinical practices by integrating primary and behavioral health and ultimately lead to the "Triple Aim" of improved population health, positive experience of care, and cost-efficient care. The parties will be focusing on five key areas of practice transformation, which include: assessment processes, care planning, service delivery practices, population health care management, and health promotion/patient experience.

Funds will be used to provide behavioral health and primary care services at three existing RUHS-BH facilities increasing access to behavioral health care and integrated physical health care for Riverside County residents.

**Impact on Citizens and Businesses**

These services are a component of the Department's system of care aimed at improving the health and safety of consumers and the community. Acceptance of this grant will assist in the goal of further integrating health care within Riverside County.

**Additional Fiscal Information**

Total programmatic cost is \$5,366,941, in which IEHP will fund \$3,220,164 (60%), and the remaining \$2,146,777 (40%) will be federally funded. For FY 15/16, the budget adjustment of \$1,162,247 is prorated for four months of operations. The remaining amount of \$4,204,694 will be budgeted in FY 16/17 and FY 17/18 through the normal budgeting process. No additional County funds are required.

**Attachments:**

Schedule A, Salary Ordinance No. 440-9033

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11:** Approve the Memorandum of Understanding (MOU) between the Riverside University Health Systems - Behavioral Health (RUHS-BH), Inland Empire Health Plan (IEHP) and Inland Empire Health Plan Health Access (IEHPHA) in the amount of \$3,220,164 for a Total Program Cost of \$5,366,941 and Amend Salary Ordinance No. 440 Pursuant to Resolution No. 440-9033 Submitted Herewith. (District: 1), [\$5,366,941] Federal 40%, IEHP 60%.

**DATE:** March 14, 2016

**PAGE:** Page 3 of 3

**SCHEDULE A**

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH  
BUDGET ADJUSTMENT  
FISCAL YEAR 2015/2016**

**INCREASE IN APPROPRIATIONS:**

10000-4100200000-510040	Regular Salaries	\$613,824
10000-4100200000-518100	Budgeted Benefits	\$227,115
10000-4100200000-520230	Cellular Phone	\$3,000
10000-4100200000-521640	Maint. Software	\$44,308
10000-4100200000-523680	Equipment Non Fixed Assets	\$154,000
10000-4100200000-522310	Maint-Building & Improvement	<u>\$120,000</u>

**TOTAL INCREASE IN APPROPRIATION** **\$1,162,247**

**INCREASE ESTIMATE REVENUE:**

10000-4100200000-767180	Fed-Medi-Cal-FFP	\$464,899
10000-4100200000-775560	Other MH Charges for Services	<u>\$697,348</u>

**TOTAL INCREASE ESTIMATE REVENUE** **\$1,162,247**

1 RESOLUTION NO. 440-9033

2  
3 BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in  
4 regular session assembled on April 12, 2016, that pursuant to Section 4(a)(ii) of Ordinance No. 440, the  
5 Behavioral Health Director is authorized to make the following listed change(s), operative on the date of  
6 approval, as follows:

7

8 <u>Job Code</u>	<u>+/-</u>	<u>Department ID</u>	<u>Class Title</u>
9 79751	+ 1	4100205571	Behavioral Health Specialist III
10 57775	+ 1	4100205571	Certified Medical Assistant
11 79742	+ 1	4100205571	Clinical Therapist II
12 73984	+ 1	4100205571	Nurse Practitioner III
13 73991	+ 1	4100205571	Registered Nurse IV
14 57745	+ 1	4100203570	Behavioral Health Specialist II
15 79751	+ 1	4100203570	Behavioral Health Specialist III
16 57775	+ 1	4100203570	Certified Medical Assistant
17 79742	+ 1	4100203570	Clinical Therapist II
18 57792	+ 1	4100203570	Community Services Assistant
19 79726	+ 1	4100203570	Mental Health Peer Specialist
20 79717	+ 1	4100203570	Mental Health Service Supervisor
21 73984	+ 1	4100203570	Nurse Practitioner III
22 13866	+ 1	4100203570	Office Assistant III
23 57745	+ 1	4100203745	Behavioral Health Specialist II
24 79751	+ 1	4100203745	Behavioral Health Specialist III
25 79838	+ 1	4100203745	Research Specialist II
26 73819	+ 1	4100203745	Staff Psychiatrist IV

