COUNTY OF LOS ANGELES

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Director

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BOARD OF SUPERVISORS
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DEPARTMENT OF MENTAL HEALTH

http://dmh.co.la.ca.us

April 1, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL OF PERFORMANCE CONTRACT NO. 03-73139-000 WITH THE STATE DEPARTMENT OF MENTAL HEALTH FOR FISCAL YEAR 2003-2004 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept, conditional upon clarification of the stated scope of the County's geographic area of responsibilities, the State Department of Mental Health's (SDMH) Performance Contract No. 03-73139-000, with the County of Los Angeles Department of Mental Health (DMH), making DMH responsible for establishing community mental health services in the County of Los Angeles, effective July 1, 2003 through June 30, 2004.

2. Approve and authorize the Chairman to sign and execute an original Resolution specifying that the Board has approved the State Performance Contract for Fiscal Year (FY) 2003-2004.

3. Authorize the Director of Mental Health, or his designee, to sign six (6) copies of the Performance Contract, substantially similar to the one attached, with original signatures and forward them to SDMH, after conclusion of negotiations with SDMH to clarify the geographic areas for which the County is responsible for mental health services.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

The Board action is requested to accept the Performance Contract between SDMH and DMH for FY 2003-2004. The Performance Contract is retroactive to July 1, 2003 as a result of the late submission of the Agreement to the County by SDMH. Untimely submission of this Board letter meets the exemption criteria shown in the Chief Administrative Officer's September 7, 2000 memo regarding timely submission of Board letters related to contracts.

Implementation of Strategic Plan Goals

The recommended Board action is consistent with the County's seventh Goal - "Health and Mental Health". Board approval of this request will allow the County to fulfill its statutory duties regarding community mental health services.

FISCAL IMPACT/FINANCING

There is no impact on net County cost. This Performance Contract is for the period of July 1, 2003 through June 30, 2004 and will allow use of State and federal funds allocated for FY 2003-2004 to be expended to maintain mental health programs for the residents of Los Angeles County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Performance Contract between the State and the County is mandated under Section 5650 of the Welfare and Institutions Code. The Performance Contract and the Resolution are approved by the Board each fiscal year. The Performance Contract for FY 2003-2004 does not have any material changes from the Contract for FY 2002-2003.

The Performance Contract sets forth County authority for the implementation of County mental health programs and summarizes the provisions for each of the local mental health programs. Each summary contains a brief description of the program, the scope of work or work plan, budget requirements and accountability. Additionally, the Performance Contract outlines the requirements to justify receipt of allocations but does not specify the actual amounts. The Performance Contract also indicates the performance conditions for the County programs including any other contract requirements.

Clinical and administrative staffs of DMH are assigned to supervise, administer and evaluate the programs to ensure that quality services are being provided to clients and to ensure that Agreement provisions and Departmental policies are being followed.

The Performance Contract has language indicating that the County of Los Angeles is responsible for establishing community mental health services to "cover the entire area of the Los Angeles County." DMH, in conjunction with County Counsel, has requested that the State modify the contract language to say that the County is responsible for mental health services covering the entire area "within the county's responsibility." This modification was requested because Tri-City Mental Health Center currently has the responsibility for mental health services in a small area of the County, under special statutory provisions. Tri-City Mental Health Center filed for bankruptcy on February 13, 2004. The requested change in the performance contract will help protect the County in possible negotiations with the State about the provisions of services in the Tri-City area.

The Mental Health Commission reviewed the Performance Contract on March 25, 2004 and the attached Resolution has been approved as to form by County Counsel.

All of the mental health services funded by Realignment funds are handled through Statutory Trust Accounts and are not included in SDMH's total contract encumbrance amount to the County.

CONTRACTING PROCESS

This subject does not apply.

IMPACT ON CURRENT SERVICES

This agreement will enable DMH to maintain quality mental health programs for Los Angeles County residents.

CONCLUSION

The Department of Mental Health will need one (1) copy of the Board's action and one (1) certified copy of the attached Resolution. It is requested that the Executive Officer of the Board notify the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684, when these documents are available.

Respectfully submitted,

Marvin J. Southard, D.S.W.
Director of Mental Health

MJS:RK:CK:mi

Attachments (2)

c: Chief Administrative Officer
County Counsel
Auditor-Controller
Chairperson, Mental Health Commission

MI:H\Perf Contract FY 2003-2004\Board Letter with tri city issue

State of California
STANDARD AGREEMENT
STD 213A (NEW 02/98)

Agreement Number: 03-73139-000
Amendment Nbr.

1. This Agreement is entered into between the State Agency and the Contractor name below:

State Agency's Name:

Department of Mental Health

Contractor's Name:

Los Angeles County Mental Health

2. The Term of this Agreement is: **July 01, 2003 Through June 30, 2004**

3. The maximum amount of this agreement is: **$0.00**

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement:

Whereas, pursuant to Section 5602 of the California Welfare and Institutions Code, the County is responsible for establishing community mental health services to cover the entire area of the County; and
Whereas, the County is committed to providing an integrated and coordinated range of services appropriate to the needs of each client; and
Whereas, the State is agreeable to the rendering of such services on the terms and conditions hereinafter set forth;
Now Therefore, in consideration of the mutual promises and covenants stated by this Contract, the County and the State agree as follows: The documents attached hereto and incorporated herein by this reference do hereby constitute the Fiscal Year 2003/2004 Mandated County Performance Contract as mandated by Section 5650 of the Welfare and Institutions Code.

All other Terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(If other than an individual, state whether a corporation, partnership, etc.)*

Los Angeles County Mental Health

BY *(Authorized Signature)* | DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING

Marvin Southard, DSW, Director

ADDRESS **550 South Vermont, 12th Floor**
Los Angeles, CA 90020

STATE OF CALIFORNIA

AGENCY NAME

Department of Mental Health

BY *Authorized Signature* | DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING

William A. Avritt, Deputy Director
Administrative Services

ADDRESS **1600 9th Street**
Sacramento, CA 95814

California
Department of General Services
Use Only

EXEMPT from Department of General Services Approval Process

COUNTY/CITY PERFORMANCE CONTRACT

Fiscal Year 2003–04

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Contract No. : 03-73139-000
Contractor : Los Angeles County Mental Health

Article I – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Maintenance of Effort

The County/City is in compliance with the requirements of Welfare and Institutions Code (WIC), § 17608.05.

Section 2 – Administrative Assurances

Article I of this agreement includes the following County/City assurances:

a. The County/City shall comply with all requirements necessary for Short–Doyle/Medi–Cal reimbursement for mental health services provided to Medi–Cal eligible individuals, including, but not limited to, the provisions set forth in WIC, § 5718 through 5724. If the County/City has entered into a Contract with the State Department of Mental Health (DMH) under WIC, § 5775, to provide Medi–Cal Specialty Mental Health Services, the County/City shall comply with the requirements of that Contract and the provisions of Title 9, California Code of Regulations (CCR), Division 1, Chapter 11. Medi–Cal Specialty Mental Health Services are those services described in Title 9, CCR, §1810.247 and 1810.345.

b. The County/City attests that the Local Mental Health Board or Commission has reviewed and approved procedures ensuring citizen and professional involvement in the planning process.

c. The County/City shall provide other information required, pursuant to State or Federal statutes.

d. The County/City shall comply with all requirements to provide mental health services to pupils with disabilities in accordance with California Government Code Chapter 26.5, Division 7, Title 1, and California Code of Regulation Title 2, Division 9, Chapter 1.

e. The County/City is in compliance with the expenditure requirements of WIC, § 5704.5 and 5704.6.

f. The County/City and its subcontractors shall provide services in accordance with all applicable federal and State statutes and regulations.

g. The County/City has a certification review hearing procedure in force, which shall comply with applicable State statutes.

h. The County/City assures that all recipients of services are provided information in accordance with provisions of WIC, § 5325 through 5331 pertaining to their rights as patients, and that the County/City has established a system whereby recipients of service may file a complaint for alleged violations of their rights. The County/City further assures compliance with Title VI of the Civil Rights Act of 1964 and Federal regulations at 45 CFR, Parts 80 and 84.

i. The County/City agrees to pursue a culturally competent system of care.

