Los Angeles County
DEPARTMENT OF MENTAL HEALTH

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
32 May 8, 2018

CELIA ZAVALA
ACTING EXECUTIVE OFFICER

May 08, 2018

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

Dear Supervisors:

APPROVAL TO AMEND SIX EXISTING SERVICE AGREEMENTS FOR DROP-IN CENTERS FOR TRANSITION AGE YOUTH SERVICES FOR FISCAL YEAR 2017-18 AND 2018-19 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request approval to amend six existing Service Agreements for Drop-In Centers for Transition Age Youth Services, ages 16-25, in all eight Service Areas for Fiscal Year 2017-18 and 2018-19 in order to support the expansion of services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute amendments, substantially similar to Attachment I, to existing Department of Mental Health (DMH) Service Agreements with Penny Lane Centers, The Village Family Services, Pacific Clinics, Los Angeles LGBT Center, and Good Seed Church of God in Christ, Inc., in order to provide Contractors additional funds for the expansion of services at Drop-In Centers for Transition Age Youth (TAY) in Service Areas (SA)1, 2, 3, 4, 6, 7, and 8. The Amendments will be effective upon your Board's approval and will increase the Contractors' Total Contract Amounts (TCAs) by a total of $291,669 for FY 2017-18 and $1,750,000 for FY 2018-19, fully funded by State Mental Health Services Act (MHSA) revenue, as listed on Attachment II.

2. Approve and authorize the Director, or his designee, to prepare, sign, and execute an amendment, substantially similar to Attachment III, to the existing DMH Service Agreement with Step Up on Second Street, Inc., in order to provide Contractor additional funds for the expansion of services at

Drop-In Centers for TAY in SA5; and to extend the term of the agreement through June 30, 2019, to ensure uniformity of the contract term among all Service Agreements for Drop-In Centers for TAY. The amendment will be effective upon your Board's approval and will increase the TCA for FY 2017-18 by $41,667, and will have a TCA for FY 2018-19 of $500,000, fully funded by State MHSA revenue, as shown on Attachment II.

3. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to these six Service Agreements, including adding or reducing programs or services, if needed, provided that: 1) the County's payments to each Contractor for each FY does not exceed 10 percent of the annual TCA which the Board is being asked to approve in Recommendations 1 and 2, as indicated on Attachment II; 2) any such increase shall be used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) approval of County Counsel, or designee, as to form is obtained prior to any such amendment; and 5) the Director, or his designee, notifies your Board and the Chief Executive Office (CEO) of agreement changes.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of Recommendations 1 and 2 will allow DMH to amend Service Agreements with Penny Lane Centers, The Village Family Services, Pacific Clinics, Los Angeles LGBT Center, Good Seed Church of God in Christ, Inc., and Step Up on Second Street, Inc. to expand services for Drop-In Center Programs.

More specifically, the Services Agreements will be amended to expand MHSA Community Services and Support services by adding at least one Peer Support Specialist and at least one Employment Specialist for extended hours of operation at all eight Drop-In Centers, which provide temporary safety and basic supports (e.g., showers, meals, clothing, referrals, vouchers, etc.) as well as outreach and engagement to homeless or at risk of homelessness and difficult-to-reach Seriously Emotionally Disturbed and Severely and Persistently Mentally III TAY, ages16-25, in all eight SAs. The Peer Support Specialist(s) will provide outreach, engagement, advocacy, and peer support services. The Employment Specialist(s) will provide coaching, counseling, resume writing, interviewing skills, job readiness, and linkage to employment. In addition, as a result of increased demand for Drop-In Center services, weekday extended hours of operation will be increased from at least eight hours per week to at least 18 hours per week in order to maximize the availability of services during critical times.

Additionally, Board approval of Recommendation 2 will allow DMH to extend the term of the Service Agreement with Step Up on Second Street, Inc. through June 30, 2019, in order to ensure all Service Agreements for Drop-In Centers for TAY have the same term. This Agreement is due to expire on June 30, 2018.

Recommendation 3 will enable DMH to amend the Services Agreements with the six Drop-In Service providers for temporary safety and basic support services in an expeditious manner.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the County Strategic Plan Goal I (Make Investments that Transform Lives), specifically Strategy I.1 (Increase Our Focus on Prevention Initiatives) and Strategy I.2 (Enhance Our Delivery of Comprehensive Interventions).

FISCAL IMPACT/FINANCING

The total increase to the TCAs for the amendments in Recommendations 1 and 2 in FY 2017-18 is $333,336, fully funded by State MHSA revenue. Sufficient appropriation for these amendments is available in the FY 2017-18 Final Adopted Budget.

Funding for FY 2018-19 will be requested through DMH's annual budget request process.

There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Expanding the services for these Service Agreements to add additional staff and increase extended hours of operation in Drop-In Centers is also consistent with DMH's MHSA Three-Year Program and Expenditure Plan for FY 2017-18 through 2019-20, which was adopted by your Board on May 30, 2017.

The attached amendments (Attachments I and III) have been approved as to form by County Counsel. DMH will continue to administer and monitor adherence to the Service Agreements to ensure that the Drop-In Center services are provided in conformity with the Agreement provisions and that Departmental policies are followed.

CONTRACTING PROCESS

Penny Lane Centers, The Village Family Services, Pacific Clinics, Los Angeles LGBT Center, and Good Seed Church of God in Christ, Inc. were selected through a formal competitive solicitation process to provide Drop-In Centers for TAY in SA1, 2, 3, 4, 6, 7, and 8. On October 4, 2016, your Board approved the Service Agreements, with initial terms through June 30, 2017 and two automatic one-year extension periods through June 30, 2019, with the aforementioned contractors.

Step Up on Second Street, Inc. was selected through a formal competitive solicitation process to provide Drop-In Centers for TAY in SA5. On January 6, 2015, your Board approved the Service Agreement, with an initial term through June 30, 2015, and on May 19, 2015, your Board approved an amendment to extend the term of the Service Agreement through June 30, 2018.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the recommended actions will allow Contractors to expand services at Drop-In Centers and provide TAY continued access to temporary safety and basic services and supports in a low-demand/high-tolerance environment within a Drop-In Center setting.

Respectfully submitted,

JONATHAN E. SHERIN, M.D., Ph.D.
Director

JES:GP:SK:AP:es

Enclosures

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Chairperson, Mental Health Commission

Attachment I

CONTRACT NO. MH_____

AMENDMENT NO. _____

THIS AMENDMENT is made and entered into this ___ day of _____, 2018, by and between the COUNTY OF LOS ANGELES (hereafter "County") and _____ (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated _____, identified as County Agreement No. MH_____, and as subsequently amended (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Years (FYs) 2017-18 and 2018-19, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, on May 8, 2018, the Board of Supervisors delegated authority to the Director of Mental Health to execute amendments the Agreement to increase the Total Contract Amount (TCA) and add or reduce programs or services; and

WHEREAS, Agreement provides that changes in accordance with Paragraph 42 (Alteration of Terms), Amendments may be made in the form of an Amendment which is formally approved and executed by the parties; and

WHEREAS, for FYs 2017-18 and 2018-19, County and Contractor intend to amend Agreement to increase Mental Health Services Act (MHSA) – Community Services and Support (CSS) Funded Program funds for the provision of temporary safety and basic supports as well as outreach and engagement to homeless or at risk of homelessness and difficult-to-reach Seriously Emotionally Disturbed and Severely and Persistently Mentally Ill TAY at Drop-In Center Programs; and

WHEREAS, For FYs 2017-18 and 2018-19, County and Contractor intend to amend Agreement to change Service Exhibit A (Statement of Work (SOW)), and Service Exhibit B (Payment Schedule); and

WHEREAS, for FYs 2017-18 and 2018-19, as a result of the above changes in funded programs, the TCAs will increase; and

WHEREAS, Contractor warrants that it possesses the competence, expertise and personnel necessary to provide services consistent with the requirements of this Agreement and consistent with the professional standard of care for these services.

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. For FY 2017-18 only, current MHSA CSS Funded Program funds are increased by $41,667, from $250,000 to $291,667. (The Village Family Services, Pacific Clinics, Los Angeles LGBT Center, only)
2. For FY 2017-18 only, the TCA is increased to $291,667. (The Village Family Services, Pacific Clinics, Los Angeles LGBT Center only)
3. For FY 2018-19 only, current MHSA CSS Funded Program funds are increased by $250,000, from $250,000 to $500,000. (The Village Family Services, Pacific Clinics, Los Angeles LGBT Center, only)
4. For FY 2018-19 only, the TCA is increased to $500,000. (The Village Family Services, Pacific Clinics, Los Angeles LGBT Center only)
5. For FY 2017-18 only, current MHSA CSS Funded Program funds are increased by $83,334, from $500,000 to $583,334. (Penny Lane and Good Seed Church only)

6. For FY 2017-18 only, the TCA is increased to $583,334. (Penny Lane and Good Seed Church only)

7. For FY 2018-19 only, current MHSA CSS Funded Program funds are increased by $500,000, from $500,000 to $1,000,000. (Penny Lane and Good Seed Church only)

8. For FY 2018-19 only, the TCA is increased to $1,000,000. (Penny Lane and Good Seed Church only)

9. Agreement, Paragraph 5 (Compensation) is deleted in its entirety and replaced as follows:

"A. In consideration of the performance by Contractor in a manner satisfactory to County of the services described in Appendix A (Statement of Work (SOW)), Contractor shall be paid in accordance with the Payment Schedule established in Appendix B.

In no event shall Contractor be reimbursed under this Agreement for any services provided to any client whose approved referral to Contractor hereunder has been cancelled by the Director. In such circumstance, County shall not reimburse Contractor hereunder for the particular client after the date Director cancels the client's approved referral.

Contractor shall submit Drop-In Center Services Cost Invoice (Attachment I to Appendix B) to County which shall include as supporting documentation, Attachment II to Appendix B form monthly.

B. Budget Reductions: In the event that the County's Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions

in County contracts, the County reserves the right to reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent fiscal year during the term of this Agreement (including any extensions), and the services to be provided by the Contractor under this Agreement shall also be reduced correspondingly. The County's notice to the Contractor regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action. Except as set forth in the preceding sentence, the Contractor shall continue to provide all of the services set forth in this Agreement.

C. No Payment for Services Provided Following Expiration/Termination of Contract: Contractor shall have no claim against County for payment of any money or reimbursement, or any kind whatsoever, for any services provided by Contractor after the expiration or other termination of this Contract. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Contract shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Contract."