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**INLAND EMPIRE HEALTH PLAN  
AND  
IEHP HEALTH ACCESS**

**AND**

**Riverside University Health Systems Department of Behavioral Health**

**FOR**

**BEHAVIORAL HEALTH INTEGRATION INITIATIVE**

**MEMORANDUM OF UNDERSTANDING**

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## MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING regarding the BEHAVIORAL HEALTH INTEGRATION INITIATIVE (“MOU”) is made and entered into this 20<sup>th</sup> Day of January 2016 (the “Effective Date”), by and between Inland Empire Health Plan (“IEHP”), IEHP Health Access (“Health Access”) (known collectively as “IEHP Health Plan”), each of which is a public entity, and Riverside University Health Systems Department of Behavioral Health (RUHS Dept of BH) (“Provider”).

### INTRODUCTION

Provider and IEHP Health Plan have complementary objectives to promote the physical and mental health of the population in the Inland Empire. IEHP Health Plan is one of the first health plans to have an in-house behavioral health department for the goal of further integrating care. Properly credentialed members of the IEHP behavioral health care team work with providers by evaluating treatment plans and coordinating care for IEHP Members. Provider and IEHP Health Plan desire to become working partners to transform Provider’s clinical practices by integrating primary and behavioral health and ultimately lead to the “Triple Aim” of improved population health, positive experience of care, and cost efficient care. The parties will be focusing on five key areas of practice transformation, which include: assessment processes, care planning, service delivery practices, population health care management, and health promotion/patient experience. This MOU, including any exhibits or attachments attached hereto, delineates the areas of understanding and agreement between Provider and IEHP Health Plan to further the goals hereto.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **PROVIDER RESPONSIBILITIES** – Provider agrees to:
  - 1.1 Participate in IEHP’s Behavioral Health Integration Initiative in collaboration with IEHP Health Plan and its subcontractor, Jen Clancy Consulting, by completing the deliverables and performing the tasks set forth in Attachment A, SCOPE OF SERVICES, attached hereto and incorporated herein by this reference.
  - 1.2 Appoint a staff member as the primary liaison between the Provider and IEHP Health Plan. In addition, appoint liaison personnel as needed to coordinate activities with IEHP Health Plan for each deliverable/task listed in Attachment A.
  - 1.3 Provider shall maintain any and all necessary licensure and perform all services by properly trained and licensed or certified staff.

1.4 For metrics established pursuant to the activities under Attachment A, Provider shall be responsible for maintaining, extracting and submitting all relevant data in support of IEHP Health Plan's efforts to monitor progress and track performance as to Provider's execution of the initiatives outlined under Attachment A. All data required by IEHP Health Plan, as described in Attachment A, shall be disclosed to IEHP in compliance with Section 8, DATA SHARING.

2. **IEHP RESPONSIBILITIES** - IEHP Health Plan agrees to:

2.1. Support Provider's infrastructure development and coaching for clinical improvement through its subcontractor (Jen Clancy Consulting) and by disbursing funds to Provider, as set forth in Attachment B, **REIMBURSEMENT**, attached hereto and incorporated herein by this reference.

2.2. Appoint a staff member as the primary liaison between IEHP Health Plan and Provider. In addition, IEHP Health Plan will appoint liaison personnel as needed to coordinate activities with Provider for each deliverable/task listed in Attachment A.

3. **TERM**

3.1. This MOU shall be effective on the Effective Date, and shall continue in effect until August 15, 2017. In no event shall this MOU be extended past August 15, 2017 without a new MOU, or an amendment to this MOU which specifically extends the term of the MOU.

