

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



**ITEM: 3.31
(ID # 15468)**

MEETING DATE:

Tuesday, June 22, 2021

FROM: RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Approve the Building Resilience in African American Families (BRAAF) Contract Aggregate for FY 21/22 through FY 24/25 and the Behavioral Health Agreements with Family Health & Support Network, Sigma Beta Xi, Inc. and Women Achieving Success DBA Families Achieving Success for BRAAF Boys and Girls Programs with the Option to Renew for Three (3) Additional One-Year Periods, All Districts. [\$1,625,010 annually, Up to \$162,501 in additional compensation per Fiscal Year, \$6,500,040 for 4 Years, 100% State Funding]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the BRAAF Boys and Girls Program Contract Aggregate in the amount of \$1,625,010 annually for a total of \$6,500,040 through June 30, 2025;
2. Approve the Behavioral Health Agreements for the BRAAF Boys and Girls Programs with the contractors listed in Attachment A for the term of July 1, 2021 through June 30, 2022 with the option to renew the Agreements annually up to three additional one-year periods through June 30, 2025, and authorize the Chair of the Board to sign the Agreements on behalf of the County; and
3. Authorize the Purchasing Agent, in accordance with Ordinance 459, based on the availability of funding and as approved by County Counsel to: a) move the allocated funds among the providers listed in Attachment A; b) sign renewals and amendments that exercise the options of the Agreement including modifications of the statement of work that stay within the intent of the Agreement and c) sign amendments to the compensation provisions that do not exceed the sum total of ten percent (10%) of the total annual cost of the contracts.

ACTION: Policy


Matthew Chang, Director 6/3/2021

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez, and Hewitt
Nays: None
Absent: None
Date: June 22, 2021
xc: RUHS-BH

Kecia R. Harper
Clerk of the Board

By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$1,625,010	\$1,625,010	\$6,500,040	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 100% State			Budget Adjustment: No	
			For Fiscal Year: 21/22 – 24/25	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Riverside University Health System - Behavioral Health (RUHS-BH) operates a continuum of care system that consists of County-operated and contracted service providers delivering a variety of mental health treatment services within each geographic region of Riverside County. The Mental Health Services Act (MHSA) provides funding for Prevention and Early Intervention (PEI) services, which includes mental health outreach, awareness and stigma reduction, parent education and support, early intervention for families in schools, transition age youth projects, first onset for older adults and trauma-exposed services for unserved and underserved cultural populations. These services are best delivered in targeted communities in non-clinical settings such as community centers, schools, faith-based organizations and libraries.

The PEI community planning process, which included focus groups, community forums, and survey completion, resulted in the identification of culturally-tailored parenting services and after school programs for the African American population as a priority and necessary intervention to prevent the development of mental health problems. The Riverside University Health System – Behavioral Health (RUHS-BH) established a program to target the African American population within Riverside County, Building Resilience in African American Families (BRAAF).

The awarded contractors will utilize the provision of three Evidence-Based Practices (EBP): Rites of Passage (ROP), Cognitive Behavioral Therapy (CBT) and Guiding Good Choices (GGC) through specific outreach, engagement, and linkage services to target individuals and parents/guardians within African American communities. The providers will utilize targeted outreach to engage the African American community by working within the community and collaborating with schools, community organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

The awarded contractors will deliver services in non-traditional, culturally appropriate settings, incorporating African American philosophies and traditions assisting participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for African American families.

The awarded contractors for the BRAAF Boys Program will provide services countywide in the Desert, Mid-County and Western regions. The awarded contractors for the BRAAF Girls

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Program will provide services in the Desert and Mid-County regions with an option to add the Western region by next program year.

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 the communities of Riverside County. PEI services target individuals who may be experiencing the first onset of a mental health illness to provide them with the tools and resources needed to prevent the mental illness from becoming disabling.

Additional Fiscal Information

The PEI Agreements are 100% funded with State MHSA funds; no additional County funds are required.

Contract History and Price Reasonableness

On April 27, 2020, Request for Proposal (RFP) #MHARC-256 - Mental Health Services Act Prevention and Early Intervention Building Resilience in African American Families - Boys Program, was released via Public Purchase, which is an e-procurement website utilized by the County of Riverside. Public Purchase notified 353 organizations of the funding opportunity, and 70 of those organizations viewed and/or downloaded the RFP. Additionally, an email notification was sent to 381 individuals on the MHSA PEI Bidders List provided by Behavioral Health to inform potential bidders the County was seeking proposals.

The RFP closed on June 10, 2020, and proposals were received from six organizations. After receiving Best and Final Offers and Request for Clarifications from the bidders, Family Health & Support Network (Desert Region), Sigma Beta Xi, Inc. (Western Region), and Women Achieving Success dba Families Achieving Success (Mid-County Region) were determined to be the most responsive and responsible bidders for their respective regions and were recommended for contract award.

On May 27, 2020, Request for Proposal (RFP) #MHARC-257 - Mental Health Services Act Prevention and Early Intervention Building Resilience in African American Families - Girls Program, was released via Public Purchase. Public Purchase notified 284 organizations of the funding opportunity, and 66 of those organizations viewed and/or downloaded the RFP. Additionally, an email notification was sent to 381 individuals on the MHSA PEI Bidders List provided by Behavioral Health to inform potential bidders the County was seeking proposals.

The RFP closed on August 5, 2020, and proposals were received from four organizations. After receiving Best and Final Offers and Request for Clarifications from the bidders, Family Health & Support Network (Desert Region) and Women Achieving Success dba Families Achieving Success (Mid-County Region) were determined to be the most responsive and responsible bidders for their respective regions and were recommended for contract award.

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The Evaluation Committee decided due to funding constraints, and other factors, it was not in the best interest of the County to make an award for the Western Region at this time. Women Achieving Success dba Families Achieving Success submitted a proposal to offer the BRAAF Girls Program in the Western Region, and the Evaluation Committee reserves the right to expand their contract to include that region at a later date contingent upon availability of funding.

ATTACHMENT A

21/22 FY CONTRACT MAXIMUM AMOUNTS

Contractor	Contract Amount
Family Health & Support Network (Boys Program)	\$331,399
Family Health & Support Network (Girls Program)	\$346,432
Sigma Beta Xi Inc. (Boys Program)	\$297,501
Women Achieving Success dba Families Achieving Success (Boys Program)	\$246,110
Women Achieving Success dba Families Achieving Success (Girls Program)	\$283,162
Total Contract Obligation	\$1,504,604
Aggregate Reserve	\$120,406
Total Aggregate	\$1,625,010


Tina Grande, Director of Purchasing and Fleet Services 6/10/2021


Jacqueline Ruiz, Sr. Management Analyst 6/14/2021

COUNTY OF RIVERSIDE
BEHAVIORAL HEALTH



This agreement is made and entered into by and between the County of Riverside, a political subdivision of the state of California, hereinafter referred to as COUNTY and FAMILY HEALTH & SUPPORT NETWORK hereinafter referred to as CONTRACTOR.

PREAMBLE

WHEREAS, California voters approved Proposition 63 during the November 2004 General Election. Proposition 63, the Mental Health Services Act [hereinafter "MHSA"], became effective on January 1, 2005. Through imposition of a 1% tax on personal income in excess of \$1 million, the MHSA provides the opportunity for the State to provide increased funding, personnel and other resources to support County Prevention and Early Intervention Programs and monitor progress toward statewide goals for children/youth, transitional age youth, adults, older adults, families and communities.

WHEREAS, components of the MHSA Integrated Expenditure Plan will include elements required by W&I Code Section 5847 and related regulations.

WHEREAS, the COUNTY desires to extend to the residents of Riverside County certain programs and services contemplated and authorized by the MHSA, California Welfare and Institutions Code (WIC) Section 5600 et seq., and Government Code Section 26227 et seq., California Code of Regulations, Title 9, Division 1, and Title 22, which the CONTRACTOR is equipped, staffed, prepared and willing to provide; and

WHEREAS, the COUNTY believes that it is in the best interest of the people of Riverside County to provide these services by contract; and

WHEREAS, these services as described in Exhibit A attached hereto shall be provided by CONTRACTOR in accordance with the applicable State and local laws, codes and policies contained herein, but not limited to, Exhibit B attached hereto.

NOW THEREFORE, in consideration of the mutual promises, covenants and conditions hereinafter contained, the parties hereto mutually agree, as provided on pages 1 through 19 and Exhibits A, B, C, and D, and Schedule I and/or K, and Attachment A, attached hereto and incorporated herein.

CONTRACTOR

By: Sandra Austin
Sandra Austin, CEO

Date: 6/2/2021

COUNTY

By: Karen S. Spiegel
Karen Spiegel, Chair of the Board

Date: JUN 22 2021

COUNTY COUNSEL:

Gregory P. Priamos
Approved as to form

By: [Signature]

ATTEST:

KECIA R. HARPER, Clerk

By: [Signature]
DEPUTY

JUN 22 2021 3.31

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EXHIBIT A

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SCHEDULE I/K

ATTACHMENT A – ADVERSE INCIDENT REPORT FORM

I. DESCRIPTION OF SERVICES:

CONTRACTOR agrees to provide services in the form as described in Exhibit A.

II. PERIOD OF PERFORMANCE:

This Agreement shall be effective on July 1, 2021, and continue in effect through June 30, 2022. The Agreement may thereafter be renewed annually, for up to three (3) additional years, subject to the availability of funds and satisfactory performance of services.

III. REIMBURSEMENT AND PAYMENT:

- A. In consideration of services provided by CONTRACTOR, RUHS-BH shall reimburse CONTRACTOR in the amount and manner described in Exhibit C. The Exhibit C includes RUHS-BH requirements for reimbursement.
- B. CONTRACTOR shall use the Schedule K for monthly claiming purposes. The Schedule K shall be used to support the required back-up documentation necessary to audit the actual cost of program related expenses. The Schedule K is a guide for the amount allocated to the program services provided.

IV. PROGRAM SUPERVISION, MONITORING AND REVIEW:

CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement. Pursuant to Welfare & Institutions Code (WIC), Section 5608, services hereunder shall be provided by CONTRACTOR under the general supervision of the County Director of Behavioral Health, hereinafter called DIRECTOR, or his authorized designee. CONTRACTOR agrees to extend to DIRECTOR, his designee, the RUHS-BH Contract Monitoring Team, and/or to authorized State representatives, the right to review and monitor CONTRACTOR's facilities, programs, policies, practices, books, records, or procedures at any reasonable time. In exercising the right to review or monitor CONTRACTOR's administrative, clinical, fiscal and program components, staff, and facilities, the RUHS-BH shall enforce Agreement provisions and applicable RUHS-BH policies identified throughout this agreement.

If at any time the RUHS-BH determines CONTRACTOR is out of compliance with any provision contained within this Agreement, the RUHS-BH will provide written notification of the noncompliance findings to the CONTRACTOR and request a plan of corrective action. CONTRACTOR will, within thirty (30) days of receiving notification, provide a written plan of corrective action addressing the noncompliance.

If the RUHS-BH accepts the CONTRACTOR's proposed plan of corrective action, it shall suspend other punitive actions to give the CONTRACTOR the opportunity to come into compliance. If the RUHS-BH determines CONTRACTOR has failed to implement corrective action, funds may be withheld or disallowed until compliance is achieved. CONTRACTOR shall cooperate with any such effort by RUHS-BH including follow-up investigation and interview of witnesses. Failure to cooperate or take corrective action may result in termination of this Agreement.

V. INDEPENDENT CONTRACTOR:

This Agreement is by and between the RUHS-BH and CONTRACTOR and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between RUHS-BH and CONTRACTOR. CONTRACTOR and its employees, agents and/or subcontractors shall not be entitled to any benefits payable to RUHS-BH employees, including but not limited to overtime, any retirement benefits, worker's compensation benefits, and/or injury leave or

other leave benefits. CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required. CONTRACTOR assumes the exclusive responsibility and liability for the acts of its employees or agents as they relate to services provided. CONTRACTOR shall bear the sole responsibility and liability for furnishing workers' compensation benefits to any CONTRACTOR employees, agents and/or subcontractors for any injuries arising from or connected with services performed on behalf of RUHS-BH pursuant to this Agreement. CONTRACTOR certifies that it will comply with all applicable state and federal labor laws and regulations, including, but not limited to, those issued by the federal Occupational Safety and Health Administration and California Division of Occupational Safety and Health. CONTRACTOR is responsible for payment and deduction of all employment-related taxes on CONTRACTORS' behalf and for CONTRACTORS' employees, including, but not limited to, all federal and state income taxes and withholdings. RUHS-BH shall not be required to make any deductions from compensation payable to CONTRACTOR for these purposes. CONTRACTOR shall indemnify RUHS-BH against any and all claims that may be made against RUHS-BH based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement; and CONTRACTOR shall indemnify RUHS-BH for any and all federal or state withholding or retirement payments which RUHS-BH may be required to make pursuant to federal or state law.

Contractor shall maintain, as appropriate, the following:

- A. Articles of Incorporation;
- B. Amendments of Articles;
- C. List of agency's Board of Directors and Advisory Board;
- D. A resolution indicating who is empowered to sign all contract documents pertaining to the agency;
- E. By-laws and minutes of Board meetings.

VI. LICENSE(S)/CERTIFICATION(S):

CONTRACTOR warrants that it has all necessary licenses, permits, approvals, certifications, waivers and/or exemptions necessary to provide services hereunder as required by the laws or regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and agrees to maintain such throughout the term of this Agreement. Examples of license(s)/certification(s) may include: fire clearance, zoning permit; business license, community care license and/or Medi-Cal certification. CONTRACTOR shall notify DIRECTOR (or his designee) immediately and in writing of its inability to maintain, irrespective of the tendency of an appeal, such licenses, permits, approvals, certifications, waivers and/or exemptions.

VII. ADMINISTRATIVE CHANGE IN STATUS:

If, during the term of the Agreement, there is a change in CONTRACTOR's status, a detailed description of the change must be submitted to RUHS-BH in writing at least sixty (60) days prior to the effective date of the change, or in the case of an emergency, as soon as possible. A change in status is defined as a name change not amounting to a change of ownership, a change in the authorized signer of contract documents, moving a facility's service location within the same region, or closing a facility with services being offered in another already existing contracted facility. Any change in administrator of the facility shall be reported to RUHS-BH. Such notification shall include the new administrator's name, address and qualifications. Other changes to the contractor status may result in a more formal contract amendment, as stated in Section VIII, DELEGATION AND ASSIGNMENT.

VIII. DELEGATION AND ASSIGNMENT:

CONTRACTOR may not delegate the obligations required by this Agreement, either in whole or in part, without prior written consent of RUHS-BH. Obligations undertaken by CONTRACTOR pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are approved in writing by DIRECTOR (or his designee), meet the requirements of this Agreement as they relate to the service or activity under subcontract, and include any provision(s) that DIRECTOR (or his designee) may require. No subcontract shall terminate or alter the responsibilities of CONTRACTOR.

CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the prior written consent of RUHS-BH. Any attempted assignment or delegation in derogation of this paragraph shall be void. Any change in the corporate or business structure of CONTRACTOR, such as a change in ownership or majority ownership change resulting in a change to the Federal Tax Id, shall be deemed an assignment for purposes of this paragraph.

IX. ALTERATION:

If any such alteration causes an increase or decrease in the cost of, or the time required for, the performance under this Agreement, Agreement shall be modified by written amendment, accordingly.

Funds allocated to specific budget categories, as identified in the Schedule K, may not be reallocated to another budget category without prior approval, as described in Exhibit C. Funds shall not exceed the total maximum obligation for the fiscal year.

X. INDEMNIFICATION:

CONTRACTOR shall indemnify and hold harmless all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives from any liability whatsoever, based or asserted upon services of CONTRACTOR, its agents, employees, or subcontractors, arising out of or in any way relating to this Agreement, for property damage, bodily injury, or death or any other element of damage of any kind or nature resulting from any acts or failure to act or omission on the part of the CONTRACTOR, its directors, officers, agents, employees or subcontractors hereunder. CONTRACTOR shall defend, at its sole expense, including but not limited to attorney fees, all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives and any legal claim or action based upon such alleged acts, failure to act or omissions.

XI. INSURANCE:

Without limiting or diminishing the CONTRACTOR's obligation to indemnify or hold the RUHS-BH harmless, CONTRACTOR shall procure and maintain the following insurance coverages during the term of this Agreement. With respect to the insurance section only, the RUHS-BH herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

A. Workers' Compensation:

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease

with limits not less than \$1,000,000 per person, per accident. Policy shall be endorsed to waive subrogation in favor of the RUHS-BH.

B. Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR's performance of its obligations hereunder. Policy shall name the RUHS-BH as an Additional Insured. Policy's limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

C. Vehicle Liability:

CONTRACTOR shall maintain liability insurance for all vehicles, or other mobile equipment, used in the performance of the obligations under this Agreement in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the RUHS-BH as an Additional Insured.

D. Professional Liability:

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for CONTRACTOR's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If CONTRACTOR's Professional Liability Insurance is written on a 'claims made' basis rather than on an 'occurrence' basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either: 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

E. General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A:VIII (A:8) unless such requirements are waived, in writing, by the RUHS-BH Risk Manager. If the RUHS-BH's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The CONTRACTOR's insurance carrier(s) must declare its insurance deductibles or self-insured retentions. If such deductibles or self-insured retentions exceed \$500,000 per occurrence such deductibles and/or retentions shall have the prior written consent of the RUHS-BH Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or self insured retentions which are deemed unacceptable to the RUHS-BH, at the election of the RUHS-BH's Risk Manager, CONTRACTOR's carriers shall either; 1) reduce or eliminate such deductibles or self-insured retentions as respects this Agreement with the RUHS-BH, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.

3. The CONTRACTOR shall cause their insurance carrier(s) to furnish the County of Riverside with: 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein; and/or, 2) if requested to do so orally or in writing by the RUHS-BH Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) and shall provide no less than thirty (30) days written notice be given to the County of Riverside prior to any material modification or cancellation of such insurance. In the event of a material modification or cancellation of coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages and the insurance required herein is in full force and effect. Individual(s) authorized by the insurance carrier to do so, on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance. Certificates of insurance and certified original copies of Endorsements effecting coverage as required herein shall be delivered to RUHS-BH, P.O. Box 7549, Riverside, CA 92513-7549, MHSA Administration. CONTRACTOR shall not commence operations until the County of Riverside has been furnished original Certificate(s) of Insurance and certified original copies of endorsements or policies of insurance including all endorsements and any and all other attachments as required in this Section.
4. It is understood and agreed by the parties hereto and the CONTRACTOR's insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the RUHS-BH's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of approved subcontractors working under this Agreement.
6. Failure by CONTRACTOR to procure and maintain the required insurance shall constitute a material breach of contract upon which RUHS-BH may immediately terminate or suspend this Agreement.

XII. LIMITATION OF RUHS-BH LIABILITY:

Notwithstanding any other provision of this Agreement, the liability of RUHS-BH shall not exceed the amount of funds appropriated in support of this Agreement by the California Legislature.

XIII. WARRANTY AGAINST CONTINGENT FEES:

CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon any Agreement or understanding for any commission, percentage, brokerage, or contingent fee, expecting bona fide employees or bona fide established commercial or selling agencies maintained by CONTRACTOR for the purpose of securing business. For CONTRACTOR's breach or violation of this warranty, RUHS-BH may, at its sole discretion, deduct from the Agreement price of consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

XIV. NONDISCRIMINATION:

A. Employment:

1. Affirmative Action shall be taken to ensure applicants and employees are treated without regard to their race, religion, color, sex, national origin, age, sexual orientation, or physical or mental disability. Such affirmative action shall include, but not be limited to the following: employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship/internship. There shall be posted in conspicuous places, available to employees and applicants for employment, notices from DIRECTOR (or his designee) and/or the United States Equal Employment Opportunity Commission setting forth the provisions of this Section.
2. All solicitations or advertisements for recruitment of employment placed by or on behalf of CONTRACTOR shall state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national origin, age, sexual orientation, or physical/mental disability.
3. Each labor union or representative of workers with which CONTRACTOR has a collective bargaining Agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination Section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. In the event of noncompliance with this section or as otherwise provided by State and Federal law, this Agreement may be terminated or suspended in whole or in part and CONTRACTOR may be declared ineligible from future contracts involving federal, state or COUNTY funds.

B. Services, Benefits, and Facilities:

1. CONTRACTOR shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, gender, age, sexual orientation, marital status, physical/mental disability in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.
2. CONTRACTOR shall further establish and maintain written procedures under which any person, applying for or receiving services hereunder, may seek resolution from CONTRACTOR of a complaint with respect to any alleged discrimination in the provision of services by CONTRACTOR's personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied with CONTRACTOR's resolution of the matter, shall be referred by CONTRACTOR to DIRECTOR, or his authorized designee, for the purpose of presenting the complaint of alleged discrimination. Such procedures shall also indicate that if such person is not satisfied with RUHS-BH's resolution or decision with respect to the complaint of alleged discrimination, he or she may appeal the matter to the appropriate federal or state agencies. CONTRACTOR will maintain a written log of complaints for a period of seven (7) years.

XV. REPORTS/RESEARCH PROTOCOL:

- A.** CONTRACTOR must adhere to the reporting requirements as mandated by law. The RUHS-BH shall provide instruction and direction regarding RUHS-BH policies and procedures for meeting reporting requirements.
- B.** CONTRACTOR shall provide the RUHS-BH with applicable reporting documentation as specified in the Research Protocol, attached hereto as Exhibit D and by this reference incorporated herein.

RUHS-BH may provide additional instructions on reporting requirements as required by RUHS-BH or State guidelines.

- C. CONTRACTOR shall participate in the RUHS-BH's Management Information System (MIS) as required by the DIRECTOR, or his designee. CONTRACTOR is required to report program, individuals served and staff data about the CONTRACTOR's program and services, by the fifth (5th) working day of each month for the prior month. Reports are available through the department's Report Distribution Server (RDS).
- D. CONTRACTOR shall comply with the State reporting requirements pursuant to 9 C.C.R. Section 10561. Upon the occurrence of any of the events listed hereafter, the CONTRACTOR shall make a telephonic report to the State department licensing staff (hereinafter "State") within one (1) working day. CONTRACTOR shall submit an Adverse Incident Report form (Attachment A) to the COUNTY within twenty-four (24) hours of the incident and within seven (7) days of the event to the State. If a report to local authorities exists which meets the requirements cited, a copy of such a report will suffice for the written report required by the State.
 - 1. Events reported shall include:
 - a. Death of any resident from any cause;
 - b. Any facility related injury of any resident which requires medical treatment;
 - c. All cases of communicable disease reportable under Section 2502 of Title 17, California Code of Regulations shall be reported to the local health officer in addition to the State;
 - d. Poisonings;
 - e. Catastrophes such as flooding, tornado, earthquake or any other natural disaster; and,
 - f. Fires or explosions which occur in or on the premises.
 - 2. Information provided shall include the following:
 - a. Residents' name, age, sex, and date of admission;
 - b. Date, time and nature of the event;
 - c. Attending physician's name, findings and treatment, if any; and,
 - d. The items below shall be reported to the State within ten (10) working days following the occurrence:
 - (i) The organizational changes specified in Section 10531(a) of this subchapter;
 - (ii) Any change in the licensee's or applicant's mailing address; and,
 - (iii) Any change of the administrator of the facility. Such notification shall include the new administrator's name, address and qualifications.

XVI. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

CONTRACTOR is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. CONTRACTOR hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law.

XVII. CONFIDENTIALITY OF PARTICIPANT INFORMATION:

CONTRACTOR shall maintain the confidentiality of all participant identifying information contained in records, including but not limited to participant records/charts, billing records, research and participant identifying reports, and the RUHS-BH's participant Management Information System (MIS) in accordance with WIC Sections 14100.2 and 5328 et seq, Title 42 Code of Federal Regulations, Section 431.300 et seq., Section 1320 D et seq, of Title 42, United States Code and it's impending regulations (including but not limited to Title 45, CFR, Parts 142, 160, 162, 164) and all other applicable current or future RUHS-BH, State and Federal laws, regulations, ordinances and directives relating to confidentiality and security of participant records and information.

- A. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement.
- B. The CONTRACTOR shall not disclose confidential participant identifying information except as authorized by participant, participants' legal representative or as permitted by Federal or State law, to anyone other than the RUHS-BH or State without prior valid authorization from the participant or participants' legal representative in accordance with State and Federal laws. Any disclosures made shall be logged and the log maintained in accordance with State and Federal law.
- C. If CONTRACTOR receives any requests by subpoena, from attorneys, insurers or beneficiaries for copies of bills, CONTRACTOR will provide the RUHS-BH with a copy of any document released as a result of such request, and will provide the name, address and telephone number of the requesting party.
- D. For purposes of the above paragraphs, identifying information is considered to be any information that reasonably identifies an individual and their past, present, or future physical or mental health condition. This includes, but is not limited to, any combination of the person's name, address, Social Security Number, date of birth, identifying number, symbol, or other particular identifier assigned to the individual, such as finger or voice print, or photograph.
- E. Notification of Electronic Breach or Improper Disclosure: During the term of this Agreement, CONTRACTOR shall notify RUHS-BH, immediately upon discovery of any breach of Protected Health Information (PHI) and/or data, where the information and/or data is reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the RUHS-BH Compliance Officer within two (2) business days of discovery at (800) 413-9990. The CONTRACTOR shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State Laws and regulations. The CONTRACTOR shall investigate such breach and provide a written report of the investigation to the RUHS-BH Compliance Officer, postmarked within thirty (30) working days of the discovery of the breach to the address below:

Behavioral Health Compliance Officer
Riverside University Health System - Behavioral Health
P.O. Box 7549
Riverside, CA 92513

- F. Safeguards: The CONTRACTOR shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, that it creates, receives, maintains, or transmits on behalf of RUHS-BH; and to prevent use or disclosure of PHI other than as provided for by this Agreement. CONTRACTOR shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the CONTRACTOR's operations and the nature and scope of its activities. CONTRACTOR shall provide RUHS-BH with information concerning such safeguards as RUHS-BH may reasonably requests from time to time.
- G. The CONTRACTOR shall implement strong access controls and other security safeguards and precautions as noted in the following to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only. The CONTRACTOR shall enforce administrative and technical password controls on all systems used to process or store confidential, personal, or sensitive data.
- H. The CONTRACTOR shall utilize a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, CDs, thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers).
- I. The CONTRACTOR shall not transmit confidential, personal, or sensitive data via-e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST) as conforming to the Advanced Encryption Standard (AES) Algorithm.
- J. Mitigation of Harmful Effects. The CONTRACTOR shall mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI by CONTRACTOR or its subcontractors in violation of the requirements of these Provisions.
- K. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. RUHS-BH makes no warranty or representation that compliance by CONTRACTOR with these Provisions, HIPAA or HIPAA regulations will be adequate or satisfactory for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized use or disclosure. CONTRACTOR is solely responsible for all decisions made by CONTRACTOR regarding the safeguarding of PHI.
- L. The terms and conditions in these Provisions shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of these Provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.

- M. CONTRACTOR shall require all its officers, employees, associates, and agents providing services hereunder to acknowledge, in writing, understanding of and Agreement to comply with said confidentiality provisions.

XVIII. RECORDS:

All records shall be available for inspection by the designated auditors of RUHS-BH, State Department of Health Care Services, State Department of Justice, State Department of Mental Health Services and Oversight and Accountability Commission, U.S. Department of Health and Human Services and the U.S Office of the Inspector General at reasonable times during normal business hours. Records include, but are not limited to, all physical and electronic records originated or prepared pursuant to the performance under this Agreement, working papers, reports, financial records or books of account, medical records, prescription files, and subcontracts. Upon request, at any time during the period of this Agreement, the CONTRACTOR will furnish any such record or copy thereof, to the RUHS-BH. CONTRACTOR shall be subject to the examination and audit of the Office of the Inspector General for a period of ten (10) years after final payment under Agreement.

A. Program Participant Records.

CONTRACTOR shall adhere to the authority of RUHS-BH, the State Department of Health Care Services, the State Department of Oversight and Accountability. CONTRACTOR shall maintain adequate participant records on each participant, program outcome measures, and records of service provided by the various staff in sufficient detail to make an evaluation of the effectiveness of the program services.

B. Financial Records.

CONTRACTOR shall maintain complete financial records that clearly reflect the cost of each type of service for which payment 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. Statistical data shall be kept and reports made as required by the DIRECTOR, or his designee, and the State of California.

C. Financial Record Retention.

Appropriate financial records shall be maintained and retained for at least ten (10) years or, in the event of an audit exception and appeal, until the audit finding is resolved, whichever is later.

D. Participant Record Retention.

Participant records shall be maintained and retained for a minimum of ten (10) years.

E. Shared Records/Information.

CONTRACTOR and RUHS-BH shall maintain a reciprocal shared record and information policy, which allows for sharing of participant records and information between CONTRACTOR and RUHS-BH. Either RUHS-BH or CONTRACTOR shall not release these participant records or information to a third party without a valid authorization.

F. Property of participant records.

RUHS-BH is the owner of all participant records. In the event that the Agreement is terminated, the CONTRACTOR is required to prepare and box the participant records so they can be archived by the RUHS-BH, according to procedures developed by the RUHS-BH. The RUHS-BH is responsible for taking possession of the records and storing them according to regulatory requirements. The

RUHS-BH is required to provide the CONTRACTOR with a copy of any participant record that is requested by the CONTRACTOR, as required by regulations, at no cost to the CONTRACTOR, and in a timely manner.

XIX. STAFFING:

CONTRACTOR shall comply with the staffing expectations as required by state licensing requirements and as may be additionally described in Exhibit A. CONTRACTOR is responsible for ensuring that their personnel are qualified, holding appropriate license(s)/certificate(s) for the services they provide in accordance with the WIC Section 5751.2, the requirements set forth in Title 9 of the California Code of Regulations (CCR), the Business and Professions Code, State Department of Health Care Services policy letters, and any amendments thereto. CONTRACTOR shall maintain specific job descriptions/duty statements for each position describing the assigned duties, reporting relationship, and shall provide sufficient detail to serve as the basis for an annual performance evaluation. Furthermore, CONTRACTOR acknowledges all its officers; employees, associates, and agents providing services hereunder are eligible for reimbursement for said services by their exclusion from the Federal "List of Excluded Parties" registry. All employees of CONTRACTOR providing services on behalf of RUHS-BH shall pass a LiveScan, background check and be tested for Tuberculosis (TB).

- A. During the term of this Agreement, CONTRACTOR shall maintain and shall provide upon request to authorized representatives of RUHS-BH, the following:
 - 1. A list of persons who are providing services hereunder by name, title, professional degree, licensure, experience, credentials, Cardiopulmonary Resuscitation (CPR) training, First Aid training, languages spoken, Race/Ethnicity with an option to select "Prefer Not to Say" and any other information deemed necessary by the Director or designee.
 - 2. Personnel files for each staff member, including subcontractors and volunteers, approved by RUHS-BH, that includes at minimum the following:
 - a. Resume/application, proof of current licensure, certification, registration;
 - b. List of Training, including cultural competency;
 - c. Annual job performance evaluation; and,
 - d. Personnel action document for each change in status of the employee.
 - e. Results of LiveScan, background check and TB test.
- B. CONTRACTOR shall provide an initial orientation to the program, program goals, policy and procedure review, emergency procedures and treatment services.
- C. CONTRACTOR shall institute and maintain a training program in which professional and other appropriate personnel shall participate.
- D. CONTRACTOR shall have appropriate staff trained and/or certified in CPR, First Aid, Emergency/Disaster Planning, non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the participants from violent behavior.
- E. Training plans shall be documented and discussed with staff. Continuing development of staff expertise shall be encouraged.
- F. The CONTRACTOR recognizes the importance of child and family support obligations and shall fully comply with all applicable State and Federal laws relating to child and family support

enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8, commencing with Section 5200, of Part 5 of Division 9 of the Family Code.

- G. In accordance with section 6032 of the Deficit Reduction Act of 2005, Contractor shall establish and disseminate written policies for all employees that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). Included in these written policies shall be detailed information about contractor's policies and procedures for detecting and preventing fraud, waste, and abuse in federal, state and local health care programs. Contractor shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of Contractor's policies and procedures for detecting and preventing fraud, waste and abuse.
- H. CONTRACTOR shall follow all Federal, State and County policies, laws and regulations regarding Staffing and/or Employee compensation. All payments or compensation made to CONTRACTOR Staff, Personnel and/or Employees in association with the fulfillment of this agreement shall be made by means of Staff, Personnel and/or Employee Certified Payroll or other auditable documentation justifying the payment or compensation.
- I. CONTRACTOR is responsible for notifying the COUNTY of all changes to indirect and direct personnel service providers that will have an impact on its Electronic Management of Records (ELMR) system. These changes include, but are not limited to, adding new personnel, modifying existing personnel, or terminating personnel. CONTRACTOR is responsible for completing the Computer Account Request Form (CARF) provided by the designated COUNTY Program Analyst, when such changes occur and will have an impact on ELMR data entry or system access. Contractor shall submit, via email, the completed CARF form to its designated COUNTY Program Analyst for review and approval. The COUNTY designated Program Analyst will then review CARF for accuracy and will then submit CARF to the COUNTY'S Information Technology (I.T.) staff for processing. The COUNTY'S designated Program Analyst will communicate with the CONTRACTOR, via email, with confirmation of submission for processing, and a COUNTY I.T. or ELMR personnel will contact the CONTRACTOR direct, via telephone, to confirm receipt of the CARF and provide confirmation that computer access has been granted or changed as requested by the CONTRACTOR.
- J. CONTRACTOR shall be responsible for confirming the identity and determining the exclusion status of its officers, board members employees associates, and agents through routine checks of Federal and State databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM) and the Medi-Cal List of Suspended or Ineligible Providers. These databases shall be consulted upon appointment of board members or hiring of employees, associates and agents and no less frequently than monthly thereafter. CONTRACTOR shall notify, in writing within thirty (30) calendar days, if and when any CONTRACTOR'S personnel are found listed on this site and what action has been taken to remedy the matter. Contractor shall establish their own procedures to ensure adherence to these requirements.

XX. CULTURAL COMPETENCY PLAN:

CONTRACTOR shall provide services pursuant to this Agreement in a culturally competent manner by recruiting, hiring and maintaining staff that can deliver services in the manner specified to the diverse

cultural population served under this Agreement. CONTRACTOR shall provide services in a language appropriate and culturally sensitive manner, in a setting accessible to diverse communities. Multi-cultural diversity includes, but is not limited to, ethnicity, age, sexual orientation, gender and persons who are physically challenged. CONTRACTOR shall document its efforts to provide culturally adaptive services in the manner specified. Documentation may include, but not be limited to, the following: records in personnel files attesting to efforts made in recruitment and hiring practices; participation in RUHS-BH sponsored and other cultural competency training; the availability of literature in multiple languages/formats as appropriate; and identification of measures taken to enhance accessibility for, and sensitivity to, mentally/physically challenged individuals. CONTRACTOR shall demonstrate program access; linguistically appropriate and timely program service delivery; staff training; and organizational policies and procedures related to the programs offered to culturally diverse populations. CONTRACTOR shall perform specific outcome studies, on-site reviews and written reports as requested by RUHS-BH and make available to the RUHS-BH upon request. CONTRACTOR shall provide services that meet the individual cultural needs of the participant(s) served. CONTRACTOR shall ensure culturally competent services include:

- A. A comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- B. Appropriate interventions which acknowledge specific cultural influences.
- C. CONTRACTOR agrees to comply with the RUHS-BH's Cultural Competency Plan as set forth in the Department's approved Cultural Competency Plan. The Cultural Competency Plan may be obtained from the department's website at <http://rcdmh.org/> or by contacting the RUHS-BH's Cultural Competency Manager or designee.

Riverside University Health System-Behavioral Health Cultural Competency Program
P.O. Box 7549
Riverside, California 92513
Attention: Cultural Competency Manager
Fax: 951-955-7206

- D. CONTRACTOR agrees to meet with RUHS-BH's Cultural Competency Program Manager, as needed, to provide technical assistance in determining and implementing cultural competency activities.
- E. CONTRACTOR will be responsible for participating in cultural competency trainings as required by the RUHS-BH's Cultural Competency Plan. In order to attend the RUHS-BH offered trainings, CONTRACTOR must register on-line through the department's training unit.
- F. CONTRACTOR is responsible for reporting back to the RUHS-BH, annually in writing, all cultural competency related trainings that staff members have attended. The following format is recommended:

Name of Training Event	Description of Training	How long & how often attended	Attendance by Service Function	No. of staff in attendance & Total	Date of Training	Name of Presenter
Example: Cultural Competence Introduction	Overview of cultural competence issues in mental health treatment settings.	Four hours annually	*Direct Services *Direct Services Contractors *Administration *Interpreters	15 20 4 2 Total: 41	1/21/10	John Doe

G. CONTRACTOR training information shall be submitted via facsimile to 951-955-7206 to the attention of the RUHS-BH Cultural Competency Program Manager on or before June 30 of each fiscal year.

XXI. INFORMING MATERIALS

CONTRACTOR shall provide each participant with certain informing materials about the program being provided and what outcomes shall be experienced by participating in the PEI Program. CONTRACTOR's stationery/letterhead and informing materials used for communication associated with RUHS-BH's specific Prevention and Early Intervention program shall indicate that funding for the services is provided in whole or in part by the Riverside University Health System-Behavioral Health (RUHS-BH), Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI).

XXII. CONFLICT OF INTEREST:

CONTRACTOR shall not employ any RUHS-BH employee whose position at RUHS-BH enables him/her to influence the award of this Agreement or any competing Agreement, and no spouse or economic dependent of such employee in any capacity herein, or in any other direct or indirect financial interest in this Agreement.

XXIII. WAIVER OF PERFORMANCE:

No waiver by RUHS-BH at any time of any of the provisions of this Agreement shall be deemed or construed as a waiver at any time thereafter of the same or any other provisions contained herein or of the strict and timely performance of such provisions.

XXIV. FEDERAL AND STATE STATUTES:

CONTRACTOR shall adhere to and comply with all other applicable Federal and State statutes and regulations, including but not limited to the applicable laws and regulations listed in Exhibit B.

XXV. DRUG-FREE WORKPLACE CERTIFICATION:

By signing this Agreement, the CONTRACTOR hereby certifies under penalty of perjury under the laws of the State of California that the CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and will provide a drug-free workplace doing all of the following.

- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355 (a).
- B. Establish a Drug-Free Awareness Program as required by Government Code Section 8355 (a) to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The CONTRACTOR's policy of maintaining a drug-free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and,
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Provide as required by Government Code Section 8355 (a) that every employee who works in the program(s) funded through this Agreement:
 - 1. Will receive a copy of the CONTRACTOR's drug-free policy statement, and
 - 2. Will agree to abide by the terms of the CONTRACTOR's statement as a condition of employment on the Agreement.
- D. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and the CONTRACTOR may be ineligible for award of future contracts if the RUHS-BH determines that any of the following has occurred:
 - 1. The CONTRACTOR has made a false certification or,
 - 2. Violates the certification by failing to carry out the requirements as noted above.

XXVI. TERMINATION PROVISIONS:

- A. Either party may terminate this Agreement without cause, upon sixty (60) days written notice served upon the other party.
- B. The RUHS-BH may terminate this Agreement upon thirty (30) days written notice served upon the CONTRACTOR if sufficient funds are not available for the continuation of services.
- C. The RUHS-BH reserves the right, to terminate the Agreement without warning at the discretion of the Director or designee, when CONTRACTOR has been accused and/or found to be in violation of any County, State, or Federal laws and regulations.
- D. The RUHS-BH may terminate this Agreement with (30) days written notice due to a change in status, or delegation, assignment or alteration of the Agreement.
- E. The RUHS-BH may terminate this Agreement immediately if, in the opinion of the Director of Behavioral Health, CONTRACTOR fails to provide for the health and safety of participant(s) served under this Agreement. In the event of such termination, the RUHS-BH may proceed with the work in any manner deemed proper to the RUHS-BH.
- F. If CONTRACTOR fails to comply with the conditions of this Agreement, RUHS-BH may take one or more of the following actions as appropriate:
 - 1. Temporarily withhold payments pending correction of the deficiency.
 - 2. Disallow (deny funds) for all or part of the cost or activity not in compliance.
 - 3. Wholly or partially suspend or terminate the Agreement and if necessary, request repayment to RUHS-BH if any disallowance is rendered after audit findings.

- G. After receipt of the Notice of Termination, pursuant to Paragraphs A, B, C, D, E or F above, or the CONTRACTOR is notified that the Agreement will not be extended beyond the performance period date, it is agreed that:
1. CONTRACTOR shall:
 - a. Continue to provide the same level of service as previously required under the terms of this Agreement until the date of termination
 - b. Stop all services under this Agreement on the date, and to the extent specified, in the Notice of Termination;
 - c. If participants are to be transferred to another program for services, furnish to RUHS-BH, upon request, all participant information and documents deemed necessary by RUHS-BH to affect an orderly transfer;
 - d. If appropriate, assist RUHS-BH in effecting the transfer of participants in a manner consistent with the best interest of the participants' welfare;
 - e. Cancel outstanding commitments covering the procurement of materials, supplies, equipment and miscellaneous items. In addition, CONTRACTOR shall exercise all reasonable diligence to accomplish the cancellation of outstanding commitments required by this Agreement. With respect to these canceled commitments, the CONTRACTOR agrees to provide a written plan to Director (or his designee) within thirty (30) days for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitments. Such plan shall be subject to the approval or ratification of the RUHS-BH, which approval or ratification shall be final for all purposes of this clause;
 - f. Transfer to RUHS-BH and deliver in the manner, at the times, and to the extent, if any, as directed by RUHS-BH, any equipment, records or other documents which, if the Agreement had been completed, would have been required to be furnished to RUHS-BH; and
 - g. Take such action as may be necessary, or as RUHS-BH may direct, for the protection and preservation of the equipment, records or other documents, related to this Agreement which is in the possession of CONTRACTOR and in which RUHS-BH has or may acquire an interest;
- H. RUHS-BH shall continue to pay CONTRACTOR at the same rate as previously allowed until the date of termination, as determined by the Notice of Termination.
- I. In instances where the CONTRACTOR agreement is terminated and/or allowed to expire by the RUHS-BH and not renewed for a subsequent fiscal year, RUHS-BH reserves the right to enter into settlement talks with the CONTRACTOR in order to resolve any remaining and/or outstanding contractual issues, including but not limited to, financials, services, billing, cost report, etc. In such instances of settlement and/or litigation, CONTRACTOR will be solely responsible for associated costs for their organizations legal process pertaining to these matters including, but not limited to, legal fees, documentation copies, and legal representatives. CONTRACTOR further understands that if settlement agreements are entered into in association with this agreement, the RUHS-BH reserves the right to collect interest on any outstanding amount that is owed by the CONTRACTOR back to the RUHS-BH at a rate of no less than 5% of the balance.
- J. The rights and remedies of RUHS-BH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

K. CONTRACTOR shall submit a properly prepared cost report as required by the Cost Report Section found in Exhibit C of this Agreement.

XXVII. DISPUTE:

In the event of a dispute between a designee of the DIRECTOR and the CONTRACTOR over the execution of the terms of this Agreement and/or the quality of the services being rendered, the CONTRACTOR may file a written protest with the appropriate Program/Regional Manager of the RUHS-BH. CONTRACTOR shall continue with the responsibilities under this agreement during any dispute. The Program/Regional Manager shall respond to the CONTRACTOR in writing within ten (10) working days. If the CONTRACTOR is dissatisfied with the Program/Regional Manager's response the CONTRACTOR may file successive written protests up through the RUHS-BH's administrative levels of Assistant Director-Programs, Assistant Director-Administration, and (finally) DIRECTOR. Each administrative level shall have twenty (20) working days to respond in writing to the CONTRACTOR. The DIRECTOR's decision shall be final.

XXVIII. SEVERABILITY:

If any provision of this Agreement or application thereof to any person or circumstances shall be declared invalid by a court of competent jurisdiction, or is in violation of any Federal, State, or RUHS-BH statute, ordinance, or regulation, the remaining provisions of this Agreement or the application thereof shall not be invalidated thereby and shall remain in full force and effect, and to that extent the provisions of this Agreement are declared severable.

XXIX. VENUE:

Any action at law or in equity brought by either of the parties hereto for the purpose of enforcing a right or rights provided by this Agreement shall be tried in a court of competent jurisdiction in the COUNTY OF RIVERSIDE, CALIFORNIA, and the parties hereby waive all provisions of law providing for a change of venue in such proceedings in any other county.

XXX. NOTICES:

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted one day after their deposit in the United States mail, postage prepaid:

CONTRACTOR:

FAMILY HEALTH & SUPPORT NETWORK
74410 HWY 111, SUITE D
PALM DESERT, CA 92260

COUNTY:

RIVERSIDE COUNTY
RIVERSIDE UNIVERSITY HEALTH SYSTEM
BEHAVIORAL HEALTH
ATTN: PROGRAM SUPPORT
P.O. BOX 7549
RIVERSIDE, CA 92513-7549

EXHIBIT A
SCOPE OF WORK

CONTRACTOR NAME: FAMILY HEALTH & SUPPORT NETWORK
PROGRAM NAME: Building Resilience in African American Families –
Girls Program
DEPARTMENT I.D.: 4100221329-74720

The PEI community planning process, which included focus groups, community forums, and survey completion, resulted in the identification of culturally-tailored parenting services and after school programs for the African American population as a priority and necessary intervention for this group in order to prevent the development of mental health problems. The Riverside University Health System – Behavioral Health (RUHS-BH) established a program to target the African American population within Riverside County. This program includes the provision of three Evidence-Based Practices (EBP). Specific outreach, engagement, and linkage services will be to individuals and parents/guardians as outlined in the Target Population Criteria section below. Collaboration and partnership is encouraged and preferred.

1.1 PROGRAM GOALS

- 1.1.1 The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health problems. The program will provide services in culturally appropriate settings, incorporating African-American philosophies and traditions. The setting for service delivery will not be a traditional mental health setting and will assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for African-American families and individuals.
- 1.1.2 The services are designed to work together in a unique approach to prevention and early intervention services. The provider is expected to

utilize targeted outreach to engage the African American community by working within the community and collaborating with schools, community organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

1.2 TARGET POPULATION CRITERIA

The target population to be served is African-American girls (11-13 years old) and their parents/guardians (including grandparents) who live in communities with high rates of poverty and community violence and who also meet the minimum criteria for the identified programs as listed below:

1.2.1 Africentric Girls and Family Rites of Passage Program:

- a. African-American girls enrolled in middle school;
- b. African-American girls and their parents/guardians who have experienced racism and discrimination.
- c. African-American girls and their parents/guardians identified through the criminal justice system, diversion programs, and/or local schools; and
- d. Meet the minimum criteria as defined and set forth in the PEI Screening Tool(s).

1.3 GEOGRAPHICAL LOCATION OF SERVICES

Services must be provided in the Desert Region of the County of Riverside. The target communities for this region include: North Palm Springs, Desert Hot Springs, Cathedral City, Indio, Thermal and Mecca.

1.4 GENERAL PROGRAM REQUIREMENTS

CONTRACTOR is expected to work cooperatively with RUHS-BH, local school districts, community organizations, non-profit organizations, girls recreation services, criminal justice/diversion programs, local faith-based organizations, and the RUHS-BH Ethnic and Cultural Leader(s) to comprehensively address the needs of the target population. In addition, CONTRACTOR is expected to meet the following general program requirements:

1.4.1 Facilities

- a. Services will be offered in locations that are non-stigmatizing, which may include, but are not limited to, schools, faith-based organizations,

libraries, and community centers that are located within the targeted communities;

- b. The facility must have space for groups of parents to attend parenting classes;
- c. The facility should have on site, or collaborate/partner with another site, e.g., churches, community centers, local business, for a large conference room to host day-long seminars for parents/guardians;
- d. The facility must be in compliance with any applicable state and local laws and requirements;
- e. The facility is required to have access to a food preparation and storage area where meals can be prepared by and served to program participants;
- f. A large dining space is required to host the family enhancement empowerment buffet dinners on a monthly basis;
- g. The facility must provide confidential space for early intervention services for small group and/or individual therapeutic services;
- h. The facility must be in-compliance with any applicable state and local laws and requirements, including American Disability Act (ADA).
- i. Facility must have space to store confidential information in a locked space.
- j. If childcare is offered, the facility must have space available for on-site childcare during the time that services are offered to parents.

1.4.2 Programs

- a. CONTRACTOR will utilize the evidence-informed prevention program, Africentric Girls & Family Rites of Passage Program (ROP), as well as Cognitive-Behavioral Therapy (CBT) based individual, family, and/or group interventions, family enhancement/empowerment dinners, Guiding Good Choices (GGC) and parent support groups.
- b. The after school program (ROP) will be provided by two trained Youth Development Workers as described in Section 1.11.

- c. Clinical interventions (CBT) will be provided by a Mental Health Clinician as described in Section 1.8. CBT may be provided as determined by clinical assessment.
- d. The family enhancement/empowerment dinners will be facilitated by the two Youth Development Workers.
- e. GGC will be facilitated by the Mental Health Clinician and one (1) Girls Development Worker.
- f. The Parent Support Groups will be facilitated by the Mental Health Clinician and the Parent Partner.
- g. There will be no charge to the program participants.

1.5 Service Delivery Requirements

CONTRACTOR shall ensure that the following service delivery requirements, which include but are not limited to the following, are met:

- 1.5.1 Services to be provided in this project are for the Underserved Cultural Population identified through the PEI Community Planning Process, the African-American community within Riverside County with the highest risk of developing mental health problems.
- 1.5.2 Services to be provided utilizing the evidence-informed practice Africentric Girls & Family ROP, CBT based individual, family, and/or group interventions, family enhancement/empowerment dinners, GGC and parent support groups program.
- 1.5.3 A manual, developed in coordination with program materials, provider contributions, and RUHS-BH, **is required** to be used.
- 1.5.4 CONTRACTOR will follow CBT guidelines/theoretical perspective when individual, family, and/or group interventions are implemented.
- 1.5.5 Clinicians will attend a clinical consultation/support meeting held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- 1.5.6 Services to be provided in group and individual formats as prescribed by the models.

- 1.5.7 Provide specific outreach activities that will engage the targeted African-American girls 11-13 and their parents/guardians (including grandparents).
- 1.5.8 Collaborative efforts and partnerships are encouraged to meet service delivery requirements.
- 1.5.9 Selected vendor(s) will participate in 2-hour monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the evidenced based/informed practices. These meetings are designed to assist in model adherence and to assist in addressing any potential barriers to implementation of the models. All program staff **must** attend these meetings.
- 1.5.10 Program Administrators will participate in bi-monthly 2-hour BRAAF Leadership meetings as coordinated by the PEI Staff Development Officer. An annual project collaboratively planned and implemented will be the primary goal of the leadership meetings. Program Administrators will also coordinate outside of the leadership meetings in order to complete the annual project.
- 1.5.11 There will be no charge to the program participants.
- 1.5.12 Transportation shall be provided as needed to program participants.
- 1.5.13 Comply with Performance Outcome requirements as stated in Section 1.14.
- 1.5.14 Program Administrators and staff will participate in a trans-regional Unity Day in collaboration with other RUHS–BH BRAAF providers. Unity Day is an objective of the Building Resilience in African American Families (BRAAF) program provider’s agreement with the RUHS –BH and shall incorporate the participation of all three regions (Desert, Mid-County and Western). The regions shall work collectively to plan, host and execute the project/event. The event shall include family style activities, outreach/community service activities, food and traditional Africentric rituals. Unity Day should include the BRAAF girls, elders, parents/guardians as participants. The project shall also include elements

that will serve as evidence and historical reference that Unity Day took place in the selected community.

1.6 SCREENING AND ORIENTATION

- 1.6.1 All participants will be screened utilizing the PEI Demographic Screening Form and all pre-outcome measures provided and required by RUHS - BH must be completed for all program participants prior to attending the program.
- 1.6.2 Screening to include face-to-face meetings/assessments with girls and caregivers by the Behavioral Health Clinician. These meetings can take place at the program site, in the home, or any location the family feels comfortable.
- 1.6.3 An orientation must be held and will include the girls, parents, and referral sources if applicable. Orientation is a formal meeting that includes a meal and is offered at the after school program site.
- 1.6.4 The first two hours of the orientation is to educate about all aspects of the BRAAF – Girls project and expectations for families/girls throughout the program.
- 1.6.5 The second part of the orientation will include activities and an overnight bonding experience for the girls.
- 1.6.6 Focus of the orientation is to review what the program is and expectations for families/girls throughout the program.
- 1.6.7 Provider will enroll 20-30 girls in the ROP program with the expectation of 15 graduating.

1.7 AFTERSCHOOL WEEKLY MODULE REQUIREMENTS

The evidence-informed program Africentric Girls & Family Rites of Passage is a culturally specific prevention model with a structured curriculum. **For the purpose of PEI:**

- 1.7.1 A Council of Elders must be recruited, trained, and have an active role in the after school program.
 - a. The Council of Elders is comprised of 5-7 African-American individuals familiar with the PEI target communities – mostly female, but could

include male – who represent the characteristics the program wishes to instill in the girls/families.

- b. Each Elder participates in the program in a volunteer status.
- c. During pre-initiation, each Elder will be assigned to observe 2-3 girls and will become quasi-mentors and then will assist in determining which girls will progress from pre-initiation through the initiation ceremony and continue in the program. A structured review of identified criteria will be used to assist with this.
- d. Elders maintain a presence, although less regularly than during pre-initiation, for the entirety of the after school program.

1.7.2 Pre-Initiation: (first 6-8 weeks of program)

- a. Focus is a more detailed explanation and understanding of the ROP program
- b. Throughout this process the Council of Elders are observing the girls to determine their progress and readiness to “promote” into the after school intervention. Elders should be present at most pre-initiation meetings.
- c. Activities during this time include: opening and closing rituals, discussion – each week highlights one principle of the Nguzo Saba and RIPSO, role-plays, and activities that help demonstrate the principles and concepts.
- d. At the end of the 8th week, a retreat for the girls and the Council of Elders is planned.
- e. The retreat can be a one-day or may be an overnight event. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH**).
- f. The activities included in the retreat will be followed as outlined in the program’s Curriculum Outline.

1.7.3 Each module/topic includes a minimum of 3 sessions:

- a. Session 1: the topic is introduced; a guest speaker (should be a black female & should be monthly at a minimum) may be present with

specific experiences related to the topic; may include role-plays and is interactive. **The program should have a guest speaker a minimum of 1 time per month. The guest speaker will receive a Presenters Fee of \$125.**

- b. Session 2: discussion with girls – reinforcement of lessons learned from guest speaker and how what was learned relates to the principles of Nguzo Saba & RIPSO; may include role-plays.
- c. Session 3: product – something the girls make to demonstrate what the module taught them e.g.: music, stickers, t-shirts, plays, etc. these can be part of the final graduating/ transformation ceremony.

1.7.4 Components for all sessions:

- a. Opening ceremony:
 - 1. Unity/Sacred Circle –The awarded provider(s) shall, with the assistance of the girls, develop a pledge which should be recited at the opening and closing of each session
 - 2. Can include a drum call (discuss the history associated with this)
 - 3. Libations (water) to honor ancestors, those who came before us, family ancestors, and historic cultural figures
- b. Discussion of Nguzo Saba and RIPSO
 - 1. Use of titles for Elders (Mama & Babba); girls call each other “Sister” or by their African name which is given at Initiation.
 - 2. Each girl is given an African name based upon their characteristics and it is used in group each day; girls can help choose their name or the Council of Elders can choose a name for them. This occurs at the close of the retreat following pre-initiation.
 - 3. A complete and healthy dinner, served family-style, is prepared by the girls and served to each other.
 - 4. Closing ceremony:
 - a. Unity/Sacred circle
 - b. Discussion: what did you learn today?
 - c. What principles will you practice this week?

The after school component includes several culturally relevant outings into the community. These outings allow for additional learning and an opportunity to practice skills learned in program and is related to the current module/topic being taught. Outings **must** be pre-approved by RUHS-BH.

1.7.5 Graduation:

- a. There is a Karamu, which is a closing ceremony that is open to the community at which the girls are presented to the community explaining that these young men are now positive members of the community and are role models. They are presented to the community by the Council of Elders and they demonstrate what they have learned according to the code of behavior/pledge.
- b. The girls are presented with some special clothing, i.e.: a Kenti cloth. They are presented with symbols of their transformation and certificates (the girls can help design these).
- c. The graduation ceremony should include a meal and can incorporate culturally relevant and appropriate dance, music, presentations, and guest speakers.
- d. A year-end retreat for the girls to celebrate their success can be planned following the graduation ceremony. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS - BH.**)

1.8 CLINICAL INTERVENTION REQUIREMENTS

- 1.8.1 The clinical component of the program is to be provided by the Mental Health Clinician who meets the specified criteria.
- 1.8.2 At time of screening the Mental Health Clinician will determine girls/family needs regarding mental health early intervention via a clinical assessment. Outcome measures will be administered prior to beginning the program. Outcome measures are identified in the RUHS - BH Research Protocol (Attached as Exhibit D). Clinical needs and interventions will be identified through the use of these tools.

1.8.3 Clinician will be present on a weekly basis (although not needed everyday) in the after school program for observation, immediate intervention if necessary, and to support or present curriculum content that would be best presented by the Clinician in coordination with the Youth Development Workers.

1.8.4 All clinical interventions will be delivered within a CBT framework. CBT interventions can be delivered in an individual, group, and/or family session format, under the guidance/consultation of the PEI Staff Development Officer.

1.9 PARENT ENHANCEMENT/EMPOWERMENT DINNERS

Parent enhancement/empowerment dinners are a required component of the program. The objectives of the dinners are to empower parents becoming more effective in advocating on behalf of their children and to work toward community improvement. Each of the module objectives should be presented in a non-intrusive, non-threatening and non-condescending manner. Each session structure will mirror the structure of the after school sessions with the girls.

- Parent enhancement/empowerment dinners are held monthly for a minimum of 2 hours throughout the length of the program. All parents are required to attend.
- A full meal will be served at each meeting. Role play, music, singing, videos and a theme/topic for discussion are encouraged to increase participation. The theme may be determined by parent's requests of specific topics (i.e. Expressing Love for Female Children, Disciplinary Repertoire and Alternatives, Advocating for Your Children, Communication Skills, Human Development and Application of Skills, Behavior Management).
- Each meeting will include a meal for parents.
- Transportation shall be provided as needed to all program participants.
- Childcare will be made available as needed for all program participants and will be offered on site.
- Opening Unity/Sacred Circle/libations will be included in each meeting.

- Meetings can include guest speakers. As previously stated, **Guest speakers will receive a Presenters Fee of \$125.** Guest speakers can include, but are not limited to:
 - a. School representatives to discuss how to navigate the school system;
 - b. Politicians/school board; may have an outing to a school board meeting with parents
 - c. Getting parents engaged in the community, i.e.: voting, local community activities
 - d. Closing ceremony/circle will be included in each meeting.

1.9 PARENT EDUCATION AND SUPPORT

1.10.1 The evidence-based practice, Guiding Good Choices (GGC), is a **requirement** for all parents/guardians of ROP girls.

1.10.2 Weekly ongoing 90 minute parent support groups for parents/guardians of ROP girls who have completed the 5-week workshop, GGC, will be made available. Support group topics will be determined by the parents attending the groups.

1.11 Staffing /Parent Trainer(s), Responsibilities, Qualifications

CONTRACTOR shall ensure that staffing requirements, which include, but are not limited to, the following, are met:

1.11.1 The Rites of Passage will be provided by two trained paraprofessional staff (Youth Development Workers) with a Bachelor-level or higher degree in the social services field, preferably one (1) male and one (1) female per program recommendations. Youth Development Workers must have knowledge of African culture/history.

1.11.2 Clinical interventions will be provided by a Mental Health Clinician who possesses a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician. The Mental Health Clinician must be trained in and have

knowledge of child development, Cognitive-Behavioral Therapy (CBT), parenting, screening and assessment, crisis intervention and must also have knowledge of African culture/history.

- 1.11.3 CONTRACTOR and staff must attend, and satisfactorily complete, any training related to the BRAAF program which will be coordinated and funded by RUHS - BH.
- 1.11.4 All Program Staff will attend a yearly, one (1) day, PEI Summit.
- 1.11.5 All staff will attend booster training, a minimum of one-day per year, as identified and coordinated by RUHS - BH.
- 1.11.6 All staff will attend monthly 2-hour fidelity meetings with RUHS - BH staff.
- 1.11.7 The mental health clinician will attend 2-hour clinical consultation/support meetings with RUHS - BH held, at minimum, one time every 2 months.
- 1.11.8 Provide administrative, supervisory, and clerical support for the program.
- 1.11.9 Ensure that the BRAAF Program maintains a minimum of 80% fidelity of program components as observed by RUHS - BH, and as measured by the use of the RUHS - BH fidelity tools. CONTRACTOR will comply with findings resulting from the fidelity observations which may be in the format of: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.
- 1.11.10 Provide outcome measures to all program participants as outlined in section 1.14.
- 1.11.11 Ensure that all staff and volunteers working with individuals receiving service be fingerprinted (Live Scan) and pass DOJ and FBI background checks.
- 1.11.12 Ensure that personnel are qualified to provide the services necessary.
- 1.11.13 Ensure the provision of culturally competent services.

1.11.14 Ensure the following job descriptions are filled:

a. Program Director/Administrator:

- i. The Program Director/Administrator must be licensed by the State of California as an LMFT or LCSW or higher in the mental health field.
- ii. The Program Director will manage coordination for this project, be trained and highly skilled in child development, early childhood mental health, parenting, screening and assessment and crisis intervention. The Program Director will also be skilled at public speaking and have excellent knowledge of community resources specific to this underserved population.
- iii. The Program Director will supervise the Rites of Passage Program, the Guiding Good Choices Program, and the Cognitive-Behavioral Therapy program.
- iv. The Director will ensure that clinical supervision is provided for any paraprofessional and/or pre-licensed clinical staff members.
- v. The Director will assist all staff in working collaboratively with RUHS-BH for ongoing educational and fidelity monitoring of the evidence-based practices.
- vi. The Program Director will participate in the bi-monthly BRAAF Leadership team meetings facilitated by the PEI Staff Development Officer.

b. Youth Development Workers – (one male & one female, as highly recommended by the evidence-based practice):

- i. The Youth Development Workers are individuals who understand the African-American community, have knowledge of the culture, and experience working with girls and their families.
- ii. The Youth Development Workers are to have a Bachelor's Degree or higher with some background in child development.
- iii. The Youth Development Workers will facilitate the Rites of Passage program for girls.

c. Mental Health Clinician:

- i. The Mental Health Clinician must possess a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician.
- ii. The Mental Health Clinician is trained and has knowledge of child development, early childhood mental health, parenting, screening and assessment and crisis intervention.
- iii. The Mental Health Clinician must understand the African-American community, have knowledge of the culture, and experience working with girls and families.
- iv. The Mental Health Clinician will also have knowledge of community resources specific to this underserved population, including understanding of local school districts policies regarding discipline, academic support, and other interventions that would support girls enrolled in this program.
- v. The Mental Health Clinician will provide Cognitive-Behavioral Therapy (CBT) based individual, family, and crisis counseling as a component of the after school program both at the service site and in the home, as needed. This will include parent education as appropriate.
- vi. The Mental Health Clinician will co-facilitate (with a Youth Development Worker) the Guiding Good Choices parent workshop evidence-based practice per the guidelines of the model for all parents/guardians of enrolled ROP girls.
- vii. The Mental Health Clinician will co-facilitate (with the Parent Partner) the ongoing parent support groups.
- viii. Clinician will attend clinical consultation/support meetings held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.

- d. **Clinical Supervisor (if needed)
 - i. The Clinical Supervisor will be required if the Mental Health Clinician has not completed all licensing requirements through the Board of Behavioral Sciences.
 - ii. Clinical Supervisor must comply with all requirements to provide clinical supervision to a pre-licensed clinician.
- e. Parent Partner
 - i. The Parent Partner is a parent/guardian of an ROP girl who has successfully completed their participation in the 5-week Guiding Good Choices workshop.
 - ii. The Parent Partner has demonstrated competence in utilizing the skills learned, has a desire to assist other parents in a supportive role, has public speaking skills, and is willing to work with and follow the direction of BRAAF program staff.
 - iii. The Parent Partner will co-facilitate the parent support groups alongside the Mental Health Clinician.
 - iv. The Parent Partner will act as a support and liaison during parent support groups, will engage parents in the support group by encouraging attendance, telephone and/or in-person contact between groups, answer questions, and provide appropriate referrals and resources when needed.

1.12 REGULATORY COMPLIANCE

CONTRACTOR shall:

1. Comply with any and all Federal, State or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.
2. Participate in the RUHS-BH annual contract monitoring as well as more frequent program review. Any associated RUHS-BH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
3. Submit monthly documentation to RUHS-BH as outlined by RUHS-BH.

4. Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.

1.13 DOCUMENTATION OF SERVICES

The CONTRACTOR shall maintain appropriate records documenting all of the services provided through the contract. All confidential information shall be stored in a locked space. The documentation of staffing, payroll, other program costs, and program activities shall clearly indicate program staff time. These records shall conform to the requirements of the Department of Health Care Services and the Riverside University Health System - Behavioral Health. These records shall include but are not limited to:

1. The CONTRACTOR shall maintain a log of referrals.
2. Documentation of girls and parents/caregivers participating in the BRAAF Program.
3. Documentation of participant attendance for all components of the program including, but not limited to, sign in sheets for all program activities, the Master Attendance Roster and Program Staff time sheets. Sign In sheets must include date, time, topic of discussion and agenda for the activity. The sign in sheet must include first and last name of each participant and staff member. Each participant and staff must sign in for themselves.
4. Copies of materials presented and discussed for all program activities.
5. Confidential files must be maintained by the clinician for each program participant receiving clinical services.
6. Documentation of outreach/recruitment efforts on a monthly basis, which may include but not be limited to date, time, and location of recruitment activities (i.e., parents, schools, etc.).
7. Monthly contract report, as outlined by RUHS - BH, shall be submitted to RUHS - BH. This monthly report shall summarize CONTRACTOR activities.
8. All records maintained by the CONTRACTOR on behalf of RUHS - BH are the property of RUHS - BH.
9. Copies of completed outcome measures, as described in the RUHS - BH Data Collection Research Protocol (Exhibit D).

10. Other requirements may be determined as the PEI plan is implemented.
11. Data entry into the County Management Information System.
12. Documentation of participants, dates, assessments, screenings, and contact notes for all programs identified.
13. Copy of RUHS-BH's Fiscal approved annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report. CONTRACTOR shall comply with RUHS-BH regulations.

1.14 PERFORMANCE OUTCOMES

Each CONTRACTOR will receive the RUHS - BH Research Protocol (Attached hereto Exhibit D) which includes the outcome measures as well as all other documentation requirements. The utilization of the outcome measures and forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Future funding will be dependent upon positive performance outcomes, which will be monitored by RUHS - BH throughout the year. Failure to comply with Performance Outcomes or performance based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds until documents are received.

1.14.1 Completion for the ROP program is defined as participation in the 9-month after school program, successfully completing initiation and graduation at program end. Completion of the CBT program is defined by the girls completing individual or group sessions as needed. Completion of the GGC program is defined as attendance at all five (5) group sessions. Completion also means that all pre and post measures have been completed for each program participant and parent/caregiver. CONTRACTOR shall submit documentation of all attempts to obtain post measures per RUHS - BH Research Protocol. RUHS - BH must approve any participant and

parent/caregiver as completed if there are not pre/post matched pair measures.

1.14.2 Goals, Outcome Measurement Tools, and Outcome Expectations:

Rites of Passage:

- a. Upon completing the program, CONTRACTOR will measure child resiliency by using “The Resiliency Scale for Children and Adolescents” with the expectation of an increase in the sense of mastery and relatedness resiliency scales.
- b. Upon completing the program, CONTRACTOR will measure participants’ cultural identity using the “The Girls Questionnaire” which includes portions of the Multidimensional Inventory of Black Identity (MIBI) and the Multi Ethnic Inventory measure. The expectation is that there will be an increase in positive ethnic identity.
- c. Upon completing the program, CONTRACTOR will measure family cohesion and adaptability using the “FACES-III” with the expectation of an increase in cohesion and adaptability.

Clinical Interventions:

- a. Upon completing the CBT program, CONTRACTOR will measure trauma symptoms using the “Child PTSD Symptom Scale” with the expectation of a decrease in trauma symptoms.
- b. Upon completing the CBT program, CONTRACTOR will measure depression symptoms using the “Child Depression Inventory-2 (CDI)” with the expectation of a decrease in depressive symptoms.
- c. Upon completing the CBT program, CONTRACTOR will measure behavior problems in girl participants using the “Strengths and Difficulties Questionnaire (SDQ)” with the expectation of an increase in strengths and decrease in difficulties.

Guiding Good Choices:

- a. Upon completing the program, CONTRACTOR will measure parenting skills, involvement, and practices using the “APQ – Alabama Parenting

Scale” with the expectation of improvement in parenting skills, involvement with their children and overall parenting practices.

1.14.3 Performance-Based Criteria:

- a. RUHS - BH shall evaluate the CONTRACTOR on seven (7) Performance-Based Criteria that measure the CONTRACTOR’s performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI plan. These measures assess the agency’s ability to provide the required services and to monitor the quality of the services.
- b. Should there be a change to Federal, State and/or County policies/regulations, RUHS - BH, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment.
- c. CONTRACTOR staff will participate in monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the Building Resilience in African-American Families Program. These meetings are designed to assist in model adherence and in addressing any potential barriers to implementation of the Evidence Informed and Evidence Based Practices.
- d. The Performance-Based Criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. CONTRACTOR will provide the Rites of Passage Program to a minimum of 15 middle school African-American girls and their parents/caregivers in the Desert Region.	CONTRACTOR will submit all required documentation for each girls participating in the program.	Fifteen (15) middle school African-American males and their parents/caregivers as unduplicated participants will complete the program. “Completed” is defined by regular attendance and the satisfactory completion of initiation and graduation requirements.
2. CONTRACTOR will provide monthly parent empowerment and enhancement dinners to the parents/caregivers of the middle school girls enrolled in ROP.	CONTRACTOR will submit all required documentation for each parent/guardian participating in the program.	All parents/caregivers of the girls enrolled in ROP will attend the monthly parent empowerment and enhancement dinners.