Section 3 -- Routine Information Needs

a. The County/City shall submit Client and Service Information (CSI) data to DMH for the term of this agreement pursuant to WIC, § 5610(a).

1. The County/City shall report monthly CSI data to DMH within 60 days after the end of the month.
2. The County/City shall make diligent efforts to minimize errors on the CSI error file.

b. The County/City and its subcontractors shall submit a fiscal year-end cost report, due December 31, 2003, in accordance with WIC, § 5651(a)(4), 5664(a) and (b), 5705(b)(3), 5718(c) and guidelines established by DMH.

Section 4 – Program Principles

DMH and the County/City agree that, to the extent funds are available, the program principles and the array of treatment options shall be in accordance with WIC, § 5600.2 through 5600.9.

Section 5 -- Program Reimbursement Methods

Methods of County/City reimbursement are applicable for Article I of this agreement during Fiscal Year 2003-04.

a. Reimbursement for Federal Grants shall be subject to Federal cost containment requirements and availability of funds.

b. Reimbursement for Medi-Cal specialty mental health services to individual and group providers (as defined in § 1810.222 and 1810.218.2 of Title 9, CCR, respectively) in all counties contracting with DMH § 5775 WIC shall be in accordance with § 1830.105 of Title 9, CCR.

c. For counties/cities that elect to receive federal Medi-Cal reimbursement through negotiated rates under § 5705 WIC, reimbursement for Short-Doyle/Medi-Cal services or Medi-Cal Specialty Mental Health Services to the County/City or non-County/City owned and operated Short-Doyle/Medi-Cal providers or Medi-Cal Specialty Mental Health Services organizational providers (as defined in § 1810.231 of Title 9, CCR) may be based on legal entity negotiated rates pursuant to § 5705 WIC, Section 51516(b) of Title 22 and §1840.105 of Title 9, CCR. If this method is used, the County/City must adhere to the DMH Information Notice, "NEGOTIATED RATES FOR SHORT-DOYLE/MEDI-CAL (SD/MC) SERVICES FOR FISCAL YEAR (FY) 2003-2004." DMH shall issue a final approval letter to the County/City binding the County/City for negotiated rates for FY 2003-04 regardless of the issue date of the letter.

d. For counties/cities that have not elected to receive federal Medi-Cal reimbursement through negotiated rates under § 5705 WIC, reimbursement for Short-Doyle/Medi-Cal shall be settled to actual cost, subject to existing State and Federal cost containment requirements and principles. These counties/cities may elect to use legal entity negotiated rates to reimburse for non–County/City owned and operated Short-Doyle/Medi-Cal providers or Medi-Cal specialty mental health services organizational providers pursuant to § 5705 and 5716 WIC, § 51516(b) of Title 22 and § 1840.105 of Title 9, CCR. If this method is used, the County/City must adhere to the DMH Information Notice, "NEGOTIATED RATES FOR SHORT-DOYLE/MEDI-CAL (SD/MC) SERVICES FOR FISCAL YEAR (FY) 2003-2004." DMH shall issue a final approval letter to the County/City binding the County/City for negotiated rates for FY 2003–04 regardless of the issue date of the letter.

e. The statewide maximum upper limits of reimbursement for Short-Doyle/Medi-Cal services and Medi-Cal Specialty Mental Health Services shall be those specified in §51516, Title 22, CCR, pursuant to WIC, § 5720.

Section 6 – Utilization Review/Quality Assurance

a. The County and its subcontractors shall establish and maintain systems to review the quality and appropriateness of services in accordance with applicable Federal and State statutes and regulations and guidelines operative during the term of this Contract. If the County has a Contract with DMH under WIC, § 5775, the County shall also comply with the terms of that Contract.

b. DMH may review the existence and effectiveness of the County's utilization review systems in accordance with applicable Federal and State laws and regulations. DMH may review the existence and effectiveness of any utilization review systems of the County's subcontractors as necessary.

Section 7 – Performance Outcomes for Realignment Accountability

The County/City agrees to implement California's mental health performance outcomes systems for children and youth, adults, and, older adults.

Section 8 – Restriction of Inpatient Psychiatric Treatment of Minors with Adults

a. The County/City is aware that WIC, § 5751.7 establishes an absolute prohibition against minors being admitted for inpatient psychiatric treatment into the same treatment ward as any adult receiving treatment who is in custody of any jailer for a violent crime, or is a known registered sex offender, or has a known history of, or exhibits inappropriate, sexual or other violent behavior which would present a threat to the physical safety of minors.

b. The County/City agrees to ensure that, whenever feasible, minors shall not be admitted into inpatient psychiatric treatment with adults if the health facility has no specific separate housing arrangements, treatment staff, and treatment programs designed to serve children or adolescents.

c. If the requirements of 8 b. create an undue hardship for the County/City, the County/City may be granted a waiver if requested. See Attachment A.

d. If the County/City has not been granted a waiver, it must comply with the provision of 8 b.

f. WIC, § 5751.7 delineates a procedure by which a County/City may request a waiver from the Director of DMH. All counties/cities requesting a waiver pursuant to WIC, § 5751.7 must submit a request for waiver to DMH. See Attachment A for submission information.

Section 9 – Assisted Outpatient Treatment Demonstration Project Act of 2002 (AOT)

AB 1421 (Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002. Counties that choose to participate in the program shall be required to comply with all statutory provisions including, but not limited to, the Welfare and Institutions Code Sections 5345 to 5349.5. In addition, participating counties shall be required to submit to DMH any documents that may be requested as part of the department's statutory responsibilities.

Section 10– HIPAA Business Associate Agreement

Except as otherwise provided in this Agreement, Contractor, hereafter know as the Business Associate, may use or disclose protected health information to perform functions, activities or services for or on behalf of the DMH, as specified in this agreement, provided that such use or disclosure would not violate the Health Insurance Portability and Accountability Act (HIPAA), U.S.C. 1320d et seq., and its implementing regulations including but not limited to 45 C.F.R. Parts 142, 160, 162, and 164, hereafter know as the Privacy Rule. The uses and disclosures of PHI may not be more expansive than those applicable to the DMH under the regulations except as authorized for management, administrative or legal responsibilities of the Business Associate.

Business Associate shall comply with, and assist DMH in complying with, the privacy requirements of HIPAA. Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms are used in the Privacy Rule.

If DMH becomes aware of a pattern of activity that violates this Agreement and reasonable steps to cure the violation are unsuccessful, DMH must terminate the contract, or if not feasible; report the problem to the Secretary of the U.S. Department of Health and Human Services.

Use and Disclosure of Protected Health Information:

- Business Associate may use or disclose protected health information (PHI) to perform functions, activities or services for or on behalf of DMH, as specified in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by the DMH or the minimum necessary policies and procedures of the DMH.

- The Business Associate may use and disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it shall remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

- Business Associate may use PHI to provide data aggregation services related to the health care operation of the DMH.

Further Disclosure of PHI:

- Business Associate shall not use or further disclose PHI other than as permitted or required by this Agreement, or as required by law.

- The Business Associate may use and disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it shall remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

Safeguard of PHI

- Business Associate shall use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement.

Unauthorized Use or Disclosure of PHI

- Business Associate shall report to the DMH any use or disclosure of the PHI not provided for by this Agreement.

Mitigation of Disallowed Uses and Disclosures

- Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by the Business Associate in violation of the requirements of this Agreement.

Agents and Subcontractors of the Business Associate

- Business Associate shall ensure that any agent, including a subcontractor, to which the Business Associate provides PHI received from, or created or received by the Business Associate on behalf of the DMH, shall comply with the same

restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information.

Access to PHI

- Business Associate shall provide access, at the request of the DMH, and in the time and manner designated by the DMH, to the DMH or, as directed by the DMH, to PHI in a Designated Record Set, to an Individual in order to meet the requirements of 45 C.F.R. section 164.524.

Amendment(s) to PHI

- Business Associate shall make any amendment(s) to PHI in a Designated Record Set that the DMH directs or at the request of the DMH or an Individual, and in the time and manner designated by the DMH in accordance with 45 C.F.R. section 164.526.

Documentation of Uses and Disclosures

- Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for the DMH to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. section 164.528.

Accounting of Disclosure

- Business Associate shall provide to the DMH or an Individual, in time and manner designated by the DMH, information collected in accordance with 45 C.F.R. section 164.528, to permit the DMH to respond to a request by the Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. section 164.528.