3.2. It is mutually agreed and understood that the obligation of IEHP Health Plan is limited by and contingent upon the availability of funds from payors to IEHP, including but not limited to, federal congressional appropriation, availability of State funding, and/or other payors. In the event that such funds are not forthcoming for any reason, this MOU is rendered null and void and IEHP Health Plan shall immediately notify Provider in writing. This MOU shall be deemed terminated and of no further force and effect immediately on IEHP Health Plan's notification to Provider or such timeframe as otherwise stated in IEHP Health Plan's notification.

4. **TERMINATION**

4.1. This MOU may be terminated by IEHP Health Plan or Provider without cause, by giving at least sixty (60) days written notice.



- 4.2. In the event that either party defaults in the performance of any duties or obligations stated in this MOU, the non-breaching party may terminate this MOU, for cause, by giving ten (10) working days written notice of intention to terminate. Alternatively, the non-breaching party may serve written notice of the breach on the breaching party and allow a reasonable time to cure such breach. In the event the breach is not cured to the satisfaction of the non-breaching party prior to the expiration of the cure period, the MOU shall terminate at that time.
- 4.3. In the event that Provider terminates this MOU without cause, or IEHP Health Plan terminates this MOU for cause, Provider shall return to IEHP Health Plan any funds that have been received by Provider but not yet expended towards the purposes outlined in Attachment A and/or Attachment B. IEHP Health Plan reserves the right to request an accounting of such funds and access Provider's records pursuant to Section 6.

## 5. INDEMNIFICATION AND INSURANCE

- 5.1. Each Party (the "Indemnifying Party") shall indemnify and hold harmless the other (the "Indemnified Party") from any and all liability, loss, settlement, claim, demand, and expense of any kind, arising out of or in any way relating to the Indemnifying Party's performance or omission of any act under this MOU. The Indemnifying Party shall defend the Indemnified Party in any claim or action based upon any such alleged acts or omissions, at its sole expense, which shall include all costs and fees, including, but not limited to, attorney fees, cost of investigation, defense, and settlement or awards. The Indemnified Party shall promptly notify the Indemnifying Party of any claims or demands which arise or for which indemnification is sought. Indemnifying Party's obligation hereunder shall be satisfied when the Indemnifying Party has entered into a settlement approved by the Indemnified Party (which approval shall not be unreasonably withheld), or has provided to Indemnified Party the appropriate form of dismissal relieving Indemnified Party from any liability for the action or claim involved. The terms of this Section shall survive the expiration or termination of this MOU.
- 5.2. Throughout the term of this MOU, Provider shall maintain, at its sole cost and expense, policies for insurance providing coverage for Provider's general liability and professional liability (errors and omissions), and any other insurance coverage Provider deems prudent and customary in the exercise of Provider's business operations, in amounts as may be necessary to protect Provider, its officers, agents, employees, and IEHP Health Plan (as necessary) in the discharge of its responsibilities and obligations under this MOU. Upon request, Provider shall furnish IEHP Health Plan with evidence of such insurance coverage.

6. **ACCESS TO BOOKS AND RECORDS** – Provider and IEHP Health Plan agree to maintain sufficient records, files and documentation necessary in case of audit by DMHC, DHCS or other regulatory agencies. Provider agrees to make such records available to IEHP Health Plan, as needed.
  - 6.1. Provider agrees to maintain these records, files and documentation for a period of not less than ten (10) years from the close of the fiscal year in which this MOU was in effect.
  - 6.2. Provider agrees that, at the sole discretion of IEHP Health Plan, IEHP Health Plan may request an independent audit of Provider’s use of funds disbursed pursuant to this MOU, such audit to be conducted by an auditor and/or audit firm selected by IEHP and/or Health Access. Audits pursuant to this provision may be conducted more than once during the term of this MOU at the sole discretion of IEHP Health Plan. IEHP Health Plan agrees to cover the costs of any such audit.
  
7. **CONFIDENTIALITY** – Provider and IEHP Health Plan shall comply with all applicable Federal, State and local laws and regulations concerning confidentiality of records, including, but not limited to, the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act, as amended, and the regulations promulgated thereto.
  