3.	CONTRACTOR will provide clinical intervention in the form of CBT based individual, family and/or group intervention and/or parent education to the girls and their parents/caregivers. enrolled in ROP.	CONTRACTOR will submit all required documentation for each person receiving clinical intervention.	All girls and their parents/caregivers who are enrolled in ROP will receive a clinical assessment. Based upon need, those identified will receive targeted clinical intervention. For girls enrolled in CBT, "completion" is defined as completing individual and/or group sessions.
4.	CONTRACTOR will provide the Guiding Good Choices parent education program to parents/caregivers of all girls enrolled the ROP program	CONTRACTOR will submit all required documentation for each parent/caregiver enrolled and completing the GGC program.	All parents/caregivers of girls enrolled in the ROP program will complete the GGC parent education program. Program completion is defined attending all 5 group sessions.
5.	CONTRACTOR will provide parent support groups to parents/caregivers of girls enrolled in the ROP program.	CONTRACTOR will submit all required documentation for each participant attending the parent support groups.	All parents of girls enrolled in the ROP program will be encouraged to attend. The parent partner will outreach consistently to all parents/caregivers.
6.	CONTRACTOR will administer/complete appropriate outcome measures included in the RUHS - BH Research Protocol (Exhibit D).	CONTRACTOR will administer/complete appropriate outcome measures in formats and schedules designated by RUHS - BH.	Outcome measures will be given preprogram start date and post program completion and/or at any additional intervals as determined by the evidence-based practice and by RUHS - BH.
7.	CONTRACTOR will provide the program in line with the evidence-informed and evidence based program guidelines.	CONTRACTOR will provide verification of staff training, utilization of program manuals, live observation of the program implementation, submission of video/audio recordings and participant focus groups.	100% of participants will receive the program consistent with the program guidelines.

1.14.4 Program staff are required to maintain a minimum of 80% fidelity for each program component as observed by RUHS-BH, and as measured by the use of the EBP fidelity tools. CONTRACTOR will comply with findings resulting from the EBP fidelity tools which may include the following: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.

1.15 DISASTER PREPAREDNESS

The CONTRACTOR shall ensure contingency plans are in place to continue the delivery of services in the event of a man-made or natural disaster.

1.16 COUNTY SUPPORT AND TECHNICAL ASSISTANCE

RUHS-BH shall provide technical assistance on an as-needed basis for program CONTRACTOR. Such technical assistance typically includes, but is not limited to, orientation to the County's MIS systems, and data entry guidelines; reviewing and interpreting County policies and procedures; providing on-going agency liaison with RUHS-BH and the Department's other CONTRACTORs to ensure optimal collaborations, etc.

**EXHIBIT B
MENTAL HEALTH SERVICES
LAWS, REGULATIONS AND POLICIES**

In addition to the statutes and regulations previously referenced in this AGREEMENT, services shall be provided in accordance with policies and procedures as developed by COUNTY as well as those Federal and State laws, regulations and policies applicable to the terms of this AGREEMENT, which may include, but may not be limited to the following specific statutes or relevant sections therein:

FEDERAL

42 C.F.R Part 438
Drug-Free Workplace Act (DFWA) - 1990
National Voter Registration Act of 1993
42 C.F.R. §438.608 (Program Integrity Requirements)
McKinney-Vento Homeless Assistance Act, Public Law 101-645 (Homeless Services)
Trafficking Victims Protection Act (TVPA) of 2000
45 C.F.R. § 205.50

STATE

Mental Health Services – Welfare and Institutions Code § 5000 to 5914
Laura’s Law – Assembly Bill 1367
The California Child Abuse and Neglect Reporting Act (CANRA) 2013
Confidentiality of Medical Information Act – Civil Code §§ 56 et seq.
Senate Bill 35 (SB35), Chapter 505, Statutes of 2012
Government Code § 26227 (Contracting with County)
Government Code § 8546.7 (Audits)
Penal Code §§ 11164-11174.4 et seq. - (Child Abuse and Neglect Reporting)
Welfare & Institution Code §§ 14705 and 14725
Welfare & Institution Code §§ 18350 et seq.
State Department of Health Care Services Publications
Welfare and Institutions Code 5610 to 5613 (Client Service Information Reporting)
Welfare and Institutions Code 17608.05 (Maintenance of Effort)
Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.
Centers for Medicare and Medicaid Services Manual
Welfare & Institutions Code §§ 15600 et seq. (Elderly and Dependent Adult Abuse Reporting)
2 C.C.R. Division 9, Chapter 1
DMH Letter 03-04 (Health Care Facility Rates)
DMH Letter 86-01 (Life Support Supplemental Rate)
22 C.C.R. § 70707
Government Code § 7550 (Reports)
Welfare and Institutions Code § 14132.47

COUNTY

Behavioral Health Policies

Code of Ethics – Policy 108
Cultural Competence – Policy 162
Confidentiality Guidelines for Family / Social support Network – Policy 206
Confidentiality / Privacy Disclosure of Individually Identifiable Information – Policy 239
Health Privacy & Security – Board of Supervisors Policy B-23

Alcohol and Drug Abuse Policy, Board of Supervisors Policy C-10
Harassment in the Workplace - Board of Supervisors Policy C-25
Protected Health Information – Minimum Necessary for Use and Disclosure – Policy 298

Workplace Violence, Threats and Security - Board of Supervisors Policy C-27
Riverside County Mental Health Plan
Riverside County Mental Health Plan Provider Manual
Riverside County Mental Health “Psychotropic Medication Protocols for Children and Adolescents”
Publication
Riverside County Mental Health “Medication Guidelines” Publication
County and Departmental policies, as applicable to this Agreement

EXHIBIT C
REIMBURSEMENT & PAYMENT

CONTRACTOR NAME: Family Health & Support Network
PROGRAM NAME: Building Resilience in African American Families Girls Program
DEPARTMENT ID: 4100221329.74720

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:
 - The Negotiated Rate, as approved by the COUNTY, per unit as specified in the Schedule I, multiplied by the actual number of units of service provided, less revenue collected.
 - One-twelfth (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
 - Actual Cost, as invoiced by expenditure category specified in Schedule K.
2. CONTRACTOR'S Schedule I, and Schedule K when applicable, issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.
3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.
 - The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual number of County approved units of service multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services or Substance Abuse Prevention Treatment Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services; or RCMAR for Drug Medi-Cal Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Opioid Treatment Program (OTP) Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the State Drug Medi-Cal rate, or customary charges (published rate), whichever is lower, less revenue collected.
 - The final year-end settlement for Negotiated Rate services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of units of service provided and approved by the COUNTY, less revenue collected for the provision of services.

- The final year-end settlement for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K.
- The final year-end and local match settlement for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.
4. The combined final year-end settlement for all services shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the COUNTY.
5. CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
- B. MAXIMUM OBLIGATION:**
COUNTY'S maximum obligation for FY 2021/2022 shall be \$346,432 subject to availability of applicable Federal, State, local and/or COUNTY funds.
- C. BUDGET:**
Schedule I, and Schedule K when applicable, presents (for budgetary and planning purposes only) the budget details pursuant to this Agreement. Schedule I contains department identification number (Dept. ID), Program Code, billable and non-billable mode(s) and service function(s), units, expected revenues, maximum obligation and source of funding pursuant to this Agreement. Where applicable, Schedule K contains line item budget by expenditure category.
- D. MEDI-CAL (M/C):**
1. With respect to services provided to Medi-Cal beneficiaries, CONTRACTOR shall comply with applicable Medi-Cal cost containment principles where reimbursement is based on actual allowable cost, approved Medi-Cal rate, RCMAR, Drug Medi-Cal rate, or customary charges (published rate), whichever rate is lower, as specified in Title 19 of the Social Security Act, Title 22 of the California Code of Regulations and applicable policy letters issued by the State.
 2. RCMAR is composed of Local Matching Funds and Federal Financial Participation (FFP).
- E. LOCAL MATCH REQUIREMENTS:**
 If box is checked, CONTRACTOR is required to make quarterly estimated EPSDT local match payments to COUNTY based on 5% of the amount invoiced. Local match requirement is subject to annual settlement.
- F. REVENUES:**
As applicable:
1. Pursuant to the provisions of Sections 4025, 5717 and 14705 of the Welfare & Institutions Code, and as further contained in the State Department of Health Care Services Revenue Manual, Section 1, CONTRACTOR shall collect revenues for the provision of the services described pursuant to Exhibit A. Such revenues may include but are not limited to, fees for services, private contributions, grants or other funds. All revenues received by CONTRACTOR shall be reported in their annual Cost Report, and shall be used to offset gross cost.

2. CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to providing and billing for services in order to ensure proper billing of Medi-Cal. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, Medicare, or other third party benefits shall be determined by the CONTRACTOR at all times for billing or service purposes. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.
5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of the CONTRACTOR'S received notification from the State. CONTRACTOR shall be responsible for faxing the cleared Medi-Cal Share of Cost documentation to fax number (951) 955-7361 **OR** to your organization's appropriate COUNTY Region or Program contact. Patients/clients with share of cost Medi-Cal shall be charged their monthly Medi-Cal share of cost in lieu of their annual liability. Medicare clients will be responsible for any co-insurance and/or deductible for services rendered at Medicare certified sites.
7. All other clients will be subject to an annual sliding fee schedule by CONTRACTOR for services rendered, based on the patient's/client's ability to pay, not to exceed the CONTRACTOR'S actual charges for the services provided. In accordance with the State Department of Health Care Services Revenue Manual, CONTRACTOR shall not be penalized for non-collection of revenues provided that reasonable and diligent attempts are made by the CONTRACTOR to collect these revenues. Past due patient/client accounts may not be referred to private collection agencies. No patient/client shall be denied services due to inability to pay.
8. If and where applicable, CONTRACTOR shall submit to COUNTY, with signed Agreement, a copy of CONTRACTOR'S customary charges (published rates).
9. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays) above and beyond the contracted Schedule I rate, the CONTRACTOR must notify the COUNTY within each fiscal year Agreement period of performance.

10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

G. REALLOCATION OF FUNDS:

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.
3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.

H. RECOGNITION OF FINANCIAL SUPPORT:

If, when and/or where applicable, CONTRACTOR'S stationery/letterhead shall indicate that funding for the program is provided in whole or in part by Riverside University Health System – Behavioral Health.

I. PAYMENT:

1. Monthly reimbursements may be withheld and recouped at the discretion of the Director or its designee due to material Agreement non-compliance, including overpayments as well as adjustments or disallowances resulting from the COUNTY Contract Monitoring Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the Cost Report Reconciliation/Settlement process.
2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow payments to CONTRACTOR until proof of any items billed for is received, verified and approved by the COUNTY.
3. In addition to the annual CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform impromptu CMTs without prior notice throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and inaccurate billing/reports. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to

CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this Agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.

4. Notwithstanding the provisions of Paragraph I-1 and I-2 above, CONTRACTOR shall be paid in arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12th) monthly basis, or based upon the actual cost invoice by expenditure category, as specified in Paragraph A-1 above.
 - a. CONTRACTOR will be responsible for entering all service related data into the COUNTY's MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.
 - b. CONTRACTOR is required to enter all units of service into the COUNTY'S MIS no later than 5:00 p.m. on the fifth (5th) calendar day following the date of service. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - c. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) **(attached as Exhibit C, Attachment A)** signed by the Director or authorized designee of the CONTRACTOR organization. This form must be faxed and/or emailed (PDF format only) to the COUNTY at (951) 358-6868, and/or emailed to ELMR_PIF@rcmhd.org. The CONTRACTOR PIF form must be received by the COUNTY via fax and/or email for the prior month no later than 5:00 p.m. on the fifth (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed Program Integrity Form (PIF), contracts reimbursed based on a Schedule K as specified in Paragraph A-1 above are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
 - f. Failure by the CONTRACTOR to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF, and when applicable, faxing and/or e-mailing the actual cost invoice, will delay payment to the CONTRACTOR until the required documents as outlined herein are provided.
5. CONTRACTOR shall work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process.
6. CONTRACTOR shall provide the COUNTY with all information necessary for the preparation and submission to the State, if applicable, for all billings, and the audit of all billings.
7. In order to ensure that CONTRACTOR will receive reimbursement for services rendered under this Agreement, CONTRACTOR shall be responsible for notifying Medi-Cal if at any time CONTRACTOR discovers or is made aware that client Medicare and/or Insurance coverage has been terminated or otherwise is not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating the Medicare

and/or Insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and the comment "Medicare/OHC Termed" on the documentation provided to the COUNTY.

8. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF is received by the COUNTY and invoice is generated by the applicable COUNTY Region/Program.
9. Pursuant to Section III.A. – REIMBURSEMENT AND USE OF FUNDS AND SECTION XXV. – PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by RUHS-BH and DHCS and/or be the basis for other sanctions by DHCS.

J. COST REPORT:

1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY two (2) copies, per each Program Code, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within one of the length of times as follows and as indicated below by an "X":
 - Thirty (30) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Forty-five (45) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Seventy-Five (75) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
2. The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122 and OMB-circular A-87.
4. It is mandatory that the CONTRACTOR send one representative to the COUNTY'S annual cost report training that covers the preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Annual attendance at the training is mandatory in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
5. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been received within the specified length of time as indicated in Section I, paragraph 1 above. Future monthly reimbursements will be withheld if the Cost Report contains errors that are not corrected within ten (10) calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadlines or extensions will immediately result in the withholding of future monthly reimbursements.
6. The Cost Report shall serve as the basis for year-end settlement to CONTRACTOR including a reconciliation and adjustment of all payments made to CONTRACTOR and all

revenue received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.

7. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year Cost Report(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
8. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost report. Where deemed applicable, Actual Costs for Indirect Administrative Expenses shall not exceed the percentage of cost as submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

K. BANKRUPTCY:

Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify COUNTY'S Behavioral Health's Fiscal Services Unit, in writing by certified letter with a courtesy copy to the Behavioral Health's Program Support Unit. The CONTRACTOR shall submit a properly prepared Cost Report in accordance with requirements and deadlines set forth in Section I before final payment is made.

L. AUDITS:

1. CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
2. If this Agreement is terminated in accordance with Section XXVII, TERMINATION PROVISIONS, the COUNTY, Federal and/or State governments may conduct a final audit of the CONTRACTOR. Final reimbursement to CONTRACTOR by COUNTY shall not be made until all audit results are known and all accounts are reconciled. Revenue collected by CONTRACTOR during this period for services provided under the terms of this Agreement will be regarded as revenue received and deducted as such from the final reimbursement claim.
3. Any audit exception resulting from an audit conducted by any duly authorized representative of the Federal Government, the State or COUNTY shall be the sole responsibility of the CONTRACTOR. Any audit disallowance adjustments shall be paid in full upon demand or withheld at the discretion of the Director of Behavioral Health against amounts due under this Agreement or Agreement(s) in subsequent years.
4. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. If and when necessary, a corrective Action Plan will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of all payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

M. TRAINING:

CONTRACTOR understands that as the COUNTY implements its current MIS to comply with Federal, State and/or local funding and service delivery requirements, CONTRACTOR will, therefore, be responsible for sending at least one representative to receive all applicable COUNTY training associated with, but not limited to, applicable service data entry, client registration, billing and invoicing (batching), and learning how to appropriately and successfully utilize and/or operate the current and/or upgraded MIS as specified for use by the COUNTY under this Agreement. The COUNTY will notify the CONTRACTOR when such training is required and available.

N. FURNISHINGS AND EQUIPMENT

1. **OWNERSHIP:** If equipment and furnishings were previously purchased through this Agreement, CONTRACTOR acknowledges that these items are the property of COUNTY. Procedures provided by COUNTY for the acquisition, inventory, control and disposition of the equipment and the acquisition and payment for administrative services to such equipment (e.g. office machine repair) are to be followed.
2. **INVENTORY:** CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings purchased through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: date acquired; property description (to include model number); property identification number (serial number); cost or other basis of valuation; funding source; and rate of depreciation or depreciation schedule, if applicable. An updated inventory list shall be provided to COUNTY on a semi-annual basis, and filed with the Annual Cost Report. Once COUNTY is in receipt of this list, COUNTY inventory tags will be issued to CONTRACTOR, and are to be attached to the item as directed.
3. **DISPOSAL:** Approval must be obtained from COUNTY prior to the disposal of any property purchased with funds from this Agreement, regardless of the acquisition value. Disposal (which includes sale, trade-in, discard, or transfer to another agency or program) shall not occur until approval is received in writing from COUNTY.
4. **CAPITAL ASSETS:**
 - a. Capital assets are tangible or intangible assets exceeding \$5,000 that benefit an agency more than a single fiscal year. For capital assets approved for purchase by COUNTY, allowable and non-allowable cost information and depreciation requirements can be found in the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II. It is CONTRACTOR'S responsibility to ensure compliance with these requirements.
 - b. Any capital asset that was acquired or improved in whole or in part with funds disbursed under this Agreement, or under any previous Agreement between COUNTY and CONTRACTOR, shall either be, at the election of COUNTY as determined by the Director or designee: (1) transferred to COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less any portion of the current value attributable to CONTRACTOR's out of pocket expenditures using non-county funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

FAMILY HEALTH AND SUPPORT NETWORK, INC - SCHEDULE K

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.		FISCAL YEAR: 2021/22
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM		PERFORMANCE PERIOD: 07/01/2021 - 06/30/2022
REGION/POPULATION: MHSA PEI - DESERT REGION		MONTHLY REIMBURSEMENT: ACTUAL COST
REGION CONTRACT AMOUNT: \$346,432		YEAR END SETTLEMENT: ACTUAL COST

DESERT REGION / VENDOR #: 71504 / DEPT ID#4100221329-74720-536240	
MHARC-XXXX-XXX-06/22	RU: 33TBA4 BPO:

	INDIRECT SERVICES				TOTAL CONTRACT
	TYPE OF MODALITY:	60	60	60	
	MODE OF SERVICE:	78	78	78	
PROGRAM:	ROP	CBT	GGC		
1. Personnel Expenditures-Salaries & Benefits (from Staffing Detail)					
Youth Development Worker 1; \$22.50 x 2080 hrs (1 FTE)	\$37,600	\$0	\$2,400	\$40,000	
Youth Development Worker 1 Benefits	\$5,640	\$0	\$360	\$6,000	
Youth Development Worker 2; \$22.50 x 2080 hrs (1 FTE)	\$40,000	\$0	\$0	\$40,000	
Youth Development Worker 2 Benefits	\$6,000	\$0	\$0	\$6,000	
Program Director; \$36.56 x 1664 hrs (.8 FTE)	\$42,900	\$3,250	\$5,850	\$52,000	
Program Director Benefits	\$6,435	\$488	\$878	\$7,800	
Mental Health Clinician; \$30.96 x 2080 hrs (1 FTE)	\$28,000	\$28,000	\$0	\$56,000	
Mental Health Clinician Benefits	\$4,200	\$4,200	\$0	\$8,400	
Parent Partner; \$20 x 440 hrs (.21 FTE)	\$0	\$0	\$8,880	\$8,880	
Parent Partner Benefits	\$0	\$0	\$1,332	\$1,332	
Child Care Worker; \$20 x 214 hrs	\$0	\$0	\$4,280	\$4,280	
Total Personnel Expenditures	\$170,775	\$35,938	\$23,980	\$230,692	
2. Operating Expenditures					
Translation/Interpreter Services	\$0	\$0	\$975	\$975	
Professional Services Contracts	\$2,650	\$1,300	\$0	\$3,950	
Staff Travel	\$810	\$250	\$250	\$1,310	
Participant Transportation	\$13,560	\$0	\$3,618	\$17,178	
General Office Expenditures	\$900	\$1,000	\$1,200	\$3,100	
Outreach Materials	\$500	\$0	\$0	\$500	
Rent, Utilities, Equipment	\$10,500	\$6,000	\$6,000	\$22,500	
Food	\$14,078	\$0	\$4,500	\$18,578	
Community Expert Fees	\$1,125	\$0	\$0	\$1,125	
Outings	\$2,700	\$0	\$0	\$2,700	
Retreats	\$5,000	\$0	\$0	\$5,000	
Other Operating Expense	\$4,330	\$0	\$0	\$4,330	
Unity Day	\$1,000	\$1,000	\$1,000	\$3,000	
Total Operating Expenditures	\$57,153	\$9,550	\$17,543	\$84,246	
3. Indirect Administrative Expenses					
Admin Costs (10%)	\$22,793	\$4,549	\$4,152	\$31,494	
Total Indirect Administrative Expenses	\$22,793	\$4,549	\$4,152	\$31,494	
Total Program Budget	\$250,721	\$50,036	\$45,675	\$346,432	
Total Indirect Administrative Expenses % (Not to Exceed 15%)	10.00%	10.00%	10.00%	10.00%	

FUNDING SOURCES DOCUMENT: 2021-2022 MH CLUB Net Funding

PREPARED BY: Leah Newell

ADMIN SVCS ANALYST SIGNATURE: *Leah Newell*

FISCAL ACCOUNTANT SIGNATURE: *Shree Martin*

CONTACT #: 951-358-3189

DATE: 4/28/2021

DATE: 4/28/2021

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.		DATE:
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM		SERVICE PERIOD:
REGION/POPULATION: MHSA PEI - DESERT REGION		INVOICE NUMBER:
REGION CONTRACT AMOUNT: \$346,432		YEAR END SETTLEMENT:
		BRFGROP (MM/YY)
		ACTUAL COST

MHARC xxxxx-xxx-06/22 / DEPT ID#4100221329-74720-536240
 RU: 33TBAA4 / VENDOR ID 0000071504 BPO#:

TYPE OF MODALITY:	INDIRECT SERVICES		TOTAL CONTRACT
	MODE OF SERVICE:	PROGRAM	
SERVICE FUNCTION:	60	78	
CATEGORY DESCRIPTION:	PROGRAM	ENGAGEMENT/SCREENING	
PROGRAM:	ROP		
Hours Per Category Description:			
1. Personnel Expenditures (from Staffing Detail)			
Mental Health Clinician	\$0	\$0	\$0
Mental Health Clinician Benefits	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0
Youth Development Officer Benefits	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0
Youth Development Officer Benefits	\$0	\$0	\$0
Program Director	\$0	\$0	\$0
Program Director Benefits	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0
Parent Partner Benefits	\$0	\$0	\$0
Child Care Worker	\$0	\$0	\$0
Child Care Worker Benefits	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
Translation/Interpreter	\$0	\$0	\$0
Professional Services Contracts	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0
Participant Transportation	\$0	\$0	\$0
General Office Expenditure	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0
Food	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0
Outings	\$0	\$0	\$0
Retreats	\$0	\$0	\$0
Other Operating Expense	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0
3. Indirect Administrative Expenses			
Admin Costs (10%)	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS			\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____
Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.		DATE:
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM		SERVICE PERIOD:
REGION/POPULATION: MHSA PEI - DESERT REGION		INVOICE NUMBER:
REGION CONTRACT AMOUNT: \$346,432		YEAR END SETTLEMENT:
		BRFGCBT (MM/YY)
		ACTUAL COST
MHARC xxxxx-xxx-06/22 / DEPT ID#4100221329-74720-536240		
RU: 33TBAA4 / VENDOR ID 0000071504 BPO#:		

TYPE OF MODALITY:	INDIRECT SERVICES		PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING	TOTAL CONTRACT
	MODE OF SERVICE:	60				
SERVICE FUNCTION:	60	78	CBT			
CATEGORY DESCRIPTION:	PROGRAM					
PROGRAM:	CBT					
Hours Per Category Description:						
1. Personnel Expenditures (from Staffing Detail)						
Mental Health Clinician	\$0	\$0	\$0	\$0	\$0	\$0
Mental Health Clinician Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0	\$0	\$0	\$0
Youth Development Officer Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0	\$0	\$0	\$0
Youth Development Officer Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Program Director	\$0	\$0	\$0	\$0	\$0	\$0
Program Director Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0	\$0	\$0	\$0
Parent Partner Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Child Care Worker	\$0	\$0	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
2. Operating Expenditures						
Translation/Interpreter Services	\$0	\$0	\$0	\$0	\$0	\$0
Professional Service Contracts	\$0	\$0	\$0	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0	\$0	\$0	\$0
Participant Transportation	\$0	\$0	\$0	\$0	\$0	\$0
General Office Expenditure	\$0	\$0	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0	\$0	\$0	\$0
Outings	\$0	\$0	\$0	\$0	\$0	\$0
Retreats	\$0	\$0	\$0	\$0	\$0	\$0
Other Operating Expense	\$0	\$0	\$0	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
3. Indirect Administrative Expenses						
Admin Costs (1.0%)	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS						\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____
Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.		DATE:
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM		SERVICE PERIOD:
REGION/POPULATION: MHSA PEI - DESERT REGION		INVOICE NUMBER:
REGION CONTRACT AMOUNT: \$346,432		YEAR END SETTLEMENT:
		BREFFGGC (MM/YY)
		ACTUAL COST
MHARC xxxxx-xxx-06/22 / DEPT ID#4100221329-74720-536240		
RU: 33TBA4 / VENDOR ID 0000071504 BPO#:		

TYPE OF MODALITY:	INDIRECT SERVICES		TOTAL CONTRACT
	MODE OF SERVICE:	PROGRAM RECRUITMENT	
SERVICE FUNCTION:	60	78	60
CATEGORY DESCRIPTION:	78	PROGRAM	78
PROGRAM:	PROGRAM		ENGAGEMENT/SCREENING
GUIDING GOOD CHOICES			
Hours Per Category Description:			
1. Personnel Expenditures (from Staffing Detail)			
Mental Health Clinician	\$0	\$0	\$0
Mental Health Clinician Benefits	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0
Youth Development Officer Benefits	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0
Youth Development Officer Benefits	\$0	\$0	\$0
Program Director	\$0	\$0	\$0
Program Director Benefits	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0
Parent Partner Benefits	\$0	\$0	\$0
Child Care Worker	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
Translation/Interpreter Services	\$0	\$0	\$0
Professional Service Contracts	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0
Participant Transportation	\$0	\$0	\$0
General Office Expenditure	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0
Food	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0
Outings	\$0	\$0	\$0
Retreats	\$0	\$0	\$0
Other Operating Expense	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0
3. Indirect Administrative Expenses			
Admin Costs (10%)	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS			\$0

I, _____, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION A – TO BE COMPLETED BY PARTY SUBMITTING REPORT		
Program/Clinic Name	RU #	Name of Reporting Staff
Client/Person (Last Name, First Name)	DOB	RUHS – BH Client ID
If the incident involved a person other than the client such as an employee or visitor, provide the person's name and contact #:		
Last Name, First Name	Contact Phone	Involved as (e.g. staff, visitor, etc.)

Attach a copy of the client's current face sheet.	
The above named client/person was involved in an act/action which meets/may meet (circle one) the requirements of the formation of the Adverse Incident Committee. The incident falls into the following reportable incident category(ies).	
<input type="checkbox"/> All client deaths for any cause <input type="checkbox"/> Incident involving significant dangerousness to self, including serious suicide attempts or self-injury <input type="checkbox"/> Incident involving significant dangerousness to others, including serious assaults, homicide attempts and homicides <input type="checkbox"/> Incident involving significant injury that required medical intervention for any client or visitor at a program site or during a treatment activity off-site.	
Specific location where the incident occurred:	
Date of Incident:	Time of Incident:
Date FIRST reported to RUHS – BH:	Time Reported to RUHS – BH:

THE EVENTS WHICH OCCURED ARE AS FOLLOWS:

SUBMIT REPORT TO SUPERVISOR WITHIN ONE BUSINESS DAY OF INCIDENT	
Reported submitted to:	
Submission completed: Date:	Time:

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
 (CONFIDENTIAL – Attorney Client Privileged Information)

SECTION B – TO BE COMPLETED BY PROGRAM SUPERVISOR

Client/Person (Last Name, First Name)	RUHS – BH Client ID
---------------------------------------	---------------------

Diagnosis		
1.	ICD-10 Diagnosis:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
2.	ICD-10 Diagnosis:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
3.	ICD-10 Diagnosis:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Medications: <input type="checkbox"/> On medication(s) (list below) <input type="checkbox"/> No Medication(s) <input type="checkbox"/> Unknown							
	Medication	Dose	Indication		Medication	Dose	Indication
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Suspected or Known Substance Use Disorder(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Treating Psychiatrist:	<input type="checkbox"/> Program MD <input type="checkbox"/> Private MD
------------------------	--

Family/Legal Guardian - Aware of Incident:	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Family Attitude/Response:	
---------------------------	--

Supervisor's Comments/Concerns/Issues Identified:	
---	--

Supervisor's action(s) taken:	
-------------------------------	--

- Workplace Violence, Threats and Security Document # 2010 applies and report submitted as required by Safety Office Policy.
- Urgent RUHS – BH Administration notification recommended. *Refer to Policy 248.* If yes, requires IMMEDIATE filing of report to Regional Manager/Administrator.

Regional Manager/Administrator Must Be Notified ASAP or within three (3) business days.

Manager/Administrator Notified:	Date/Time Notified:
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DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

**SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE
 REVIEW, SUMMARY, AND RECOMMENDATIONS**

Client/Person (Last Name, First Name)	RUHS – BH Client ID
Date of Incident	Time of Incident

Sheriff Investigation Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested:
Name of Person who requested report:	
Coroner Autopsy Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested:
Name of Person who requested report:	
Incident Reviewed By (Name and Job Classification)	
1.	3.
2.	4.
Date of Review:	Period of Treatment Reviewed:

Policy, Procedure, Program Issues Identified	
<input type="checkbox"/> Coordination of Care with PCP	<input type="checkbox"/> Coordination of Care with another service or provider
<input type="checkbox"/> Identification of a Substance Use Disorder	<input type="checkbox"/> Referral to Substance Use or Co-Occurring Disorder Treatment
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Follow-up after missed appointment or “No-Show”
<input type="checkbox"/> Monitoring of psychotropic medications	<input type="checkbox"/> Psychotropic Medication Poly-pharmacy
<input type="checkbox"/> Prescribing controlled substance to a known substance abuser	<input type="checkbox"/> Other medication-related issue
<input type="checkbox"/> Delay in getting appt. within reasonable time	<input type="checkbox"/> Case closed without adequate efforts to contact or engage/re-engage client
<input type="checkbox"/> Client lost to follow-up/unable to locate	<input type="checkbox"/> Other Issue(s)

Review Summary/Comments/Findings

DO NOT FILE THIS FORM IN THE CLIENT’S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

**SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE
REVIEW, SUMMARY, AND RECOMMENDATIONS (Continued)**

Does this incident involve a possible professional staff license/certification violation? Yes No

If yes, briefly describe:

Does this incident involve a possible facility licensing violation? Yes No

If yes, briefly describe:

If Yes, has licensing agency been notified? Yes No

Has copy of incident report from licensee to licensing agency been obtained? Yes No
 (If Yes, attach copy of report)

Reviewer(s) concur with supervisor whether Workplace Violence Report provision applies:

Yes No

If No, action taken by reviewer(s):

Review Recommendations and Corrective Action Plan(s)

Recommendation(s)/Plan(s)	Person Responsible	Proposed Completion Date

Administrator Signature

Administrator Signature

Date

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION D – WITNESS REPORTS (If Applicable)	
1.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
2.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
3.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD



Building Resilience In African American Families (BRAAF-Girls)

**Africentric Youth Rites of Passage Program (ROP)
Parent Education and Support (Guiding Good Choices and Parent Support)
Cognitive Behavioral Therapy (CBT)**

21-22 FY Data Collection Guidelines



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OVERVIEW

As part of Riverside University Health System (RUHS) Behavioral Health Prevention and Early Intervention (PEI) implementation, it is important to ensure that program evaluation and outcome data is collected, not only to document the value and efficacy of the program, but also to provide information for learning and program improvement if needed. Keeping track and collecting information on participation programs will also provide the necessary information to share with all interested stakeholders.

We know it can get detailed and takes extra time. However, showing all the good work the program is promoting means keeping track of data. Also, as part of the implementation for Prevention and Early Intervention (PEI), it is important to ensure that programs and outcomes are evaluated on a consistent basis.

It is really important that the staff of these programs (Africentric Youth Rites of Passage, Guiding Good Choices, Parenting Groups, and CBT) use the following guidelines to document participation in the program. The funding provided for this program requires the collection of some basic information which will be shared with RUHS and others.

All identifying personal information is kept confidential



Africentric Youth Rite of Passage (ROP)

- *For 11-13 yr. old girls
- *Minimum of 85 ROP sessions required for youth to graduate. This count includes, weekly ROP classes, weekend outings, initiation retreat, Unity Day, and graduation day.

Data Collection Guidelines

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> • Demographic Screening Questionnaire 	<ul style="list-style-type: none"> • To identify African American females between the ages of 11 -13, who may benefit from the program. <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name.</p>	<ul style="list-style-type: none"> • This form is to be used in conjunction with each agency's program form. It should be completed by program staff after an appropriate assessment period to identify any child or family risk factors that will make the participant eligible for the program. <p>Keep completed forms in the binder which will be submitted to RUHS-BH.</p>
<ul style="list-style-type: none"> • Initial Intake 	<ul style="list-style-type: none"> • Collects information on school attendance grades and suspensions, law enforcement contact, and social risk factors. 	<ul style="list-style-type: none"> • Complete this form when the youth is enrolled in the program.
<ul style="list-style-type: none"> • Sign-In Sheets & Master Attendance Roster 	<ul style="list-style-type: none"> • To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 	<ul style="list-style-type: none"> • Track attendance for youth in the after-school program. Use daily sign in sheets to complete the Attendance Roster. Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH
<ul style="list-style-type: none"> • Attendance Parent Empowerment dinners. 	<ul style="list-style-type: none"> • To record parents attendance at empowerment dinners. 	<ul style="list-style-type: none"> • Have parent sign in on the attendance form and indicate the name of the youth they have enrolled in the program. Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Resiliency Scale for Children and Adolescents 	<ul style="list-style-type: none"> This is a self-report scale designed for children and adolescents ages 9-18 years of age to assess positive characteristics and personal attributes that are critical for resiliency. The measure includes the: Sense of Mastery Scale (optimum, self-efficacy, adaptability); and Sense of Relatedness Scale (trust, support, comfort, tolerance), 	<ul style="list-style-type: none"> Only the Sense of Mastery and Relatedness Resiliency scale will be completed and collected at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Youth Questionnaire (MIBI and The Multi Ethnic Identity Measure) 	<ul style="list-style-type: none"> This questionnaire will include the Multidimensional Inventory of Black Identity (MIBI) which assesses components of African American racial identity (centrality subscale) The Multi Ethnic Identity Measure assesses the process of ethnic identity development in young adults. 	<ul style="list-style-type: none"> Collect the Youth Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Social, Emotional, and Bullying Behavior Survey (SEBBS) 	<p>This questionnaire was designed by PRIDE surveys to ask middle school students to report social and emotional skills, peer relations/bullying behaviors, school climate, and substance abuse.</p>	<ul style="list-style-type: none"> Collect the SEBBS Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test).

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

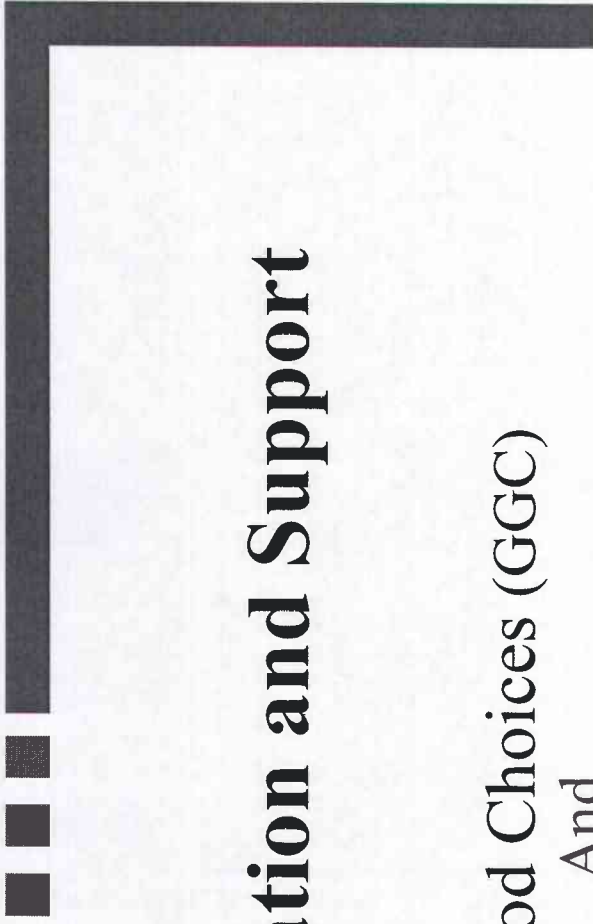
ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Risky Behavior 	<ul style="list-style-type: none"> This activity is for the youth to write down as many risks and strengths that they can identify. There is no minimum or maximum. 	<ul style="list-style-type: none"> Collect this activity at the beginning of the program and again at the end. For analysis, a frequency count from pre to post will be analyzed.
<ul style="list-style-type: none"> FACES III 	<p>This is a self-reported 10 item scale that measures perceptions of cohesion . The cohesion scales assesses the strength of family members attachment to one another.</p>	<ul style="list-style-type: none"> Have the parent, relative, or caregiver most closely involved in the Rites of Passage program complete the FACES III at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</p>
<ul style="list-style-type: none"> Satisfaction Surveys (Parent & Youth) 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth participants and their parents/guardians on their perception of the program. One satisfaction form or parents and one for the youth. 	<ul style="list-style-type: none"> At the end of the program request that youth and their parent or guardians complete the appropriate satisfaction survey (Youth or Parent/Guardian). <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</p>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Program Completion Discontinuation Form 	<ul style="list-style-type: none"> This form is used to record if youth completed the program (graduated) or if they discontinued from the program including the reason for discontinuance. If the youth drops out staff should complete this form even if they can not contact the parent. 	<ul style="list-style-type: none"> A program completion form should be completed for each youth enrolled in the program. If a youth drops out of the program complete the program completion/discontinuance form. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Outreach form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> <u>Complete</u> the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u>



Parent Education and Support

**Guiding Good Choices (GGC)
And
Parent Support Groups**

Data Collection Guidelines



GGC– Parenting Classes

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete at enrollment or on the first day of class. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Sign –In Sheet 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete “Attendance Roster and Program Completion” Form. 	<ul style="list-style-type: none"> Ensure each parent signs in at each class session. Sign-in sheets will be used to complete the Attendance Roster and Program Completion . Make sure each parent that signs in is checked off on the attendance roster. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Attendance Roster and Program Completion 	<ul style="list-style-type: none"> Documents attendance at each class session and documents program completion. 	<ul style="list-style-type: none"> Record attendance on the roster from the sign-in sheets. Record program completion at the conclusion of the 5 week class series. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms to RUHS PEI Staff.

GGC– Parenting Classes

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Alabama Parenting Questionnaire (APQ) 	<ul style="list-style-type: none"> To measure parenting practices, involvement and positive parenting skills for parents of children 4 years and older. 	<ul style="list-style-type: none"> Each parent attending should complete an APQ at the beginning of the class series and again at the last session (Pre and Post). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction form 	<ul style="list-style-type: none"> To gather feedback from parents participating in GGC. 	<ul style="list-style-type: none"> All participants should be offered a satisfaction survey to complete at the conclusion of the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Outreach Form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u>

Parent Support Groups

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete on the first day the parent attends the group. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>
<ul style="list-style-type: none"> Sign -In Sheet 	<ul style="list-style-type: none"> To document attendance at each support group. 	<ul style="list-style-type: none"> Ensure each parent signs in at each support group. Sign-in sheets will be used to determine the number attending make sure they print their name and sign. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>
<ul style="list-style-type: none"> Satisfaction Form 	<ul style="list-style-type: none"> Provide parent with the satisfaction form at the end of a group in the collection months. 	<ul style="list-style-type: none"> Provide an envelope for parents to deposit completed forms and seal envelope for PEI staff. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>

Individualized Parent Support

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Individualized Parent Support Log 	<p>To document support for any needed resources/services beyond outreach for parent support group. Use only the form provided by RUHS-BH.</p>	<ul style="list-style-type: none"> Each individualized support from Parent Partner will be documented on Parent Support log. <u>Provide copies of the log to RUHS PEI staff by the 10th business day of the following month.</u>



Cognitive Behavioral Therapy (CBT)

* All youth are initially screened for CBT, then clinician will determine if youth is eligible for CBT. Clinician then does one-on-one CBT sessions with that youth as needed.

Data Collection Guidelines



CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Participant Demographic Form 	<ul style="list-style-type: none"> To collect participants demographic information at the beginning of CBT services. 	<ul style="list-style-type: none"> Collect information during enrollment into the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Participant Log and Program Completion Summary 	<ul style="list-style-type: none"> To document attendance at each session and track information on completion of CBT services. 	<ul style="list-style-type: none"> Record each sessions attendance on participant log with date and youth signature. Each participant should have their own participant log. The completion of service outcome is recorded on the participant log . <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Children's Depression Inventory II (CDI-II) 	<ul style="list-style-type: none"> To measure the level of depression in program participants at the beginning and at completion of the program. CDI -II is used to measure depression in children. 	<ul style="list-style-type: none"> Complete this form at the beginning of the program (Pre- Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Strength and Difficulties Questionnaire (SDQ)-Parent 	<ul style="list-style-type: none"> To measure change in behavior problems and increases in pro-social behaviors among the participants from beginning to completion of the program. The SDQ is brief behavioral questionnaire for children and adolescents. 	<ul style="list-style-type: none"> Request that parents complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction Survey 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth on their experience with the program. 	<ul style="list-style-type: none"> At the end of the program request each youth participant to complete a satisfaction survey. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

When to collect data?

It is suggested to provide the appropriate questionnaires within the first 3 days from the start of the program so the youths/parents do not feel overwhelmed. The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolled in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. See guide to administering measures on the following page.

In order to prevent any absent participants, begin collecting post data a week before the program ends. In the case when someone is absent and they were unable to come to the facility at separate hours or a day after, telephone them to collect data. Again to not overwhelm youths/parents spread the questionnaires throughout that week.

Staff: assure all questionnaires and surveys have been filled out completely with no blanks. Also when passing out the forms, make sure all forms state the correct Fiscal Year, as most forms have changed from previous years.

What to turn in to PEI Staff?

(all these forms should be kept in the provided binders)

Africentric Rites of Passage	<ol style="list-style-type: none"> Attendance Roster Summary (staff fill out daily) Demographic form (PRE) Initial Intake (PRE) Resiliency questionnaire (PRE/POST) Youth Questionnaire (PRE/POST) FACES III (PRE/POST) SEBBS (PRE,POST) Youth Satisfaction Survey (POST) Parent Satisfaction Survey (POST) Program Completion form (POST for each youth, even those who dropped out)
Guiding Good Choices	<ol style="list-style-type: none"> Attendance Monthly Summary (MONTHLY) Demographic Form (PRE) APQ (PRE/POST) Satisfaction form (POST)
Parent Support Groups	<ol style="list-style-type: none"> Demographic Forms (PRE) Sign-In sheets Satisfaction form (POST)
Individualized Parent Support	<ol style="list-style-type: none"> Parent Support Log <p>*one log should be turned-in for each parent with dates</p>
Cognitive Behavioral Therapy (CBT)	<ol style="list-style-type: none"> Demographic Form (PRE) CDI II (PRE/POST) SDQ (PRE/POST) Log Sheet and Program Completion Satisfaction Survey

Guide to Administering Measures

<p>Africentric Rites of Passage</p>	<p>The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolling in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. During the first two weeks, introduce the Youth Questionnaire, SEBBS, PLUS the Resiliency Scale and have all the youths quietly finish this questionnaire. At the end of program step out after handing out all the youth satisfaction surveys to minimize bias. Do this for the parent satisfaction survey too.</p>
<p>Guiding Good Choices</p>	<p>For the demographic form make sure the parent knows to fill this for themselves not the youth. The APQ is designed to be completed having in mind the youth that is causing most trouble and the parenting styles learned in GGC are also meant to be practiced on that same youth. Before the 5 week class sessions end, remember to step out after handing out all the parent satisfaction surveys to minimize bias.</p>
<p>Parent Support Groups</p>	<p>Demographic forms should be completed for each parent attending the support groups. Keep all sign-in sheets every time a support group is offered. Make sure to know in advance when their last support group will be to administer the satisfaction form. In any case someone does not complete this satisfaction form, telephone them to obtain information.</p>
<p>Individualized Parent Support</p>	<p>The parent log is used to maintain a record of how many times this parent was counseled and helped either through telephone or face to face. This log can be kept in the dividers behind the youths information.</p>
<p>Cognitive Behavioral Therapy (CBT)</p>	<p>The demographic form should be filled out by the parent for the youth before services start. The two questionnaires CDI II and SDQ are very sensitive and is very important that the youth feels comfortable with the questions asked. A log sheet will be kept for each youth receiving these services. Keep their own log sheet in their dividers.</p>

COUNTY OF RIVERSIDE
BEHAVIORAL HEALTH



This agreement is made and entered into by and between the County of Riverside, a political subdivision of the state of California, hereinafter referred to as COUNTY and **WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS**, hereinafter referred to as CONTRACTOR.

PREAMBLE

WHEREAS, California voters approved Proposition 63 during the November 2004 General Election. Proposition 63, the Mental Health Services Act [hereinafter "MHSA"], became effective on January 1, 2005. Through imposition of a 1% tax on personal income in excess of \$1 million, the MHSA provides the opportunity for the State to provide increased funding, personnel and other resources to support County Prevention and Early Intervention Programs and monitor progress toward statewide goals for children/youth, transitional age youth, adults, older adults, families and communities.

WHEREAS, components of the MHSA Integrated Expenditure Plan will include elements required by W&I Code Section 5847 and related regulations.

WHEREAS, the COUNTY desires to extend to the residents of Riverside County certain programs and services contemplated and authorized by the MHSA, California Welfare and Institutions Code (WIC) Section 5600 et seq., and Government Code Section 26227 et seq., California Code of Regulations, Title 9, Division 1, and Title 22, which the CONTRACTOR is equipped, staffed, prepared and willing to provide; and

WHEREAS, the COUNTY believes that it is in the best interest of the people of Riverside County to provide these services by contract; and

WHEREAS, these services as described in Exhibit A attached hereto shall be provided by CONTRACTOR in accordance with the applicable State and local laws, codes and policies contained herein, but not limited to, Exhibit B attached hereto.

NOW THEREFORE, in consideration of the mutual promises, covenants and conditions hereinafter contained, the parties hereto mutually agree, as provided on pages 1 through 19 and Exhibits A, B, C, and D, and Schedule I and/or K, and Attachment A, attached hereto and incorporated herein.

CONTRACTOR

By:
Katie McIendon, CEO

Date: 5/29/2021

COUNTY

By:
Karen Spiegel, Chairman of the Board

Date: JUN 22 2021

COUNTY COUNSEL:

Gregory P. Priamos
Approved as to form

By:
Deputy County Counsel

ATTEST:

KECIA R. HARPER, Clerk
By:
DEPUTY

JUN 22 2021 3:31

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EXHIBIT A

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SCHEDULE I/K

ATTACHMENT A – ADVERSE INCIDENT REPORT FORM

I. DESCRIPTION OF SERVICES:

CONTRACTOR agrees to provide services in the form as described in Exhibit A.

II. PERIOD OF PERFORMANCE:

This Agreement shall be effective on July 1, 2021, and continue in effect through June 30, 2022. The Agreement may thereafter be renewed annually, for up to three (3) additional years, subject to the availability of funds and satisfactory performance of services.

III. REIMBURSEMENT AND PAYMENT:

- A. In consideration of services provided by CONTRACTOR, RUHS-BH shall reimburse CONTRACTOR in the amount and manner described in Exhibit C. The Exhibit C includes RUHS-BH requirements for reimbursement.
- B. CONTRACTOR shall use the Schedule K for monthly claiming purposes. The Schedule K shall be used to support the required back-up documentation necessary to audit the actual cost of program related expenses. The Schedule K is a guide for the amount allocated to the program services provided.

IV. PROGRAM SUPERVISION, MONITORING AND REVIEW:

CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement. Pursuant to Welfare & Institutions Code (WIC), Section 5608, services hereunder shall be provided by CONTRACTOR under the general supervision of the County Director of Behavioral Health, hereinafter called DIRECTOR, or his authorized designee. CONTRACTOR agrees to extend to DIRECTOR, his designee, the RUHS-BH Contract Monitoring Team, and/or to authorized State representatives, the right to review and monitor CONTRACTOR's facilities, programs, policies, practices, books, records, or procedures at any reasonable time. In exercising the right to review or monitor CONTRACTOR's administrative, clinical, fiscal and program components, staff, and facilities, the RUHS-BH shall enforce Agreement provisions and applicable RUHS-BH policies identified throughout this agreement.

If at any time the RUHS-BH determines CONTRACTOR is out of compliance with any provision contained within this Agreement, the RUHS-BH will provide written notification of the noncompliance findings to the CONTRACTOR and request a plan of corrective action. CONTRACTOR will, within thirty (30) days of receiving notification, provide a written plan of corrective action addressing the noncompliance.

If the RUHS-BH accepts the CONTRACTOR's proposed plan of corrective action, it shall suspend other punitive actions to give the CONTRACTOR the opportunity to come into compliance. If the RUHS-BH determines CONTRACTOR has failed to implement corrective action, funds may be withheld or disallowed until compliance is achieved. CONTRACTOR shall cooperate with any such effort by RUHS-BH including follow-up investigation and interview of witnesses. Failure to cooperate or take corrective action may result in termination of this Agreement.

V. INDEPENDENT CONTRACTOR:

This Agreement is by and between the RUHS-BH and CONTRACTOR and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between RUHS-BH and CONTRACTOR. CONTRACTOR and its employees, agents and/or subcontractors shall not be entitled to any benefits payable to RUHS-BH employees, including but not limited to overtime, any retirement benefits, worker's compensation benefits, and/or injury leave or other leave benefits. CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required. CONTRACTOR assumes the exclusive responsibility and liability for the acts of its employees or agents as they relate to services provided. CONTRACTOR shall bear the sole responsibility and liability for

furnishing workers' compensation benefits to any CONTRACTOR employees, agents and/or subcontractors for any injuries arising from or connected with services performed on behalf of RUHS-BH pursuant to this Agreement. CONTRACTOR certifies that it will comply with all applicable state and federal labor laws and regulations, including, but not limited to, those issued by the federal Occupational Safety and Health Administration and California Division of Occupational Safety and Health. CONTRACTOR is responsible for payment and deduction of all employment-related taxes on CONTRACTORS' behalf and for CONTRACTORS' employees, including, but not limited to, all federal and state income taxes and withholdings. RUHS-BH shall not be required to make any deductions from compensation payable to CONTRACTOR for these purposes. CONTRACTOR shall indemnify RUHS-BH against any and all claims that may be made against RUHS-BH based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement; and CONTRACTOR shall indemnify RUHS-BH for any and all federal or state withholding or retirement payments which RUHS-BH may be required to make pursuant to federal or state law.

Contractor shall maintain, as appropriate, the following:

- A. Articles of Incorporation;
- B. Amendments of Articles;
- C. List of agency's Board of Directors and Advisory Board;
- D. A resolution indicating who is empowered to sign all contract documents pertaining to the agency;
- E. By-laws and minutes of Board meetings.

VI. LICENSE(S)/CERTIFICATION(S):

CONTRACTOR warrants that it has all necessary licenses, permits, approvals, certifications, waivers and/or exemptions necessary to provide services hereunder as required by the laws or regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and agrees to maintain such throughout the term of this Agreement. Examples of license(s)/certification(s) may include: fire clearance, zoning permit; business license, community care license and/or Medi-Cal certification. CONTRACTOR shall notify DIRECTOR (or his designee) immediately and in writing of its inability to maintain, irrespective of the tendency of an appeal, such licenses, permits, approvals, certifications, waivers and/or exemptions.

VII. ADMINISTRATIVE CHANGE IN STATUS:

If, during the term of the Agreement, there is a change in CONTRACTOR's status, a detailed description of the change must be submitted to RUHS-BH in writing at least sixty (60) days prior to the effective date of the change, or in the case of an emergency, as soon as possible. A change in status is defined as a name change not amounting to a change of ownership, a change in the authorized signer of contract documents, moving a facility's service location within the same region, or closing a facility with services being offered in another already existing contracted facility. Any change in administrator of the facility shall be reported to RUHS-BH. Such notification shall include the new administrator's name, address and qualifications. Other changes to the contractor status may result in a more formal contract amendment, as stated in Section VIII, DELEGATION AND ASSIGNMENT.

VIII. DELEGATION AND ASSIGNMENT:

CONTRACTOR may not delegate the obligations required by this Agreement, either in whole or in part, without prior written consent of RUHS-BH. Obligations undertaken by CONTRACTOR pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are approved in writing by DIRECTOR (or his designee), meet the requirements of this Agreement as they relate to the service or activity under subcontract, and include any provision(s) that DIRECTOR (or his designee) may require. No subcontract shall terminate or alter the responsibilities of CONTRACTOR.

CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the prior written consent of RUHS-BH. Any attempted assignment or delegation in derogation of this paragraph shall be

void. Any change in the corporate or business structure of CONTRACTOR, such as a change in ownership or majority ownership change resulting in a change to the Federal Tax Id, shall be deemed an assignment for purposes of this paragraph.

IX. ALTERATION:

If any such alteration causes an increase or decrease in the cost of, or the time required for, the performance under this Agreement, Agreement shall be modified by written amendment, accordingly.

Funds allocated to specific budget categories, as identified in the Schedule K, may not be reallocated to another budget category without prior approval, as described in Exhibit C. Funds shall not exceed the total maximum obligation for the fiscal year.

X. INDEMNIFICATION:

CONTRACTOR shall indemnify and hold harmless all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives from any liability whatsoever, based or asserted upon services of CONTRACTOR, its agents, employees, or subcontractors, arising out of or in any way relating to this Agreement, for property damage, bodily injury, or death or any other element of damage of any kind or nature resulting from any acts or failure to act or omission on the part of the CONTRACTOR, its directors, officers, agents, employees or subcontractors hereunder. CONTRACTOR shall defend, at its sole expense, including but not limited to attorney fees, all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives and any legal claim or action based upon such alleged acts, failure to act or omissions.

XI. INSURANCE:

Without limiting or diminishing the CONTRACTOR's obligation to indemnify or hold the RUHS-BH harmless, CONTRACTOR shall procure and maintain the following insurance coverages during the term of this Agreement. With respect to the insurance section only, the RUHS-BH herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

A. Workers' Compensation:

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person, per accident. Policy shall be endorsed to waive subrogation in favor of the RUHS-BH.

B. Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR's performance of its obligations hereunder. Policy shall name the RUHS-BH as an Additional Insured. Policy's limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

C. Vehicle Liability:

CONTRACTOR shall maintain liability insurance for all vehicles, or other mobile equipment, used in the performance of the obligations under this Agreement in an amount not less than \$1,000,000 per

occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the RUHS-BH as an Additional Insured.

D. Professional Liability:

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for CONTRACTOR's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If CONTRACTOR's Professional Liability Insurance is written on a 'claims made' basis rather than on an 'occurrence' basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either: 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

E. General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A:VIII (A:8) unless such requirements are waived, in writing, by the RUHS-BH Risk Manager. If the RUHS-BH's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The CONTRACTOR's insurance carrier(s) must declare its insurance deductibles or self-insured retentions. If such deductibles or self-insured retentions exceed \$500,000 per occurrence such deductibles and/or retentions shall have the prior written consent of the RUHS-BH Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or self insured retentions which are deemed unacceptable to the RUHS-BH, at the election of the RUHS-BH's Risk Manager, CONTRACTOR's carriers shall either; 1) reduce or eliminate such deductibles or self-insured retentions as respects this Agreement with the RUHS-BH, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.
3. The CONTRACTOR shall cause their insurance carrier(s) to furnish the County of Riverside with: 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein; and/or, 2) if requested to do so orally or in writing by the RUHS-BH Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) and shall provide no less than thirty (30) days written notice be given to the County of Riverside prior to any material modification or cancellation of such insurance. In the event of a material modification or cancellation of coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages and the insurance required herein is in full force and effect. Individual(s) authorized by the insurance carrier to do so, on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance. Certificates of insurance and certified original copies of Endorsements effecting coverage as required herein shall be delivered to RUHS-BH, P.O. Box 7549, Riverside, CA 92513-7549, MHSA Administration. CONTRACTOR shall not commence operations until the County of Riverside has been furnished original

Certificate(s) of Insurance and certified original copies of endorsements or policies of insurance including all endorsements and any and all other attachments as required in this Section.

4. It is understood and agreed by the parties hereto and the CONTRACTOR's insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the RUHS-BH's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of approved subcontractors working under this Agreement.
6. Failure by CONTRACTOR to procure and maintain the required insurance shall constitute a material breach of contract upon which RUHS-BH may immediately terminate or suspend this Agreement.

XII. LIMITATION OF RUHS-BH LIABILITY:

Notwithstanding any other provision of this Agreement, the liability of RUHS-BH shall not exceed the amount of funds appropriated in support of this Agreement by the California Legislature.

XIII. WARRANTY AGAINST CONTINGENT FEES:

CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon any Agreement or understanding for any commission, percentage, brokerage, or contingent fee, expecting bona fide employees or bona fide established commercial or selling agencies maintained by CONTRACTOR for the purpose of securing business. For CONTRACTOR's breach or violation of this warranty, RUHS-BH may, at its sole discretion, deduct from the Agreement price of consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

XIV. NONDISCRIMINATION:

A. Employment:

1. Affirmative Action shall be taken to ensure applicants and employees are treated without regard to their race, religion, color, sex, national origin, age, sexual orientation, or physical or mental disability. Such affirmative action shall include, but not be limited to the following: employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship/internship. There shall be posted in conspicuous places, available to employees and applicants for employment, notices from DIRECTOR (or his designee) and/or the United States Equal Employment Opportunity Commission setting forth the provisions of this Section.
2. All solicitations or advertisements for recruitment of employment placed by or on behalf of CONTRACTOR shall state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national origin, age, sexual orientation, or physical/mental disability.
3. Each labor union or representative of workers with which CONTRACTOR has a collective bargaining Agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination Section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. In the event of noncompliance with this section or as otherwise provided by State and Federal law, this Agreement may be terminated or suspended in whole or in part and CONTRACTOR may be declared ineligible from future contracts involving federal, state or COUNTY funds.

B. Services, Benefits, and Facilities:

1. CONTRACTOR shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, gender, age,

sexual orientation, marital status, physical/mental disability in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.

2. CONTRACTOR shall further establish and maintain written procedures under which any person, applying for or receiving services hereunder, may seek resolution from CONTRACTOR of a complaint with respect to any alleged discrimination in the provision of services by CONTRACTOR's personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied with CONTRACTOR's resolution of the matter, shall be referred by CONTRACTOR to DIRECTOR, or his authorized designee, for the purpose of presenting the complaint of alleged discrimination. Such procedures shall also indicate that if such person is not satisfied with RUHS-BH's resolution or decision with respect to the complaint of alleged discrimination, he or she may appeal the matter to the appropriate federal or state agencies. CONTRACTOR will maintain a written log of complaints for a period of seven (7) years.

XV. REPORTS/RESEARCH PROTOCOL:

- A. CONTRACTOR must adhere to the reporting requirements as mandated by law. The RUHS-BH shall provide instruction and direction regarding RUHS-BH policies and procedures for meeting reporting requirements.
- B. CONTRACTOR shall provide the RUHS-BH with applicable reporting documentation as specified in the Research Protocol, attached hereto as Exhibit D and by this reference incorporated herein. RUHS-BH may provide additional instructions on reporting requirements as required by RUHS-BH or State guidelines.
- C. CONTRACTOR shall participate in the RUHS-BH's Management Information System (MIS) as required by the DIRECTOR, or his designee. CONTRACTOR is required to report program, individuals served and staff data about the CONTRACTOR's program and services, by the fifth (5th) working day of each month for the prior month. Reports are available through the department's Report Distribution Server (RDS).
- D. CONTRACTOR shall comply with the State reporting requirements pursuant to 9 C.C.R. Section 10561. Upon the occurrence of any of the events listed hereafter, the CONTRACTOR shall make a telephonic report to the State department licensing staff (hereinafter "State") within one (1) working day. CONTRACTOR shall submit an Adverse Incident Report form (Attachment A) to the COUNTY within twenty-four (24) hours of the incident and within seven (7) days of the event to the State. If a report to local authorities exists which meets the requirements cited, a copy of such a report will suffice for the written report required by the State.

1. Events reported shall include:

- a. Death of any resident from any cause;
- b. Any facility related injury of any resident which requires medical treatment;
- c. All cases of communicable disease reportable under Section 2502 of Title 17, California Code of Regulations shall be reported to the local health officer in addition to the State;
- d. Poisonings;
- e. Catastrophes such as flooding, tornado, earthquake or any other natural disaster; and,
- f. Fires or explosions which occur in or on the premises.

2. Information provided shall include the following:

- a. Residents' name, age, sex, and date of admission;
- b. Date, time and nature of the event;

- c. Attending physician's name, findings and treatment, if any; and,
- d. The items below shall be reported to the State within ten (10) working days following the occurrence:
 - (i) The organizational changes specified in Section 10531(a) of this subchapter;
 - (ii) Any change in the licensee's or applicant's mailing address; and,
 - (iii) Any change of the administrator of the facility. Such notification shall include the new administrator's name, address and qualifications.

XVI. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

CONTRACTOR is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. CONTRACTOR hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law.

XVII. CONFIDENTIALITY OF PARTICIPANT INFORMATION:

CONTRACTOR shall maintain the confidentiality of all participant identifying information contained in records, including but not limited to participant records/charts, billing records, research and participant identifying reports, and the RUHS-BH's participant Management Information System (MIS) in accordance with WIC Sections 14100.2 and 5328 et seq, Title 42 Code of Federal Regulations, Section 431.300 et seq., Section 1320 D et seq, of Title 42, United States Code and it's impending regulations (including but not limited to Title 45, CFR, Parts 142, 160, 162, 164) and all other applicable current or future RUHS-BH, State and Federal laws, regulations, ordinances and directives relating to confidentiality and security of participant records and information.

- A. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement.
- B. The CONTRACTOR shall not disclose confidential participant identifying information except as authorized by participant, participants' legal representative or as permitted by Federal or State law, to anyone other than the RUHS-BH or State without prior valid authorization from the participant or participants' legal representative in accordance with State and Federal laws. Any disclosures made shall be logged and the log maintained in accordance with State and Federal law.
- C. If CONTRACTOR receives any requests by subpoena, from attorneys, insurers or beneficiaries for copies of bills, CONTRACTOR will provide the RUHS-BH with a copy of any document released as a result of such request, and will provide the name, address and telephone number of the requesting party.
- D. For purposes of the above paragraphs, identifying information is considered to be any information that reasonably identifies an individual and their past, present, or future physical or mental health condition. This includes, but is not limited to, any combination of the person's name, address, Social Security Number, date of birth, identifying number, symbol, or other particular identifier assigned to the individual, such as finger or voice print, or photograph.
- E. Notification of Electronic Breach or Improper Disclosure: During the term of this Agreement, CONTRACTOR shall notify RUHS-BH, immediately upon discovery of any breach of Protected Health Information (PHI) and/or data, where the information and/or data is reasonably believed to

have been acquired by an unauthorized person. Immediate notification shall be made to the RUHS-BH Compliance Officer within two (2) business days of discovery at (800) 413-9990. The CONTRACTOR shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State Laws and regulations. The CONTRACTOR shall investigate such breach and provide a written report of the investigation to the RUHS-BH Compliance Officer, postmarked within thirty (30) working days of the discovery of the breach to the address below:

Behavioral Health Compliance Officer
Riverside University Health System - Behavioral Health
P.O. Box 7549
Riverside, CA 92513

- F. Safeguards: The CONTRACTOR shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, that it creates, receives, maintains, or transmits on behalf of RUHS-BH; and to prevent use or disclosure of PHI other than as provided for by this Agreement. CONTRACTOR shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the CONTRACTOR's operations and the nature and scope of its activities. CONTRACTOR shall provide RUHS-BH with information concerning such safeguards as RUHS-BH may reasonably requests from time to time.
- G. The CONTRACTOR shall implement strong access controls and other security safeguards and precautions as noted in the following to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only. The CONTRACTOR shall enforce administrative and technical password controls on all systems used to process or store confidential, personal, or sensitive data.
- H. The CONTRACTOR shall utilize a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, CDs, thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers).
- I. The CONTRACTOR shall not transmit confidential, personal, or sensitive data via-e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST) as conforming to the Advanced Encryption Standard (AES) Algorithm.
- J. Mitigation of Harmful Effects. The CONTRACTOR shall mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI by CONTRACTOR or its subcontractors in violation of the requirements of these Provisions.
- K. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. RUHS-BH makes no warranty or representation that compliance by CONTRACTOR with these Provisions, HIPAA or HIPAA regulations will be adequate or satisfactory for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized use or

disclosure. CONTRACTOR is solely responsible for all decisions made by CONTRACTOR regarding the safeguarding of PHI.

- L. The terms and conditions in these Provisions shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of these Provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.
- M. CONTRACTOR shall require all its officers, employees, associates, and agents providing services hereunder to acknowledge, in writing, understanding of and Agreement to comply with said confidentiality provisions.

XVIII. RECORDS:

All records shall be available for inspection by the designated auditors of RUHS-BH, State Department of Health Care Services, State Department of Justice, State Department of Mental Health Services and Oversight and Accountability Commission, U.S. Department of Health and Human Services and the U.S Office of the Inspector General at reasonable times during normal business hours. Records include, but are not limited to, all physical and electronic records originated or prepared pursuant to the performance under this Agreement, working papers, reports, financial records or books of account, medical records, prescription files, and subcontracts. Upon request, at any time during the period of this Agreement, the CONTRACTOR will furnish any such record or copy thereof, to the RUHS-BH. CONTRACTOR shall be subject to the examination and audit of the Office of the Inspector General for a period of ten (10) years after final payment under Agreement.

A. Program Participant Records.

CONTRACTOR shall adhere to the authority of RUHS-BH, the State Department of Health Care Services, the State Department of Oversight and Accountability. CONTRACTOR shall maintain adequate participant records on each participant, program outcome measures, and records of service provided by the various staff in sufficient detail to make an evaluation of the effectiveness of the program services.

B. Financial Records.

CONTRACTOR shall maintain complete financial records that clearly reflect the cost of each type of service for which payment 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. Statistical data shall be kept and reports made as required by the DIRECTOR, or his designee, and the State of California.

C. Financial Record Retention.

Appropriate financial records shall be maintained and retained for at least ten (10) years or, in the event of an audit exception and appeal, until the audit finding is resolved, whichever is later.

D. Participant Record Retention.

Participant records shall be maintained and retained for a minimum of ten (10) years.

E. Shared Records/Information.

CONTRACTOR and RUHS-BH shall maintain a reciprocal shared record and information policy, which allows for sharing of participant records and information between CONTRACTOR and RUHS-BH. Either RUHS-BH or CONTRACTOR shall not release these participant records or information to a third party without a valid authorization.

F. Property of participant records.

RUHS-BH is the owner of all participant records. In the event that the Agreement is terminated, the CONTRACTOR is required to prepare and box the participant records so they can be archived by the RUHS-BH, according to procedures developed by the RUHS-BH. The RUHS-BH is responsible for taking possession of the records and storing them according to regulatory requirements. The RUHS-BH is required to provide the CONTRACTOR with a copy of any participant record that is requested by the CONTRACTOR, as required by regulations, at no cost to the CONTRACTOR, and in a timely manner.

XIX. STAFFING:

CONTRACTOR shall comply with the staffing expectations as required by state licensing requirements and as may be additionally described in Exhibit A. CONTRACTOR is responsible for ensuring that their personnel are qualified, holding appropriate license(s)/certificate(s) for the services they provide in accordance with the WIC Section 5751.2, the requirements set forth in Title 9 of the California Code of Regulations (CCR), the Business and Professions Code, State Department of Health Care Services policy letters, and any amendments thereto. CONTRACTOR shall maintain specific job descriptions/duty statements for each position describing the assigned duties, reporting relationship, and shall provide sufficient detail to serve as the basis for an annual performance evaluation. Furthermore, CONTRACTOR acknowledges all its officers; employees, associates, and agents providing services hereunder are eligible for reimbursement for said services by their exclusion from the Federal "List of Excluded Parties" registry. All employees of CONTRACTOR providing services on behalf of RUHS-BH shall pass a LiveScan, background check and be tested for Tuberculosis (TB).

- A. During the term of this Agreement, CONTRACTOR shall maintain and shall provide upon request to authorized representatives of RUHS-BH, the following:
 - 1. A list of persons who are providing services hereunder by name, title, professional degree, licensure, experience, credentials, Cardiopulmonary Resuscitation (CPR) training, First Aid training, languages spoken, Race/Ethnicity with an option to select "Prefer Not to Say" and any other information deemed necessary by the Director or designee.
 - 2. Personnel files for each staff member, including subcontractors and volunteers, approved by RUHS-BH, that includes at minimum the following:
 - a. Resume/application, proof of current licensure, certification, registration;
 - b. List of Training, including cultural competency;
 - c. Annual job performance evaluation; and,
 - d. Personnel action document for each change in status of the employee.
 - e. Results of LiveScan, background check and TB test.
- B. CONTRACTOR shall provide an initial orientation to the program, program goals, policy and procedure review, emergency procedures and treatment services.
- C. CONTRACTOR shall institute and maintain a training program in which professional and other appropriate personnel shall participate.
- D. CONTRACTOR shall have appropriate staff trained and/or certified in CPR, First Aid, Emergency/Disaster Planning, non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the participants from violent behavior.
- E. Training plans shall be documented and discussed with staff. Continuing development of staff expertise shall be encouraged.