10. Exhibit A (SOW) shall be replaced with Appendix A (SOW) - __, attached hereto and incorporated herein by reference. All references in the Agreement to Exhibit A (SOW) shall be deemed amended to state "Appendix A (SOW) - __".

11. Any inadvertent future reference to Exhibit A shall be deemed a reference to Appendix A (SOW). Wherever the name “Exhibit A” appears in Agreement, the parties agree that the name “Appendix A (SOW)” shall be substituted therefore.

12. Exhibit B (Payment Schedule) – __ shall be replaced with Appendix B (Payment Schedule) - __, attached hereto and incorporated herein by reference. All references in the Agreement to Exhibit B (Payment Schedule) – __ shall be deemed amended to refer to “Appendix B (Payment Schedule) - __”.

13. Any inadvertent future reference to Exhibit B shall be deemed a reference to Appendix B (Payment Schedule). Wherever the name “Exhibit B” appears in Agreement, the parties agree that the name “Appendix B (Payment Schedule)” shall be substituted therefore.

14. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By_____
JONATHAN E. SHERIN, M.D., Ph.D.
Director of Mental Health

_____
CONTRACTOR

By_____

Name _____

Title_____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

JN -Drop-In Centers Amendment # - Increase MHSA CSS and Add MHSA PEI

APPENDIX A

STATEMENT OF WORK

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1.0 SCOPE OF WORK

Drop-In Centers are intended as entry points to the mental health system for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) Transition-Age Youth (TAY), ages 16-25, who are living on the street or in unstable living situations. Drop-In Centers provide "low-demand, high-tolerance", environments in which youth can find temporary safety and basic supports e.g. (showers, meals, clothing, referrals, vouchers, etc.). TAY accessing Drop-In Centers have an opportunity to build trusting relationships with staff persons who can, as the youth is ready and willing, connect them to the services and supports they need in order to work toward stability/recovery. Drop-In Centers have a strong emphasis on outreach and engagement too difficult to reach TAY who would otherwise remain unserved, as well as, a strong emphasis on linkage of TAY to a range of resources that promote stability and self-sufficiency.

2.0 SPECIFIC WORK REQUIREMENTS

2.1 Contractor shall provide a Drop-In Center that shall have, at a minimum, the following provisions:

2.1.1 A safe, welcoming and pleasant environment;

2.1.2 A facility where these services are being provided must meet applicable licensing and community standards and/or zoning requirements;

2.1.3 Extended hours for Drop-In Center services. For the purposes of this Agreement and Statement of Work, "***extended hours***" shall mean hours of Drop-In Center services that are in addition to, not in lieu of, Contractor's normal business hours. For the purpose of this Agreement and Statement of Work, "normal business hours" ***must at a minimum equal twenty (20) hours per five (5) day work week (Monday through Friday)***. Extended hours of access and operation should total at a **minimum** of eighteen (18) hours Monday through Friday and a **minimum** of twelve (12) hours Saturday through Sunday. **(*Any deviation from the required extended hours must be requested and explained in writing and will require written approval of the County Project Manager or his/her designee*)**;

2.1.4 A ***minimum*** of five (5) staff in total are required during extended hours which shall include professionals, paraprofessionals, counselors, mental health workers, peer counselors, and volunteers.

2.1.4.1 One (1) FTE Peer Support Specialist is required during extended hours to provide outreach and engagement, assist with accessing services to medical, mental health, economic, legal; in addition, teach basic life skills, coping skills and self-help strategies.

2.1.4.2 One (1) FTE Employment Specialist is required during extended

hours to assist TAY with career development, job search, resume preparation, interview coaching, and support throughout the employment process.

2.1.5 The availability of one (1) clinical staff to respond to clinical urgencies, either on premises or on-call, during all hours of extended operation;

2.1.6 Services and supports provided directly or through linkage shall be utilized, when appropriate, to ensure that youth risk factors are addressed and protective factors strengthened. These services and supports are to include, but are not limited to, basic support services, mental health screenings, counseling, and clinical interventions; community linkages including, but not limited to, accessing physical health care, education, employment (job readiness training), peer supports, counseling centers, substance abuse services, cultural/ethnic and faith-based resources, mentoring and leadership programs;

2.1.7 Services and supports provided in ways that are culturally and linguistically competent and appropriate shall be provided to TAY. Contractor shall maintain staff that are culturally and linguistically competent to serve TAY in direct percentage to the number of TAY accessing services;

2.1.8 A range of basic support services which ***must*** include, but are not limited to, nutritional meals, healthy snacks, clothing, showers, and resources on employment, education, housing, legal services, transportation, and health;

2.1.9 Outreach and engagement services to a minimum of five (5) non-branded mental health settings each month.

2.1.10 All goods and services provided at no cost to clients;

2.1.11 Outcomes that are consistent with those outlined in the Client Supportive Services (CSS) Plan and are reported regularly for individuals participating in Drop-In Center; and,

2.1.12 Collaborate with DMH TAY Navigation team to ensure that TAY are being linked to the appropriate level of care and ongoing services to meet their specific needs.

2.1.13 Contractor shall complete and submit the following items to the County Project Manager:

1. Attachment I (Monthly Staff Roster)
2. Attachment II (Monthly Program Information and Demographics)
3. Attachment III (Monthly Attendance Names)
4. Attachment IV (Peer Advocate Tracking Log)
5. Attachment V (Employment Specialist Tracking Log)

2.2 DESIRED RESULTS/OUTCOMES

2.2.1 100% of participating youth will receive basic support services, including but not limited to, showers, meals, clothing, transportation, life-skills groups, etc. A minimum of 400 unduplicated youth will receive basic support services per fiscal year.

2.2.2 100% of participating youth who reported mental health symptoms will be referred for mental health assessment and/or appropriate level of care, and at least 50% of participating youth who reported mental health symptoms will be linked for mental health assessment and/or appropriate level of care.

2.2.3 100% of participating youth who reported using substances will be referred to substance abuse services in order to reduce their alcohol, substance use, and/or risky-behavior, and at least 50% of participating youth who reported using substances will be linked to substance abuse services in order to reduce their alcohol, substance use, and/or risky-behavior.

2.2.4 100% of participating youth who reported being homeless/at-risk of homeless will be referred to permanent, stable, and/or transitional housing, and at least 75% of participating youth who reported being homeless/at-risk of homeless will be linked to permanent, stable, and/or transitional housing.

2.2.5 100% of participating youth who reported being unemployed will be referred to employment services (GAIN, GROW, job readiness training, mock interview, clothing, etc.), and at least 40% of participating youth who reported being unemployed will be linked to employment services (GAIN, GROW, job readiness training, mock interview, clothing, etc.), with the ultimate goal of securing employment for at least 25% of youth participating in employment services.

2.2.6 100% of participating youth who reported homeless/at-risk of homeless will be linked to government benefits programs (SSI/SSDI, Cal-Fresh, Cash Assistance Program for Immigrants (CAPI), CalWORKs, General Relief (GR), etc.).

2.2.7 100% of participating youth who reported being homeless/at-risk of homeless will be referred to peer supports and community resources (peer support specialist to provide, but not limited to: outreach and engagement, advocacy peer support, mentoring, leadership programs, strengthen of interpersonal skills, improve communication skills and self-confidence), and at least 50% of participating youth who reported being homeless/at-risk of homeless will be linked to peer supports and community resources (peer support specialist to provide, but not limited to: outreach and

engagement, advocacy peer support, mentoring, leadership programs, strengthen of interpersonal skills, improve communication skills and self-confidence).

2.2.8 100% of participating youth who reported peer relationship issues will be referred to peer advocacy services, and at least 50% of participating youth who reported peer relationship issues will be linked to peer advocacy services.

3.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

3.1 Any deviation from this Agreement would require written notification from provider and shall be subject to written prior approval of DMH Director or his designee.

3.2 All changes must be made in accordance with Paragraph 42 (Alteration of Terms) of the Contract.

4.0 QUALITY CONTROL

The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the County Project Manager or his/her designee for review. The plan shall include, but may not be limited to, the following:

4.1 Method of monitoring to ensure that Contract requirements are being met; and

4.2 A record of all inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

5.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined in this Contract, Paragraph 10 (County's Quality Assurance Plan).

5.1 Quarterly Monitoring Site Visits

Contractor is required to be present for quarterly monitored site visits.

5.2 Contract Discrepancy Report (Attachment VI of Appendix A (Statement of Work))

Verbal notification of a Contract discrepancy will be made to the Contractor Project Monitor designee as soon as possible whenever a Contract discrepancy is identified.

The County Project Monitor will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to the County Project Monitor within ten (10) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to the County Project Monitor within ten (10) workdays.

Contractor will further be required to correct the deficiency within 30 calendar days following service of the notice of deficiency, unless the County Project Monitor determines that the deficiency cannot be completely corrected within 30 calendar days. If the date of correcting the deficiency is more than 30 calendar days following the service of the notice of deficiency, Contractor will work with the County Project Monitor to develop a plan that identifies corrective action beginning and completion dates. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor.

5.3 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

6.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

<u>COUNTY</u>

6.1 Personnel

The County will administer the Contract according to the Contract, Paragraph 2, (Administration). Specific duties will include:

6.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.

6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.

6.1.3 Preparing Amendments in accordance with the Contract, Paragraph 42 (Alteration of Terms).

CONTRACTOR

6.2 Project Manager

6.2.1 Contractor shall provide a full-time Project Manager or designated alternate. Contractor's Project Manager shall act as a central point of contact with the County. County must have access to Contractor's Project Manager during all hours. Contractor shall provide a telephone number where the Contractor's Project Manager may be reached on a twenty-four (24) hour per day basis.

6.2.2 Contractor's Project Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Contractor's Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

6.3 Personnel/Staffing

6.3.1 Contractor shall assign a sufficient number of employees to perform the required work, as set forth in Sections 2.1.4 and 2.1.5.

6.3.2 Contractor shall be required to background check their employees as set forth in Paragraph 72 (Background and Security Investigations) of the Contract.

6.4 Training

6.4.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees.

6.5 Contractor's Office

Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls. **The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.**

6.6 Emergency Medical Treatment

Clients who are provided services hereunder and who require emergency medical care for physical illness or accident shall be transported to an appropriate medical facility. The cost of such transportation as well as the cost of any emergency medical care ***shall not*** be a charge to nor reimbursable under this Agreement. Contractor shall establish and post written procedures describing appropriate action

to be taken in the event of a medical emergency. Contractor shall notify County Project Manager, or his/her designee, within 48 hours concerning the circumstances and status of any client under this Agreement receiving emergency medical treatment.