Records Available to DMH and Secretary

- Business Associate shall make internal practices, books and records related to the use, disclosure, and privacy protection of PHI received from DMH, or created or received by the Business Associate on behalf of the DMH, available to the DMH or to the Secretary of the United State Department of Health and Human Services for purposes of the Secretary determining the DMH's compliance with the Privacy Rule, in a time and manner designed by the DMH or the Secretary.

Destruction of Information

- Upon termination of the contract for any reason, Business Associate shall return or destroy all PHI received from the DMH, or created or received by the Business Associate on behalf of the DMH. This provision shall apply to PHI in possession of subcontractors or agents of the Business Associate. Business Associate, its agents or subcontractors shall retain no copies of the PHI.

- In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide the DMH notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that the return of the PHI is not feasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further use and disclosures of such PHI for so long as Business Associate, or any of its agents or subcontractors, maintains such PHI.

Amendments to Business Associate Agreement

- The Parties agree to take such action as is necessary to amend this Agreement as necessary for the DMH to comply with the requirements of the Privacy Rule and its implementing regulations.

Material Breach

- If DHM becomes aware of a pattern of activity that violates this Agreement and reasonable steps to cure the violation are unsuccessful, DMH must terminate the contract, or if not feasible; report the problem to the Secretary of the U.S. Department of Health and Human Services.

Survival

- The respective rights and obligations of Business Associate shall survive the termination of this Agreement.

Interpretation

- Any ambiguity in this Agreement shall be resolved to permit the DMH to comply with the Privacy Rule.

Part B – Specific Provisions

1. DMH has designated the Deputy Director, Systems of Care, to be its Project Coordinator for all issues relating to Article I Performance Conditions of this Contract. Except as otherwise provided herein, all communication concerning Article I Performance Conditions of this Contract shall be with the Project Coordinator.

2. DMH shall make allocations to the County/City, in relation to conditions in Article I, from budget sources as follows:

   a. 4440–101–0001(a) COMMUNITY SERVICES – OTHER

   b. 4440–103–0001 Sierra and MENTAL HEALTH MANAGED CARE (except for Solano Counties, Berkeley City and Tri-City)

   c. 4440–101–0890 FEDERAL TRUST FUND

   These allocations shall be consistent with the statutory provisions governing their allocation and the County's expenditure of these funds shall be consistent with the statutory provisions governing their expenditure.

3. The County/City agrees that if it accepts Federal PATH and/or SAMHSA Block Grant funds, the County/City shall abide by the specific conditions of § 290aa et seq. and Section 300xx et seq. of Title 42 of the United States Code as well as those conditions established by other Federal and State laws, regulations, policies, and guidelines.

4. DMH agrees to make payment to the County/City as follows:

   a. Upon the effective date of the agreement, completion of the State budget, and negotiated Work Plans, DMH shall pay the County/City, at the beginning of each month, 1/12 of 95 percent of the funds allocated by DMH in accordance with the budget for the current fiscal year for the allocations described in Section 2.a. through c. above. The allocation described in Section 2.d. shall be allocated in accordance with WIC 5778 and the County/City's contract with DMH under WIC 5775.

   b. The County/City agrees that all funds paid out by DMH pursuant to this agreement and any interest accrued locally shall be used exclusively for providing mental health services, including defraying operating and capital costs and allowable County/City overhead.

5. The County/City shall be reimbursed by DMH with Federal Title XIX funds for the cost of federally eligible Short–Doyle/Medi–Cal or Medi–Cal Specialty Mental Health services rendered to federally eligible Medi–Cal beneficiaries. Reimbursement of expenditures shall be made to the County/City upon receipt of these funds from the Department of Health Services in accordance with current procedures and provided the County/City has submitted the required claims in the prescribed format and within time lines.

6. If the County/City chooses to reimburse Short–Doyle/Medi–Cal subproviders or Medi–Cal Specialty Mental Health organizational providers using negotiated rates, the County/City must adhere to the DMH Information Notice, "NEGOTIATED RATES FOR SHORT–DOYLE/MEDI–CAL (SD/MC) SERVICES FOR FISCAL YEAR (FY) 2003–2004." DMH shall issue a final approval letter to the County/City pursuant to the DMH Information Notice. The approval letter shall be binding on the County/City for negotiated rates for FY 2003–04 regardless of the issue date of the letter.

7. Any funds allocated for conditions specified within Article I PERFORMANCE CONDITIONS of this Contract that by Federal or State legislative requirement, regulation or DMH policy are to be expended in specified program categories shall be spent only in accordance these requirements.

8. Should a dispute arise relating to any issue within Article I PERFORMANCE CONDITIONS of this Contract, the County/City shall, prior to exercising any other remedies which may be available, provide written notice within a thirty–day period of the particulars of such dispute to:

Deputy Director
Administrative Services
Department of Mental Health
1600 9th Street
Sacramento, CA 95814

Such written notice shall contain the Contract number. The Director, or his/her designee, shall meet with the County/City, review the factors in the dispute, and recommend a means of resolving the dispute before a written response is given to the County/City. The Director, or his/her designee, shall provide a written response within thirty days of receipt of the County/City written notice.

9. If the County chooses to participate in the Mental Health Medi–Cal Administrative Activities (MAA) claiming process, the County agrees to submit claims only for those activities included and defined in the County's Mental Health MAA Claiming Plan as approved by DMH, the Department of Health Services, and the federal Center for Medicare and Medicaid Services (CMS). The County agrees to comply with all applicable federal statutes and regulations and, with the exception of the approved MAA activities and claiming polices that are unique for mental health programs, agrees in all other respects to comply with WIC, § 14132.47 and MAA Regulations promulgated by the Department of Health Services in Title 22 of the CCR.

Article II – Local Mental Health Programs

Children's System of Care (CSOC)

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

Submission of Proposals

Authorized under the Children's Mental Health Services Act, Welfare and Institution (W&I) Codes, § 5850 – § 5883

Title XIX Part B of the Public Health Service Act

Program Description:
The Children's System of Care: An Interagency Enrollee-Based Program (CSOC- IEBP) promotes the development of comprehensive County/City interagency service systems for seriously emotionally disturbed (SED) children, adolescents and their families. Counties receiving funds must comply with the requirements under State and federal law by implementing and maintaining:

- A defined range of interagency services, blended programs and program standards that facilitate appropriate service delivery in the least restrictive environment as close to home as possible. The system should use available and accessible intensive home and school–based alternatives;
- Defined mechanisms that ensure that services are child–centered and family–focused with parental participation in all aspects of the planning and delivery and evaluation of service;
- A formalized multi–agency policy and planning committee that collaborates to provide a coordinated, goal-directed system of care for the service populations;
- A defined interagency case management system designed to ensure identification of appropriate children and youth, and to facilitate services to the defined service populations. The roles and responsibilities of these groups are specified in Interagency Agreements (IA) or Memoranda of Understanding (MOU), or both;
- A roster of enrolled SED children and youth who have a history of, or are at risk of, out of home placement, hospitalization, incarcerated or school nonattendance as the focus of this effort.
- Annual enrolled client and cost performance goals and expected levels of attainment, and defined mechanisms to ensure that services are culturally competent.

Section 2 – Scope of Work Plan and Budget Requirements

Under § 5855.5 of the W&I Code, the County/City must submit an annual Scope of Work Plan and corresponding budget and budget narrative for each fiscal year that funding is received for County/City participation. The CSOC-IEBP Scope of Work Plan

should outline the County/City's major strategies for achieving the overall infrastructure requirements, outcome goals and core activities.

Counties/cities, as recipients of SAMHSA Community Mental Health Services Block Grant funds must abide by specific conditions of Title XIX Part B of the Public Health Service Act, as well as those conditions established by other Federal and State laws, regulations, policies, and guidelines. Counties/cities are required to submit an application, prepared in accordance with the SAMHSA Planning Estimate and Renewal Application Instructions. The Block Grant funds are allocated on a formula basis and a competitive basis and include the Base Allocation, Dual Diagnosis Set Aside, Older Adults System of Care Demonstration Projects, Supportive Housing Demonstration Projects, Youth Development & Crime Prevention Demonstration Projects and seven Children's System of Care programs.