- F. The CONTRACTOR recognizes the importance of child and family support obligations and shall fully comply with all applicable State and Federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8, commencing with Section 5200, of Part 5 of Division 9 of the Family Code.
- G. In accordance with section 6032 of the Deficit Reduction Act of 2005, Contractor shall establish and disseminate written policies for all employees that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). Included in these written policies shall be detailed information about contractor's policies and procedures for detecting and preventing fraud, waste, and abuse in federal, state and local health care programs. Contractor shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of Contractor's policies and procedures for detecting and preventing fraud, waste and abuse.
- H. CONTRACTOR shall follow all Federal, State and County policies, laws and regulations regarding Staffing and/or Employee compensation. All payments or compensation made to CONTRACTOR Staff, Personnel and/or Employees in association with the fulfillment of this agreement shall be made by means of Staff, Personnel and/or Employee Certified Payroll or other auditable documentation justifying the payment or compensation.
- I. CONTRACTOR is responsible for notifying the COUNTY of all changes to indirect and direct personnel service providers that will have an impact on its Electronic Management of Records (ELMR) system. These changes include, but are not limited to, adding new personnel, modifying existing personnel, or terminating personnel. CONTRACTOR is responsible for completing the Computer Account Request Form (CARF) provided by the designated COUNTY Program Analyst, when such changes occur and will have an impact on ELMR data entry or system access. Contractor shall submit, via email, the completed CARF form to its designated COUNTY Program Analyst for review and approval. The COUNTY designated Program Analyst will then review CARF for accuracy and will then submit CARF to the COUNTY'S Information Technology (I.T.) staff for processing. The COUNTY'S designated Program Analyst will communicate with the CONTRACTOR, via email, with confirmation of submission for processing, and a COUNTY I.T. or ELMR personnel will contact the CONTRACTOR direct, via telephone, to confirm receipt of the CARF and provide confirmation that computer access has been granted or changed as requested by the CONTRACTOR.
- J. CONTRACTOR shall be responsible for confirming the identity and determining the exclusion status of its officers, board members employees associates, and agents through routine checks of Federal and State databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM) and the Medi-Cal List of Suspended or Ineligible Providers. These databases shall be consulted upon appointment of board members or hiring of employees, associates and agents and no less frequently than monthly thereafter. CONTRACTOR shall notify, in writing within thirty (30) calendar days, if and when any CONTRACTOR'S personnel are found listed on this site and what action has been taken to remedy the matter. Contractor shall establish their own procedures to ensure adherence to these requirements.

XX. CULTURAL COMPETENCY PLAN:

CONTRACTOR shall provide services pursuant to this Agreement in a culturally competent manner by recruiting, hiring and maintaining staff that can deliver services in the manner specified to the diverse cultural population served under this Agreement. CONTRACTOR shall provide services in a language appropriate and culturally sensitive manner, in a setting accessible to diverse communities. Multi-cultural

diversity includes, but is not limited to, ethnicity, age, sexual orientation, gender and persons who are physically challenged. CONTRACTOR shall document its efforts to provide culturally adaptive services in the manner specified. Documentation may include, but not be limited to, the following: records in personnel files attesting to efforts made in recruitment and hiring practices; participation in RUHS-BH sponsored and other cultural competency training; the availability of literature in multiple languages/formats as appropriate; and identification of measures taken to enhance accessibility for, and sensitivity to, mentally/physically challenged individuals. CONTRACTOR shall demonstrate program access; linguistically appropriate and timely program service delivery; staff training; and organizational policies and procedures related to the programs offered to culturally diverse populations. CONTRACTOR shall perform specific outcome studies, on-site reviews and written reports as requested by RUHS-BH and make available to the RUHS-BH upon request. CONTRACTOR shall provide services that meet the individual cultural needs of the participant(s) served. CONTRACTOR shall ensure culturally competent services include:

- A. A comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- B. Appropriate interventions which acknowledge specific cultural influences.
- C. CONTRACTOR agrees to comply with the RUHS-BH's Cultural Competency Plan as set forth in the Department's approved Cultural Competency Plan. The Cultural Competency Plan may be obtained from the department's website at <http://rcdmh.org/> or by contacting the RUHS-BH's Cultural Competency Manager or designee.

Riverside University Health System-Behavioral Health Cultural Competency Program
P.O. Box 7549
Riverside, California 92513
Attention: Cultural Competency Manager
Fax: 951-955-7206

- D. CONTRACTOR agrees to meet with RUHS-BH's Cultural Competency Program Manager, as needed, to provide technical assistance in determining and implementing cultural competency activities.
- E. CONTRACTOR will be responsible for participating in cultural competency trainings as required by the RUHS-BH's Cultural Competency Plan. In order to attend the RUHS-BH offered trainings, CONTRACTOR must register on-line through the department's training unit.
- F. CONTRACTOR is responsible for reporting back to the RUHS-BH, annually in writing, all cultural competency related trainings that staff members have attended. The following format is recommended:

Name of Training Event	Description of Training	How long & how often attended	Attendance by Service Function	No. of staff in attendance & Total	Date of Training	Name of Presenter
Example: Cultural Competence Introduction	Overview of cultural competence issues in mental health treatment settings.	Four hours annually	*Direct Services *Direct Services Contractors *Administration *Interpreters	15 20 4 2 Total: 41	1/21/10	John Doe

G. CONTRACTOR training information shall be submitted via facsimile to 951-955-7206 to the attention of the RUHS-BH Cultural Competency Program Manager on or before June 30 of each fiscal year.

XXI. INFORMING MATERIALS

CONTRACTOR shall provide each participant with certain informing materials about the program being provided and what outcomes shall be experienced by participating in the PEI Program. CONTRACTOR's stationery/letterhead and informing materials used for communication associated with RUHS-BH's specific Prevention and Early Intervention program shall indicate that funding for the services is provided in whole or in part by the Riverside University Health System-Behavioral Health (RUHS-BH), Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI).

XXII. CONFLICT OF INTEREST:

CONTRACTOR shall not employ any RUHS-BH employee whose position at RUHS-BH enables him/her to influence the award of this Agreement or any competing Agreement, and no spouse or economic dependent of such employee in any capacity herein, or in any other direct or indirect financial interest in this Agreement.

XXIII. WAIVER OF PERFORMANCE:

No waiver by RUHS-BH at any time of any of the provisions of this Agreement shall be deemed or construed as a waiver at any time thereafter of the same or any other provisions contained herein or of the strict and timely performance of such provisions.

XXIV. FEDERAL AND STATE STATUTES:

CONTRACTOR shall adhere to and comply with all other applicable Federal and State statutes and regulations, including but not limited to the applicable laws and regulations listed in Exhibit B.

XXV. DRUG-FREE WORKPLACE CERTIFICATION:

By signing this Agreement, the CONTRACTOR hereby certifies under penalty of perjury under the laws of the State of California that the CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and will provide a drug-free workplace doing all of the following.

- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355 (a).
- B. Establish a Drug-Free Awareness Program as required by Government Code Section 8355 (a) to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The CONTRACTOR's policy of maintaining a drug-free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and,
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Provide as required by Government Code Section 8355 (a) that every employee who works in the program(s) funded through this Agreement:
 - 1. Will receive a copy of the CONTRACTOR's drug-free policy statement, and
 - 2. Will agree to abide by the terms of the CONTRACTOR's statement as a condition of employment on the Agreement.
- D. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and the CONTRACTOR may be ineligible for award of future contracts if the RUHS-BH determines that any of the following has occurred:
 - 1. The CONTRACTOR has made a false certification or,
 - 2. Violates the certification by failing to carry out the requirements as noted above.

XXVI. TERMINATION PROVISIONS:

- A. Either party may terminate this Agreement without cause, upon sixty (60) days written notice served upon the other party.
- B. The RUHS-BH may terminate this Agreement upon thirty (30) days written notice served upon the CONTRACTOR if sufficient funds are not available for the continuation of services.
- C. The RUHS-BH reserves the right, to terminate the Agreement without warning at the discretion of the Director or designee, when CONTRACTOR has been accused and/or found to be in violation of any County, State, or Federal laws and regulations.
- D. The RUHS-BH may terminate this Agreement with (30) days written notice due to a change in status, or delegation, assignment or alteration of the Agreement.
- E. The RUHS-BH may terminate this Agreement immediately if, in the opinion of the Director of Behavioral Health, CONTRACTOR fails to provide for the health and safety of participant(s) served under this Agreement. In the event of such termination, the RUHS-BH may proceed with the work in any manner deemed proper to the RUHS-BH.
- F. If CONTRACTOR fails to comply with the conditions of this Agreement, RUHS-BH may take one or more of the following actions as appropriate:
 - 1. Temporarily withhold payments pending correction of the deficiency.
 - 2. Disallow (deny funds) for all or part of the cost or activity not in compliance.
 - 3. Wholly or partially suspend or terminate the Agreement and if necessary, request repayment to RUHS-BH if any disallowance is rendered after audit findings.
- G. After receipt of the Notice of Termination, pursuant to Paragraphs A, B, C, D, E or F above, or the CONTRACTOR is notified that the Agreement will not be extended beyond the performance period date, it is agreed that:

1. CONTRACTOR shall:
 - a. Continue to provide the same level of service as previously required under the terms of this Agreement until the date of termination
 - b. Stop all services under this Agreement on the date, and to the extent specified, in the Notice of Termination;
 - c. If participants are to be transferred to another program for services, furnish to RUHS-BH, upon request, all participant information and documents deemed necessary by RUHS-BH to affect an orderly transfer;
 - d. If appropriate, assist RUHS-BH in effecting the transfer of participants in a manner consistent with the best interest of the participants' welfare;
 - e. Cancel outstanding commitments covering the procurement of materials, supplies, equipment and miscellaneous items. In addition, CONTRACTOR shall exercise all reasonable diligence to accomplish the cancellation of outstanding commitments required by this Agreement. With respect to these canceled commitments, the CONTRACTOR agrees to provide a written plan to Director (or his designee) within thirty (30) days for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitments. Such plan shall be subject to the approval or ratification of the RUHS-BH, which approval or ratification shall be final for all purposes of this clause;
 - f. Transfer to RUHS-BH and deliver in the manner, at the times, and to the extent, if any, as directed by RUHS-BH, any equipment, records or other documents which, if the Agreement had been completed, would have been required to be furnished to RUHS-BH; and
 - g. Take such action as may be necessary, or as RUHS-BH may direct, for the protection and preservation of the equipment, records or other documents, related to this Agreement which is in the possession of CONTRACTOR and in which RUHS-BH has or may acquire an interest;

- H. RUHS-BH shall continue to pay CONTRACTOR at the same rate as previously allowed until the date of termination, as determined by the Notice of Termination.
- I. In instances where the CONTRACTOR agreement is terminated and/or allowed to expire by the RUHS-BH and not renewed for a subsequent fiscal year, RUHS-BH reserves the right to enter into settlement talks with the CONTRACTOR in order to resolve any remaining and/or outstanding contractual issues, including but not limited to, financials, services, billing, cost report, etc. In such instances of settlement and/or litigation, CONTRACTOR will be solely responsible for associated costs for their organizations legal process pertaining to these matters including, but not limited to, legal fees, documentation copies, and legal representatives. CONTRACTOR further understands that if settlement agreements are entered into in association with this agreement, the RUHS-BH reserves the right to collect interest on any outstanding amount that is owed by the CONTRACTOR back to the RUHS-BH at a rate of no less than 5% of the balance.
- J. The rights and remedies of RUHS-BH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.
- K. CONTRACTOR shall submit a properly prepared cost report as required by the Cost Report Section found in Exhibit C of this Agreement.

XXVII. DISPUTE:

In the event of a dispute between a designee of the DIRECTOR and the CONTRACTOR over the execution of the terms of this Agreement and/or the quality of the services being rendered, the CONTRACTOR may file a written protest with the appropriate Program/Regional Manager of the RUHS-

BH. CONTRACTOR shall continue with the responsibilities under this agreement during any dispute. The Program/Regional Manager shall respond to the CONTRACTOR in writing within ten (10) working days. If the CONTRACTOR is dissatisfied with the Program/Regional Manager's response the CONTRACTOR may file successive written protests up through the RUHS-BH's administrative levels of Assistant Director-Programs, Assistant Director-Administration, and (finally) DIRECTOR. Each administrative level shall have twenty (20) working days to respond in writing to the CONTRACTOR. The DIRECTOR's decision shall be final.

XXVIII. SEVERABILITY:

If any provision of this Agreement or application thereof to any person or circumstances shall be declared invalid by a court of competent jurisdiction, or is in violation of any Federal, State, or RUHS-BH statute, ordinance, or regulation, the remaining provisions of this Agreement or the application thereof shall not be invalidated thereby and shall remain in full force and effect, and to that extent the provisions of this Agreement are declared severable.

XXIX. VENUE:

Any action at law or in equity brought by either of the parties hereto for the purpose of enforcing a right or rights provided by this Agreement shall be tried in a court of competent jurisdiction in the COUNTY OF RIVERSIDE, CALIFORNIA, and the parties hereby waive all provisions of law providing for a change of venue in such proceedings in any other county.

XXX. NOTICES:

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted one day after their deposit in the United States mail, postage prepaid:

CONTRACTOR:

WOMEN ACHIEVING SUCCESS
dba FAMILIES ACHIEVING SUCCESS
75 W. NUEVO ROAD, SUITE 137
PERRIS, CA 92571

COUNTY:

RIVERSIDE COUNTY
RIVERSIDE UNIVERSITY HEALTH SYSTEM
BEHAVIORAL HEALTH
ATTN: PROGRAM SUPPORT
P.O. BOX 7549
RIVERSIDE, CA 92513-7549

EXHIBIT A
SCOPE OF WORK

CONTRACTOR NAME: **WOMEN ACHIEVING SUCCESS dba FAMILIES
ACHIEVING SUCCESS**

PROGRAM NAME: **Building Resilience in African American Families –
Girls Program**

DEPARTMENT I.D.: **4100221XXX-74720**

The PEI community planning process, which included focus groups, community forums, and survey completion, resulted in the identification of culturally-tailored parenting services and after school programs for the African American population as a priority and necessary intervention for this group in order to prevent the development of mental health problems. The Riverside University Health System – Behavioral Health (RUHS-BH) established a program to target the African American population within Riverside County. This program includes the provision of three Evidence-Based Practices (EBP). Specific outreach, engagement, and linkage services will be to individuals and parents/guardians as outlined in the Target Population Criteria section below. Collaboration and partnership is encouraged and preferred.

1.1 PROGRAM GOALS

1.1.1 The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health problems. The program will provide services in culturally appropriate settings, incorporating African-American philosophies and traditions. The setting for service delivery will not be a traditional mental health setting and will assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable

of identifying needs and solutions for African-American families and individuals.

1.1.2 The services are designed to work together in a unique approach to prevention and early intervention services. The provider is expected to utilize targeted outreach to engage the African American community by working within the community and collaborating with schools, community organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

1.2 TARGET POPULATION CRITERIA

The target population to be served is African-American girls (11-13 years old) and their parents/guardians (including grandparents) who live in communities with high rates of poverty and community violence and who also meet the minimum criteria for the identified programs as listed below:

1.2.1 Africentric Girls and Family Rites of Passage Program:

- a. African-American girls enrolled in middle school;
- b. African-American girls and their parents/guardians who have experienced racism and discrimination.
- c. African-American girls and their parents/guardians identified through the criminal justice system, diversion programs, and/or local schools; and
- d. Meet the minimum criteria as defined and set forth in the PEI Screening Tool(s).

1.3 GEOGRAPHICAL LOCATION OF SERVICES

Services must be provided in the Mid-County Region of the County of Riverside. The target communities for this region include: areas east and south of March Air Force Base, including Hemet, San Jacinto, Perris, Lake Elsinore, Romoland, Wildomar and surrounding unincorporated areas.

1.4 GENERAL PROGRAM REQUIREMENTS

CONTRACTOR is expected to work cooperatively with RUHS-BH, local school districts, community organizations, non-profit organizations, girls recreation services, criminal justice/diversion programs, local faith-based organizations, and the RUHS-BH Ethnic and Cultural Leader(s) to comprehensively address the

needs of the target population. In addition, CONTRACTOR is expected to meet the following general program requirements:

1.4.1 Facilities

- a. Services will be offered in locations that are non-stigmatizing, which may include, but are not limited to, schools, faith-based organizations, libraries, and community centers that are located within the targeted communities;
- b. The facility must have space for groups of parents to attend parenting classes;
- c. The facility should have on site, or collaborate/partner with another site, e.g., churches, community centers, local business, for a large conference room to host day-long seminars for parents/guardians;
- d. The facility must be in compliance with any applicable state and local laws and requirements;
- e. The facility is required to have access to a food preparation and storage area where meals can be prepared by and served to program participants;
- f. A large dining space is required to host the family enhancement empowerment buffet dinners on a monthly basis;
- g. The facility must provide confidential space for early intervention services for small group and/or individual therapeutic services;
- h. The facility must be in-compliance with any applicable state and local laws and requirements, including American Disability Act (ADA).
- i. Facility must have space to store confidential information in a locked space.
- j. If childcare is offered, the facility must have space available for on-site childcare during the time that services are offered to parents.

1.4.2 Programs

- a. CONTRACTOR will utilize the evidence-informed prevention program, Africentric Girls & Family Rites of Passage Program (ROP), as well as

Cognitive-Behavioral Therapy (CBT) based individual, family, and/or group interventions, family enhancement/empowerment dinners, Guiding Good Choices (GGC) and parent support groups.

- b. The after school program (ROP) will be provided by two trained Youth Development Workers as described in Section 1.11.
- c. Clinical interventions (CBT) will be provided by a Mental Health Clinician as described in Section 1.8. CBT may be provided as determined by clinical assessment.
- d. The family enhancement/empowerment dinners will be facilitated by the two Youth Development Workers.
- e. GGC will be facilitated by the Mental Health Clinician and one (1) Girls Development Worker.
- f. The Parent Support Groups will be facilitated by the Mental Health Clinician and the Parent Partner.
- g. There will be no charge to the program participants.

1.5 Service Delivery Requirements

CONTRACTOR shall ensure that the following service delivery requirements, which include but are not limited to the following, are met:

- 1.5.1 Services to be provided in this project are for the Underserved Cultural Population identified through the PEI Community Planning Process, the African-American community within Riverside County with the highest risk of developing mental health problems.
- 1.5.2 Services to be provided utilizing the evidence-informed practice Africentric Girls & Family ROP, CBT based individual, family, and/or group interventions, family enhancement/empowerment dinners, GGC and parent support groups program.
- 1.5.3 A manual, developed in coordination with program materials, provider contributions, and RUHS-BH, **is required** to be used.
- 1.5.4 CONTRACTOR will follow CBT guidelines/theoretical perspective when individual, family, and/or group interventions are implemented.

- 1.5.5 Clinicians will attend a clinical consultation/support meeting held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- 1.5.6 Services to be provided in group and individual formats as prescribed by the models.
- 1.5.7 Provide specific outreach activities that will engage the targeted African-American girls 11-13 and their parents/guardians (including grandparents).
- 1.5.8 Collaborative efforts and partnerships are encouraged to meet service delivery requirements.
- 1.5.9 Selected vendor(s) will participate in 2-hour monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the evidenced based/informed practices. These meetings are designed to assist in model adherence and to assist in addressing any potential barriers to implementation of the models. All program staff **must** attend these meetings.
- 1.5.10 Program Administrators will participate in bi-monthly 2-hour BRAAF Leadership meetings as coordinated by the PEI Staff Development Officer. An annual project collaboratively planned and implemented will be the primary goal of the leadership meetings. Program Administrators will also coordinate outside of the leadership meetings in order to complete the annual project.
- 1.5.11 There will be no charge to the program participants.
- 1.5.12 Transportation shall be provided as needed to program participants.
- 1.5.13 Comply with Performance Outcome requirements as stated in Section 1.14.
- 1.5.14 Program Administrators and staff will participate in a trans-regional Unity Day in collaboration with other RUHS–BH BRAAF providers. Unity Day is an objective of the Building Resilience in African American Families (BRAAF) program provider’s agreement with the RUHS –BH and shall incorporate the participation of all three regions (Desert, Mid-County and

Western). The regions shall work collectively to plan, host and execute the project/event. The event shall include family style activities, outreach/community service activities, food and traditional Africentric rituals. Unity Day should include the BRAAF girls, elders, parents/guardians as participants. The project shall also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community.

1.6 SCREENING AND ORIENTATION

- 1.6.1 All participants will be screened utilizing the PEI Demographic Screening Form and all pre-outcome measures provided and required by RUHS - BH must be completed for all program participants prior to attending the program.
- 1.6.2 Screening to include face-to-face meetings/assessments with girls and caregivers by the Behavioral Health Clinician. These meetings can take place at the program site, in the home, or any location the family feels comfortable.
- 1.6.3 An orientation must be held and will include the girls, parents, and referral sources if applicable. Orientation is a formal meeting that includes a meal and is offered at the after school program site.
- 1.6.4 The first two hours of the orientation is to educate about all aspects of the BRAAF – Girls project and expectations for families/girls throughout the program.
- 1.6.5 The second part of the orientation will include activities and an overnight bonding experience for the girls.
- 1.6.6 Focus of the orientation is to review what the program is and expectations for families/girls throughout the program.
- 1.6.7 Provider will enroll 20-30 girls in the ROP program with the expectation of 15 graduating.

1.7 AFTERSCHOOL WEEKLY MODULE REQUIREMENTS

The evidence-informed program Africentric Girls & Family Rites of Passage is a culturally specific prevention model with a structured curriculum. **For the purpose of PEI:**

- 1.7.1 A Council of Elders must be recruited, trained, and have an active role in the after school program.
 - a. The Council of Elders is comprised of 5-7 African-American individuals familiar with the PEI target communities – mostly female, but could include male – who represent the characteristics the program wishes to instill in the girls/families.
 - b. Each Elder participates in the program in a volunteer status.
 - c. During pre-initiation, each Elder will be assigned to observe 2-3 girls and will become quasi-mentors and then will assist in determining which girls will progress from pre-initiation through the initiation ceremony and continue in the program. A structured review of identified criteria will be used to assist with this.
 - d. Elders maintain a presence, although less regularly than during pre-initiation, for the entirety of the after school program.
- 1.7.2 Pre-Initiation: (first 6-8 weeks of program)
 - a. Focus is a more detailed explanation and understanding of the ROP program
 - b. Throughout this process the Council of Elders are observing the girls to determine their progress and readiness to “promote” into the after school intervention. Elders should be present at most pre-initiation meetings.
 - c. Activities during this time include: opening and closing rituals, discussion – each week highlights one principle of the Nguzo Saba and RIPSO, role-plays, and activities that help demonstrate the principles and concepts.
 - d. At the end of the 8th week, a retreat for the girls and the Council of Elders is planned.

- e. The retreat can be a one-day or may be an overnight event. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH**).
 - f. The activities included in the retreat will be followed as outlined in the program's Curriculum Outline.
- 1.7.3 Each module/topic includes a minimum of 3 sessions:
- a. Session 1: the topic is introduced; a guest speaker (should be a black female & should be monthly at a minimum) may be present with specific experiences related to the topic; may include role-plays and is interactive. **The program should have a guest speaker a minimum of 1 time per month. The guest speaker will receive a Presenters Fee of \$125.**
 - b. Session 2: discussion with girls – reinforcement of lessons learned from guest speaker and how what was learned relates to the principles of Nguzo Saba & RIPSO; may include role-plays.
 - c. Session 3: product – something the girls make to demonstrate what the module taught them e.g.: music, stickers, t-shirts, plays, etc. these can be part of the final graduating/ transformation ceremony.
- 1.7.4 Components for all sessions:
- a. Opening ceremony:
 1. Unity/Sacred Circle –The awarded provider(s) shall, with the assistance of the girls, develop a pledge which should be recited at the opening and closing of each session
 2. Can include a drum call (discuss the history associated with this)
 3. Libations (water) to honor ancestors, those who came before us, family ancestors, and historic cultural figures
 - b. Discussion of Nguzo Saba and RIPSO
 1. Use of titles for Elders (Mama & Babba); girls call each other “Sister” or by their African name which is given at Initiation.
 2. Each girl is given an African name based upon their characteristics and it is used in group each day; girls can help choose their name

or the Council of Elders can choose a name for them. This occurs at the close of the retreat following pre-initiation.

3. A complete and healthy dinner, served family-style, is prepared by the girls and served to each other.
4. Closing ceremony:
 - a. Unity/Sacred circle
 - b. Discussion: what did you learn today?
 - c. What principles will you practice this week?

The after school component includes several culturally relevant outings into the community. These outings allow for additional learning and an opportunity to practice skills learned in program and is related to the current module/topic being taught. Outings **must** be pre-approved by RUHS-BH.

1.7.5 Graduation:

- a. There is a Karamu, which is a closing ceremony that is open to the community at which the girls are presented to the community explaining that these young men are now positive members of the community and are role models. They are presented to the community by the Council of Elders and they demonstrate what they have learned according to the code of behavior/pledge.
- b. The girls are presented with some special clothing, i.e.: a Kenti cloth. They are presented with symbols of their transformation and certificates (the girls can help design these).
- c. The graduation ceremony should include a meal and can incorporate culturally relevant and appropriate dance, music, presentations, and guest speakers.
- d. A year-end retreat for the girls to celebrate their success can be planned following the graduation ceremony. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS - BH.**)

1.8 CLINICAL INTERVENTION REQUIREMENTS

- 1.8.1 The clinical component of the program is to be provided by the Mental Health Clinician who meets the specified criteria.
- 1.8.2 At time of screening the Mental Health Clinician will determine girls/family needs regarding mental health early intervention via a clinical assessment. Outcome measures will be administered prior to beginning the program. Outcome measures are identified in the RUHS - BH Research Protocol (Attached as Exhibit D). Clinical needs and interventions will be identified through the use of these tools.
- 1.8.3 Clinician will be present on a weekly basis (although not needed everyday) in the after school program for observation, immediate intervention if necessary, and to support or present curriculum content that would be best presented by the Clinician in coordination with the Youth Development Workers.
- 1.8.4 All clinical interventions will be delivered within a CBT framework. CBT interventions can be delivered in an individual, group, and/or family session format, under the guidance/consultation of the PEI Staff Development Officer.

1.9 PARENT ENHANCEMENT/EMPOWERMENT DINNERS

Parent enhancement/empowerment dinners are a required component of the program. The objectives of the dinners are to empower parents becoming more effective in advocating on behalf of their children and to work toward community improvement. Each of the module objectives should be presented in a non-intrusive, non-threatening and non-condescending manner. Each session structure will mirror the structure of the after school sessions with the girls.

- Parent enhancement/empowerment dinners are held monthly for a minimum of 2 hours throughout the length of the program. All parents are required to attend.
- A full meal will be served at each meeting. Role play, music, singing, videos and a theme/topic for discussion are encouraged to increase participation. The theme may be determined by parent's requests of specific topics (i.e.

Expressing Love for Female Children, Disciplinary Repertoire and Alternatives, Advocating for Your Children, Communication Skills, Human Development and Application of Skills, Behavior Management).

- Each meeting will include a meal for parents.
- Transportation shall be provided as needed to all program participants.
- Childcare will be made available as needed for all program participants and will be offered on site.
- Opening Unity/Sacred Circle/libations will be included in each meeting.
- Meetings can include guest speakers. As previously stated, **Guest speakers will receive a Presenters Fee of \$125.** Guest speakers can include, but are not limited to:
 - a. School representatives to discuss how to navigate the school system;
 - b. Politicians/school board; may have an outing to a school board meeting with parents
 - c. Getting parents engaged in the community, i.e.: voting, local community activities
 - d. Closing ceremony/circle will be included in each meeting.

1.10 PARENT EDUCATION AND SUPPORT

1.10.1 The evidence-based practice, Guiding Good Choices (GGC), is a **requirement** for all parents/guardians of ROP girls.

1.10.2 Weekly ongoing 90 minute parent support groups for parents/guardians of ROP girls who have completed the 5-week workshop, GGC, will be made available. Support group topics will be determined by the parents attending the groups.

1.11 Staffing /Parent Trainer(s), Responsibilities, Qualifications

CONTRACTOR shall ensure that staffing requirements, which include, but are not limited to, the following, are met:

1.11.1 The Rites of Passage will be provided by two trained paraprofessional staff (Youth Development Workers) with a Bachelor-level or higher degree in the social services field, preferably one (1) male and one (1)

- female per program recommendations. Youth Development Workers must have knowledge of African culture/history.
- 1.11.2 Clinical interventions will be provided by a Mental Health Clinician who possesses a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician. The Mental Health Clinician must be trained in and have knowledge of child development, Cognitive-Behavioral Therapy (CBT), parenting, screening and assessment, crisis intervention and must also have knowledge of African culture/history.
 - 1.11.3 CONTRACTOR and staff must attend, and satisfactorily complete, any training related to the BRAAF program which will be coordinated and funded by RUHS - BH.
 - 1.11.4 All Program Staff will attend a yearly, one (1) day, PEI Summit.
 - 1.11.5 All staff will attend booster training, a minimum of one-day per year, as identified and coordinated by RUHS - BH.
 - 1.11.6 All staff will attend monthly 2-hour fidelity meetings with RUHS - BH staff.
 - 1.11.7 The mental health clinician will attend 2-hour clinical consultation/support meetings with RUHS - BH held, at minimum, one time every 2 months.
 - 1.11.8 Provide administrative, supervisory, and clerical support for the program.
 - 1.11.9 Ensure that the BRAAF Program maintains a minimum of 80% fidelity of program components as observed by RUHS - BH, and as measured by the use of the RUHS - BH fidelity tools. CONTRACTOR will comply with findings resulting from the fidelity observations which may be in the format of: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.
 - 1.11.10 Provide outcome measures to all program participants as outlined in section 1.14.

- 1.11.11 Ensure that all staff and volunteers working with individuals receiving service be fingerprinted (Live Scan), and pass DOJ and FBI background checks.
- 1.11.12 Ensure that personnel are qualified to provide the services necessary.
- 1.11.13 Ensure the provision of culturally competent services.
- 1.11.14 Ensure the following job descriptions are filled:
 - a. Program Director/Administrator:
 - i. The Program Director/Administrator must be licensed by the State of California as an LMFT or LCSW or higher in the mental health field.
 - ii. The Program Director will manage coordination for this project, be trained and highly skilled in child development, early childhood mental health, parenting, screening and assessment and crisis intervention. The Program Director will also be skilled at public speaking and have excellent knowledge of community resources specific to this underserved population.
 - iii. The Program Director will supervise the Rites of Passage Program, the Guiding Good Choices Program, and the Cognitive-Behavioral Therapy program.
 - iv. The Director will ensure that clinical supervision is provided for any paraprofessional and/or pre-licensed clinical staff members.
 - v. The Director will assist all staff in working collaboratively with RUHS-BH for ongoing educational and fidelity monitoring of the evidence-based practices.
 - vi. The Program Director will participate in the bi-monthly BRAAF Leadership team meetings facilitated by the PEI Staff Development Officer.

- b. Youth Development Workers – (one male & one female, as highly recommended by the evidence-based practice):
 - i. The Youth Development Workers are individuals who understand the African-American community, have knowledge of the culture, and experience working with girls and their families.
 - ii. The Youth Development Workers are to have a Bachelor's Degree or higher with some background in child development.
 - iii. The Youth Development Workers will facilitate the Rites of Passage program for girls.
- c. Mental Health Clinician:
 - i. The Mental Health Clinician must possess a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician.
 - ii. The Mental Health Clinician is trained and has knowledge of child development, early childhood mental health, parenting, screening and assessment and crisis intervention.
 - iii. The Mental Health Clinician must understand the African-American community, have knowledge of the culture, and experience working with girls and families.
 - iv. The Mental Health Clinician will also have knowledge of community resources specific to this underserved population, including understanding of local school districts policies regarding discipline, academic support, and other interventions that would support girls enrolled in this program.
 - v. The Mental Health Clinician will provide Cognitive-Behavioral Therapy (CBT) based individual, family, and crisis counseling as a component of the after school program both at the service site and in the home, as needed. This will include parent education as appropriate.
 - vi. The Mental Health Clinician will co-facilitate (with a Youth Development Worker) the Guiding Good Choices parent

- workshop evidence-based practice per the guidelines of the model for all parents/guardians of enrolled ROP girls.
- vii. The Mental Health Clinician will co-facilitate (with the Parent Partner) the ongoing parent support groups.
 - viii. Clinician will attend clinical consultation/support meetings held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- d. **Clinical Supervisor (if needed)
- i. The Clinical Supervisor will be required if the Mental Health Clinician has not completed all licensing requirements through the Board of Behavioral Sciences.
 - ii. Clinical Supervisor must comply with all requirements to provide clinical supervision to a pre-licensed clinician.
- e. Parent Partner
- i. The Parent Partner is a parent/guardian of an ROP girl who has successfully completed their participation in the 5-week Guiding Good Choices workshop.
 - ii. The Parent Partner has demonstrated competence in utilizing the skills learned, has a desire to assist other parents in a supportive role, has public speaking skills, and is willing to work with and follow the direction of BRAAF program staff.
 - iii. The Parent Partner will co-facilitate the parent support groups alongside the Mental Health Clinician.
 - iv. The Parent Partner will act as a support and liaison during parent support groups, will engage parents in the support group by encouraging attendance, telephone and/or in-person contact between groups, answer questions, and provide appropriate referrals and resources when needed.

1.12 REGULATORY COMPLIANCE

CONTRACTOR shall:

1. Comply with any and all Federal, State or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.
2. Participate in the RUHS-BH annual contract monitoring as well as more frequent program review. Any associated RUHS-BH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
3. Submit monthly documentation to RUHS-BH as outlined by RUHS-BH.
4. Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.

1.13 DOCUMENTATION OF SERVICES

The CONTRACTOR shall maintain appropriate records documenting all of the services provided through the contract. All confidential information shall be stored in a locked space. The documentation of staffing, payroll, other program costs, and program activities shall clearly indicate program staff time. These records shall conform to the requirements of the Department of Health Care Services and the Riverside University Health System - Behavioral Health. These records shall include but are not limited to:

1. The CONTRACTOR shall maintain a log of referrals.
2. Documentation of girls and parents/caregivers participating in the BRAAF Program.
3. Documentation of participant attendance for all components of the program including, but not limited to, sign in sheets for all program activities, the Master Attendance Roster and Program Staff time sheets. Sign In sheets must include date, time, topic of discussion and agenda for the activity. The sign in sheet must include first and last name of each participant and staff member. Each participant and staff must sign in for themselves.
4. Copies of materials presented and discussed for all program activities.

5. Confidential files must be maintained by the clinician for each program participant receiving clinical services.
6. Documentation of outreach/recruitment efforts on a monthly basis, which may include but not be limited to date, time, and location of recruitment activities (i.e., parents, schools, etc.).
7. Monthly contract report, as outlined by RUHS - BH, shall be submitted to RUHS - BH. This monthly report shall summarize CONTRACTOR activities.
8. All records maintained by the CONTRACTOR on behalf of RUHS - BH are the property of RUHS - BH.
9. Copies of completed outcome measures, as described in the RUHS - BH Data Collection Research Protocol (Exhibit D).
10. Other requirements may be determined as the PEI plan is implemented.
11. Data entry into the County Management Information System.
12. Documentation of participants, dates, assessments, screenings, and contact notes for all programs identified.
13. Copy of RUHS-BH's Fiscal approved annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report. CONTRACTOR shall comply with RUHS-BH regulations.

1.14 PERFORMANCE OUTCOMES

Each CONTRACTOR will receive the RUHS - BH Research Protocol (Attached hereto Exhibit D) which includes the outcome measures as well as all other documentation requirements. The utilization of the outcome measures and forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Future funding will be dependent upon positive performance outcomes, which will be monitored by RUHS - BH throughout the year. Failure to comply with Performance Outcomes or performance based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds until documents are received.

1.14.1 Completion for the ROP program is defined as participation in the 9-month after school program, successfully completing initiation and graduation at program end. Completion of the CBT program is defined by the girls completing individual or group sessions as needed. Completion of the GGC program is defined as attendance at all five (5) group sessions. Completion also means that all pre and post measures have been completed for each program participant and parent/caregiver. CONTRACTOR shall submit documentation of all attempts to obtain post measures per RUHS - BH Research Protocol. RUHS - BH must approve any participant and parent/caregiver as completed if there are not pre/post matched pair measures.

1.14.2 Goals, Outcome Measurement Tools, and Outcome Expectations:

Rites of Passage:

- a. Upon completing the program, CONTRACTOR will measure child resiliency by using "The Resiliency Scale for Children and Adolescents" with the expectation of an increase in the sense of mastery and relatedness resiliency scales.
- b. Upon completing the program, CONTRACTOR will measure participants' cultural identity using the "The Girls Questionnaire" which includes portions of the Multidimensional Inventory of Black Identity (MIBI) and the Multi Ethnic Inventory measure. The expectation is that there will be an increase in positive ethnic identity.
- c. Upon completing the program, CONTRACTOR will measure family cohesion and adaptability using the "FACES-III" with the expectation of an increase in cohesion and adaptability.

Clinical Interventions:

- a. Upon completing the CBT program, CONTRACTOR will measure trauma symptoms using the "Child PTSD Symptom Scale" with the expectation of a decrease in trauma symptoms.

- b. Upon completing the CBT program, CONTRACTOR will measure depression symptoms using the “Child Depression Inventory-2 (CDI)” with the expectation of a decrease in depressive symptoms.
- c. Upon completing the CBT program, CONTRACTOR will measure behavior problems in girl participants using the “Strengths and Difficulties Questionnaire (SDQ)” with the expectation of an increase in strengths and decrease in difficulties.

Guiding Good Choices:

- a. Upon completing the program, CONTRACTOR will measure parenting skills, involvement, and practices using the “APQ – Alabama Parenting Scale” with the expectation of improvement in parenting skills, involvement with their children and overall parenting practices.

1.14.3 Performance-Based Criteria:

- a. RUHS - BH shall evaluate the CONTRACTOR on seven (7) Performance-Based Criteria that measure the CONTRACTOR’s performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI plan. These measures assess the agency’s ability to provide the required services and to monitor the quality of the services.
- b. Should there be a change to Federal, State and/or County policies/regulations, RUHS - BH, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment.
- c. CONTRACTOR staff will participate in monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the Building Resilience in African-American Families Program. These meetings are designed to assist in model adherence and in addressing any potential barriers to implementation of the Evidence Informed and Evidence Based Practices.

d. The Performance-Based Criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. CONTRACTOR will provide the Rites of Passage Program to a minimum of 15 middle school African-American girls and their parents/caregivers in the Desert Region.	CONTRACTOR will submit all required documentation for each girls participating in the program.	Fifteen (15) middle school African-American males and their parents/caregivers as unduplicated participants will complete the program. "Completed" is defined by regular attendance and the satisfactory completion of initiation and graduation requirements.
2. CONTRACTOR will provide monthly parent empowerment and enhancement dinners to the parents/caregivers of the middle school girls enrolled in ROP.	CONTRACTOR will submit all required documentation for each parent/guardian participating in the program.	All parents/caregivers of the girls enrolled in ROP will attend the monthly parent empowerment and enhancement dinners.
3. CONTRACTOR will provide clinical intervention in the form of CBT based individual, family and/or group intervention and/or parent education to the girls and their parents/caregivers. enrolled in ROP.	CONTRACTOR will submit all required documentation for each person receiving clinical intervention.	All girls and their parents/caregivers who are enrolled in ROP will receive a clinical assessment. Based upon need, those identified will receive targeted clinical intervention. For girls enrolled in CBT, "completion" is defined as completing individual and/or group sessions.
4. CONTRACTOR will provide the Guiding Good Choices parent education program to parents/caregivers of all girls enrolled the ROP program	CONTRACTOR will submit all required documentation for each parent/caregiver enrolled and completing the GGC program.	All parents/caregivers of girls enrolled in the ROP program will complete the GGC parent education program. Program completion is defined attending all 5 group sessions.
5. CONTRACTOR will provide parent support groups to parents/caregivers of girls enrolled in the ROP program.	CONTRACTOR will submit all required documentation for each participant attending the parent support groups.	All parents of girls enrolled in the ROP program will be encouraged to attend. The parent partner will outreach consistently to all parents/caregivers.
6. CONTRACTOR will administer/complete appropriate outcome measures included in the RUHS - BH Research Protocol (Exhibit D).	CONTRACTOR will administer/complete appropriate outcome measures in formats and schedules designated by RUHS - BH.	Outcome measures will be given preprogram start date and post program completion and/or at any additional intervals as determined by the evidence-based practice and by RUHS - BH.

7. CONTRACTOR will provide the program in line with the evidence-informed and evidence based program guidelines.	CONTRACTOR will provide verification of staff training, utilization of program manuals, live observation of the program implementation, submission of video/audio recordings and participant focus groups.	100% of participants will receive the program consistent with the program guidelines.
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1.14.4 Program staff are required to maintain a minimum of 80% fidelity for each program component as observed by RUHS-BH, and as measured by the use of the EBP fidelity tools. CONTRACTOR will comply with findings resulting from the EBP fidelity tools which may include the following: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.

1.15 DISASTER PREPAREDNESS

The CONTRACTOR shall ensure contingency plans are in place to continue the delivery of services in the event of a man-made or natural disaster.

1.16 COUNTY SUPPORT AND TECHNICAL ASSISTANCE

RUHS-BH shall provide technical assistance on an as-needed basis for program CONTRACTOR. Such technical assistance typically includes, but is not limited to, orientation to the County’s MIS systems, and data entry guidelines; reviewing and interpreting County policies and procedures; providing on-going agency liaison with RUHS-BH and the Department’s other CONTRACTORs to ensure optimal collaborations, etc.

**EXHIBIT B
MENTAL HEALTH SERVICES
LAWS, REGULATIONS AND POLICIES**

In addition to the statutes and regulations previously referenced in this AGREEMENT, services shall be provided in accordance with policies and procedures as developed by COUNTY as well as those Federal and State laws, regulations and policies applicable to the terms of this AGREEMENT, which may include, but may not be limited to the following specific statutes or relevant sections therein:

FEDERAL

42 C.F.R Part 438
Drug-Free Workplace Act (DFWA) - 1990
National Voter Registration Act of 1993
42 C.F.R. §438.608 (Program Integrity Requirements)
McKinney-Vento Homeless Assistance Act, Public Law 101-645 (Homeless Services)
Trafficking Victims Protection Act (TVPA) of 2000
45 C.F.R. § 205.50

STATE

Mental Health Services – Welfare and Institutions Code § 5000 to 5914
Laura’s Law – Assembly Bill 1367
The California Child Abuse and Neglect Reporting Act (CANRA) 2013
Confidentiality of Medical Information Act – Civil Code §§ 56 et seq.
Senate Bill 35 (SB35), Chapter 505, Statutes of 2012
Government Code § 26227 (Contracting with County)
Government Code § 8546.7 (Audits)
Penal Code §§ 11164-11174.4 et seq. - (Child Abuse and Neglect Reporting)
Welfare & Institution Code §§ 14705 and 14725
Welfare & Institution Code §§ 18350 et seq.
State Department of Health Care Services Publications
Welfare and Institutions Code 5610 to 5613 (Client Service Information Reporting)
Welfare and Institutions Code 17608.05 (Maintenance of Effort)
Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.
Centers for Medicare and Medicaid Services Manual
Welfare & Institutions Code §§ 15600 et seq. (Elderly and Dependent Adult Abuse Reporting)
2 C.C.R. Division 9, Chapter 1
DMH Letter 03-04 (Health Care Facility Rates)
DMH Letter 86-01 (Life Support Supplemental Rate)
22 C.C.R. § 70707
Government Code § 7550 (Reports)
Welfare and Institutions Code § 14132.47

COUNTY

Behavioral Health Policies

Code of Ethics – Policy 108
Cultural Competence – Policy 162
Confidentiality Guidelines for Family / Social support Network – Policy 206
Confidentiality / Privacy Disclosure of Individually Identifiable Information – Policy 239
Health Privacy & Security – Board of Supervisors Policy B-23

Alcohol and Drug Abuse Policy, Board of Supervisors Policy C-10
Harassment in the Workplace - Board of Supervisors Policy C-25
Protected Health Information – Minimum Necessary for Use and Disclosure – Policy 298

Workplace Violence, Threats and Security - Board of Supervisors Policy C-27
Riverside County Mental Health Plan
Riverside County Mental Health Plan Provider Manual
Riverside County Mental Health “Psychotropic Medication Protocols for Children and Adolescents”
Publication
Riverside County Mental Health “Medication Guidelines” Publication
County and Departmental policies, as applicable to this Agreement

EXHIBIT C
REIMBURSEMENT & PAYMENT

CONTRACTOR NAME: Women Achieving Success dba Families Achieving Success
PROGRAM NAME: Building Resilience in African American Families Girls Program
DEPARTMENT ID: 4100221xxx.74720

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:
 - The Negotiated Rate, as approved by the COUNTY, per unit as specified in the Schedule I, multiplied by the actual number of units of service provided, less revenue collected.
 - One-twelfth (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
 - Actual Cost, as invoiced by expenditure category specified in Schedule K.
2. CONTRACTOR'S Schedule I, and Schedule K when applicable, issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.
3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.
 - The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual number of County approved units of service multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services or Substance Abuse Prevention Treatment Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services; or RCMAR for Drug Medi-Cal Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Opioid Treatment Program (OTP) Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the State Drug Medi-Cal rate, or customary charges (published rate), whichever is lower, less revenue collected.
 - The final year-end settlement for Negotiated Rate services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of units of service provided and approved by the COUNTY, less revenue collected for the provision of services.

- The final year-end settlement for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K.
 - The final year-end and local match settlement for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.
 - 4. The combined final year-end settlement for all services shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the COUNTY.
 - 5. CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
- B. MAXIMUM OBLIGATION:**
COUNTY'S maximum obligation for FY 2021/2022 shall be \$283,162 subject to availability of applicable Federal, State, local and/or COUNTY funds.
- C. BUDGET:**
Schedule I, and Schedule K when applicable, presents (for budgetary and planning purposes only) the budget details pursuant to this Agreement. Schedule I contains department identification number (Dept. ID), Program Code, billable and non-billable mode(s) and service function(s), units, expected revenues, maximum obligation and source of funding pursuant to this Agreement. Where applicable, Schedule K contains line item budget by expenditure category.
- D. MEDI-CAL (M/C):**
- 1. With respect to services provided to Medi-Cal beneficiaries, CONTRACTOR shall comply with applicable Medi-Cal cost containment principles where reimbursement is based on actual allowable cost, approved Medi-Cal rate, RCMAR, Drug Medi-Cal rate, or customary charges (published rate), whichever rate is lower, as specified in Title 19 of the Social Security Act, Title 22 of the California Code of Regulations and applicable policy letters issued by the State.
 - 2. RCMAR is composed of Local Matching Funds and Federal Financial Participation (FFP).
- E. LOCAL MATCH REQUIREMENTS:**
- If box is checked, CONTRACTOR is required to make quarterly estimated EPSDT local match payments to COUNTY based on 5% of the amount invoiced. Local match requirement is subject to annual settlement.
- F. REVENUES:**
As applicable:
- 1. Pursuant to the provisions of Sections 4025, 5717 and 14705 of the Welfare & Institutions Code, and as further contained in the State Department of Health Care Services Revenue Manual, Section 1, CONTRACTOR shall collect revenues for the provision of the services described pursuant to Exhibit A. Such revenues may include but are not limited to, fees for services, private contributions, grants or other funds. All revenues received by CONTRACTOR shall be reported in their annual Cost Report, and shall be used to offset gross cost.

2. CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to providing and billing for services in order to ensure proper billing of Medi-Cal. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, Medicare, or other third party benefits shall be determined by the CONTRACTOR at all times for billing or service purposes. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.
5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of the CONTRACTOR'S received notification from the State. CONTRACTOR shall be responsible for faxing the cleared Medi-Cal Share of Cost documentation to fax number (951) 955-7361 **OR** to your organization's appropriate COUNTY Region or Program contact. Patients/clients with share of cost Medi-Cal shall be charged their monthly Medi-Cal share of cost in lieu of their annual liability. Medicare clients will be responsible for any co-insurance and/or deductible for services rendered at Medicare certified sites.
7. All other clients will be subject to an annual sliding fee schedule by CONTRACTOR for services rendered, based on the patient's/client's ability to pay, not to exceed the CONTRACTOR'S actual charges for the services provided. In accordance with the State Department of Health Care Services Revenue Manual, CONTRACTOR shall not be penalized for non-collection of revenues provided that reasonable and diligent attempts are made by the CONTRACTOR to collect these revenues. Past due patient/client accounts may not be referred to private collection agencies. No patient/client shall be denied services due to inability to pay.
8. If and where applicable, CONTRACTOR shall submit to COUNTY, with signed Agreement, a copy of CONTRACTOR'S customary charges (published rates).
9. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays) above and beyond the contracted Schedule I rate, the CONTRACTOR must notify the COUNTY within each fiscal year Agreement period of performance.

10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

G. REALLOCATION OF FUNDS:

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.
3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.

H. RECOGNITION OF FINANCIAL SUPPORT:

If, when and/or where applicable, CONTRACTOR'S stationery/letterhead shall indicate that funding for the program is provided in whole or in part by Riverside University Health System – Behavioral Health.

I. PAYMENT:

1. Monthly reimbursements may be withheld and recouped at the discretion of the Director or its designee due to material Agreement non-compliance, including overpayments as well as adjustments or disallowances resulting from the COUNTY Contract Monitoring Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the Cost Report Reconciliation/Settlement process.
2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow payments to CONTRACTOR until proof of any items billed for is received, verified and approved by the COUNTY.
3. In addition to the annual CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform impromptu CMTs without prior notice throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and inaccurate billing/reports. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to

CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this Agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.

4. Notwithstanding the provisions of Paragraph I-1 and I-2 above, CONTRACTOR shall be paid in arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12th) monthly basis, or based upon the actual cost invoice by expenditure category, as specified in Paragraph A-1 above.
 - a. CONTRACTOR will be responsible for entering all service related data into the COUNTY's MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.
 - b. CONTRACTOR is required to enter all units of service into the COUNTY'S MIS no later than 5:00 p.m. on the fifth (5th) calendar day following the date of service. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - c. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) **(attached as Exhibit C, Attachment A)** signed by the Director or authorized designee of the CONTRACTOR organization. This form must be faxed and/or emailed (PDF format only) to the COUNTY at (951) 358-6868, and/or emailed to ELMR_PIF@rcmhd.org. The CONTRACTOR PIF form must be received by the COUNTY via fax and/or email for the prior month no later than 5:00 p.m. on the fifth (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed Program Integrity Form (PIF), contracts reimbursed based on a Schedule K as specified in Paragraph A-1 above are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
 - f. Failure by the CONTRACTOR to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF, and when applicable, faxing and/or e-mailing the actual cost invoice, will delay payment to the CONTRACTOR until the required documents as outlined herein are provided.
5. CONTRACTOR shall work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process.
6. CONTRACTOR shall provide the COUNTY with all information necessary for the preparation and submission to the State, if applicable, for all billings, and the audit of all billings.
7. In order to ensure that CONTRACTOR will receive reimbursement for services rendered under this Agreement, CONTRACTOR shall be responsible for notifying Medi-Cal if at any time CONTRACTOR discovers or is made aware that client Medicare and/or Insurance coverage has been terminated or otherwise is not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating the Medicare

and/or Insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and the comment "Medicare/OHC Termed" on the documentation provided to the COUNTY.

8. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF is received by the COUNTY and invoice is generated by the applicable COUNTY Region/Program.
9. Pursuant to Section III.A. – REIMBURSEMENT AND USE OF FUNDS AND SECTION XXV. – PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by RUHS-BH and DHCS and/or be the basis for other sanctions by DHCS.

J. COST REPORT:

1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY two (2) copies, per each Program Code, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within one of the length of times as follows and as indicated below by an "X":
 - Thirty (30) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Forty-five (45) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Seventy-Five (75) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
2. The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122 and OMB-circular A-87.
4. It is mandatory that the CONTRACTOR send one representative to the COUNTY'S annual cost report training that covers the preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Annual attendance at the training is mandatory in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
5. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been received within the specified length of time as indicated in Section I, paragraph 1 above. Future monthly reimbursements will be withheld if the Cost Report contains errors that are not corrected within ten (10) calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadlines or extensions will immediately result in the withholding of future monthly reimbursements.
6. The Cost Report shall serve as the basis for year-end settlement to CONTRACTOR including a reconciliation and adjustment of all payments made to CONTRACTOR and all

revenue received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.

7. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year Cost Report(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
8. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost report. Where deemed applicable, Actual Costs for Indirect Administrative Expenses shall not exceed the percentage of cost as submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

K. BANKRUPTCY:

Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify COUNTY'S Behavioral Health's Fiscal Services Unit, in writing by certified letter with a courtesy copy to the Behavioral Health's Program Support Unit. The CONTRACTOR shall submit a properly prepared Cost Report in accordance with requirements and deadlines set forth in Section I before final payment is made.

L. AUDITS:

1. CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
2. If this Agreement is terminated in accordance with Section XXVII, TERMINATION PROVISIONS, the COUNTY, Federal and/or State governments may conduct a final audit of the CONTRACTOR. Final reimbursement to CONTRACTOR by COUNTY shall not be made until all audit results are known and all accounts are reconciled. Revenue collected by CONTRACTOR during this period for services provided under the terms of this Agreement will be regarded as revenue received and deducted as such from the final reimbursement claim.
3. Any audit exception resulting from an audit conducted by any duly authorized representative of the Federal Government, the State or COUNTY shall be the sole responsibility of the CONTRACTOR. Any audit disallowance adjustments shall be paid in full upon demand or withheld at the discretion of the Director of Behavioral Health against amounts due under this Agreement or Agreement(s) in subsequent years.
4. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. If and when necessary, a corrective Action Plan will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of all payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

M. TRAINING:

CONTRACTOR understands that as the COUNTY implements its current MIS to comply with Federal, State and/or local funding and service delivery requirements, CONTRACTOR will, therefore, be responsible for sending at least one representative to receive all applicable COUNTY training associated with, but not limited to, applicable service data entry, client registration, billing and invoicing (batching), and learning how to appropriately and successfully utilize and/or operate the current and/or upgraded MIS as specified for use by the COUNTY under this Agreement. The COUNTY will notify the CONTRACTOR when such training is required and available.

N. FURNISHINGS AND EQUIPMENT

1. **OWNERSHIP:** If equipment and furnishings were previously purchased through this Agreement, CONTRACTOR acknowledges that these items are the property of COUNTY. Procedures provided by COUNTY for the acquisition, inventory, control and disposition of the equipment and the acquisition and payment for administrative services to such equipment (e.g. office machine repair) are to be followed.
2. **INVENTORY:** CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings purchased through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: date acquired; property description (to include model number); property identification number (serial number); cost or other basis of valuation; funding source; and rate of depreciation or depreciation schedule, if applicable. An updated inventory list shall be provided to COUNTY on a semi-annual basis, and filed with the Annual Cost Report. Once COUNTY is in receipt of this list, COUNTY inventory tags will be issued to CONTRACTOR, and are to be attached to the item as directed.
3. **DISPOSAL:** Approval must be obtained from COUNTY prior to the disposal of any property purchased with funds from this Agreement, regardless of the acquisition value. Disposal (which includes sale, trade-in, discard, or transfer to another agency or program) shall not occur until approval is received in writing from COUNTY.
4. **CAPITAL ASSETS:**
 - a. Capital assets are tangible or intangible assets exceeding \$5,000 that benefit an agency more than a single fiscal year. For capital assets approved for purchase by COUNTY, allowable and non-allowable cost information and depreciation requirements can be found in the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II. It is CONTRACTOR'S responsibility to ensure compliance with these requirements.
 - b. Any capital asset that was acquired or improved in whole or in part with funds disbursed under this Agreement, or under any previous Agreement between COUNTY and CONTRACTOR, shall either be, at the election of COUNTY as determined by the Director or designee: (1) transferred to COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less any portion of the current value attributable to CONTRACTOR's out of pocket expenditures using non-county funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

**WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS - SCHEDULE K
RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH**

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS	FISCAL YEAR: 2021/22
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM	PERFORMANCE PERIOD: 07/01/2021 - 06/30/2022
REGION/POPULATION: MHSA PEI - MID-COUNTY REGION	MONTHLY REIMBURSEMENT:
REGION CONTRACT AMOUNT: \$283,162	YEAR END SETTLEMENT:
	ACTUAL COST
	ACTUAL COST
	RU:
MIDCOUNTY REGION / MHARC XXXXX-XXX-06/22 / VENDOR #: 228659	
XXXXXX DEPT ID#4100221XXX-74720-536240 BPO#:	

	INDIRECT SERVICES				TOTAL CONTRACT
	TYPE OF MODALITY:	MODE OF SERVICE:	60	78	
SERVICE FUNCTION:	60	78	60	78	
PROGRAM:	ROP	CBT	GGC		
1. Personnel Expenditures-Salaries & Benefits (from Staffing Detail)					
Youth Development Worker \$17 (.93 FTE)	\$27,370	\$5,440	\$510	\$33,320	
Benefits @1.6%	\$438	\$87	\$8	\$533	
Youth Development Worker \$17 (.92 FTE)	\$27,370	\$5,440	\$0	\$32,810	
Benefits @1.6%	\$438	\$87	\$0	\$525	
Program Director \$26 (.88 FTE)	\$39,000	\$8,320	\$390	\$47,710	
Benefits @1.6%	\$624	\$133	\$6	\$763	
Mental Health Clinician \$34 (.63 FTE)	\$17,000	\$27,200	\$1,020	\$45,220	
Benefits @1.6%	\$272	\$435	\$16	\$724	
Parent Partner \$14 (.05 FTE)	\$0	\$1,400	\$0	\$1,400	
Benefits @1.6%	\$0	\$22	\$0	\$22	
Child Care Worker \$14 (.09 FTE)	\$112	\$2,240	\$420	\$2,772	
Benefits @1.6%	\$2	\$36	\$7	\$44	
Bus Driver \$14 (.23 FTE)	\$6,720	\$0	\$0	\$6,720	
Benefits @1.6%	\$108	\$0	\$0	\$108	
Total Personnel Expenditures	\$119,453	\$50,841	\$2,377	\$172,671	
2. Operating Expenditures					
Translation Interpreter Services	\$0	\$0	\$0	\$0	
Professional Services Contracts	\$5,000	\$5,000	\$5,000	\$15,000	
Staff Travel	\$564	\$366	\$150	\$1,080	
Participant Transportation (.56)	\$9,110	\$0	\$1,500	\$10,610	
General Office Expenditures	\$1,521	\$600	\$630	\$2,751	
Outreach Materials	\$600	\$0	\$250	\$850	
Rent, Utilities, Equipment	\$0	\$2,000	\$6,400	\$8,400	
Food	\$19,600	\$3,328	\$1,700	\$24,628	
Community Expert Fees	\$1,125	\$0	\$0	\$1,125	
Outings	\$4,195	\$0	\$0	\$4,195	
Retreats	\$6,000	\$0	\$0	\$6,000	
IT / Technical Support	\$0	\$0	\$2,500	\$2,500	
Other Operating Expense	\$6,352	\$0	\$0	\$6,352	
Unity Day	\$3,000	\$0	\$0	\$3,000	
Total Operating Expenditures	\$57,067	\$11,294	\$18,130	\$86,491	
3. Indirect Administrative Expenses					
Admin Costs	\$15,400	\$6,600	\$2,000	\$24,000	
Total Indirect Administrative Expenses	\$15,400	\$6,600	\$2,000	\$24,000	
Total Program Budget	\$191,920	\$68,735	\$22,507	\$283,162	
Total Indirect Administrative Expenses % (Not to Exceed 15%)	8.72%	10.62%	9.75%	9.26%	

FUNDING SOURCES DOCUMENT: 2021-2022 MH CLUB Net Funding
 PREPARED BY: Leah Newell
 ADMIN SVCS ANALYST SIGNATURE: *Leah Newell*
 FISCAL ACCOUNTANT SIGNATURE: *Shree Martin*
 CONTACT #: 951-358-3189
 DATE: 4/28/2021
 DATE: 4/29/2021

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS		DATE:
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM		SERVICE PERIOD:
REGION/POPULATION: MHSA PEI- MID-COUNTY REGION		INVOICE NUMBER:
REGION CONTRACT AMOUNT: \$283,162		YEAR END SETTLEMENT:
		BRFGROP (MM/YY)
		ACTUAL COST

MIDCOUNTRY REGION / MHARC XXXX-XXX-06/22 / VENDOR #: 228659
 RU: XXXXXX DEPT ID#4100221XXX-74720-536240 BPO#:

INDIRECT SERVICES	TYPE OF MODALITY:	
	MODE OF SERVICE:	SERVICE FUNCTION:
PROGRAM	60	60
PROGRAM RECRUITMENT	78	78
ENGAGEMENT/SCREENING		

CATEGORY DESCRIPTION: PROGRAM
PROGRAM: ROP

Hours Per Category Description:

1. Personnel Expenditures (from Staffing Detail)	TOTAL CONTRACT
Youth Development Worker \$17 (.76 FTE)	\$0
Youth Development Worker Benefits	\$0
Youth Development Worker \$17 (.75 FTE)	\$0
Youth Development Worker Benefits	\$0
Program Director \$26 (.74 FTE)	\$0
Program Director Benefits	\$0
Mental Health Clinician \$34 (.58 FTE)	\$0
Mental Health Clinician Benefits	\$0
Parent Partner \$12 (.05 FTE)	\$0
Parent Partner Benefits	\$0
Childcare Worker \$12 (.095 FTE)	\$0
Childcare Worker Benefits	\$0
Bus Driver \$12 (.20 FTE)	\$0
Bus Driver Benefits	\$0
Total Personnel Expenditures	\$0

2. Operating Expenditures	TOTAL CONTRACT
Translation Interpreter Services	\$0
Professional Services Contracts	\$0
Staff Travel	\$0
Participant Transportation (.56)	\$0
General Office Expenditures	\$0
Outreach Materials	\$0
Rent, Utilities, Equipment	\$0
Food	\$0
Community Expert Fees	\$0
Outings	\$0
Retreats	\$0
IT/Technical Support	\$0
Other Operating Expenses	\$0
Unity Day	\$0
Total Operating Expenditures	\$0

3. Indirect Administrative Expenses	#DIV/0!	#DIV/0!	#DIV/0!
Admin Costs	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	\$0	\$0	\$0

TOTAL INVOICE COSTS \$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____
Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS		DATE:	
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM		SERVICE PERIOD:	
REGION/POPULATION: MHSA PEI - MID-COUNTY REGION		INVOICE NUMBER:	
REGION CONTRACT AMOUNT: \$283,162		YEAR END SETTLEMENT:	
		BRFGCBT (MM/YY)	
		ACTUAL COST	
MIDCOUNTRY REGION / MHARC XXXXX-XXX-06/22 / VENDOR #: 228659			
RU: XXXXXX DEPT ID#4100221XXX-74720-536240 BPO#:			
INDIRECT SERVICES			
TYPE OF MODALITY:	60	60	60
MODE OF SERVICE:	78	78	78
SERVICE FUNCTION:	PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING
CATEGORY DESCRIPTION:	CBT		
PROGRAM:			
Hours Per Category Description:			
1. Personnel Expenditures (from Staffing Detail)			TOTAL CONTRACT
Youth Development Worker \$17 (.76 FTE)	\$0	\$0	\$0
Youth Development Worker Benefits	\$0	\$0	\$0
Youth Development Worker \$17 (.75 FTE)	\$0	\$0	\$0
Youth Development Worker Benefits	\$0	\$0	\$0
Program Director \$26 (.74 FTE)	\$0	\$0	\$0
Program Director Benefits	\$0	\$0	\$0
Mental Health Clinician \$34 (.58 FTE)	\$0	\$0	\$0
Mental Health Clinician Benefits	\$0	\$0	\$0
Parent Partner \$12 (.05 FTE)	\$0	\$0	\$0
Parent Partner Benefits	\$0	\$0	\$0
Childcare Worker \$12 (.095 FTE)	\$0	\$0	\$0
Childcare Worker Benefits	\$0	\$0	\$0
Bus Driver \$12 (.20 FTE)	\$0	\$0	\$0
Bus Driver Benefits	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
Translation Interpreter Services	\$0	\$0	\$0
Professional Services Contracts	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0
Participant Transportation (.56)	\$0	\$0	\$0
General Office Expenditures	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0
Food	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0
Outings	\$0	\$0	\$0
Retreats	\$0	\$0	\$0
IT/Technical Support	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0
3. Indirect Administrative Expenses			
Admin Costs	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS			\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS		DATE:	SERVICE PERIOD:		BRFGGC (MM/YY)
PROGRAM NAME: MHSA PEI-BRAAF GIRLS PROGRAM		INVOICE NUMBER:	YEAR END SETTLEMENT:		ACTUAL COST
REGION/POPULATION: MHSA PEI - MID-COUNTY REGION		MIDCOUNTRY REGION / MHARC XXXXX-XXX-06/22 / VENDOR #: 228659		RU:	
REGION CONTRACT AMOUNT: \$283,162		DEPT ID#4100221XXX-74720-536240 BPO#:			
INDIRECT SERVICES					
TYPE OF MODALITY:	60	60	60		
MODE OF SERVICE:	78	78	78		
SERVICE FUNCTION:	PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING		
CATEGORY DESCRIPTION:	PROGRAM:				
GUIDING GOOD CHOICES					
Hours Per Category Description:					
1. Personnel Expenditures (from Staffing Detail)					
Youth Development Worker \$17 (.76 FTE)	\$0	\$0	\$0	\$0	\$0
Youth Development Worker Benefits	\$0	\$0	\$0	\$0	\$0
Youth Development Worker \$17 (.75 FTE)	\$0	\$0	\$0	\$0	\$0
Youth Development Worker Benefits	\$0	\$0	\$0	\$0	\$0
Program Director \$26 (.74 FTE)	\$0	\$0	\$0	\$0	\$0
Program Director Benefits	\$0	\$0	\$0	\$0	\$0
Mental Health Clinician \$34 (.58 FTE)	\$0	\$0	\$0	\$0	\$0
Mental Health Clinician Benefits	\$0	\$0	\$0	\$0	\$0
Parent Partner \$12 (.05 FTE)	\$0	\$0	\$0	\$0	\$0
Parent Partner Benefits	\$0	\$0	\$0	\$0	\$0
Childcare Worker \$12 (.095 FTE)	\$0	\$0	\$0	\$0	\$0
Childcare Worker Benefits	\$0	\$0	\$0	\$0	\$0
Bus Driver \$12 (.20 FTE)	\$0	\$0	\$0	\$0	\$0
Bus Driver Benefits	\$0	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0	\$0
2. Operating Expenditures					
Translation Interpreter Services	\$0	\$0	\$0	\$0	\$0
Professional Services Contracts	\$0	\$0	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0	\$0	\$0
Participant Transportation (.56)	\$0	\$0	\$0	\$0	\$0
General Office Expenditures	\$0	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0	\$0	\$0
Outings	\$0	\$0	\$0	\$0	\$0
Retreats	\$0	\$0	\$0	\$0	\$0
IT/Technical Support	\$0	\$0	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0	\$0	\$0
3. Indirect Administrative Expenses					
Admin Costs	\$0	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS					\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION A – TO BE COMPLETED BY PARTY SUBMITTING REPORT		
Program/Clinic Name	RU #	Name of Reporting Staff
Client/Person (Last Name, First Name)	DOB	RUHS – BH Client ID
If the incident involved a person other than the client such as an employee or visitor, provide the person's name and contact #:		
Last Name, First Name	Contact Phone	Involved as (e.g. staff, visitor, etc.)

<p>Attach a copy of the client's current face sheet.</p> <p>The above named client/person was involved in an act/action which meets/may meet (circle one) the requirements of the formation of the Adverse Incident Committee. The incident falls into the following reportable incident category(ies).</p> <ul style="list-style-type: none"> <input type="checkbox"/> All client deaths for any cause <input type="checkbox"/> Incident involving significant dangerousness to self, including serious suicide attempts or self-injury <input type="checkbox"/> Incident involving significant dangerousness to others, including serious assaults, homicide attempts and homicides <input type="checkbox"/> Incident involving significant injury that required medical intervention for any client or visitor at a program site or during a treatment activity off-site. 	
Specific location where the incident occurred:	
Date of Incident:	Time of Incident:
Date FIRST reported to RUHS – BH:	Time Reported to RUHS – BH:

<p>THE EVENTS WHICH OCCURED ARE AS FOLLOWS:</p>

SUBMIT REPORT TO SUPERVISOR WITHIN ONE BUSINESS DAY OF INCIDENT	
Reported submitted to:	
Submission completed: Date:	Time:

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION B – TO BE COMPLETED BY PROGRAM SUPERVISOR

Client/Person (Last Name, First Name)	RUHS – BH Client ID
---------------------------------------	---------------------

Diagnosis		
1.	ICD-10 Diagnosis:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
2.	ICD-10 Diagnosis:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
3.	ICD-10 Diagnosis:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Medications: On medication(s) (list below) No Medication(s) Unknown

	Medication	Dose	Indication		Medication	Dose	Indication
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Suspected or Known Substance Use Disorder(s): Yes No

If yes, describe:

Treating Psychiatrist: Program MD
 Private MD

Family/Legal Guardian - Aware of Incident: Yes No

Family Attitude/Response:

Supervisor's Comments/Concerns/Issues Identified:

Supervisor's action(s) taken:

- Workplace Violence, Threats and Security Document # 2010 applies and report submitted as required by Safety Office Policy.
- Urgent RUHS – BH Administration notification recommended. *Refer to Policy 248.* If yes, requires IMMEDIATE filing of report to Regional Manager/Administrator.

Regional Manager/Administrator Must Be Notified ASAP or within three (3) business days.

Manager/Administrator Notified:	Date/Time Notified:
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DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE REVIEW, SUMMARY, AND RECOMMENDATIONS	
Client/Person (Last Name, First Name)	RUHS – BH Client ID
Date of Incident	Time of Incident

Sheriff Investigation Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested: _____
Name of Person who requested report: _____	
Coroner Autopsy Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested: _____
Name of Person who requested report: _____	
Incident Reviewed By (Name and Job Classification)	
1. _____	3. _____
2. _____	4. _____
Date of Review: _____	Period of Treatment Reviewed: _____

Policy, Procedure, Program Issues Identified	
<input type="checkbox"/> Coordination of Care with PCP	<input type="checkbox"/> Coordination of Care with another service or provider
<input type="checkbox"/> Identification of a Substance Use Disorder	<input type="checkbox"/> Referral to Substance Use or Co-Occurring Disorder Treatment
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Follow-up after missed appointment or “No-Show”
<input type="checkbox"/> Monitoring of psychotropic medications	<input type="checkbox"/> Psychotropic Medication Poly-pharmacy
<input type="checkbox"/> Prescribing controlled substance to a known substance abuser	<input type="checkbox"/> Other medication-related issue
<input type="checkbox"/> Delay in getting appt. within reasonable time	<input type="checkbox"/> Case closed without adequate efforts to contact or engage/re-engage client
<input type="checkbox"/> Client lost to follow-up/unable to locate	<input type="checkbox"/> Other Issue(s)

Review Summary/Comments/Findings

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RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

**SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE
REVIEW, SUMMARY, AND RECOMMENDATIONS (Continued)**

Does this incident involve a possible professional staff license/certification violation? Yes No

If yes, briefly describe:

Does this incident involve a possible facility licensing violation? Yes No

If yes, briefly describe:

If Yes, has licensing agency been notified? Yes No

Has copy of incident report from licensee to licensing agency been obtained? Yes No

(If Yes, attach copy of report)

Reviewer(s) concur with supervisor whether Workplace Violence Report provision applies:

Yes No

If No, action taken by reviewer(s):

Review Recommendations and Corrective Action Plan(s)

Recommendation(s)/Plan(s)	Person Responsible	Proposed Completion Date

Administrator Signature

Administrator Signature

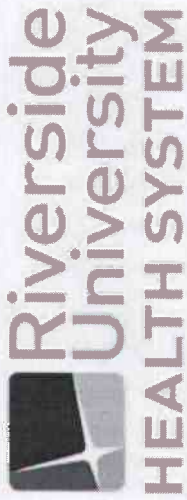
Date

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION D – WITNESS REPORTS (If Applicable)	
1.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
2.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
3.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD



Behavioral Health

Building Resilience In African American Families (BRAAF-Girls)

**Africentric Youth Rites of Passage Program (ROP)
Parent Education and Support (Guiding Good Choices and Parent Support)
Cognitive Behavioral Therapy (CBT)**

21-22 FY Data Collection Guidelines

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OVERVIEW

As part of Riverside University Health System (RUHS) Behavioral Health Prevention and Early Intervention (PEI) implementation, it is important to ensure that program evaluation and outcome data is collected, not only to document the value and efficacy of the program, but also to provide information for learning and program improvement if needed. Keeping track and collecting information on participation programs will also provide the necessary information to share with all interested stakeholders.