8. **DATA SHARING** – In furtherance of the objectives of this MOU, Provider and IEHP Health Plan agree to share all necessary data for the treatment, processing of claims and proper care coordination of IEHP Members in compliance with applicable Federal and State law and regulation, including but not limited to the relevant provisions of the Lanterman Petris Short Act (Cal Welfare & Institutions Code § 5000, et seq.) (collectively referred to herein as, the “Privacy Laws”). Provider understands the need for IEHP to receive timely information for the evaluation of care plans and understanding Member needs to provide the proper behavioral health care treatment and will share all necessary information as outlined in Attachment A. Provider further understands that failure to provide such data pursuant to the tasks outlined under the BHI-I Coaching Work Plan under Attachment A frustrates the purpose of IEHP Health Plan’s Behavioral Health Integration Initiative and is considered a material breach of this MOU. The IEHP Member data outlined in Attachment A is information that may be disclosed between the parties as authorized under the applicable Privacy Laws, but to the extent the parties deem that IEHP Member consent is required under such Privacy Laws, Provider and IEHP shall cooperate to procure properly executed consent forms. IEHP Health Plan certifies that any such data received by Provider will be kept secure and in compliance with applicable Privacy Laws.

9. **CONFLICT OF INTEREST** - The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this MOU.
  
10. **NONDISCRIMINATION** - Provider and IEHP Health Plan shall not discriminate in performance of this MOU, or providing any services thereunder, based upon an individual's religion, color, sex, national origin, age, physical or mental handicaps or condition. Provider shall not discriminate in recruiting, hiring, promotion, demotion or termination practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status or sex in the performance of this MOU, and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the Fair Employment and Housing Act (commencing with Section 12900 *et seq.* of the Government Code), and Federal Civil Rights Act of 1964 (P.L. 88-352).
  
11. **GENERAL PROVISIONS**
  - 11.1. **Independent Contractor** - The parties are independent contractors. Neither party has the power or authority to act on behalf of the other party as its agent. Nothing in this MOU shall be construed to make the parties hereto partners, joint venturers, or agents of or with each other, nor shall either party so represent itself.
  
  - 11.2. **Entire Agreement/Severability** - This MOU constitutes the entire agreement between the parties hereto with respect to the subject matter hereof and all prior or contemporaneous MOUs of any kind or nature relating to the same subject matter, are hereby terminated upon the execution of all parties of this MOU. Any modifications to the terms of this MOU must be in writing and signed by the parties herein. The unenforceability or invalidity of any Section or provision of this MOU shall not affect the enforceability and validity of the balance of this MOU.
  
  - 11.3. **Assignment** - This MOU and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by Provider or IEHP Health Plan, and shall not be subject to execution, attachment or similar process, nor shall the duties imposed herein be subcontracted or delegated without the written consent of the other party, as approved by the IEHP Health Plan Governing Board. Any assignment or delegation of this MOU by Provider to a third party shall be void unless prior written approval is obtained from IEHP Health Plan and approved, if necessary, by the DHCS and/or DMHC.

- 11.4. Notices - Unless expressly provided otherwise, all notices herein provided to be given, or which may be given, by any party to the other, will be deemed to have been fully given when written and personally delivered or deposited in the United States mail, certified and postage prepaid and addressed as follows:

**To IEHP and/or Health Access:**

Inland Empire Health Plan  
10801 6<sup>th</sup> Street, Suite 120  
Rancho Cucamonga, CA 91730  
(909) 890-2000