6.7 Disaster and Mass Casualty Plan

Contractor shall also post and maintain a Disaster and Mass Casualty Plan of Action in accordance with the California Code of Regulations (CCR) Title 22, Section 80023. Such plan and procedures shall be submitted to DMH's Contracts Development and Administration Division at least ten days prior to the commencement of services under this Agreement**.**

6.8 Notification of Death

Contractor shall ***immediately*** notify County Project Manager, or his/her designee, upon becoming aware of the death of any client provided services hereunder. Notice shall be made by Contractor immediately by telephone and in writing (summary format, not emailed) upon learning of such a death. The verbal and written notice shall include the name of the deceased, the deceased's DMH Integrated System (IS) identification number, the date of death, a summary of the circumstances thereof, and the name(s) of all Contractor staff with knowledge of the circumstances. Finally, notification shall be followed by submitting a written special incident report ***within 48 hours*** of the incident (DMH Policy No. 303.05). Special incidents include, but are not limited to:

a. Death – Unknown Cause;
b. Death – Suspected or Known Cause Other Than Suicide;
c. Death – Suspected or Known Suicide;
d. Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment (EMT);
e. Client Self-Injury Requiring EMT (Not Suicide Attempt);
f. Client Injured Another Person Who required EMT;
g. Suspected or Alleged Homicide by Client;
h. Medication Error;
i. Suspected or Alleged Inappropriate Interpersonal Relationship with Client by Staff;
j. Threat of Legal Action;
k. Client Assault by another Client Requiring EMT;
l. Adverse Drug Reaction Requiring EMT;
m. Alleged Assault by Staff Member to Client; or
n. Inaccurate or Absent Laboratory Data Resulting in a Client Requiring EMT.

7.0 HOURS/DAY OF WORK

Contractor shall provide extended hours for Drop-In Center services. For the purposes of this Agreement and Statement of Work, "***extended hours***" shall mean hours of Drop-In Center services that are in addition to, not in lieu of, Contractor's normal business hours. For the purpose of this Agreement and Statement of Work, "normal business

hours" ***must equal twenty (20) hours per five (5) day work week (Monday - Friday)***. Extended hours of access and operation should total at a **minimum** of eighteen (18) hours Monday through Friday and a **minimum** of twelve (12) hours Saturday through Sunday. (***Any deviation from the required extended hours must be requested and explained in writing and will require written approval of the County Project Manager or his/her designee.***)

Contractor shall not be required to provide services during the following County recognized holidays: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, Cesar Chavez Day, Memorial Day, Independence Day, Labor Day, Veterans' Day, Thanksgiving Day, day after Thanksgiving, and Christmas Day.

8.0 UNSCHEDULED WORK

8.1 The County Project Manager, or his/her designee, may authorize the Contractor to perform unscheduled work, including, but not limited to, repairs and replacements when the need for such work arises out of extraordinary incidents such as vandalism.

8.2 Prior to performing any unscheduled work, the Contractor shall prepare and submit a written description of the work with an estimate of labor and materials. If the unscheduled work exceeds the Contractor's estimate, the County Project Manager or his/her designee must approve the excess cost. In any case, no unscheduled work shall commence without written authorization.

8.3 When a condition exists wherein there is imminent danger of injury to the public or damage to property, Contractor shall contact County's Project Manager or his/her designee for approval before beginning the work. A written estimate with attached incident report shall be sent within twenty-four (24) hours for approval. Contractor shall submit an invoice to County's Project Manager within five (5) working days after completion of the work.

8.4 All unscheduled work shall commence on the established specified date. Contractor shall proceed diligently to complete said work within the time allotted.

9.0 GREEN INITIATIVES

9.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

9.2 Contractor shall notify County's Project Manager or his/her designee of Contractor's new green initiatives prior to the contract commencement.

10.0 PERFORMANCE REQUIREMENT SUMMARY

Contractor's performance will be monitored by County at least once annually during the term of this Contract according to Attachment VII (Performance Requirements Summary (PRS) Chart) of Appendix A (Statement of Work).

All listings of services used in the PRS are intended to be completely consistent with the Contract and the Statement of Work, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and the Statement of Work. In any case of apparent inconsistency between services as stated in the Contract and the Statement of Work and this PRS, the meaning apparent in the Contract and the Statement of Work will prevail. If any service seems to be created in this PRS which is not clearly and forthrightly set forth in the Contract and the Statement of Work, that apparent service will be null and void and place no requirement on Contractor.

Drop-In Center Extended Hours
Monthly Staff Roster

Legal Entity/Provider Name:

DMH Contract Number:

Month/Year of Service:

Please provide name of staff that worked during the extended hours for the month.

Name	Staff	Volunteer	Ethnicity	Linguistic Capabilities	(NON-MHSA) Regular Worked Hours	Extended Hours (MHSA)
			.			

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
MHSA - TAY DROP IN CENTERS
MONTHLY PROGRAM INFORMATION

MONTHLY PROGRAM INFORMATION

Center Name: _____ **Reporting Month:** _____ **Reporting Year:** _____

	Number of clients served for the first time this fiscal year	Number of client visits	Number of new registrants	Male	Female	Transgender Male to Female	Transgender Female to Male	Other	Homeless	At Risk of Being Homeless	Client Ages			History of:	
											16-17	18-21	22-25	DCFS	Juv Justice/ Probation
Extended Hours*															
Regular Hours															

Client Ethnicity	Total Number
African American	
White	
Latino	
Asian/ Pacific Islander	
Native American	
Other/Multiracial	

Languages spoken by clients (Check all that apply)			Languages spoken by staff (Check all that apply)		
☐ Arabic	☐ Korean	☐ Spanish	☐ Arabic	☐ Korean	☐ Tagalong
☐ Armenian	☐ Lao	☐ Swahili	☐ Armenian	☐ Lao	☐ Swahili
☐ Cambodian	☐ Pakistani	☐ Tagalong	☐ Cambodian	☐ Pakistani	☐ Spanish
☐ Chinese	☐ Russian	☐ Taiwanese	☐ Chinese	☐ Russian	☐ Taiwanese
☐ Farsi	☐ Samoan	☐ Vietnamese	☐ Farsi	☐ Samoan	☐ Vietnamese
☐ Hmong	☐ English	☐ Other	☐ Hmong	☐ English	☐ Other

Service Provided	# Served	
	Extended Hours	Regular Hours
Breakfast		
Lunch		
Dinner		
Laundry		
Shower		
Clothing		
Linked to Mental Health Services		
Linked to Substance/ COD Services		
GED Assistance		
Employment Assistance		
Housing Assistance		
Referred to Medical Care		
SSI/GR		

List of Classes/Groups Provided " P" / "S"	# of Clients Served	
	Extended Hours	Regular Hours
Street Smart HIV Prevention		
Crystal Meth Prevention Drop-In Group		
Job Development Workshops		
Daily Engagement		
SPARCS - Trauma Group		
Microsoft Certificate Program		

Partnerships/Collaborations Developed

Agency Name	*Type of Service*	*Outcome of Outreach and Engagement*

Comments **(Please specify your extended hours, any special events, activities held for TAY)**

New Client Registration Data - Demographics

Total Clients:	

Average Age:	

Gender	Total	%
Male		
Female		
Affirmed Female (MTF Transgender)		
Affirmed Male (FTM Transgender)		
Other		
Total		100%

Ethnicity	Total	%
Latino (a) or Hispanic		
Non-Latino or Non-Hispanic		
Total		100%

Race	Total	%
American Indian/Alaskan Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White		
Mixed or Multiracial		
Other		
Total		100%

Current Area of Occupancy	Total	%
Central Los Angeles		
East Los Angeles		
San Fernando Valley		
San Gabriel Valley		
South Bay		
South Los Angeles		
West Los Angeles		
Out of County		
Total		100%

Where are you from?	Total	%
Southern California		
Central California		
Northern California		
Out of State		
Total		100%

Age left "home"	Total	%
Under 10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
Never		
Total		100%

City of Residence	Total	%
Los Angeles		
West Hollywood		

Homeless Statistics		Total	%
How many times in the last 3 years have you been homeless?			
	4 or more times		
	2 to 3 times		
	First time		
	Not homeless		
	Total		100%
How long have you been currently homeless?			
	1 year or more		
	3 months to 1 year		
	1 to 3 months		
	1 week to 1 month		
	Less than a week		
	Not homeless		
	Total		100%
What is the primary reason you left home?			
	Kicked out or disowned due to sexual orientation or gender identity		
	Voluntarily left to be independent		
	Asked to leave for financial reasons		
	Abuse or unsafe situation		
	Left or aged out of Foster Care		
	Not Homeless		
	Total		100%
What keeps you homeless or from stable housing?			
	Unemployed		
	My choice		
	Mental health		
	Drug and/or Alcohol use		
	Do not want to return to DCFS		
	Not homeless		
	Total		100%
Where are you currently staying or where have you been styaing for the past week?			
	Car, park, street, vacant building, etc.		
	Emergency shelter, transitional housing program, or group home		
	Friends house		
	Family home		
	Rental housing: my place / my lease		
	Hotel or motel		
	Jail, prison, or juvenile hall		
	Hospital, substance abouse treatment or psychiatric facility		
	Total		100%

Schooling Level	Total	%
10th or below		
11th		
Graduated High School		
GED		
Total		100%

Education	Total	%
High School Equivalent		
No GED or Diploma		
Total		100%

HUD Housing	Total	%
Stable		
At-Risk		
Homeless		
Total		100%

Client status	Total	%
New		100%
Returning	0	0%

Age	M	F	MTF	FTM	Other	Total	%
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25 and over							
Total							100%

Sexual Orientation	Total	%
Lesbian		
Gay		
Straight		
Bisexual		
Questioning		
Other		
Total		100%

DCFS or CPS	Total	%
Yes		
No		
Total		100%

Placments in DCFS or CPS	Total	%
1-2		
3-5		
6-10		
10+		
Open Case with No Placement		
Total		100%

Juvenile Justice Syst.	Total	%
Yes		
No		
Total		100%

Probation Camp	Total	%
Yes		
No		
Total		100%

Do you have children?	Total	%
Yes		
No		
Total		100%

Age Groups	Total	%
12 to 16		
17 to 21		
22 and Older		
Total		100%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH DIVISION
Drop-In Center Extended Hours
Monthly Attendance

Legal Entity/Provider Name:

DMH Contract Number:

Month/Year of Service:

Please list the consumer's name and date of each visit during extended hours ONLY for the reporting month. This can be based from your sign-in sheet

Date	Client Name	Age

County of Los Angeles - Department of Mental Health
Transition Age Youth (TAY)
Drop-In Center
Peer Advocate Tracking Log

PEER ADVOCATE NAME: _____

MONTH/YEAR: _____

Date	Name of Client	Type of Support/Service Provided/Outreach (e.g. provide advocacy, peer support, etc.)