We know it can get detailed and takes extra time. However, showing all the good work the program is promoting means keeping track of data. Also, as part of the implementation for Prevention and Early Intervention (PEI), it is important to ensure that programs and outcomes are evaluated on a consistent basis.

It is really important that the staff of these programs (Africentric Youth Rites of Passage, Guiding Good Choices, Parenting Groups, and CBT) use the following guidelines to document participation in the program. The funding provided for this program requires the collection of some basic information which will be shared with RUHS and others.

All identifying personal information is kept confidential



Africentric Youth Rite of Passage (ROP)

- *For 11-13 yr. old girls
- *Minimum of 85 ROP sessions required for youth to graduate. This count includes, weekly ROP classes, weekend outings, initiation retreat, Unity Day, and graduation day.

Data Collection Guidelines

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic Screening Questionnaire 	<ul style="list-style-type: none"> To identify African American females between the ages of 11 -13, who may benefit from the program. <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name.</p>	<ul style="list-style-type: none"> This form is to be used in conjunction with each agency's program form. It should be completed by program staff after an appropriate assessment period to identify any child or family risk factors that will make the participant eligible for the program. <p><u>Keep completed forms in the binder which will be submitted to RUHS-BH.</u></p>
<ul style="list-style-type: none"> Initial Intake 	<ul style="list-style-type: none"> Collects information on school attendance grades and suspensions, law enforcement contact, and social risk factors. 	<ul style="list-style-type: none"> Complete this form when the youth is enrolled in the program.
<ul style="list-style-type: none"> Sign-In Sheets & Master Attendance Roster 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 	<ul style="list-style-type: none"> Track attendance for youth in the after-school program. Use daily sign in sheets to complete the Attendance Roster. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Attendance Parent Empowerment dinners. 	<ul style="list-style-type: none"> To record parents attendance at empowerment dinners. 	<ul style="list-style-type: none"> Have parent sign in on the attendance form and indicate the name of the youth they have enrolled in the program. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Resiliency Scale for Children and Adolescents 	<ul style="list-style-type: none"> This is a self-report scale designed for children and adolescents ages 9-18 years of age to assess positive characteristics and personal attributes that are critical for resiliency. The measure includes the: Sense of Mastery Scale (optimum, self-efficacy, adaptability); and Sense of Relatedness Scale (trust, support, comfort, tolerance), 	<ul style="list-style-type: none"> Only the Sense of Mastery and Relatedness Resiliency scale will be completed and collected at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Youth Questionnaire (MIBI and The Multi Ethnic Identity Measure) 	<ul style="list-style-type: none"> This questionnaire will include the Multidimensional Inventory of Black Identity (MIBI) which assesses components of African American racial identity (centrality subscale) The Multi Ethnic Identity Measure assesses the process of ethnic identity development in young adults. 	<ul style="list-style-type: none"> Collect the Youth Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Social, Emotional, and Bullying Behavior Survey (SEBBS) 	<p>This questionnaire was designed by PRIDE surveys to ask middle school students to report social and emotional skills, peer relations/bullying behaviors, school climate, and substance abuse.</p>	<ul style="list-style-type: none"> Collect the SEBBS Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test).

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

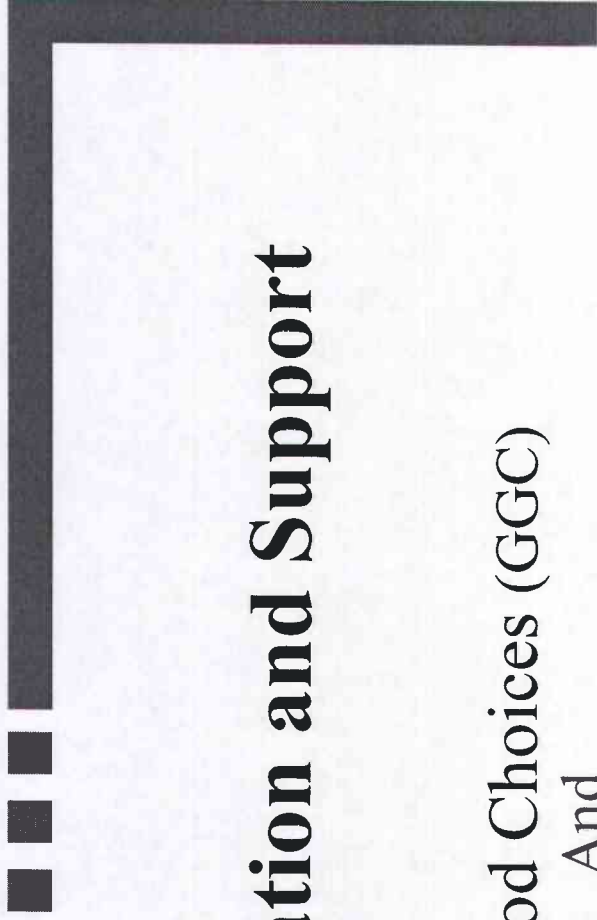
ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Risky Behavior 	<ul style="list-style-type: none"> This activity is for the youth to write down as many risks and strengths that they can identify. There is no minimum or maximum. 	<ul style="list-style-type: none"> Collect this activity at the beginning of the program and again at the end. For analysis, a frequency count from pre to post will be analyzed.
<ul style="list-style-type: none"> FACES III 	<p>This is a self-reported 10 item scale that measures perceptions of cohesion . The cohesion scales assesses the strength of family members attachment to one another.</p>	<ul style="list-style-type: none"> Have the parent, relative, or caregiver most closely involved in the Rites of Passage program complete the FACES III at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name. <u>Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Satisfaction Surveys (Parent & Youth) 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth participants and their parents/guardians on their perception of the program. One satisfaction form or parents and one for the youth. 	<ul style="list-style-type: none"> At the end of the program request that youth and their parent or guardians complete the appropriate satisfaction survey (Youth or Parent/Guardian). <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name. <u>Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

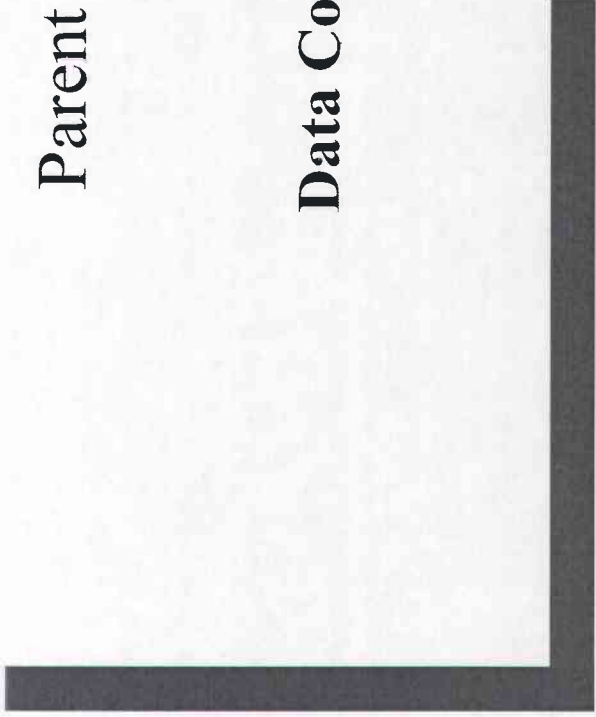
Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Program Completion Discontinuance Form 	<ul style="list-style-type: none"> This form is used to record if youth completed the program (graduated) or if they discontinued from the program including the reason for discontinuance. If the youth drops out staff should complete this form even if they can not contact the parent. 	<ul style="list-style-type: none"> A program completion form should be completed for each youth enrolled in the program. If a youth drops out of the program complete the program completion/discontinuance form. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Outreach form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> <u>Complete</u> the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u>



Parent Education and Support

**Guiding Good Choices (GGC)
And
Parent Support Groups**

Data Collection Guidelines



GGC– Parenting Classes

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete at enrollment or on the first day of class. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Sign –In Sheet 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete “Attendance Roster and Program Completion” Form. 	<ul style="list-style-type: none"> Ensure each parent signs in at each class session. Sign-in sheets will be used to complete the Attendance Roster and Program Completion . Make sure each parent that signs in is checked off on the attendance roster. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Attendance Roster and Program Completion 	<ul style="list-style-type: none"> Documents attendance at each class session and documents program completion. 	<ul style="list-style-type: none"> Record attendance on the roster from the sign-in sheets. Record program completion at the conclusion of the 5 week class series. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms to RUHS PEI Staff.

GGC- Parenting Classes

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Alabama Parenting Questionnaire (APQ) 	<ul style="list-style-type: none"> To measure parenting practices, involvement and positive parenting skills for parents of children 4 years and older. 	<ul style="list-style-type: none"> Each parent attending should complete an APQ at the beginning of the class series and again at the last session (Pre and Post). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction form 	<ul style="list-style-type: none"> To gather feedback from parents participating in GGC. 	<ul style="list-style-type: none"> All participants should be offered a satisfaction survey to complete at the conclusion of the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Outreach Form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. Provide originals of this form to RUHS PEI staff upon request.

Parent Support Groups

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete on the first day the parent attends the group. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>
<ul style="list-style-type: none"> Sign -In Sheet 	<ul style="list-style-type: none"> To document attendance at each support group. 	<ul style="list-style-type: none"> Ensure each parent signs in at each support group. Sign-in sheets will be used to determine the number attending make sure they print their name and sign. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>
<ul style="list-style-type: none"> Satisfaction Form 	<ul style="list-style-type: none"> Provide parent with the satisfaction form at the end of a group in the collection months. 	<ul style="list-style-type: none"> Provide an envelope for parents to deposit completed forms and seal envelope for PEI staff. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>

Individualized Parent Support

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Individualized Parent Support Log 	<p>To document support for any needed resources/services beyond outreach for parent support group. Use only the form provided by RUHS-BH.</p>	<ul style="list-style-type: none"> Each individualized support from Parent Partner will be documented on Parent Support log. <u>Provide copies of the log to RUHS PEI staff by the 10th business day of the following month.</u>



Cognitive Behavioral Therapy (CBT)

*All youth are initially screened for CBT, then clinician will determine if youth is eligible for CBT. Clinician then does one-on-one CBT sessions with that youth as needed.

Data Collection Guidelines

CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Participant Demographic Form 	<ul style="list-style-type: none"> To collect participants demographic information at the beginning of CBT services. 	<ul style="list-style-type: none"> Collect information during enrollment into the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Participant Log and Program Completion Summary 	<ul style="list-style-type: none"> To document attendance at each session and track information on completion of CBT services. 	<ul style="list-style-type: none"> Record each sessions attendance on participant log with date and youth signature. Each participant should have their own participant log. The completion of service outcome is recorded on the participant log . <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Children's Depression Inventory II (CDI-II) 	<ul style="list-style-type: none"> To measure the level of depression in program participants at the beginning and at completion of the program. CDI -II is used to measure depression in children. 	<ul style="list-style-type: none"> Complete this form at the beginning of the program (Pre- Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Strength and Difficulties Questionnaire (SDQ)-Parent 	<ul style="list-style-type: none"> To measure change in behavior problems and increases in pro-social behaviors among the participants from beginning to completion of the program. The SDQ is brief behavioral questionnaire for children and adolescents. 	<ul style="list-style-type: none"> Request that parents complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction Survey 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth on their experience with the program. 	<ul style="list-style-type: none"> At the end of the program request each youth participant to complete a satisfaction survey. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

When to collect data?

Pre Data Collection	It is suggested to provide the appropriate questionnaires within the first 3 days from the start of the program so the youths/parents do not feel overwhelmed. The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolled in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. See guide to administering measures on the following page.
Post Data Collection	In order to prevent any absent participants, begin collecting post data a week before the program ends. In the case when someone is absent and they were unable to come to the facility at separate hours or a day after, telephone them to collect data. Again to not overwhelm youths/parents spread the questionnaires throughout that week.

Staff: assure all questionnaires and surveys have been filled out completely with no blanks. Also when passing out the forms, make sure all forms state the correct Fiscal Year, as most forms have changed from previous years.

What to turn in to PEI Staff?

(all these forms should be kept in the provided binders)

Africentric Rites of Passage	<ol style="list-style-type: none"> Attendance Roster Summary (staff fill out daily) Demographic form (PRE) Initial Intake (PRE) Resiliency questionnaire (PRE/POST) Youth Questionnaire (PRE/POST) 	<ol style="list-style-type: none"> FACES III (PRE/POST) SEBBS (PRE, POST) Youth Satisfaction Survey (POST) Parent Satisfaction Survey (POST) Program Completion form (POST for each youth, even those who dropped out)
Guiding Good Choices	<ol style="list-style-type: none"> Attendance Monthly Summary (MONTHLY) Demographic Form (PRE) APQ (PRE/POST) Satisfaction form (POST) 	
Parent Support Groups	<ol style="list-style-type: none"> Demographic Forms (PRE) Sign-In sheets Satisfaction form (POST) 	
Individualized Parent Support	<ol style="list-style-type: none"> Parent Support Log 	*one log should be turned-in for each parent with dates
Cognitive Behavioral Therapy (CBT)	<ol style="list-style-type: none"> Demographic Form (PRE) CDI II (PRE/POST) SDQ (PRE/POST) 	<ol style="list-style-type: none"> Log Sheet and Program Completion Satisfaction Survey

Guide to Administering Measures

<p>Africentric Rites of Passage</p>	<p>The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolling in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. During the first two weeks, introduce the Youth Questionnaire, SEBBS, PLUS the Resiliency Scale and have all the youths quietly finish this questionnaire. At the end of program step out after handing out all the youth satisfaction surveys to minimize bias. Do this for the parent satisfaction survey too.</p>
<p>Guiding Good Choices</p>	<p>For the demographic form make sure the parent knows to fill this for themselves not the youth. The APQ is designed to be completed having in mind the youth that is causing most trouble and the parenting styles learned in GGC are also meant to be practiced on that same youth. Before the 5 week class sessions end, remember to step out after handing out all the parent satisfaction surveys to minimize bias.</p>
<p>Parent Support Groups</p>	<p>Demographic forms should be completed for each parent attending the support groups. Keep all sign-in sheets every time a support group is offered. Make sure to know in advance when their last support group will be to administer the satisfaction form. In any case someone does not complete this satisfaction form, telephone them to obtain information.</p>
<p>Individualized Parent Support</p>	<p>The parent log is used to maintain a record of how many times this parent was counseled and helped either through telephone or face to face. This log can be kept in the dividers behind the youths information.</p>
<p>Cognitive Behavioral Therapy (CBT)</p>	<p>The demographic form should be filled out by the parent for the youth before services start. The two questionnaires CDI II and SDQ are very sensitive and is very important that the youth feels comfortable with the questions asked. A log sheet will be kept for each youth receiving these services. Keep their own log sheet in their dividers.</p>

COUNTY OF RIVERSIDE
BEHAVIORAL HEALTH



This agreement is made and entered into by and between the County of Riverside, a political subdivision of the state of California, hereinafter referred to as COUNTY and SIGMA BETA XI, Inc. hereinafter referred to as CONTRACTOR.

PREAMBLE

WHEREAS, California voters approved Proposition 63 during the November 2004 General Election. Proposition 63, the Mental Health Services Act [hereinafter "MHSA"], became effective on January 1, 2005. Through imposition of a 1% tax on personal income in excess of \$1 million, the MHSA provides the opportunity for the State to provide increased funding, personnel and other resources to support County Prevention and Early Intervention Programs and monitor progress toward statewide goals for children/youth, transitional age youth, adults, older adults, families and communities.

WHEREAS, components of the MHSA Integrated Expenditure Plan will include elements required by W&I Code Section 5847 and related regulations.

WHEREAS, the COUNTY desires to extend to the residents of Riverside County certain programs and services contemplated and authorized by the MHSA, California Welfare and Institutions Code (WIC) Section 5600 et seq., and Government Code Section 26227 et seq., California Code of Regulations, Title 9, Division 1, and Title 22, which the CONTRACTOR is equipped, staffed, prepared and willing to provide; and

WHEREAS, the COUNTY believes that it is in the best interest of the people of Riverside County to provide these services by contract; and

WHEREAS, these services as described in Exhibit A attached hereto shall be provided by CONTRACTOR in accordance with the applicable State and local laws, codes and policies contained herein, but not limited to, Exhibit B attached hereto.

NOW THEREFORE, in consideration of the mutual promises, covenants and conditions hereinafter contained, the parties hereto mutually agree, as provided on pages 1 through 19 and Exhibits A, B, C, and D, and Schedule I and/or K, and Attachment A, attached hereto and incorporated herein.

CONTRACTOR

COUNTY

By: [Signature]
Corey Jackson, Chief Executive Officer

By: Karen S. Spiegel
Karen Spiegel, Chair of the Board

Date: 6/1/21

Date: JUN 22 2021

COUNTY COUNSEL:
Gregory P. Priamos
Approved as to form

By: [Signature]

ATTEST:
KECIA R. HARPER, Clerk
By [Signature]
DEPUTY

JUN 22 2021 3.31

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SCHEDULE I/K

ATTACHMENT A – ADVERSE INCIDENT REPORT FORM

I. DESCRIPTION OF SERVICES:

CONTRACTOR agrees to provide services in the form as described in Exhibit A.

II. PERIOD OF PERFORMANCE:

This Agreement shall be effective on July 1, 2021, and continue in effect through June 30, 2022. The Agreement may thereafter be renewed annually, for up to three (3) additional years, subject to the availability of funds and satisfactory performance of services.

III. REIMBURSEMENT AND PAYMENT:

A. In consideration of services provided by CONTRACTOR, RUHS-BH shall reimburse CONTRACTOR in the amount and manner described in Exhibit C. The Exhibit C includes RUHS-BH requirements for reimbursement.

B. CONTRACTOR shall use the Schedule K for monthly claiming purposes. The Schedule K shall be used to support the required back-up documentation necessary to audit the actual cost of program related expenses. The Schedule K is a guide for the amount allocated to the program services provided.

IV. PROGRAM SUPERVISION, MONITORING AND REVIEW:

CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement. Pursuant to Welfare & Institutions Code (WIC), Section 5608, services hereunder shall be provided by CONTRACTOR under the general supervision of the County Director of Behavioral Health, hereinafter called DIRECTOR, or his authorized designee. CONTRACTOR agrees to extend to DIRECTOR, his designee, the RUHS-BH Contract Monitoring Team, and/or to authorized State representatives, the right to review and monitor CONTRACTOR's facilities, programs, policies, practices, books, records, or procedures at any reasonable time. In exercising the right to review or monitor CONTRACTOR's administrative, clinical, fiscal and program components, staff, and facilities, the RUHS-BH shall enforce Agreement provisions and applicable RUHS-BH policies identified throughout this agreement.

If at any time the RUHS-BH determines CONTRACTOR is out of compliance with any provision contained within this Agreement, the RUHS-BH will provide written notification of the noncompliance findings to the CONTRACTOR and request a plan of corrective action. CONTRACTOR will, within thirty (30) days of receiving notification, provide a written plan of corrective action addressing the noncompliance.

If the RUHS-BH accepts the CONTRACTOR's proposed plan of corrective action, it shall suspend other punitive actions to give the CONTRACTOR the opportunity to come into compliance. If the RUHS-BH determines CONTRACTOR has failed to implement corrective action, funds may be withheld or disallowed until compliance is achieved. CONTRACTOR shall cooperate with any such effort by RUHS-BH including follow-up investigation and interview of witnesses. Failure to cooperate or take corrective action may result in termination of this Agreement.

V. INDEPENDENT CONTRACTOR:

This Agreement is by and between the RUHS-BH and CONTRACTOR and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between RUHS-BH and CONTRACTOR. CONTRACTOR and its employees, agents and/or subcontractors shall not be entitled to any benefits payable to RUHS-BH employees, including but not limited to overtime, any retirement benefits, worker's compensation benefits, and/or injury leave or

other leave benefits. CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required. CONTRACTOR assumes the exclusive responsibility and liability for the acts of its employees or agents as they relate to services provided. CONTRACTOR shall bear the sole responsibility and liability for furnishing workers' compensation benefits to any CONTRACTOR employees, agents and/or subcontractors for any injuries arising from or connected with services performed on behalf of RUHS-BH pursuant to this Agreement. CONTRACTOR certifies that it will comply with all applicable state and federal labor laws and regulations, including, but not limited to, those issued by the federal Occupational Safety and Health Administration and California Division of Occupational Safety and Health. CONTRACTOR is responsible for payment and deduction of all employment-related taxes on CONTRACTORS' behalf and for CONTRACTORS' employees, including, but not limited to, all federal and state income taxes and withholdings. RUHS-BH shall not be required to make any deductions from compensation payable to CONTRACTOR for these purposes. CONTRACTOR shall indemnify RUHS-BH against any and all claims that may be made against RUHS-BH based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement; and CONTRACTOR shall indemnify RUHS-BH for any and all federal or state withholding or retirement payments which RUHS-BH may be required to make pursuant to federal or state law.

Contractor shall maintain, as appropriate, the following:

- A. Articles of Incorporation;
- B. Amendments of Articles;
- C. List of agency's Board of Directors and Advisory Board;
- D. A resolution indicating who is empowered to sign all contract documents pertaining to the agency;
- E. By-laws and minutes of Board meetings.

VI. LICENSE(S)/CERTIFICATION(S):

CONTRACTOR warrants that it has all necessary licenses, permits, approvals, certifications, waivers and/or exemptions necessary to provide services hereunder as required by the laws or regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and agrees to maintain such throughout the term of this Agreement. Examples of license(s)/certification(s) may include: fire clearance, zoning permit; business license, community care license and/or Medi-Cal certification. CONTRACTOR shall notify DIRECTOR (or his designee) immediately and in writing of its inability to maintain, irrespective of the tendency of an appeal, such licenses, permits, approvals, certifications, waivers and/or exemptions.

VII. ADMINISTRATIVE CHANGE IN STATUS:

If, during the term of the Agreement, there is a change in CONTRACTOR's status, a detailed description of the change must be submitted to RUHS-BH in writing at least sixty (60) days prior to the effective date of the change, or in the case of an emergency, as soon as possible. A change in status is defined as a name change not amounting to a change of ownership, a change in the authorized signer of contract documents, moving a facility's service location within the same region, or closing a facility with services being offered in another already existing contracted facility. Any change in administrator of the facility shall be reported to RUHS-BH. Such notification shall include the new administrator's name, address and qualifications. Other changes to the contractor status may result in a more formal contract amendment, as stated in Section VIII, DELEGATION AND ASSIGNMENT.

VIII. DELEGATION AND ASSIGNMENT:

CONTRACTOR may not delegate the obligations required by this Agreement, either in whole or in part, without prior written consent of RUHS-BH. Obligations undertaken by CONTRACTOR pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are approved in writing by DIRECTOR (or his designee), meet the requirements of this Agreement as they relate to the service or activity under subcontract, and include any provision(s) that DIRECTOR (or his designee) may require. No subcontract shall terminate or alter the responsibilities of CONTRACTOR.

CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the prior written consent of RUHS-BH. Any attempted assignment or delegation in derogation of this paragraph shall be void. Any change in the corporate or business structure of CONTRACTOR, such as a change in ownership or majority ownership change resulting in a change to the Federal Tax Id, shall be deemed an assignment for purposes of this paragraph.

IX. ALTERATION:

If any such alteration causes an increase or decrease in the cost of, or the time required for, the performance under this Agreement, Agreement shall be modified by written amendment, accordingly.

Funds allocated to specific budget categories, as identified in the Schedule K, may not be reallocated to another budget category without prior approval, as described in Exhibit C. Funds shall not exceed the total maximum obligation for the fiscal year.

X. INDEMNIFICATION:

CONTRACTOR shall indemnify and hold harmless all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives from any liability whatsoever, based or asserted upon services of CONTRACTOR, its agents, employees, or subcontractors, arising out of or in any way relating to this Agreement, for property damage, bodily injury, or death or any other element of damage of any kind or nature resulting from any acts or failure to act or omission on the part of the CONTRACTOR, its directors, officers, agents, employees or subcontractors hereunder. CONTRACTOR shall defend, at its sole expense, including but not limited to attorney fees, all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives and any legal claim or action based upon such alleged acts, failure to act or omissions.

XI. INSURANCE:

Without limiting or diminishing the CONTRACTOR's obligation to indemnify or hold the RUHS-BH harmless, CONTRACTOR shall procure and maintain the following insurance coverages during the term of this Agreement. With respect to the insurance section only, the RUHS-BH herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

A. Workers' Compensation:

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease

with limits not less than \$1,000,000 per person, per accident. Policy shall be endorsed to waive subrogation in favor of the RUHS-BH.

B. Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR's performance of its obligations hereunder. Policy shall name the RUHS-BH as an Additional Insured. Policy's limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

C. Vehicle Liability:

CONTRACTOR shall maintain liability insurance for all vehicles, or other mobile equipment, used in the performance of the obligations under this Agreement in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the RUHS-BH as an Additional Insured.

D. Professional Liability:

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for CONTRACTOR's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If CONTRACTOR's Professional Liability Insurance is written on a 'claims made' basis rather than on an 'occurrence' basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either: 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

E. General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A:VIII (A:8) unless such requirements are waived, in writing, by the RUHS-BH Risk Manager. If the RUHS-BH's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The CONTRACTOR's insurance carrier(s) must declare its insurance deductibles or self-insured retentions. If such deductibles or self-insured retentions exceed \$500,000 per occurrence such deductibles and/or retentions shall have the prior written consent of the RUHS-BH Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or self insured retentions which are deemed unacceptable to the RUHS-BH, at the election of the RUHS-BH's Risk Manager, CONTRACTOR's carriers shall either; 1) reduce or eliminate such deductibles or self-insured retentions as respects this Agreement with the RUHS-BH, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.

3. The CONTRACTOR shall cause their insurance carrier(s) to furnish the County of Riverside with: 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein; and/or, 2) if requested to do so orally or in writing by the RUHS-BH Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) and shall provide no less than thirty (30) days written notice be given to the County of Riverside prior to any material modification or cancellation of such insurance. In the event of a material modification or cancellation of coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages and the insurance required herein is in full force and effect. Individual(s) authorized by the insurance carrier to do so, on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance. Certificates of insurance and certified original copies of Endorsements effecting coverage as required herein shall be delivered to RUHS-BH, P.O. Box 7549, Riverside, CA 92513-7549, MHSA Administration. CONTRACTOR shall not commence operations until the County of Riverside has been furnished original Certificate(s) of Insurance and certified original copies of endorsements or policies of insurance including all endorsements and any and all other attachments as required in this Section.
4. It is understood and agreed by the parties hereto and the CONTRACTOR's insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the RUHS-BH's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of approved subcontractors working under this Agreement.
6. Failure by CONTRACTOR to procure and maintain the required insurance shall constitute a material breach of contract upon which RUHS-BH may immediately terminate or suspend this Agreement.

XII. LIMITATION OF RUHS-BH LIABILITY:

Notwithstanding any other provision of this Agreement, the liability of RUHS-BH shall not exceed the amount of funds appropriated in support of this Agreement by the California Legislature.

XIII. WARRANTY AGAINST CONTINGENT FEES:

CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon any Agreement or understanding for any commission, percentage, brokerage, or contingent fee, expecting bona fide employees or bona fide established commercial or selling agencies maintained by CONTRACTOR for the purpose of securing business. For CONTRACTOR's breach or violation of this warranty, RUHS-BH may, at its sole discretion, deduct from the Agreement price of consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

XIV. NONDISCRIMINATION:

A. Employment:

1. Affirmative Action shall be taken to ensure applicants and employees are treated without regard to their race, religion, color, sex, national origin, age, sexual orientation, or physical or mental disability. Such affirmative action shall include, but not be limited to the following: employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship/internship. There shall be posted in conspicuous places, available to employees and applicants for employment, notices from DIRECTOR (or his designee) and/or the United States Equal Employment Opportunity Commission setting forth the provisions of this Section.
2. All solicitations or advertisements for recruitment of employment placed by or on behalf of CONTRACTOR shall state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national origin, age, sexual orientation, or physical/mental disability.
3. Each labor union or representative of workers with which CONTRACTOR has a collective bargaining Agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination Section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. In the event of noncompliance with this section or as otherwise provided by State and Federal law, this Agreement may be terminated or suspended in whole or in part and CONTRACTOR may be declared ineligible from future contracts involving federal, state or COUNTY funds.

B. Services, Benefits, and Facilities:

1. CONTRACTOR shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, gender, age, sexual orientation, marital status, physical/mental disability in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.
2. CONTRACTOR shall further establish and maintain written procedures under which any person, applying for or receiving services hereunder, may seek resolution from CONTRACTOR of a complaint with respect to any alleged discrimination in the provision of services by CONTRACTOR's personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied with CONTRACTOR's resolution of the matter, shall be referred by CONTRACTOR to DIRECTOR, or his authorized designee, for the purpose of presenting the complaint of alleged discrimination. Such procedures shall also indicate that if such person is not satisfied with RUHS-BH's resolution or decision with respect to the complaint of alleged discrimination, he or she may appeal the matter to the appropriate federal or state agencies. CONTRACTOR will maintain a written log of complaints for a period of seven (7) years.

XV. REPORTS/RESEARCH PROTOCOL:

- A. CONTRACTOR must adhere to the reporting requirements as mandated by law. The RUHS-BH shall provide instruction and direction regarding RUHS-BH policies and procedures for meeting reporting requirements.
- B. CONTRACTOR shall provide the RUHS-BH with applicable reporting documentation as specified in the Research Protocol, attached hereto as Exhibit D and by this reference incorporated herein.

RUHS-BH may provide additional instructions on reporting requirements as required by RUHS-BH or State guidelines.

- C. CONTRACTOR shall participate in the RUHS-BH's Management Information System (MIS) as required by the DIRECTOR, or his designee. CONTRACTOR is required to report program, individuals served and staff data about the CONTRACTOR's program and services, by the fifth (5th) working day of each month for the prior month. Reports are available through the department's Report Distribution Server (RDS).
- D. CONTRACTOR shall comply with the State reporting requirements pursuant to 9 C.C.R. Section 10561. Upon the occurrence of any of the events listed hereafter, the CONTRACTOR shall make a telephonic report to the State department licensing staff (hereinafter "State") within one (1) working day. CONTRACTOR shall submit an Adverse Incident Report form (Attachment A) to the COUNTY within twenty-four (24) hours of the incident and within seven (7) days of the event to the State. If a report to local authorities exists which meets the requirements cited, a copy of such a report will suffice for the written report required by the State.

- 1. Events reported shall include:
 - a. Death of any resident from any cause;
 - b. Any facility related injury of any resident which requires medical treatment;
 - c. All cases of communicable disease reportable under Section 2502 of Title 17, California Code of Regulations shall be reported to the local health officer in addition to the State;
 - d. Poisonings;
 - e. Catastrophes such as flooding, tornado, earthquake or any other natural disaster; and,
 - f. Fires or explosions which occur in or on the premises.
- 2. Information provided shall include the following:
 - a. Residents' name, age, sex, and date of admission;
 - b. Date, time and nature of the event;
 - c. Attending physician's name, findings and treatment, if any; and,
 - d. The items below shall be reported to the State within ten (10) working days following the occurrence:
 - (i) The organizational changes specified in Section 10531(a) of this subchapter;
 - (ii) Any change in the licensee's or applicant's mailing address; and,
 - (iii) Any change of the administrator of the facility. Such notification shall include the new administrator's name, address and qualifications.

XVI. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

CONTRACTOR is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. CONTRACTOR hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law.

XVII. CONFIDENTIALITY OF PARTICIPANT INFORMATION:

CONTRACTOR shall maintain the confidentiality of all participant identifying information contained in records, including but not limited to participant records/charts, billing records, research and participant identifying reports, and the RUHS-BH's participant Management Information System (MIS) in accordance with WIC Sections 14100.2 and 5328 et seq, Title 42 Code of Federal Regulations, Section 431.300 et seq., Section 1320 D et seq, of Title 42, United States Code and it's impending regulations (including but not limited to Title 45, CFR, Parts 142, 160, 162, 164) and all other applicable current or future RUHS-BH, State and Federal laws, regulations, ordinances and directives relating to confidentiality and security of participant records and information.

- A. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement.
- B. The CONTRACTOR shall not disclose confidential participant identifying information except as authorized by participant, participants' legal representative or as permitted by Federal or State law, to anyone other than the RUHS-BH or State without prior valid authorization from the participant or participants' legal representative in accordance with State and Federal laws. Any disclosures made shall be logged and the log maintained in accordance with State and Federal law.
- C. If CONTRACTOR receives any requests by subpoena, from attorneys, insurers or beneficiaries for copies of bills, CONTRACTOR will provide the RUHS-BH with a copy of any document released as a result of such request, and will provide the name, address and telephone number of the requesting party.
- D. For purposes of the above paragraphs, identifying information is considered to be any information that reasonably identifies an individual and their past, present, or future physical or mental health condition. This includes, but is not limited to, any combination of the person's name, address, Social Security Number, date of birth, identifying number, symbol, or other particular identifier assigned to the individual, such as finger or voice print, or photograph.
- E. Notification of Electronic Breach or Improper Disclosure: During the term of this Agreement, CONTRACTOR shall notify RUHS-BH, immediately upon discovery of any breach of Protected Health Information (PHI) and/or data, where the information and/or data is reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the RUHS-BH Compliance Officer within two (2) business days of discovery at (800) 413-9990. The CONTRACTOR shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State Laws and regulations. The CONTRACTOR shall investigate such breach and provide a written report of the investigation to the RUHS-BH Compliance Officer, postmarked within thirty (30) working days of the discovery of the breach to the address below:

Behavioral Health Compliance Officer
Riverside University Health System - Behavioral Health
P.O. Box 7549
Riverside, CA 92513

- F. Safeguards: The CONTRACTOR shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, that it creates, receives, maintains, or transmits on behalf of RUHS-BH; and to prevent use or disclosure of PHI other than as provided for by this Agreement. CONTRACTOR shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the CONTRACTOR's operations and the nature and scope of its activities. CONTRACTOR shall provide RUHS-BH with information concerning such safeguards as RUHS-BH may reasonably requests from time to time.
- G. The CONTRACTOR shall implement strong access controls and other security safeguards and precautions as noted in the following to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only. The CONTRACTOR shall enforce administrative and technical password controls on all systems used to process or store confidential, personal, or sensitive data.
- H. The CONTRACTOR shall utilize a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, CDs, thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers).
- I. The CONTRACTOR shall not transmit confidential, personal, or sensitive data via-e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST) as conforming to the Advanced Encryption Standard (AES) Algorithm.
- J. Mitigation of Harmful Effects. The CONTRACTOR shall mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI by CONTRACTOR or its subcontractors in violation of the requirements of these Provisions.
- K. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. RUHS-BH makes no warranty or representation that compliance by CONTRACTOR with these Provisions, HIPAA or HIPAA regulations will be adequate or satisfactory for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized use or disclosure. CONTRACTOR is solely responsible for all decisions made by CONTRACTOR regarding the safeguarding of PHI.
- L. The terms and conditions in these Provisions shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of these Provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.

- M. CONTRACTOR shall require all its officers, employees, associates, and agents providing services hereunder to acknowledge, in writing, understanding of and Agreement to comply with said confidentiality provisions.

XVIII. RECORDS:

All records shall be available for inspection by the designated auditors of RUHS-BH, State Department of Health Care Services, State Department of Justice, State Department of Mental Health Services and Oversight and Accountability Commission, U.S. Department of Health and Human Services and the U.S. Office of the Inspector General at reasonable times during normal business hours. Records include, but are not limited to, all physical and electronic records originated or prepared pursuant to the performance under this Agreement, working papers, reports, financial records or books of account, medical records, prescription files, and subcontracts. Upon request, at any time during the period of this Agreement, the CONTRACTOR will furnish any such record or copy thereof, to the RUHS-BH. CONTRACTOR shall be subject to the examination and audit of the Office of the Inspector General for a period of ten (10) years after final payment under Agreement.

A. Program Participant Records.

CONTRACTOR shall adhere to the authority of RUHS-BH, the State Department of Health Care Services, the State Department of Oversight and Accountability. CONTRACTOR shall maintain adequate participant records on each participant, program outcome measures, and records of service provided by the various staff in sufficient detail to make an evaluation of the effectiveness of the program services.

B. Financial Records.

CONTRACTOR shall maintain complete financial records that clearly reflect the cost of each type of service for which payment 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. Statistical data shall be kept and reports made as required by the DIRECTOR, or his designee, and the State of California.

C. Financial Record Retention.

Appropriate financial records shall be maintained and retained for at least ten (10) years or, in the event of an audit exception and appeal, until the audit finding is resolved, whichever is later.

D. Participant Record Retention.

Participant records shall be maintained and retained for a minimum of ten (10) years.

E. Shared Records/Information.

CONTRACTOR and RUHS-BH shall maintain a reciprocal shared record and information policy, which allows for sharing of participant records and information between CONTRACTOR and RUHS-BH. Either RUHS-BH or CONTRACTOR shall not release these participant records or information to a third party without a valid authorization.

F. Property of participant records.

RUHS-BH is the owner of all participant records. In the event that the Agreement is terminated, the CONTRACTOR is required to prepare and box the participant records so they can be archived by the RUHS-BH, according to procedures developed by the RUHS-BH. The RUHS-BH is responsible for taking possession of the records and storing them according to regulatory requirements. The

- M. CONTRACTOR shall require all its officers, employees, associates, and agents providing services hereunder to acknowledge, in writing, understanding of and Agreement to comply with said confidentiality provisions.

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All records shall be available for inspection by the designated auditors of RUHS-BH, State Department of Health Care Services, State Department of Justice, State Department of Mental Health Services and Oversight and Accountability Commission, U.S. Department of Health and Human Services and the U.S. Office of the Inspector General at reasonable times during normal business hours. Records include, but are not limited to, all physical and electronic records originated or prepared pursuant to the performance under this Agreement, working papers, reports, financial records or books of account, medical records, prescription files, and subcontracts. Upon request, at any time during the period of this Agreement, the CONTRACTOR will furnish any such record or copy thereof, to the RUHS-BH. CONTRACTOR shall be subject to the examination and audit of the Office of the Inspector General for a period of ten (10) years after final payment under Agreement.

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CONTRACTOR shall maintain complete financial records that clearly reflect the cost of each type of service for which payment 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. Statistical data shall be kept and reports made as required by the DIRECTOR, or his designee, and the State of California.

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RUHS-BH is required to provide the CONTRACTOR with a copy of any participant record that is requested by the CONTRACTOR, as required by regulations, at no cost to the CONTRACTOR, and in a timely manner.

XIX. STAFFING:

CONTRACTOR shall comply with the staffing expectations as required by state licensing requirements and as may be additionally described in Exhibit A. CONTRACTOR is responsible for ensuring that their personnel are qualified, holding appropriate license(s)/certificate(s) for the services they provide in accordance with the WIC Section 5751.2, the requirements set forth in Title 9 of the California Code of Regulations (CCR), the Business and Professions Code, State Department of Health Care Services policy letters, and any amendments thereto. CONTRACTOR shall maintain specific job descriptions/duty statements for each position describing the assigned duties, reporting relationship, and shall provide sufficient detail to serve as the basis for an annual performance evaluation. Furthermore, CONTRACTOR acknowledges all its officers; employees, associates, and agents providing services hereunder are eligible for reimbursement for said services by their exclusion from the Federal "List of Excluded Parties" registry. All employees of CONTRACTOR providing services on behalf of RUHS-BH shall pass a LiveScan, background check and be tested for Tuberculosis (TB).

- A. During the term of this Agreement, CONTRACTOR shall maintain and shall provide upon request to authorized representatives of RUHS-BH, the following:
 1. A list of persons who are providing services hereunder by name, title, professional degree, licensure, experience, credentials, Cardiopulmonary Resuscitation (CPR) training, First Aid training, languages spoken, Race/Ethnicity with an option to select "Prefer Not to Say" and any other information deemed necessary by the Director or designee.
 2. Personnel files for each staff member, including subcontractors and volunteers, approved by RUHS-BH, that includes at minimum the following:
 - a. Resume/application, proof of current licensure, certification, registration;
 - b. List of Training, including cultural competency;
 - c. Annual job performance evaluation; and,
 - d. Personnel action document for each change in status of the employee.
 - e. Results of LiveScan, background check and TB test.
- B. CONTRACTOR shall provide an initial orientation to the program, program goals, policy and procedure review, emergency procedures and treatment services.
- C. CONTRACTOR shall institute and maintain a training program in which professional and other appropriate personnel shall participate.
- D. CONTRACTOR shall have appropriate staff trained and/or certified in CPR, First Aid, Emergency/Disaster Planning, non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the participants from violent behavior.
- E. Training plans shall be documented and discussed with staff. Continuing development of staff expertise shall be encouraged.
- F. The CONTRACTOR recognizes the importance of child and family support obligations and shall fully comply with all applicable State and Federal laws relating to child and family support

enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8, commencing with Section 5200, of Part 5 of Division 9 of the Family Code.

- G. In accordance with section 6032 of the Deficit Reduction Act of 2005, Contractor shall establish and disseminate written policies for all employees that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). Included in these written policies shall be detailed information about contractor's policies and procedures for detecting and preventing fraud, waste, and abuse in federal, state and local health care programs. Contractor shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of Contractor's policies and procedures for detecting and preventing fraud, waste and abuse.
- H. CONTRACTOR shall follow all Federal, State and County policies, laws and regulations regarding Staffing and/or Employee compensation. All payments or compensation made to CONTRACTOR Staff, Personnel and/or Employees in association with the fulfillment of this agreement shall be made by means of Staff, Personnel and/or Employee Certified Payroll or other auditable documentation justifying the payment or compensation.
- I. CONTRACTOR is responsible for notifying the COUNTY of all changes to indirect and direct personnel service providers that will have an impact on its Electronic Management of Records (ELMR) system. These changes include, but are not limited to, adding new personnel, modifying existing personnel, or terminating personnel. CONTRACTOR is responsible for completing the Computer Account Request Form (CARF) provided by the designated COUNTY Program Analyst, when such changes occur and will have an impact on ELMR data entry or system access. Contractor shall submit, via email, the completed CARF form to its designated COUNTY Program Analyst for review and approval. The COUNTY designated Program Analyst will then review CARF for accuracy and will then submit CARF to the COUNTY'S Information Technology (I.T.) staff for processing. The COUNTY'S designated Program Analyst will communicate with the CONTRACTOR, via email, with confirmation of submission for processing, and a COUNTY I.T. or ELMR personnel will contact the CONTRACTOR direct, via telephone, to confirm receipt of the CARF and provide confirmation that computer access has been granted or changed as requested by the CONTRACTOR.
- J. CONTRACTOR shall be responsible for confirming the identity and determining the exclusion status of its officers, board members employees associates, and agents through routine checks of Federal and State databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM) and the Medi-Cal List of Suspended or Ineligible Providers. These databases shall be consulted upon appointment of board members or hiring of employees, associates and agents and no less frequently than monthly thereafter. CONTRACTOR shall notify, in writing within thirty (30) calendar days, if and when any CONTRACTOR'S personnel are found listed on this site and what action has been taken to remedy the matter. Contractor shall establish their own procedures to ensure adherence to these requirements.

XX. CULTURAL COMPETENCY PLAN:

CONTRACTOR shall provide services pursuant to this Agreement in a culturally competent manner by recruiting, hiring and maintaining staff that can deliver services in the manner specified to the diverse

cultural population served under this Agreement. CONTRACTOR shall provide services in a language appropriate and culturally sensitive manner, in a setting accessible to diverse communities. Multi-cultural diversity includes, but is not limited to, ethnicity, age, sexual orientation, gender and persons who are physically challenged. CONTRACTOR shall document its efforts to provide culturally adaptive services in the manner specified. Documentation may include, but not be limited to, the following: records in personnel files attesting to efforts made in recruitment and hiring practices; participation in RUHS-BH sponsored and other cultural competency training; the availability of literature in multiple languages/formats as appropriate; and identification of measures taken to enhance accessibility for, and sensitivity to, mentally/physically challenged individuals. CONTRACTOR shall demonstrate program access; linguistically appropriate and timely program service delivery; staff training; and organizational policies and procedures related to the programs offered to culturally diverse populations. CONTRACTOR shall perform specific outcome studies, on-site reviews and written reports as requested by RUHS-BH and make available to the RUHS-BH upon request. CONTRACTOR shall provide services that meet the individual cultural needs of the participant(s) served. CONTRACTOR shall ensure culturally competent services include:

- A. A comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- B. Appropriate interventions which acknowledge specific cultural influences.
- C. CONTRACTOR agrees to comply with the RUHS-BH's Cultural Competency Plan as set forth in the Department's approved Cultural Competency Plan. The Cultural Competency Plan may be obtained from the department's website at <http://rcdmh.org/> or by contacting the RUHS-BH's Cultural Competency Manager or designee.

Riverside University Health System-Behavioral Health Cultural Competency Program
P.O. Box 7549

Riverside, California 92513
Attention: Cultural Competency Manager
Fax: 951-955-7206

- D. CONTRACTOR agrees to meet with RUHS-BH's Cultural Competency Program Manager, as needed, to provide technical assistance in determining and implementing cultural competency activities.
- E. CONTRACTOR will be responsible for participating in cultural competency trainings as required by the RUHS-BH's Cultural Competency Plan. In order to attend the RUHS-BH offered trainings, CONTRACTOR must register on-line through the department's training unit.
- F. CONTRACTOR is responsible for reporting back to the RUHS-BH, annually in writing, all cultural competency related trainings that staff members have attended. The following format is recommended:

Name of Training Event	Description of Training	How long & how often attended	Attendance by Service Function	No. of staff in attendance & Total	Date of Training	Name of Presenter
Example: Cultural Competence Introduction	Overview of cultural competence issues in mental health treatment settings.	Four hours annually	*Direct Services *Direct Services Contractors *Administration *Interpreters	15 20 4 2 Total: 41	1/21/10	John Doe

G. CONTRACTOR training information shall be submitted via facsimile to 951-955-7206 to the attention of the RUHS-BH Cultural Competency Program Manager on or before June 30 of each fiscal year.

XXI. INFORMING MATERIALS

CONTRACTOR shall provide each participant with certain informing materials about the program being provided and what outcomes shall be experienced by participating in the PEI Program. CONTRACTOR's stationery/letterhead and informing materials used for communication associated with RUHS-BH's specific Prevention and Early Intervention program shall indicate that funding for the services is provided in whole or in part by the Riverside University Health System-Behavioral Health (RUHS-BH), Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI).

XXII. CONFLICT OF INTEREST:

CONTRACTOR shall not employ any RUHS-BH employee whose position at RUHS-BH enables him/her to influence the award of this Agreement or any competing Agreement, and no spouse or economic dependent of such employee in any capacity herein, or in any other direct or indirect financial interest in this Agreement.

XXIII. WAIVER OF PERFORMANCE:

No waiver by RUHS-BH at any time of any of the provisions of this Agreement shall be deemed or construed as a waiver at any time thereafter of the same or any other provisions contained herein or of the strict and timely performance of such provisions.

XXIV. FEDERAL AND STATE STATUTES:

CONTRACTOR shall adhere to and comply with all other applicable Federal and State statutes and regulations, including but not limited to the applicable laws and regulations listed in Exhibit B.

XXV. DRUG-FREE WORKPLACE CERTIFICATION:

By signing this Agreement, the CONTRACTOR hereby certifies under penalty of perjury under the laws of the State of California that the CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and will provide a drug-free workplace doing all of the following.

- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355 (a).
- B. Establish a Drug-Free Awareness Program as required by Government Code Section 8355 (a) to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The CONTRACTOR's policy of maintaining a drug-free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and,
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Provide as required by Government Code Section 8355 (a) that every employee who works in the program(s) funded through this Agreement:
 - 1. Will receive a copy of the CONTRACTOR's drug-free policy statement, and
 - 2. Will agree to abide by the terms of the CONTRACTOR's statement as a condition of employment on the Agreement.
- D. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and the CONTRACTOR may be ineligible for award of future contracts if the RUHS-BH determines that any of the following has occurred:
 - 1. The CONTRACTOR has made a false certification or,
 - 2. Violates the certification by failing to carry out the requirements as noted above.

XXVI. TERMINATION PROVISIONS:

- A. Either party may terminate this Agreement without cause, upon sixty (60) days written notice served upon the other party.
- B. The RUHS-BH may terminate this Agreement upon thirty (30) days written notice served upon the CONTRACTOR if sufficient funds are not available for the continuation of services.
- C. The RUHS-BH reserves the right, to terminate the Agreement without warning at the discretion of the Director or designee, when CONTRACTOR has been accused and/or found to be in violation of any County, State, or Federal laws and regulations.
- D. The RUHS-BH may terminate this Agreement with (30) days written notice due to a change in status, or delegation, assignment or alteration of the Agreement.
- E. The RUHS-BH may terminate this Agreement immediately if, in the opinion of the Director of Behavioral Health, CONTRACTOR fails to provide for the health and safety of participant(s) served under this Agreement. In the event of such termination, the RUHS-BH may proceed with the work in any manner deemed proper to the RUHS-BH.
- F. If CONTRACTOR fails to comply with the conditions of this Agreement, RUHS-BH may take one or more of the following actions as appropriate:
 - 1. Temporarily withhold payments pending correction of the deficiency.
 - 2. Disallow (deny funds) for all or part of the cost or activity not in compliance.
 - 3. Wholly or partially suspend or terminate the Agreement and if necessary, request repayment to RUHS-BH if any disallowance is rendered after audit findings.

- G. After receipt of the Notice of Termination, pursuant to Paragraphs A, B, C, D, E or F above, or the CONTRACTOR is notified that the Agreement will not be extended beyond the performance period date, it is agreed that:
1. CONTRACTOR shall:
 - a. Continue to provide the same level of service as previously required under the terms of this Agreement until the date of termination
 - b. Stop all services under this Agreement on the date, and to the extent specified, in the Notice of Termination;
 - c. If participants are to be transferred to another program for services, furnish to RUHS-BH, upon request, all participant information and documents deemed necessary by RUHS-BH to affect an orderly transfer;
 - d. If appropriate, assist RUHS-BH in effecting the transfer of participants in a manner consistent with the best interest of the participants' welfare;
 - e. Cancel outstanding commitments covering the procurement of materials, supplies, equipment and miscellaneous items. In addition, CONTRACTOR shall exercise all reasonable diligence to accomplish the cancellation of outstanding commitments required by this Agreement. With respect to these canceled commitments, the CONTRACTOR agrees to provide a written plan to Director (or his designee) within thirty (30) days for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitments. Such plan shall be subject to the approval or ratification of the RUHS-BH, which approval or ratification shall be final for all purposes of this clause;
 - f. Transfer to RUHS-BH and deliver in the manner, at the times, and to the extent, if any, as directed by RUHS-BH, any equipment, records or other documents which, if the Agreement had been completed, would have been required to be furnished to RUHS-BH; and
 - g. Take such action as may be necessary, or as RUHS-BH may direct, for the protection and preservation of the equipment, records or other documents, related to this Agreement which is in the possession of CONTRACTOR and in which RUHS-BH has or may acquire an interest;
- H. RUHS-BH shall continue to pay CONTRACTOR at the same rate as previously allowed until the date of termination, as determined by the Notice of Termination.
- I. In instances where the CONTRACTOR agreement is terminated and/or allowed to expire by the RUHS-BH and not renewed for a subsequent fiscal year, RUHS-BH reserves the right to enter into settlement talks with the CONTRACTOR in order to resolve any remaining and/or outstanding contractual issues, including but not limited to, financials, services, billing, cost report, etc. In such instances of settlement and/or litigation, CONTRACTOR will be solely responsible for associated costs for their organizations legal process pertaining to these matters including, but not limited to, legal fees, documentation copies, and legal representatives. CONTRACTOR further understands that if settlement agreements are entered into in association with this agreement, the RUHS-BH reserves the right to collect interest on any outstanding amount that is owed by the CONTRACTOR back to the RUHS-BH at a rate of no less than 5% of the balance.
- J. The rights and remedies of RUHS-BH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

K. CONTRACTOR shall submit a properly prepared cost report as required by the Cost Report Section found in Exhibit C of this Agreement.

XXVII. DISPUTE:

In the event of a dispute between a designee of the DIRECTOR and the CONTRACTOR over the execution of the terms of this Agreement and/or the quality of the services being rendered, the CONTRACTOR may file a written protest with the appropriate Program/Regional Manager of the RUHS-BH. CONTRACTOR shall continue with the responsibilities under this agreement during any dispute. The Program/Regional Manager shall respond to the CONTRACTOR in writing within ten (10) working days. If the CONTRACTOR is dissatisfied with the Program/Regional Manager's response the CONTRACTOR may file successive written protests up through the RUHS-BH's administrative levels of Assistant Director-Programs, Assistant Director-Administration, and (finally) DIRECTOR. Each administrative level shall have twenty (20) working days to respond in writing to the CONTRACTOR. The DIRECTOR's decision shall be final.

XXVIII. SEVERABILITY:

If any provision of this Agreement or application thereof to any person or circumstances shall be declared invalid by a court of competent jurisdiction, or is in violation of any Federal, State, or RUHS-BH statute, ordinance, or regulation, the remaining provisions of this Agreement or the application thereof shall not be invalidated thereby and shall remain in full force and effect, and to that extent the provisions of this Agreement are declared severable.

XXIX. VENUE:

Any action at law or in equity brought by either of the parties hereto for the purpose of enforcing a right or rights provided by this Agreement shall be tried in a court of competent jurisdiction in the COUNTY OF RIVERSIDE, CALIFORNIA, and the parties hereby waive all provisions of law providing for a change of venue in such proceedings in any other county.

XXX. NOTICES:

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted one day after their deposit in the United States mail, postage prepaid:

CONTRACTOR:

SIGMA BETA XI, INCORPORATED
14340 ELSWORTH STREET, STE. 104
MORENO VALLEY, CA 92553

COUNTY:

RIVERSIDE COUNTY
RIVERSIDE UNIVERSITY HEALTH SYSTEM
BEHAVIORAL HEALTH
ATTN: PROGRAM SUPPORT
P.O. BOX 7549
RIVERSIDE, CA 92513-7549

EXHIBIT A
SCOPE OF WORK

CONTRACTOR NAME: SIGMA BETA XI, INC.
PROGRAM NAME: Building Resilience in African American Families
Boys Program
DEPARTMENT I.D.: 4100221798-74720

The PEI community planning process, which included focus groups, community forums, and survey completion, resulted in the identification of culturally-tailored parenting services and after school programs for the African American population as a priority and necessary intervention for this group in order to prevent the development of mental health problems. The Riverside University Health System – Behavioral Health (RUHS-BH) established a program to target the African American population within Riverside County. This program includes the provision of three Evidence-Based Practices (EBP). Specific outreach, engagement, and linkage services will be to individuals and parents/guardians as outlined in the Target Population Criteria section below. Collaboration and partnership is encouraged and preferred.

1.1 PROGRAM GOALS

- 1.1.1 The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health problems. The program will provide services in culturally appropriate settings, incorporating African-American philosophies and traditions. The setting for service delivery will not be a traditional mental health setting and will assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for African-American families and individuals.
- 1.1.2 The services are designed to work together in a unique approach to prevention and early intervention services. The provider is expected to

utilize targeted outreach to engage the African American community by working within the community and collaborating with schools, community organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

1.2 TARGET POPULATION CRITERIA

The target population to be served is African American children and their parents/guardians (including grandparents) that live in communities with high rates of poverty and community violence and who also meet the minimum criteria listed below:

- 1.2.1 African American males enrolled in middle school;
- 1.2.2 African American males and their parents/guardians who have experienced racism and discrimination;
- 1.2.3 African American males and their parents/guardians identified through the criminal justice system, diversion programs, and local schools; and
- 1.2.4 Meet the minimum criteria as defined and set forth in the PEI Screening Tool.

1.3 GEOGRAPHICAL LOCATION OF SERVICES

Services must be provided in the Western Region of the County of Riverside. The target communities for this region include: Riverside, Arlanza, Jurupa, Moreno Valley, Corona, Norco, Eastvale Rubidoux, Pedley, Sunnyslope, Mira Loma, Glen Avon and other surrounding unincorporated areas.

1.4 GENERAL PROGRAM REQUIREMENTS

CONTRACTOR is expected to work cooperatively with RUHS-BH, local school districts, community organizations, non-profit organizations, youth recreation services, criminal justice/diversion programs, local faith-based organizations, and the RUHS-BH Ethnic and Cultural Leader(s) to comprehensively address the needs of the target population. In addition, CONTRACTOR is expected to meet the following general program requirements:

1.4.1 Facilities

- a. Services will be offered in locations that are non-stigmatizing, which may include, but are not limited to, schools, faith-based organizations, libraries, and community centers that are located within the targeted communities;
- b. The facility must have space for groups of parents to attend parenting classes;
- c. The facility should have on site, or collaborate/partner with another site, e.g., churches, community centers, local business, for a large conference room to host day-long seminars for parents/guardians;
- d. The facility must be in compliance with any applicable state and local laws and requirements;
- e. The facility is required to have access to a food preparation and storage area where meals can be prepared by and served to program participants;
- f. A large dining space is required to host the family enhancement empowerment buffet dinners on a monthly basis;
- g. The facility must provide confidential space for early intervention services for small group and/or individual therapeutic services;
- h. The facility must be in-compliance with any applicable state and local laws and requirements, including American Disability Act (ADA).
- i. Facility must have space to store confidential information in a locked space.
- j. If childcare is offered, the facility must have space available for on-site childcare during the time that services are offered to parents.

1.4.2 Programs

- a. CONTRACTOR will utilize the evidence-informed prevention program, Africentric Youth & Family Rites of Passage Program (ROP), Cognitive-Behavioral Therapy (CBT) based individual, family, and/or group interventions, family enhancement/empowerment dinners, Guiding Good Choices (GGC) and parent support groups.

- b. The after school program (ROP) will be provided by two trained Youth Development Workers as described in Section 1.11.
- c. Clinical interventions (CBT) will be provided by a Mental Health Clinician as described in Section 1.8. CBT may be provided as determined by clinical assessment.
- d. The family enhancement/empowerment dinners will be facilitated by the two Youth Development Workers.
- e. GGC will be facilitated by the Mental Health Clinician and one (1) Youth Development Worker.
- f. The Parent Support Groups will be facilitated by the Mental Health Clinician and the Parent Partner.
- g. There will be no charge to the program participants.

1.5 SERVICE DELIVERY REQUIREMENTS

CONTRACTOR shall ensure that the following service delivery requirements, which include but are not limited to the following, are met:

- 1.5.1 Services to be provided in this project are for the Underserved Cultural Population identified through the PEI Community Planning Process, the African-American community within Riverside County with the highest risk of developing mental health problems.
- 1.5.2 Services to be provided utilizing the evidence-informed practice Africentric Youth & Family ROP, CBT based individual, family, and/or group interventions, family enhancement/empowerment dinners, GGC and parent support groups program.
- 1.5.3 A manual, developed in coordination with program materials, provider contributions, and RUHS-BH, **is required** to be used.
- 1.5.4 CONTRACTOR will follow CBT guidelines/theoretical perspective when individual, family, and/or group interventions are implemented.
- 1.5.5 Clinicians will attend a clinical consultation/support meeting held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.

- 1.5.6 Services to be provided in group and individual formats as prescribed by the models.
- 1.5.7 Provide specific outreach activities that will engage the targeted African-American boys 11-13 and their parents/guardians (including grandparents).
- 1.5.8 Collaborative efforts and partnerships are encouraged to meet service delivery requirements.
- 1.5.9 Selected vendor(s) will participate in 2-hour monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the evidenced based/informed practices. These meetings are designed to assist in model adherence and to assist in addressing any potential barriers to implementation of the models. All program staff **must** attend these meetings.
- 1.5.10 Program Administrators will participate in bi-monthly 2-hour BRAAF Leadership meetings as coordinated by the PEI Staff Development Officer. An annual project collaboratively planned and implemented will be the primary goal of the leadership meetings. Program Administrators will also coordinate outside of the leadership meetings in order to complete the annual project.
- 1.5.11 There will be no charge to the program participants.
- 1.5.12 Transportation shall be provided as needed to program participants.
- 1.5.13 Comply with Performance Outcome requirements as stated in Section 1.14.
- 1.5.14 Program Administrators will participate in a trans-regional Unity Day in collaboration with other RUHS–BH BRAAF providers. Unity Day is an objective of the Building Resilience in African American Families (BRAAF) program provider’s agreement with the RUHS–BH and shall incorporate the participation of all three regions (Desert, Mid-County and Western). The regions shall work collectively to plan, host and execute the project/event. The event shall include family style activities, outreach/community service activities, food and traditional

Africentric rituals. The project shall also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community

1.6 SCREENING AND ORIENTATION

- 1.6.1 All participants will be screened utilizing the PEI Demographic Screening Form and all pre-outcome measures provided and required by RUHS-BH must be completed for all program participants prior to attending the program.
- 1.6.2 Screening to include face-to-face meetings/assessments with youth and caregivers by the Mental Health Clinician. These meetings can take place at the program site, in the home, or any location the family feels comfortable.
- 1.6.3 Orientation meeting includes the youth, parents, and referral sources, if applicable.
- 1.6.4 Orientation is a formal meeting that includes a meal and is offered at the after school program site.
- 1.6.5 Focus of the orientation is to review what the program is and expectations for families/youth throughout the program.
- 1.6.6 Provider will enroll 20-30 youth in the ROP program with the expectation of 15 graduating.

1.7 AFTERSCHOOL WEEKLY MODULE REQUIREMENTS

The evidence-informed program Africentric Youth & Family Rites of Passage is a culturally specific prevention model with a structured curriculum. **For the purpose of PEI:**

- 1.7.1 A Council of Elders must be recruited, trained, and have an active role in the after school program.
 - a. The Council of Elders is comprised of 5-7 African-American individuals familiar with the PEI target communities – mostly male, but could include female – who represent the characteristics the program wishes to instill in the youth/families.
 - b. Each Elder participates in the program in a volunteer status.

- c. During pre-initiation, each Elder will be assigned to observe 2-3 youth and will become quasi-mentors and then will assist in determining which youth will progress from pre-initiation through the initiation ceremony and continue in the program. A structured review of identified criteria will be used to assist with this.
- d. Elders maintain a presence, although less regularly than during pre-initiation, for the entirety of the after school program.

1.7.2 Pre-Initiation: (first 6-8 weeks of program)

- a. Focus is a more detailed explanation and understanding of the ROP program
- b. Throughout this process, the Council of Elders are observing the youth to determine their progress and readiness to continue in the after school intervention. Elders should be present at most, if not all, pre-initiation meetings.
 - 1. Activities during this time include: opening and closing rituals, discussion – each week highlights one principle of the Nguzo Saba and RIPSO, role-plays, and activities that help demonstrate the principles and concepts.
- c. At the end of the 8th week, a retreat for the youth and the Council of Elders is planned.
- d. The retreat can be a one-day or may be an overnight event. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH**).
- e. The activities included in the retreat will be followed as outlined in the program's Curriculum Outline.

1.7.3 Each module/topic includes a minimum of 3 sessions:

- a. Session 1: the topic is introduced; a guest speaker (should be an African-American male & should be monthly at a minimum) may present with specific experiences related to the topic; may include role-plays and is interactive. **The program should have a guest**

speaker a minimum of 1 time per month. The guest speaker will receive a Presenters Fee of \$125.

- b. Session 2: discussion with youth – reinforcement of lessons learned from guest speaker and how what was learned relates to the principles of Nguzo Saba & RIPSO; may include role-plays.
- c. Session 3: product – something the youth make to demonstrate what the module taught them e.g.: music, stickers, t-shirts, plays, etc. These can be part of the final graduating/ transformation ceremony.

1.7.4 Components for all sessions:

- a. Opening ceremony:
 - 1. Unity/Sacred Circle –The awarded provider(s) shall, with the assistance of the youth, develop a pledge which should be recited at the opening and closing of each session
 - 2. Can include a drum call (discuss the history associated with this)
 - 3. Libations (water) to honor ancestors, those who came before us, family ancestors, and historic cultural figures
 - 4. Discussion of Nguzo Saba and RIPSO
- b. Use of titles for Elders (Mama & Babba); youth call each other “Brother” or by their African name which is given at Initiation.
- c. Each youth is given an African name based upon their characteristics and it is used in group each day; youth can help choose their name or the Council of Elders can choose a name for them. This occurs at the close of the retreat following pre-initiation.
- d. A complete and healthy dinner, served family-style, is prepared by the youth and served to each other.
- e. Closing ceremony
 - 1. Unity/Sacred circle
 - 2. Discussion: what did you learn today?
 - 3. What principles will you practice this week?

- f. The after school component includes several culturally relevant outings into the community. These outings allow for additional learning and an opportunity to practice skills learned in program and is related to the current module/topic being taught. Outings **must** be pre-approved by RUHS-BH.

1.7.5 Graduation:

- a. There is a Karamu, which is a closing ceremony that is open to the community at which the youth are presented to the community explaining that these young men are now positive members of the community and are role models. They are presented to the community by the Council of Elders and they demonstrate what they have learned according to the code of behavior/pledge.
- b. The youth are presented with some special clothing, i.e.: a Kenti cloth. They are presented with symbols of their transformation and certificates (the youth can help design these).
- c. The graduation ceremony should include a meal and can incorporate culturally relevant and appropriate dance, music, presentations, and guest speakers.
- d. A year-end retreat for the youth to celebrate their success can be planned following the graduation ceremony. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH.**)

1.8 CLINICAL INTERVENTION REQUIREMENTS

- 1.8.1 The clinical component of the program is to be provided by the Mental Health Clinician who meets the specified criteria.
- 1.8.2 At time of screening the Mental Health Clinician will determine youth/family needs regarding mental health early intervention via a clinical assessment. Outcome measures will be administered prior to beginning the program. Outcome measures are identified in the RUHS - BH Research Protocol (Attached as Exhibit D). Clinical needs and interventions will be identified through the use of these tools.

- 1.8.3 Clinician will be present on a weekly basis (although not needed every day) in the after school program for observation, immediate intervention if necessary, and to support or present curriculum content that would be best presented by the Clinician in coordination with the Youth Development Workers.
- 1.8.4 All clinical interventions will be delivered within a CBT framework. CBT interventions can be delivered in a(n) individual, group, and/or family session format, under the guidance/consultation of the PEI Staff Development Officer.

1.9 PARENT ENHANCEMENT/EMPOWERMENT DINNERS

Parent enhancement/empowerment dinners are a required component of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Each session structure will mirror the structure of the after school sessions with the youth.

- 1.9.1 Parent enhancement/empowerment dinners are held monthly for a minimum of 2 hours throughout the length of the program. All parents are required to attend.
- 1.9.2 Could have a specific theme – a meal, music, singing, and a theme/topic for discussion to increase participation. The theme may be determined by parent’s requests of specific topics.
- 1.9.3 Each meeting will include a meal for parents.
- 1.9.4 Transportation shall be provided as needed to all program participants.
- 1.9.5 Childcare will be made available as needed for all program participants and will be offered on site.
- 1.9.6 Opening Unity/Sacred Circle/libations will be included in each meeting.
- 1.9.7 Meetings can include guest speakers. As previously stated, **Guest speakers will receive a Presenters Fee of \$125.** Guest speakers can include, but are not limited to:
 - a. School representatives to discuss how to navigate the school system;

- b. Politicians/school board; may have an outing to a school board meeting with parents
- c. Getting parents engaged in the community, i.e.: voting, local community activities
- d. Closing ceremony/circle will be included in each meeting.

1.10 PARENT EDUCATION AND SUPPORT

- 1.10.1 The evidence-based practice, Guiding Good Choices (GGC), is a **requirement** for all parents/guardians of ROP youth.
- 1.10.2 Weekly ongoing 90 minute parent support groups for parents/guardians of ROP youth who have completed the 5-week workshop, GGC, will be made available. Support group topics will be determined by the parents attending the groups.

1.11 Staffing /Parent Trainer(s), Responsibilities, Qualifications

CONTRACTOR shall ensure that staffing requirements, which include, but are not limited to, the following, are met:

- 1.11.1 The Rites of Passage will be provided by two trained paraprofessional staff (Youth Development Workers) with a Bachelor-level or higher degree in the social services field, preferably one (1) male and one (1) female per program recommendations. Youth Development Workers must have knowledge of African culture/history.
- 1.11.2 Clinical interventions will be provided by a Mental Health Clinician who possesses a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician. The Mental Health Clinician must be trained in and have knowledge of child development, adolescent mental health, Cognitive-Behavioral Therapy (CBT), parenting, screening and assessment, crisis intervention and must also have knowledge of African culture/history.
- 1.11.3 CONTRACTOR and staff must attend and satisfactorily complete any training related to the BRAAF program which will be coordinated and funded by RUHS - BH.
- 1.11.4 All Program Staff will attend a yearly, one (1) day, PEI Summit.