Attn: Bradley P. Gilbert, M.D., CEO

**To Provider:**

RUHS Dept of BH  
4095 County Circle Drive  
Riverside, CA 92503  
951-358-5000

Attn: Steve Steinberg, LCSW  
Assistant Medical Director

- 11.5. Law And Venue – This MOU shall be governed by the laws of the State of California, without regard to its conflicts of law provisions. The provisions of the Government Claims Act (California Government Code Section 900, *et seq.*) must be followed first for any disputes under this MOU. All actions and proceedings arising in connection with this MOU shall be tried and litigated exclusively in the State or Federal courts located in the counties of San Bernardino or Riverside, State of California.
- 11.6. Compliance with Law – The parties shall observe and comply with all applicable local, state and federal laws, ordinances, rules and regulations now in effect or hereafter enacted, each of which is hereby made a part hereof and incorporated herein by reference.
- 11.7. Amendment - No alteration and/or amendment of any terms or conditions of this MOU shall be binding, unless reduced to writing and signed by the parties hereto. The parties agree to take such action as is necessary to amend this MOU from time to time as is necessary for the parties to comply with law, regulation, and directives from regulatory agencies.
- 11.8. Survival – Unless otherwise provided herein, the rights and obligations of any party which by their nature extend beyond the expiration or termination of this MOU, shall continue in full force and effect, notwithstanding the expiration or termination of this MOU.
- 11.9. Counterparts/Signature – This MOU may be executed in separate counterparts, each of which shall be deemed an original, and all of which shall be deemed one and the same instrument. The parties' faxed signatures, and/or signatures scanned into PDF format, shall be effective to bind the parties to this MOU.
- 11.10. Certification Of Authority To Execute This MOU – The parties certify that each individual signing below has authority to execute this MOU on behalf of each party, and may legally bind each party to the terms and conditions of this MOU, and any attachments hereto.

IN WITNESS WHEREOF, the parties hereto have executed to this MOU as signed below.

**PROVIDER**

By: \_\_\_\_\_  
(Authorized Representative Signature)

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

**INLAND EMPIRE HEALTH PLAN**

By: Bradley P. Gilbert  
Bradley P. Gilbert, M.D.  
Chief Executive Officer

Date: 12/29/15

By: Maurin Ashley  
Chairperson  
IEHP  
Governing Board

Date: 12/30/15

Attest: Russell M Taylor  
Secretary  
Inland Empire Health Plan

Date: 12/29/15

Approved as to Form

By: Steve J. Sohn  
Steve J. Sohn  
Managing Counsel  
Inland Empire Health Plan

Date: 12-29-15

**IEHP HEALTH ACCESS**

By: Bradley P. Gilbert  
Bradley P. Gilbert, M.D.  
Chief Executive Officer

Date: 12/29/15

By: Maurin Ashley  
Chairperson  
IEHP Health Access  
Governing Board

Date: 12/30/15

Attest: Russell M Taylor  
Secretary  
IEHP Health Access

Date: 12/29/15

Approved as to Form

By: Steve J. Sohn  
Steve J. Sohn  
Managing Counsel  
IEHP Health Access

Date: 12-29-15

FORM APPROVED COUNTY COUNSEL  
BY: Eric Stopher  
ERIC STOPHER  
DATE: 3/25/16

## ATTACHMENT A

### SCOPE OF SERVICES

**RUHS Dept of BH** (“Provider” or “Health Care Organization”) has agreed to participate in IEHP Health Plan’s Behavioral Health Integration Initiative (“BHI-I”) in collaboration with IEHP Health Plan and its subcontractor, Jen Clancy Consulting (“JCC”), by completing the deliverables and performing the tasks set forth below.

The objective of the BHI-I is to transform Provider’s clinical practices in five key areas which support primary and behavioral health care integration and ultimately lead to the Triple Aim. These 5 key areas of practice transformation include: *assessment processes; care planning; service delivery practices; population health care management; and health promotion/patient experience.* Transforming practice in these five key areas requires making fundamental changes that lead to improved clinical care that is integrated. The BHI-I will focus on improving:

- ✓ Team Based Care
- ✓ Complex Care Management And Coordination
- ✓ Health Information And Technology
- ✓ Health Promotion And Self-Management Support

1. Provider shall implement the BHI-I at the following clinic site(s): Family Wellness Center (Children’s) Clinic Expansion, Lake Elsinore BH Clinic and Lake Elsinore Family Care Clinic.

2. Provider shall share the following data with IEHP:

- a. Specified Quality Metrics
- b. Business Records and Invoices related to the BHI-I project

3. Provider will receive funding to support the hiring of the staff and the purchase of the equipment identified below. The dedication of funds to the specific categories of staff and operating costs listed below will be assessed in August 2016. At this time Provider can request to reallocate their funds based on learning from Year 1 of the BHI-I. Reallocation of funds must be approved by IEHP. Funding is provided by IEHP, in good faith, with the expectation that all Provider deliverables shall be completed in a timely manner by Provider.