County of Los Angeles - Department of Mental Health
Transition Age Youth (TAY)
Drop-in Center
Employment Specialist Tracking Log

EMPLOYMENT SPECIALIST NAME: _____

MONTH/YEAR: _____

#	Client Name	Client's Age	Client's DOB	Client's Gender	Client's Race/ Ethnicity	Dates of Service	Type of Support Provided to Client (e.g. coaching, counseling, resume writing, interview skills, job readiness, linkage to employment)	If Job Attained	
								Name of Employer	Date of Job Attainment

County of Los Angeles - Department of Mental Health
Transition Age Youth (TAY)
Drop-In Center
Employment Specialist Tracking Log

EMPLOYMENT SPECIALIST NAME: _____

MONTH/YEAR _____

Date	EMPLOYMENT STATUS: 3M, 6M, 9M, 12M, NO LONGER EMPLOYED					
	Name of Client	Months/Years Employed				Employment Status
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	

ATTACHMENT VI

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: **Prepared:** _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS: _____

_____

_____

_____ _____

Signature of County Representative Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY ACTIONS: _____

_____

_____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date _____

Contractor Representative's Signature and Date_____

SPECIFIC PERFORMANCE REFERENCE	SERVICE	MONITORING METHOD
Contract: Paragraph 2 (Administration), Sub-paragraph B	Contractor shall notify the County in writing of any change in name or address of the Contractor's Project Manager.	• Inspection and observation
Contract: Paragraph 11 (Record and Audits)	Contractor to maintain all required documents as specified in Paragraph 11.	• Contract Compliance Review
Contract: Paragraph 27 (Subcontracting)	Contractor shall obtain County's written approval prior to subcontracting any work.	• Contract Compliance Review
SOW: Section 2.1.1 (Specific Work Requirements)	Contractor shall provide a safe, welcoming and pleasant environment.	• Unannounced Site Visit Review
SOW: Section 2.1.2 (Specific Work Requirements)	Contractor shall provide a facility that meet applicable licensing and community standards and/or zoning requirements	• Unannounced Site Visit Review
SOW: Section 2.1.3 (Specific Work Requirements)	Contractor shall ensure that the Drop-In Center extended hours are in addition to, not in lieu of, Contractor's normal business hours. "Normal Business hours" ***must at a minimum equal twenty (20) hours per five (5) day work week (Monday through Friday)***. Extended hours of access and operation should total at a **minimum** of eighteen (18) hours Monday through Friday and a **minimum** of twelve (12) hours Saturday through Sunday.	• Attachment I (Monthly Staff Roster) Review • Contract Compliance Review • Unannounced Site Visit Review
SOW: Section 2.1.4 (Specific Work Requirements)	Contractor shall assign a ***minimum*** of five (5) staff in total that are required during extended hours which shall include professionals, paraprofessionals, counselors, mental health workers, peer counselors, and volunteers.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.4.1 (Specific Work Requirements)	Contractor shall assign one (1) FTE Peer Support Specialist during extended hours to provide outreach and engagement, assist with accessing services to medical, mental health, economic, legal; in addition, teach basic life skills, coping skills and self-help strategies.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.4.2 (Specific Work Requirements)	Contractor shall assign one (1) FTE Employment Specialist during extended hours to assist TAY with career development, job search, resume preparation, interview coaching, and support throughout the employment process.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.5 (Specific Work Requirements)	Contractor shall ensure the availability of one (1) clinical staff to respond to clinical urgencies, either on premises or on-call,	• Attachment I (Monthly Staff Roster) Review

	during all hours of extended operation.	
SOW: Section 2.1.6 (Specific Work Requirements)	Contractor shall provide services and supports provided directly or through linkage shall be utilized, when appropriate, to ensure that youth risk factors are addressed and protective factors strengthened. These services and supports are to include, but are not limited to, basic support services, mental health screenings, counseling, and clinical interventions; community linkages including, but not limited to, accessing physical health care, education, employment (job readiness training), peer supports, counseling centers, substance abuse services, cultural/ethnic and faith-based resources, mentoring and leadership programs.	• Unannounced Site Visit Review
SOW: Section 2.1.7 (Specific Work Requirements)	Contractor shall provide services and supports provided in ways that are culturally and linguistically competent and appropriate.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.8 (Specific Work Requirements)	Contractor shall provide a range of basic support services which ***must*** include, but are not limited to, nutritional meals, healthy snacks, clothing, showers, and resources on employment, education, housing, legal services, transportation, and health.	• Unannounced Site Visit Review
SOW: Section 2.1.9 (Specific Work Requirements)	Contractor shall provide outreach and engagement services to a minimum of five (5) non-branded mental health settings each month.	• Attachment IV (Peer Advocate Tracking Log) Review
SOW: Section 2.1.11 (Specific Work Requirements)	Contractor shall meet outcomes outlined in the Client Supportive Services (CSS) Plan and are reported regularly for individuals participating Drop-In Center.	• Attachment II (Monthly Program Information) Review
SOW: Section 2.1.12 (Specific Work Requirements)	Contractor must collaborate with DMH TAY Navigation team to ensure that TAY are being linked to the appropriate level of care and ongoing services to meet their specific needs.	• Attachment II (Monthly Program Information) Review
SOW: Section 2.1.13 (Specific Work Requirements)	Contractor shall complete and submit the following items to the County Project Manager: 1. Attachment I (Monthly Staff Roster) 2. Attachment II (Monthly Program Information and Demographics) 3. Attachment III (Monthly Attendance Names) 4. Attachment IV (Peer Advocate Tracking Log) 5. Attachment V (Employment	Monthly Review of Submitted Forms

	Specialist Tracking Log)	
SOW: Section 2.3.1 (Specific Work Requirements)	A minimum of 400 unduplicated youth will receive basic support services per fiscal year.	• Attachment II (Monthly Program Information and Demographics) Review
SOW: Section 4.0 (Quality Control)	The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The plan shall include, but may not be limited to, the following: 1) Method of monitoring to ensure that Contract requirements are being met; and 2) A record of all inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.	• Contract Compliance Review
SOW: Section 6.2.1 (Responsibilities)	Contractor shall provide a full-time Project Manager or designated alternate. Project Manager shall act as a central point of contact with the County. County must have access to the Project Manager during all hours. Contractor shall provide a telephone number where the Project Manager may be reached on a twenty-four (24) hour per day basis.	• Contract Compliance Review • Unannounced Site Visit Review
SOW: Section 6.2.2 (Responsibilities)	Contractor shall ensure that Project Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.	• Contract Compliance Review
SOW: Section 6.4.1 (Responsibilities)	Contractor shall provide training for all their new employees and continuing in-service training for all employees.	• Contract Compliance Review
SOW: Section 6.5 (Responsibilities)	Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls. **The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.**	• Contract Compliance Review

SOW: Section 6.6 (Responsibilities)	Contractor shall provide pay for transportation as well as cost of emergency medical care for clients who require emergency medical care, establish and post written procedures describing appropriate action to be taken in the event of a medical emergency, and notify County Project Manager, or his/her designee, within 48 hours concerning the circumstances and status of any client under this Agreement receiving emergency medical treatment.	• Contract Compliance Review
SOW: Section 6.7 (Responsibilities)	Contractor shall post and maintain a Disaster and Mass Casualty Plan of Action in accordance with the California Code of Regulations (CCR) Title 22, Section 80023, and submit such plan to DMH's Contracts Development and Administration Division at least ten days prior to the commencement of services under this Agreement.	• Contract Compliance Review
SOW: Section 6.8 (Responsibilities)	Contractor shall ***immediately*** notify County Project Manager, or his/her designee, upon becoming aware of the death of any client provided services hereunder. Notice shall be made by Contractor immediately by telephone and in writing (summary format, not emailed) upon learning of such a death. The verbal and written notice shall include the name of the deceased, the deceased's DMH Integrated System (IS) identification number, the date of death, a summary of the circumstances thereof, and the name(s) of all Contractor staff with knowledge of the circumstances. Finally, notification shall be followed by submitting a written special incident report ***within 48 hours*** of the incident (DMH Policy No. 303.05).	• Contract Compliance Review
SOW: Section 8.1 thru 8.2 (Unscheduled Work)	Contractor shall prepare and submit a written description of the work with an estimate of labor and materials prior to performing any unscheduled work, including, but not limited to, repairs and replacements when the need for such work arises out of extraordinary incidents such as vandalism. Contractor shall not commence any unscheduled work without written authorization.	• Scheduled Site Visit Review

SOW: Section 8.3 (Unscheduled Work)	When a condition exists wherein there is imminent danger of injury to the public or damage to property, Contractor shall contact County's Project Manager or his/her designee for approval before beginning the work, send a written estimate with attached incident report for approval within 24 hours, and submit an invoice to County's Project Manager within five (5) working days after completion of the work.	Scheduled Site Visit Review
SOW: Section 8.4 (Unscheduled Work)	Contractor shall commence all unscheduled work on the established specified date and proceed diligently to complete said work within the time allotted.	• Scheduled Site Visit Review

APPENDIX B

MENTAL HEALTH SERVICES ACT (MHSA)
DROP-IN CENTERS
FOR
TRANSITION-AGE YOUTH (TAY) AGES 16 - 25

PAYMENT SCHEDULE

1. TOTAL CONTRACT AMOUNT

i) For Service Area: X located at: _____

Fiscal Year (FY)	TAY Drop-In Services (CSS)
2017-18	$291,667
2018-19	$500,000

ii) For Service Area: X located at: _____(*use if applicable*)

Fiscal Year (FY)	TAY Drop-In Services (CSS)
2017-18	$291,667
2018-19	$500,000

2. PAYMENT SCHEDULE

The purpose of these funds are to be utilized for extended hours for TAY Drop-In Centers that are already providing Drop-In Center services during regular business hours. Drop-In Centers will continue to utilize their own funding to provide regular business hours for their TAY Drop-In Center. This Agreement is only for extended hours of operation for Drop-In Centers, as described in the Appendix A (Statement of Work (SOW)).

For the Drop-In Center services described in Appendix A (SOW), DMH shall pay to Contractor an annual total not to exceed $500,000 per FY for each Service Area (SA) (if applicable) for services rendered during FY 2018-19. For FY 2017-18 the total annual amount shall be pro-rated to not exceed $291,667 for each SA (if applicable).