Section 3 – Accountability

Pursuant to § 5880 of the W&I Code, expected levels of attainment of the CSOC-IEBP include improved child functioning, reduced interactions with juvenile justice, reduced out–of–home placement costs, reduced out–of–home placements of special education pupils, and reduced use of psychiatric hospitals. Assuring quality outcomes for children and youth requires the integration of the activities of multiple child–serving agencies and systems to ensure the provision of necessary services to include mental health, substance abuse, special education, child welfare, social services, public health, and increasingly, juvenile justice services.

The work plans and budgets and any subsequent updates are not attached to the contract but are incorporated herein and made a part hereof by this reference. DMH or the County/City may update these work plans and budgets periodically as required by program and/or budget directives. DMH shall provide the County/City with said work plans and budgets under separate cover. The County/City shall maintain on file all work plans and budgets and any subsequent periodic updates referenced herein.

Contract No. : 03-73139-000
Contractor : Los Angeles County Mental Health

Youth Development and Crime Prevention Initiative

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

Solicitation For Proposal (SFP)

Title XIX Part B of the Public Health Service Act

Program Description:
The Youth Development and Crime Prevention Initiative promotes local collaboration between the county/city or regional agencies responsible for alcohol and other drug (AOD) services, mental health services, local workforce investment boards, local mentoring organizations and family and youth representatives. Programs in Butte, Mendocino, Sacramento, San Francisco, Santa Cruz, Solano, and Stanislaus counties piloting this initiative shall develop models based on youth development principles of supports; opportunities and an array of developmentally appropriate services that will help youth make positive and productive lifestyle choices. The intent of the initiative is to enhance current efforts that expand, strengthen and sustain integrated youth service delivery approaches. The design should include:

- Key linkages with youth employment programs, AOD providers, mental health providers, mentoring organizations, child welfare, juvenile courts and probation, schools and other youth service providers;
- Comprehensive, integrated approaches to serving youth and their families;
- Training, staff development, public awareness and required data collection.

Section 2 – Scope of Work and Budget Requirements

The County/City must adhere to the original proposal as amended and approved.

Counties/cities, as recipients of SAMHSA Community Mental Health Services Block Grant funds must abide by specific conditions of Title XIX Part B of the Public Health Service Act, as well as those conditions established by other Federal and State laws, regulations, policies, and guidelines. Counties/cities are required to submit an application, prepared in accordance with the SAMHSA Planning Estimate and Renewal Application Instructions. The Block Grant funds are allocated on a formula basis and a competitive basis and include the Base Allocation, Dual Diagnosis Set Aside, Older Adults System of Care Demonstration Projects, Supportive Housing Demonstration Projects, Youth Development & Crime Prevention Demonstration Projects and seven Children's System of Care programs.

Section 3 – Accountability

Expected outcomes include both system and client level outcomes. System level outcomes should demonstrate measurable changes in the delivery of services and supports for targeted youth, improved collaboration and linkages with local systems that

serve youth, and a growth in the youth service delivery system resulting from combined local partnership resources. Client level outcomes should demonstrate improved levels of functioning in the youth's major life domains including mental health, family, crime reduction, social relationships, school attendance and employment.

The work plans and budgets and any subsequent updates are not attached to the contract but are incorporated herein and made a part hereof by this reference. DMH or the County/City may update these work plans and budgets periodically as required by program and/or budget directives. DMH shall provide the County/City with said work plans and budgets under separate cover. The County/City shall maintain on file all work plans and budgets and any subsequent periodic updates referenced herein.

Program for Assistance in Transition from Homelessness (PATH) Base Program

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

Title V, Part C, § 521 of the Public Health Service Act

Program Description:
Counties receiving federal PATH funds can create new services, as well as augment and enhance services that are now available to the target population. All PATH funding must pertain to one or more of the following services:

1. Outreach services
2. Screening and diagnostic treatment services
3. Habilitation and rehabilitation services (relating to training and education to improve the individual's functioning in the community)
4. Community mental health services
5. Alcohol and/or drug treatment services
6. Staff training (for individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals require homeless services)
7. Case management services, including:
   A. Preparing a plan for the provision of community mental health services to the eligible homeless individual involved and reviewing such plan not less than every three months
   B. Providing assistance in obtaining and coordinating social and maintenance services for the eligible individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, pre–vocational and vocational services, and housing services
   C. Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and SSI benefits
   D. Representative payee services
   E. Referrals for other appropriate services
8. Supportive and supervisory services in residential settings
9. Referrals for primary health services, job training, educational services, and relevant housing services
10. Housing (limited to 20 percent of the PATH grant). Federal law does not permit the use of PATH funding in support of emergency shelters or for emergency beds.

DMH awards the PATH base funding to counties/cities based on a legislated formula. The goal of this formula allocation is to provide a stable, flexible, and non–categorical funding base that the counties/cities can use to develop innovative programs or augment existing programs within their systems of care, as long as the programs meet specific PATH requirements.

In an effort to ensure compliance and ongoing quality improvement in the local mental health programs related to funding provided to them by the PATH grant program, policies and procedures have been established. These policies and procedures define the necessary requirements, process for monitoring, ongoing communication and technical assistance. Refer to the PATH Planning Estimate and Renewal Application for PATH Grant Funds (sent out by DMH as numbered PATH Letter), which shall be sent to the County/City under separate cover, for applicable policies and procedures.

Annual allocations for County/City programs operating under the terms and conditions of this contract shall not be determined until final approval of the Budget Act for Fiscal Year 2003-04 and any associated trailer bills that impact program funding. Funding is contingent on the availability of funds and successful compliance with the Work Plan and Budget requirements.

The PATH Planning Estimate and Renewal Application for PATH Grant funds shall be sent to each County/City under separate cover. This PATH Letter transmits the Planning Estimate Worksheet, which provides the County/City's proposed total expenditure level for the State Fiscal Year, and the renewal application instructions (with all appropriate forms) for the grant. An application with the required documentation is due to DMH by June 30 of each year. The local mental health board or commission's review and the Board of Supervisors' approval may be submitted at a later date. However, payments shall not be made until these documents are received and the application has been approved.

Section 2 – Work Plan and Budget Requirements

In order to receive the formula allocation, the County/City is required to submit to DMH an annual application or expenditure plan for the PATH Grant funds. The application must include a narrative that details the County/City's intended use of the funds. In addition, the County/City application must include: 1) documentation of the Board of Supervisors' approval, and the Local Mental Health Board or Commission review of the plan, and 2) signed assurances accepting the grant dollars under the conditions established by governing federal and state laws, regulations and guidelines, as well as specific conditions included in the County/City application.

Program Narrative:
Refer to the PATH Planning Estimate and Renewal Application for PATH Grant funds (PATH Letter), which shall be sent to the County/City under separate cover, for specific application submission requirements, including Program Narrative requirements and page limitations.

Program Budget:
In order to receive the formula allocation, the County/City is required to submit to DMH a Federal Grant Detailed Provider Budget (MH 1779a) for each program. This form shall be included in the PATH Planning Estimate and Renewal Application for PATH Grant funds (PATH Letter), which shall be sent under separate cover.

Program Goals and Objectives:
See Program Narrative.

Section 3 – Accountability

Federal law requires that federal grant recipients substantiate their own and their sub–recipients' compliance with the use of federal grant funds. Pursuant to Public Laws (PL) 98–509, 100–690 and 102–321, DMH, as the recipient of Substance Abuse and Mental Health Services Administration (SAMHSA) Federal Block Grant funds, shall monitor sub–recipient grant programs for compliance with Federal and State requirements, on which the grants are contingently allocated.

Based on the above policy, DMH shall monitor the PATH Grant for:

1. Use of funds in accordance with Federal Program Reference Public Law 101–645, 42 U.S.C. 290cc–21 et seq., the Stewart B. McKinney Homeless Assistance Act of 1990, Public Health Services Act, sections 521 through 535.
2. Program design, implementation, and service array (PL 101–645, Public Health Services Act, Part C, Sections 521–525)
3. Use of funds for administrative purposes (State Mental Health 1779 Budget).