- 1.11.5 All staff will attend booster training, a minimum of one-day per year, as identified and coordinated by RUHS - BH.
- 1.11.6 All staff will attend monthly 2-hour fidelity meetings with RUHS - BH staff.
- 1.11.7 The mental health clinician will attend 2-hour clinical consultation/support meetings with RUHS - BH held, at minimum, one time every 2 months.
- 1.11.8 Provide administrative, supervisory, and clerical support for the program.
- 1.11.9 Ensure that the BRAAF Program maintains a minimum of 80% fidelity of program components as observed by RUHS-BH, and as measured by the use of the RUHS-BH fidelity tools. CONTRACTOR will comply with findings resulting from the fidelity observations which may be in the format of: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.
- 1.11.10 Provide outcome measures to all program participants as outlined in section 1.14.
- 1.11.11 Ensure that all staff and volunteers working with individuals receiving service be fingerprinted (Live Scan), and pass DOJ and FBI background checks.
- 1.11.12 Ensure that personnel are qualified to provide the services necessary.
- 1.11.13 Ensure the provision of culturally competent services.
- 1.11.14 Ensure the following job descriptions are filled:
 - a. Program Director/Administrator:
 - 1. The Program Director/Administrator must be licensed by the State of California as an LMFT or LCSW or higher in the mental health field. (Any exception to this requirement must have prior approval by RUHS-BH.)
 - 2. The Program Director will manage coordination for this project, be trained and highly skilled in child development, early childhood mental health, parenting, screening and assessment and crisis intervention. The Program Director will also be skilled at public

speaking and have excellent knowledge of community resources specific to this underserved population.

3. The Program Director will supervise the Rites of Passage Program, the Guiding Good Choices Program, and the Cognitive-Behavioral Intervention for Trauma in Schools program.
 4. The Director will ensure that clinical supervision is provided for any paraprofessional and/or pre-licensed clinical staff members.
 5. The Director will assist all staff in working collaboratively with RUHS-BH for ongoing educational and fidelity monitoring of the evidence-based practices.
 6. The Program Director will participate in the bi-monthly BRAAF Leadership team meetings facilitated by the PEI Staff Development Officer.
- b. Youth Development Workers – (one male & one female, as highly recommended by the evidence-based practice):
1. The Youth Development Workers are individuals who understand the African-American community, have knowledge of the culture, and experience working with youth and their families.
 2. The Youth Development Workers are to have a Bachelor's Degree or higher with some background in child development.
 3. The Youth Development Workers will facilitate the Rites of Passage program for youth.
- c. Mental Health Clinician:
1. The Mental Health Clinician must possess a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician.
 2. The Mental Health Clinician is trained and has knowledge of child development, early childhood mental health, parenting, screening and assessment and crisis intervention.

3. The Mental Health Clinician must understand the African-American community, have knowledge of the culture, and experience working with youth and families.
 4. The Mental Health Clinician will also have knowledge of community resources specific to this underserved population, including understanding of local school districts policies regarding discipline, academic support, and other interventions that would support youth enrolled in this program.
 5. The Mental Health Clinician will provide Cognitive-Behavioral Therapy (CBT) based individual, family, and crisis counseling as a component of the after school program both at the service site and in the home, as needed. This will include parent education as appropriate.
 6. The Mental Health Clinician will co-facilitate (with a Youth Development Worker) the Guiding Good Choices parent workshop evidence-based practice per the guidelines of the model for all parents/guardians of enrolled ROP youth.
 7. The Mental Health Clinician will co-facilitate (with the Parent Partner) the ongoing parent support groups.
 8. Clinician will attend clinical consultation/support meetings held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- d. Clinical Supervisor (if needed)**
1. The Clinical Supervisor will be required if the Mental Health Clinician has not completed all licensing requirements through the Board of Behavioral Sciences.
 2. Clinical Supervisor must comply with all requirements to provide clinical supervision to a pre-licensed clinician.

e. Parent Partner

1. The Parent Partner is a parent/guardian of an ROP youth who has successfully completed their participation in the 5-week Guiding Good Choices workshop.
2. The Parent Partner has demonstrated competence in utilizing the skills learned, has a desire to assist other parents in a supportive role, has public speaking skills, and is willing to work with and follow the direction of BRAAF program staff.
3. The Parent Partner will co-facilitate the parent support groups alongside the Mental Health Clinician.
4. The Parent Partner will act as a support and liaison during parent support groups, will engage parents in the support group by encouraging attendance, telephone and/or in-person contact between groups, answer questions, and provide appropriate referrals and resources when needed.

1.12

REGULATORY COMPLIANCE

CONTRACTOR shall:

- 1.12.1 Comply with any and all Federal, State or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.
- 1.12.2 Participate in the RUHS-BH annual contract monitoring as well as more frequent program review. Any associated RUHS-BH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
- 1.12.3 Submit monthly documentation to RUHS-BH as outlined by RUHS-BH.
- 1.12.4 Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.

1.13 **DOCUMENTATION OF SERVICES**

The CONTRACTOR shall maintain appropriate records documenting all of the services provided through the contract. All confidential information shall be stored in a locked space. The documentation of staffing, payroll, other program costs, and program activities shall clearly indicate program staff time. These records shall conform to the requirements of the Department of Health Care Services and the Riverside University Health System - Behavioral Health. These records shall include but are not limited to:

- 1.13.1 The CONTRACTOR shall maintain a log of referrals.
- 1.13.2 Documentation of youth and parents/caregivers participating in the BRAAF Program.
- 1.13.3 Documentation of participant attendance for all components of the program including, but not limited to, sign in sheets for all program activities, the Master Attendance Roster and Program Staff time sheets. Sign In sheets must include date, time, topic of discussion and agenda for the activity. The sign in sheet must include first and last name of each participant and staff member. Each participant and staff must sign in for themselves.
- 1.13.4 Copies of materials presented and discussed for all program activities.
- 1.13.5 Confidential files must be maintained by the clinician for each program participant receiving clinical services.
- 1.13.6 Documentation of outreach/recruitment efforts on a monthly basis, which may include but not be limited to date, time, and location of recruitment activities (i.e., parents, schools, etc.).
- 1.13.7 Monthly contract report, as outlined by RUHS - BH, shall be submitted to RUHS - BH. This monthly report shall summarize CONTRACTOR activities.
- 1.13.8 All records maintained by the CONTRACTOR on behalf of RUHS - BH are the property of RUHS - BH.

- 1.13.9 Copies of completed outcome measures, as described in the RUHS - BH Data Collection Research Protocol (Exhibit D).
- 1.13.10 Other requirements may be determined as the PEI plan is implemented.
- 1.13.11 Data entry into the County Management Information System.
- 1.13.12 Documentation of participants, dates, assessments, screenings, and contact notes for all programs identified.
- 1.13.13 Copy of RUHS-BH's Fiscal approved annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report. CONTRACTOR shall comply with RUHS-BH regulations.

1.14 PERFORMANCE OUTCOMES

CONTRACTOR will receive the RUHS-BH Research Protocol (Attached hereto Exhibit D) which includes the outcome measures as well as all other documentation requirements. The utilization of the outcome measures and forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Future funding will be dependent upon positive performance outcomes, which will be monitored by RUHS-BH throughout the year. Failure to comply with Performance Outcomes or performance based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds until documents are received.

- 1.14.1 Completion for the ROP program is defined as participation in the 9-month after school program, successfully completing initiation and graduation at program end. Completion of the CBT program is defined by the youth completing individual and/or group sessions. Completion of the GGC program is defined as attendance at all five (5) group sessions. Completion also means that all pre and post measures have been completed for each program participant and parent/caregiver. CONTRACTOR shall submit documentation of all attempts to obtain post measures per RUHS-BH Research Protocol. RUHS-BH must

approve any participant and parent/caregiver as completed if there are not pre/post matched pair measures.

1.14.2 Goals, Outcome Measurement Tools, and Outcome Expectations:

Rites of Passage:

- a. Upon completing the program, CONTRACTOR will measure child resiliency by using “The Resiliency Scale for Children and Adolescents” with the expectation of an increase in the sense of mastery and relatedness resiliency scales.
- b. Upon completing the program, CONTRACTOR will measure participants’ cultural identity using the “The Youth Questionnaire” which includes portions of the Multidimensional Inventory of Black Identity (MIBI) and the Multi Ethnic Inventory measure. The expectation is that there will be an increase in positive ethnic identity.
- c. Upon completing the program, CONTRACTOR will measure family cohesion and adaptability using the “FACES-III” with the expectation of an increase in cohesion and adaptability.

Clinical Interventions:

- a. CONTRACTOR will measure trauma symptoms using the “Child PTSD Symptom Scale” with the expectation of a decrease in trauma symptoms.
- b. Upon completing the CBT program, CONTRACTOR will measure depression symptoms using the “Child Depression Inventory-2 (CDI)” with the expectation of a decrease in depressive symptoms.
- c. Upon completing the CBT program, CONTRACTOR will measure behavior problems in youth participants using the “Strengths and Difficulties Questionnaire (SDQ)” with the expectation of an increase in strengths and decrease in difficulties.

Guiding Good Choices:

- a. Upon completing the program, CONTRACTOR will measure parenting skills, involvement, and practices using the “APQ – Alabama Parenting Scale” with the expectation of improvement in

parenting skills, involvement with their children and overall parenting practices.

1.14.3 Performance-Based Criteria:

- a. RUHS-BH shall evaluate the CONTRACTOR on seven (7) Performance-Based Criteria that measure the CONTRACTOR's performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI plan. These measures assess the agency's ability to provide the required services and to monitor the quality of the services.
- b. Should there be a change to Federal, State and/or County policies/regulations, RUHS - BH, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment.
- c. CONTRACTOR staff will participate in monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the Building Resilience in African-American Families Program. These meetings are designed to assist in model adherence and in addressing any potential barriers to implementation of the Evidence Informed and Evidence Based Practices.
- d. The Performance-Based Criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. CONTRACTOR will provide the Rites of Passage Program to a minimum of 15 middle school African-American males and their parents/caregivers in the Desert Region.	CONTRACTOR will submit all required documentation for each youth participating in the program.	Fifteen (15) middle school African-American males and their parents/caregivers as unduplicated participants will complete the program. "Completed" is defined by regular attendance and the satisfactory completion of initiation and graduation requirements.
2. CONTRACTOR will provide monthly parent empowerment and enhancement dinners to the parents/caregivers of the middle school youth enrolled in ROP.	CONTRACTOR will submit all required documentation for each parent/guardian participating in the program.	All parents/caregivers of the youth enrolled in ROP will attend the monthly parent empowerment and enhancement dinners.

3.	CONTRACTOR will provide clinical intervention in the form of CBT based individual, family and/or group intervention and/or parent education to the youth and their parents/caregivers enrolled in ROP.	CONTRACTOR will submit all required documentation for each person receiving clinical intervention.	All youth and their parents/caregivers who are enrolled in ROP will receive a clinical assessment. Based upon need, those identified will receive targeted clinical intervention. For youth enrolled in CBT, "completion" is defined as completing individual and/or group sessions.
4.	CONTRACTOR will provide the Guiding Good Choices parent education program to parents/caregivers of all youth enrolled the ROP program	CONTRACTOR will submit all required documentation for each parent/caregiver enrolled and completing the GGC program.	All parents/caregivers of youth enrolled in the ROP program will complete the GGC parent education program. Program completion is defined attending all 5 group sessions.
5.	CONTRACTOR will provide parent support groups to parents/caregivers of youth enrolled in the ROP program.	CONTRACTOR will submit all required documentation for each participant attending the parent support groups.	All parents of youth enrolled in the ROP program will be encouraged to attend. The parent partner will outreach consistently to all parents/caregivers.
6.	CONTRACTOR will administer/complete appropriate outcome measures included in the RUHS - BH Research Protocol (Exhibit D).	CONTRACTOR will administer/complete appropriate outcome measures in formats and schedules designated by RUHS - BH.	Outcome measures will be given preprogram start date and post program completion and/or at any additional intervals as determined by the evidence-based practice and by RUHS - BH.
7.	CONTRACTOR will provide the program in line with the evidence-informed and evidence based program guidelines.	CONTRACTOR will provide verification of staff training, utilization of program manuals, live observation of the program implementation, submission of video/audio recordings and participant focus groups.	100% of participants will receive the program consistent with the program guidelines.

1.14.4 The program staff is required to maintain a minimum of 80% fidelity for each program component as observed by RUHS-BH, and as measured by the use of the EBP fidelity tools. CONTRACTOR will comply with findings resulting from the EBP fidelity tools which may include the following: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.

1.15 DISASTER PREPAREDNESS

The CONTRACTOR shall ensure contingency plans are in place to continue the delivery of services in the event of a man-made or natural disaster.

1.16 COUNTY SUPPORT AND TECHNICAL ASSISTANCE

RUHS-BH shall provide technical assistance on an as-needed basis for program CONTRACTOR. Such technical assistance typically includes, but is not limited to, orientation to the County's MIS systems, and data entry guidelines; reviewing and interpreting County policies and procedures; providing on-going agency liaison with RUHS-BH and the Department's other CONTRACTORS to ensure optimal collaborations, etc.

EXHIBIT B – MHSA LAWS, REGULATIONS AND POLICIES

In addition to the statutes and regulations previously referenced in this AGREEMENT, services shall be provided in accordance with policies and procedures as developed by COUNTY as well as those Federal and State laws, regulations and policies applicable to the terms of this AGREEMENT, which may include, but may not be limited to the following specific statutes or relevant sections therein:

FEDERAL

- Drug-Free Workplace Act (DFWA) – 1990
- National Voter Registration Act of 1993
- 42 C.F.R. §438.608 (Program Integrity Requirements)
- McKinney-Vento Homeless Assistance Act, Public Law 101-645 (Homeless Services)
- Trafficking Victims Protection Act (TVPA) of 2000
- 45 C.F.R. § 205.50

STATE

- Mental Health Services – Welfare and Institutions Code § 5000 to 5914
- Laura's Law – Assembly Bill 1367
- The California Child Abuse and Neglect Reporting Act (CANRA) 2013
- Confidentiality of Medical Information Act – Civil Code §§ 56 et seq.
- Senate Bill 35 (SB35), Chapter 505, Statutes of 2012
- Government Code § 26227 (Contracting with County)
- Government Code § 8546.7 (Audits)
- Penal Code §§ 11164-11174.4 et seq. - (Child Abuse and Neglect Reporting)
- Welfare & Institution Code §§ 14705 and 14725
- Welfare & Institution Code §§ 18350 et seq.
- State Department of Health Care Services Publications
- Welfare and Institutions Code 5610 to 5613 (Client Service Information Reporting)
- Welfare and Institutions Code 17608.05 (Maintenance of Effort)
- Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.
- Centers for Medicare and Medicaid Services Manual
- Welfare & Institutions Code §§ 15600 et seq. (Elderly and Dependent Adult Abuse Reporting)
- 2 C.C.R. Division 9, Chapter 1
- DMH Letter 03-04 (Health Care Facility Rates)
- DMH Letter 86-01 (Life Support Supplemental Rate)
- 22 C.C.R. § 70707
- Government Code § 7550 (Reports)
- Welfare and Institutions Code § 14132.47

COUNTY

Behavioral Health Policies

- Code of Ethics – Policy 108
- Cultural Competence – Policy 162
- Confidentiality Guidelines for Family / Social support Network – Policy 206
- Confidentiality / Privacy Disclosure of Individually Identifiable Information – Policy 239
- Health Privacy & Security – Board of Supervisors Policy B-23
- Alcohol and Drug Abuse Policy, Board of Supervisors Policy C-10
- Harassment in the Workplace - Board of Supervisors Policy C-25

- Protected Health Information – Minimum Necessary for Use and Disclosure – Policy 298
- Workplace Violence, Threats and Security - Board of Supervisors Policy C-27
- Riverside County Mental Health Plan
- Riverside County Mental Health Plan Provider Manual
- Riverside County Mental Health “Psychotropic Medication Protocols for Children and Adolescents” Publication
- Riverside County Mental Health “Medication Guidelines” Publication
- County and Departmental policies, as applicable to this Agreement

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: Sigma Beta Xi, Inc.
PROGRAM NAME: Building Resilience in African American Families Boys Program
DEPARTMENT ID: 4100221798.74720

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:
 - The Negotiated Rate, as approved by the COUNTY, per unit as specified in the Schedule I, multiplied by the actual number of units of service provided, less revenue collected.
 - One-twelfth (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
 - Actual Cost, as invoiced by expenditure category specified in Schedule K.
2. CONTRACTOR'S Schedule I, and Schedule K when applicable, issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.
3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.
 - The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual number of County approved units of service multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services or Substance Abuse Prevention Treatment Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services; or RCMAR for Drug Medi-Cal Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Opioid Treatment Program (OTP) Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the State Drug Medi-Cal rate, or customary charges (published rate), whichever is lower, less revenue collected.
 - The final year-end settlement for Negotiated Rate services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of units of service provided and approved by the COUNTY, less revenue collected for the provision of services.

- The final year-end settlement for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K.
 - The final year-end and local match settlement for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.
4. The combined final year-end settlement for all services shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the COUNTY.
5. CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
- B. MAXIMUM OBLIGATION:**
COUNTY'S maximum obligation for FY 2021/2022 shall be \$297,501 subject to availability of applicable Federal, State, local and/or COUNTY funds.
- C. BUDGET:**
Schedule I, and Schedule K when applicable, presents (for budgetary and planning purposes only) the budget details pursuant to this Agreement. Schedule I contains department identification number (Dept. ID), Program Code, billable and non-billable mode(s) and service function(s), units, expected revenues, maximum obligation and source of funding pursuant to this Agreement. Where applicable, Schedule K contains line item budget by expenditure category.
- D. MEDI-CAL (M/C):**
- 1. With respect to services provided to Medi-Cal beneficiaries, CONTRACTOR shall comply with applicable Medi-Cal cost containment principles where reimbursement is based on actual allowable cost, approved Medi-Cal rate, RCMAR, Drug Medi-Cal rate, or customary charges (published rate), whichever rate is lower, as specified in Title 19 of the Social Security Act, Title 22 of the California Code of Regulations and applicable policy letters issued by the State.
 - 2. RCMAR is composed of Local Matching Funds and Federal Financial Participation (FFP).
- E. LOCAL MATCH REQUIREMENTS:**
- If box is checked, CONTRACTOR is required to make quarterly estimated EPSDT local match payments to COUNTY based on 5% of the amount invoiced. Local match requirement is subject to annual settlement.
- F. REVENUES:**
As applicable:
- 1. Pursuant to the provisions of Sections 4025, 5717 and 14705 of the Welfare & Institutions Code, and as further contained in the State Department of Health Care Services Revenue Manual, Section 1, CONTRACTOR shall collect revenues for the provision of the services described pursuant to Exhibit A. Such revenues may include but are not limited to, fees for services, private contributions, grants or other funds. All revenues received by CONTRACTOR shall be reported in their annual Cost Report, and shall be used to offset gross cost.

2. CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to providing and billing for services in order to ensure proper billing of Medi-Cal. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, Medicare, or other third party benefits shall be determined by the CONTRACTOR at all times for billing or service purposes. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.
5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of the CONTRACTOR'S received notification from the State. CONTRACTOR shall be responsible for faxing the cleared Medi-Cal Share of Cost documentation to fax number (951) 955-7361 **OR** to your organization's appropriate COUNTY Region or Program contact. Patients/clients with share of cost Medi-Cal shall be charged their monthly Medi-Cal share of cost in lieu of their annual liability. Medicare clients will be responsible for any co-insurance and/or deductible for services rendered at Medicare certified sites.
7. All other clients will be subject to an annual sliding fee schedule by CONTRACTOR for services rendered, based on the patient's/client's ability to pay, not to exceed the CONTRACTOR'S actual charges for the services provided. In accordance with the State Department of Health Care Services Revenue Manual, CONTRACTOR shall not be penalized for non-collection of revenues provided that reasonable and diligent attempts are made by the CONTRACTOR to collect these revenues. Past due patient/client accounts may not be referred to private collection agencies. No patient/client shall be denied services due to inability to pay.
8. If and where applicable, CONTRACTOR shall submit to COUNTY, with signed Agreement, a copy of CONTRACTOR'S customary charges (published rates).
9. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays) above and beyond the contracted Schedule I rate, the CONTRACTOR must notify the COUNTY within each fiscal year Agreement period of performance.

10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

G. REALLOCATION OF FUNDS:

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.
3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.

H. RECOGNITION OF FINANCIAL SUPPORT:

If, when and/or where applicable, CONTRACTOR'S stationery/letterhead shall indicate that funding for the program is provided in whole or in part by Riverside University Health System – Behavioral Health.

I. PAYMENT:

1. Monthly reimbursements may be withheld and recouped at the discretion of the Director or its designee due to material Agreement non-compliance, including overpayments as well as adjustments or disallowances resulting from the COUNTY Contract Monitoring Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the Cost Report Reconciliation/Settlement process.
2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow payments to CONTRACTOR until proof of any items billed for is received, verified and approved by the COUNTY.
3. In addition to the annual CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform impromptu CMTs without prior notice throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and inaccurate billing/reports. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to

CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this Agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.

4. Notwithstanding the provisions of Paragraph I-1 and I-2 above, CONTRACTOR shall be paid in arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12th) monthly basis, or based upon the actual cost invoice by expenditure category, as specified in Paragraph A-1 above.
 - a. CONTRACTOR will be responsible for entering all service related data into the COUNTY's MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.
 - b. CONTRACTOR is required to enter all units of service into the COUNTY'S MIS no later than 5:00 p.m. on the fifth (5th) calendar day following the date of service. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - c. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) **(attached as Exhibit C, Attachment A)** signed by the Director or authorized designee of the CONTRACTOR organization. This form must be faxed and/or emailed (PDF format only) to the COUNTY at (951) 358-6868, and/or emailed to ELMR_PIF@rcmhd.org. The CONTRACTOR PIF form must be received by the COUNTY via fax and/or email for the prior month no later than 5:00 p.m. on the fifth (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed Program Integrity Form (PIF), contracts reimbursed based on a Schedule K as specified in Paragraph A-1 above are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
 - f. Failure by the CONTRACTOR to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF, and when applicable, faxing and/or e-mailing the actual cost invoice, will delay payment to the CONTRACTOR until the required documents as outlined herein are provided.
5. CONTRACTOR shall work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process.
6. CONTRACTOR shall provide the COUNTY with all information necessary for the preparation and submission to the State, if applicable, for all billings, and the audit of all billings.
7. In order to ensure that CONTRACTOR will receive reimbursement for services rendered under this Agreement, CONTRACTOR shall be responsible for notifying Medi-Cal if at any time CONTRACTOR discovers or is made aware that client Medicare and/or Insurance coverage has been terminated or otherwise is not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating the Medicare

- and/or Insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and the comment "Medicare/OHC Termed" on the documentation provided to the COUNTY.
8. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF is received by the COUNTY and invoice is generated by the applicable COUNTY Region/Program.
 9. Pursuant to Section III.A. – REIMBURSEMENT AND USE OF FUNDS AND SECTION XXV. – PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by RUHS-BH and DHCS and/or be the basis for other sanctions by DHCS.

J. COST REPORT:

1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY two (2) copies, per each Program Code, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within one of the length of times as follows and as indicated below by an "X":
 - Thirty (30) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Forty-five (45) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Seventy-Five (75) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
2. The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122 and OMB-circular A-87.
4. It is mandatory that the CONTRACTOR send one representative to the COUNTY'S annual cost report training that covers the preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Annual attendance at the training is mandatory in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
5. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been received within the specified length of time as indicated in Section I, paragraph 1 above. Future monthly reimbursements will be withheld if the Cost Report contains errors that are not corrected within ten (10) calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadlines or extensions will immediately result in the withholding of future monthly reimbursements.
6. The Cost Report shall serve as the basis for year-end settlement to CONTRACTOR including a reconciliation and adjustment of all payments made to CONTRACTOR and all

revenue received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.

7. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year Cost Report(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
8. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost report. Where deemed applicable, Actual Costs for Indirect Administrative Expenses shall not exceed the percentage of cost as submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

K. BANKRUPTCY:

Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify COUNTY'S Behavioral Health's Fiscal Services Unit, in writing by certified letter with a courtesy copy to the Behavioral Health's Program Support Unit. The CONTRACTOR shall submit a properly prepared Cost Report in accordance with requirements and deadlines set forth in Section I before final payment is made.

L. AUDITS:

1. CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
2. If this Agreement is terminated in accordance with Section XXVII, TERMINATION PROVISIONS, the COUNTY, Federal and/or State governments may conduct a final audit of the CONTRACTOR. Final reimbursement to CONTRACTOR by COUNTY shall not be made until all audit results are known and all accounts are reconciled. Revenue collected by CONTRACTOR during this period for services provided under the terms of this Agreement will be regarded as revenue received and deducted as such from the final reimbursement claim.
3. Any audit exception resulting from an audit conducted by any duly authorized representative of the Federal Government, the State or COUNTY shall be the sole responsibility of the CONTRACTOR. Any audit disallowance adjustments shall be paid in full upon demand or withheld at the discretion of the Director of Behavioral Health against amounts due under this Agreement or Agreement(s) in subsequent years.
4. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. If and when necessary, a corrective Action Plan will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of all payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

M. TRAINING:

CONTRACTOR understands that as the COUNTY implements its current MIS to comply with Federal, State and/or local funding and service delivery requirements, CONTRACTOR will, therefore, be responsible for sending at least one representative to receive all applicable COUNTY training associated with, but not limited to, applicable service data entry, client registration, billing and invoicing (batching), and learning how to appropriately and successfully utilize and/or operate the current and/or upgraded MIS as specified for use by the COUNTY under this Agreement. The COUNTY will notify the CONTRACTOR when such training is required and available.

N. FURNISHINGS AND EQUIPMENT

1. OWNERSHIP: If equipment and furnishings were previously purchased through this Agreement, CONTRACTOR acknowledges that these items are the property of COUNTY. Procedures provided by COUNTY for the acquisition, inventory, control and disposition of the equipment and the acquisition and payment for administrative services to such equipment (e.g. office machine repair) are to be followed.
2. INVENTORY: CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings purchased through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: date acquired; property description (to include model number); property identification number (serial number); cost or other basis of valuation; funding source; and rate of depreciation or depreciation schedule, if applicable. An updated inventory list shall be provided to COUNTY on a semi-annual basis, and filed with the Annual Cost Report. Once COUNTY is in receipt of this list, COUNTY inventory tags will be issued to CONTRACTOR, and are to be attached to the item as directed.
3. DISPOSAL: Approval must be obtained from COUNTY prior to the disposal of any property purchased with funds from this Agreement, regardless of the acquisition value. Disposal (which includes sale, trade-in, discard, or transfer to another agency or program) shall not occur until approval is received in writing from COUNTY.
4. CAPITAL ASSETS:
 - a. Capital assets are tangible or intangible assets exceeding \$5,000 that benefit an agency more than a single fiscal year. For capital assets approved for purchase by COUNTY, allowable and non-allowable cost information and depreciation requirements can be found in the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II. It is CONTRACTOR'S responsibility to ensure compliance with these requirements.
 - b. Any capital asset that was acquired or improved in whole or in part with funds disbursed under this Agreement, or under any previous Agreement between COUNTY and CONTRACTOR, shall either be, at the election of COUNTY as determined by the Director or designee: (1) transferred to COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less any portion of the current value attributable to CONTRACTOR'S out of pocket expenditures using non-county funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

**SIGMA BETA XI, INC. - SCHEDULE K
RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH**

CONTRACT PROVIDER NAME: SIGMA BETA XI, INC.		FISCAL YEAR: 2021/22				
PROGRAM NAME: MHSA PEI-BRAAF		PERFORMANCE PERIOD: 07/1/2021 - 06/30/2022				
REGION/POPULATION: MHSA PEI - WESTERN REGION		MONTHLY REIMBURSEMENT:				
CONTRACT AMOUNT: \$297,501		YEAR END SETTLEMENT:				
WESTERN REGION / DEPT ID #4100221798-74720-536240 / BPO:		ACTUAL COST				
Vendor ID: 131406 / RU: 330FPC / MHARC XXXXX-XXX-06/22		ACTUAL COST				
INDIRECT SVC						
MODE OF SERVICE:		60 (Support Services)				
SERVICE FUNCTION:		78 (Other Non Medi-Cal Client Support Expenditures)				
TYPE OF MODALITY:	PROGRAM:	ROP	CBT	GGC	TOTAL	TOTAL CONTRACT
1. Personnel Expenditures (from Staffing Detail) - Salaries & Benefits		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
Youth Development Worker \$18 (.76 FTE)		\$27,000	\$0	\$0	\$1,377	\$28,377
Youth Development Workers \$18 (.76 FTE)		\$27,000	\$0	\$0	\$1,377	\$28,377
Mental Health Clinician \$35 (.61 FTE)		\$44,100	\$2,800	\$2,678	\$2,678	\$49,578
Program Director \$35 (.69 FTE)		\$44,100	\$0	\$0	\$0	\$44,100
Parent Partner \$20 (.02 FTE)		\$0	\$0	\$930	\$930	\$930
Child Care Worker \$25 (.03 FTE)		\$0	\$0	\$1,800	\$1,800	\$1,800
Total Personnel Expenditures		\$142,200	\$2,800	\$8,162	\$8,162	\$153,162
2. Operating Expenditures						
Translation and Interpreter Services		\$0	\$0	\$0	\$0	\$0
Staff Travel		\$924	\$770	\$0	\$0	\$1,694
Participant Transportation		\$24,000	\$1,000	\$605	\$605	\$25,605
General Office Expenditures		\$5,000	\$480	\$550	\$550	\$6,030
Outreach Materials		\$6,000	\$0	\$0	\$0	\$6,000
Rent, Utilities, Equipment		\$16,800	\$16,800	\$16,800	\$16,800	\$50,400
Food		\$10,770	\$800	\$5,700	\$5,700	\$17,270
Community Expert Fees		\$1,125	\$0	\$0	\$0	\$1,125
Outings		\$3,600	\$0	\$0	\$0	\$3,600
Retreats		\$6,000	\$0	\$0	\$0	\$6,000
Other Operating Expenses		\$3,000	\$0	\$0	\$0	\$3,000
Unity Day		\$3,000	\$0	\$0	\$0	\$3,000
Total Operating Expenditures		\$80,219	\$19,850	\$23,655	\$23,655	\$123,724
3. Indirect Administrative Expenses						
Administrative Oversight		\$17,087	\$1,475	\$2,053	\$2,053	\$20,616
Total Indirect Administrative Expenses		\$17,087	\$1,475	\$2,053	\$2,053	\$20,616
Total Program Budget		\$239,506	\$24,125	\$33,870	\$33,870	\$297,501
Total Indirect Administrative Expenses (not to exceed 15%)		7.68%	6.51%	6.45%	6.45%	7.45%

FUNDING SOURCES DOCUMENT: FY2021-2022 MH CLUB Funding

PREPARED BY: Leah Newell

ADMIN SVCS ANALYST SIGNATURE: *Leah Newell*

FISCAL ACCOUNTANT SIGNATURE: *Shiree Martin*

CONTACT #: 951-358-3189

DATE: 4/29/2021

DATE: 4/29/2021

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: SIGMA BETA XI, INC.		INVOICE DATE:	
PROGRAM NAME: MHSA PEI-BRAAF		SERVICE PERIOD:	
REGION/POPULATION: MHSA PEI - WESTERN REGION		INVOICE NUMBER: BRFOP MM/YY	
CONTRACT AMOUNT: \$297,501		YEAR END SETTLEMENT: ACTUAL COST	
DEPT ID: 4100221798-74720-536240 / VENDOR ID: 0000131406			
MHARC-XXXXX-XXX-06/22 / RU: 330FPC BPO:			
TYPE OF MODALITY:		INDIRECT SVC	
MODE OF SERVICE:		60 (Support Services)	
SERVICE FUNCTION:		78 (Other Non Medi-Cal Client Support Expenditures)	
CATEGORY DESCRIPTION:		ROP - PROGRAM RECRUITMENT	ROP - ENGAGEMENT / SCREENING
HOURS PER CATEGORY DESCRIPTION:		TOTAL	TOTAL
1. Personnel Expenditures (from Staffing Detail) - Salaries & Benefits		TOTAL	TOTAL CONTRACT
Youth Development Worker		\$0	\$0
Youth Development Worker		\$0	\$0
Mental Health Clinician		\$0	\$0
Parent Partner		\$0	\$0
Child Care Worker		\$0	\$0
Total Personnel Expenditures		\$0	\$0
2. Operating Expenditures			
Translation and Interpreter Services		\$0	\$0
Staff Travel		\$0	\$0
Participant Transportation		\$0	\$0
General Office Expenditures		\$0	\$0
Outreach Materials		\$0	\$0
Rent, Utilities, Equipment		\$0	\$0
Food		\$0	\$0
Community Expert Fees		\$0	\$0
Outings		\$0	\$0
Retreats		\$0	\$0
Other Operating Expenses		\$0	\$0
Unity Day		\$0	\$0
Total Operating Expenditures		\$0	\$0
3. Indirect Administrative Expenses			
Administrative Oversight (not to exceed 15%)		\$0	\$0
Total Indirect Administrative Expenses		\$0	\$0
TOTAL PROGRAM EXPENSES		\$0	\$0
Total Indirect Administrative Expenses (not to exceed 15%)		\$0	\$0
TOTAL INVOICE COSTS		\$0	\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: SIGMA BETA XI, INC.		INVOICE DATE:		
PROGRAM NAME: MHSA PEI-BRAAF		SERVICE PERIOD:		
REGION/POPULATION: MHSA PEI - WESTERN REGION		INVOICE NUMBER:		BRFCBT MM/YY
CONTRACT AMOUNT: \$297,501		YEAR END SETTLEMENT:		ACTUAL COST
		DEPT ID: 4100221798-74720-536240 / VENDOR ID: 0000131406		
		MHARC XXXXX-XXX-06/22 / RU: 330FPC BPO:		
TYPE OF MODALITY:		INDIRECT SVC		
MODE OF SERVICE:		60 (Support Services)		
SERVICE FUNCTION:		78 (Other Non Medi-Cal Client Support Expenditures)		
CATEGORY DESCRIPTION:		CBT - PROGRAM	CBT - PROGRAM RECRUITMENT	CBT - ENGAGEMENT / SCREENING
HOURS PER CATEGORY DESCRIPTION:				
1. Personnel Expenditures (from Staffing Detail) - Salaries & Benefits	TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
Youth Development Worker	\$0	\$0	\$0	\$0
Youth Development Worker	\$0	\$0	\$0	\$0
Mental Health Clinician	\$0	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0	\$0
Child Care Worker	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0
2. Operating Expenditures				
Translation and Interpreter Services	\$0	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0	\$0
Participant Transportation	\$0	\$0	\$0	\$0
General Office Expenditures	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0	\$0
Outings	\$0	\$0	\$0	\$0
Retreats	\$0	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0	\$0
3. Indirect Administrative Expenses				
Administrative Oversight (not to exceed 15%)	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0
TOTAL PROGRAM EXPENSES	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses (not to exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS				\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: SIGMA BETA XI, INC.		INVOICE DATE:		
PROGRAM NAME: MHSA PEI-BRAAF		SERVICE PERIOD:		
REGION/POPULATION: MHSA PEI - WESTERN REGION		INVOICE NUMBER:		BRFGGC MM/YY
CONTRACT AMOUNT: \$297,501		YEAR END SETTLEMENT:		ACTUAL COST
DEPT ID: 4100221798-74720-536240 / VENDOR ID: 0000131406				
MHARC-XXXX-XXX-06/22 / RU: 330FPC BPO:				
TYPE OF MODALITY:	INDIRECT SVC			
MODE OF SERVICE:	60 (Support Services)			
SERVICE FUNCTION:	78 (Other Non Medi-Cal Client Support Expenditures)			
CATEGORY DESCRIPTION:	GGC - PROGRAM	GGC - PROGRAM RECRUITMENT	GGC - ENGAGEMENT / SCREENING	
HOURS PER CATEGORY DESCRIPTION:				
1. Personnel Expenditures (from Staffing Detail) - Salaries & Benefits	TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
Youth Development Worker	\$0	\$0	\$0	\$0
Youth Development Worker	\$0	\$0	\$0	\$0
Mental Health Clinician	\$0	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0	\$0
Child Care Worker	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0
2. Operating Expenditures				
Translation and Interpreter Services	\$0	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0	\$0
Participant Transportation	\$0	\$0	\$0	\$0
General Office Expenditures	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0	\$0
Outings	\$0	\$0	\$0	\$0
Retreats	\$0	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0	\$0
3. Indirect Administrative Expenses				
Administrative Oversight (not to exceed 15%)	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0
TOTAL PROGRAM EXPENSES	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses (not to exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS				\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION A – TO BE COMPLETED BY PARTY SUBMITTING REPORT		
Program/Clinic Name	RU #	Name of Reporting Staff
Client/Person (Last Name, First Name)	DOB	RUHS – BH Client ID
If the incident involved a person other than the client such as an employee or visitor, provide the person's name and contact #:		
Last Name, First Name	Contact Phone	Involved as (e.g. staff, visitor, etc.)

Attach a copy of the client's current face sheet.	
The above named client/person was involved in an act/action which meets/may meet (circle one) the requirements of the formation of the Adverse Incident Committee. The incident falls into the following reportable incident category(ies).	
<input type="checkbox"/> All client deaths for any cause <input type="checkbox"/> Incident involving significant dangerousness to self, including serious suicide attempts or self-injury <input type="checkbox"/> Incident involving significant dangerousness to others, including serious assaults, homicide attempts and homicides <input type="checkbox"/> Incident involving significant injury that required medical intervention for any client or visitor at a program site or during a treatment activity off-site.	
Specific location where the incident occurred:	
Date of Incident:	Time of Incident:
Date FIRST reported to RUHS – BH:	Time Reported to RUHS – BH:

THE EVENTS WHICH OCCURED ARE AS FOLLOWS:

SUBMIT REPORT TO SUPERVISOR WITHIN ONE BUSINESS DAY OF INCIDENT	
Reported submitted to:	
Submission completed: Date:	Time:

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
 (CONFIDENTIAL – Attorney Client Privileged Information)

SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE REVIEW, SUMMARY, AND RECOMMENDATIONS	
Client/Person (Last Name, First Name) _____	RUHS – BH Client ID _____
Date of Incident _____	Time of Incident _____

Sheriff Investigation Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested: _____
Name of Person who requested report: _____	
Coroner Autopsy Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested: _____
Name of Person who requested report: _____	
Incident Reviewed By (Name and Job Classification)	
1. _____	3. _____
2. _____	4. _____
Date of Review: _____	Period of Treatment Reviewed: _____

Policy, Procedure, Program Issues Identified	
<input type="checkbox"/> Coordination of Care with PCP	<input type="checkbox"/> Coordination of Care with another service or provider
<input type="checkbox"/> Identification of a Substance Use Disorder	<input type="checkbox"/> Referral to Substance Use or Co-Occurring Disorder Treatment
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Follow-up after missed appointment or “No-Show”
<input type="checkbox"/> Monitoring of psychotropic medications	<input type="checkbox"/> Psychotropic Medication Poly-pharmacy
<input type="checkbox"/> Prescribing controlled substance to a known substance abuser	<input type="checkbox"/> Other medication-related issue
<input type="checkbox"/> Delay in getting appt. within reasonable time	<input type="checkbox"/> Case closed without adequate efforts to contact or engage/re-engage client
<input type="checkbox"/> Client lost to follow-up/unable to locate	<input type="checkbox"/> Other Issue(s)

Review Summary/Comments/Findings

DO NOT FILE THIS FORM IN THE CLIENT’S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

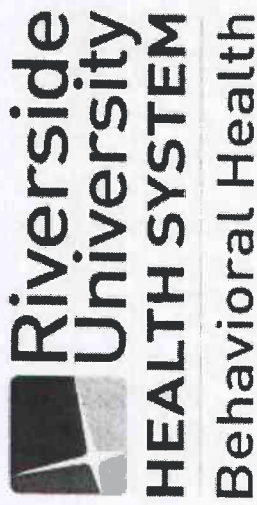
SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE REVIEW, SUMMARY, AND RECOMMENDATIONS (Continued)		
Does this incident involve a possible professional staff license/certification violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, briefly describe:		
Does this incident involve a possible facility licensing violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, briefly describe:		
If Yes, has licensing agency been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has copy of incident report from licensee to licensing agency been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach copy of report)		
Reviewer(s) concur with supervisor whether Workplace Violence Report provision applies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, action taken by reviewer(s):		
Review Recommendations and Corrective Action Plan(s)		
Recommendation(s)/Plan(s)	Person Responsible	Proposed Completion Date
Administrator Signature		
Administrator Signature _____		Date _____

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION D – WITNESS REPORTS (If Applicable)	
1.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
2.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
3.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD



Building Resilience In African American Families (BRAAF-Boys)

**Africentric Youth Rites of Passage Program (ROP)
Parent Education and Support (Guiding Good Choices and Parent Support)
Cognitive Behavioral Therapy (CBT)**

Data Collection Guidelines

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OVERVIEW

As part of Riverside University Health System (RUHS) Behavioral Health Prevention and Early Intervention (PEI) implementation, it is important to ensure that program evaluation and outcome data is collected, not only to document the value and efficacy of the program, but also to provide information for learning and program improvement if needed. Keeping track and collecting information on participation programs will also provide the necessary information to share with all interested stakeholders.

We know it can get detailed and takes extra time. However, showing all the good work the program is promoting means keeping track of data. Also, as part of the implementation for Prevention and Early Intervention (PEI), it is important to ensure that programs and outcomes are evaluated on a consistent basis.

It is really important that the staff of these programs (Africentric Youth Rites of Passage, Guiding Good Choices, Parenting Groups, and CBT) use the following guidelines to document participation in the program. The funding provided for this program requires the collection of some basic information which will be shared with RUHS and others.

All identifying personal information is kept confidential



Africentric Youth Rite of Passage

(ROP for boys 11-13 yrs.)

*Minimum of 85 ROP sessions required for youth to graduate. This count includes, weekly ROP classes, weekend outings, initiation retreat, Unity Day, and graduation day.

Data Collection Guidelines



ROP—Evaluation Measures

Data collection tool:		Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic Screening Questionnaire 	<ul style="list-style-type: none"> To identify African American males between the ages of 11 -13, who may benefit from the program. <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name.</p>	<ul style="list-style-type: none"> This form is to be used in conjunction with each agency's program form. It should be completed by program staff after an appropriate assessment period to identify any child or family risk factors that will make the participant eligible for the program. <p><u>Keep completed forms in the binder which will be submitted to RUHS-BH.</u></p>	<ul style="list-style-type: none"> Complete this form when the youth is enrolled in the program.
<ul style="list-style-type: none"> Initial Intake 	<ul style="list-style-type: none"> Collects information on school attendance grades and suspensions, law enforcement contact, and social risk factors. 	<ul style="list-style-type: none"> Complete this form when the youth is enrolled in the program. 	<ul style="list-style-type: none"> Complete this form when the youth is enrolled in the program.
<ul style="list-style-type: none"> Sign-In Sheets & Master Attendance Roster 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 	<ul style="list-style-type: none"> Track attendance for youth in the after-school program. Use daily sign in sheets to complete the Attendance Roster. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u> 	<ul style="list-style-type: none"> Track attendance for youth in the after-school program. Use daily sign in sheets to complete the Attendance Roster. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Attendance Parent Empowerment dinners. 	<ul style="list-style-type: none"> To record parents attendance at empowerment dinners. 	<ul style="list-style-type: none"> Have parent sign in on the attendance form and indicate the name of the youth they have enrolled in the program. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u> 	<ul style="list-style-type: none"> Have parent sign in on the attendance form and indicate the name of the youth they have enrolled in the program. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Resiliency Scale for Children and Adolescents 	<ul style="list-style-type: none"> This is a self-report scale designed for children and adolescents ages 9-18 years of age to assess positive characteristics and personal attributes that are critical for resiliency. The measure includes the: Sense of Mastery Scale (optimum, self-efficacy, adaptability); and Sense of Relatedness Scale (trust, support, comfort, tolerance). 	<ul style="list-style-type: none"> Only the Sense of Mastery and Relatedness Resiliency scale will be completed and collected at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Youth Questionnaire (MIBI and The Multi Ethnic Identity Measure) 	<ul style="list-style-type: none"> This questionnaire will include the Multidimensional Inventory of Black Identity (MIBI) which assesses components of African American racial identity (centrality subscale) The Multi Ethnic Identity Measure assesses the process of ethnic identity development in young adults. 	<ul style="list-style-type: none"> Collect the Youth Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Social, Emotional, and Bullying Behavior Survey (SEBBS) 	<p>This questionnaire was designed by PRIDE surveys to ask middle school students to report social and emotional skills, peer relations/bullying behaviors, school climate, and substance abuse.</p>	<ul style="list-style-type: none"> Collect the SEBBS Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test).

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

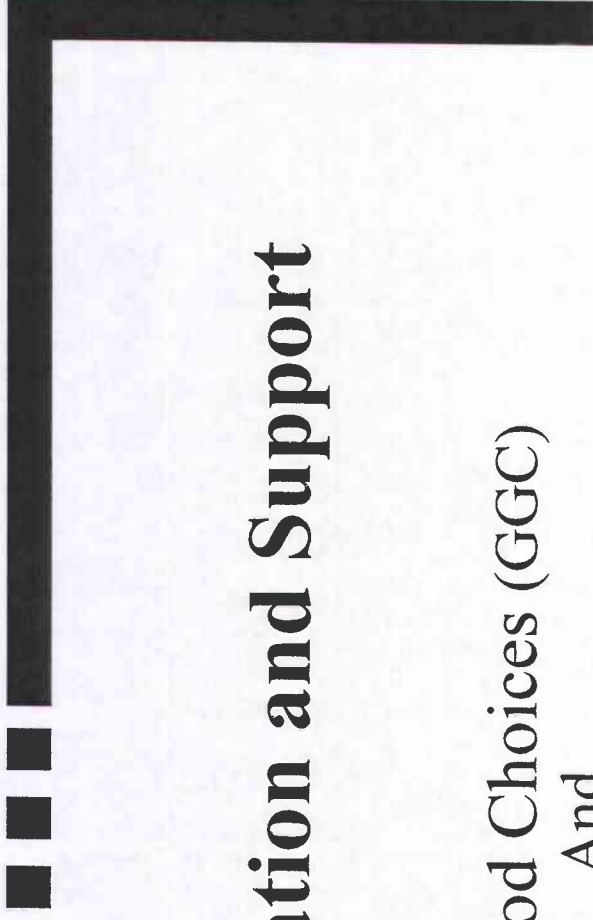
ROP—Evaluation Measures

Data collection tool:		Collection How Tos:
<ul style="list-style-type: none"> FACES III 	<p>This is a self-reported 10 item scale that measures perceptions of cohesion . The cohesion scales assesses the strength of family members attachment to one another.</p>	<ul style="list-style-type: none"> Have the parent, relative, or caregiver most closely involved in the Rites of Passage program complete the FACES III at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Satisfaction Surveys (Parent & Youth) 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth participants and their parents/guardians on their perception of the program. One satisfaction form or parents and one for the youth. 	<ul style="list-style-type: none"> At the end of the program request that youth and their parent or guardians complete the appropriate satisfaction survey (Youth or Parent/Guardian). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

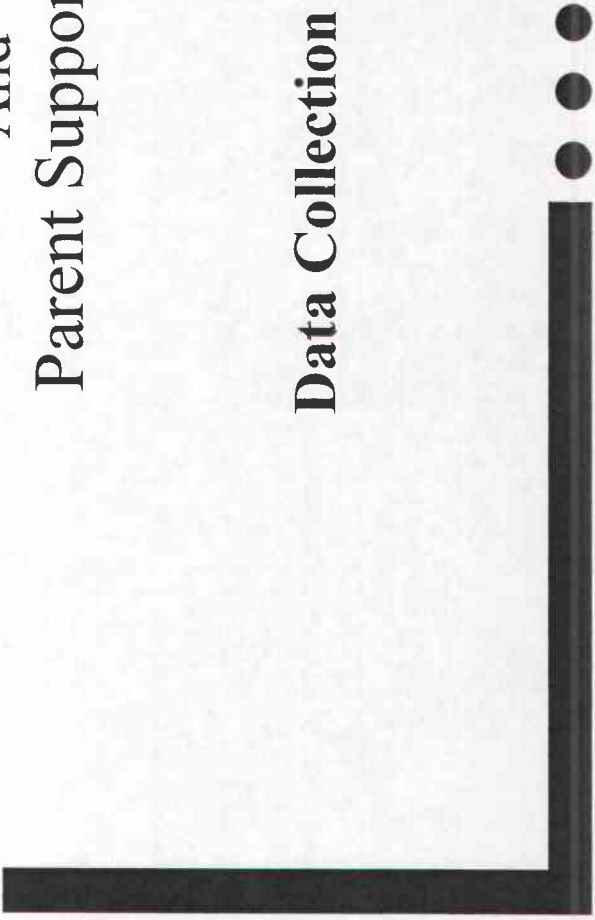
Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Program Completion Discontinuation Form 	<ul style="list-style-type: none"> This form is used to record if youth completed the program (graduated) or if they discontinued from the program including the reason for discontinuance. If the youth drops out staff should complete this form even if they can not contact the parent. 	<ul style="list-style-type: none"> A program completion form should be completed for each youth enrolled in the program. If a youth drops out of the program complete the program completion/discontinuance form. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Outreach form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u>



Parent Education and Support

**Guiding Good Choices (GGC)
And
Parent Support Groups**

Data Collection Guidelines



GGC- Parenting Classes

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete at enrollment or on the first day of class. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Sign -In Sheet 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 	<ul style="list-style-type: none"> Ensure each parent signs in at each class session. Sign-in sheets will be used to complete the Attendance Roster and Program Completion . Make sure each parent that signs in is checked off on the attendance roster. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Attendance Roster and Program Completion 	<ul style="list-style-type: none"> Documents attendance at each class session and documents program completion. 	<ul style="list-style-type: none"> Record attendance on the roster from the sign-in sheets. Record program completion at the conclusion of the 5 week class series. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms to RUHS PEI Staff.

GGC- Parenting Classes

Data collection tool:		Collection How Tos:	
Purpose:		Collection How Tos:	
<ul style="list-style-type: none"> Alabama Parenting Questionnaire (APQ) 	<ul style="list-style-type: none"> To measure parenting practices, involvement and positive parenting skills for parents of children 4 years and older. 	<ul style="list-style-type: none"> Each parent attending should complete an APQ at the beginning of the class series and again at the last session (Pre and Post). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	<ul style="list-style-type: none"> Each parent attending should complete an APQ at the beginning of the class series and again at the last session (Pre and Post). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction form 	<ul style="list-style-type: none"> To gather feedback from parents participating in GGC. 	<ul style="list-style-type: none"> All participants should be offered a satisfaction survey to complete at the conclusion of the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	<ul style="list-style-type: none"> All participants should be offered a satisfaction survey to complete at the conclusion of the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Outreach Form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u> 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u>

Parent Support Groups

Data collection tool:		Purpose:	Collection How Tos:
• Demographic form	• To collect basic demographic information about the participants in the program.	• Each parent attending should complete a demographic questionnaire. Complete on the first day the parent attends the group. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>	
• Sign -In Sheet	• To document attendance at each support group.	• Ensure each parent signs in at each support group. Sign-in sheets will be used to determine the number attending make sure they print their name and sign. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>	
• Satisfaction Form	• Provide parent with the satisfaction form at the end of a group in the collection months.	• Provide an envelope for parents to deposit completed forms and seal envelope for PEI staff. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>	

Individualized Parent Support

Data collection tool:		Purpose:	Collection How Tos:
• Individualized Parent Support Log	To document support for any needed resources/services beyond outreach for parent support group. Use only the form provided by RUHS-BH.	• Each individualized support from Parent Partner will be documented on Parent Support log. <u>Provide copies of the log to RUHS PEI staff by the 10th business day of the following month.</u>	



Cognitive Behavioral Therapy (CBT)

*All youth are initially screened for CBT, then clinician will determine if youth is eligible for CBT. Clinician then does one-on-one CBT sessions with that youth as needed.

Data Collection Guidelines



CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Participant Demographic Form 	<ul style="list-style-type: none"> To collect participants demographic information at the beginning of CBT services. 	<ul style="list-style-type: none"> Collect information during enrollment into the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Participant Log and Program Completion Summary 	<ul style="list-style-type: none"> To document attendance at each session and track information on completion of CBT services. 	<ul style="list-style-type: none"> Record each sessions attendance on participant log with date and youth signature. Each participant should have their own participant log. The completion of service outcome is recorded on the participant log . <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Children's Depression Inventory II (CDI-II) 	<ul style="list-style-type: none"> To measure the level of depression in program participants at the beginning and at completion of the program. CDI -II is used to measure depression in children. 	<ul style="list-style-type: none"> Complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Strength and Difficulties Questionnaire (SDQ)- Parent 	<ul style="list-style-type: none"> To measure change in behavior problems and increases in pro-social behaviors among the participants from beginning to completion of the program. The SDQ is brief behavioral questionnaire for children and adolescents. 	<ul style="list-style-type: none"> Request that parents complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction Survey 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth on their experience with the program. 	<ul style="list-style-type: none"> At the end of the program request each youth participant to complete a satisfaction survey. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

When to collect data?

It is suggested to provide the appropriate questionnaires within the first 3 days from the start of the program so the youths/parents do not feel overwhelmed. The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolled in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. See guide to administering measures on the following page.

In order to prevent any absent participants, begin collecting post data a week before the program ends. In the case when someone is absent and they were unable to come to the facility at separate hours or a day after, telephone them to collect data. Again to not overwhelm youths/parents spread the questionnaires throughout that week.

Staff, assure all questionnaires and surveys have been filled out completely with no blanks. Also when passing out the forms, make sure all forms state the correct Fiscal Year, as most forms have changed from previous years.

What to turn in to PEI Staff?

(all these forms should be kept in the provided binders)

Africentric Rites of Passage	<ol style="list-style-type: none"> 1. Attendance Roster Summary (staff fill out daily) 2. Demographic form (PRE) 3. Initial Intake (PRE) 4. Resiliency questionnaire (PRE/POST) 5. Youth Questionnaire (PRE/POST) 6. FACES III (PRE/POST) 7. SEBBS (PRE,POST) 8. Youth Satisfaction Survey (POST) 9. Parent Satisfaction Survey (POST) 10. Program Completion form (POST for each youth, even those who dropped out)
Guiding Good Choices	<ol style="list-style-type: none"> 1. Attendance Monthly Summary (MONTHLY) 2. Demographic Form (PRE) 3. APQ (PRE/POST) 4. Satisfaction form (POST)
Parent Support Groups	<ol style="list-style-type: none"> 1. Demographic Forms (PRE) 2. Sign-In sheets 3. Satisfaction form (POST)
Individualized Parent Support	<ol style="list-style-type: none"> 1. Parent Support Log <p>*one log should be turned-in for each parent with dates</p>
Cognitive Behavioral Therapy (CBT)	<ol style="list-style-type: none"> 1. Demographic Form (PRE) 2. CDI II (PRE/POST) 3. SDQ (PRE/POST) 4. Log Sheet and Program Completion 5. Satisfaction Survey

Guide to Administering Measures

<p>Africentric Rites of Passage</p>	<p>The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolling in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. During the first two weeks, introduce the Youth Questionnaire, SEBBS, PLUS the Resiliency Scale and have all the youths quietly finish this questionnaire. At the end of program step out after handing out all the youth satisfaction surveys to minimize bias. Do this for the parent satisfaction survey too.</p>
<p>Guiding Good Choices</p>	<p>For the demographic form make sure the parent knows to fill this for themselves not the youth. The APQ is designed to be completed having in mind the youth that is causing most trouble and the parenting styles learned in GGC are also meant to be practiced on that same youth. Before the 5 week class sessions end , remember to step out after handing out all the parent satisfaction surveys to minimize bias.</p>
<p>Parent Support Groups</p>	<p>Demographic forms should be completed for each parent attending the support groups. Keep all sign-in sheets every time a support group is offered. Make sure to know in advance when their last support group will be to administer the satisfaction form. In any case someone does not complete this satisfaction form, telephone them to obtain information.</p>
<p>Individualized Parent Support</p>	<p>The parent log is used to maintain a record of how many times this parent was counseled and helped either through telephone or face to face. This log can be kept in the dividers behind the youths information.</p>
<p>Cognitive Behavioral Therapy (CBT)</p>	<p>The demographic form should be filled out by the parent for the youth before services start. The two questionnaires CDI II and SDQ are very sensitive and is very important that the youth feels comfortable with the questions asked. A log sheet will be kept for each youth receiving these services. Keep their own log sheet in their dividers.</p>

COUNTY OF RIVERSIDE
BEHAVIORAL HEALTH



This agreement is made and entered into by and between the County of Riverside, a political subdivision of the state of California, hereinafter referred to as COUNTY and **WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS** hereinafter referred to as CONTRACTOR.

PREAMBLE

WHEREAS, California voters approved Proposition 63 during the November 2004 General Election. Proposition 63, the Mental Health Services Act [hereinafter "MHSA"], became effective on January 1, 2005. Through imposition of a 1% tax on personal income in excess of \$1 million, the MHSA provides the opportunity for the State to provide increased funding, personnel and other resources to support County Prevention and Early Intervention Programs and monitor progress toward statewide goals for children/youth, transitional age youth, adults, older adults, families and communities.

WHEREAS, components of the MHSA Integrated Expenditure Plan will include elements required by W&I Code Section 5847 and related regulations.

WHEREAS, the COUNTY desires to extend to the residents of Riverside County certain programs and services contemplated and authorized by the MHSA, California Welfare and Institutions Code (WIC) Section 5600 et seq., and Government Code Section 26227 et seq., California Code of Regulations, Title 9, Division 1, and Title 22, which the CONTRACTOR is equipped, staffed, prepared and willing to provide; and

WHEREAS, the COUNTY believes that it is in the best interest of the people of Riverside County to provide these services by contract; and

WHEREAS, these services as described in Exhibit A attached hereto shall be provided by CONTRACTOR in accordance with the applicable State and local laws, codes and policies contained herein, but not limited to, Exhibit B attached hereto.

NOW THEREFORE, in consideration of the mutual promises, covenants and conditions hereinafter contained, the parties hereto mutually agree, as provided on pages 1 through 19 and Exhibits A, B, C, and D, and Schedule I and/or K, and Attachment A, attached hereto and incorporated herein.

CONTRACTOR

By: [Signature]
Katie McIendon, CEO

Date: 5/29/2021

COUNTY

By: [Signature]
Karen Spiegel, Chair of the Board

Date: JUN 22 2021

COUNTY COUNSEL:

Gregory P. Priamos
Approved as to form

By: [Signature]
Deputy County Counsel

ATTEST:

KECIA R. HARPER, Clerk
By: [Signature]
DEPUTY

JUN 22 2021 8.31

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EXHIBIT A

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SCHEDULE I/K

ATTACHMENT A – ADVERSE INCIDENT REPORT FORM

I. DESCRIPTION OF SERVICES:

CONTRACTOR agrees to provide services in the form as described in Exhibit A.

II. PERIOD OF PERFORMANCE:

This Agreement shall be effective on July 1, 2021, and continue in effect through June 30, 2022. The Agreement may thereafter be renewed annually, for up to three (3) additional years, subject to the availability of funds and satisfactory performance of services.

III. REIMBURSEMENT AND PAYMENT:

- A. In consideration of services provided by CONTRACTOR, RUHS-BH shall reimburse CONTRACTOR in the amount and manner described in Exhibit C. The Exhibit C includes RUHS-BH requirements for reimbursement.
- B. CONTRACTOR shall use the Schedule K for monthly claiming purposes. The Schedule K shall be used to support the required back-up documentation necessary to audit the actual cost of program related expenses. The Schedule K is a guide for the amount allocated to the program services provided.

IV. PROGRAM SUPERVISION, MONITORING AND REVIEW:

CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement. Pursuant to Welfare & Institutions Code (WIC), Section 5608, services hereunder shall be provided by CONTRACTOR under the general supervision of the County Director of Behavioral Health, hereinafter called DIRECTOR, or his authorized designee. CONTRACTOR agrees to extend to DIRECTOR, his designee, the RUHS-BH Contract Monitoring Team, and/or to authorized State representatives, the right to review and monitor CONTRACTOR's facilities, programs, policies, practices, books, records, or procedures at any reasonable time. In exercising the right to review or monitor CONTRACTOR's administrative, clinical, fiscal and program components, staff, and facilities, the RUHS-BH shall enforce Agreement provisions and applicable RUHS-BH policies identified throughout this agreement.

If at any time the RUHS-BH determines CONTRACTOR is out of compliance with any provision contained within this Agreement, the RUHS-BH will provide written notification of the noncompliance findings to the CONTRACTOR and request a plan of corrective action. CONTRACTOR will, within thirty (30) days of receiving notification, provide a written plan of corrective action addressing the noncompliance.

If the RUHS-BH accepts the CONTRACTOR's proposed plan of corrective action, it shall suspend other punitive actions to give the CONTRACTOR the opportunity to come into compliance. If the RUHS-BH determines CONTRACTOR has failed to implement corrective action, funds may be withheld or disallowed until compliance is achieved. CONTRACTOR shall cooperate with any such effort by RUHS-BH including follow-up investigation and interview of witnesses. Failure to cooperate or take corrective action may result in termination of this Agreement.

V. INDEPENDENT CONTRACTOR:

This Agreement is by and between the RUHS-BH and CONTRACTOR and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between RUHS-BH and CONTRACTOR. CONTRACTOR and its employees, agents and/or subcontractors shall not be entitled to any benefits payable to RUHS-BH employees, including but not limited to overtime, any retirement benefits, worker's compensation benefits, and/or injury leave or other leave benefits. CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required. CONTRACTOR assumes the exclusive responsibility and liability for the acts of its employees or agents as they relate to services provided. CONTRACTOR shall bear the sole responsibility and liability for

furnishing workers' compensation benefits to any CONTRACTOR employees, agents and/or subcontractors for any injuries arising from or connected with services performed on behalf of RUHS-BH pursuant to this Agreement. CONTRACTOR certifies that it will comply with all applicable state and federal labor laws and regulations, including, but not limited to, those issued by the federal Occupational Safety and Health Administration and California Division of Occupational Safety and Health. CONTRACTOR is responsible for payment and deduction of all employment-related taxes on CONTRACTORS' behalf and for CONTRACTORS' employees, including, but not limited to, all federal and state income taxes and withholdings. RUHS-BH shall not be required to make any deductions from compensation payable to CONTRACTOR for these purposes. CONTRACTOR shall indemnify RUHS-BH against any and all claims that may be made against RUHS-BH based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement; and CONTRACTOR shall indemnify RUHS-BH for any and all federal or state withholding or retirement payments which RUHS-BH may be required to make pursuant to federal or state law.

Contractor shall maintain, as appropriate, the following:

- A. Articles of Incorporation;
- B. Amendments of Articles;
- C. List of agency's Board of Directors and Advisory Board;
- D. A resolution indicating who is empowered to sign all contract documents pertaining to the agency;
- E. By-laws and minutes of Board meetings.

VI. LICENSE(S)/CERTIFICATION(S):

CONTRACTOR warrants that it has all necessary licenses, permits, approvals, certifications, waivers and/or exemptions necessary to provide services hereunder as required by the laws or regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and agrees to maintain such throughout the term of this Agreement. Examples of license(s)/certification(s) may include: fire clearance, zoning permit; business license, community care license and/or Medi-Cal certification. CONTRACTOR shall notify DIRECTOR (or his designee) immediately and in writing of its inability to maintain, irrespective of the tendency of an appeal, such licenses, permits, approvals, certifications, waivers and/or exemptions.

VII. ADMINISTRATIVE CHANGE IN STATUS:

If, during the term of the Agreement, there is a change in CONTRACTOR's status, a detailed description of the change must be submitted to RUHS-BH in writing at least sixty (60) days prior to the effective date of the change, or in the case of an emergency, as soon as possible. A change in status is defined as a name change not amounting to a change of ownership, a change in the authorized signer of contract documents, moving a facility's service location within the same region, or closing a facility with services being offered in another already existing contracted facility. Any change in administrator of the facility shall be reported to RUHS-BH. Such notification shall include the new administrator's name, address and qualifications. Other changes to the contractor status may result in a more formal contract amendment, as stated in Section VIII, DELEGATION AND ASSIGNMENT.

VIII. DELEGATION AND ASSIGNMENT:

CONTRACTOR may not delegate the obligations required by this Agreement, either in whole or in part, without prior written consent of RUHS-BH. Obligations undertaken by CONTRACTOR pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are approved in writing by DIRECTOR (or his designee), meet the requirements of this Agreement as they relate to the service or activity under subcontract, and include any provision(s) that DIRECTOR (or his designee) may require. No subcontract shall terminate or alter the responsibilities of CONTRACTOR.

CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the prior written consent of RUHS-BH. Any attempted assignment or delegation in derogation of this paragraph shall be

void. Any change in the corporate or business structure of CONTRACTOR, such as a change in ownership or majority ownership change resulting in a change to the Federal Tax Id, shall be deemed an assignment for purposes of this paragraph.

IX. ALTERATION:

If any such alteration causes an increase or decrease in the cost of, or the time required for, the performance under this Agreement, Agreement shall be modified by written amendment, accordingly.

Funds allocated to specific budget categories, as identified in the Schedule K, may not be reallocated to another budget category without prior approval, as described in Exhibit C. Funds shall not exceed the total maximum obligation for the fiscal year.

X. INDEMNIFICATION:

CONTRACTOR shall indemnify and hold harmless all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives from any liability whatsoever, based or asserted upon services of CONTRACTOR, its agents, employees, or subcontractors, arising out of or in any way relating to this Agreement, for property damage, bodily injury, or death or any other element of damage of any kind or nature resulting from any acts or failure to act or omission on the part of the CONTRACTOR, its directors, officers, agents, employees or subcontractors hereunder. CONTRACTOR shall defend, at its sole expense, including but not limited to attorney fees, all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives and any legal claim or action based upon such alleged acts, failure to act or omissions.

XI. INSURANCE:

Without limiting or diminishing the CONTRACTOR's obligation to indemnify or hold the RUHS-BH harmless, CONTRACTOR shall procure and maintain the following insurance coverages during the term of this Agreement. With respect to the insurance section only, the RUHS-BH herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

A. Workers' Compensation:

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person, per accident. Policy shall be endorsed to waive subrogation in favor of the RUHS-BH.

B. Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR's performance of its obligations hereunder. Policy shall name the RUHS-BH as an Additional Insured. Policy's limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

C. Vehicle Liability:

CONTRACTOR shall maintain liability insurance for all vehicles, or other mobile equipment, used in the performance of the obligations under this Agreement in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the RUHS-BH as an Additional Insured.

D. Professional Liability:

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for CONTRACTOR's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If CONTRACTOR's Professional Liability Insurance is written on a 'claims made' basis rather than on an 'occurrence' basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either: 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

E. General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A:VIII (A:8) unless such requirements are waived, in writing, by the RUHS-BH Risk Manager. If the RUHS-BH's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The CONTRACTOR's insurance carrier(s) must declare its insurance deductibles or self-insured retentions. If such deductibles or self-insured retentions exceed \$500,000 per occurrence such deductibles and/or retentions shall have the prior written consent of the RUHS-BH Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or self insured retentions which are deemed unacceptable to the RUHS-BH, at the election of the RUHS-BH's Risk Manager, CONTRACTOR's carriers shall either; 1) reduce or eliminate such deductibles or self-insured retentions as respects this Agreement with the RUHS-BH, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.
3. The CONTRACTOR shall cause their insurance carrier(s) to furnish the County of Riverside with: 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein; and/or, 2) if requested to do so orally or in writing by the RUHS-BH Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) and shall provide no less than thirty (30) days written notice be given to the County of Riverside prior to any material modification or cancellation of such insurance. In the event of a material modification or cancellation of coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages and the insurance required herein is in full force and effect. Individual(s) authorized by the insurance carrier to do so, on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance. Certificates of insurance and certified original copies of

Endorsements effecting coverage as required herein shall be delivered to RUHS-BH, P.O. Box 7549, Riverside, CA 92513-7549, MHSA Administration. CONTRACTOR shall not commence operations until the County of Riverside has been furnished original Certificate(s) of Insurance and certified original copies of endorsements or policies of insurance including all endorsements and any and all other attachments as required in this Section.

4. It is understood and agreed by the parties hereto and the CONTRACTOR's insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the RUHS-BH's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of approved subcontractors working under this Agreement.
6. Failure by CONTRACTOR to procure and maintain the required insurance shall constitute a material breach of contract upon which RUHS-BH may immediately terminate or suspend this Agreement.

XII. LIMITATION OF RUHS-BH LIABILITY:

Notwithstanding any other provision of this Agreement, the liability of RUHS-BH shall not exceed the amount of funds appropriated in support of this Agreement by the California Legislature.

XIII. WARRANTY AGAINST CONTINGENT FEES:

CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon any Agreement or understanding for any commission, percentage, brokerage, or contingent fee, expecting bona fide employees or bona fide established commercial or selling agencies maintained by CONTRACTOR for the purpose of securing business. For CONTRACTOR's breach or violation of this warranty, RUHS-BH may, at its sole discretion, deduct from the Agreement price of consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

XIV. NONDISCRIMINATION:

A. Employment:

1. Affirmative Action shall be taken to ensure applicants and employees are treated without regard to their race, religion, color, sex, national origin, age, sexual orientation, or physical or mental disability. Such affirmative action shall include, but not be limited to the following: employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship/internship. There shall be posted in conspicuous places, available to employees and applicants for employment, notices from DIRECTOR (or his designee) and/or the United States Equal Employment Opportunity Commission setting forth the provisions of this Section.
2. All solicitations or advertisements for recruitment of employment placed by or on behalf of CONTRACTOR shall state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national origin, age, sexual orientation, or physical/mental disability.
3. Each labor union or representative of workers with which CONTRACTOR has a collective bargaining Agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination Section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. In the event of noncompliance with this section or as otherwise provided by State and Federal law, this Agreement may be terminated or suspended in whole or in part and CONTRACTOR may be declared ineligible from future contracts involving federal, state or COUNTY funds.

B. Services, Benefits, and Facilities:

1. CONTRACTOR shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, gender, age, sexual orientation, marital status, physical/mental disability in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.
2. CONTRACTOR shall further establish and maintain written procedures under which any person, applying for or receiving services hereunder, may seek resolution from CONTRACTOR of a complaint with respect to any alleged discrimination in the provision of services by CONTRACTOR's personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied with CONTRACTOR's resolution of the matter, shall be referred by CONTRACTOR to DIRECTOR, or his authorized designee, for the purpose of presenting the complaint of alleged discrimination. Such procedures shall also indicate that if such person is not satisfied with RUHS-BH's resolution or decision with respect to the complaint of alleged discrimination, he or she may appeal the matter to the appropriate federal or state agencies. CONTRACTOR will maintain a written log of complaints for a period of seven (7) years.