Payment to Contractor shall be based on original invoices, submitted monthly in arrears by Contractor. Monthly invoices shall include separate details for operational and other program costs respectively. No payment shall be made for Drop-In Center services delivered beyond those services and supports indicated in Appendix A (SOW) and which can be substantiated with supporting documentation. Reimbursement for Drop-In Center services shall be based on the following Fee Schedules. Amounts that exceed the Yearly Maximum Invoice Amount will only be considered after discussion and approval from the County Project Manager **prior** to the expenses

being incurred. The DMH designated TAY staff will review the invoices and supporting documentation to ensure that the Drop-In Center services and supports rendered are in substantial compliance with the requirements described in Appendix A (SOW). These attachments and invoices are pertinent to only your Drop-In Center.

3. FEE SCHEDULE

DROP-IN CENTERS FOR TAY FEE SCHEDULE (CSS)		
CATEGORY	**ANNUAL MAXIMUM INVOICE AMOUNT FY 2017-18**	**ANNUAL MAXIMUM INVOICE AMOUNT FY 2018-19**
Direct Staffing: • The center shall provide a minimum of 3 staff to provide Drop-In Center services during extended hours • Benefits • Training costs for new staff • Supplies	**$206,666**	**$260,000**
Supports for Youth: • Nutritional meals, healthy snacks • Access to transportation (e.g. bus tokens, Metro TAP Cards) • Hygiene products • Group supplies (e.g. therapeutic manuals, art supplies, computer software) • Recreational Supplies (e.g. playing cards, board games, Dominoes, wifi access, DVD movies) • Small appliance/equipment (justification report must be submitted) • Outreach and engagement supplies • Furniture repair/replacement (justification report must be submitted) • Clothes • Blankets (agency purchase) • DMV CDL/ID Vouchers • Birth Certificates • Food Gift Card – up to $25 per person (one time use per client) • School Supplies – up to $50 per client (one time use per client) • [1]Motels/Hotels, $50-$100 per night (pre-approval required for stays over 5 nights) • Client Incentives – gift cards up to $25 (phone, food,	**$45,417**	**$65,000**

[1] TAY who do not qualify for any other program and have no benefits.

Amazon, iTunes, etc.)		
Operational Costs: • Utilities • Insurance • Housekeeping/janitorial • Administrative Support • Repair (incident report must be submitted) • Security guard(s)	**$31,250**	**$75,000**
One (1) Full Time Equivalent (FTE) Peer Support Specialist: • Serve as a bridge between providers and consumers to coordinate client care • Provide advocacy to access services to medical, mental health, economic, and legal • Teach basic life skills, coping skills and self-help strategies **One (1) FTE Employment Specialist:** • Helps clients with career development including job search • Assist TAY with resume preparation, interview coaching, and support throughout the employment process	**$8,334**	**$100,000**
Start-Up/One-Time Costs (during first year of initial Agreement): (These costs are to accommodate the extended hours of operation). • Building Upgrades • Equipment Costs • This funding will not be utilized to purchase vehicle for program hours	**$0**	**$0**
ANNUAL GRAND TOTAL	**$291,667**	**$500,000**

4. <u>PAYMENT PROCEDURES</u>

Contractor shall submit monthly invoices **(Drop-In Center Services Cost Invoice**) Attachment I for actual cost incurred for services provided under the SOW. Contractor shall also submit monthly staff roster and monthly reported extended hours - Attachment II, 4 pages. The monthly Invoice and Attachment II to Appendix B (Payment Schedule) is due 60 days from the last day of service. ***If invoice is not received within 60 days from last day of service, payment will be forfeited.*** Contractor shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Invoices shall be specific as to the type of services being provided. All purchases made with MHSA funding require attached copies of receipts with the invoice.

Upon receipt and approval of original invoices from Contractor, DMH shall make payment to

Contractor within forty-five (45) days of the date the invoice was approved for payment. If any portion of the invoice is disputed by DMH, DMH shall reimburse Contractor for the undisputed services contained in the invoice and work diligently with _____ to resolve the disputed portion of the claim in a timely manner.

Under Operational Costs and Repair costs, a proposal/quote must be submitted to County Project Manager to obtain approval **prior** to the expenses being incurred.

DMH shall make reimbursements payable to Contractor. DMH shall send payments to:

Name of Agency
Address of Agency
City, State Zip

5. DESIGNATED DMH CONTACT PERSON

All questions and correspondence should be directed to:

Mary Romero, LCSW, County Project Manager for TAY Division at:
County of Los Angeles – Department of Mental Health
550 S. Vermont Avenue, 4th Floor
Los Angeles, CA 90020
(213) 738-4644

Invoices should be directed to:

DMH Provider Reimbursement Section:
County of Los Angeles – Department of Mental Health
550 S. Vermont Avenue, 8th Floor
Los Angeles, CA 90020

6. FUNDING PROVISIONS

The MHSA-CSS funding available through this Agreement is intended to be utilized solely for the Drop-In Center's extended hours of operation (minimum of 18 hours on the weekdays, Monday – Friday and a minimum of 12 hours on weekend-days, Saturday – Sunday). The Drop-In Centers shall utilize this funding to provide services outlined in Appendix A (SOW) for each FY. Ongoing funding for this program is contingent upon on the availability of the funding from the State as well as continued approval of MHSA-CSS claims submitted by the County on behalf of the Contractor. All costs must be related to the provision of Drop-In Center services during the extended hours of the Drop-In Center. Funding may not be used for planning.

County of Los Angeles - Department of Mental Health
Drop-In Center Services Cost Invoice
Fiscal Year:

Send To (Original):
County of Los Angeles - Department of Mental Health
Attn: Provider Reimbursement Section
550 S. Vermont Ave, 8th Floor
Los Angeles, CA 90020

Legal Entity / Provider Name: _____

Service Area: _____

DMH Contract No. _____

DMH Vendor Number: _____

Program: Drop-In Centers for Transition-Age Youth (TAY)

Funding Source: MHSA – CSS
Month/Year of Service: _____

DESCRIPTION	AMOUNT
DESCRIPTION OF COSTS FOR EXTENDED DAYS AND HOURS:	
1. Start-Up/One-Time Costs (during first year of Initial Agreement): **(These costs are to accommodate the extended hours of operation).** • Building Upgrades • Equipment Costs **2. Direct Staffing (Salary):** • The center shall provide a minimum of 3 staff to provide Drop-In Center services during extended hours • Benefits • Training costs for new staff • Supplies **3. Supports for Youth:** • Nutritional meals, healthy snacks • Access to transportation (e.g. bus tokens, Metro TAP Cards) • Hygiene products • Group supplies (e.g. therapeutic manuals, art supplies, computer software) • Recreational Supplies (e.g. playing cards, board games, Dominoes, WiFi access, DVD movies) • Small appliance/equipment (justification report must be submitted) • Outreach and engagement supplies • Furniture repair/replacement (justification report must be submitted) • Clothes • Blankets (agency purchase)	

- DMV CDL/ID Vouchers
- Birth Certificates
- Food Gift Card – up to $25 per person (one time use per client)
- School Supplies – up to $50 per client (one time use per client)
- Motels/Hotels, $50-$100 per night (pre-approval required for stays over 5 nights)
- Client Incentives – gift cards up to $25 (phone, food, Amazon, iTunes, etc.)

4. Support Staff – Center shall provide a minimum of 2 staff to provide Drop-In Center services during extended hours, as follows:

- **One (1) FTE Peer Support Specialist**
  - Benefits
  - Training costs for new staff
  - Supplies
- **One (1) FTE Employment Specialist**
  - Benefits
  - Training Costs for new staff
  - Supplies

5. Operational Costs

- Utilities
- Insurance
- Housekeeping/janitorial
- Administrative Support
- Repair (incident report must be submitted)
- Security guard(s)

I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under MHSA TAY Drop-In Center Services and is true and correct to the best of my knowledge. These services and costs are Solely for Extended Days and Hours of Operation including weekdays, Saturdays and/or Sundays. All supporting documentation will be maintained in a separate file for the period specified under the provisions of the Consultant agreement.	**TOTAL**	$ -

Signature: _____ Date: _____

Print Name: _____

Title: _____ Phone: _____

LAC-DMH Program Approval

Approved by (signature)_____ Date: _____

Print Name: _____ Title: _____

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH DIVISION
Drop-In Center Extended Hours
This form is to be included with each invoice.

Legal Entity/Provider Name: _____

DMH Contract Number: _____

Month/Year of Service: _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 1	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 1	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 2	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 2	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 3	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 3	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 4	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 4	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

Total Number of Regular Hours of Operation (Non-MHSA Funded): 0
Total Numbers of Extended Hours of Operation (MHSA Funded): 0

I hereby certifiy that all information contained above are the hours of operation (normal and extended) provided and is tru and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Please complete, print, sign, and submit with invoice.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) SYSTEM OF CARE BUREAU
TAY Drop-In Center Total Contract Amounts (TCA) for Fiscal Year 2017-18

ITEM NO.	AGENCY NAME / HEADQUARTERS	SERVICE AREA(S)	SUPERVISORIAL DISTRICT	SERVICE AREA ADDRESS	Current FY 2017-18 TCA	Additional CSS Funding	New FY 2017-18 TCA
1	Penny Lane Centers 15305 Rayen St. North Hills, CA 91434	1	5	43520 Division Street Lancaster, CA 93535	$250,000	$41,667	**$291,667**
		7	1	5628 East Slauson Ave. Commerce, CA 90040	$250,000	$41,667	**$291,667**
2	The Village Family Services 6736 Laurel Canyon Blvd. #200 North Hollywood, CA 91606	2	3	6801 Coldwater Canyon Blvd. North Hollywood, CA 91606	$250,000	$41,667	**$291,667**
3	Pacific Clinics 800 S. Santa Anita Ave. Arcadia, CA 91006	3	1	13001 Ramona Blvd. Ste. I Irwindale, CA 91706	$250,000	$41,667	**$291,667**
4	Los Angeles LGBT Center 1625 N. Schrader Blvd. Los Angeles, CA 90028	4	3	1220 N. Highland Ave. Los Angeles, CA 90038	$250,000	$41,667	**$291,667**
5	Step Up on Second Street, Inc 1328 2nd Street, Santa Monica, CA 90401	5	3	1619 Santa Monica Blvd. Santa Monica, CA 90404	$250,000	$41,667	**$291,667**
6	Good Seed Church of God in Christ, Inc. 6568 5th Ave. Los Angeles, CA 90043	6	2	2814 W. Martin Luther King Jr. Los Angeles, CA 90008	$250,000	$41,667	**$291,667**
		8	4	1230 Pine Avenue Long Beach, CA 90813	$250,000	$41,667	**$291,667**
TOTAL					**$2,000,000**	**$333,336**	**$2,333,336**