Site Visits and Monitoring:
DMH maintains oversight of the PATH Grant funds through a review of the County/City's application and on–site reviews. DMH shall conduct program performance reviews of the larger County/City programs through site visits every other year. For other counties/cities, DMH staff with County/City homeless coordinators and County/City fiscal staff discuss program progress, with on–site reviews scheduled on an as–needed basis. PATH review criteria are delineated in the Public Health Service Act, Part C, Section 521–535.

Progress Reports:
Each County/City provides financial reporting on a quarterly basis and also an annual cost report. Demographic and general fiscal information are reported to SAMHSA annually via the on–line Year End PATH Report. This information is, in turn, reported in summary form to DMH.

Community Mental Health Services Grant (SAMHSA) Base Program

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

Title 42 U.S.C. 300x-1 et. seq. Part B of the Public Health Service Act

Program Description:
Community Mental Health Services Block Grant funds (known as SAMHSA Block Grant funds) are allocated to 55 Local County/City mental health agencies. Those mental health agencies provide a broad array of treatment services within their System of Care. These programs are providing services to the following target populations: children and youth with serious emotional disturbances (SED), adults and older adults with serious mental illnesses (SMI).

DMH's goal is to use the block grant to assist participating counties/cities in providing an appropriate level of community mental health services to the most needy residents who have a mental health diagnosis, and/or residents who have a mental health diagnosis with a co–occurring substance abuse disorder. The services are provided through an intensive coordination process and include targeting persons with a mental illness who are: 1) homeless, 2) minorities, or 3) within the criminal justice system.

DMH awards the SAMHSA funding to each County/City based on a legislated formula. The goal is to provide a stable, flexible, and non–categorical funding base that the counties/cities can use to develop innovative programs or augment existing programs within their Systems of Care(SOC).

Federal law does not permit the use of SAMHSA funds for any of the following purposes:

- To provide inpatient services
- To make cash payments to intended recipients of health services
- To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment
- To satisfy any requirement for the expenditure of non–federal funds as a condition for the receipt of federal funds
- To provide financial assistance to any entity other than a public or nonprofit private entity

In an effort to ensure compliance and ongoing quality improvement in the local mental health programs related to funding provided to them by the SAMHSA Block grant program, policies and procedures have been established. Refer to the SAMHSA Planning Estimate and Renewal Application for SAMHSA Block Grant funds (sent out by DMH as a numbered SAMHSA Letter), which shall be sent to the County/City under separate cover, for applicable policies and procedures.

Annual allocations for County/City programs operating under the terms and conditions of this contract shall not be determined until final approval of the Budget Act for Fiscal Year 2003-04 and any associated trailer bills that impact program funding. Funding is contingent on the availability of funds and successful compliance with the Work Plan and Budget requirements.

Federal SAMHSA Funds: The SAMHSA Planning Estimate and Renewal Application for SAMHSA Block Grant funds shall be sent to each County/City under separate cover. This SAMHSA Letter shall transmit the Planning Estimate Worksheet, which provides the County/City's proposed total expenditure level for the State Fiscal Year, and the renewal application instructions (with all appropriate forms) for the block grant. Documentation of the local mental health board's review may be submitted at a later date, however, payments shall not be made until all documents are received and the application has been approved.

Section 2 – Work Plan and Budget Requirements

In order to receive the formula allocation, the County/City is required to submit to DMH an annual application and expenditure plan for the SAMHSA Block Grant funds. The application must include a narrative that details the County/City's intended use of the funds. In addition, the County/City application must include: 1) documentation of the Board of Supervisors' approval, and the Local Mental Health Board or Commission's review of the plan, 2) Federal Grant Detailed Provider Budget for each program, and 3) signed assurances accepting the block grant dollars under the conditions established by governing federal and state laws, regulations and guidelines, as well as specific conditions included in their County/City application.

Program Narrative:
Refer to the SAMHSA Planning Estimate and Renewal Application for SAMHSA Block Grant funds (SAMHSA Letter), which shall be sent to the County/City under separate cover, for specific application submission requirements, including Program Narrative requirements and page limitations.

Section 3 – Accountability

Progress Reports:
Each County/City provides financial reporting on a quarterly basis and also an annual cost report. Demographic and general fiscal information are reported to SAMHSA annually via the on–line Year–End CMHS Report. This information is in turn reported in summary form back to the DMH.

Contract No. : 03-73139-000
Contractor : Los Angeles County Mental Health

Supportive Housing Initiative Act (SHIA)

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

Request for Proposal

Health and Safety Code, §, 53250–53315

Program Description:
Each County/City SHIA project receiving funds must operate in accordance with the requirements of the California Supportive Housing Initiative Act (AB 2780, Statutes of 1998, Chapter 310) and SB 1593 (Statutes of 2000, Chapter 667). Each project provides permanent supportive housing to the target population, as defined in the SHIA. Specifically, supportive housing means housing with no limit on length of stay that is occupied by the target population and that is linked to onsite or offsite services. These services assist the tenant in retaining the housing, improving his or her health status, and maximizing his or her ability to live and (when possible) work in the community.

The target population is defined as adults with low incomes having one or more disabilities, including mental illness, HIV or AIDS, substance abuse, or other chronic health conditions, or individuals eligible for services under the Lanterman Developmental Disabilities Services Act and may, among other populations, include families with children, elderly persons, young adults aging out of the foster care system, individuals exiting from institutional settings, veterans, or homeless people.

Housing is provided in apartments, single–room occupancy residences, or single–family homes. The County/City shall ensure that, for the duration of the grant period, housing is provided to program participants. Each project involves a minimum of five (5) SHIA–assisted units.

SHIA grant funds awarded for the service component of the application are for a period of up to three years. The County/City must expend all grant funds and submit to DMH all invoices for services provided no later than three years from the effective date of the contract.

The County/City is required to match its SHIA grant award with fifty (50) cents for each one dollar awarded in the first year, one dollar for each one dollar awarded in the second year, and one dollar and fifty cents for each one dollar in the third, and (in the case of rental subsidies) all subsequent years. As specified in Section 53275(b)(2) of the SHIA legislation, the match shall be a contribution to the project that is made in cash or in kind.

The County/City must notify DMH of the failure of any third parties to provide the committed matching funds, whether in cash or in kind, and of the County/City's plan for restoring the lost match. This requirement is delineated in detail in the contract with

DMH. Failure to meet the match requirements at any time during the contract term may lead to contract termination.

SHIA grantees are notified of the funding amount for the full grant period at the time of contract award. The annual amount of funding is determined based on the annual budgets submitted by the grantee in its application, and approved by DMH.

Section 2 – Work Plan and Budget Requirements

Project Narrative:
The County/City submitted a project narrative as a part of its application in response to the SHIA RFA. The County/City shall adhere to the provisions of its SHIA contract with DMH, which includes the commitments made in the project narrative included in the SHIA application.

Project Budget:
The County/City submitted a project budget as a part of its application in response to the SHIA RFA. The County/City shall adhere to the project budget submitted in its application.

Project Goals and Objectives:
The purpose of the SHIA program is to encourage the development of affordable, permanent housing with supportive services that enables low income Californians with disabilities to stabilize their lives and regain a stake in the community.

Timeline and Major Benchmarks:
The County/City shall adhere to the provisions of its SHIA contract with DMH, including any and all timelines stipulated in its application.

Section 3 – Accountability

Site Visits and Monitoring:
DMH or its designee, if any, shall conduct regular site visits, to assess the status of each project and to determine whether the project is operating in accordance with the terms of the contract.

Progress Reports:
The County/City developed and implemented, and shall maintain, a system of records and reports that provide detailed and summary information regarding the grant. The County/City shall provide DMH, at a minimum, all required information specified in Health and Safety Code § 53311, and all information necessary to enable DMH to complete the evaluations specified in § 53305(b) of that Code, on a schedule to be determined by DMH. In addition, the County/City shall submit semi–annual project reports to DMH in accordance with DMH instructions.

PATH Supportive Housing

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

Request for Application

Title V, Part C, § 521, of the Public Health Service Act

Program Description:
In 1999, DMH funded eight Supportive Housing Demonstration grants using increases in its baseline PATH allocations. These allocations were accomplished using a competitive process, designed to encourage innovation as well as to identify best practices that can be replicated throughout the state. The Supportive Housing Demonstration Projects represent a range of rural, urban, and resort communities, with two projects that exclusively serve transition–age youth. All projects offer an extensive menu of voluntary services delivered to tenants in various permanent housing settings, including scattered–site apartments, single room occupancy (SRO) hotels, converted motels, and shared single family residences. Each project demonstrates approaches taken by local providers to meet the supportive housing needs of individuals with mental illness who are homeless or at risk of homelessness.