**Family Wellness Center (Children's) Clinic Expansion:**

<b>Personnel</b>	<b>FTE</b>
• Nurse Practitioner III	1.0
• Certified Med Asst	1.0
• RN IV	1.0
• MH Peer Support Specialist	1.0
• Behavioral Health Specialist II	1.0
• Clinical Therapist II	1.0
• Behavioral Health Specialist III	1.0

**Operating (One Time Costs)**

- Laptops/Desktops
- Cubicles
- ELMR License Fees
- Build Out of Exam Rooms
- Cell phones/tablets

**Lake Elsinore BH Clinic:**

<b>Personnel</b>	<b>FTE</b>
• Office Asst III	0.75
• Nurse Practitioner III	1.0
• Certified Med Asst	1.0
• MH Peer Support Specialist	1.0
• Behavioral Health Specialist II	1.0
• Clinical Therapist II	1.0
• Behavioral Health Specialist III	1.0
• Community Services Assistant	0.75
• MH Services Supervisor	0.75

**Operating (One Time Costs)**

- Laptops/Desktops
- Cubicles
- ELMR License Fees
- Build out of exam rooms
- Cell phones/tablets

**Lake Elsinore Family Care Clinic:**

**Personnel**

**FTE**

- MH Services Supervisor 0.25
- Office Asst III 0.25
- Behavioral Health Specialist II 1.0
- Clinical Therapist II 1.0
- Community Services Assistant 0.25
- Staff Psychiatrist IV 0.5
- Behavioral Health Specialist III 1.0
- MH Peer Support Specialist 1.0
- Research Specialist 1.0

**Operating (One Time Costs)**

- Laptops/Desktops
- Cubicles
- ELMR License Fees
- Cell phones/tablets



4. Provider agrees to participate fully in the BHI-I Coaching Work Plan as described below

Pilot Site Specific Practice Coaching		
TASK	DESCRIPTION	RESPONSIBLE INDIVIDUALS FROM PROVIDER, IHP, & ICC
<b>Task 1: Health Care Org Training and Technical Assistance Plan Development</b>	Each Health Care Organization will have a 2 year Training and Technical Assistance Plan organized by their own BHI-I Charter. Plan development includes site visits to all BHI-I Pilot Sites	Steve Steinberg Jennifer Clancy Peter Currie
<b>Task 2: Individual On-Site Coaching</b>	Each month, each Health Care Organization will receive 1 day of on-site practice coaching from their assigned Practice Coach. Each of the 12 Health Care Organizations receives 1 day per month	Steve Steinberg Jennifer Clancy Peter Currie
<b>Task 3: Individual Emails/Phone Calls</b>	Each month, each Health Care Organization will receive the equivalent of 1 day of virtual Training and Technical Assistance (emails, phone-calls, webinars, etc.) This can come from their assigned Practice Coach, or other members of JCC team depending on content area. Each of the 12 Health Care Organizations receives 1 day per month	Steve Steinberg Jennifer Clancy Peter Currie
<b>Task 4: Subject Matter Specific and Tailored, On Site Training</b>	Each quarter the 12 Health Care Organizations will receive 1 full day of on-site training from a subject matter expert on topics critical to sustaining behavioral health integration (For Example: Payment Reform Models; Team Care	Steve Steinberg Jennifer Clancy Peter Currie