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) SYSTEM OF CARE BUREAU
TAY Drop-In Center Total Contract Amounts (TCA) for Fiscal Year 2018-19

ITEM NO.	AGENCY NAME / HEADQUARTERS	SERVICE AREA(S)	SUPERVISORIAL DISTRICT	SERVICE AREA ADDRESS	Current FY 2018-19 TCA	Additional CSS Funding	New FY 2018-19 TCA
1	Penny Lane Centers 15305 Rayen St. North Hills, CA 91434	1	5	43520 Division Street Lancaster, CA 93535	$250,000	$250,000	**$500,000**
		7	1	5628 East Slauson Ave. Commerce, CA 90040	$250,000	$250,000	**$500,000**
2	The Village Family Services 6736 Laurel Canyon Blvd. #200 North Hollywood, CA 91606	2	3	6801 Coldwater Canyon Blvd. North Hollywood, CA 91606	$250,000	$250,000	**$500,000**
3	Pacific Clinics 800 S. Santa Anita Ave. Arcadia, CA 91006	3	1	13001 Ramona Blvd. Irwindale, CA 91706	$250,000	$250,000	**$500,000**
4	Los Angeles LGBT Center 1625 N. Schrader Blvd. Los Angeles, CA 90028	4	3	1220 N. Highland Ave. Los Angeles, CA 90038	$250,000	$250,000	**$500,000**
5	Step Up on Second Street, Inc 1328 2nd Street, Santa Monica, CA 90401	5	3	1619 Santa Monica Blvd. Santa Monica, CA 90404	$0	$500,000	**$500,000**
6	Good Seed Church of God in Christ, Inc. 6568 5th Ave. Los Angeles, CA 90043	6	2	2814 W. Martin Luther King Jr. Los Angeles, CA 90008	$250,000	$250,000	**$500,000**
		8	4	1230 Pine Avenue Long Beach, CA 90813	$250,000	$250,000	**$500,000**
TOTAL					**$1,750,000**	**$2,250,000**	**$4,000,000**

Attachment III

CONTRACT NO. MH_____

AMENDMENT NO. _____

THIS AMENDMENT is made and entered into this ___ day of _____, 2018, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Step Up on Second Street (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated _____, identified as County Agreement No. MH_____, and as subsequently amended (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Years (FYs) 2017-18 and 2018-19, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, on May 8, 2018, the Board of Supervisors delegated authority to the Director of Mental Health to execute amendments the Agreement to extend the term, increase the Total Contract Amount (TCA) and add or reduce programs or services; and

WHEREAS, Agreement provides that changes in accordance with Paragraph 42 (Alteration of Terms), Amendments may be made in the form of an Amendment which is formally approved and executed by the parties; and

WHEREAS, County and Contractor intend to amend Agreement to extend the Term effective July 1, 2018 through June 30, 2019, to continue providing Drop-In Center services for Transition Age Youth (TAY); and

WHEREAS, for FY 2017-18 only, County and Contractor intend to amend Agreement to increase Mental Health Services Act (MHSA) Community Services and Support (CSS) Funded Program funds for the provision of temporary safety and basic

supports as well as outreach and engagement to homeless or at risk of homelessness and difficult-to-reach Seriously Emotionally Disturbed and Severely and Persistently Mentally Ill TAY at Drop-In Center Programs; and

WHEREAS, for FY 2018-19 only, County and Contractor intend to amend Agreement to add MHSA CSS Funded Program funds for the provision of temporary safety and basic supports as well as outreach and engagement to homeless or at risk of homelessness and difficult-to-reach Seriously Emotionally Disturbed and Severely and Persistently Mentally Ill TAY at Drop-In Center Programs; and

WHEREAS, for FYs 2017-18 and 2018-19, County and Contractor intend to amend Agreement to change Service Exhibit A (Statement of Work (SOW)), and Service Exhibit B (Payment Schedule), effective May 8, 2018; and

WHEREAS, for FY 2017-18 only, as a result of the above changes in funded programs, there will be an increase to the TCA and the revised TCA will be $291,667; and

WHEREAS, Contractor warrants that it possesses the competence, expertise and personnel necessary to provide services consistent with the requirements of this Agreement and consistent with the professional standard of care for these services.

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. The Agreement Term is extended effective July 1, 2018 through June 30, 2019, to continue providing Drop-In Center services for TAY.
2. For FY 2017-18 only, MHSA CSS Funded Program funds are increased by $41,667, from $250,000 to $291,667.
3. For FY 2017-18 only, the TCA is increased to $291,667.

4. For FY 2018-19 only, MHSA CSS Funded Program funds are added in the amount of $500,000, for a net increase to the TCA of $500,000.

5. For FY 2018-19 only, the TCA shall be $500,000.

6. Agreement, Paragraph 5 (Compensation) is deleted in its entirety and replaced as follows:

"A. In consideration of the performance by Contractor in a manner satisfactory to County of the services described in Appendix A (Statement of Work (SOW)), Contractor shall be paid in accordance with the Payment Schedule established in Appendix B.

In no event shall Contractor be reimbursed under this Agreement for any services provided to any client whose approved referral to Contractor hereunder has been cancelled by the Director. In such circumstance, County shall not reimburse Contractor hereunder for the particular client after the date Director cancels the client's approved referral.

Contractor shall submit Drop-In Center Services Cost Invoice (Attachment I to Appendix B) to County which shall include as supporting documentation, Attachment II to Appendix B form monthly.

B. Budget Reductions: In the event that the County's Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions in County contracts, the County reserves the right to reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent fiscal year during the term of this Agreement (including any extensions), and the services to be provided by the Contractor under this Agreement shall also be reduced correspondingly.

The County's notice to the Contractor regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action. Except as set forth in the preceding sentence, the Contractor shall continue to provide all of the services set forth in this Agreement.

C. No Payment for Services Provided Following Expiration/Termination of Contract: Contractor shall have no claim against County for payment of any money or reimbursement, or any kind whatsoever, for any services provided by Contractor after the expiration or other termination of this Contract. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Contract shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Contract."

7. Paragraph 77 (Background and Security Investigations) is added to the Agreement as follows:

"77.1 Each of Contractor's staff performing services under this Contract, who is in a designated sensitive position, as determined by County in County's sole discretion, shall undergo and pass a background investigation to the satisfaction of County as a condition of beginning and continuing to perform services under this Contract. Such background investigation must be obtained through fingerprints/live scan submitted to the California Department of Justice to include State, local, and federal-level review, which

may include, but shall not be limited to, criminal conviction information. The fees associated with the background investigation shall be at the expense of the Contractor, regardless of whether the member of Contractor's staff passes or fails the background investigation.

If a member of Contractor's staff does not pass the background investigation, County may request that the member of Contractor's staff be removed immediately from performing services under the Contract. Contractor shall comply with County's request at any time during the term of the Contract. County will not provide to Contractor or to Contractor's staff any information obtained through the County's background investigation.

77.2 County, in its sole discretion, may immediately deny or terminate facility access to any member of Contractor's staff that does not pass such investigation to the satisfaction of the County or whose background or conduct is incompatible with County facility access.

77.3 Disqualification of any member of Contractor's staff pursuant to this Paragraph 77 shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract."

8. Exhibit A (SOW) shall be replaced with Appendix A (SOW) - __, attached hereto and incorporated herein by reference. All references in the Agreement to Exhibit A (SOW) shall be deemed amended to state "Appendix A (SOW) - __".

9. Any inadvertent future reference to Exhibit A shall be deemed a reference to Appendix A (SOW). Wherever the name "Exhibit A" appears in Agreement, the parties agree that the name "Appendix A (SOW)" shall be substituted therefore.

10. Exhibit B (Payment Schedule) – x shall be replaced with Appendix B (Payment Schedule) - __, attached hereto and incorporated herein by reference. All references in the Agreement to Exhibit B (Payment Schedule) – x shall be deemed amended to refer to “Appendix B (Payment Schedule) - __”.

11. Any inadvertent future reference to Exhibit B shall be deemed a reference to Appendix B (Payment Schedule). Wherever the name “Exhibit B” appears in Agreement, the parties agree that the name “Appendix B (Payment Schedule)” shall be substituted therefore.

12. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By_____
JONATHAN E. SHERIN, M.D., Ph.D.
Director of Mental Health

_____
CONTRACTOR

By_____

Name _____

Title_____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

JN -Drop-In Centers Amendment # - Increase MHSA CSS and Add MHSA PEI

APPENDIX A

STATEMENT OF WORK

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1.0 SCOPE OF WORK

Drop-In Centers are intended as entry points to the mental health system for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) Transition-Age Youth (TAY), ages 16-25, who are living on the street or in unstable living situations. Drop-In Centers provide "low-demand, high-tolerance", environments in which youth can find temporary safety and basic supports e.g. (showers, meals, clothing, referrals, vouchers, etc.). TAY accessing Drop-In Centers have an opportunity to build trusting relationships with staff persons who can, as the youth is ready and willing, connect them to the services and supports they need in order to work toward stability/recovery. Drop-In Centers have a strong emphasis on outreach and engagement too difficult to reach TAY who would otherwise remain unserved, as well as, a strong emphasis on linkage of TAY to a range of resources that promote stability and self-sufficiency.

2.0 SPECIFIC WORK REQUIREMENTS

2.1 Contractor shall provide a Drop-In Center that shall have, at a minimum, the following provisions:

2.1.1 A safe, welcoming and pleasant environment;

2.1.2 A facility where these services are being provided must meet applicable licensing and community standards and/or zoning requirements;

2.1.3 Extended hours for Drop-In Center services. For the purposes of this Agreement and Statement of Work, "***extended hours***" shall mean hours of Drop-In Center services that are in addition to, not in lieu of, Contractor's normal business hours. For the purpose of this Agreement and Statement of Work, "normal business hours" ***must at a minimum equal twenty (20) hours per five (5) day work week (Monday through Friday)***. Extended hours of access and operation should total at a **minimum** of eighteen (18) hours Monday through Friday and a **minimum** of twelve (12) hours Saturday through Sunday. **(*Any deviation from the required extended hours must be requested and explained in writing and will require written approval of the County Project Manager or his/her designee*)**;

2.1.4 A ***minimum*** of five (5) staff in total are required during extended hours which shall include professionals, paraprofessionals, counselors, mental health workers, peer counselors, and volunteers.