Annual allocations for County/City programs operating under the terms and conditions of this contract shall not be determined until final approval of the Budget Act for Fiscal Year 2003-04 and any associated trailer bills that impact program funding. Funding is contingent on the availability of funds and successful compliance with the Work Plan and Budget requirements.

Section 2 – Work Plan and Budget Requirements

Project Narrative:
The County/City submitted a project narrative as a part of its application in response to the Supportive Housing Demonstration Project RFA. The County/City shall adhere to the provisions of its application, which includes all commitments made in the project narrative.

Project Budget:
The County/City submitted a project budget as a part of its application in response to the Supportive Housing Demonstration Project RFA. The County/City shall adhere to the project budget submitted in its application.

Project Goals and Objectives:
The purpose of the Supportive Housing Demonstration Projects is to encourage the development of affordable, permanent housing with supportive services that enables low income Californians with mental illness to stabilize their lives and regain a stake in the community.

Timeline and Major Benchmarks:
The County/City shall adhere to the provisions of its Supportive Housing Demonstration Project proposal, including any and all timelines stipulated in that proposal.

Section 3 – Accountability

Site Visits and Monitoring:
DMH shall conduct an Annual Performance Review at least every other year to assess the status of the supportive housing project and to determine whether it is operating in accordance with the terms of the original (or amended) project proposal.

Progress Reports:
The County/City shall submit semi-annual project reports to DMH in accordance with DMH instructions.

SAMHSA Supportive Housing

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

Request for Application

Title XIX Part B of the Public Health Service Act

Program Description:
In 1999, the DMH funded five Supportive Housing Demonstration grants using increases in its baseline SAMHSA allocations. These allocations were accomplished using a competitive process, designed to encourage innovation as well as to identify best practices that can be replicated throughout the state. The Supportive Housing Demonstration Projects represent a range of rural, urban, and resort communities, with two projects that exclusively serve transition–age youth. All projects offer an extensive menu of voluntary services delivered to tenants in various permanent housing settings, including scattered–site apartments, single room occupancy (SRO) hotels, converted motels, and shared single family residences. Each project demonstrates approaches taken by local providers to meet the supportive housing needs of individuals with mental illness who are homeless or at risk of homelessness.

Annual allocations for County/City programs operating under the terms and conditions of this contract shall not be determined until final approval of the Budget Act for Fiscal Year 2003-04 and any associated trailer bills that impact program funding. Funding is contingent on the availability of funds and successful compliance with the Work Plan and Budget requirements.

Section 2 – Work Plan and Budget Requirements

Project Narrative:
The County/City submitted a project narrative as a part of its application in response to the Supportive Housing Demonstration Project RFA. The County/City shall adhere to the provisions of its application, which includes all commitments made in the project narrative.

Project Budget:
The County/City submitted a project budget as a part of its application in response to the Supportive Housing Demonstration Project RFA. The County/City shall adhere to the project budget submitted in its application.

Project Goals and Objectives:
The purpose of the Supportive Housing Demonstration Projects is to encourage the development of affordable, permanent housing with supportive services for individuals with serious mental illness who are homeless or at risk of homelessness. The County/City submitted a description of its project goals and objectives as a part of its application in response to the Supportive Housing Demonstration Project RFA.

Timeline and Major Benchmarks:
County/City shall adhere to the provisions of its Supportive Housing Demonstration Project proposal, including any and all timelines stipulated in that proposal.

SAMHSA:
Counties/cities, as recipients of SAMHSA Community Mental Health Services Block Grant funds must abide by specific conditions of Title XIX Part B of the Public Health Service Act, as well as those conditions established by other Federal and State laws, regulations, policies, and guidelines. Counties/cities are required to submit an application, prepared in accordance with the SAMHSA Planning Estimate and Renewal Application Instructions. The Block Grant funds are allocated on a formula basis and a competitive basis and include the Base Allocation, Dual Diagnosis Set Aside, Older Adults System of Care Demonstration Projects, Supportive Housing Demonstration Projects, Youth Development & Crime Prevention Demonstration Projects and seven Children's System of Care programs.

Section 3 – Accountability

Site Visits and Monitoring:
DMH shall conduct a performance review at least every other year to assess the status of the supportive housing project and to determine whether it is operating in accordance with the terms of the original (or amended) project proposal.

Progress Reports:
The County/City shall submit semi–annual project reports to DMH in accordance with DMH instructions.

Integrated Services for Homeless Adults with Severe Mental Illness–AB 34, AB 2034 and AB 334

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

AB 34 – Chapter 617, Statutes of 1999
AB 2034 – Chapter 518, Statutes of 2000
AB 334 – Chapter 454, Statutes of 2001
Welfare & Institutions Code § 5804, 5806, 5807, 5809, 5811, 5814, & 5814.5

Program Description:
Programs established pursuant to AB 34/2034/334, deliver integrated comprehensive services to a target population that includes adults and young adults (18 to 25 year of age) with serious mental illness who are homeless or at risk of homelessness, recently released from a County/City jail or state prison, or others who are untreated, unstable or at imminent risk of incarceration or homelessness unless treatment is provided. Planned services for this target population include providing housing for clients that is immediate, transitional, permanent, or all of these. Additional services to be provided include but are not limited to outreach, supported housing and employment, alcohol and drug services, transportation, mental health services including medications, referrals to other physical healthcare, money management assistance including accessing and obtaining federal income and housing supports and/or Medi-Cal/Medicare insurance, and linkage to veterans' services. AB 34/2034/334 programs also provide outreach and services to adults voluntarily or involuntarily hospitalized due to severe mental illness and require that the program's service planning and delivery process provide for persons who have been suffering from an untreated serious mental illness for less than one year. Adult System of Care programs require detailed monthly data collection and reporting that is focused on client and system outcomes and is unique to these programs.

Annual allocations for County/City programs operating under the terms and conditions of this contract shall not be determined until final approval of the Budget Act for Fiscal Year 2003-04 and any associated trailer bills that impact program funding. Funding is contingent on the availability of funds and successful compliance with the Work Plan and Budget requirements.

Section 2 – Work Plan and Budget Requirements

Ongoing Programs:
A county annual work plan is required from ongoing programs within timeframes identified by DMH. These plans include but may not be limited to: project narratives describing the target population to be served and program goals and strategies; a description of the services to be provided including any changes from the previous year; a general description of program staff available (County/City and contract) including information about the staff to client ratio for Personal Services Coordinators; a specific

description of certain program elements (24/7 coverage, housing, employment, collaboration with other agencies, etc.); a description of the County/City's data collection and reporting process; and a line–item budget. These work plan requirements may vary from year to year and may be customized for each County/City depending on past program performance. Guidelines for work plan submissions shall be provided by DMH annually.

The work plans and budgets and any subsequent updates are not attached to the contract but are incorporated herein and made a part hereof by this reference. DMH or the County/City may update these work plans and budgets periodically as required by program and/or budget directives. DMH shall provide the County/City with said work plans and budgets under separate cover. The County/City shall maintain on file all work plans and budgets and any subsequent periodic updates referenced herein.

Section 3 – Accountability

Data Information and Reporting:

Pursuant to W & I Code, § 5814 (b), each County/City selected to receive a grant pursuant to this section shall provide data as the department may require, that documents client and system outcomes associated with clients enrolled in these adult system of care programs. All programs shall be required to submit monthly data as required within specified DMH timelines. Additional information shall be provided by County/City programs within specified timelines, when requested by DMH.

Site Visits and Monitoring:

Pursuant to W & I Code, § 5804 (c), 5805 & 5806, DMH shall monitor program performance through review of annual work plan documents, review of outcome data reported, site reviews, on–going communication with local program staff, attendance at meetings and trainings, and other continuing events. Local programs shall comply with monitoring requirements and assist DMH program staff by actively participating in monitoring activities.