	<p>Evidence Based Practice; etc.) Topics will be chosen by the Health Care Organizations based on Training and TA Plans and developmental practice transformation needs.</p>	
<p><b>Task 5: Using PDSAs for Small Scale Testing and Rapid Cycle Evaluation</b></p>	<p>Each <u>month</u> each Health Care Organization will receive .5 days of training and/or implementation support to integrate use of PDSAs for small scale testing of system and practice changes for transformation. Training may be virtual or in-person depending on the health care organization and the developmental stage of the initiative. This monthly time will also be dedicated to review and analysis of quantitative and qualitative data collected across all 12 Health Care Organizations to assess whether the key system and practice changes associated with the BHI-I are leading to the intended program goals.</p>	<p>Steve Steinberg Jennifer Clancy Peter Currie</p>
<p><b>Task 6: Executive Leadership Meetings</b></p>	<p>Each <u>month</u>, an hour long conference call/Go to Meeting for Executive Leadership from the Health Care Organizations and IEHP to discuss ongoing BHI-I implementation issues. Call is facilitated by IEHP Senior Director of IEHP Clinical Integration Dept. (IEHP SD) and Project Director of Jen Clancy Consulting (JCC).</p>	<p>Steve Steinberg Jennifer Clancy Peter Currie</p>
<p><b>Task 7: Data Analyst Meetings</b></p>	<p>Each <u>month</u>, an hour long conference call/Go-to-Meeting for Data Analysts from the Health Care Organizations and IEHP to discuss results of rapid cycle evaluation, quality improvement data collection/analysis, and ongoing BHI-I data infrastructure development issues. Call is facilitated by IEHP SD or member of his team</p>	<p>Steve Steinberg Jennifer Clancy Peter Currie</p>

	and a member of the JCC team.	
<b>Task 8: Clinicians Brown Bag Virtual Lunches</b>	Each <u>month</u> , an hour long conference call/Go to Meeting during lunch hour for all behavioral health clinicians at any of the BHI-I Pilot Sites to discuss clinical implementation issues. Call is facilitated by the IEHP Clinical Manager and a JCC Clinical Practice Coach.	Steve Steinberg Jennifer Clancy Peter Currie
<b>Task 9: IEHP CTI, JCC, and BHI-I Meetings with BHI-I Pilot Sites</b>	Each <u>month</u> , 1 hour meetings with all BHI-I Pilot Site teams to offer training, identify common implementation barriers, and problem solve issues.	Steve Steinberg Jennifer Clancy Peter Currie
<b>Task 10: Pilot Provider Bi-Annual Learning Sessions</b>	Each <u>year</u> , 2 full day, in-person convening's for multidisciplinary and multi-level teams from all BHI-I Pilot Sites and IEHP to share best practices, key lessons learned, engage in ongoing evaluation work, and celebrate successes. Learning Session is facilitated by Senior Director of IEHP Clinical Integration Dept. (IEHP SD) and Project Director of Jen Clancy Consulting (JCC).	Steve Steinberg Jennifer Clancy Peter Currie
<b>Task 11: BHI-I External Evaluation</b>	The BHI-I will be evaluated by an external evaluation firm. Each Pilot Site will be responsible for data collection, reporting, and full engagement with the BHI-I Evaluation.	Steve Steinberg Jennifer Clancy Peter Currie  Evaluation Team Lead TBD

**ATTACHMENT B**

**Family Wellness Center (Children's) Clinic Expansion:**

**REIMBURSEMENT for Years 1 and 2 of BHI-I**

<b>Personnel Expenses</b>	<b>FTE</b>	<b>Budget</b>
Nurse Practitioner III	1.0	\$121,766
Certified Med Asst	1.0	\$53,210
RN IV	1.0	\$107,620
MH Peer Support Specialist	1.0	\$63,441
Behavioral Health Specialist II	1.0	\$64,042
Clinical Therapist II	1.0	\$94,946
Behavioral Health Specialist III	1.0	\$70,393
Salaries & Benefits @ 37%	---	\$212,904.66
<b>Subtotal of Personnel Expenses:</b>		<b>\$788,322.66</b>
<b>Operating Expenses</b>		
Laptops/Desktops (7)		\$14,000
Cubicles (7)		\$35,000
ELMR License Fees (7)		\$14,098
Build Out of Exam Rooms (2)		\$60,000
Cell Phones/Tablets (2)		\$1,000
<b>Subtotal of Operating Expenses:</b>		<b>\$124,098</b>
<b>FFP @ 40% of Total Program Costs:</b>		<b>\$364,968.26</b>
<b>Total:</b>		<b>\$547,452.40</b>