XV. REPORTS/RESEARCH PROTOCOL:

- A. CONTRACTOR must adhere to the reporting requirements as mandated by law. The RUHS-BH shall provide instruction and direction regarding RUHS-BH policies and procedures for meeting reporting requirements.
- B. CONTRACTOR shall provide the RUHS-BH with applicable reporting documentation as specified in the Research Protocol, attached hereto as Exhibit D and by this reference incorporated herein. RUHS-BH may provide additional instructions on reporting requirements as required by RUHS-BH or State guidelines.
- C. CONTRACTOR shall participate in the RUHS-BH's Management Information System (MIS) as required by the DIRECTOR, or his designee. CONTRACTOR is required to report program, individuals served and staff data about the CONTRACTOR's program and services, by the fifth (5th) working day of each month for the prior month. Reports are available through the department's Report Distribution Server (RDS).
- D. CONTRACTOR shall comply with the State reporting requirements pursuant to 9 C.C.R. Section 10561. Upon the occurrence of any of the events listed hereafter, the CONTRACTOR shall make a telephonic report to the State department licensing staff (hereinafter "State") within one (1) working day. CONTRACTOR shall submit an Adverse Incident Report form (Attachment A) to the COUNTY within twenty-four (24) hours of the incident and within seven (7) days of the event to the State. If a report to local authorities exists which meets the requirements cited, a copy of such a report will suffice for the written report required by the State.
 1. Events reported shall include:
 - a. Death of any resident from any cause;
 - b. Any facility related injury of any resident which requires medical treatment;
 - c. All cases of communicable disease reportable under Section 2502 of Title 17, California Code of Regulations shall be reported to the local health officer in addition to the State;
 - d. Poisonings;
 - e. Catastrophes such as flooding, tornado, earthquake or any other natural disaster; and,
 - f. Fires or explosions which occur in or on the premises.

2. Information provided shall include the following:
 - a. Residents' name, age, sex, and date of admission;
 - b. Date, time and nature of the event;
 - c. Attending physician's name, findings and treatment, if any; and,
 - d. The items below shall be reported to the State within ten (10) working days following the occurrence:
 - (i) The organizational changes specified in Section 10531(a) of this subchapter;
 - (ii) Any change in the licensee's or applicant's mailing address; and,
 - (iii) Any change of the administrator of the facility. Such notification shall include the new administrator's name, address and qualifications.

XVI. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

CONTRACTOR is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. CONTRACTOR hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law.

XVII. CONFIDENTIALITY OF PARTICIPANT INFORMATION:

CONTRACTOR shall maintain the confidentiality of all participant identifying information contained in records, including but not limited to participant records/charts, billing records, research and participant identifying reports, and the RUHS-BH's participant Management Information System (MIS) in accordance with WIC Sections 14100.2 and 5328 et seq, Title 42 Code of Federal Regulations, Section 431.300 et seq., Section 1320 D et seq, of Title 42, United States Code and it's impending regulations (including but not limited to Title 45, CFR, Parts 142, 160, 162, 164) and all other applicable current or future RUHS-BH, State and Federal laws, regulations, ordinances and directives relating to confidentiality and security of participant records and information.

- A. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement.
- B. The CONTRACTOR shall not disclose confidential participant identifying information except as authorized by participant, participants' legal representative or as permitted by Federal or State law, to anyone other than the RUHS-BH or State without prior valid authorization from the participant or participants' legal representative in accordance with State and Federal laws. Any disclosures made shall be logged and the log maintained in accordance with State and Federal law.
- C. If CONTRACTOR receives any requests by subpoena, from attorneys, insurers or beneficiaries for copies of bills, CONTRACTOR will provide the RUHS-BH with a copy of any document released as a result of such request, and will provide the name, address and telephone number of the requesting party.
- D. For purposes of the above paragraphs, identifying information is considered to be any information that reasonably identifies an individual and their past, present, or future physical or mental health condition. This includes, but is not limited to, any combination of the person's name, address, Social Security Number, date of birth, identifying number, symbol, or other particular identifier assigned to the individual, such as finger or voice print, or photograph.

- E. Notification of Electronic Breach or Improper Disclosure: During the term of this Agreement, CONTRACTOR shall notify RUHS-BH, immediately upon discovery of any breach of Protected Health Information (PHI) and/or data, where the information and/or data is reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the RUHS-BH Compliance Officer within two (2) business days of discovery at (800) 413-9990. The CONTRACTOR shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State Laws and regulations. The CONTRACTOR shall investigate such breach and provide a written report of the investigation to the RUHS-BH Compliance Officer, postmarked within thirty (30) working days of the discovery of the breach to the address below:

Behavioral Health Compliance Officer
Riverside University Health System - Behavioral Health
P.O. Box 7549
Riverside, CA 92513

- F. Safeguards: The CONTRACTOR shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, that it creates, receives, maintains, or transmits on behalf of RUHS-BH; and to prevent use or disclosure of PHI other than as provided for by this Agreement. CONTRACTOR shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the CONTRACTOR's operations and the nature and scope of its activities. CONTRACTOR shall provide RUHS-BH with information concerning such safeguards as RUHS-BH may reasonably requests from time to time.
- G. The CONTRACTOR shall implement strong access controls and other security safeguards and precautions as noted in the following to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only. The CONTRACTOR shall enforce administrative and technical password controls on all systems used to process or store confidential, personal, or sensitive data.
- H. The CONTRACTOR shall utilize a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, CDs, thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers).
- I. The CONTRACTOR shall not transmit confidential, personal, or sensitive data via-e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST) as conforming to the Advanced Encryption Standard (AES) Algorithm.
- J. Mitigation of Harmful Effects. The CONTRACTOR shall mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI by CONTRACTOR or its subcontractors in violation of the requirements of these Provisions.
- K. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. RUHS-BH makes no warranty or representation that compliance by CONTRACTOR with these Provisions, HIPAA or HIPAA regulations will be adequate or satisfactory for

CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized use or disclosure. CONTRACTOR is solely responsible for all decisions made by CONTRACTOR regarding the safeguarding of PHI.

- L. The terms and conditions in these Provisions shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of these Provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.
- M. CONTRACTOR shall require all its officers, employees, associates, and agents providing services hereunder to acknowledge, in writing, understanding of and Agreement to comply with said confidentiality provisions.

XVIII. RECORDS:

All records shall be available for inspection by the designated auditors of RUHS-BH, State Department of Health Care Services, State Department of Justice, State Department of Mental Health Services and Oversight and Accountability Commission, U.S. Department of Health and Human Services and the U.S Office of the Inspector General at reasonable times during normal business hours. Records include, but are not limited to, all physical and electronic records originated or prepared pursuant to the performance under this Agreement, working papers, reports, financial records or books of account, medical records, prescription files, and subcontracts. Upon request, at any time during the period of this Agreement, the CONTRACTOR will furnish any such record or copy thereof, to the RUHS-BH. CONTRACTOR shall be subject to the examination and audit of the Office of the Inspector General for a period of ten (10) years after final payment under Agreement.

A. Program Participant Records.

CONTRACTOR shall adhere to the authority of RUHS-BH, the State Department of Health Care Services, the State Department of Oversight and Accountability. CONTRACTOR shall maintain adequate participant records on each participant, program outcome measures, and records of service provided by the various staff in sufficient detail to make an evaluation of the effectiveness of the program services.

B. Financial Records.

CONTRACTOR shall maintain complete financial records that clearly reflect the cost of each type of service for which payment 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. Statistical data shall be kept and reports made as required by the DIRECTOR, or his designee, and the State of California.

C. Financial Record Retention.

Appropriate financial records shall be maintained and retained for at least ten (10) years or, in the event of an audit exception and appeal, until the audit finding is resolved, whichever is later.

D. Participant Record Retention.

Participant records shall be maintained and retained for a minimum of ten (10) years.

E. Shared Records/Information.

CONTRACTOR and RUHS-BH shall maintain a reciprocal shared record and information policy, which allows for sharing of participant records and information between CONTRACTOR and RUHS-BH. Either RUHS-BH or CONTRACTOR shall not release these participant records or information to a third party without a valid authorization.

F. Property of participant records.

RUHS-BH is the owner of all participant records. In the event that the Agreement is terminated, the CONTRACTOR is required to prepare and box the participant records so they can be archived by the RUHS-BH, according to procedures developed by the RUHS-BH. The RUHS-BH is responsible for taking possession of the records and storing them according to regulatory requirements. The RUHS-BH is required to provide the CONTRACTOR with a copy of any participant record that is requested by the CONTRACTOR, as required by regulations, at no cost to the CONTRACTOR, and in a timely manner.

XIX. STAFFING:

CONTRACTOR shall comply with the staffing expectations as required by state licensing requirements and as may be additionally described in Exhibit A. CONTRACTOR is responsible for ensuring that their personnel are qualified, holding appropriate license(s)/certificate(s) for the services they provide in accordance with the WIC Section 5751.2, the requirements set forth in Title 9 of the California Code of Regulations (CCR), the Business and Professions Code, State Department of Health Care Services policy letters, and any amendments thereto. CONTRACTOR shall maintain specific job descriptions/duty statements for each position describing the assigned duties, reporting relationship, and shall provide sufficient detail to serve as the basis for an annual performance evaluation. Furthermore, CONTRACTOR acknowledges all its officers; employees, associates, and agents providing services hereunder are eligible for reimbursement for said services by their exclusion from the Federal "List of Excluded Parties" registry. All employees of CONTRACTOR providing services on behalf of RUHS-BH shall pass a LiveScan, background check and be tested for Tuberculosis (TB).

- A.** During the term of this Agreement, CONTRACTOR shall maintain and shall provide upon request to authorized representatives of RUHS-BH, the following:
1. A list of persons who are providing services hereunder by name, title, professional degree, licensure, experience, credentials, Cardiopulmonary Resuscitation (CPR) training, First Aid training, languages spoken, Race/Ethnicity with an option to select "Prefer Not to Say" and any other information deemed necessary by the Director or designee.
 2. Personnel files for each staff member, including subcontractors and volunteers, approved by RUHS-BH, that includes at minimum the following:
 - a. Resume/application, proof of current licensure, certification, registration;
 - b. List of Training, including cultural competency;
 - c. Annual job performance evaluation; and,
 - d. Personnel action document for each change in status of the employee.
 - e. Results of LiveScan, background check and TB test.
- B.** CONTRACTOR shall provide an initial orientation to the program, program goals, policy and procedure review, emergency procedures and treatment services.
- C.** CONTRACTOR shall institute and maintain a training program in which professional and other appropriate personnel shall participate.
- D.** CONTRACTOR shall have appropriate staff trained and/or certified in CPR, First Aid, Emergency/Disaster Planning, non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the participants from violent behavior.
- E.** Training plans shall be documented and discussed with staff. Continuing development of staff expertise shall be encouraged.

- F. The CONTRACTOR recognizes the importance of child and family support obligations and shall fully comply with all applicable State and Federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8, commencing with Section 5200, of Part 5 of Division 9 of the Family Code.
- G. In accordance with section 6032 of the Deficit Reduction Act of 2005, Contractor shall establish and disseminate written policies for all employees that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). Included in these written policies shall be detailed information about contractor's policies and procedures for detecting and preventing fraud, waste, and abuse in federal, state and local health care programs. Contractor shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of Contractor's policies and procedures for detecting and preventing fraud, waste and abuse.
- H. CONTRACTOR shall follow all Federal, State and County policies, laws and regulations regarding Staffing and/or Employee compensation. All payments or compensation made to CONTRACTOR Staff, Personnel and/or Employees in association with the fulfillment of this agreement shall be made by means of Staff, Personnel and/or Employee Certified Payroll or other auditable documentation justifying the payment or compensation.
- I. CONTRACTOR is responsible for notifying the COUNTY of all changes to indirect and direct personnel service providers that will have an impact on its Electronic Management of Records (ELMR) system. These changes include, but are not limited to, adding new personnel, modifying existing personnel, or terminating personnel. CONTRACTOR is responsible for completing the Computer Account Request Form (CARF) provided by the designated COUNTY Program Analyst, when such changes occur and will have an impact on ELMR data entry or system access. Contractor shall submit, via email, the completed CARF form to its designated COUNTY Program Analyst for review and approval. The COUNTY designated Program Analyst will then review CARF for accuracy and will then submit CARF to the COUNTY'S Information Technology (I.T.) staff for processing. The COUNTY'S designated Program Analyst will communicate with the CONTRACTOR, via email, with confirmation of submission for processing, and a COUNTY I.T. or ELMR personnel will contact the CONTRACTOR direct, via telephone, to confirm receipt of the CARF and provide confirmation that computer access has been granted or changed as requested by the CONTRACTOR.
- J. CONTRACTOR shall be responsible for confirming the identity and determining the exclusion status of its officers, board members employees associates, and agents through routine checks of Federal and State databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM) and the Medi-Cal List of Suspended or Ineligible Providers. These databases shall be consulted upon appointment of board members or hiring of employees, associates and agents and no less frequently than monthly thereafter. CONTRACTOR shall notify, in writing within thirty (30) calendar days, if and when any CONTRACTOR'S personnel are found listed on this site and what action has been taken to remedy the matter. Contractor shall establish their own procedures to ensure adherence to these requirements.

XX. CULTURAL COMPETENCY PLAN:

CONTRACTOR shall provide services pursuant to this Agreement in a culturally competent manner by recruiting, hiring and maintaining staff that can deliver services in the manner specified to the diverse cultural population served under this Agreement. CONTRACTOR shall provide services in a language appropriate and culturally sensitive manner, in a setting accessible to diverse communities. Multi-cultural

diversity includes, but is not limited to, ethnicity, age, sexual orientation, gender and persons who are physically challenged. CONTRACTOR shall document its efforts to provide culturally adaptive services in the manner specified. Documentation may include, but not be limited to, the following: records in personnel files attesting to efforts made in recruitment and hiring practices; participation in RUHS-BH sponsored and other cultural competency training; the availability of literature in multiple languages/formats as appropriate; and identification of measures taken to enhance accessibility for, and sensitivity to, mentally/physically challenged individuals. CONTRACTOR shall demonstrate program access; linguistically appropriate and timely program service delivery; staff training; and organizational policies and procedures related to the programs offered to culturally diverse populations. CONTRACTOR shall perform specific outcome studies, on-site reviews and written reports as requested by RUHS-BH and make available to the RUHS-BH upon request. CONTRACTOR shall provide services that meet the individual cultural needs of the participant(s) served. CONTRACTOR shall ensure culturally competent services include:

- A. A comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- B. Appropriate interventions which acknowledge specific cultural influences.
- C. CONTRACTOR agrees to comply with the RUHS-BH's Cultural Competency Plan as set forth in the Department's approved Cultural Competency Plan. The Cultural Competency Plan may be obtained from the department's website at <http://rcdmh.org/> or by contacting the RUHS-BH's Cultural Competency Manager or designee.

Riverside University Health System-Behavioral Health Cultural Competency Program
P.O. Box 7549
Riverside, California 92513
Attention: Cultural Competency Manager
Fax: 951-955-7206

- D. CONTRACTOR agrees to meet with RUHS-BH's Cultural Competency Program Manager, as needed, to provide technical assistance in determining and implementing cultural competency activities.
- E. CONTRACTOR will be responsible for participating in cultural competency trainings as required by the RUHS-BH's Cultural Competency Plan. In order to attend the RUHS-BH offered trainings, CONTRACTOR must register on-line through the department's training unit.
- F. CONTRACTOR is responsible for reporting back to the RUHS-BH, annually in writing, all cultural competency related trainings that staff members have attended. The following format is recommended:

Name of Training Event	Description of Training	How long & how often attended	Attendance by Service Function	No. of staff in attendance & Total	Date of Training	Name of Presenter
Example: Cultural Competence Introduction	Overview of cultural competence issues in mental health treatment settings.	Four hours annually	*Direct Services *Direct Services Contractors *Administration *Interpreters	15 20 4 2 Total: 41	1/21/10	John Doe

G. CONTRACTOR training information shall be submitted via facsimile to 951-955-7206 to the attention of the RUHS-BH Cultural Competency Program Manager on or before June 30 of each fiscal year.

XXI. INFORMING MATERIALS

CONTRACTOR shall provide each participant with certain informing materials about the program being provided and what outcomes shall be experienced by participating in the PEI Program. CONTRACTOR's stationery/letterhead and informing materials used for communication associated with RUHS-BH's specific Prevention and Early Intervention program shall indicate that funding for the services is provided in whole or in part by the Riverside University Health System-Behavioral Health (RUHS-BH), Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI).

XXII. CONFLICT OF INTEREST:

CONTRACTOR shall not employ any RUHS-BH employee whose position at RUHS-BH enables him/her to influence the award of this Agreement or any competing Agreement, and no spouse or economic dependent of such employee in any capacity herein, or in any other direct or indirect financial interest in this Agreement.

XXIII. WAIVER OF PERFORMANCE:

No waiver by RUHS-BH at any time of any of the provisions of this Agreement shall be deemed or construed as a waiver at any time thereafter of the same or any other provisions contained herein or of the strict and timely performance of such provisions.

XXIV. FEDERAL AND STATE STATUTES:

CONTRACTOR shall adhere to and comply with all other applicable Federal and State statutes and regulations, including but not limited to the applicable laws and regulations listed in Exhibit B.

XXV. DRUG-FREE WORKPLACE CERTIFICATION:

By signing this Agreement, the CONTRACTOR hereby certifies under penalty of perjury under the laws of the State of California that the CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and will provide a drug-free workplace doing all of the following.

- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355 (a).
- B. Establish a Drug-Free Awareness Program as required by Government Code Section 8355 (a) to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The CONTRACTOR's policy of maintaining a drug-free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and,
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Provide as required by Government Code Section 8355 (a) that every employee who works in the program(s) funded through this Agreement:
 - 1. Will receive a copy of the CONTRACTOR's drug-free policy statement, and
 - 2. Will agree to abide by the terms of the CONTRACTOR's statement as a condition of employment on the Agreement.
- D. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and the CONTRACTOR may be ineligible for award of future contracts if the RUHS-BH determines that any of the following has occurred:
 - 1. The CONTRACTOR has made a false certification or,
 - 2. Violates the certification by failing to carry out the requirements as noted above.

XXVI. TERMINATION PROVISIONS:

- A. Either party may terminate this Agreement without cause, upon sixty (60) days written notice served upon the other party.
- B. The RUHS-BH may terminate this Agreement upon thirty (30) days written notice served upon the CONTRACTOR if sufficient funds are not available for the continuation of services.
- C. The RUHS-BH reserves the right, to terminate the Agreement without warning at the discretion of the Director or designee, when CONTRACTOR has been accused and/or found to be in violation of any County, State, or Federal laws and regulations.
- D. The RUHS-BH may terminate this Agreement with (30) days written notice due to a change in status, or delegation, assignment or alteration of the Agreement.
- E. The RUHS-BH may terminate this Agreement immediately if, in the opinion of the Director of Behavioral Health, CONTRACTOR fails to provide for the health and safety of participant(s) served under this Agreement. In the event of such termination, the RUHS-BH may proceed with the work in any manner deemed proper to the RUHS-BH.
- F. If CONTRACTOR fails to comply with the conditions of this Agreement, RUHS-BH may take one or more of the following actions as appropriate:
 - 1. Temporarily withhold payments pending correction of the deficiency.
 - 2. Disallow (deny funds) for all or part of the cost or activity not in compliance.
 - 3. Wholly or partially suspend or terminate the Agreement and if necessary, request repayment to RUHS-BH if any disallowance is rendered after audit findings.
- G. After receipt of the Notice of Termination, pursuant to Paragraphs A, B, C, D, E or F above, or the CONTRACTOR is notified that the Agreement will not be extended beyond the performance period date, it is agreed that:

1. CONTRACTOR shall:

- a. Continue to provide the same level of service as previously required under the terms of this Agreement until the date of termination
- b. Stop all services under this Agreement on the date, and to the extent specified, in the Notice of Termination;
- c. If participants are to be transferred to another program for services, furnish to RUHS-BH, upon request, all participant information and documents deemed necessary by RUHS-BH to affect an orderly transfer;
- d. If appropriate, assist RUHS-BH in effecting the transfer of participants in a manner consistent with the best interest of the participants' welfare;
- e. Cancel outstanding commitments covering the procurement of materials, supplies, equipment and miscellaneous items. In addition, CONTRACTOR shall exercise all reasonable diligence to accomplish the cancellation of outstanding commitments required by this Agreement. With respect to these canceled commitments, the CONTRACTOR agrees to provide a written plan to Director (or his designee) within thirty (30) days for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitments. Such plan shall be subject to the approval or ratification of the RUHS-BH, which approval or ratification shall be final for all purposes of this clause;
- f. Transfer to RUHS-BH and deliver in the manner, at the times, and to the extent, if any, as directed by RUHS-BH, any equipment, records or other documents which, if the Agreement had been completed, would have been required to be furnished to RUHS-BH; and
- g. Take such action as may be necessary, or as RUHS-BH may direct, for the protection and preservation of the equipment, records or other documents, related to this Agreement which is in the possession of CONTRACTOR and in which RUHS-BH has or may acquire an interest;

- H. RUHS-BH shall continue to pay CONTRACTOR at the same rate as previously allowed until the date of termination, as determined by the Notice of Termination.
- I. In instances where the CONTRACTOR agreement is terminated and/or allowed to expire by the RUHS-BH and not renewed for a subsequent fiscal year, RUHS-BH reserves the right to enter into settlement talks with the CONTRACTOR in order to resolve any remaining and/or outstanding contractual issues, including but not limited to, financials, services, billing, cost report, etc. In such instances of settlement and/or litigation, CONTRACTOR will be solely responsible for associated costs for their organizations legal process pertaining to these matters including, but not limited to, legal fees, documentation copies, and legal representatives. CONTRACTOR further understands that if settlement agreements are entered into in association with this agreement, the RUHS-BH reserves the right to collect interest on any outstanding amount that is owed by the CONTRACTOR back to the RUHS-BH at a rate of no less than 5% of the balance.
- J. The rights and remedies of RUHS-BH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.
- K. CONTRACTOR shall submit a properly prepared cost report as required by the Cost Report Section found in Exhibit C of this Agreement.

XXVII. DISPUTE:

In the event of a dispute between a designee of the DIRECTOR and the CONTRACTOR over the execution of the terms of this Agreement and/or the quality of the services being rendered, the CONTRACTOR may file a written protest with the appropriate Program/Regional Manager of the RUHS-

BH. CONTRACTOR shall continue with the responsibilities under this agreement during any dispute. The Program/Regional Manager shall respond to the CONTRACTOR in writing within ten (10) working days. If the CONTRACTOR is dissatisfied with the Program/Regional Manager's response the CONTRACTOR may file successive written protests up through the RUHS-BH's administrative levels of Assistant Director-Programs, Assistant Director-Administration, and (finally) DIRECTOR. Each administrative level shall have twenty (20) working days to respond in writing to the CONTRACTOR. The DIRECTOR's decision shall be final.

XXVIII. SEVERABILITY:

If any provision of this Agreement or application thereof to any person or circumstances shall be declared invalid by a court of competent jurisdiction, or is in violation of any Federal, State, or RUHS-BH statute, ordinance, or regulation, the remaining provisions of this Agreement or the application thereof shall not be invalidated thereby and shall remain in full force and effect, and to that extent the provisions of this Agreement are declared severable.

XXIX. VENUE:

Any action at law or in equity brought by either of the parties hereto for the purpose of enforcing a right or rights provided by this Agreement shall be tried in a court of competent jurisdiction in the COUNTY OF RIVERSIDE, CALIFORNIA, and the parties hereby waive all provisions of law providing for a change of venue in such proceedings in any other county.

XXX. NOTICES:

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted one day after their deposit in the United States mail, postage prepaid:

CONTRACTOR:

WOMEN ACHIEVING SUCCESS
dba FAMILIES ACHIEVING SUCCESS
75 W. NUEVO ROAD, SUITE 137
PERRIS, CA 92571

COUNTY:

RIVERSIDE COUNTY
RIVERSIDE UNIVERSITY HEALTH SYSTEM
BEHAVIORAL HEALTH
ATTN: PROGRAM SUPPORT
P.O. BOX 7549
RIVERSIDE, CA 92513-7549

**EXHIBIT A
SCOPE OF WORK**

CONTRACTOR NAME: Women Achieving Success dba Families Achieving Success
PROGRAM NAME: Building Resilience in African American Families Boys Program
DEPARTMENT I.D.: 4100221XXX-74720

The PEI community planning process, which included focus groups, community forums, and survey completion, resulted in the identification of culturally-tailored parenting services and after school programs for the African American population as a priority and necessary intervention for this group in order to prevent the development of mental health problems. The Riverside University Health System – Behavioral Health (RUHS-BH) established a program to target the African American population within Riverside County. This program includes the provision of three Evidence-Based Practices (EBP). Specific outreach, engagement, and linkage services will be to individuals and parents/guardians as outlined in the Target Population Criteria section below. Collaboration and partnership is encouraged and preferred.

1.1 PROGRAM GOALS

- 1.1.1 The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health problems. The program will provide services in culturally appropriate settings, incorporating African-American philosophies and traditions. The setting for service delivery will not be a traditional mental health setting and will assist participants in feeling comfortable seeking services from staff that are

knowledgeable and capable of identifying needs and solutions for African-American families and individuals.

- 1.1.2 The services are designed to work together in a unique approach to prevention and early intervention services. The provider is expected to utilize targeted outreach to engage the African American community by working within the community and collaborating with schools, community organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

1.2 TARGET POPULATION CRITERIA

The target population to be served is African American children and their parents/guardians (including grandparents) that live in communities with high rates of poverty and community violence and who also meet the minimum criteria listed below:

- 1.2.1 African American males enrolled in middle school;
- 1.2.2 African American males and their parents/guardians who have experienced racism and discrimination;
- 1.2.3 African American males and their parents/guardians identified through the criminal justice system, diversion programs, and local schools; and
- 1.2.4 Meet the minimum criteria as defined and set forth in the PEI Screening Tool.

1.3 GEOGRAPHICAL LOCATION OF SERVICES

Services must be provided in the Mid-County Region of the County of Riverside. The target communities for this region include: areas east and south of March Air Force Base, including Hemet, San Jacinto, Perris, Lake Elsinore, Romoland, Wildomar and surrounding unincorporated areas.

1.4 GENERAL PROGRAM REQUIREMENTS

CONTRACTOR is expected to work cooperatively with RUHS-BH, local school districts, community organizations, non-profit organizations, youth recreation services, criminal justice/diversion programs, local faith-based organizations, and

the RUHS-BH Ethnic and Cultural Leader(s) to comprehensively address the needs of the target population. In addition, CONTRACTOR is expected to meet the following general program requirements:

1.4.1 Facilities

- a. Services will be offered in locations that are non-stigmatizing, which may include, but are not limited to, schools, faith-based organizations, libraries, and community centers that are located within the targeted communities;
- b. The facility must have space for groups of parents to attend parenting classes;
- c. The facility should have on site, or collaborate/partner with another site, e.g., churches, community centers, local business, for a large conference room to host day-long seminars for parents/guardians;
- d. The facility must be in compliance with any applicable state and local laws and requirements;
- e. The facility is required to have access to a food preparation and storage area where meals can be prepared by and served to program participants;
- f. A large dining space is required to host the family enhancement empowerment buffet dinners on a monthly basis;
- g. The facility must provide confidential space for early intervention services for small group and/or individual therapeutic services;
- h. The facility must be in-compliance with any applicable state and local laws and requirements, including American Disability Act (ADA).
- i. Facility must have space to store confidential information in a locked space.
- j. If childcare is offered, the facility must have space available for on-site childcare during the time that services are offered to parents.

1.4.2 Programs

- a. CONTRACTOR will utilize the evidence-informed prevention program, Africentric Youth & Family Rites of Passage Program (ROP), Cognitive-Behavioral Therapy (CBT) based individual, family, and/or group interventions, family enhancement/empowerment dinners, Guiding Good Choices (GGC) and parent support groups.
- b. The after school program (ROP) will be provided by two trained Youth Development Workers as described in Section 1.11.
- c. Clinical interventions (CBT) will be provided by a Mental Health Clinician as described in Section 1.8. CBT may be provided as determined by clinical assessment.
- d. The family enhancement/empowerment dinners will be facilitated by the two Youth Development Workers.
- e. GGC will be facilitated by the Mental Health Clinician and one (1) Youth Development Worker.
- f. The Parent Support Groups will be facilitated by the Mental Health Clinician and the Parent Partner.
- g. There will be no charge to the program participants.

1.5 SERVICE DELIVERY REQUIREMENTS

CONTRACTOR shall ensure that the following service delivery requirements, which include but are not limited to the following, are met:

- 1.5.1 Services to be provided in this project are for the Underserved Cultural Population identified through the PEI Community Planning Process, the African-American community within Riverside County with the highest risk of developing mental health problems.
- 1.5.2 Services to be provided utilizing the evidence-informed practice Africentric Youth & Family Rites of Passage Program (ROP), CBT based individual, family, and/or group interventions, family enhancement/empowerment dinners, GGC and parent support groups program.
- 1.5.3 A manual, developed in coordination with program materials, provider contributions, and RUHS-BH, **is required** to be used.

- 1.5.4 CONTRACTOR will follow CBT guidelines/theoretical perspective when individual, family, and/or group interventions are implemented.
- 1.5.5 Clinicians will attend a clinical consultation/support meeting held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- 1.5.6 Services to be provided in group and individual formats as prescribed by the models.
- 1.5.7 Provide specific outreach activities that will engage the targeted African-American boys 11-13 and their parents/guardians (including grandparents).
- 1.5.8 Collaborative efforts and partnerships are encouraged to meet service delivery requirements.
- 1.5.9 Selected vendor(s) will participate in 2-hour monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the evidenced based/informed practices. These meetings are designed to assist in model adherence and to assist in addressing any potential barriers to implementation of the models. All program staff **must** attend these meetings.
- 1.5.10 Program Administrators will participate in bi-monthly 2-hour BRAAF Leadership meetings as coordinated by the PEI Staff Development Officer. An annual project collaboratively planned and implemented will be the primary goal of the leadership meetings. Program Administrators will also coordinate outside of the leadership meetings in order to complete the annual project.
- 1.5.11 There will be no charge to the program participants.
- 1.5.12 Transportation shall be provided as needed to program participants.
- 1.5.13 Comply with Performance Outcome requirements as stated in Section 1.14.
- 1.5.14 Program Administrators will participate in a trans-regional Unity Day in collaboration with other RUHS–BH BRAAF providers. Unity Day is an

objective of the Building Resilience in African American Families (BRAAF) program provider's agreement with the RUHS-BH and shall incorporate the participation of all three regions (Desert, Mid-County and Western). The regions shall work collectively to plan, host and execute the project/event. The event shall include family style activities, outreach/community service activities, food and traditional Africentric rituals. The project shall also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community

1.6 SCREENING AND ORIENTATION

- 1.6.1 All participants will be screened utilizing the PEI Demographic Screening Form and all pre-outcome measures provided and required by RUHS-BH must be completed for all program participants prior to attending the program.
- 1.6.2 Screening to include face-to-face meetings/assessments with youth and caregivers by the Mental Health Clinician. These meetings can take place at the program site, in the home, or any location the family feels comfortable.
- 1.6.3 Orientation meeting includes the youth, parents, and referral sources, if applicable.
- 1.6.4 Orientation is a formal meeting that includes a meal and is offered at the after school program site.
- 1.6.5 Focus of the orientation is to review what the program is and expectations for families/youth throughout the program.
- 1.6.6 Provider will enroll 20-30 youth in the ROP program with the expectation of 15 graduating.

1.7 AFTERSCHOOL WEEKLY MODULE REQUIREMENTS

The evidence-informed program Africentric Youth & Family Rites of Passage is a culturally specific prevention model with a structured curriculum. **For the purpose of PEI:**

- 1.7.1 A Council of Elders must be recruited, trained, and have an active role in the after school program.
- a. The Council of Elders is comprised of 5-7 African-American individuals familiar with the PEI target communities – mostly male, but could include female – who represent the characteristics the program wishes to instill in the youth/families.
 - b. Each Elder participates in the program in a volunteer status.
 - c. During pre-initiation, each Elder will be assigned to observe 2-3 youth and will become quasi-mentors and then will assist in determining which youth will progress from pre-initiation through the initiation ceremony and continue in the program. A structured review of identified criteria will be used to assist with this.
 - d. Elders maintain a presence, although less regularly than during pre-initiation, for the entirety of the after school program.

1.7.2 Pre-Initiation: (first 6-8 weeks of program)

- a. Focus is a more detailed explanation and understanding of the ROP program
- b. Throughout this process, the Council of Elders are observing the youth to determine their progress and readiness to continue in the after school intervention. Elders should be present at most, if not all, pre-initiation meetings.
 1. Activities during this time include: opening and closing rituals, discussion – each week highlights one principle of the Nguzo Saba and RIPSO, role-plays, and activities that help demonstrate the principles and concepts.
- c. At the end of the 8th week, a retreat for the youth and the Council of Elders is planned.
- d. The retreat can be a one-day or may be an overnight event. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH**).

- e. The activities included in the retreat will be followed as outlined in the program's Curriculum Outline.

1.7.3 Each module/topic includes a minimum of 3 sessions:

- a. Session 1: the topic is introduced; a guest speaker (should be an African-American male & should be monthly at a minimum) may present with specific experiences related to the topic; may include role-plays and is interactive. **The program should have a guest speaker a minimum of 1 time per month. The guest speaker will receive a Presenters Fee of \$125.**
- b. Session 2: discussion with youth – reinforcement of lessons learned from guest speaker and how what was learned relates to the principles of Nguzo Saba & RIPSO; may include role-plays.
- c. Session 3: product – something the youth make to demonstrate what the module taught them e.g.: music, stickers, t-shirts, plays, etc. These can be part of the final graduating/ transformation ceremony.

1.7.4 Components for all sessions:

- a. Opening ceremony:
 - 1. Unity/Sacred Circle –The awarded provider(s) shall, with the assistance of the youth, develop a pledge which should be recited at the opening and closing of each session
 - 2. Can include a drum call (discuss the history associated with this)
 - 3. Libations (water) to honor ancestors, those who came before us, family ancestors, and historic cultural figures
 - 4. Discussion of Nguzo Saba and RIPSO
- b. Use of titles for Elders (Mama & Babba); youth call each other "Brother" or by their African name which is given at Initiation.
- c. Each youth is given an African name based upon their characteristics and it is used in group each day; youth can help

- choose their name or the Council of Elders can choose a name for them. This occurs at the close of the retreat following pre-initiation.
- d. A complete and healthy dinner, served family-style, is prepared by the youth and served to each other.
 - e. Closing ceremony
 - 1. Unity/Sacred circle
 - 2. Discussion: what did you learn today?
 - 3. What principles will you practice this week?
 - f. The after school component includes several culturally relevant outings into the community. These outings allow for additional learning and an opportunity to practice skills learned in program and is related to the current module/topic being taught. Outings **must** be pre-approved by RUHS-BH.

1.7.5 Graduation:

- a. There is a Karamu, which is a closing ceremony that is open to the community at which the youth are presented to the community explaining that these young men are now positive members of the community and are role models. They are presented to the community by the Council of Elders and they demonstrate what they have learned according to the code of behavior/pledge.
- b. The youth are presented with some special clothing, i.e.: a Kenti cloth. They are presented with symbols of their transformation and certificates (the youth can help design these).
- c. The graduation ceremony should include a meal and can incorporate culturally relevant and appropriate dance, music, presentations, and guest speakers.
- d. A year-end retreat for the youth to celebrate their success can be planned following the graduation ceremony. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH.**)

1.8 CLINICAL INTERVENTION REQUIREMENTS

- 1.8.1 The clinical component of the program is to be provided by the Mental Health Clinician who meets the specified criteria.
- 1.8.2 At time of screening the Mental Health Clinician will determine youth/family needs regarding mental health early intervention via a clinical assessment. Outcome measures will be administered prior to beginning the program. Outcome measures are identified in the RUHS - BH Research Protocol (Attached as Exhibit D). Clinical needs and interventions will be identified through the use of these tools.
- 1.8.3 Clinician will be present on a weekly basis (although not needed every day) in the after school program for observation, immediate intervention if necessary, and to support or present curriculum content that would be best presented by the Clinician in coordination with the Youth Development Workers.
- 1.8.4 All clinical interventions will be delivered within a CBT framework. CBT interventions can be delivered in a(n) individual, group, and/or family session format, under the guidance/consultation of the PEI Staff Development Officer.

1.9 PARENT ENHANCEMENT/EMPOWERMENT DINNERS

Parent enhancement/empowerment dinners are a required component of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Each session structure will mirror the structure of the after school sessions with the youth.

- 1.9.1 Parent enhancement/empowerment dinners are held monthly for a minimum of 2 hours throughout the length of the program. All parents are required to attend.
- 1.9.2 Could have a specific theme – a meal, music, singing, and a theme/topic for discussion to increase participation. The theme may be determined by parent's requests of specific topics.
- 1.9.3 Each meeting will include a meal for parents.
- 1.9.4 Transportation shall be provided as needed to all program participants.

- 1.9.5 Childcare will be made available as needed for all program participants and will be offered on site.
- 1.9.6 Opening Unity/Sacred Circle/libations will be included in each meeting.
- 1.9.7 Meetings can include guest speakers. As previously stated, **Guest speakers will receive a Presenters Fee of \$125.** Guest speakers can include, but are not limited to:
 - a. School representatives to discuss how to navigate the school system;
 - b. Politicians/school board; may have an outing to a school board meeting with parents
 - c. Getting parents engaged in the community, i.e.: voting, local community activities
 - d. Closing ceremony/circle will be included in each meeting.

1.10 PARENT EDUCATION AND SUPPORT

- 1.10.1 The evidence-based practice, Guiding Good Choices (GGC), is a **requirement** for all parents/guardians of ROP youth.
- 1.10.2 Weekly ongoing 90 minute parent support groups for parents/guardians of ROP youth who have completed the 5-week workshop, GGC, will be made available. Support group topics will be determined by the parents attending the groups.

1.11 Staffing /Parent Trainer(s), Responsibilities, Qualifications

CONTRACTOR shall ensure that staffing requirements, which include, but are not limited to, the following, are met:

- 1.11.1 The Rites of Passage will be provided by two trained paraprofessional staff (Youth Development Workers) with a Bachelor-level or higher degree in the social services field, preferably one (1) male and one (1) female per program recommendations. Youth Development Workers must have knowledge of African culture/history.
- 1.11.2 Clinical interventions will be provided by a Mental Health Clinician who possesses a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed

Clinician. The Mental Health Clinician must be trained in and have

knowledge of child development, adolescent mental health, Cognitive-Behavioral Therapy (CBT), parenting, screening and assessment, crisis intervention and must also have knowledge of African culture/history.

- 1.11.3 CONTRACTOR and staff must attend and satisfactorily complete any training related to the BRAAF program which will be coordinated and funded by RUHS - BH.
- 1.11.4 All Program Staff will attend a yearly, one (1) day, PEI Summit.
- 1.11.5 All staff will attend booster training, a minimum of one-day per year, as identified and coordinated by RUHS - BH.
- 1.11.6 All staff will attend monthly 2-hour fidelity meetings with RUHS - BH staff.
- 1.11.7 The mental health clinician will attend 2-hour clinical consultation/support meetings with RUHS - BH held, at minimum, one time every 2 months.
- 1.11.8 Provide administrative, supervisory, and clerical support for the program.
- 1.11.9 Ensure that the BRAAF Program maintains a minimum of 80% fidelity of program components as observed by RUHS-BH, and as measured by the use of the RUHS-BH fidelity tools. CONTRACTOR will comply with findings resulting from the fidelity observations which may be in the format of: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.
- 1.11.10 Provide outcome measures to all program participants as outlined in section 1.14.
- 1.11.11 Ensure that all staff and volunteers working with individuals receiving service be fingerprinted (Live Scan), and pass DOJ and FBI background checks.
- 1.11.12 Ensure that personnel are qualified to provide the services necessary.
- 1.11.13 Ensure the provision of culturally competent services.

1.11.14 Ensure the following job descriptions are filled:

a. Program Director/Administrator:

1. The Program Director/Administrator must be licensed by the State of California as an LMFT or LCSW or higher in the mental health field. (Any exception to this requirement must have prior approval by RUHS-BH.)
2. The Program Director will manage coordination for this project, be trained and highly skilled in child development, early childhood mental health, parenting, screening and assessment and crisis intervention. The Program Director will also be skilled at public speaking and have excellent knowledge of community resources specific to this underserved population.
3. The Program Director will supervise the Rites of Passage Program, the Guiding Good Choices Program, and the Cognitive-Behavioral Intervention for Trauma in Schools program.
4. The Director will ensure that clinical supervision is provided for any paraprofessional and/or pre-licensed clinical staff members.
5. The Director will assist all staff in working collaboratively with RUHS-BH for ongoing educational and fidelity monitoring of the evidence-based practices.
6. The Program Director will participate in the bi-monthly BRAAF Leadership team meetings facilitated by the PEI Staff Development Officer.

b. Youth Development Workers – (one male & one female, as highly recommended by the evidence-based practice):

1. The Youth Development Workers are individuals who understand the African-American community, have knowledge of the culture, and experience working with youth and their families.

2. The Youth Development Workers are to have a Bachelor's Degree or higher with some background in child development.
 3. The Youth Development Workers will facilitate the Rites of Passage program for youth.
- c. Mental Health Clinician:
1. The Mental Health Clinician must possess a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician.
 2. The Mental Health Clinician is trained and has knowledge of child development, early childhood mental health, parenting, screening and assessment and crisis intervention.
 3. The Mental Health Clinician must understand the African-American community, have knowledge of the culture, and experience working with youth and families.
 4. The Mental Health Clinician will also have knowledge of community resources specific to this underserved population, including understanding of local school districts policies regarding discipline, academic support, and other interventions that would support youth enrolled in this program.
 5. The Mental Health Clinician will provide Cognitive-Behavioral Therapy (CBT) based individual, family, and crisis counseling as a component of the after school program both at the service site and in the home, as needed. This will include parent education as appropriate.
 6. The Mental Health Clinician will co-facilitate (with a Youth Development Worker) the Guiding Good Choices parent workshop evidence-based practice per the guidelines of the model for all parents/guardians of enrolled ROP youth.
 7. The Mental Health Clinician will co-facilitate (with the Parent Partner) the ongoing parent support groups.

8. Clinician will attend clinical consultation/support meetings held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- d. Clinical Supervisor (if needed)**
1. The Clinical Supervisor will be required if the Mental Health Clinician has not completed all licensing requirements through the Board of Behavioral Sciences.
 2. Clinical Supervisor must comply with all requirements to provide clinical supervision to a pre-licensed clinician.
- e. Parent Partner
1. The Parent Partner is a parent/guardian of an ROP youth who has successfully completed their participation in the 5-week Guiding Good Choices workshop.
 2. The Parent Partner has demonstrated competence in utilizing the skills learned, has a desire to assist other parents in a supportive role, has public speaking skills, and is willing to work with and follow the direction of BRAAF program staff.
 3. The Parent Partner will co-facilitate the parent support groups alongside the Mental Health Clinician.
 4. The Parent Partner will act as a support and liaison during parent support groups, will engage parents in the support group by encouraging attendance, telephone and/or in-person contact between groups, answer questions, and provide appropriate referrals and resources when needed.

1.12 REGULATORY COMPLIANCE

CONTRACTOR shall:

- 1.12.1 Comply with any and all Federal, State or local laws and licensing regulations including but not limited to Federal HIPAA regulations

and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.

- 1.12.2 Participate in the RUHS-BH annual contract monitoring as well as more frequent program review. Any associated RUHS-BH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
- 1.12.3 Submit monthly documentation to RUHS-BH as outlined by RUHS-BH.
- 1.12.4 Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.

1.13 DOCUMENTATION OF SERVICES

The CONTRACTOR shall maintain appropriate records documenting all of the services provided through the contract. All confidential information shall be stored in a locked space. The documentation of staffing, payroll, other program costs, and program activities shall clearly indicate program staff time. These records shall conform to the requirements of the Department of Health Care Services and the Riverside University Health System - Behavioral Health. These records shall include but are not limited to:

- 1.13.1 The CONTRACTOR shall maintain a log of referrals.
- 1.13.2 Documentation of youth and parents/caregivers participating in the BRAAF Program.
- 1.13.3 Documentation of participant attendance for all components of the program including, but not limited to, sign in sheets for all program activities, the Master Attendance Roster and Program Staff time sheets. Sign In sheets must include date, time, topic of discussion and agenda for the activity. The sign in sheet must include first and last name of each participant and staff member. Each participant and staff must sign in for themselves.
- 1.13.4 Copies of materials presented and discussed for all program activities.

- 1.13.5 Confidential files must be maintained by the clinician for each program participant receiving clinical services.
- 1.13.6 Documentation of outreach/recruitment efforts on a monthly basis, which may include but not be limited to date, time, and location of recruitment activities (i.e., parents, schools, etc.).
- 1.13.7 Monthly contract report, as outlined by RUHS - BH, shall be submitted to RUHS - BH. This monthly report shall summarize CONTRACTOR activities.
- 1.13.8 All records maintained by the CONTRACTOR on behalf of RUHS - BH are the property of RUHS - BH.
- 1.13.9 Copies of completed outcome measures, as described in the RUHS - BH Data Collection Research Protocol (Exhibit D).
- 1.13.10 Other requirements may be determined as the PEI plan is implemented.
- 1.13.11 Data entry into the County Management Information System.
- 1.13.12 Documentation of participants, dates, assessments, screenings, and contact notes for all programs identified.
- 1.13.13 Copy of RUHS-BH's Fiscal approved annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report. CONTRACTOR shall comply with RUHS-BH regulations.

1.14 PERFORMANCE OUTCOMES

CONTRACTOR will receive the RUHS-BH Research Protocol (Attached hereto Exhibit D) which includes the outcome measures as well as all other documentation requirements. The utilization of the outcome measures and forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Future funding will be dependent upon positive performance outcomes, which will be monitored by RUHS-BH throughout the year. Failure to comply with Performance Outcomes or performance based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds

until documents are received.

1.14.1 Completion for the ROP program is defined as participation in the 9-month after school program, successfully completing initiation and graduation at program end. Completion of the CBT program is defined by the youth completing individual and/or group sessions. Completion of the GGC program is defined as attendance at all five (5) group sessions. Completion also means that all pre and post measures have been completed for each program participant and parent/caregiver. CONTRACTOR shall submit documentation of all attempts to obtain post measures per RUHS-BH Research Protocol. RUHS-BH must approve any participant and parent/caregiver as completed if there are not pre/post matched pair measures.

1.14.2 Goals, Outcome Measurement Tools, and Outcome Expectations:

Rites of Passage:

- a. Upon completing the program, CONTRACTOR will measure child resiliency by using "The Resiliency Scale for Children and Adolescents" with the expectation of an increase in the sense of mastery and relatedness resiliency scales.
- b. Upon completing the program, CONTRACTOR will measure participants' cultural identity using the "The Youth Questionnaire" which includes portions of the Multidimensional Inventory of Black Identity (MIBI) and the Multi Ethnic Inventory measure. The expectation is that there will be an increase in positive ethnic identity.
- c. Upon completing the program, CONTRACTOR will measure family cohesion and adaptability using the "FACES-III" with the expectation of an increase in cohesion and adaptability.

Clinical Interventions:

- a. CONTRACTOR will measure trauma symptoms using the "Child PTSD Symptom Scale" with the expectation of a decrease in trauma symptoms.

- b. Upon completing the CBT program, CONTRACTOR will measure depression symptoms using the “Child Depression Inventory-2 (CDI)” with the expectation of a decrease in depressive symptoms.
- c. Upon completing the CBT program, CONTRACTOR will measure behavior problems in youth participants using the “Strengths and Difficulties Questionnaire (SDQ)” with the expectation of an increase in strengths and decrease in difficulties.

Guiding Good Choices:

- a. Upon completing the program, CONTRACTOR will measure parenting skills, involvement, and practices using the “APQ – Alabama Parenting Scale” with the expectation of improvement in parenting skills, involvement with their children and overall parenting practices.

1.14.3 Performance-Based Criteria:

- a. RUHS-BH shall evaluate the CONTRACTOR on seven (7) Performance-Based Criteria that measure the CONTRACTOR’s performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI plan. These measures assess the agency’s ability to provide the required services and to monitor the quality of the services.
- b. Should there be a change to Federal, State and/or County policies/regulations, RUHS - BH, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment.
- c. CONTRACTOR staff will participate in monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the Building Resilience in African-American Families Program. These meetings are designed to assist in model adherence and in addressing any potential barriers to implementation of the Evidence Informed and Evidence Based Practices.

d. The Performance-Based Criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. CONTRACTOR will provide the Rites of Passage Program to a minimum of 15 middle school African-American males and their parents/caregivers in the Desert Region.	CONTRACTOR will submit all required documentation for each youth participating in the program.	Fifteen (15) middle school African-American males and their parents/caregivers as unduplicated participants will complete the program. "Completed" is defined by regular attendance and the satisfactory completion of initiation and graduation requirements.
2. CONTRACTOR will provide monthly parent empowerment and enhancement dinners to the parents/caregivers of the middle school youth enrolled in ROP.	CONTRACTOR will submit all required documentation for each parent/guardian participating in the program.	All parents/caregivers of the youth enrolled in ROP will attend the monthly parent empowerment and enhancement dinners.
3. CONTRACTOR will provide clinical intervention in the form of CBT based individual, family and/or group intervention and/or parent education to the youth and their parents/caregivers enrolled in ROP.	CONTRACTOR will submit all required documentation for each person receiving clinical intervention.	All youth and their parents/caregivers who are enrolled in ROP will receive a clinical assessment. Based upon need, those identified will receive targeted clinical intervention. For youth enrolled in CBT, "completion" is defined as completing individual and/or group sessions.
4. CONTRACTOR will provide the Guiding Good Choices parent education program to parents/caregivers of all youth enrolled the ROP program	CONTRACTOR will submit all required documentation for each parent/caregiver enrolled and completing the GGC program.	All parents/caregivers of youth enrolled in the ROP program will complete the GGC parent education program. Program completion is defined attending all 5 group sessions.
5. CONTRACTOR will provide parent support groups to parents/caregivers of youth enrolled in the ROP program.	CONTRACTOR will submit all required documentation for each participant attending the parent support groups.	All parents of youth enrolled in the ROP program will be encouraged to attend. The parent partner will outreach consistently to all parents/caregivers.
6. CONTRACTOR will administer/complete appropriate outcome measures included in the RUHS - BH Research Protocol (Exhibit D).	CONTRACTOR will administer/complete appropriate outcome measures in formats and schedules designated by RUHS - BH.	Outcome measures will be given preprogram start date and post program completion and/or at any additional intervals as determined by the evidence-based practice and by RUHS - BH.

7. CONTRACTOR will provide the program in line with the evidence-informed and evidence based program guidelines.	CONTRACTOR will provide verification of staff training, utilization of program manuals, live observation of the program implementation, submission of video/audio recordings and participant focus groups.	100% of participants will receive the program consistent with the program guidelines.
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1.14.4 The program staff is required to maintain a minimum of 80% fidelity for each program component as observed by RUHS-BH, and as measured by the use of the EBP fidelity tools. CONTRACTOR will comply with findings resulting from the EBP fidelity tools which may include the following: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.

1.15 DISASTER PREPAREDNESS

The CONTRACTOR shall ensure contingency plans are in place to continue the delivery of services in the event of a man-made or natural disaster.

1.16 COUNTY SUPPORT AND TECHNICAL ASSISTANCE

RUHS-BH shall provide technical assistance on an as-needed basis for program CONTRACTOR. Such technical assistance typically includes, but is not limited to, orientation to the County's MIS systems, and data entry guidelines; reviewing and interpreting County policies and procedures; providing on-going agency liaison with RUHS-BH and the Department's other CONTRACTORs to ensure optimal collaborations, etc.

**EXHIBIT B – MHSA
LAWS, REGULATIONS AND POLICIES**

In addition to the statues and regulations previously referenced in this AGREEMENT, services shall be provided in accordance with policies and procedures as developed by COUNTY as well as those Federal and State laws, regulations and policies applicable to the terms of this AGREEMENT, which may include, but may not be limited to the following specific statues or relevant sections therein:

FEDERAL

- Drug-Free Workplace Act (DFWA) – 1990
- National Voter Registration Act of 1993
- 42 C.F.R. §438.608 (Program Integrity Requirements)
- McKinney-Vento Homeless Assistance Act, Public Law 101-645 (Homeless Services)
- Trafficking Victims Protection Act (TVPA) of 2000
- 45 C.F.R. § 205.50

STATE

- Mental Health Services – Welfare and Institutions Code § 5000 to 5914
- Laura’s Law – Assembly Bill 1367
- The California Child Abuse and Neglect Reporting Act (CANRA) 2013
- Confidentiality of Medical Information Act – Civil Code §§ 56 et seq.
- Senate Bill 35 (SB35), Chapter 505, Statutes of 2012
- Government Code § 26227 (Contracting with County)
- Government Code § 8546.7 (Audits)
- Penal Code §§ 11164-11174.4 et seq. - (Child Abuse and Neglect Reporting)
- Welfare & Institution Code §§ 14705 and 14725
- Welfare & Institution Code §§ 18350 et seq.
- State Department of Health Care Services Publications
- Welfare and Institutions Code 5610 to 5613 (Client Service Information Reporting)
- Welfare and Institutions Code 17608.05 (Maintenance of Effort)
- Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.
- Centers for Medicare and Medicaid Services Manual
- Welfare & Institutions Code §§ 15600 et seq. (Elderly and Dependent Adult Abuse Reporting)
- 2 C.C.R. Division 9, Chapter 1
- DMH Letter 03-04 (Health Care Facility Rates)
- DMH Letter 86-01 (Life Support Supplemental Rate)
- 22 C.C.R. § 70707
- Government Code § 7550 (Reports)
- Welfare and Institutions Code § 14132.47

COUNTY

Behavioral Health Policies

- Code of Ethics – Policy 108
- Cultural Competene – Policy 162
- Confidentiality Guidelines for Family / Social support Network – Policy 206
- Confidentiality / Privacy Disclosure of Individually Identifiable Information – Policy 239

- Health Privacy & Security – Board of Supervisors Policy B-23
- Alcohol and Drug Abuse Policy, Board of Supervisors Policy C-10
- Harassment in the Workplace - Board of Supervisors Policy C-25
- Protected Health Information – Minimum Necessary for Use and Disclosure – Policy 298
- Workplace Violence, Threats and Security - Board of Supervisors Policy C-27
- Riverside County Mental Health Plan
- Riverside County Mental Health Plan Provider Manual
- Riverside County Mental Health “Psychotropic Medication Protocols for Children and Adolescents” Publication
- Riverside County Mental Health “Medication Guidelines” Publication
- County and Departmental policies, as applicable to this Agreement

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: Women Achieving Success dba Families Achieving Success
PROGRAM NAME: Building Resilience in African American Families Boys Program
DEPARTMENT ID: 4100221xxx.74720

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:
 - The Negotiated Rate, as approved by the COUNTY, per unit as specified in the Schedule I, multiplied by the actual number of units of service provided, less revenue collected.
 - One-twelfth (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
 - Actual Cost, as invoiced by expenditure category specified in Schedule K.
2. CONTRACTOR'S Schedule I, and Schedule K when applicable, issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.
3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.
 - The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual number of County approved units of service multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services or Substance Abuse Prevention Treatment Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services; or RCMAR for Drug Medi-Cal Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Opioid Treatment Program (OTP) Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the State Drug Medi-Cal rate, or customary charges (published rate), whichever is lower, less revenue collected.
 - The final year-end settlement for Negotiated Rate services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of units of service provided and approved by the COUNTY, less revenue collected for the provision of services.

- The final year-end settlement for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K.
- The final year-end and local match settlement for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.
4. The combined final year-end settlement for all services shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the COUNTY.
5. CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
- B. MAXIMUM OBLIGATION:**
COUNTY'S maximum obligation for FY 2021/2022 shall be \$246,110 subject to availability of applicable Federal, State, local and/or COUNTY funds.
- C. BUDGET:**
Schedule I, and Schedule K when applicable, presents (for budgetary and planning purposes only) the budget details pursuant to this Agreement. Schedule I contains department identification number (Dept. ID), Program Code, billable and non-billable mode(s) and service function(s), units, expected revenues, maximum obligation and source of funding pursuant to this Agreement. Where applicable, Schedule K contains line item budget by expenditure category.
- D. MEDI-CAL (M/C):**
1. With respect to services provided to Medi-Cal beneficiaries, CONTRACTOR shall comply with applicable Medi-Cal cost containment principles where reimbursement is based on actual allowable cost, approved Medi-Cal rate, RCMAR, Drug Medi-Cal rate, or customary charges (published rate), whichever rate is lower, as specified in Title 19 of the Social Security Act, Title 22 of the California Code of Regulations and applicable policy letters issued by the State.
 2. RCMAR is composed of Local Matching Funds and Federal Financial Participation (FFP).
- E. LOCAL MATCH REQUIREMENTS:**
- If box is checked, CONTRACTOR is required to make quarterly estimated EPSDT local match payments to COUNTY based on 5% of the amount invoiced. Local match requirement is subject to annual settlement.
- F. REVENUES:**
As applicable:
1. Pursuant to the provisions of Sections 4025, 5717 and 14705 of the Welfare & Institutions Code, and as further contained in the State Department of Health Care Services Revenue Manual, Section 1, CONTRACTOR shall collect revenues for the provision of the services described pursuant to Exhibit A. Such revenues may include but are not limited to, fees for services, private contributions, grants or other funds. All revenues received by CONTRACTOR shall be reported in their annual Cost Report, and shall be used to offset gross cost.

2. CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to providing and billing for services in order to ensure proper billing of Medi-Cal. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, Medicare, or other third party benefits shall be determined by the CONTRACTOR at all times for billing or service purposes. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.
5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of the CONTRACTOR'S received notification from the State. CONTRACTOR shall be responsible for faxing the cleared Medi-Cal Share of Cost documentation to fax number (951) 955-7361 OR to your organization's appropriate COUNTY Region or Program contact. Patients/clients with share of cost Medi-Cal shall be charged their monthly Medi-Cal share of cost in lieu of their annual liability. Medicare clients will be responsible for any co-insurance and/or deductible for services rendered at Medicare certified sites.
7. All other clients will be subject to an annual sliding fee schedule by CONTRACTOR for services rendered, based on the patient's/client's ability to pay, not to exceed the CONTRACTOR'S actual charges for the services provided. In accordance with the State Department of Health Care Services Revenue Manual, CONTRACTOR shall not be penalized for non-collection of revenues provided that reasonable and diligent attempts are made by the CONTRACTOR to collect these revenues. Past due patient/client accounts may not be referred to private collection agencies. No patient/client shall be denied services due to inability to pay.
8. If and where applicable, CONTRACTOR shall submit to COUNTY, with signed Agreement, a copy of CONTRACTOR'S customary charges (published rates).
9. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays) above and beyond the contracted Schedule I rate, the CONTRACTOR must notify the COUNTY within each fiscal year Agreement period of performance.

10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

G. REALLOCATION OF FUNDS:

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.
3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.

H. RECOGNITION OF FINANCIAL SUPPORT:

If, when and/or where applicable, CONTRACTOR'S stationery/letterhead shall indicate that funding for the program is provided in whole or in part by Riverside University Health System – Behavioral Health.

I. PAYMENT:

1. Monthly reimbursements may be withheld and recouped at the discretion of the Director or its designee due to material Agreement non-compliance, including overpayments as well as adjustments or disallowances resulting from the COUNTY Contract Monitoring Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the Cost Report Reconciliation/Settlement process.
2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow payments to CONTRACTOR until proof of any items billed for is received, verified and approved by the COUNTY.
3. In addition to the annual CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform impromptu CMTs without prior notice throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and inaccurate billing/reports. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to

CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this Agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.

4. Notwithstanding the provisions of Paragraph I-1 and I-2 above, CONTRACTOR shall be paid in arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12th) monthly basis, or based upon the actual cost invoice by expenditure category, as specified in Paragraph A-1 above.
 - a. CONTRACTOR will be responsible for entering all service related data into the COUNTY's MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.
 - b. CONTRACTOR is required to enter all units of service into the COUNTY'S MIS no later than 5:00 p.m. on the fifth (5th) calendar day following the date of service. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - c. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) **(attached as Exhibit C, Attachment A)** signed by the Director or authorized designee of the CONTRACTOR organization. This form must be faxed and/or emailed (PDF format only) to the COUNTY at (951) 358-6868, and/or emailed to ELMR_PIF@rcmhd.org. The CONTRACTOR PIF form must be received by the COUNTY via fax and/or email for the prior month no later than 5:00 p.m. on the fifth (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed Program Integrity Form (PIF), contracts reimbursed based on a Schedule K as specified in Paragraph A-1 above are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
 - f. Failure by the CONTRACTOR to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF, and when applicable, faxing and/or e-mailing the actual cost invoice, will delay payment to the CONTRACTOR until the required documents as outlined herein are provided.
5. CONTRACTOR shall work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process.
6. CONTRACTOR shall provide the COUNTY with all information necessary for the preparation and submission to the State, if applicable, for all billings, and the audit of all billings.
7. In order to ensure that CONTRACTOR will receive reimbursement for services rendered under this Agreement, CONTRACTOR shall be responsible for notifying Medi-Cal if at any time CONTRACTOR discovers or is made aware that client Medicare and/or Insurance coverage has been terminated or otherwise is not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating the Medicare

and/or Insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and the comment "Medicare/OHC Termed" on the documentation provided to the COUNTY.

8. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF is received by the COUNTY and invoice is generated by the applicable COUNTY Region/Program.
9. Pursuant to Section III.A. – REIMBURSEMENT AND USE OF FUNDS AND SECTION XXV. – PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by RUHS-BH and DHCS and/or be the basis for other sanctions by DHCS.

J. COST REPORT:

1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY two (2) copies, per each Program Code, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within one of the length of times as follows and as indicated below by an "X":
 - Thirty (30) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Forty-five (45) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Seventy-Five (75) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
2. The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122 and OMB-circular A-87.
4. It is mandatory that the CONTRACTOR send one representative to the COUNTY'S annual cost report training that covers the preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Annual attendance at the training is mandatory in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
5. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been received within the specified length of time as indicated in Section I, paragraph 1 above. Future monthly reimbursements will be withheld if the Cost Report contains errors that are not corrected within ten (10) calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadlines or extensions will immediately result in the withholding of future monthly reimbursements.
6. The Cost Report shall serve as the basis for year-end settlement to CONTRACTOR including a reconciliation and adjustment of all payments made to CONTRACTOR and all

revenue received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.

7. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year Cost Report(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
8. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost report. Where deemed applicable, Actual Costs for Indirect Administrative Expenses shall not exceed the percentage of cost as submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

K. BANKRUPTCY:

Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify COUNTY'S Behavioral Health's Fiscal Services Unit, in writing by certified letter with a courtesy copy to the Behavioral Health's Program Support Unit. The CONTRACTOR shall submit a properly prepared Cost Report in accordance with requirements and deadlines set forth in Section I before final payment is made.

L. AUDITS:

1. CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
2. If this Agreement is terminated in accordance with Section XXVII, TERMINATION PROVISIONS, the COUNTY, Federal and/or State governments may conduct a final audit of the CONTRACTOR. Final reimbursement to CONTRACTOR by COUNTY shall not be made until all audit results are known and all accounts are reconciled. Revenue collected by CONTRACTOR during this period for services provided under the terms of this Agreement will be regarded as revenue received and deducted as such from the final reimbursement claim.
3. Any audit exception resulting from an audit conducted by any duly authorized representative of the Federal Government, the State or COUNTY shall be the sole responsibility of the CONTRACTOR. Any audit disallowance adjustments shall be paid in full upon demand or withheld at the discretion of the Director of Behavioral Health against amounts due under this Agreement or Agreement(s) in subsequent years.
4. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. If and when necessary, a corrective Action Plan will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of all payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

M. TRAINING:

CONTRACTOR understands that as the COUNTY implements its current MIS to comply with Federal, State and/or local funding and service delivery requirements, CONTRACTOR will, therefore, be responsible for sending at least one representative to receive all applicable COUNTY training associated with, but not limited to, applicable service data entry, client registration, billing and invoicing (batching), and learning how to appropriately and successfully utilize and/or operate the current and/or upgraded MIS as specified for use by the COUNTY under this Agreement. The COUNTY will notify the CONTRACTOR when such training is required and available.

N. FURNISHINGS AND EQUIPMENT

1. **OWNERSHIP:** If equipment and furnishings were previously purchased through this Agreement, CONTRACTOR acknowledges that these items are the property of COUNTY. Procedures provided by COUNTY for the acquisition, inventory, control and disposition of the equipment and the acquisition and payment for administrative services to such equipment (e.g. office machine repair) are to be followed.
2. **INVENTORY:** CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings purchased through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: date acquired; property description (to include model number); property identification number (serial number); cost or other basis of valuation; funding source; and rate of depreciation or depreciation schedule, if applicable. An updated inventory list shall be provided to COUNTY on a semi-annual basis, and filed with the Annual Cost Report. Once COUNTY is in receipt of this list, COUNTY inventory tags will be issued to CONTRACTOR, and are to be attached to the item as directed.
3. **DISPOSAL:** Approval must be obtained from COUNTY prior to the disposal of any property purchased with funds from this Agreement, regardless of the acquisition value. Disposal (which includes sale, trade-in, discard, or transfer to another agency or program) shall not occur until approval is received in writing from COUNTY.
4. **CAPITAL ASSETS:**
 - a. Capital assets are tangible or intangible assets exceeding \$5,000 that benefit an agency more than a single fiscal year. For capital assets approved for purchase by COUNTY, allowable and non-allowable cost information and depreciation requirements can be found in the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II. It is CONTRACTOR'S responsibility to ensure compliance with these requirements.
 - b. Any capital asset that was acquired or improved in whole or in part with funds disbursed under this Agreement, or under any previous Agreement between COUNTY and CONTRACTOR, shall either be, at the election of COUNTY as determined by the Director or designee: (1) transferred to COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less any portion of the current value attributable to CONTRACTOR's out of pocket expenditures using non-county funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

**WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS - SCHEDULE K
RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH**

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS	FISCAL YEAR: 2021/22
PROGRAM NAME: MHSA PEI-BRAAF BOYS	PERFORMANCE PERIOD: 07/01/2021 - 06/30/2022
REGION/POPULATION: MHSA PEI - MID-COUNTY REGION	MONTHLY REIMBURSEMENT:
REGION CONTRACT AMOUNT: \$246,110	YEAR END SETTLEMENT:
	ACTUAL COST
	ACTUAL COST

	MID-COUNTY REGION / DEPT ID#4100221XXX-74720-536240 RU: XXXXX		VENDOR ID 228659 BPO:	
	60	78	60	78
TYPE OF MODALITY:	INDIRECT SERVICES			
MODE OF SERVICE:	60	78	60	78
SERVICE FUNCTION:	ROP	CBT	GGC	
PROGRAM:	ROP	CBT	GGC	
1. Personnel Expenditures (from Staffing Detail)				TOTAL CONTRACT
Youth Development Officer \$17 (.76 FTE)	\$21,250	\$5,440	\$510	\$27,200
Benefits @ 1.6%	\$340	\$87	\$8	\$435
Youth Development Officer \$17 (.75 FTE)	\$21,250	\$5,440	\$0	\$26,690
Benefits @ 1.6%	\$340	\$87	\$0	\$427
Program Director \$26 (.74 FTE)	\$31,200	\$8,320	\$390	\$39,910
Benefits @ 1.6%	\$499	\$133	\$6	\$639
Mental Health Clinician \$34 (.58 FTE)	\$13,600	\$27,200	\$1,020	\$41,820
Benefits @ 1.6%	\$218	\$435	\$16	\$669
Parent Partner \$12 (.05 FTE)	\$0	\$1,400	\$0	\$1,400
Benefits @ 1.6%	\$0	\$22	\$0	\$22
Childcare Worker \$12 (.095 FTE)	\$112	\$2,240	\$420	\$2,772
Benefits @ 1.6%	\$2	\$36	\$7	\$44
Bus Driver \$12 (.20 FTE)	\$6,300	\$0	\$0	\$6,300
Benefits @ 1.6%	\$101	\$0	\$0	\$101
Total Personnel Expenditures	\$95,211	\$50,841	\$2,377	\$148,429
2. Operating Expenditures				
Translation Interpreter	\$0	\$0	\$0	\$0
Professional Services	\$2,500	\$2,500	\$2,500	\$7,500
Staff Travel	\$564	\$366	\$150	\$1,080
Participant Travel (.56)	\$7,022	\$0	\$1,500	\$8,522
General Office Expenditure	\$560	\$700	\$700	\$1,790
Outreach Materials	\$759	\$0	\$30	\$789
Rent, Utilities, Equipment	\$8,400	\$0	\$0	\$8,400
Food	\$12,960	\$2,700	\$1,500	\$17,160
Community Expert Fees	\$1,125	\$0	\$0	\$1,125
Outings	\$3,115	\$0	\$0	\$3,115
Retreats	\$6,000	\$0	\$0	\$6,000
IT/Technical Support	\$2,500	\$0	\$0	\$2,500
Other Operating Expense	\$5,900	\$0	\$0	\$5,900
Unity Day	\$3,000	\$0	\$0	\$3,000
Total Operating Expenditures	\$54,405	\$6,096	\$6,380	\$66,881
3. Indirect Administrative Expenses				
Admin Costs	\$22,200	\$7,300	\$1,300	\$30,800
Total Indirect Administrative Expenses	\$22,200	\$7,300	\$1,300	\$30,800
Total Program Budget	\$171,816	\$64,237	\$10,057	\$246,110
Total Indirect Administrative Expenses % (Not to Exceed 15%)	14.84%	12.82%	14.84%	14.30%

FUNDING SOURCES DOCUMENT: 2020-2021 MH CLIB Net Funding
 PREPARED BY: Leah Newell
 ADMIN SVCS ANALYST SIGNATURE: *Leah Newell*
 FISCAL ACCOUNTANT SIGNATURE: *Shree Martin*
 CONTACT #: 951-358-3189
 DATE: 4/28/2021
 DATE: 4/29/2021

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS		INVOICE DATE:
PROGRAM NAME: MHSA PEI-BRAAF BOYS		SERVICE PERIOD:
REGION/POPULATION: MHSA PEI - MID-COUNTY REGION		INVOICE NUMBER:
REGION CONTRACT AMOUNT: \$246,110		YEAR END SETTLEMENT:
		BRPROP MM/YY
		ACTUAL COST

DEPT ID#4100221XXX-06/22 / VENDOR ID 0000228659		MHARC xxxxx-xxx-06/22 / BPO: XXXXXX RU: XXXXX	
INDIRECT SERVICES			
MODE OF SERVICE:	60	60	60
SERVICE FUNCTION:	78	78	78
CATEGORY DESCRIPTION:	PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING
PROGRAM: RITES OF PASSAGE			

Hours Per Category Description:	#DIV/OI	#DIV/OI	#DIV/OI	TOTAL INVOICE COSTS
1. Personnel Expenditures (from Staffing Detail)				
Youth Development Officer	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Program Director	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Mental Health Clinician	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Childcare Worker	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Bus Driver	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0
2. Operating Expenditures				
Translation Interpreter	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0	\$0
Participant Travel (.56)	\$0	\$0	\$0	\$0
General Office Expenditure	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0	\$0
Outings	\$0	\$0	\$0	\$0
Retreats	\$0	\$0	\$0	\$0
IT/Technical Support	\$0	\$0	\$0	\$0
Other Operating Expense	\$0	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0	\$0
3. Indirect Administrative Expenses				
Admin Costs	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/OI	#DIV/OI	#DIV/OI	#DIV/OI
TOTAL INVOICE COSTS				\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____

DATE: _____

Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS		INVOICE DATE:	
PROGRAM NAME: MHSA PEI-BRAAF BOYS		SERVICE PERIOD:	BRFCBT MM/YY
REGION/POPULATION: MHSA PEI - MID-COUNTY REGION		INVOICE NUMBER:	
REGION CONTRACT AMOUNT: \$246,110		YEAR END SETTLEMENT:	ACTUAL COST
DEPT ID#4100221XXX-74720-536240 BPO: XXXXXX RU: XXXXX		MHARC xxxxx-xxx-06/22 / VENDOR ID 0000228659	
INDIRECT SERVICES			
TYPE OF MODALITY:	60	60	60
MODE OF SERVICE:	78	78	78
SERVICE FUNCTION:	PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING
CATEGORY DESCRIPTION:	CBT		
PROGRAM:			
Hours Per Category Description:			
1. Personnel Expenditures (from Staffing Detail)			TOTAL CONTRACT
Youth Development Officer	\$0	\$0	\$0
Benefits	\$0	\$0	\$0
Youth Development Officer	\$0	\$0	\$0
Benefits	\$0	\$0	\$0
Program Director	\$0	\$0	\$0
Benefits	\$0	\$0	\$0
Mental Health Clinician	\$0	\$0	\$0
Benefits	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0
Benefits	\$0	\$0	\$0
Childcare Worker	\$0	\$0	\$0
Benefits	\$0	\$0	\$0
Bus Driver	\$0	\$0	\$0
Benefits	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
Translation Interpreter	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0
Participant Travel (.56)	\$0	\$0	\$0
General Office Expenditure	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0
Food	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0
Outings	\$0	\$0	\$0
Retreats	\$0	\$0	\$0
IT/Technical Support	\$0	\$0	\$0
Other Operating Expense	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0
3. Indirect Administrative Expenses			
Admin Costs	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS	\$0	\$0	\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____

DATE: _____

Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: WOMEN ACHIEVING SUCCESS dba FAMILIES ACHIEVING SUCCESS
 PROGRAM NAME: MHSA PEI-BRAAF BOYS
 REGION/POPULATION: MHSA PEI - MID-COUNTY REGION
 REGION CONTRACT AMOUNT: \$246,110

INVOICE DATE:
 SERVICE PERIOD:
 INVOICE NUMBER:
 YEAR END SETTLEMENT:
 MHARC xxxxx-xxx-06/22 / VENDOR ID 0000228659
 DEPT ID#4100221XXX-74720-536240 BPO: XXXXXX RU: XXXXX

BRFGGC MM/YY
 ACTUAL COST

INDIRECT SERVICES

TYPE OF MODALITY:
 MODE OF SERVICE:
 SERVICE FUNCTION:
 CATEGORY DESCRIPTION:
 PROGRAM:

60 60 60
 78 78 78
 PROGRAM PROGRAM RECRUITMENT ENGAGEMENT/SCREENING

GUIDING GOOD CHOICES

Hours Per Category Description:

Category	60	78	60	78	TOTAL CONTRACT
Youth Development Officer					
Benefits	\$0	\$0	\$0	\$0	\$0
Salaries & Benefits	\$0	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0	\$0
Program Director	\$0	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0	\$0
Mental Health Clinician	\$0	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0	\$0
Childcare Worker	\$0	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0	\$0
Bus Driver	\$0	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0	\$0

2. Operating Expenditures

Professional Services	\$0	\$0	\$0	\$0	\$0
Translation Interpreter	\$0	\$0	\$0	\$0	\$0
Participant Travel (.56)	\$0	\$0	\$0	\$0	\$0
Participant Travel	\$0	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0	\$0	\$0
Outings	\$0	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0	\$0
IT/Technical Support	\$0	\$0	\$0	\$0	\$0
Child Care Services	\$0	\$0	\$0	\$0	\$0
Other Operating Expense	\$0	\$0	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0	\$0	\$0

3. Indirect Administrative Expenses

Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

TOTAL INVOICE COSTS

\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION A – TO BE COMPLETED BY PARTY SUBMITTING REPORT		
Program/Clinic Name	RU #	Name of Reporting Staff
Client/Person (Last Name, First Name)	DOB	RUHS – BH Client ID
If the incident involved a person other than the client such as an employee or visitor, provide the person's name and contact #:		
Last Name, First Name	Contact Phone	Involved as (e.g. staff, visitor, etc.)