Pilot Project Grants for Community Placement for Individuals Residing in Institutions for Mental Disease (IMDs)

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

AB 452 – Chapter 895, Statutes of 1999
Government Code § 12803.2

Program Description:

These pilot programs, funded through grant awards, are part of a larger initiative to promote community placements by the Long Term Care Council. The intended goal of these programs is to facilitate the transition of individuals residing in IMDs to alternative, less restrictive, community placements. To accomplish this, programs must develop and demonstrate a process/protocol that: (1) determines an individual's placement readiness; (2) identifies and reduces barriers to this transition; and (3) can be replicated statewide. The programs must employ recovery-based, culturally competent services. An additional underlying principle is that the individuals who are targeted for community placement want community placement, and the treatment team agrees that this is appropriate. Pilot programs must also participate in an evaluation of their efforts that includes collecting and reporting data to the state and/or contract evaluator.

Annual allocations for county pilot projects operating under the terms and conditions of this contract shall not be determined until final approval of the Budget Act for Fiscal Year 2003-04 and any associated trailer bills that impact program funding. Funding is contingent on the availability of funds and successful compliance with the Work Plan and Budget requirements.

Section 2 – Work Plan and Budget Requirements

Ongoing Programs:
An annual work plan is required from the pilot programs within timeframes identified by DMH. These plans include but may not be limited to: project narratives describing the target population to be served, program goals and strategies, a description of the services to be provided, a general description of program staff available (County and contracted staff), a description of the County's evaluation design and data collection, the reporting process, and a line–item budget. These work plan requirements may vary from year to year and may be customized for each County pilot project. Guidelines for work plan submissions shall be provided by DMH annually.

The work plans and budgets and any subsequent updates are not attached to the contract but are incorporated herein and made a part hereof by this reference. DMH or the County may update these work plans and budgets periodically as required by program and/or budget directives. DMH shall provide the County with said work plans and budgets under separate cover. The County shall maintain on file all work plans and budgets and any subsequent periodic updates referenced herein.

Section 3 – Accountability

Site Visits and Monitoring:
DMH shall monitor program performance through review of annual work plan documents, evaluation designs and outcome data reports, site reviews, and on–going communication with local program staff. Counties shall comply with monitoring requirements and assist DMH program staff by actively participating in monitoring activities.

Older Adult System of Care Demonstration Project

Article 1 – Performance Conditions

Part A – General Assurances and Program Principles

Section 1 – Program Reference

AB 2877- Chapter 93, Statutes of 2000
Welfare & Institutions Code § 5689, 5689.1, 5689.2, 5689.3, 5689.4, 5689.5, 5689.7, 5689.8, and 5689.9

Title XIX Part B of the Public Health Service Act

Program Description:
Older Adult System of Care demonstration projects were established to develop model systems of care to serve adults who are 60 years of age or older and are diagnosed with a mental disorder (as defined by the most current Diagnostic and Statistical Manual of Mental Disorders). These adults must also have a functional impairment, and meet any two of the following conditions:

- are severely and persistently disabled,
- are acutely disabled,
- are impacted by disasters or local emergencies, and/or
- are functionally impaired.*

These demonstration projects are funded with federal SAMSHA dollars and must meet SAMSHA reporting guidelines as well as DMH reporting requirements.

Annual allocations for County/City programs operating under the terms and conditions of this contract shall not be determined until final approval of the Budget Act for Fiscal Year 2003-04 and any associated trailer bills that impact program funding. Funding is contingent on the availability of funds and successful compliance with the Work Plan and Budget requirements.

Federal Funding (SAMHSA): Notified in the initial year with a Grant Award Letter. In following years notice is provided with an Allocation Letter.

* For this article, "functionally impaired" means being substantially impaired in major life activities because of a mental disorder in at least two the following areas on a continuing or intermittent basis: independent living; social and family relationships; vocational skills, employment, or leisure activities; basic living skills; money management; self-care capacities; and, physical condition.

Section 2 – Work Plan and Budget Requirements

An annual Work Plan shall serve as the project workplan and be required from all demonstration projects within timeframes identified by DMH. These plans shall adhere to all State and federal requirements and each include at least the following elements. With the exception of first year projects, each project's annual Work Plan shall contain a rationale for each element.

- a project narrative describing the target population to be served;
- proposed program goals, objectives, and strategies;
- a description of the services to be provided;
- a description of specific project elements specific to each, individual project (local partnerships and collaborations; membership of Advisory Committee and schedule of meetings, staff duty statements);
- a description of the County/City's data collection and reporting process; and,
- a two–part budget (narrative and line–item). These budgets must coincide with the amounts reflected in the projects' award letter dated June 25, 2001, unless superseded by subsequent Governor's Budget Act language.

Work plan requirements may vary from year to year. They shall be customized for each project and reflect the previous year's performance and the demographics of each particular region. Work plan guidelines shall be provided to project staff by DMH staff annually.

The work plans and budgets and any subsequent updates are not attached to the contract but are incorporated herein and made a part hereof by this reference. DMH or the County/City may update these work plans and budgets periodically as required by program and/or budget directives. DMH shall provide the County/City with said work plans and budgets under separate cover. The County/City shall maintain on file all work plans and budgets and any subsequent periodic updates referenced herein.

SAMHSA:
Counties/cities, as recipients of SAMHSA Community Mental Health Services Block Grant funds must abide by specific conditions of Title XIX Part B of the Public Health Service Act, as well as those conditions established by other Federal and State laws, regulations, policies, and guidelines. Counties/cities are required to submit an application, prepared in accordance with the SAMHSA Planning Estimate and Renewal Application Instructions. The Block Grant funds are allocated on a formula basis and a competitive basis and include the Base Allocation, Dual Diagnosis Set Aside, Older Adults System of Care Demonstration Projects, Supportive Housing Demonstration Projects, Youth Development & Crime Prevention Demonstration Projects and seven Children's System of Care programs.

Section 3 – Accountability

Data Information and Reporting:
W & I Code § 5689.5 (b) requires the projects in collaboration with DMH to define project goals and develop client and system outcome measurements. Each

demonstration project shall provide data as DMH may require that documents client and system outcomes associated with these projects.

Site Visits and Monitoring
DMH shall monitor program performance through review of annual workplans, review of outcome data reported, site reviews, ongoing communication with local program staff, attendance at meetings and trainings, and other community events. Local programs shall comply with monitoring requirements and assist DMH program staff by actively participating in monitoring activities and providing additional information when requested by DMH.

Advisory Group Requirements:
Welfare and Institutions Code § 5689.4 requires that grantees establish or identify a Mental Health and Aging Advisory Coalition comprised of pilot project participants, public and private sector service providers, senior service consortiums, commissions, boards, and advisory councils, consumers and family members of consumers, mental health advocates and other stakeholders.

ARTICLE III – GENERAL PROVISIONS

A. Term

The term of the Fiscal Year 2003-04 County/City Performance Contract shall be July 1, 2003, through June 30, 2004.

B. Budget Contingencies

All parties agree that the Contract is based upon the following:

1. Federal Budget
   a. It is mutually understood between the parties that this Contract may have been written before ascertaining the availability of congressional appropriation of funds. This was done to avoid program and fiscal delays, which would occur if it were written after that determination was made.
   b. It is mutually agreed that, if the Congress does not appropriate sufficient funds for the program, the State has the option to void the Contract or to amend the Contract to reflect any reduction of funds. Such amendment, however, shall require County/City approval.
   c. The Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms, or funding of this Contract in any manner.
   d. The State and the County/City agree that if Congress enacts such changes during the term of this Contract, both parties shall meet and confer to renegotiate the terms of this Contract affected by the restrictions, limitations, conditions, or statute enacted by Congress.
2. State Budget
   a. This Contract is subject to any restrictions, limitations, or conditions enacted by the Legislature and contained in the Budget Act or any statute enacted by the Legislature which may affect the provisions, terms, or funding of this Contract in any manner. The State and the County/City mutually agree that if statutory or regulatory changes occur during the term of this Contract which affect this Contract, both parties may renegotiate the terms of this Contract affected by the statutory or regulatory changes.
   b. This Contract may be amended upon mutual consent of the parties. A duly authorized representative of each party shall execute such amendments.
   c. It is mutually agreed that if the Budget Act does not appropriate sufficient funds for the program, this Contract shall be void and have no further force and effect. In such an event, the State shall have no further liability to pay any funds whatsoever to the County/City or to furnish any other considerations under this Contract, and the County/City shall not be obligated to perform any provisions of this Contract or to provide services intended to be funded pursuant to this Contract.
3. General Terms and Conditions
   a. APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if

required. Contractor may not commence performance until such approval has been obtained.

b. AMENDMENT: No amendment or variation of the terms of this Agreements shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreements is binding on any of the parties.

c. ASSIGNMENT: This Agreement is not assignable by the Contractor, either in whole or in part, without the consent of the State in the form of a formal written amendment.

d. AUDIT: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, PCC 10115 et seq., CCR Title 2, Section 1896).

e. INDEMNIFICATION: Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement.

f. DISPUTES: Contractor shall continue with the responsibilities under this Agreement during any dispute.

g. TERMINATION FOR CAUSE: The State may terminate this Agreement and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.

h. INDEPENDENT CONTRACTOR: Contractor, and the agents and employees of Contractor, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

i. CERTIFICATION CLAUSES: The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC201 are hereby

incorporated by reference and made a part of this Agreement by this reference as if attached hereto.

j. TIMELINESS: Time is of the essence in this Agreement.

k. GOVERNING LAW: This contract is governed by and shall be interpreted in accordance with the laws of the State of California.

l. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be effected thereby.