2.1.4.1 One (1) FTE Peer Support Specialist is required during extended hours to provide outreach and engagement, assist with accessing services to medical, mental health, economic, legal; in addition, teach basic life skills, coping skills and self-help strategies.

2.1.4.2 One (1) FTE Employment Specialist is required during extended

hours to assist TAY with career development, job search, resume preparation, interview coaching, and support throughout the employment process.

2.1.5 The availability of one (1) clinical staff to respond to clinical urgencies, either on premises or on-call, during all hours of extended operation;

2.1.6 Services and supports provided directly or through linkage shall be utilized, when appropriate, to ensure that youth risk factors are addressed and protective factors strengthened. These services and supports are to include, but are not limited to, basic support services, mental health screenings, counseling, and clinical interventions; community linkages including, but not limited to, accessing physical health care, education, employment (job readiness training), peer supports, counseling centers, substance abuse services, cultural/ethnic and faith-based resources, mentoring and leadership programs;

2.1.7 Services and supports provided in ways that are culturally and linguistically competent and appropriate shall be provided to TAY. Contractor shall maintain staff that are culturally and linguistically competent to serve TAY in direct percentage to the number of TAY accessing services;

2.1.8 A range of basic support services which ***must*** include, but are not limited to, nutritional meals, healthy snacks, clothing, showers, and resources on employment, education, housing, legal services, transportation, and health;

2.1.9 Outreach and engagement services to a minimum of five (5) non-branded mental health settings each month.

2.1.10 All goods and services provided at no cost to clients;

2.1.11 Outcomes that are consistent with those outlined in the Client Supportive Services (CSS) Plan and are reported regularly for individuals participating in Drop-In Center; and,

2.1.12 Collaborate with DMH TAY Navigation team to ensure that TAY are being linked to the appropriate level of care and ongoing services to meet their specific needs.

2.1.13 Contractor shall complete and submit the following items to the County Project Manager:

1. Attachment I (Monthly Staff Roster)
2. Attachment II (Monthly Program Information and Demographics)
3. Attachment III (Monthly Attendance Names)
4. Attachment IV (Peer Advocate Tracking Log)
5. Attachment V (Employment Specialist Tracking Log)

2.2 DESIRED RESULTS/OUTCOMES

2.2.1 100% of participating youth will receive basic support services, including but not limited to, showers, meals, clothing, transportation, life-skills groups, etc. A minimum of 400 unduplicated youth will receive basic support services per fiscal year.

2.2.2 100% of participating youth who reported mental health symptoms will be referred for mental health assessment and/or appropriate level of care, and at least 50% of participating youth who reported mental health symptoms will be linked for mental health assessment and/or appropriate level of care.

2.2.3 100% of participating youth who reported using substances will be referred to substance abuse services in order to reduce their alcohol, substance use, and/or risky-behavior, and at least 50% of participating youth who reported using substances will be linked to substance abuse services in order to reduce their alcohol, substance use, and/or risky-behavior.

2.2.4 100% of participating youth who reported being homeless/at-risk of homeless will be referred to permanent, stable, and/or transitional housing, and at least 75% of participating youth who reported being homeless/at-risk of homeless will be linked to permanent, stable, and/or transitional housing.

2.2.5 100% of participating youth who reported being unemployed will be referred to employment services (GAIN, GROW, job readiness training, mock interview, clothing, etc.), and at least 40% of participating youth who reported being unemployed will be linked to employment services (GAIN, GROW, job readiness training, mock interview, clothing, etc.), with the ultimate goal of securing employment for at least 25% of youth participating in employment services.

2.2.6 100% of participating youth who reported homeless/at-risk of homeless will be linked to government benefits programs (SSI/SSDI, Cal-Fresh, Cash Assistance Program for Immigrants (CAPI), CalWORKs, General Relief (GR), etc.).

2.2.7 100% of participating youth who reported being homeless/at-risk of homeless will be referred to peer supports and community resources (peer support specialist to provide, but not limited to: outreach and engagement, advocacy peer support, mentoring, leadership programs, strengthen of interpersonal skills, improve communication skills and self-confidence), and at least 50% of participating youth who reported being homeless/at-risk of homeless will be linked to peer supports and community resources (peer support specialist to provide, but not limited to: outreach and

engagement, advocacy peer support, mentoring, leadership programs, strengthen of interpersonal skills, improve communication skills and self-confidence).

2.2.8 100% of participating youth who reported peer relationship issues will be referred to peer advocacy services, and at least 50% of participating youth who reported peer relationship issues will be linked to peer advocacy services.

3.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

3.1 Any deviation from this Agreement would require written notification from provider and shall be subject to written prior approval of DMH Director or his designee.

3.2 All changes must be made in accordance with Paragraph 42 (Alteration of Terms) of the Contract.

4.0 QUALITY CONTROL

The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the County Project Manager or his/her designee for review. The plan shall include, but may not be limited to, the following:

4.1 Method of monitoring to ensure that Contract requirements are being met; and

4.2 A record of all inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

5.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined in this Contract, Paragraph 10 (County's Quality Assurance Plan).

5.1 Quarterly Monitoring Site Visits

Contractor is required to be present for quarterly monitored site visits.

5.2 Contract Discrepancy Report (Attachment VI of Appendix A (Statement of Work))

Verbal notification of a Contract discrepancy will be made to the Contractor Project Monitor designee as soon as possible whenever a Contract discrepancy is identified.

The County Project Monitor will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to the County Project Monitor within ten (10) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to the County Project Monitor within ten (10) workdays.

Contractor will further be required to correct the deficiency within 30 calendar days following service of the notice of deficiency, unless the County Project Monitor determines that the deficiency cannot be completely corrected within 30 calendar days. If the date of correcting the deficiency is more than 30 calendar days following the service of the notice of deficiency, Contractor will work with the County Project Monitor to develop a plan that identifies corrective action beginning and completion dates. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor.

5.3 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

6.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

<u>COUNTY</u>

6.1 Personnel

The County will administer the Contract according to the Contract, Paragraph 2, (Administration). Specific duties will include:

6.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.

6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.

6.1.3 Preparing Amendments in accordance with the Contract, Paragraph 42 (Alteration of Terms).

CONTRACTOR

6.2 Project Manager

6.2.1 Contractor shall provide a full-time Project Manager or designated alternate. Contractor's Project Manager shall act as a central point of contact with the County. County must have access to Contractor's Project Manager during all hours. Contractor shall provide a telephone number where the Contractor's Project Manager may be reached on a twenty-four (24) hour per day basis.

6.2.2 Contractor's Project Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Contractor's Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

6.3 Personnel/Staffing

6.3.1 Contractor shall assign a sufficient number of employees to perform the required work, as set forth in Sections 2.1.4 and 2.1.5.

6.3.2 Contractor shall be required to background check their employees as set forth in Paragraph 72 (Background and Security Investigations) of the Contract.

6.4 Training

6.4.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees.

6.5 Contractor's Office

Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls. **The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.**

6.6 Emergency Medical Treatment

Clients who are provided services hereunder and who require emergency medical care for physical illness or accident shall be transported to an appropriate medical facility. The cost of such transportation as well as the cost of any emergency medical care ***shall not*** be a charge to nor reimbursable under this Agreement. Contractor shall establish and post written procedures describing appropriate action

to be taken in the event of a medical emergency. Contractor shall notify County Project Manager, or his/her designee, within 48 hours concerning the circumstances and status of any client under this Agreement receiving emergency medical treatment.

6.7 Disaster and Mass Casualty Plan

Contractor shall also post and maintain a Disaster and Mass Casualty Plan of Action in accordance with the California Code of Regulations (CCR) Title 22, Section 80023. Such plan and procedures shall be submitted to DMH's Contracts Development and Administration Division at least ten days prior to the commencement of services under this Agreement**.**

6.8 Notification of Death

Contractor shall ***immediately*** notify County Project Manager, or his/her designee, upon becoming aware of the death of any client provided services hereunder. Notice shall be made by Contractor immediately by telephone and in writing (summary format, not emailed) upon learning of such a death. The verbal and written notice shall include the name of the deceased, the deceased's DMH Integrated System (IS) identification number, the date of death, a summary of the circumstances thereof, and the name(s) of all Contractor staff with knowledge of the circumstances. Finally, notification shall be followed by submitting a written special incident report ***within 48 hours*** of the incident (DMH Policy No. 303.05). Special incidents include, but are not limited to:

a. Death – Unknown Cause;
b. Death – Suspected or Known Cause Other Than Suicide;
c. Death – Suspected or Known Suicide;
d. Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment (EMT);
e. Client Self-Injury Requiring EMT (Not Suicide Attempt);
f. Client Injured Another Person Who required EMT;
g. Suspected or Alleged Homicide by Client;
h. Medication Error;
i. Suspected or Alleged Inappropriate Interpersonal Relationship with Client by Staff;
j. Threat of Legal Action;
k. Client Assault by another Client Requiring EMT;
l. Adverse Drug Reaction Requiring EMT;
m. Alleged Assault by Staff Member to Client; or
n. Inaccurate or Absent Laboratory Data Resulting in a Client Requiring EMT.

7.0 HOURS/DAY OF WORK

Contractor shall provide extended hours for Drop-In Center services. For the purposes of this Agreement and Statement of Work, "***extended hours***" shall mean hours of Drop-In Center services that are in addition to, not in lieu of, Contractor's normal business hours. For the purpose of this Agreement and Statement of Work, "normal business

hours" ***must equal twenty (20) hours per five (5) day work week (Monday - Friday)***. Extended hours of access and operation should total at a **minimum** of eighteen (18) hours Monday through Friday and a **minimum** of twelve (12) hours Saturday through Sunday. (***Any deviation from the required extended hours must be requested and explained in writing and will require written approval of the County Project Manager or his/her designee.***)

Contractor shall not be required to provide services during the following County recognized holidays: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, Cesar Chavez Day, Memorial Day, Independence Day, Labor Day, Veterans' Day, Thanksgiving Day, day after Thanksgiving, and Christmas Day.

8.0 UNSCHEDULED WORK

8.1 The County Project Manager, or his/her designee, may authorize the Contractor to perform unscheduled work, including, but not limited to, repairs and replacements when the need for such work arises out of extraordinary incidents such as vandalism.

8.2 Prior to performing any unscheduled work, the Contractor shall prepare and submit a written description of the work with an estimate of labor and materials. If the unscheduled work exceeds the Contractor's estimate, the County Project Manager or his/her designee must approve the excess cost. In any case, no unscheduled work shall commence without written authorization.