Attach a copy of the client's current face sheet.	
The above named client/person was involved in an act/action which meets/may meet (circle one) the requirements of the formation of the Adverse Incident Committee. The incident falls into the following reportable incident category(ies).	
<input type="checkbox"/> All client deaths for any cause <input type="checkbox"/> Incident involving significant dangerousness to self, including serious suicide attempts or self-injury <input type="checkbox"/> Incident involving significant dangerousness to others, including serious assaults, homicide attempts and homicides <input type="checkbox"/> Incident involving significant injury that required medical intervention for any client or visitor at a program site or during a treatment activity off-site.	
Specific location where the incident occurred:	
Date of Incident:	Time of Incident:
Date FIRST reported to RUHS – BH:	Time Reported to RUHS – BH:

THE EVENTS WHICH OCCURED ARE AS FOLLOWS:
--

SUBMIT REPORT TO SUPERVISOR WITHIN ONE BUSINESS DAY OF INCIDENT	
Reported submitted to:	
Submission completed: Date:	Time:

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION B – TO BE COMPLETED BY PROGRAM SUPERVISOR

Client/Person (Last Name, First Name) _____	RUHS – BH Client ID _____
---	---------------------------

Diagnosis		
1.	ICD-10 Diagnosis: _____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
2.	ICD-10 Diagnosis: _____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
3.	ICD-10 Diagnosis: _____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Medications: On medication(s) (list below) No Medication(s) Unknown

	Medication	Dose	Indication		Medication	Dose	Indication
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Suspected or Known Substance Use Disorder(s): Yes No

If yes, describe:

Treating Psychiatrist: Program MD
 Private MD

Family/Legal Guardian - Aware of Incident: Yes No

Family Attitude/Response:

Supervisor's Comments/Concerns/Issues Identified:

Supervisor's action(s) taken:

- Workplace Violence, Threats and Security Document # 2010 applies and report submitted as required by Safety Office Policy.
- Urgent RUHS – BH Administration notification recommended. *Refer to Policy 248.* If yes, requires IMMEDIATE filing of report to Regional Manager/Administrator.

Regional Manager/Administrator Must Be Notified ASAP or within three (3) business days.

Manager/Administrator Notified: _____	Date/Time Notified: _____
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DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
 (CONFIDENTIAL – Attorney Client Privileged Information)

SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE REVIEW, SUMMARY, AND RECOMMENDATIONS	
Client/Person (Last Name, First Name)	RUHS – BH Client ID
Date of Incident	Time of Incident

Sheriff Investigation Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested:
Name of Person who requested report:	
Coroner Autopsy Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested:
Name of Person who requested report:	
Incident Reviewed By (Name and Job Classification)	
1.	3.
2.	4.
Date of Review:	Period of Treatment Reviewed:

Policy, Procedure, Program Issues Identified	
<input type="checkbox"/> Coordination of Care with PCP	<input type="checkbox"/> Coordination of Care with another service or provider
<input type="checkbox"/> Identification of a Substance Use Disorder	<input type="checkbox"/> Referral to Substance Use or Co-Occurring Disorder Treatment
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Follow-up after missed appointment or “No-Show”
<input type="checkbox"/> Monitoring of psychotropic medications	<input type="checkbox"/> Psychotropic Medication Poly-pharmacy
<input type="checkbox"/> Prescribing controlled substance to a known substance abuser	<input type="checkbox"/> Other medication-related issue
<input type="checkbox"/> Delay in getting appt. within reasonable time	<input type="checkbox"/> Case closed without adequate efforts to contact or engage/re-engage client
<input type="checkbox"/> Client lost to follow-up/unable to locate	<input type="checkbox"/> Other Issue(s)

Review Summary/Comments/Findings

DO NOT FILE THIS FORM IN THE CLIENT’S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

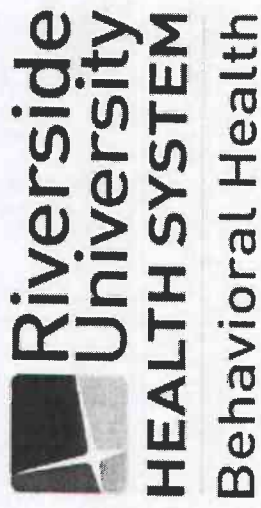
SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE REVIEW, SUMMARY, AND RECOMMENDATIONS (Continued)		
Does this incident involve a possible professional staff license/certification violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, briefly describe:		
Does this incident involve a possible facility licensing violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, briefly describe:		
If Yes, has licensing agency been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has copy of incident report from licensee to licensing agency been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach copy of report)		
Reviewer(s) concur with supervisor whether Workplace Violence Report provision applies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, action taken by reviewer(s):		
Review Recommendations and Corrective Action Plan(s)		
Recommendation(s)/Plan(s)	Person Responsible	Proposed Completion Date
Administrator Signature		
_____		_____
Administrator Signature		Date

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION D – WITNESS REPORTS (If Applicable)	
1.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
2.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
3.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD



Building Resilience In African American Families (BRAAF-Boys)

**Africentric Youth Rites of Passage Program (ROP)
Parent Education and Support (Guiding Good Choices and Parent Support)
Cognitive Behavioral Therapy (CBT)**

Data Collection Guidelines

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OVERVIEW

As part of Riverside University Health System (RUHS) Behavioral Health Prevention and Early Intervention (PEI) implementation, it is important to ensure that program evaluation and outcome data is collected, not only to document the value and efficacy of the program, but also to provide information for learning and program improvement if needed. Keeping track and collecting information on participation programs will also provide the necessary information to share with all interested stakeholders.

We know it can get detailed and takes extra time. However, showing all the good work the program is promoting means keeping track of data. Also, as part of the implementation for Prevention and Early Intervention (PEI), it is important to ensure that programs and outcomes are evaluated on a consistent basis.

It is really important that the staff of these programs (Africentric Youth Rites of Passage, Guiding Good Choices, Parenting Groups, and CBT) use the following guidelines to document participation in the program. The funding provided for this program requires the collection of some basic information which will be shared with RUHS and others.

All identifying personal information is kept confidential



Africentric Youth Rite of Passage

(ROP for boys 11-13 yrs.)

*Minimum of 85 ROP sessions required for youth to graduate. This count includes, weekly ROP classes, weekend outings, initiation retreat, Unity Day, and graduation day.

Data Collection Guidelines

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic Screening Questionnaire 	<ul style="list-style-type: none"> To identify African American males between the ages of 11 -13, who may benefit from the program. <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name.</p>	<ul style="list-style-type: none"> This form is to be used in conjunction with each agency's program form. It should be completed by program staff after an appropriate assessment period to identify any child or family risk factors that will make the participant eligible for the program. <p><u>Keep completed forms in the binder which will be submitted to RUHS-BH.</u></p>
<ul style="list-style-type: none"> Initial Intake 	<ul style="list-style-type: none"> Collects information on school attendance grades and suspensions, law enforcement contact, and social risk factors. 	<ul style="list-style-type: none"> Complete this form when the youth is enrolled in the program.
<ul style="list-style-type: none"> Sign-In Sheets & Master Attendance Roster 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 	<ul style="list-style-type: none"> Track attendance for youth in the after-school program. Use daily sign in sheets to complete the Attendance Roster. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Attendance Parent Empowerment dinners. 	<ul style="list-style-type: none"> To record parents attendance at empowerment dinners. 	<ul style="list-style-type: none"> Have parent sign in on the attendance form and indicate the name of the youth they have enrolled in the program. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Resiliency Scale for Children and Adolescents 	<ul style="list-style-type: none"> This is a self-report scale designed for children and adolescents ages 9-18 years of age to assess positive characteristics and personal attributes that are critical for resiliency. The measure includes the: Sense of Mastery Scale (optimum, self-efficacy, adaptability); and Sense of Relatedness Scale (trust, support, comfort, tolerance). 	<ul style="list-style-type: none"> Only the Sense of Mastery and Relatedness Resiliency scale will be completed and collected at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Youth Questionnaire (MIBI and The Multi Ethnic Identity Measure) 	<ul style="list-style-type: none"> This questionnaire will include the Multidimensional Inventory of Black Identity (MIBI) which assesses components of African American racial identity (centrality subscale) The Multi Ethnic Identity Measure assesses the process of ethnic identity development in young adults. 	<ul style="list-style-type: none"> Collect the Youth Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Social, Emotional, and Bullying Behavior Survey (SEBBS) 	<p>This questionnaire was designed by PRIDE surveys to ask middle school students to report social and emotional skills, peer relations/bullying behaviors, school climate, and substance abuse.</p>	<ul style="list-style-type: none"> Collect the SEBBS Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test).

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

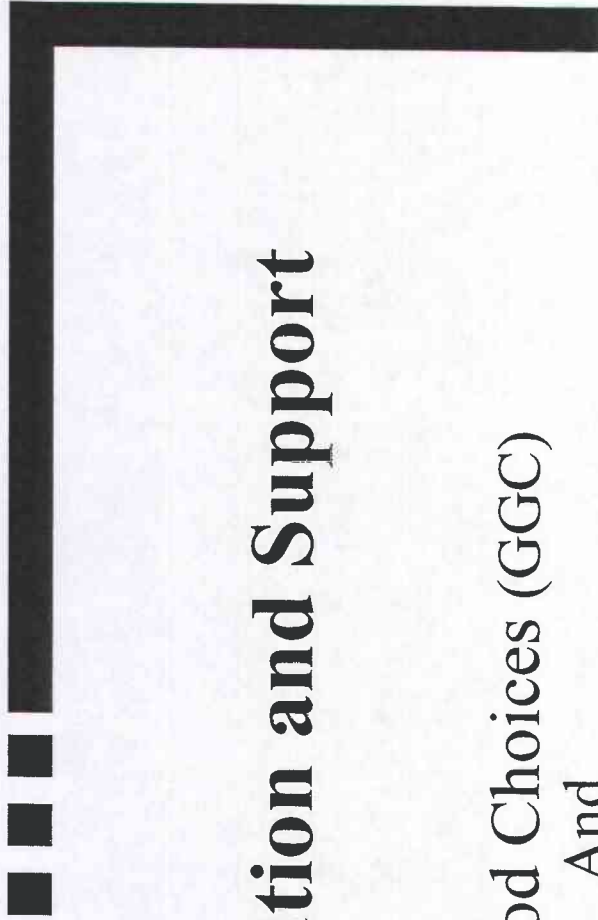
ROP—Evaluation Measures

Data collection tool: Purpose:		Collection How Tos:
<ul style="list-style-type: none"> FACES III 	<p>This is a self-reported 10 item scale that measures perceptions of cohesion . The cohesion scales assesses the strength of family members attachment to one another.</p>	<ul style="list-style-type: none"> Have the parent, relative, or caregiver most closely involved in the Rites of Passage program complete the FACES III at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Satisfaction Surveys (Parent & Youth) 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth participants and their parents/guardians on their perception of the program. One satisfaction form or parents and one for the youth. 	<ul style="list-style-type: none"> At the end of the program request that youth and their parent or guardians complete the appropriate satisfaction survey (Youth or Parent/Guardian). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

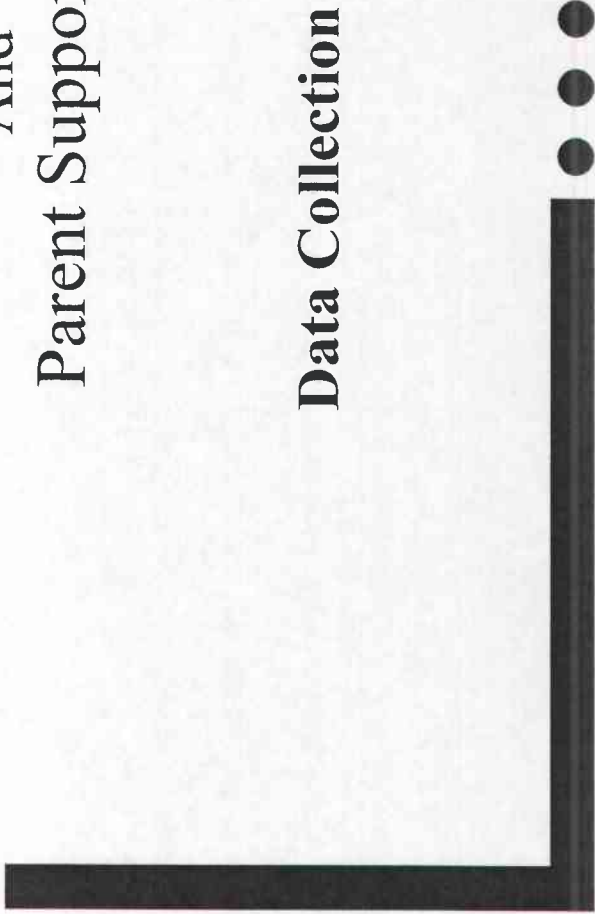
Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Program Completion Discontinuation Form 	<ul style="list-style-type: none"> This form is used to record if youth completed the program (graduated) or if they discontinued from the program including the reason for discontinuance. If the youth drops out staff should complete this form even if they can not contact the parent. 	<ul style="list-style-type: none"> A program completion form should be completed for each youth enrolled in the program. If a youth drops out of the program complete the program completion/discontinuance form. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Outreach form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> <u>Complete</u> the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u>



Parent Education and Support

**Guiding Good Choices (GGC)
And
Parent Support Groups**

Data Collection Guidelines



GGC- Parenting Classes

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete at enrollment or on the first day of class. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Sign -In Sheet 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 	<ul style="list-style-type: none"> Ensure each parent signs in at each class session. Sign-in sheets will be used to complete the Attendance Roster and Program Completion . Make sure each parent that signs in is checked off on the attendance roster. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Attendance Roster and Program Completion 	<ul style="list-style-type: none"> Documents attendance at each class session and documents program completion. 	<ul style="list-style-type: none"> Record attendance on the roster from the sign-in sheets. Record program completion at the conclusion of the 5 week class series. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms to RUHS PEI Staff.

GGC– Parenting Classes

Data collection tool:		Collection How Tos:	
Alabama Parenting Questionnaire (APQ)	Purpose:	Collection How Tos:	
<ul style="list-style-type: none"> Alabama Parenting Questionnaire (APQ) 	<ul style="list-style-type: none"> To measure parenting practices, involvement and positive parenting skills for parents of children 4 years and older. 	<ul style="list-style-type: none"> Each parent attending should complete an APQ at the beginning of the class series and again at the last session (Pre and Post). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	
<ul style="list-style-type: none"> Satisfaction form 	<ul style="list-style-type: none"> To gather feedback from parents participating in GGC. 	<ul style="list-style-type: none"> All participants should be offered a satisfaction survey to complete at the conclusion of the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	
<ul style="list-style-type: none"> Outreach Form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u> 	

Parent Support Groups

Data collection tool:		Purpose:	Collection How Tos:
Demographic form	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete on the first day the parent attends the group. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u> 	
Sign –In Sheet	<ul style="list-style-type: none"> To document attendance at each support group. 	<ul style="list-style-type: none"> Ensure each parent signs in at each support group. Sign-in sheets will be used to determine the number attending make sure they print their name and sign. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u> 	
Satisfaction Form	<ul style="list-style-type: none"> Provide parent with the satisfaction form at the end of a group in the collection months. 	<ul style="list-style-type: none"> Provide an envelope for parents to deposit completed forms and seal envelope for PEI staff. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u> 	

Individualized Parent Support

Data collection tool:		Purpose:	Collection How Tos:
Individualized Parent Support Log	To document support for any needed resources/services beyond outreach for parent support group. Use only the form provided by RUHS-BH.	<ul style="list-style-type: none"> Each individualized support from Parent Partner will be documented on Parent Support log. 	
		<ul style="list-style-type: none"> <u>Provide copies of the log to RUHS PEI staff by the 10th business day of the following month.</u> 	



Cognitive Behavioral Therapy (CBT)

***All youth are initially screened for CBT, then clinician will determine if youth is eligible for CBT. Clinician then does one-on-one CBT sessions with that youth as needed.**

Data Collection Guidelines



CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Participant Demographic Form 	<ul style="list-style-type: none"> To collect participants demographic information at the beginning of CBT services. 	<ul style="list-style-type: none"> Collect information during enrollment into the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Participant Log and Program Completion Summary 	<ul style="list-style-type: none"> To document attendance at each session and track information on completion of CBT services. 	<ul style="list-style-type: none"> Record each sessions attendance on participant log with date and youth signature. Each participant should have their own participant log. The completion of service outcome is recorded on the participant log . <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Children's Depression Inventory II (CDI-II) 	<ul style="list-style-type: none"> To measure the level of depression in program participants at the beginning and at completion of the program. CDI -II is used to measure depression in children. 	<ul style="list-style-type: none"> Complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Strength and Difficulties Questionnaire (SDQ)- Parent 	<ul style="list-style-type: none"> To measure change in behavior problems and increases in pro-social behaviors among the participants from beginning to completion of the program. The SDQ is brief behavioral questionnaire for children and adolescents. 	<ul style="list-style-type: none"> Request that parents complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction Survey 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth on their experience with the program. 	<ul style="list-style-type: none"> At the end of the program request each youth participant to complete a satisfaction survey. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

When to collect data?

It is suggested to provide the appropriate questionnaires within the first 3 days from the start of the program so the youths/parents do not feel overwhelmed. The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolled in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. See guide to administering measures on the following page.

In order to prevent any absent participants, begin collecting post data a week before the program ends. In the case when someone is absent and they were unable to come to the facility at separate hours or a day after, telephone them to collect data. Again to not overwhelm youths/parents spread the questionnaires throughout that week.

Staff: assure all questionnaires and surveys have been filled out completely with no blanks. Also when passing out the forms, make sure all forms state the correct Fiscal Year, as most forms have changed from previous years.

What to turn in to PEI Staff?

(all these forms should be kept in the provided binders)

Africentric Rites of Passage	<ol style="list-style-type: none"> Attendance Roster Summary (staff fill out daily) Demographic form (PRE) Initial Intake (PRE) Resiliency questionnaire (PRE/POST) Youth Questionnaire (PRE/POST) FACES III (PRE/POST) SEBBS (PRE/POST) Youth Satisfaction Survey (POST) Parent Satisfaction Survey (POST) Program Completion form (POST for each youth, even those who dropped out)
Guiding Good Choices	<ol style="list-style-type: none"> Attendance Monthly Summary (MONTHLY) Demographic Form (PRE) APQ (PRE/POST) Satisfaction form (POST)
Parent Support Groups	<ol style="list-style-type: none"> Demographic Forms (PRE) Sign-In sheets Satisfaction form (POST)
Individualized Parent Support	<ol style="list-style-type: none"> Parent Support Log <p>*one log should be turned-in for each parent with dates</p>
Cognitive Behavioral Therapy (CBT)	<ol style="list-style-type: none"> Demographic Form (PRE) CDI II (PRE/POST) SDQ (PRE/POST) Log Sheet and Program Completion Satisfaction Survey

Guide to Administering Measures

<p>Africentric Rites of Passage</p>	<p>The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolling in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. During the first two weeks, introduce the Youth Questionnaire, SEBBS, PLUS the Resiliency Scale and have all the youths quietly finish this questionnaire. At the end of program step out after handing out all the youth satisfaction surveys to minimize bias. Do this for the parent satisfaction survey too.</p>
<p>Guiding Good Choices</p>	<p>For the demographic form make sure the parent knows to fill this for themselves not the youth. The APQ is designed to be completed having in mind the youth that is causing most trouble and the parenting styles learned in GGC are also meant to be practiced on that same youth. Before the 5 week class sessions end, remember to step out after handing out all the parent satisfaction surveys to minimize bias.</p>
<p>Parent Support Groups</p>	<p>Demographic forms should be completed for each parent attending the support groups. Keep all sign-in sheets every time a support group is offered. Make sure to know in advance when their last support group will be to administer the satisfaction form. In any case someone does not complete this satisfaction form, telephone them to obtain information.</p>
<p>Individualized Parent Support</p>	<p>The parent log is used to maintain a record of how many times this parent was counseled and helped either through telephone or face to face. This log can be kept in the dividers behind the youths information.</p>
<p>Cognitive Behavioral Therapy (CBT)</p>	<p>The demographic form should be filled out by the parent for the youth before services start. The two questionnaires CDI II and SDQ are very sensitive and is very important that the youth feels comfortable with the questions asked. A log sheet will be kept for each youth receiving these services. Keep their own log sheet in their dividers.</p>

COUNTY OF RIVERSIDE
BEHAVIORAL HEALTH



This agreement is made and entered into by and between the County of Riverside, a political subdivision of the state of California, hereinafter referred to as COUNTY and FAMILY HEALTH & SUPPORT NETWORK hereinafter referred to as CONTRACTOR.

PREAMBLE

WHEREAS, California voters approved Proposition 63 during the November 2004 General Election. Proposition 63, the Mental Health Services Act [hereinafter "MHSA"], became effective on January 1, 2005. Through imposition of a 1% tax on personal income in excess of \$1 million, the MHSA provides the opportunity for the State to provide increased funding, personnel and other resources to support County Prevention and Early Intervention Programs and monitor progress toward statewide goals for children/youth, transitional age youth, adults, older adults, families and communities.

WHEREAS, components of the MHSA Integrated Expenditure Plan will include elements required by W&I Code Section 5847 and related regulations.

WHEREAS, the COUNTY desires to extend to the residents of Riverside County certain programs and services contemplated and authorized by the MHSA, California Welfare and Institutions Code (WIC) Section 5600 et seq., and Government Code Section 26227 et seq., California Code of Regulations, Title 9, Division 1, and Title 22, which the CONTRACTOR is equipped, staffed, prepared and willing to provide; and

WHEREAS, the COUNTY believes that it is in the best interest of the people of Riverside County to provide these services by contract; and

WHEREAS, these services as described in Exhibit A attached hereto shall be provided by CONTRACTOR in accordance with the applicable State and local laws, codes and policies contained herein, but not limited to, Exhibit B attached hereto.

NOW THEREFORE, in consideration of the mutual promises, covenants and conditions hereinafter contained, the parties hereto mutually agree, as provided on pages 1 through 19 and Exhibits A, B, C, and D, and Schedule I and/or K, and Attachment A, attached hereto and incorporated herein.

CONTRACTOR

By: Sandra Austin
Sandra Austin, CEO

Date: 6/2/2021

COUNTY

By: Karen S. Spiegel
Karen Spiegel, Chair of the Board

Date: JUN 22 2021

COUNTY COUNSEL:

Gregory P. Priamos
Approved as to form

By: GP

ATTEST:

KECIA R. HARPER, Clerk
By: Kecia R. Harper
DEPUTY

JUN 22 2021 3.31

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ATTACHMENT A – ADVERSE INCIDENT REPORT FORM

I. DESCRIPTION OF SERVICES:

CONTRACTOR agrees to provide services in the form as described in Exhibit A.

II. PERIOD OF PERFORMANCE:

This Agreement shall be effective on July 1, 2021, and continue in effect through June 30, 2022. The Agreement may thereafter be renewed annually, for up to three (3) additional years, subject to the availability of funds and satisfactory performance of services.

III. REIMBURSEMENT AND PAYMENT:

- A. In consideration of services provided by CONTRACTOR, RUHS-BH shall reimburse CONTRACTOR in the amount and manner described in Exhibit C. The Exhibit C includes RUHS-BH requirements for reimbursement.
- B. CONTRACTOR shall use the Schedule K for monthly claiming purposes. The Schedule K shall be used to support the required back-up documentation necessary to audit the actual cost of program related expenses. The Schedule K is a guide for the amount allocated to the program services provided.

IV. PROGRAM SUPERVISION, MONITORING AND REVIEW:

CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement. Pursuant to Welfare & Institutions Code (WIC), Section 5608, services hereunder shall be provided by CONTRACTOR under the general supervision of the County Director of Behavioral Health, hereinafter called DIRECTOR, or his authorized designee. CONTRACTOR agrees to extend to DIRECTOR, his designee, the RUHS-BH Contract Monitoring Team, and/or to authorized State representatives, the right to review and monitor CONTRACTOR's facilities, programs, policies, practices, books, records, or procedures at any reasonable time. In exercising the right to review or monitor CONTRACTOR's administrative, clinical, fiscal and program components, staff, and facilities, the RUHS-BH shall enforce Agreement provisions and applicable RUHS-BH policies identified throughout this agreement.

If at any time the RUHS-BH determines CONTRACTOR is out of compliance with any provision contained within this Agreement, the RUHS-BH will provide written notification of the noncompliance findings to the CONTRACTOR and request a plan of corrective action. CONTRACTOR will, within thirty (30) days of receiving notification, provide a written plan of corrective action addressing the noncompliance.

If the RUHS-BH accepts the CONTRACTOR's proposed plan of corrective action, it shall suspend other punitive actions to give the CONTRACTOR the opportunity to come into compliance. If the RUHS-BH determines CONTRACTOR has failed to implement corrective action, funds may be withheld or disallowed until compliance is achieved. CONTRACTOR shall cooperate with any such effort by RUHS-BH including follow-up investigation and interview of witnesses. Failure to cooperate or take corrective action may result in termination of this Agreement.

V. INDEPENDENT CONTRACTOR:

This Agreement is by and between the RUHS-BH and CONTRACTOR and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between RUHS-BH and CONTRACTOR. CONTRACTOR and its employees, agents and/or subcontractors shall not be entitled to any benefits payable to RUHS-BH employees, including but

not limited to overtime, any retirement benefits, worker's compensation benefits, and/or injury leave or other leave benefits. CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required. CONTRACTOR assumes the exclusive responsibility and liability for the acts of its employees or agents as they relate to services provided. CONTRACTOR shall bear the sole responsibility and liability for furnishing workers' compensation benefits to any CONTRACTOR employees, agents and/or subcontractors for any injuries arising from or connected with services performed on behalf of RUHS-BH pursuant to this Agreement. CONTRACTOR certifies that it will comply with all applicable state and federal labor laws and regulations, including, but not limited to, those issued by the federal Occupational Safety and Health Administration and California Division of Occupational Safety and Health. CONTRACTOR is responsible for payment and deduction of all employment-related taxes on CONTRACTORS' behalf and for CONTRACTORS' employees, including, but not limited to, all federal and state income taxes and withholdings. RUHS-BH shall not be required to make any deductions from compensation payable to CONTRACTOR for these purposes. CONTRACTOR shall indemnify RUHS-BH against any and all claims that may be made against RUHS-BH based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement; and CONTRACTOR shall indemnify RUHS-BH for any and all federal or state withholding or retirement payments which RUHS-BH may be required to make pursuant to federal or state law.

Contractor shall maintain, as appropriate, the following:

- A. Articles of Incorporation;
- B. Amendments of Articles;
- C. List of agency's Board of Directors and Advisory Board;
- D. A resolution indicating who is empowered to sign all contract documents pertaining to the agency;
- E. By-laws and minutes of Board meetings.

VI. LICENSE(S)/CERTIFICATION(S):

CONTRACTOR warrants that it has all necessary licenses, permits, approvals, certifications, waivers and/or exemptions necessary to provide services hereunder as required by the laws or regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and agrees to maintain such throughout the term of this Agreement. Examples of license(s)/certification(s) may include: fire clearance, zoning permit; business license, community care license and/or Medi-Cal certification. CONTRACTOR shall notify DIRECTOR (or his designee) immediately and in writing of its inability to maintain, irrespective of the tendency of an appeal, such licenses, permits, approvals, certifications, waivers and/or exemptions.

VII. ADMINISTRATIVE CHANGE IN STATUS:

If, during the term of the Agreement, there is a change in CONTRACTOR's status, a detailed description of the change must be submitted to RUHS-BH in writing at least sixty (60) days prior to the effective date of the change, or in the case of an emergency, as soon as possible. A change in status is defined as a name change not amounting to a change of ownership, a change in the authorized signer of contract documents, moving a facility's service location within the same region, or closing a facility with services being offered in another already existing contracted facility. Any change in administrator of the facility shall be reported to RUHS-BH. Such notification shall include the new administrator's name, address and qualifications. Other changes to the contractor status may result in a more formal contract amendment, as stated in Section VIII, DELEGATION AND ASSIGNMENT.

VIII. DELEGATION AND ASSIGNMENT:

CONTRACTOR may not delegate the obligations required by this Agreement, either in whole or in part, without prior written consent of RUHS-BH. Obligations undertaken by CONTRACTOR pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are approved in writing by DIRECTOR (or his designee), meet the requirements of this Agreement as they relate to the service or activity under subcontract, and include any provision(s) that DIRECTOR (or his designee) may require. No subcontract shall terminate or alter the responsibilities of CONTRACTOR.

CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the prior written consent of RUHS-BH. Any attempted assignment or delegation in derogation of this paragraph shall be void. Any change in the corporate or business structure of CONTRACTOR, such as a change in ownership or majority ownership change resulting in a change to the Federal Tax Id, shall be deemed an assignment for purposes of this paragraph.

IX. ALTERATION:

If any such alteration causes an increase or decrease in the cost of, or the time required for, the performance under this Agreement, Agreement shall be modified by written amendment, accordingly.

Funds allocated to specific budget categories, as identified in the Schedule K, may not be reallocated to another budget category without prior approval, as described in Exhibit C. Funds shall not exceed the total maximum obligation for the fiscal year.

X. INDEMNIFICATION:

CONTRACTOR shall indemnify and hold harmless all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives from any liability whatsoever, based or asserted upon services of CONTRACTOR, its agents, employees, or subcontractors, arising out of or in any way relating to this Agreement, for property damage, bodily injury, or death or any other element of damage of any kind or nature resulting from any acts or failure to act or omission on the part of the CONTRACTOR, its directors, officers, agents, employees or subcontractors hereunder. CONTRACTOR shall defend, at its sole expense, including but not limited to attorney fees, all Agencies, Districts, Special Districts, and Departments of the County of Riverside, the State of California, their respective directors, officers, Board of Supervisors, employees, agents, elected and appointed officials and representatives and any legal claim or action based upon such alleged acts, failure to act or omissions.

XI. INSURANCE:

Without limiting or diminishing the CONTRACTOR's obligation to indemnify or hold the RUHS-BH harmless, CONTRACTOR shall procure and maintain the following insurance coverages during the term of this Agreement. With respect to the insurance section only, the RUHS-BH herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

A. Workers' Compensation:

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease

with limits not less than \$1,000,000 per person, per accident. Policy shall be endorsed to waive subrogation in favor of the RUHS-BH.

B. Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR's performance of its obligations hereunder. Policy shall name the RUHS-BH as an Additional Insured. Policy's limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

C. Vehicle Liability:

CONTRACTOR shall maintain liability insurance for all vehicles, or other mobile equipment, used in the performance of the obligations under this Agreement in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the RUHS-BH as an Additional Insured.

D. Professional Liability:

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for CONTRACTOR's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If CONTRACTOR's Professional Liability Insurance is written on a 'claims made' basis rather than on an 'occurrence' basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either: 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

E. General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A:VIII (A:8) unless such requirements are waived, in writing, by the RUHS-BH Risk Manager. If the RUHS-BH's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The CONTRACTOR's insurance carrier(s) must declare its insurance deductibles or self-insured retentions. If such deductibles or self-insured retentions exceed \$500,000 per occurrence such deductibles and/or retentions shall have the prior written consent of the RUHS-BH Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or self insured retentions which are deemed unacceptable to the RUHS-BH, at the election of the RUHS-BH's Risk Manager, CONTRACTOR's carriers shall either; 1) reduce or eliminate such deductibles or self-insured retentions as respects this Agreement with the RUHS-BH, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.

3. The CONTRACTOR shall cause their insurance carrier(s) to furnish the County of Riverside with: 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein; and/or, 2) if requested to do so orally or in writing by the RUHS-BH Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) and shall provide no less than thirty (30) days written notice be given to the County of Riverside prior to any material modification or cancellation of such insurance. In the event of a material modification or cancellation of coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages and the insurance required herein is in full force and effect. Individual(s) authorized by the insurance carrier to do so, on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance. Certificates of insurance and certified original copies of Endorsements effecting coverage as required herein shall be delivered to RUHS-BH, P.O. Box 7549, Riverside, CA 92513-7549, MHSA Administration. CONTRACTOR shall not commence operations until the County of Riverside has been furnished original Certificate(s) of Insurance and certified original copies of endorsements or policies of insurance including all endorsements and any and all other attachments as required in this Section.
4. It is understood and agreed by the parties hereto and the CONTRACTOR's insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the RUHS-BH's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of approved subcontractors working under this Agreement.
6. Failure by CONTRACTOR to procure and maintain the required insurance shall constitute a material breach of contract upon which RUHS-BH may immediately terminate or suspend this Agreement.

XII. LIMITATION OF RUHS-BH LIABILITY:

Notwithstanding any other provision of this Agreement, the liability of RUHS-BH shall not exceed the amount of funds appropriated in support of this Agreement by the California Legislature.

XIII. WARRANTY AGAINST CONTINGENT FEES:

CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon any Agreement or understanding for any commission, percentage, brokerage, or contingent fee, expecting bona fide employees or bona fide established commercial or selling agencies maintained by CONTRACTOR for the purpose of securing business. For CONTRACTOR's breach or violation of this warranty, RUHS-BH may, at its sole discretion, deduct from the Agreement price of consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

XIV. NONDISCRIMINATION:

A. Employment:

1. Affirmative Action shall be taken to ensure applicants and employees are treated without regard to their race, religion, color, sex, national origin, age, sexual orientation, or physical or mental disability. Such affirmative action shall include, but not be limited to the following: employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship/internship. There shall be posted in conspicuous places, available to employees and applicants for employment, notices from DIRECTOR (or his designee) and/or the United States Equal Employment Opportunity Commission setting forth the provisions of this Section.
2. All solicitations or advertisements for recruitment of employment placed by or on behalf of CONTRACTOR shall state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national origin, age, sexual orientation, or physical/mental disability.
3. Each labor union or representative of workers with which CONTRACTOR has a collective bargaining Agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination Section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. In the event of noncompliance with this section or as otherwise provided by State and Federal law, this Agreement may be terminated or suspended in whole or in part and CONTRACTOR may be declared ineligible from future contracts involving federal, state or COUNTY funds.

B. Services, Benefits, and Facilities:

1. CONTRACTOR shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, gender, age, sexual orientation, marital status, physical/mental disability in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.
2. CONTRACTOR shall further establish and maintain written procedures under which any person, applying for or receiving services hereunder, may seek resolution from CONTRACTOR of a complaint with respect to any alleged discrimination in the provision of services by CONTRACTOR's personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied with CONTRACTOR's resolution of the matter, shall be referred by CONTRACTOR to DIRECTOR, or his authorized designee, for the purpose of presenting the complaint of alleged discrimination. Such procedures shall also indicate that if such person is not satisfied with RUHS-BH's resolution or decision with respect to the complaint of alleged discrimination, he or she may appeal the matter to the appropriate federal or state agencies. CONTRACTOR will maintain a written log of complaints for a period of seven (7) years.

XV. REPORTS/RESEARCH PROTOCOL:

- A. CONTRACTOR must adhere to the reporting requirements as mandated by law. The RUHS-BH shall provide instruction and direction regarding RUHS-BH policies and procedures for meeting reporting requirements.
- B. CONTRACTOR shall provide the RUHS-BH with applicable reporting documentation as specified in the Research Protocol, attached hereto as Exhibit D and by this reference incorporated herein.

RUHS-BH may provide additional instructions on reporting requirements as required by RUHS-BH or State guidelines.

- C. CONTRACTOR shall participate in the RUHS-BH's Management Information System (MIS) as required by the DIRECTOR, or his designee. CONTRACTOR is required to report program, individuals served and staff data about the CONTRACTOR's program and services, by the fifth (5th) working day of each month for the prior month. Reports are available through the department's Report Distribution Server (RDS).
- D. CONTRACTOR shall comply with the State reporting requirements pursuant to 9 C.C.R. Section 10561. Upon the occurrence of any of the events listed hereafter, the CONTRACTOR shall make a telephonic report to the State department licensing staff (hereinafter "State") within one (1) working day. CONTRACTOR shall submit an Adverse Incident Report form (Attachment A) to the COUNTY within twenty-four (24) hours of the incident and within seven (7) days of the event to the State. If a report to local authorities exists which meets the requirements cited, a copy of such a report will suffice for the written report required by the State.
 1. Events reported shall include:
 - a. Death of any resident from any cause;
 - b. Any facility related injury of any resident which requires medical treatment;
 - c. All cases of communicable disease reportable under Section 2502 of Title 17, California Code of Regulations shall be reported to the local health officer in addition to the State;
 - d. Poisonings;
 - e. Catastrophes such as flooding, tornado, earthquake or any other natural disaster; and,
 - f. Fires or explosions which occur in or on the premises.
 2. Information provided shall include the following:
 - a. Residents' name, age, sex, and date of admission;
 - b. Date, time and nature of the event;
 - c. Attending physician's name, findings and treatment, if any; and,
 - d. The items below shall be reported to the State within ten (10) working days following the occurrence:
 - (i) The organizational changes specified in Section 10531(a) of this subchapter;
 - (ii) Any change in the licensee's or applicant's mailing address; and,
 - (iii) Any change of the administrator of the facility. Such notification shall include the new administrator's name, address and qualifications.

XVI. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

CONTRACTOR is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. CONTRACTOR hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law.

XVII. CONFIDENTIALITY OF PARTICIPANT INFORMATION:

CONTRACTOR shall maintain the confidentiality of all participant identifying information contained in records, including but not limited to participant records/charts, billing records, research and participant identifying reports, and the RUHS-BH's participant Management Information System (MIS) in accordance with WIC Sections 14100.2 and 5328 et seq, Title 42 Code of Federal Regulations, Section 431.300 et seq., Section 1320 D et seq, of Title 42, United States Code and it's impending regulations (including but not limited to Title 45, CFR, Parts 142, 160, 162, 164) and all other applicable current or future RUHS-BH, State and Federal laws, regulations, ordinances and directives relating to confidentiality and security of participant records and information.

- A. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement.
- B. The CONTRACTOR shall not disclose confidential participant identifying information except as authorized by participant, participants' legal representative or as permitted by Federal or State law, to anyone other than the RUHS-BH or State without prior valid authorization from the participant or participants' legal representative in accordance with State and Federal laws. Any disclosures made shall be logged and the log maintained in accordance with State and Federal law.
- C. If CONTRACTOR receives any requests by subpoena, from attorneys, insurers or beneficiaries for copies of bills, CONTRACTOR will provide the RUHS-BH with a copy of any document released as a result of such request, and will provide the name, address and telephone number of the requesting party.
- D. For purposes of the above paragraphs, identifying information is considered to be any information that reasonably identifies an individual and their past, present, or future physical or mental health condition. This includes, but is not limited to, any combination of the person's name, address, Social Security Number, date of birth, identifying number, symbol, or other particular identifier assigned to the individual, such as finger or voice print, or photograph.
- E. Notification of Electronic Breach or Improper Disclosure: During the term of this Agreement, CONTRACTOR shall notify RUHS-BH, immediately upon discovery of any breach of Protected Health Information (PHI) and/or data, where the information and/or data is reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the RUHS-BH Compliance Officer within two (2) business days of discovery at (800) 413-9990. The CONTRACTOR shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State Laws and regulations. The CONTRACTOR shall investigate such breach and provide a written report of the investigation to the RUHS-BH Compliance Officer, postmarked within thirty (30) working days of the discovery of the breach to the address below:

Behavioral Health Compliance Officer
Riverside University Health System - Behavioral Health
P.O. Box 7549
Riverside, CA 92513

- F. Safeguards: The CONTRACTOR shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, that it creates, receives, maintains, or transmits on behalf of RUHS-BH; and to prevent use or disclosure of PHI other than as provided for by this Agreement. CONTRACTOR shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the CONTRACTOR's operations and the nature and scope of its activities. CONTRACTOR shall provide RUHS-BH with information concerning such safeguards as RUHS-BH may reasonably requests from time to time.
- G. The CONTRACTOR shall implement strong access controls and other security safeguards and precautions as noted in the following to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only. The CONTRACTOR shall enforce administrative and technical password controls on all systems used to process or store confidential, personal, or sensitive data.
- H. The CONTRACTOR shall utilize a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, CDs, thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers).
- I. The CONTRACTOR shall not transmit confidential, personal, or sensitive data via-e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST) as conforming to the Advanced Encryption Standard (AES) Algorithm.
- J. Mitigation of Harmful Effects. The CONTRACTOR shall mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI by CONTRACTOR or its subcontractors in violation of the requirements of these Provisions.
- K. The CONTRACTOR shall protect from unauthorized disclosure, confidential participant identifying information obtained or generated in the course of providing services pursuant to this Agreement except for non-identifying statistical information. The CONTRACTOR shall not use identifying information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. RUHS-BH makes no warranty or representation that compliance by CONTRACTOR with these Provisions, HIPAA or HIPAA regulations will be adequate or satisfactory for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized use or disclosure. CONTRACTOR is solely responsible for all decisions made by CONTRACTOR regarding the safeguarding of PHI.
- L. The terms and conditions in these Provisions shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of these Provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.

- M. CONTRACTOR shall require all its officers, employees, associates, and agents providing services hereunder to acknowledge, in writing, understanding of and Agreement to comply with said confidentiality provisions.

XVIII. RECORDS:

All records shall be available for inspection by the designated auditors of RUHS-BH, State Department of Health Care Services, State Department of Justice, State Department of Mental Health Services and Oversight and Accountability Commission, U.S. Department of Health and Human Services and the U.S. Office of the Inspector General at reasonable times during normal business hours. Records include, but are not limited to, all physical and electronic records originated or prepared pursuant to the performance under this Agreement, working papers, reports, financial records or books of account, medical records, prescription files, and subcontracts. Upon request, at any time during the period of this Agreement, the CONTRACTOR will furnish any such record or copy thereof, to the RUHS-BH. CONTRACTOR shall be subject to the examination and audit of the Office of the Inspector General for a period of ten (10) years after final payment under Agreement.

A. Program Participant Records.

CONTRACTOR shall adhere to the authority of RUHS-BH, the State Department of Health Care Services, the State Department of Oversight and Accountability. CONTRACTOR shall maintain adequate participant records on each participant, program outcome measures, and records of service provided by the various staff in sufficient detail to make an evaluation of the effectiveness of the program services.

B. Financial Records.

CONTRACTOR shall maintain complete financial records that clearly reflect the cost of each type of service for which payment 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. Statistical data shall be kept and reports made as required by the DIRECTOR, or his designee, and the State of California.

C. Financial Record Retention.

Appropriate financial records shall be maintained and retained for at least ten (10) years or, in the event of an audit exception and appeal, until the audit finding is resolved, whichever is later.

D. Participant Record Retention.

Participant records shall be maintained and retained for a minimum of ten (10) years.

E. Shared Records/Information.

CONTRACTOR and RUHS-BH shall maintain a reciprocal shared record and information policy, which allows for sharing of participant records and information between CONTRACTOR and RUHS-BH. Either RUHS-BH or CONTRACTOR shall not release these participant records or information to a third party without a valid authorization.

F. Property of participant records.

RUHS-BH is the owner of all participant records. In the event that the Agreement is terminated, the CONTRACTOR is required to prepare and box the participant records so they can be archived by the RUHS-BH, according to procedures developed by the RUHS-BH. The RUHS-BH is responsible for taking possession of the records and storing them according to regulatory requirements. The

RUHS-BH is required to provide the CONTRACTOR with a copy of any participant record that is requested by the CONTRACTOR, as required by regulations, at no cost to the CONTRACTOR, and in a timely manner.

XIX. STAFFING:

CONTRACTOR shall comply with the staffing expectations as required by state licensing requirements and as may be additionally described in Exhibit A. CONTRACTOR is responsible for ensuring that their personnel are qualified, holding appropriate license(s)/certificate(s) for the services they provide in accordance with the WIC Section 5751.2, the requirements set forth in Title 9 of the California Code of Regulations (CCR), the Business and Professions Code, State Department of Health Care Services policy letters, and any amendments thereto. CONTRACTOR shall maintain specific job descriptions/duty statements for each position describing the assigned duties, reporting relationship, and shall provide sufficient detail to serve as the basis for an annual performance evaluation. Furthermore, CONTRACTOR acknowledges all its officers; employees, associates, and agents providing services hereunder are eligible for reimbursement for said services by their exclusion from the Federal "List of Excluded Parties" registry. All employees of CONTRACTOR providing services on behalf of RUHS-BH shall pass a LiveScan, background check and be tested for Tuberculosis (TB).

- A. During the term of this Agreement, CONTRACTOR shall maintain and shall provide upon request to authorized representatives of RUHS-BH, the following:
 - 1. A list of persons who are providing services hereunder by name, title, professional degree, licensure, experience, credentials, Cardiopulmonary Resuscitation (CPR) training, First Aid training, languages spoken, Race/Ethnicity with an option to select "Prefer Not to Say" and any other information deemed necessary by the Director or designee.
 - 2. Personnel files for each staff member, including subcontractors and volunteers, approved by RUHS-BH, that includes at minimum the following:
 - a. Resume/application, proof of current licensure, certification, registration;
 - b. List of Training, including cultural competency;
 - c. Annual job performance evaluation; and,
 - d. Personnel action document for each change in status of the employee.
 - e. Results of LiveScan, background check and TB test.
- B. CONTRACTOR shall provide an initial orientation to the program, program goals, policy and procedure review, emergency procedures and treatment services.
- C. CONTRACTOR shall institute and maintain a training program in which professional and other appropriate personnel shall participate.
- D. CONTRACTOR shall have appropriate staff trained and/or certified in CPR, First Aid, Emergency/Disaster Planning, non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the participants from violent behavior.
- E. Training plans shall be documented and discussed with staff. Continuing development of staff expertise shall be encouraged.
- F. The CONTRACTOR recognizes the importance of child and family support obligations and shall fully comply with all applicable State and Federal laws relating to child and family support

enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8, commencing with Section 5200, of Part 5 of Division 9 of the Family Code.

- G. In accordance with section 6032 of the Deficit Reduction Act of 2005, Contractor shall establish and disseminate written policies for all employees that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). Included in these written policies shall be detailed information about contractor's policies and procedures for detecting and preventing fraud, waste, and abuse in federal, state and local health care programs. Contractor shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of Contractor's policies and procedures for detecting and preventing fraud, waste and abuse.
- H. CONTRACTOR shall follow all Federal, State and County policies, laws and regulations regarding Staffing and/or Employee compensation. All payments or compensation made to CONTRACTOR Staff, Personnel and/or Employees in association with the fulfillment of this agreement shall be made by means of Staff, Personnel and/or Employee Certified Payroll or other auditable documentation justifying the payment or compensation.
- I. CONTRACTOR is responsible for notifying the COUNTY of all changes to indirect and direct personnel service providers that will have an impact on its Electronic Management of Records (ELMR) system. These changes include, but are not limited to, adding new personnel, modifying existing personnel, or terminating personnel. CONTRACTOR is responsible for completing the Computer Account Request Form (CARF) provided by the designated COUNTY Program Analyst, when such changes occur and will have an impact on ELMR data entry or system access. Contractor shall submit, via email, the completed CARF form to its designated COUNTY Program Analyst for review and approval. The COUNTY designated Program Analyst will then review CARF for accuracy and will then submit CARF to the COUNTY'S Information Technology (I.T.) staff for processing. The COUNTY'S designated Program Analyst will communicate with the CONTRACTOR, via email, with confirmation of submission for processing, and a COUNTY I.T. or ELMR personnel will contact the CONTRACTOR direct, via telephone, to confirm receipt of the CARF and provide confirmation that computer access has been granted or changed as requested by the CONTRACTOR.
- J. CONTRACTOR shall be responsible for confirming the identity and determining the exclusion status of its officers, board members employees associates, and agents through routine checks of Federal and State databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM) and the Medi-Cal List of Suspended or Ineligible Providers. These databases shall be consulted upon appointment of board members or hiring of employees, associates and agents and no less frequently than monthly thereafter. CONTRACTOR shall notify, in writing within thirty (30) calendar days, if and when any CONTRACTOR'S personnel are found listed on this site and what action has been taken to remedy the matter. Contractor shall establish their own procedures to ensure adherence to these requirements.

XX. CULTURAL COMPETENCY PLAN:

CONTRACTOR shall provide services pursuant to this Agreement in a culturally competent manner by recruiting, hiring and maintaining staff that can deliver services in the manner specified to the diverse

cultural population served under this Agreement. CONTRACTOR shall provide services in a language appropriate and culturally sensitive manner, in a setting accessible to diverse communities. Multi-cultural diversity includes, but is not limited to, ethnicity, age, sexual orientation, gender and persons who are physically challenged. CONTRACTOR shall document its efforts to provide culturally adaptive services in the manner specified. Documentation may include, but not be limited to, the following: records in personnel files attesting to efforts made in recruitment and hiring practices; participation in RUHS-BH sponsored and other cultural competency training; the availability of literature in multiple languages/formats as appropriate; and identification of measures taken to enhance accessibility for, and sensitivity to, mentally/physically challenged individuals. CONTRACTOR shall demonstrate program access; linguistically appropriate and timely program service delivery; staff training; and organizational policies and procedures related to the programs offered to culturally diverse populations. CONTRACTOR shall perform specific outcome studies, on-site reviews and written reports as requested by RUHS-BH and make available to the RUHS-BH upon request. CONTRACTOR shall provide services that meet the individual cultural needs of the participant(s) served. CONTRACTOR shall ensure culturally competent services include:

- A. A comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- B. Appropriate interventions which acknowledge specific cultural influences.
- C. CONTRACTOR agrees to comply with the RUHS-BH's Cultural Competency Plan as set forth in the Department's approved Cultural Competency Plan. The Cultural Competency Plan may be obtained from the department's website at <http://rcdmh.org/> or by contacting the RUHS-BH's Cultural Competency Manager or designee.

Riverside University Health System-Behavioral Health Cultural Competency Program
P.O. Box 7549
Riverside, California 92513
Attention: Cultural Competency Manager
Fax: 951-955-7206

- D. CONTRACTOR agrees to meet with RUHS-BH's Cultural Competency Program Manager, as needed, to provide technical assistance in determining and implementing cultural competency activities.
- E. CONTRACTOR will be responsible for participating in cultural competency trainings as required by the RUHS-BH's Cultural Competency Plan. In order to attend the RUHS-BH offered trainings, CONTRACTOR must register on-line through the department's training unit.
- F. CONTRACTOR is responsible for reporting back to the RUHS-BH, annually in writing, all cultural competency related trainings that staff members have attended. The following format is recommended:

Name of Training Event	Description of Training	How long & how often attended	Attendance by Service Function	No. of staff in attendance & Total	Date of Training	Name of Presenter
Example: Cultural Competence Introduction	Overview of cultural competence issues in mental health treatment settings.	Four hours annually	*Direct Services *Direct Services Contractors *Administration *Interpreters	15 20 4 2 Total: 41	1/21/10	John Doe

G. CONTRACTOR training information shall be submitted via facsimile to 951-955-7206 to the attention of the RUHS-BH Cultural Competency Program Manager on or before June 30 of each fiscal year.

XXI. INFORMING MATERIALS

CONTRACTOR shall provide each participant with certain informing materials about the program being provided and what outcomes shall be experienced by participating in the PEI Program. CONTRACTOR's stationery/letterhead and informing materials used for communication associated with RUHS-BH's specific Prevention and Early Intervention program shall indicate that funding for the services is provided in whole or in part by the Riverside University Health System-Behavioral Health (RUHS-BH), Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI).

XXII. CONFLICT OF INTEREST:

CONTRACTOR shall not employ any RUHS-BH employee whose position at RUHS-BH enables him/her to influence the award of this Agreement or any competing Agreement, and no spouse or economic dependent of such employee in any capacity herein, or in any other direct or indirect financial interest in this Agreement.

XXIII. WAIVER OF PERFORMANCE:

No waiver by RUHS-BH at any time of any of the provisions of this Agreement shall be deemed or construed as a waiver at any time thereafter of the same or any other provisions contained herein or of the strict and timely performance of such provisions.

XXIV. FEDERAL AND STATE STATUTES:

CONTRACTOR shall adhere to and comply with all other applicable Federal and State statutes and regulations, including but not limited to the applicable laws and regulations listed in Exhibit B.

XXV. DRUG-FREE WORKPLACE CERTIFICATION:

By signing this Agreement, the CONTRACTOR hereby certifies under penalty of perjury under the laws of the State of California that the CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and will provide a drug-free workplace doing all of the following.

- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355 (a).
- B. Establish a Drug-Free Awareness Program as required by Government Code Section 8355 (a) to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The CONTRACTOR's policy of maintaining a drug-free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and,
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Provide as required by Government Code Section 8355 (a) that every employee who works in the program(s) funded through this Agreement:
 - 1. Will receive a copy of the CONTRACTOR's drug-free policy statement, and
 - 2. Will agree to abide by the terms of the CONTRACTOR's statement as a condition of employment on the Agreement.
- D. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and the CONTRACTOR may be ineligible for award of future contracts if the RUHS-BH determines that any of the following has occurred:
 - 1. The CONTRACTOR has made a false certification or,
 - 2. Violates the certification by failing to carry out the requirements as noted above.

XXVI. TERMINATION PROVISIONS:

- A. Either party may terminate this Agreement without cause, upon sixty (60) days written notice served upon the other party.
- B. The RUHS-BH may terminate this Agreement upon thirty (30) days written notice served upon the CONTRACTOR if sufficient funds are not available for the continuation of services.
- C. The RUHS-BH reserves the right, to terminate the Agreement without warning at the discretion of the Director or designee, when CONTRACTOR has been accused and/or found to be in violation of any County, State, or Federal laws and regulations.
- D. The RUHS-BH may terminate this Agreement with (30) days written notice due to a change in status, or delegation, assignment or alteration of the Agreement.
- E. The RUHS-BH may terminate this Agreement immediately if, in the opinion of the Director of Behavioral Health, CONTRACTOR fails to provide for the health and safety of participant(s) served under this Agreement. In the event of such termination, the RUHS-BH may proceed with the work in any manner deemed proper to the RUHS-BH.
- F. If CONTRACTOR fails to comply with the conditions of this Agreement, RUHS-BH may take one or more of the following actions as appropriate:
 - 1. Temporarily withhold payments pending correction of the deficiency.
 - 2. Disallow (deny funds) for all or part of the cost or activity not in compliance.

3. Wholly or partially suspend or terminate the Agreement and if necessary, request repayment to RUHS-BH if any disallowance is rendered after audit findings.
- G. After receipt of the Notice of Termination, pursuant to Paragraphs A, B, C, D, E or F above, or the CONTRACTOR is notified that the Agreement will not be extended beyond the performance period date, it is agreed that:
1. CONTRACTOR shall:
 - a. Continue to provide the same level of service as previously required under the terms of this Agreement until the date of termination
 - b. Stop all services under this Agreement on the date, and to the extent specified, in the Notice of Termination;
 - c. If participants are to be transferred to another program for services, furnish to RUHS-BH, upon request, all participant information and documents deemed necessary by RUHS-BH to affect an orderly transfer;
 - d. If appropriate, assist RUHS-BH in effecting the transfer of participants in a manner consistent with the best interest of the participants' welfare;
 - e. Cancel outstanding commitments covering the procurement of materials, supplies, equipment and miscellaneous items. In addition, CONTRACTOR shall exercise all reasonable diligence to accomplish the cancellation of outstanding commitments required by this Agreement. With respect to these canceled commitments, the CONTRACTOR agrees to provide a written plan to Director (or his designee) within thirty (30) days for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitments. Such plan shall be subject to the approval or ratification of the RUHS-BH, which approval or ratification shall be final for all purposes of this clause;
 - f. Transfer to RUHS-BH and deliver in the manner, at the times, and to the extent, if any, as directed by RUHS-BH, any equipment, records or other documents which, if the Agreement had been completed, would have been required to be furnished to RUHS-BH; and
 - g. Take such action as may be necessary, or as RUHS-BH may direct, for the protection and preservation of the equipment, records or other documents, related to this Agreement which is in the possession of CONTRACTOR and in which RUHS-BH has or may acquire an interest;
- H. RUHS-BH shall continue to pay CONTRACTOR at the same rate as previously allowed until the date of termination, as determined by the Notice of Termination.
- I. In instances where the CONTRACTOR agreement is terminated and/or allowed to expire by the RUHS-BH and not renewed for a subsequent fiscal year, RUHS-BH reserves the right to enter into settlement talks with the CONTRACTOR in order to resolve any remaining and/or outstanding contractual issues, including but not limited to, financials, services, billing, cost report, etc. In such instances of settlement and/or litigation, CONTRACTOR will be solely responsible for associated costs for their organizations legal process pertaining to these matters including, but not limited to, legal fees, documentation copies, and legal representatives. CONTRACTOR further understands that if settlement agreements are entered into in association with this agreement, the RUHS-BH reserves the right to collect interest on any outstanding amount that is owed by the CONTRACTOR back to the RUHS-BH at a rate of no less than 5% of the balance.

- J. The rights and remedies of RUHS-BH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.
- K. CONTRACTOR shall submit a properly prepared cost report as required by the Cost Report Section found in Exhibit C of this Agreement.

XXVII. DISPUTE:

In the event of a dispute between a designee of the DIRECTOR and the CONTRACTOR over the execution of the terms of this Agreement and/or the quality of the services being rendered, the CONTRACTOR may file a written protest with the appropriate Program/Regional Manager of the RUHS-BH. CONTRACTOR shall continue with the responsibilities under this agreement during any dispute. The Program/Regional Manager shall respond to the CONTRACTOR in writing within ten (10) working days. If the CONTRACTOR is dissatisfied with the Program/Regional Manager's response the CONTRACTOR may file successive written protests up through the RUHS-BH's administrative levels of Assistant Director-Programs, Assistant Director-Administration, and (finally) DIRECTOR. Each administrative level shall have twenty (20) working days to respond in writing to the CONTRACTOR. The DIRECTOR's decision shall be final.

XXVIII. SEVERABILITY:

If any provision of this Agreement or application thereof to any person or circumstances shall be declared invalid by a court of competent jurisdiction, or is in violation of any Federal, State, or RUHS-BH statute, ordinance, or regulation, the remaining provisions of this Agreement or the application thereof shall not be invalidated thereby and shall remain in full force and effect, and to that extent the provisions of this Agreement are declared severable.

XXIX. VENUE:

Any action at law or in equity brought by either of the parties hereto for the purpose of enforcing a right or rights provided by this Agreement shall be tried in a court of competent jurisdiction in the COUNTY OF RIVERSIDE, CALIFORNIA, and the parties hereby waive all provisions of law providing for a change of venue in such proceedings in any other county.

XXX. NOTICES:

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted one day after their deposit in the United States mail, postage prepaid:

CONTRACTOR:

FAMILY HEALTH & SUPPORT NETWORK
74410 HWY 111, SUITE D
PALM DESERT, CA 92260

COUNTY:

RIVERSIDE COUNTY
RIVERSIDE UNIVERSITY HEALTH SYSTEM
BEHAVIORAL HEALTH
ATTN: PROGRAM SUPPORT
P.O. BOX 7549
RIVERSIDE, CA 92513-7549

EXHIBIT A
SCOPE OF WORK

CONTRACTOR NAME: FAMILY HEALTH & SUPPORT NETWORK
PROGRAM NAME: Building Resilience in African American Families
Boys Program
DEPARTMENT I.D.: 4100221254-74720

The PEI community planning process, which included focus groups, community forums, and survey completion, resulted in the identification of culturally-tailored parenting services and after school programs for the African American population as a priority and necessary intervention for this group in order to prevent the development of mental health problems. The Riverside University Health System – Behavioral Health (RUHS-BH) established a program to target the African American population within Riverside County. This program includes the provision of three Evidence-Based Practices (EBP). Specific outreach, engagement, and linkage services will be to individuals and parents/guardians as outlined in the Target Population Criteria section below. Collaboration and partnership is encouraged and preferred.

1.1 PROGRAM GOALS

- 1.1.1 The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health problems. The program will provide services in culturally appropriate settings, incorporating African-American philosophies and traditions. The setting for service delivery will not be a traditional mental health setting and will assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for African-American families and individuals.
- 1.1.2 The services are designed to work together in a unique approach to prevention and early intervention services. The provider is expected to

utilize targeted outreach to engage the African American community by working within the community and collaborating with schools, community organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

1.2 TARGET POPULATION CRITERIA

The target population to be served is African American children and their parents/guardians (including grandparents) that live in communities with high rates of poverty and community violence and who also meet the minimum criteria listed below:

- 1.2.1 African American males enrolled in middle school;
- 1.2.2 African American males and their parents/guardians who have experienced racism and discrimination;
- 1.2.3 African American males and their parents/guardians identified through the criminal justice system, diversion programs, and local schools; and
- 1.2.4 Meet the minimum criteria as defined and set forth in the PEI Screening Tool.

1.3 GEOGRAPHICAL LOCATION OF SERVICES

Services must be provided in the Desert Region of the County of Riverside. The target communities for this region include: Palm Springs, Cathedral City, Palm Desert and Desert Hot Springs.

1.4 GENERAL PROGRAM REQUIREMENTS

CONTRACTOR is expected to work cooperatively with RUHS-BH, local school districts, community organizations, non-profit organizations, youth recreation services, criminal justice/diversion programs, local faith-based organizations, and the RUHS-BH Ethnic and Cultural Leader(s) to comprehensively address the needs of the target population. In addition, CONTRACTOR is expected to meet the following general program requirements:

1.4.1 Facilities

- a. Services will be offered in locations that are non-stigmatizing, which may include, but are not limited to, schools, faith-based

- organizations, libraries, and community centers that are located within the targeted communities;
- b. The facility must have space for groups of parents to attend parenting classes;
 - c. The facility should have on site, or collaborate/partner with another site, e.g., churches, community centers, local business, for a large conference room to host day-long seminars for parents/guardians;
 - d. The facility must be in compliance with any applicable state and local laws and requirements;
 - e. The facility is required to have access to a food preparation and storage area where meals can be prepared by and served to program participants;
 - f. A large dining space is required to host the family enhancement empowerment buffet dinners on a monthly basis;
 - g. The facility must provide confidential space for early intervention services for small group and/or individual therapeutic services;
 - h. The facility must be in-compliance with any applicable state and local laws and requirements, including American Disability Act (ADA).
 - i. Facility must have space to store confidential information in a locked space.
 - j. If childcare is offered, the facility must have space available for on-site childcare during the time that services are offered to parents.

1.4.2 Programs

- a. CONTRACTOR will utilize the evidence-informed prevention program, Africentric Youth & Family Rites of Passage Program (ROP), Cognitive-Behavioral Therapy (CBT) based individual, family, and/or group interventions, family enhancement/empowerment dinners, Guiding Good Choices (GGC) and parent support groups.
- b. The after school program (ROP) will be provided by two trained Youth Development Workers as described in Section 1.11.

- c. Clinical interventions (CBT) will be provided by a Mental Health Clinician as described in Section 1.8. CBT may be provided as determined by clinical assessment.
- d. The family enhancement/empowerment dinners will be facilitated by the two Youth Development Workers.
- e. GGC will be facilitated by the Mental Health Clinician and one (1) Youth Development Worker.
- f. The Parent Support Groups will be facilitated by the Mental Health Clinician and the Parent Partner.
- g. There will be no charge to the program participants.

1.5 SERVICE DELIVERY REQUIREMENTS

CONTRACTOR shall ensure that the following service delivery requirements, which include but are not limited to the following, are met:

- 1.5.1 Services to be provided in this project are for the Underserved Cultural Population identified through the PEI Community Planning Process, the African-American community within Riverside County with the highest risk of developing mental health problems.
- 1.5.2 Services to be provided utilizing the evidence-informed practice Africentric Youth & Family ROP, CBT based individual, family, and/or group interventions, family enhancement/empowerment dinners, GGC and parent support groups program.
- 1.5.3 A manual, developed in coordination with program materials, provider contributions, and RUHS-BH, **is required** to be used.
- 1.5.4 CONTRACTOR will follow CBT guidelines/theoretical perspective when individual, family, and/or group interventions are implemented.
- 1.5.5 Clinicians will attend a clinical consultation/support meeting held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- 1.5.6 Services to be provided in group and individual formats as prescribed by the models.