Lake Elsinore BH Clinic:

**REIMBURSEMENT for Years 1 and 2 of BHI-I**

<b>Personnel Expenses</b>	<b>FTE</b>	<b>Budget</b>
Office Asst III	0.75	\$42,576.75
Nurse Practitioner III	1.0	\$121,766
Certified Med Asst	1.0	\$53,210
MH Peer Support Specialist	1.0	\$63,441
Behavioral Health Specialist II	1.0	\$64,042
Clinical Therapist II	1.0	\$94,946
Behavioral Health Specialist III	1.0	\$70,393
Community Services Assistant	0.75	\$39,900
MH Services Supervisor	0.75	\$81,429
Salaries and Benefits @ 37%	---	<u>\$233,730.75</u>
<b>Subtotal of Personnel Expenses:</b>		<b>\$865,434.50</b>
<b>Operating Expenses (One-Time Costs)</b>		
Laptops/Desktops (9)		\$18,000
Cubicles (9)		\$45,000
ELMR License Fees (9)		\$18,126
Build-Out of Exam Rooms (2)		\$60,000
Cell Phones/Tablets (2)		<u>\$1,000</u>
<b>Subtotal of Operating Expenses:</b>		<b>\$142,126</b>
<b>FFP @ 40% of Total Program Costs:</b>		\$403,024.06
<b>Total:</b>		<b>\$604,536.08</b>

Lake Elsinore Family Care Clinic:

REIMBURSEMENT for Years 1 and 2 of BHI-I

<b>Personnel Expenses</b>	<b>FTE</b>	<b>Budget</b>
MH Services Supervisor	0.25	\$27,143
Office Asst III	0.25	\$14,192.25
Behavioral Health Specialist II	1.0	\$64,042
Clinical Therapist II	1.0	\$94,946
Community Services Assistant	0.25	\$13,300
Staff Psychiatrist IV	0.5	\$193,946.50
Behavioral Health Specialist III	1.0	\$70,393
MH Peer Support Specialist	1.0	\$63,441
Research Specialist	1.0	\$92,946
Salaries & Benefits @ 37%	---	\$234,709.41
<b>Subtotal of Personnel Expenses:</b>		<b>\$869,059.16</b>
<b>Operating Expenses (One Time Costs)</b>		
Laptops/Desktops (6)		\$12,000
Cubicles (6)		\$30,000
ELMR License Fees (9)		\$12,084
Cell Phones/Tablets (2)		\$1,000
<b>Subtotal of Operating Expenses:</b>		<b>\$55,084</b>
<b>FFP @ 40% of Total Program Costs:</b>		<b>\$369,657.26</b>
<b>Total:</b>		<b>\$554,485.89</b>

**Milestone Payment Schedule and Reimbursement Requirements:**

- Upon execution of this Agreement, Provider will receive an initial payment equal to 25% of the Year One budget (“Y1 – Budget”) provided in this Attachment B. All subsequent payments by IEHP to Provider shall be made in quarterly installments.<sup>1</sup> For Year 1 (“Y1”), IEHP shall pay and Provider shall receive quarterly payments equal to 25% of the Y1 – Budget payable at the beginning of each quarter. For Year 2 (“Y2”), IEHP shall pay and Provider shall receive quarterly payments equal to 25% of the Year 2 budget (“Y2 – Budget”) payable at the beginning of each quarter.
  - Provider is required to send IEHP a quarterly invoice statement presenting actual costs incurred and net cost of expenditures based on the agreed upon budget for quarterly reimbursement and disbursement of payment. Payment will be distributed within 30 calendar days or less upon receipt of quarterly itemized invoice.
  
- Provider agrees that funds paid by IEHP pursuant to this Agreement must be utilized for agreed upon BHI-I purposes only.

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<sup>1</sup> For purposes of this provision, a “quarter” is defined as a three month interval of the calendar year beginning in January. Therefore, Quarter 1 would be defined as January 1 through March 31; Quarter 2 as April 1 through June 30; Quarter 3 as July 1 through September 30; and Quarter 4 as October 1 through December 31.