C. Confidentiality

1. The parties to this agreement shall comply with applicable laws and regulations, including but not limited to Section 5328 et seq. of the WIC regarding the confidentiality of patient information.
2. The County/City shall protect, from unauthorized disclosure, names and other identifying information concerning persons receiving services pursuant to this Contract, except for statistical information. This pertains to any and all persons receiving services pursuant to a DMH funded program. County/City shall not use such identifying information for any purpose other than carrying out the County/City's obligations under this Contract.
3. The County/City shall not disclose, except as otherwise specifically permitted by this Contract, authorized by law or authorized by the client/patient, any such identifying information to anyone other than the State without prior written authorization from the State in accordance with State and Federal Laws.
4. For purposes of the above paragraphs, identifying information shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print, or a photograph.

D. Nondiscrimination

1. The State and the County/City shall not employ any unlawful discriminatory practices in the admission of patients, assignment of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference, or mental or physical handicap, in accordance with the requirements of applicable Federal or State law.
2. During the performance of this Contract, the County/City and its subcontractors shall not unlawfully discriminate against any employee or applicant for employment because of race, religion, color, national origin, ancestry, mental or physical handicap, medical condition, marital status, age, or sex. The County/City and subcontractors shall comply with the provisions of the Americans with Disabilities Act of 1990, the Fair Employment and Housing Act (Government Code, Section 12900 et seq.), and the applicable regulations promulgated thereunder (Title 2, CCR, Section 7285 et seq.). The County/City shall ensure that the evaluation and treatment of their employees and applicants for employment are free of such discrimination. The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5, Division 4 of Title 2 of the CCR are incorporated into this

Contract by reference and made a part hereof as if set forth in full. The County/City and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

3. The County/City shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Welfare Agency, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.
4. The County/City shall include the nondiscrimination and compliance provisions of this Contract in all subcontracts to perform work under this Contract.
5. The County/City assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, (42 U.S.C. 12101 et seq.), which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA.

E. Statement of Compliance

The County/City agrees, unless specifically exempted, to comply with Government Code Section 12900 (a–f) and Title 2, Division 4, Chapter 5 of the CCR in matters relating to reporting requirements and the development, implementation and maintenance of a Nondiscrimination Program. County/City agrees not to unlawfully discriminate, harass or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave.

F. Patients' Rights

The parties to this 2003–04 County/City Performance Contract shall comply with applicable laws, regulations and State policies relating to patients' rights.

G. Recordkeeping

1. The County/City agrees to maintain books, records, documents, and other evidence necessary to facilitate contract monitoring and audits pursuant to Section 640, Title 9, of the CCR and DMH policy.
2. The County/City agrees that the State shall have access to facilities, programs, documents, records, staff, clients/patients, or other material or persons the State deems necessary to monitor and audit services rendered.

H. Relationship of the Parties

The State and the County/City are, and shall at all times be deemed to be, independent agencies. Each party to this Agreement shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Standard Agreement. Nothing herein contained shall be construed as creating the relationship of employer and employee, or principal and agent, between the parties or any of their agents or employees. Each party assumes exclusively the responsibility for the acts of its employees or agents as they relate to the services to be provided during the course and scope of their employment. The State, its

agents and employees, shall not be entitled to any rights or privileges of County/City employees and shall not be considered in any manner to be County/City employees. The County/City, its agents and employees, shall not be entitled to any rights or privileges of State employees and shall not be considered in any manner to be State employees.

I. Reports

1. Any products or reports, which are produced pursuant to this Contract, shall name the Department of Mental Health, the Contract number, and the dollar amount of the Contract (Government Code, Section 7550).
2. The State reserves the right to use and reproduce all reports and data produced and delivered pursuant to this Contract, and reserves the right to authorize others to use or reproduce such materials, unless of a confidential nature.

J. Severability

If any provision of this Contract or application thereof to any person or circumstance shall be declared invalid by a court of competent jurisdiction, or is found by a court to be in contravention of any Federal or State law or regulation, the remaining provisions of this Contract 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 Contract are declared severable.

K. Subcontracting

The County/City agrees to place in each of its subcontracts, which are in excess of $10,000 and utilize State funds, a provision that: "The contracting parties shall be subject to the examination and audit of the Auditor General for a period of three years after final payment under Contract (Government Code, Section 8546.7)". The County/City shall also be subject to the examination and audit of the Auditor General for a period of three years after final payment under Contract (Government Code, Section 8546.7).

L. Waiver of Default

Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Standard Agreement shall not be deemed to be a waiver of any other or subsequent breach, and shall not be construed to be a modification of the terms of this Contract.

M. Drugfree Workplace Certification

By signing this Contract, the Contractor hereby certifies under penalty of Perjury under the laws of the State of California that the Contractor shall comply with the requirements of the Drug–Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and shall 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 a controlled substance 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 person's or organization'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 on the proposed contract or grant:
1. shall receive a copy of the company's drug-free policy statement, and
2. shall agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

Failure to comply with these requirements may result in suspension of payments under the Contract or termination of the Contract or both and the Contractor may be ineligible for award of any future state contracts if DMH 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.

N. Child Support Compliance

1. 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.
2. The Contractor, to the best of its knowledge, is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

Contract No. : 03-73139-000
Contractor : Los Angeles County Mental Health

ATTACHMENT A– Request for Waiver Pursuant to Section 5751.7 of the Welfare and Institutions Code

_____ hereby requests a waiver for the following public or private health facilities pursuant to Section 5751.7 of the Welfare and Institutions Code for the term of this contract. These are facilities where minors may be provided psychiatric treatment with nonspecific separate housing arrangements, treatment staff, and treatment programs designed to serve minors.

The request for waiver must include, as an attachment, the following:

1. A description of the hardship to the County/City due to inadequate or unavailable alternative resources that would be caused by compliance with the state policy regarding the provision of psychiatric treatment to minors.
2. The specific treatment protocols and administrative procedures established by the County/City for identifying and providing appropriate treatment to minors admitted with adults.

Execution of this contract shall constitute approval of this waiver. Any waiver granted in the prior fiscal year's contract shall be deemed to continue until execution of this contract.

RESOLUTION OF
THE BOARD OF SUPERVISORS OF
COUNTY OF LOS ANGELES
STATE OF CALIFORNIA

Now, Therefore, Be It Resolved that the Board of Supervisors of the County of Los Angeles, do hereby authorize Marvin J. Southard, D.S.W., Director of Mental Health, to sign the County Performance Contract with the State of California for Fiscal Year 2003-2004.

The foregoing Resolution was adopted on the ____ day of _____, 2004 by the Board of Supervisors of the County of Los Angeles, and ex-officio the governing body of all other special assessment and taxing districts, agencies and authorities, for which said Board so acts.

VIOLET VARONA-LUKENS, Executive Officer
Board of Supervisors of the
County of Los Angeles

By _____
Deputy

_____
Chairman, Board of Supervisors

APPROVED AS TO FORM:
LLOYD W. PELLMAN
County Counsel

By _____
Deputy County Counsel

MI:c:\My documents\perf contract fy 2003-2004\resolution