- 1.5.7 Provide specific outreach activities that will engage the targeted African-American boys 11-13 and their parents/guardians (including grandparents).
- 1.5.8 Collaborative efforts and partnerships are encouraged to meet service delivery requirements.
- 1.5.9 Selected vendor(s) will participate in 2-hour monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the evidenced based/informed practices. These meetings are designed to assist in model adherence and to assist in addressing any potential barriers to implementation of the models. All program staff **must** attend these meetings.
- 1.5.10 Program Administrators will participate in bi-monthly 2-hour BRAAF Leadership meetings as coordinated by the PEI Staff Development Officer. An annual project collaboratively planned and implemented will be the primary goal of the leadership meetings. Program Administrators will also coordinate outside of the leadership meetings in order to complete the annual project.
- 1.5.11 There will be no charge to the program participants.
- 1.5.12 Transportation shall be provided as needed to program participants.
- 1.5.13 Comply with Performance Outcome requirements as stated in Section 1.14.
- 1.5.14 Program Administrators will participate in a trans-regional Unity Day in collaboration with other RUHS–BH BRAAF providers. Unity Day is an objective of the Building Resilience in African American Families (BRAAF) program provider’s agreement with the RUHS–BH and shall incorporate the participation of all three regions (Desert, Mid-County and Western). The regions shall work collectively to plan, host and execute the project/event. The event shall include family style activities, outreach/community service activities, food and traditional Africentric rituals. The project shall also include elements that will

serve as evidence and historical reference that Unity Day took place in the selected community

1.6 SCREENING AND ORIENTATION

- 1.6.1 All participants will be screened utilizing the PEI Demographic Screening Form and all pre-outcome measures provided and required by RUHS-BH must be completed for all program participants prior to attending the program.
- 1.6.2 Screening to include face-to-face meetings/assessments with youth and caregivers by the Mental Health Clinician. These meetings can take place at the program site, in the home, or any location the family feels comfortable.
- 1.6.3 Orientation meeting includes the youth, parents, and referral sources, if applicable.
- 1.6.4 Orientation is a formal meeting that includes a meal and is offered at the after school program site.
- 1.6.5 Focus of the orientation is to review what the program is and expectations for families/youth throughout the program.
- 1.6.6 Provider will enroll 20-30 youth in the ROP program with the expectation of 15 graduating.

1.7 AFTERSCHOOL WEEKLY MODULE REQUIREMENTS

The evidence-informed program Africentric Youth & Family Rites of Passage is a culturally specific prevention model with a structured curriculum. **For the purpose of PEI:**

- 1.7.1 A Council of Elders must be recruited, trained, and have an active role in the after school program.
 - a. The Council of Elders is comprised of 5-7 African-American individuals familiar with the PEI target communities – mostly male, but could include female – who represent the characteristics the program wishes to instill in the youth/families.
 - b. Each Elder participates in the program in a volunteer status.

- c. During pre-initiation, each Elder will be assigned to observe 2-3 youth and will become quasi-mentors and then will assist in determining which youth will progress from pre-initiation through the initiation ceremony and continue in the program. A structured review of identified criteria will be used to assist with this.
- d. Elders maintain a presence, although less regularly than during pre-initiation, for the entirety of the after school program.

1.7.2 Pre-Initiation: (first 6-8 weeks of program)

- a. Focus is a more detailed explanation and understanding of the ROP program
- b. Throughout this process, the Council of Elders are observing the youth to determine their progress and readiness to continue in the after school intervention. Elders should be present at most, if not all, pre-initiation meetings.
 - 1. Activities during this time include: opening and closing rituals, discussion – each week highlights one principle of the Nguzo Saba and RIPSO, role-plays, and activities that help demonstrate the principles and concepts.
- c. At the end of the 8th week, a retreat for the youth and the Council of Elders is planned.
- d. The retreat can be a one-day or may be an overnight event. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH**).
- e. The activities included in the retreat will be followed as outlined in the program's Curriculum Outline.

1.7.3 Each module/topic includes a minimum of 3 sessions:

- a. Session 1: the topic is introduced; a guest speaker (should be an African-American male & should be monthly at a minimum) may present with specific experiences related to the topic; may include role-plays and is interactive. **The program should have a guest**

speaker a minimum of 1 time per month. The guest speaker will receive a Presenters Fee of \$125.

- b. Session 2: discussion with youth – reinforcement of lessons learned from guest speaker and how what was learned relates to the principles of Nguzo Saba & RIPSO; may include role-plays.
- c. Session 3: product – something the youth make to demonstrate what the module taught them e.g.: music, stickers, t-shirts, plays, etc. These can be part of the final graduating/ transformation ceremony.

1.7.4 Components for all sessions:

- a. Opening ceremony:
 - 1. Unity/Sacred Circle –The awarded provider(s) shall, with the assistance of the youth, develop a pledge which should be recited at the opening and closing of each session
 - 2. Can include a drum call (discuss the history associated with this)
 - 3. Libations (water) to honor ancestors, those who came before us, family ancestors, and historic cultural figures
 - 4. Discussion of Nguzo Saba and RIPSO
- b. Use of titles for Elders (Mama & Babba); youth call each other “Brother” or by their African name which is given at Initiation.
- c. Each youth is given an African name based upon their characteristics and it is used in group each day; youth can help choose their name or the Council of Elders can choose a name for them. This occurs at the close of the retreat following pre-initiation.
- d. A complete and healthy dinner, served family-style, is prepared by the youth and served to each other.
- e. Closing ceremony
 - 1. Unity/Sacred circle
 - 2. Discussion: what did you learn today?
 - 3. What principles will you practice this week?

- f. The after school component includes several culturally relevant outings into the community. These outings allow for additional learning and an opportunity to practice skills learned in program and is related to the current module/topic being taught. Outings **must** be pre-approved by RUHS-BH.

1.7.5 Graduation:

- a. There is a Karamu, which is a closing ceremony that is open to the community at which the youth are presented to the community explaining that these young men are now positive members of the community and are role models. They are presented to the community by the Council of Elders and they demonstrate what they have learned according to the code of behavior/pledge.
- b. The youth are presented with some special clothing, i.e.: a Kenti cloth. They are presented with symbols of their transformation and certificates (the youth can help design these).
- c. The graduation ceremony should include a meal and can incorporate culturally relevant and appropriate dance, music, presentations, and guest speakers.
- d. A year-end retreat for the youth to celebrate their success can be planned following the graduation ceremony. The maximum allowed is a 2-day, 1-night retreat. (If an overnight retreat is planned the location and costs **must be pre-approved by RUHS-BH.**)

1.8 CLINICAL INTERVENTION REQUIREMENTS

- 1.8.1 The clinical component of the program is to be provided by the Mental Health Clinician who meets the specified criteria.
- 1.8.2 At time of screening the Mental Health Clinician will determine youth/family needs regarding mental health early intervention via a clinical assessment. Outcome measures will be administered prior to beginning the program. Outcome measures are identified in the RUHS - BH Research Protocol (Attached as Exhibit D). Clinical needs and interventions will be identified through the use of these tools.

- 1.8.3 Clinician will be present on a weekly basis (although not needed every day) in the after school program for observation, immediate intervention if necessary, and to support or present curriculum content that would be best presented by the Clinician in coordination with the Youth Development Workers.
- 1.8.4 All clinical interventions will be delivered within a CBT framework. CBT interventions can be delivered in a(n) individual, group, and/or family session format, under the guidance/consultation of the PEI Staff Development Officer.

1.9 PARENT ENHANCEMENT/EMPOWERMENT DINNERS

Parent enhancement/empowerment dinners are a required component of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Each session structure will mirror the structure of the after school sessions with the youth.

- 1.9.1 Parent enhancement/empowerment dinners are held monthly for a minimum of 2 hours throughout the length of the program. All parents are required to attend.
- 1.9.2 Could have a specific theme – a meal, music, singing, and a theme/topic for discussion to increase participation. The theme may be determined by parent's requests of specific topics.
- 1.9.3 Each meeting will include a meal for parents.
- 1.9.4 Transportation shall be provided as needed to all program participants.
- 1.9.5 Childcare will be made available as needed for all program participants and will be offered on site.
- 1.9.6 Opening Unity/Sacred Circle/libations will be included in each meeting.
- 1.9.7 Meetings can include guest speakers. As previously stated, **Guest speakers will receive a Presenters Fee of \$125.** Guest speakers can include, but are not limited to:
 - a. School representatives to discuss how to navigate the school system;

- b. Politicians/school board; may have an outing to a school board meeting with parents
- c. Getting parents engaged in the community, i.e.: voting, local community activities
- d. Closing ceremony/circle will be included in each meeting.

1.10 PARENT EDUCATION AND SUPPORT

- 1.10.1 The evidence-based practice, Guiding Good Choices (GGC), is a **requirement** for all parents/guardians of ROP youth.
- 1.10.2 Weekly ongoing 90 minute parent support groups for parents/guardians of ROP youth who have completed the 5-week workshop, GGC, will be made available. Support group topics will be determined by the parents attending the groups.

1.11 Staffing /Parent Trainer(s), Responsibilities, Qualifications

CONTRACTOR shall ensure that staffing requirements, which include, but are not limited to, the following, are met:

- 1.11.1 The Rites of Passage will be provided by two trained paraprofessional staff (Youth Development Workers) with a Bachelor-level or higher degree in the social services field, preferably one (1) male and one (1) female per program recommendations. Youth Development Workers must have knowledge of African culture/history.
- 1.11.2 Clinical interventions will be provided by a Mental Health Clinician who possesses a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician. The Mental Health Clinician must be trained in and have knowledge of child development, adolescent mental health, Cognitive-Behavioral Therapy (CBT), parenting, screening and assessment, crisis intervention and must also have knowledge of African culture/history.
- 1.11.3 CONTRACTOR and staff must attend and satisfactorily complete any training related to the BRAAF program which will be coordinated and funded by RUHS - BH.
- 1.11.4 All Program Staff will attend a yearly, one (1) day, PEI Summit.

- 1.11.5 All staff will attend booster training, a minimum of one-day per year, as identified and coordinated by RUHS - BH.
- 1.11.6 All staff will attend monthly 2-hour fidelity meetings with RUHS - BH staff.
- 1.11.7 The mental health clinician will attend 2-hour clinical consultation/support meetings with RUHS - BH held, at minimum, one time every 2 months.
- 1.11.8 Provide administrative, supervisory, and clerical support for the program.
- 1.11.9 Ensure that the BRAAF Program maintains a minimum of 80% fidelity of program components as observed by RUHS-BH, and as measured by the use of the RUHS-BH fidelity tools. CONTRACTOR will comply with findings resulting from the fidelity observations which may be in the format of: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.
- 1.11.10 Provide outcome measures to all program participants as outlined in section 1.14.
- 1.11.11 Ensure that all staff and volunteers working with individuals receiving service be fingerprinted (Live Scan), and pass DOJ and FBI background checks.
- 1.11.12 Ensure that personnel are qualified to provide the services necessary.
- 1.11.13 Ensure the provision of culturally competent services.
- 1.11.14 Ensure the following job descriptions are filled:
 - a. Program Director/Administrator:
 - 1. The Program Director/Administrator must be licensed by the State of California as an LMFT or LCSW or higher in the mental health field. (Any exception to this requirement must have prior approval by RUHS-BH.)
 - 2. The Program Director will manage coordination for this project, be trained and highly skilled in child development, early childhood mental health, parenting, screening and assessment and crisis intervention. The Program Director will also be skilled at public

- speaking and have excellent knowledge of community resources specific to this underserved population.
3. The Program Director will supervise the Rites of Passage Program, the Guiding Good Choices Program, and the Cognitive-Behavioral Intervention for Trauma in Schools program.
 4. The Director will ensure that clinical supervision is provided for any paraprofessional and/or pre-licensed clinical staff members.
 5. The Director will assist all staff in working collaboratively with RUHS-BH for ongoing educational and fidelity monitoring of the evidence-based practices.
 6. The Program Director will participate in the bi-monthly BRAAF Leadership team meetings facilitated by the PEI Staff Development Officer.
- b. Youth Development Workers – (one male & one female, as highly recommended by the evidence-based practice):
1. The Youth Development Workers are individuals who understand the African-American community, have knowledge of the culture, and experience working with youth and their families.
 2. The Youth Development Workers are to have a Bachelor's Degree or higher with some background in child development.
 3. The Youth Development Workers will facilitate the Rites of Passage program for youth.
- c. Mental Health Clinician:
1. The Mental Health Clinician must possess a Master's Degree or higher in the mental health field, and be licensed or licensed-eligible under the supervision of a licensed Clinician.
 2. The Mental Health Clinician is trained and has knowledge of child development, early childhood mental health, parenting, screening and assessment and crisis intervention.

3. The Mental Health Clinician must understand the African-American community, have knowledge of the culture, and experience working with youth and families.
 4. The Mental Health Clinician will also have knowledge of community resources specific to this underserved population, including understanding of local school districts policies regarding discipline, academic support, and other interventions that would support youth enrolled in this program.
 5. The Mental Health Clinician will provide Cognitive-Behavioral Therapy (CBT) based individual, family, and crisis counseling as a component of the after school program both at the service site and in the home, as needed. This will include parent education as appropriate.
 6. The Mental Health Clinician will co-facilitate (with a Youth Development Worker) the Guiding Good Choices parent workshop evidence-based practice per the guidelines of the model for all parents/guardians of enrolled ROP youth.
 7. The Mental Health Clinician will co-facilitate (with the Parent Partner) the ongoing parent support groups.
 8. Clinician will attend clinical consultation/support meetings held once every 2 months for 2 hours facilitated by RUHS - BH. The purpose of the meetings is to provide technical assistance in the implementation of CBT interventions.
- d. Clinical Supervisor (if needed)**
1. The Clinical Supervisor will be required if the Mental Health Clinician has not completed all licensing requirements through the Board of Behavioral Sciences.
 2. Clinical Supervisor must comply with all requirements to provide clinical supervision to a pre-licensed clinician.

e. Parent Partner

1. The Parent Partner is a parent/guardian of an ROP youth who has successfully completed their participation in the 5-week Guiding Good Choices workshop.
2. The Parent Partner has demonstrated competence in utilizing the skills learned, has a desire to assist other parents in a supportive role, has public speaking skills, and is willing to work with and follow the direction of BRAAF program staff.
3. The Parent Partner will co-facilitate the parent support groups alongside the Mental Health Clinician.
4. The Parent Partner will act as a support and liaison during parent support groups, will engage parents in the support group by encouraging attendance, telephone and/or in-person contact between groups, answer questions, and provide appropriate referrals and resources when needed.

1.12 REGULATORY COMPLIANCE

CONTRACTOR shall:

- 1.12.1 Comply with any and all Federal, State or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.
- 1.12.2 Participate in the RUHS-BH annual contract monitoring as well as more frequent program review. Any associated RUHS-BH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
- 1.12.3 Submit monthly documentation to RUHS-BH as outlined by RUHS-BH.
- 1.12.4 Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.

1.13 DOCUMENTATION OF SERVICES

The CONTRACTOR shall maintain appropriate records documenting all of the services provided through the contract. All confidential information shall be stored in a locked space. The documentation of staffing, payroll, other program costs, and program activities shall clearly indicate program staff time. These records shall conform to the requirements of the Department of Health Care Services and the Riverside University Health System - Behavioral Health. These records shall include but are not limited to:

- 1.13.1 The CONTRACTOR shall maintain a log of referrals.
- 1.13.2 Documentation of youth and parents/caregivers participating in the BRAAF Program.
- 1.13.3 Documentation of participant attendance for all components of the program including, but not limited to, sign in sheets for all program activities, the Master Attendance Roster and Program Staff time sheets. Sign In sheets must include date, time, topic of discussion and agenda for the activity. The sign in sheet must include first and last name of each participant and staff member. Each participant and staff must sign in for themselves.
- 1.13.4 Copies of materials presented and discussed for all program activities.
- 1.13.5 Confidential files must be maintained by the clinician for each program participant receiving clinical services.
- 1.13.6 Documentation of outreach/recruitment efforts on a monthly basis, which may include but not be limited to date, time, and location of recruitment activities (i.e., parents, schools, etc.).
- 1.13.7 Monthly contract report, as outlined by RUHS - BH, shall be submitted to RUHS - BH. This monthly report shall summarize CONTRACTOR activities.
- 1.13.8 All records maintained by the CONTRACTOR on behalf of RUHS - BH are the property of RUHS - BH.

- 1.13.9 Copies of completed outcome measures, as described in the RUHS - BH Data Collection Research Protocol (Exhibit D).
- 1.13.10 Other requirements may be determined as the PEI plan is implemented.
- 1.13.11 Data entry into the County Management Information System.
- 1.13.12 Documentation of participants, dates, assessments, screenings, and contact notes for all programs identified.
- 1.13.13 Copy of RUHS-BH's Fiscal approved annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report. CONTRACTOR shall comply with RUHS-BH regulations.

1.14 PERFORMANCE OUTCOMES

CONTRACTOR will receive the RUHS-BH Research Protocol (Attached hereto Exhibit D) which includes the outcome measures as well as all other documentation requirements. The utilization of the outcome measures and forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Future funding will be dependent upon positive performance outcomes, which will be monitored by RUHS-BH throughout the year. Failure to comply with Performance Outcomes or performance based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds until documents are received.

- 1.14.1 Completion for the ROP program is defined as participation in the 9-month after school program, successfully completing initiation and graduation at program end. Completion of the CBT program is defined by the youth completing individual and/or group sessions. Completion of the GGC program is defined as attendance at all five (5) group sessions. Completion also means that all pre and post measures have been completed for each program participant and parent/caregiver. CONTRACTOR shall submit documentation of all attempts to obtain post measures per RUHS-BH Research Protocol. RUHS-BH must

approve any participant and parent/caregiver as completed if there are not pre/post matched pair measures.

1.14.2 Goals, Outcome Measurement Tools, and Outcome Expectations:

Rites of Passage:

- a. Upon completing the program, CONTRACTOR will measure child resiliency by using “The Resiliency Scale for Children and Adolescents” with the expectation of an increase in the sense of mastery and relatedness resiliency scales.
- b. Upon completing the program, CONTRACTOR will measure participants’ cultural identity using the “The Youth Questionnaire” which includes portions of the Multidimensional Inventory of Black Identity (MIBI) and the Multi Ethnic Inventory measure. The expectation is that there will be an increase in positive ethnic identity.
- c. Upon completing the program, CONTRACTOR will measure family cohesion and adaptability using the “FACES-III” with the expectation of an increase in cohesion and adaptability.

Clinical Interventions:

- a. CONTRACTOR will measure trauma symptoms using the “Child PTSD Symptom Scale” with the expectation of a decrease in trauma symptoms.
- b. Upon completing the CBT program, CONTRACTOR will measure depression symptoms using the “Child Depression Inventory-2 (CDI)” with the expectation of a decrease in depressive symptoms.
- c. Upon completing the CBT program, CONTRACTOR will measure behavior problems in youth participants using the “Strengths and Difficulties Questionnaire (SDQ)” with the expectation of an increase in strengths and decrease in difficulties.

Guiding Good Choices:

- a. Upon completing the program, CONTRACTOR will measure parenting skills, involvement, and practices using the “APQ – Alabama Parenting Scale” with the expectation of improvement in

parenting skills, involvement with their children and overall parenting practices.

1.14.3 Performance-Based Criteria:

- a. RUHS-BH shall evaluate the CONTRACTOR on seven (7) Performance-Based Criteria that measure the CONTRACTOR's performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI plan. These measures assess the agency's ability to provide the required services and to monitor the quality of the services.
- b. Should there be a change to Federal, State and/or County policies/regulations, RUHS - BH, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment.
- c. CONTRACTOR staff will participate in monthly fidelity meetings coordinated and facilitated by RUHS - BH related to implementation of the Building Resilience in African-American Families Program. These meetings are designed to assist in model adherence and in addressing any potential barriers to implementation of the Evidence Informed and Evidence Based Practices.
- d. The Performance-Based Criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. CONTRACTOR will provide the Rites of Passage Program to a minimum of 15 middle school African-American males and their parents/caregivers in the Desert Region.	CONTRACTOR will submit all required documentation for each youth participating in the program.	Fifteen (15) middle school African-American males and their parents/caregivers as unduplicated participants will complete the program. "Completed" is defined by regular attendance and the satisfactory completion of initiation and graduation requirements.
2. CONTRACTOR will provide monthly parent empowerment and enhancement dinners to the parents/caregivers of the middle school youth enrolled in ROP.	CONTRACTOR will submit all required documentation for each parent/guardian participating in the program.	All parents/caregivers of the youth enrolled in ROP will attend the monthly parent empowerment and enhancement dinners.

3.	CONTRACTOR will provide clinical intervention in the form of CBT based individual, family and/or group intervention and/or parent education to the youth and their parents/caregivers enrolled in ROP.	CONTRACTOR will submit all required documentation for each person receiving clinical intervention.	All youth and their parents/caregivers who are enrolled in ROP will receive a clinical assessment. Based upon need, those identified will receive targeted clinical intervention. For youth enrolled in CBT, "completion" is defined as completing individual and/or group sessions.
4.	CONTRACTOR will provide the Guiding Good Choices parent education program to parents/caregivers of all youth enrolled the ROP program	CONTRACTOR will submit all required documentation for each parent/caregiver enrolled and completing the GGC program.	All parents/caregivers of youth enrolled in the ROP program will complete the GGC parent education program. Program completion is defined attending all 5 group sessions.
5.	CONTRACTOR will provide parent support groups to parents/caregivers of youth enrolled in the ROP program.	CONTRACTOR will submit all required documentation for each participant attending the parent support groups.	All parents of youth enrolled in the ROP program will be encouraged to attend. The parent partner will outreach consistently to all parents/caregivers.
6.	CONTRACTOR will administer/complete appropriate outcome measures included in the RUHS - BH Research Protocol (Exhibit D).	CONTRACTOR will administer/complete appropriate outcome measures in formats and schedules designated by RUHS - BH.	Outcome measures will be given preprogram start date and post program completion and/or at any additional intervals as determined by the evidence-based practice and by RUHS - BH.
7.	CONTRACTOR will provide the program in line with the evidence-informed and evidence based program guidelines.	CONTRACTOR will provide verification of staff training, utilization of program manuals, live observation of the program implementation, submission of video/audio recordings and participant focus groups.	100% of participants will receive the program consistent with the program guidelines.

1.14.4 The program staff is required to maintain a minimum of 80% fidelity for each program component as observed by RUHS-BH, and as measured by the use of the EBP fidelity tools. CONTRACTOR will comply with findings resulting from the EBP fidelity tools which may include the following: live observations, audio/video recordings, focus groups, EBP adherence measures, and chart reviews.

1.15 DISASTER PREPAREDNESS

The CONTRACTOR shall ensure contingency plans are in place to continue the delivery of services in the event of a man-made or natural disaster.

1.16 COUNTY SUPPORT AND TECHNICAL ASSISTANCE

RUHS-BH shall provide technical assistance on an as-needed basis for program CONTRACTOR. Such technical assistance typically includes, but is not limited to, orientation to the County's MIS systems, and data entry guidelines; reviewing and interpreting County policies and procedures; providing on-going agency liaison with RUHS-BH and the Department's other CONTRACTORs to ensure optimal collaborations, etc.

EXHIBIT B – MHSA LAWS, REGULATIONS AND POLICIES

In addition to the statues and regulations previously referenced in this AGREEMENT, services shall be provided in accordance with policies and procedures as developed by COUNTY as well as those Federal and State laws, regulations and policies applicable to the terms of this AGREEMENT, which may include, but may not be limited to the following specific statues or relevant sections therein:

FEDERAL

- Drug-Free Workplace Act (DFWA) – 1990
- National Voter Registration Act of 1993
- 42 C.F.R. §438.608 (Program Integrity Requirements)
- McKinney-Vento Homeless Assistance Act, Public Law 101-645 (Homeless Services)
- Trafficking Victims Protection Act (TVPA) of 2000
- 45 C.F.R. § 205.50

STATE

- Mental Health Services – Welfare and Institutions Code § 5000 to 5914
- Laura’s Law – Assembly Bill 1367
- The California Child Abuse and Neglect Reporting Act (CANRA) 2013
- Confidentiality of Medical Information Act – Civil Code §§ 56 et seq.
- Senate Bill 35 (SB35), Chapter 505, Statutes of 2012
- Government Code § 26227 (Contracting with County)
- Government Code § 8546.7 (Audits)
- Penal Code §§ 11164-11174.4 et seq. - (Child Abuse and Neglect Reporting)
- Welfare & Institution Code §§ 14705 and 14725
- Welfare & Institution Code §§ 18350 et seq.
- State Department of Health Care Services Publications
- Welfare and Institutions Code 5610 to 5613 (Client Service Information Reporting)
- Welfare and Institutions Code 17608.05 (Maintenance of Effort)
- Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.
- Centers for Medicare and Medicaid Services Manual
- Welfare & Institutions Code §§ 15600 et seq. (Elderly and Dependent Adult Abuse Reporting)
- 2 C.C.R. Division 9, Chapter 1
- DMH Letter 03-04 (Health Care Facility Rates)
- DMH Letter 86-01 (Life Support Supplemental Rate)
- 22 C.C.R. § 70707
- Government Code § 7550 (Reports)
- Welfare and Institutions Code § 14132.47

COUNTY

Behavioral Health Policies

- Code of Ethics – Policy 108
- Cultural Competene – Policy 162
- Confidentiality Guidelines for Family / Social support Network – Policy 206
- Confidentiality / Privacy Disclosure of Individually Identifiable Information – Policy 239
- Health Privacy & Security – Board of Supervisors Policy B-23
- Alcohol and Drug Abuse Policy, Board of Supervisors Policy C-10

- Harassment in the Workplace - Board of Supervisors Policy C-25
- Protected Health Information – Minimum Necessary for Use and Disclosure – Policy 298
- Workplace Violence, Threats and Security - Board of Supervisors Policy C-27
- Riverside County Mental Health Plan
- Riverside County Mental Health Plan Provider Manual
- Riverside County Mental Health “Psychotropic Medication Protocols for Children and Adolescents” Publication
- Riverside County Mental Health “Medication Guidelines” Publication
- County and Departmental policies, as applicable to this Agreement

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: Family Health & Support Network
PROGRAM NAME: Building Resilience in African American Families Boys Program
DEPARTMENT ID: 4100221254.74720

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:
 - The Negotiated Rate, as approved by the COUNTY, per unit as specified in the Schedule I, multiplied by the actual number of units of service provided, less revenue collected.
 - One-twelfth (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
 - Actual Cost, as invoiced by expenditure category specified in Schedule K.
2. CONTRACTOR'S Schedule I, and Schedule K when applicable, issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.
3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.
 - The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual number of County approved units of service multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services or Substance Abuse Prevention Treatment Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services; or RCMAR for Drug Medi-Cal Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Opioid Treatment Program (OTP) Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the State Drug Medi-Cal rate, or customary charges (published rate), whichever is lower, less revenue collected.
 - The final year-end settlement for Negotiated Rate services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of units of service provided and approved by the COUNTY, less revenue collected for the provision of services.

- The final year-end settlement for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K.
- The final year-end and local match settlement for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.
4. The combined final year-end settlement for all services shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the COUNTY.
5. CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
- B. MAXIMUM OBLIGATION:**
COUNTY'S maximum obligation for FY 2021/2022 shall be \$331,399 subject to availability of applicable Federal, State, local and/or COUNTY funds.
- C. BUDGET:**
Schedule I, and Schedule K when applicable, presents (for budgetary and planning purposes only) the budget details pursuant to this Agreement. Schedule I contains department identification number (Dept. ID), Program Code, billable and non-billable mode(s) and service function(s), units, expected revenues, maximum obligation and source of funding pursuant to this Agreement. Where applicable, Schedule K contains line item budget by expenditure category.
- D. MEDI-CAL (M/C):**
1. With respect to services provided to Medi-Cal beneficiaries, CONTRACTOR shall comply with applicable Medi-Cal cost containment principles where reimbursement is based on actual allowable cost, approved Medi-Cal rate, RCMAR, Drug Medi-Cal rate, or customary charges (published rate), whichever rate is lower, as specified in Title 19 of the Social Security Act, Title 22 of the California Code of Regulations and applicable policy letters issued by the State.
2. RCMAR is composed of Local Matching Funds and Federal Financial Participation (FFP).
- E. LOCAL MATCH REQUIREMENTS:**
- If box is checked, CONTRACTOR is required to make quarterly estimated EPSDT local match payments to COUNTY based on 5% of the amount invoiced. Local match requirement is subject to annual settlement.
- F. REVENUES:**
As applicable:
1. Pursuant to the provisions of Sections 4025, 5717 and 14705 of the Welfare & Institutions Code, and as further contained in the State Department of Health Care Services Revenue Manual, Section 1, CONTRACTOR shall collect revenues for the provision of the services described pursuant to Exhibit A. Such revenues may include but are not limited to, fees for services, private contributions, grants or other funds. All revenues received by CONTRACTOR shall be reported in their annual Cost Report, and shall be used to offset gross cost.

2. CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to providing and billing for services in order to ensure proper billing of Medi-Cal. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, Medicare, or other third party benefits shall be determined by the CONTRACTOR at all times for billing or service purposes. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.
5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of the CONTRACTOR'S received notification from the State. CONTRACTOR shall be responsible for faxing the cleared Medi-Cal Share of Cost documentation to fax number (951) 955-7361 OR to your organization's appropriate COUNTY Region or Program contact. Patients/clients with share of cost Medi-Cal shall be charged their monthly Medi-Cal share of cost in lieu of their annual liability. Medicare clients will be responsible for any co-insurance and/or deductible for services rendered at Medicare certified sites.
7. All other clients will be subject to an annual sliding fee schedule by CONTRACTOR for services rendered, based on the patient's/client's ability to pay, not to exceed the CONTRACTOR'S actual charges for the services provided. In accordance with the State Department of Health Care Services Revenue Manual, CONTRACTOR shall not be penalized for non-collection of revenues provided that reasonable and diligent attempts are made by the CONTRACTOR to collect these revenues. Past due patient/client accounts may not be referred to private collection agencies. No patient/client shall be denied services due to inability to pay.
8. If and where applicable, CONTRACTOR shall submit to COUNTY, with signed Agreement, a copy of CONTRACTOR'S customary charges (published rates).
9. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays) above and beyond the contracted Schedule I rate, the CONTRACTOR must notify the COUNTY within each fiscal year Agreement period of performance.

10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

G. REALLOCATION OF FUNDS:

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.
3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.

H. RECOGNITION OF FINANCIAL SUPPORT:

If, when and/or where applicable, CONTRACTOR'S stationery/letterhead shall indicate that funding for the program is provided in whole or in part by Riverside University Health System – Behavioral Health.

I. PAYMENT:

1. Monthly reimbursements may be withheld and recouped at the discretion of the Director or its designee due to material Agreement non-compliance, including overpayments as well as adjustments or disallowances resulting from the COUNTY Contract Monitoring Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the Cost Report Reconciliation/Settlement process.
2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow payments to CONTRACTOR until proof of any items billed for is received, verified and approved by the COUNTY.
3. In addition to the annual CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform impromptu CMTs without prior notice throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and inaccurate billing/reports. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to

CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this Agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.

4. Notwithstanding the provisions of Paragraph I-1 and I-2 above, CONTRACTOR shall be paid in arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12th) monthly basis, or based upon the actual cost invoice by expenditure category, as specified in Paragraph A-1 above.
 - a. CONTRACTOR will be responsible for entering all service related data into the COUNTY'S MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.
 - b. CONTRACTOR is required to enter all units of service into the COUNTY'S MIS no later than 5:00 p.m. on the fifth (5th) calendar day following the date of service. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - c. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) **(attached as Exhibit C, Attachment A)** signed by the Director or authorized designee of the CONTRACTOR organization. This form must be faxed and/or emailed (PDF format only) to the COUNTY at (951) 358-6868, and/or emailed to ELMR_PIF@rcmhd.org. The CONTRACTOR PIF form must be received by the COUNTY via fax and/or email for the prior month no later than 5:00 p.m. on the fifth (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed Program Integrity Form (PIF), contracts reimbursed based on a Schedule K as specified in Paragraph A-1 above are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
 - f. Failure by the CONTRACTOR to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF, and when applicable, faxing and/or e-mailing the actual cost invoice, will delay payment to the CONTRACTOR until the required documents as outlined herein are provided.
5. CONTRACTOR shall work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process.
6. CONTRACTOR shall provide the COUNTY with all information necessary for the preparation and submission to the State, if applicable, for all billings, and the audit of all billings.
7. In order to ensure that CONTRACTOR will receive reimbursement for services rendered under this Agreement, CONTRACTOR shall be responsible for notifying Medi-Cal if at any time CONTRACTOR discovers or is made aware that client Medicare and/or Insurance coverage has been terminated or otherwise is not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating the Medicare

- and/or Insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and the comment "Medicare/OHC Termed" on the documentation provided to the COUNTY.
8. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF is received by the COUNTY and invoice is generated by the applicable COUNTY Region/Program.
 9. Pursuant to Section III.A. – REIMBURSEMENT AND USE OF FUNDS AND SECTION XXV. – PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by RUHS-BH and DHCS and/or be the basis for other sanctions by DHCS.

J. COST REPORT:

1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY two (2) copies, per each Program Code, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within one of the length of times as follows and as indicated below by an "X":
 - Thirty (30) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Forty-five (45) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Seventy-Five (75) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
2. The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122 and OMB-circular A-87.
4. It is mandatory that the CONTRACTOR send one representative to the COUNTY'S annual cost report training that covers the preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Annual attendance at the training is mandatory in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
5. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been received within the specified length of time as indicated in Section I, paragraph 1 above. Future monthly reimbursements will be withheld if the Cost Report contains errors that are not corrected within ten (10) calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadlines or extensions will immediately result in the withholding of future monthly reimbursements.
6. The Cost Report shall serve as the basis for year-end settlement to CONTRACTOR including a reconciliation and adjustment of all payments made to CONTRACTOR and all

revenue received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.

7. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year Cost Report(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
8. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost report. Where deemed applicable, Actual Costs for Indirect Administrative Expenses shall not exceed the percentage of cost as submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

K. BANKRUPTCY:

Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify COUNTY'S Behavioral Health's Fiscal Services Unit, in writing by certified letter with a courtesy copy to the Behavioral Health's Program Support Unit. The CONTRACTOR shall submit a properly prepared Cost Report in accordance with requirements and deadlines set forth in Section I before final payment is made.

L. AUDITS:

1. CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
2. If this Agreement is terminated in accordance with Section XXVII, TERMINATION PROVISIONS, the COUNTY, Federal and/or State governments may conduct a final audit of the CONTRACTOR. Final reimbursement to CONTRACTOR by COUNTY shall not be made until all audit results are known and all accounts are reconciled. Revenue collected by CONTRACTOR during this period for services provided under the terms of this Agreement will be regarded as revenue received and deducted as such from the final reimbursement claim.
3. Any audit exception resulting from an audit conducted by any duly authorized representative of the Federal Government, the State or COUNTY shall be the sole responsibility of the CONTRACTOR. Any audit disallowance adjustments shall be paid in full upon demand or withheld at the discretion of the Director of Behavioral Health against amounts due under this Agreement or Agreement(s) in subsequent years.
4. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. If and when necessary, a corrective Action Plan will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of all payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

M. TRAINING:

CONTRACTOR understands that as the COUNTY implements its current MIS to comply with Federal, State and/or local funding and service delivery requirements, CONTRACTOR will, therefore, be responsible for sending at least one representative to receive all applicable COUNTY training associated with, but not limited to, applicable service data entry, client registration, billing and invoicing (batching), and learning how to appropriately and successfully utilize and/or operate the current and/or upgraded MIS as specified for use by the COUNTY under this Agreement. The COUNTY will notify the CONTRACTOR when such training is required and available.

N. FURNISHINGS AND EQUIPMENT

1. **OWNERSHIP:** If equipment and furnishings were previously purchased through this Agreement, CONTRACTOR acknowledges that these items are the property of COUNTY. Procedures provided by COUNTY for the acquisition, inventory, control and disposition of the equipment and the acquisition and payment for administrative services to such equipment (e.g. office machine repair) are to be followed.
2. **INVENTORY:** CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings purchased through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: date acquired; property description (to include model number); property identification number (serial number); cost or other basis of valuation; funding source; and rate of depreciation or depreciation schedule, if applicable. An updated inventory list shall be provided to COUNTY on a semi-annual basis, and filed with the Annual Cost Report. Once COUNTY is in receipt of this list, COUNTY inventory tags will be issued to CONTRACTOR, and are to be attached to the item as directed.
3. **DISPOSAL:** Approval must be obtained from COUNTY prior to the disposal of any property purchased with funds from this Agreement, regardless of the acquisition value. Disposal (which includes sale, trade-in, discard, or transfer to another agency or program) shall not occur until approval is received in writing from COUNTY.
4. **CAPITAL ASSETS:**
 - a. Capital assets are tangible or intangible assets exceeding \$5,000 that benefit an agency more than a single fiscal year. For capital assets approved for purchase by COUNTY, allowable and non-allowable cost information and depreciation requirements can be found in the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II. It is CONTRACTOR'S responsibility to ensure compliance with these requirements.
 - b. Any capital asset that was acquired or improved in whole or in part with funds disbursed under this Agreement, or under any previous Agreement between COUNTY and CONTRACTOR, shall either be, at the election of COUNTY as determined by the Director or designee: (1) transferred to COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less any portion of the current value attributable to CONTRACTOR'S out of pocket expenditures using non-county funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

FAMILY HEALTH AND SUPPORT NETWORK, INC - SCHEDULE K BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.	FISCAL YEAR: 2021/22
PROGRAM NAME: MHSA PEI-BRAAF BOYS	PERFORMANCE PERIOD: 07/01/2021 - 06/30/2022
REGION/POPULATION: MHSA PEI - DESERT REGION	MONTHLY REIMBURSEMENT:
REGION CONTRACT AMOUNT: \$331,399	YEAR END SETTLEMENT:
DESERT REGION / MHARC xxxxx-xxx-06/22 / VENDOR ID 0000071504	
DEPT ID#4100221254-74720-536240 BPO: RU: 33JUAPA	

TYPE OF MODALITY:	INDIRECT SERVICES			TOTAL CONTRACT
	MODE OF SERVICE:	60	78	
SERVICE FUNCTION:	60	78	GGC	
PROGRAM:	ROP	CBT	GGC	
1. Personnel Expenditures (from Staffing Detail)				
Youth Development Worker \$25.80 (.75 FTE)	\$23,333	\$0	\$11,667	\$35,000
Youth Development Worker Benefits	\$3,500	\$0	\$1,750	\$5,250
Youth Development Worker \$25.80 (.75 FTE)	\$35,000	\$0	\$0	\$35,000
Youth Development Worker Benefits	\$5,250	\$0	\$0	\$5,250
Program Director \$28.75 (1 FTE)	\$26,000	\$0	\$26,000	\$52,000
Program Director Benefits	\$3,900	\$0	\$3,900	\$7,800
Mental Health Clinician \$30.96 (1 FTE)	\$28,000	\$28,000	\$0	\$56,000
Mental Health Clinician Benefits	\$4,200	\$4,200	\$0	\$8,400
Parent Partner \$23.00 (.25 FTE)	\$0	\$0	\$10,400	\$10,400
Parent Partner Benefits	\$0	\$0	\$1,560	\$1,560
Child Care Worker \$20 (.10 FTE)	\$0	\$0	\$4,280	\$4,280
Total Personnel Expenditures	\$129,183	\$32,200	\$59,557	\$220,940
2. Operating Expenditures				
Translation Interpreter	\$0	\$0	\$0	\$0
Professional Services	\$0	\$5,600	\$0	\$5,600
Staff Travel	\$406	\$203	\$203	\$812
Participant Transportation	\$11,000	\$1,000	\$1,500	\$13,500
General Office Expenditure	\$1,200	\$0	\$0	\$1,200
Outreach Materials	\$895	\$0	\$0	\$895
Rent, Utilities, Equipment	\$10,500	\$6,000	\$6,000	\$22,500
Food	\$15,120	\$0	\$1,500	\$16,620
Community Expert Fees	\$1,125	\$0	\$0	\$1,125
Outings	\$5,850	\$0	\$0	\$5,850
Retreats	\$5,000	\$0	\$0	\$5,000
Other Operating Expenses	\$4,230	\$0	\$0	\$4,230
Unity Day	\$1,000	\$1,000	\$1,000	\$3,000
Total Operating Expenditures	\$56,326	\$13,803	\$10,203	\$80,332
3. Indirect Administrative Expenses				
Admin Costs (10%)	\$18,551	\$4,600	\$6,976	\$30,127
Total Indirect Administrative Expenses	\$18,551	\$4,600	\$6,976	\$30,127
Total Program Budget	\$204,061	\$50,603	\$76,735	\$331,399
Total Indirect Administrative Expenses % (Not to Exceed 15%)	10.00%	10.00%	10.00%	10.00%

FUNDING SOURCES DOCUMENT: 2021-2022 MH CLIB Net Funding

PREPARED BY: Leah Newell

ADMIN SVCS ANALYST SIGNATURE:

FISCAL ACCOUNTANT SIGNATURE:

CONTACT #: 951-358-3189

DATE: 4/28/2021

DATE: 4/28/2021

Leah Newell

Shree Martin

**PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE
BEHAVIORAL HEALTH**

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.		INVOICE DATE:		
PROGRAM NAME: MHSA PEI-BRAAF		SERVICE PERIOD:		
REGION/POPULATION: MHSA PEI - DESERT REGION		INVOICE NUMBER:		
REGION CONTRACT AMOUNT: \$331,399		YEAR END SETTLEMENT:		
		MHARC xxxx-xxx-06/22 / VENDOR ID 0000071504 DEPT ID#4100221254-74720-536240 BPO:		
		RU: 33JUAPA		
TYPE OF MODALITY:		INDIRECT SERVICES		
MODE OF SERVICE:	60	60	60	
SERVICE FUNCTION:	78	78	78	
CATEGORY DESCRIPTION:	PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING	
PROGRAM:		RITES OF PASSAGE		
Hours Per Category Description:				
1. Personnel Expenditures (from Staffing Detail)				
Youth Development Worker	\$0	\$0	\$0	\$0
Youth Development Worker Benefits	\$0	\$0	\$0	\$0
Youth Development Worker	\$0	\$0	\$0	\$0
Youth Development Worker Benefits	\$0	\$0	\$0	\$0
Program Director	\$0	\$0	\$0	\$0
Program Director Benefits	\$0	\$0	\$0	\$0
Mental Health Clinician	\$0	\$0	\$0	\$0
Mental Health Clinician Benefits	\$0	\$0	\$0	\$0
Parent Partner	\$0	\$0	\$0	\$0
Parent Partner Benefits	\$0	\$0	\$0	\$0
Child Care Worker	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0
2. Operating Expenditures				
Translation Interpreter	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0
Staff Travel	\$0	\$0	\$0	\$0
Participant Transport	\$0	\$0	\$0	\$0
General Office Expenditure	\$0	\$0	\$0	\$0
Outreach Materials	\$0	\$0	\$0	\$0
Rent, Utilities, Equipment	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0
Community Expert Fees	\$0	\$0	\$0	\$0
Outings	\$0	\$0	\$0	\$0
Retreats	\$0	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0	\$0
Unity Day	\$0	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0	\$0
3. Indirect Administrative Expenses				
Admin Costs (10%)	\$0	\$0	\$0	\$0
(Not to Exceed 15%) Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL INVOICE COSTS				\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ DATE: _____

Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.		INVOICE DATE:	
PROGRAM NAME: MHSA PEI-BRAAF		SERVICE PERIOD:	
REGION/POPULATION: MHSA PEI - DESERT REGION		INVOICE NUMBER:	
REGION CONTRACT AMOUNT: \$331,399		YEAR END SETTLEMENT:	
		MHARC xxxxx-xxx-06/22 / VENDOR ID 0000071504	
		DEPT ID#4100221254-74720-536240 BPO:	
		RU: 33JUAPA	

TYPE OF MODALITY:	INDIRECT SERVICES		ACTUAL COST
	MODE OF SERVICE:	PROGRAM RECRUITMENT	
60	60	60	
78	78	78	
PROGRAM	PROGRAM	ENGAGEMENT/SCREENING	
PROGRAM: CBT			
Hours Per Category Description:			
1. Personnel Expenditures (from Staffing Detail)			
Youth Development Worker		\$0	\$0
Youth Development Worker Benefits		\$0	\$0
Youth Development Worker		\$0	\$0
Youth Development Worker Benefits		\$0	\$0
Program Director		\$0	\$0
Program Director Benefits		\$0	\$0
Mental Health Clinician		\$0	\$0
Mental Health Clinician Benefits		\$0	\$0
Parent Partner		\$0	\$0
Parent Partner Benefits		\$0	\$0
Child Care Worker		\$0	\$0
Child Care Worker Benefits		\$0	\$0
Total Personnel Expenditures		\$0	\$0
2. Operating Expenditures			
Translation Interpreter		\$0	\$0
Professional Services		\$0	\$0
Staff Travel		\$0	\$0
Participant Transport		\$0	\$0
General Office Expenditure		\$0	\$0
Outreach Materials		\$0	\$0
Rent, Utilities, Equipment		\$0	\$0
Food		\$0	\$0
Community Expert Fees		\$0	\$0
Outings		\$0	\$0
Retreats		\$0	\$0
Other Operating Expenses		\$0	\$0
Unity Day		\$0	\$0
Total Operating Expenditures		\$0	\$0
3. Indirect Administrative Expenses			
Admin Costs (10%)		\$0	\$0
(Not to Exceed 15%) Total Indirect Administrative Expenses		\$0	\$0
Total Program Budget		\$0	\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)		\$0	\$0
TOTAL INVOICE COSTS		\$0	\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ DATE: _____

Print Name of Authorized Signer: _____

PROGRAM INTEGRITY FORM (PIF) / MONTHLY INVOICE TEMPLATE

CONTRACT PROVIDER NAME: FAMILY HEALTH AND SUPPORT NETWORK, INC.		INVOICE DATE:
PROGRAM NAME: MHSA PEI-BRAAF		SERVICE PERIOD:
REGION/POPULATION: MHSA PEI - DESERT REGION		INVOICE NUMBER:
REGION CONTRACT AMOUNT: \$331,399		YEAR END SETTLEMENT:
		BRFGC MM/YY
		ACTUAL COST

MHARC xxxxx-xxx-06/22 / VENDOR ID 0000071504	
DEPT ID#4100221254-74720-536240 BPO:	
RU: 33JUPA	

TYPE OF MODALITY:	INDIRECT SERVICES		PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING	TOTAL CONTRACT
	MODE OF SERVICE:	SERVICE FUNCTION:			
	60	78			
GUIDING GOOD CHOICES					
1. Personnel Expenditures (from Staffing Detail)					
Hours Per Category Description:					
Youth Development Worker	\$0	\$0			\$0
Youth Development Worker Benefits	\$0	\$0			\$0
Youth Development Worker	\$0	\$0			\$0
Youth Development Worker Benefits	\$0	\$0			\$0
Program Director	\$0	\$0			\$0
Program Director Benefits	\$0	\$0			\$0
Mental Health Clinician	\$0	\$0			\$0
Mental Health Clinician Benefits	\$0	\$0			\$0
Parent Partner	\$0	\$0			\$0
Parent Partner Benefits	\$0	\$0			\$0
Child Care Worker	\$0	\$0			\$0
	\$0	\$0			\$0
2. Operating Expenditures					
Translation Interpreter	\$0	\$0			\$0
Professional Services	\$0	\$0			\$0
Staff Travel	\$0	\$0			\$0
Participant Transport	\$0	\$0			\$0
General Office Expenditure	\$0	\$0			\$0
Outreach Materials	\$0	\$0			\$0
Rent, Utilities, Equipment	\$0	\$0			\$0
Food	\$0	\$0			\$0
Community Expert Fees	\$0	\$0			\$0
Outings	\$0	\$0			\$0
Retreats	\$0	\$0			\$0
Other Operating Expenses	\$0	\$0			\$0
Unity Day	\$0	\$0			\$0
3. Indirect Administrative Expenses					
Admin Costs (10%)	\$0	\$0			\$0
(Not to Exceed 15%) Total Indirect Administrative Expenses					
Total Program Budget	\$0	\$0			\$0
Total Indirect Administrative Expenses % (Not to Exceed 15%)	#DIV/0!	#DIV/0!			#DIV/0!
TOTAL INVOICE COSTS					
					\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION A – TO BE COMPLETED BY PARTY SUBMITTING REPORT		
Program/Clinic Name	RU #	Name of Reporting Staff
Client/Person (Last Name, First Name)	DOB	RUHS – BH Client ID
If the incident involved a person other than the client such as an employee or visitor, provide the person's name and contact #:		
Last Name, First Name	Contact Phone	Involved as (e.g. staff, visitor, etc.)

<p>Attach a copy of the client's current face sheet.</p> <p>The above named client/person was involved in an act/action which meets/may meet (circle one) the requirements of the formation of the Adverse Incident Committee. The incident falls into the following reportable incident category(ies).</p> <ul style="list-style-type: none"> <input type="checkbox"/> All client deaths for any cause <input type="checkbox"/> Incident involving significant dangerousness to self, including serious suicide attempts or self-injury <input type="checkbox"/> Incident involving significant dangerousness to others, including serious assaults, homicide attempts and homicides <input type="checkbox"/> Incident involving significant injury that required medical intervention for any client or visitor at a program site or during a treatment activity off-site. 	
Specific location where the incident occurred:	
Date of Incident:	Time of Incident:
Date FIRST reported to RUHS – BH:	Time Reported to RUHS – BH:

<p>THE EVENTS WHICH OCCURED ARE AS FOLLOWS:</p>

SUBMIT REPORT TO SUPERVISOR WITHIN ONE BUSINESS DAY OF INCIDENT	
Reported submitted to:	
Submission completed: Date:	Time:

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
 (CONFIDENTIAL – Attorney Client Privileged Information)

SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE REVIEW, SUMMARY, AND RECOMMENDATIONS	
Client/Person (Last Name, First Name)	RUHS – BH Client ID
Date of Incident	Time of Incident

Sheriff Investigation Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested: _____
Name of Person who requested report: _____	
Coroner Autopsy Report Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Requested: _____
Name of Person who requested report: _____	
Incident Reviewed By (Name and Job Classification)	
1. _____	3. _____
2. _____	4. _____
Date of Review: _____	Period of Treatment Reviewed: _____

Policy, Procedure, Program Issues Identified	
<input type="checkbox"/> Coordination of Care with PCP	<input type="checkbox"/> Coordination of Care with another service or provider
<input type="checkbox"/> Identification of a Substance Use Disorder	<input type="checkbox"/> Referral to Substance Use or Co-Occurring Disorder Treatment
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Follow-up after missed appointment or "No-Show"
<input type="checkbox"/> Monitoring of psychotropic medications	<input type="checkbox"/> Psychotropic Medication Poly-pharmacy
<input type="checkbox"/> Prescribing controlled substance to a known substance abuser	<input type="checkbox"/> Other medication-related issue
<input type="checkbox"/> Delay in getting appt. within reasonable time	<input type="checkbox"/> Case closed without adequate efforts to contact or engage/re-engage client
<input type="checkbox"/> Client lost to follow-up/unable to locate	<input type="checkbox"/> Other Issue(s)

Review Summary/Comments/Findings

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
 (CONFIDENTIAL – Attorney Client Privileged Information)

SECTION C – ADMINISTRATOR/ADVERSE INCIDENT COMMITTEE REVIEW, SUMMARY, AND RECOMMENDATIONS (Continued)		
Does this incident involve a possible professional staff license/certification violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, briefly describe:		
Does this incident involve a possible facility licensing violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, briefly describe:		
If Yes, has licensing agency been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has copy of incident report from licensee to licensing agency been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach copy of report)		
Reviewer(s) concur with supervisor whether Workplace Violence Report provision applies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, action taken by reviewer(s):		
Review Recommendations and Corrective Action Plan(s)		
Recommendation(s)/Plan(s)	Person Responsible	Proposed Completion Date
Administrator Signature		
Administrator Signature _____		Date _____

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
Policy 248 - ADVERSE INCIDENT REPORT
(CONFIDENTIAL – Attorney Client Privileged Information)

SECTION D – WITNESS REPORTS (If Applicable)	
1.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
2.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	
3.	
Last Name, First Name	(Area Code) Phone
Account of Incident:	

DO NOT FILE THIS FORM IN THE CLIENT'S CLINICAL RECORD



Building Resilience In African American Families (BRAAF-Boys)

**Africentric Youth Rites of Passage Program (ROP)
Parent Education and Support (Guiding Good Choices and Parent Support)
Cognitive Behavioral Therapy (CBT)**

Data Collection Guidelines

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OVERVIEW

As part of Riverside University Health System (RUHS) Behavioral Health Prevention and Early Intervention (PEI) implementation, it is important to ensure that program evaluation and outcome data is collected, not only to document the value and efficacy of the program, but also to provide information for learning and program improvement if needed. Keeping track and collecting information on participation programs will also provide the necessary information to share with all interested stakeholders.

We know it can get detailed and takes extra time. However, showing all the good work the program is promoting means keeping track of data. Also, as part of the implementation for Prevention and Early Intervention (PEI), it is important to ensure that programs and outcomes are evaluated on a consistent basis.

It is really important that the staff of these programs (Africentric Youth Rites of Passage, Guiding Good Choices, Parenting Groups, and CBT) use the following guidelines to document participation in the program. The funding provided for this program requires the collection of some basic information which will be shared with RUHS and others.

All identifying personal information is kept confidential



Africentric Youth Rite of Passage

(ROP for boys 11-13 yrs.)

*Minimum of 85 ROP sessions required for youth to graduate. This count includes, weekly ROP classes, weekend outings, initiation retreat, Unity Day, and graduation day.

Data Collection Guidelines



ROP—Evaluation Measures

Data collection tool:		Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic Screening Questionnaire 	<ul style="list-style-type: none"> To identify African American males between the ages of 11 -13, who may benefit from the program. <p>Blank data forms are provided in the Data Binder and is tabbed for each child's name.</p>	<ul style="list-style-type: none"> This form is to be used in conjunction with each agency's program form. It should be completed by program staff after an appropriate assessment period to identify any child or family risk factors that will make the participant eligible for the program. <p><u>Keep completed forms in the binder which will be submitted to RUHS-BH.</u></p>	<ul style="list-style-type: none"> Complete this form when the youth is enrolled in the program.
<ul style="list-style-type: none"> Initial Intake 	<ul style="list-style-type: none"> Collects information on school attendance grades and suspensions, law enforcement contact, and social risk factors. 		<ul style="list-style-type: none"> Track attendance for youth in the after-school program. Use daily sign in sheets to complete the Attendance Roster. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Sign-In Sheets & Master Attendance Roster 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 		
<ul style="list-style-type: none"> Attendance Parent Empowerment dinners. 	<ul style="list-style-type: none"> To record parents attendance at empowerment dinners. 		<ul style="list-style-type: none"> Have parent sign in on the attendance form and indicate the name of the youth they have enrolled in the program. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Resiliency Scale for Children and Adolescents 	<ul style="list-style-type: none"> This is a self-report scale designed for children and adolescents ages 9-18 years of age to assess positive characteristics and personal attributes that are critical for resiliency. The measure includes the: Sense of Mastery Scale (optimum, self-efficacy, adaptability); and Sense of Relatedness Scale (trust, support, comfort, tolerance), 	<ul style="list-style-type: none"> Only the Sense of Mastery and Relatedness Resiliency scale will be completed and collected at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Youth Questionnaire (MIBI and The Multi Ethnic Identity Measure) 	<ul style="list-style-type: none"> This questionnaire will include the Multidimensional Inventory of Black Identity (MIBI) which assesses components of African American racial identity (centrality subscale) The Multi Ethnic Identity Measure assesses the process of ethnic identity development in young adults. 	<ul style="list-style-type: none"> Collect the Youth Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Social, Emotional, and Bullying Behavior Survey (SEBBS) 	<p>This questionnaire was designed by PRIDE surveys to ask middle school students to report social and emotional skills, peer relations/bullying behaviors, school climate, and substance abuse.</p>	<ul style="list-style-type: none"> Collect the SEBBS Questionnaire at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test).

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

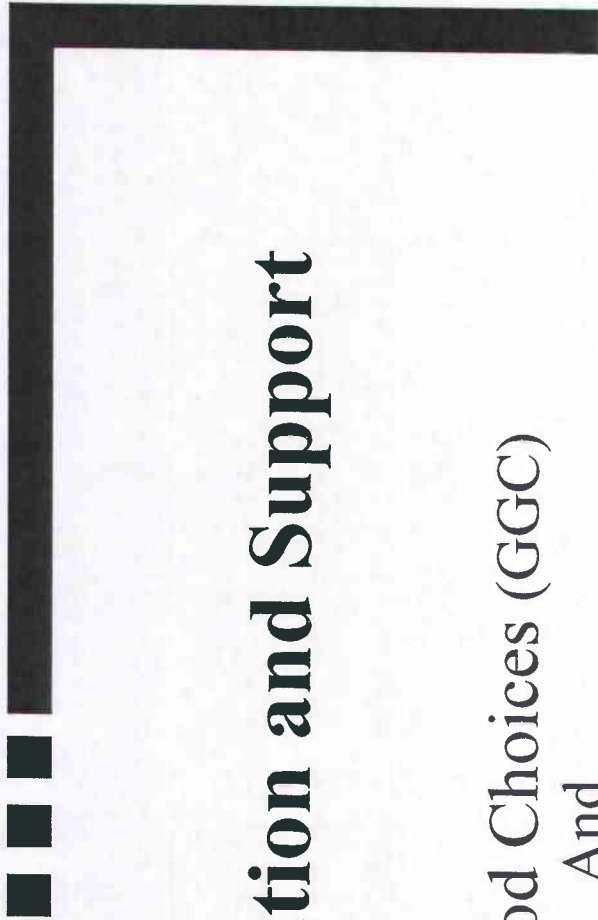
ROP—Evaluation Measures

Data collection tool: Purpose:		Collection How Tos:
<ul style="list-style-type: none"> FACES III 	<p>This is a self-reported 10 item scale that measures perceptions of cohesion . The cohesion scales assesses the strength of family members attachment to one another.</p>	<ul style="list-style-type: none"> Have the parent, relative, or caregiver most closely involved in the Rites of Passage program complete the FACES III at the beginning of the program (Pre-Test) and again at the completion of the program (Post-Test). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>
<ul style="list-style-type: none"> Satisfaction Surveys (Parent & Youth) 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth participants and their parents/guardians on their perception of the program. One satisfaction form or parents and one for the youth. 	<ul style="list-style-type: none"> At the end of the program request that youth and their parent or guardians complete the appropriate satisfaction survey (Youth or Parent/Guardian). <p><u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u></p>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

ROP—Evaluation Measures

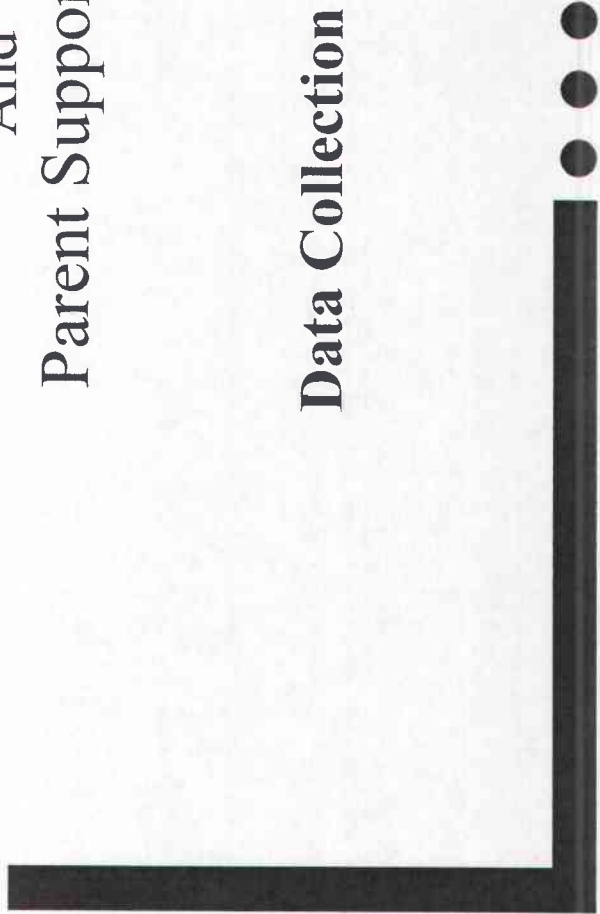
Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Program Completion Discontinuation Form 	<ul style="list-style-type: none"> This form is used to record if youth completed the program (graduated) or if they discontinued from the program including the reason for discontinuance. If the youth drops out staff should complete this form even if they can not contact the parent. 	<ul style="list-style-type: none"> A program completion form should be completed for each youth enrolled in the program. If a youth drops out of the program complete the program completion/discontinuation form. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Blank data forms are provided in the Data Binder and is tabbed for each child's name. Keep completed forms in the binder which will be submitted to RUHS-BH</u>
<ul style="list-style-type: none"> Outreach form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u>



Parent Education and Support

**Guiding Good Choices (GGC)
And
Parent Support Groups**

Data Collection Guidelines



GGC- Parenting Classes

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete at enrollment or on the first day of class. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Sign -In Sheet 	<ul style="list-style-type: none"> To document attendance at each class session. Use these sign-in sheets to complete "Attendance Roster and Program Completion" Form. 	<ul style="list-style-type: none"> Ensure each parent signs in at each class session. Sign-in sheets will be used to complete the Attendance Roster and Program Completion . Make sure each parent that signs in is checked off on the attendance roster. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Attendance Roster and Program Completion 	<ul style="list-style-type: none"> Documents attendance at each class session and documents program completion. 	<ul style="list-style-type: none"> Record attendance on the roster from the sign-in sheets. Record program completion at the conclusion of the 5 week class series. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms to RUHS PEI Staff.

GGC- Parenting Classes

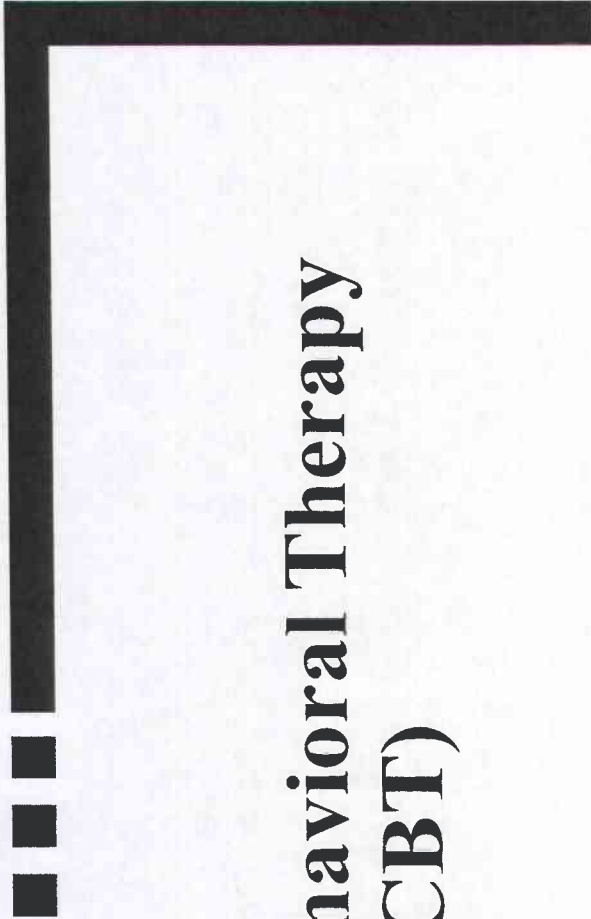
Data collection tool:		Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Alabama Parenting Questionnaire (APQ) 	<ul style="list-style-type: none"> To measure parenting practices, involvement and positive parenting skills for parents of children 4 years and older. 	<ul style="list-style-type: none"> Each parent attending should complete an APQ at the beginning of the class series and again at the last session (Pre and Post). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	
<ul style="list-style-type: none"> Satisfaction form 	<ul style="list-style-type: none"> To gather feedback from parents participating in GGC. 	<ul style="list-style-type: none"> All participants should be offered a satisfaction survey to complete at the conclusion of the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u> 	
<ul style="list-style-type: none"> Outreach Form 	<ul style="list-style-type: none"> This form is for a program to document the time and activities done during outreach. 	<ul style="list-style-type: none"> Complete the Outreach Activities form for each outreach activity. For activities that may be ongoing, write "ongoing" in the "Date of Outreach/Distribution" box on the form. For example, if a weekly newsletter is distributed to various agencies with information about the services available, rather than complete a form each week, complete just one form indicating this is an ongoing outreach activity. <u>Provide originals of this form to RUHS PEI staff upon request.</u> 	

Parent Support Groups

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Demographic form 	<ul style="list-style-type: none"> To collect basic demographic information about the participants in the program. 	<ul style="list-style-type: none"> Each parent attending should complete a demographic questionnaire. Complete on the first day the parent attends the group. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>
<ul style="list-style-type: none"> Sign -In Sheet 	<ul style="list-style-type: none"> To document attendance at each support group. 	<ul style="list-style-type: none"> Ensure each parent signs in at each support group. Sign-in sheets will be used to determine the number attending make sure they print their name and sign. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>
<ul style="list-style-type: none"> Satisfaction Form 	<ul style="list-style-type: none"> Provide parent with the satisfaction form at the end of a group in the collection months. 	<ul style="list-style-type: none"> Provide an envelope for parents to deposit completed forms and seal envelope for PEI staff. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month.</u>

Individualized Parent Support

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Individualized Parent Support Log 	<p>To document support for any needed resources/services beyond outreach for parent support group. Use only the form provided by RUHS-BH.</p>	<ul style="list-style-type: none"> Each individualized support from Parent Partner will be documented on Parent Support log. <u>Provide copies of the log to RUHS PEI staff by the 10th business day of the following month.</u>



Cognitive Behavioral Therapy (CBT)

*All youth are initially screened for CBT, then clinician will determine if youth is eligible for CBT. Clinician then does one-on-one CBT sessions with that youth as needed.

Data Collection Guidelines



CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Participant Demographic Form 	<ul style="list-style-type: none"> To collect participants demographic information at the beginning of CBT services. 	<ul style="list-style-type: none"> Collect information during enrollment into the program. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Participant Log and Program Completion Summary 	<ul style="list-style-type: none"> To document attendance at each session and track information on completion of CBT services. 	<ul style="list-style-type: none"> Record each sessions attendance on participant log with date and youth signature. Each participant should have their own participant log. The completion of service outcome is recorded on the participant log. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Children's Depression Inventory II (CDI-II) 	<ul style="list-style-type: none"> To measure the level of depression in program participants at the beginning and at completion of the program. CDI -II is used to measure depression in children. 	<ul style="list-style-type: none"> Complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

CBT – Evaluation Measures

Data collection tool:	Purpose:	Collection How Tos:
<ul style="list-style-type: none"> Strength and Difficulties Questionnaire (SDQ)- Parent 	<ul style="list-style-type: none"> To measure change in behavior problems and increases in pro-social behaviors among the participants from beginning to completion of the program. The SDQ is brief behavioral questionnaire for children and adolescents. 	<ul style="list-style-type: none"> Request that parents complete this form at the beginning of the program (Pre-Test) and at the conclusion of the program (Post-Test). <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Satisfaction Survey 	<ul style="list-style-type: none"> The satisfaction survey is used to gather feedback from youth on their experience with the program. 	<ul style="list-style-type: none"> At the end of the program request each youth participant to complete a satisfaction survey. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>
<ul style="list-style-type: none"> Justification for Missing Performance Measures 	<ul style="list-style-type: none"> To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to RUHS PEI staff by the 10th business day of the following month after the end of a cycle.</u>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms RUHS PEI Staff.

When to collect data?

It is suggested to provide the appropriate questionnaires within the first 3 days from the start of the program so the youths/parents do not feel overwhelmed. The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolled in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. See guide to administering measures on the following page.

In order to prevent any absent participants, begin collecting post data a week before the program ends. In the case when someone is absent and they were unable to come to the facility at separate hours or a day after, telephone them to collect data. Again to not overwhelm youths/parents spread the questionnaires throughout that week.

Staff: assure all questionnaires and surveys have been filled out completely with no blanks. Also when passing out the forms, make sure all forms state the correct Fiscal Year, as most forms have changed from previous years.

What to turn in to PEI Staff?

(all these forms should be kept in the provided binders)

Africentric Rites of Passage	<ol style="list-style-type: none"> Attendance Roster Summary (staff fill out daily) Demographic form (PRE) Initial Intake (PRE) Resiliency questionnaire (PRE/POST) Youth Questionnaire (PRE/POST) FACES III (PRE/POST) SEBBS (PRE/POST) Youth Satisfaction Survey (POST) Parent Satisfaction Survey (POST) Program Completion form (POST for each youth, even those who dropped out)
Guiding Good Choices	<ol style="list-style-type: none"> Attendance Monthly Summary (MONTHLY) Demographic Form (PRE) APQ (PRE/POST) Satisfaction form (POST)
Parent Support Groups	<ol style="list-style-type: none"> Demographic Forms (PRE) Sign-In sheets Satisfaction form (POST)
Individualized Parent Support	<ol style="list-style-type: none"> Parent Support Log <p>*one log should be turned-in for each parent with dates</p>
Cognitive Behavioral Therapy (CBT)	<ol style="list-style-type: none"> Demographic Form (PRE) CDI II (PRE/POST) SDQ (PRE/POST) Log Sheet and Program Completion Satisfaction Survey

Guide to Administering Measures

<p>Africentric Rites of Passage</p>	<p>The Demographic Screening Questionnaire and Initial Intake and FACES III family version should be collected when the family is enrolling in the program. Generally this is done when interacting with the family face to face in a one on one meeting. During this initial intake process it would be a good opportunity to collect the Resiliency Scale measure. During the first two weeks, introduce the Youth Questionnaire, SEBBS, PLUS the Resiliency Scale and have all the youths quietly finish this questionnaire. At the end of program step out after handing out all the youth satisfaction surveys to minimize bias. Do this for the parent satisfaction survey too.</p>
<p>Guiding Good Choices</p>	<p>For the demographic form make sure the parent knows to fill this for themselves not the youth. The APQ is designed to be completed having in mind the youth that is causing most trouble and the parenting styles learned in GGC are also meant to be practiced on that same youth. Before the 5 week class sessions end , remember to step out after handing out all the parent satisfaction surveys to minimize bias.</p>
<p>Parent Support Groups</p>	<p>Demographic forms should be completed for each parent attending the support groups. Keep all sign-in sheets every time a support group is offered. Make sure to know in advance when their last support group will be to administer the satisfaction form. In any case someone does not complete this satisfaction form, telephone them to obtain information.</p>
<p>Individualized Parent Support</p>	<p>The parent log is used to maintain a record of how many times this parent was counseled and helped either through telephone or face to face. This log can be kept in the dividers behind the youths information.</p>
<p>Cognitive Behavioral Therapy (CBT)</p>	<p>The demographic form should be filled out by the parent for the youth before services start. The two questionnaires CDI II and SDQ are very sensitive and is very important that the youth feels comfortable with the questions asked. A log sheet will be kept for each youth receiving these services. Keep their own log sheet in their dividers.</p>