8.3 When a condition exists wherein there is imminent danger of injury to the public or damage to property, Contractor shall contact County's Project Manager or his/her designee for approval before beginning the work. A written estimate with attached incident report shall be sent within twenty-four (24) hours for approval. Contractor shall submit an invoice to County's Project Manager within five (5) working days after completion of the work.

8.4 All unscheduled work shall commence on the established specified date. Contractor shall proceed diligently to complete said work within the time allotted.

9.0 GREEN INITIATIVES

9.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

9.2 Contractor shall notify County's Project Manager or his/her designee of Contractor's new green initiatives prior to the contract commencement.

10.0 PERFORMANCE REQUIREMENT SUMMARY

Contractor's performance will be monitored by County at least once annually during the term of this Contract according to Attachment VII (Performance Requirements Summary (PRS) Chart) of Appendix A (Statement of Work).

All listings of services used in the PRS are intended to be completely consistent with the Contract and the Statement of Work, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and the Statement of Work. In any case of apparent inconsistency between services as stated in the Contract and the Statement of Work and this PRS, the meaning apparent in the Contract and the Statement of Work will prevail. If any service seems to be created in this PRS which is not clearly and forthrightly set forth in the Contract and the Statement of Work, that apparent service will be null and void and place no requirement on Contractor.

Drop-In Center Extended Hours
Monthly Staff Roster

Legal Entity/Provider Name:

DMH Contract Number:

Month/Year of Service:

Please provide name of staff that worked during the extended hours for the month.

Name	Staff	Volunteer	Ethnicity	Linguistic Capabilities	(NON-MHSA) Regular Worked Hours	Extended Hours (MHSA)
			.			

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
MHSA - TAY DROP IN CENTERS
MONTHLY PROGRAM INFORMATION

MONTHLY PROGRAM INFORMATION

Center Name: _____ **Reporting Month:** _____ **Reporting Year:** _____

	Number of clients served for the first time this fiscal year	Number of client visits	Number of new registrants	Male	Female	Transgender Male to Female	Transgender Female to Male	Other	Homeless	At Risk of Being Homeless	Client Ages			History of:	
											16-17	18-21	22-25	DCFS	Juv Justice/ Probation
Extended Hours*															
Regular Hours															

Client Ethnicity	Total Number
African American	
White	
Latino	
Asian/ Pacific Islander	
Native American	
Other/Multiracial	

Languages spoken by clients (Check all that apply)			Languages spoken by staff (Check all that apply)		
☐ Arabic	☐ Korean	☐ Spanish	☐ Arabic	☐ Korean	☐ Tagalong
☐ Armenian	☐ Lao	☐ Swahili	☐ Armenian	☐ Lao	☐ Swahili
☐ Cambodian	☐ Pakistani	☐ Tagalong	☐ Cambodian	☐ Pakistani	☐ Spanish
☐ Chinese	☐ Russian	☐ Taiwanese	☐ Chinese	☐ Russian	☐ Taiwanese
☐ Farsi	☐ Samoan	☐ Vietnamese	☐ Farsi	☐ Samoan	☐ Vietnamese
☐ Hmong	☐ English	☐ Other	☐ Hmong	☐ English	☐ Other

Service Provided	# Served	
	Extended Hours	Regular Hours
Breakfast		
Lunch		
Dinner		
Laundry		
Shower		
Clothing		
Linked to Mental Health Services		
Linked to Substance/ COD Services		
GED Assistance		
Employment Assistance		
Housing Assistance		
Referred to Medical Care		
SSI/GR		

List of Classes/Groups Provided " P" / "S"	# of Clients Served	
	Extended Hours	Regular Hours
Street Smart HIV Prevention		
Crystal Meth Prevention Drop-In Group		
Job Development Workshops		
Daily Engagement		
SPARCS - Trauma Group		
Microsoft Certificate Program		

Partnerships/Collaborations Developed

Agency Name	*Type of Service*	*Outcome of Outreach and Engagement*

Comments **(Please specify your extended hours, any special events, activities held for TAY)**

New Client Registration Data - Demographics

Total Clients:	

Average Age:	

Gender	Total	%
Male		
Female		
Affirmed Female (MTF Transgender)		
Affirmed Male (FTM Transgender)		
Other		
Total		100%

Ethnicity	Total	%
Latino (a) or Hispanic		
Non-Latino or Non-Hispanic		
Total		100%

Race	Total	%
American Indian/Alaskan Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White		
Mixed or Multiracial		
Other		
Total		100%

Current Area of Occupancy	Total	%
Central Los Angeles		
East Los Angeles		
San Fernando Valley		
San Gabriel Valley		
South Bay		
South Los Angeles		
West Los Angeles		
Out of County		
Total		100%

Where are you from?	Total	%
Southern California		
Central California		
Northern California		
Out of State		
Total		100%

Age left "home"	Total	%
Under 10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
Never		
Total		100%

City of Residence	Total	%
Los Angeles		
West Hollywood		

Homeless Statistics		Total	%
How many times in the last 3 years have you been homeless?			
	4 or more times		
	2 to 3 times		
	First time		
	Not homeless		
	Total		100%
How long have you been currently homeless?			
	1 year or more		
	3 months to 1 year		
	1 to 3 months		
	1 week to 1 month		
	Less than a week		
	Not homeless		
	Total		100%
What is the primary reason you left home?			
	Kicked out or disowned due to sexual orientation or gender identity		
	Voluntarily left to be independent		
	Asked to leave for financial reasons		
	Abuse or unsafe situation		
	Left or aged out of Foster Care		
	Not Homeless		
	Total		100%
What keeps you homeless or from stable housing?			
	Unemployed		
	My choice		
	Mental health		
	Drug and/or Alcohol use		
	Do not want to return to DCFS		
	Not homeless		
	Total		100%
Where are you currently staying or where have you been styaing for the past week?			
	Car, park, street, vacant building, etc.		
	Emergency shelter, transitional housing program, or group home		
	Friends house		
	Family home		
	Rental housing: my place / my lease		
	Hotel or motel		
	Jail, prison, or juvenile hall		
	Hospital, substance abouse treatment or psychiatric facility		
	Total		100%

Schooling Level	Total	%
10th or below		
11th		
Graduated High School		
GED		
Total		100%

Education	Total	%
High School Equivalent		
No GED or Diploma		
Total		100%

HUD Housing	Total	%
Stable		
At-Risk		
Homeless		
Total		100%

Client status	Total	%
New		100%
Returning	0	0%

Age	M	F	MTF	FTM	Other	Total	%
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25 and over							
Total							100%

Sexual Orientation	Total	%
Lesbian		
Gay		
Straight		
Bisexual		
Questioning		
Other		
Total		100%

DCFS or CPS	Total	%
Yes		
No		
Total		100%

Placments in DCFS or CPS	Total	%
1-2		
3-5		
6-10		
10+		
Open Case with No Placement		
Total		100%

Juvenile Justice Syst.	Total	%
Yes		
No		
Total		100%

Probation Camp	Total	%
Yes		
No		
Total		100%

Do you have children?	Total	%
Yes		
No		
Total		100%

Age Groups	Total	%
12 to 16		
17 to 21		
22 and Older		
Total		100%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH DIVISION
Drop-In Center Extended Hours
Monthly Attendance

Legal Entity/Provider Name:

DMH Contract Number:

Month/Year of Service:

Please list the consumer's name and date of each visit during extended hours ONLY for the reporting month. This can be based from your sign-in sheet

Date	Client Name	Age

County of Los Angeles - Department of Mental Health
Transition Age Youth (TAY)
Drop-In Center
Peer Advocate Tracking Log

PEER ADVOCATE NAME: _____

MONTH/YEAR: _____

Date	Name of Client	Type of Support/Service Provided/Outreach (e.g. provide advocacy, peer support, etc.)

County of Los Angeles - Department of Mental Health
Transition Age Youth (TAY)
Drop-in Center
Employment Specialist Tracking Log

EMPLOYMENT SPECIALIST NAME: _____

MONTH/YEAR: _____

#	Client Name	Client's Age	Client's DOB	Client's Gender	Client's Race/ Ethnicity	Dates of Service	Type of Support Provided to Client (e.g. coaching, counseling, resume writing, interview skills, job readiness, linkage to employment)	If Job Attained	
								Name of Employer	Date of Job Attainment

County of Los Angeles - Department of Mental Health
Transition Age Youth (TAY)
Drop-In Center
Employment Specialist Tracking Log

EMPLOYMENT SPECIALIST NAME: _____

MONTH/YEAR _____

Date	EMPLOYMENT STATUS: 3M, 6M, 9M, 12M, NO LONGER EMPLOYED					
	Name of Client	Months/Years Employed				Employment Status
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	
		1-3m	4-6m	7-9m	10-12m	

ATTACHMENT VI

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: **Prepared:** _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS: _____

_____

_____

_____ _____

Signature of County Representative Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY ACTIONS: _____

_____

_____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date _____

Contractor Representative's Signature and Date_____

SPECIFIC PERFORMANCE REFERENCE	SERVICE	MONITORING METHOD
Contract: Paragraph 2 (Administration), Sub-paragraph B	Contractor shall notify the County in writing of any change in name or address of the Contractor's Project Manager.	• Inspection and observation
Contract: Paragraph 11 (Record and Audits)	Contractor to maintain all required documents as specified in Paragraph 11.	• Contract Compliance Review
Contract: Paragraph 27 (Subcontracting)	Contractor shall obtain County's written approval prior to subcontracting any work.	• Contract Compliance Review
SOW: Section 2.1.1 (Specific Work Requirements)	Contractor shall provide a safe, welcoming and pleasant environment.	• Unannounced Site Visit Review
SOW: Section 2.1.2 (Specific Work Requirements)	Contractor shall provide a facility that meet applicable licensing and community standards and/or zoning requirements	• Unannounced Site Visit Review
SOW: Section 2.1.3 (Specific Work Requirements)	Contractor shall ensure that the Drop-In Center extended hours are in addition to, not in lieu of, Contractor's normal business hours. "Normal Business hours" ***must at a minimum equal twenty (20) hours per five (5) day work week (Monday through Friday)***. Extended hours of access and operation should total at a **minimum** of eighteen (18) hours Monday through Friday and a **minimum** of twelve (12) hours Saturday through Sunday.	• Attachment I (Monthly Staff Roster) Review • Contract Compliance Review • Unannounced Site Visit Review
SOW: Section 2.1.4 (Specific Work Requirements)	Contractor shall assign a ***minimum*** of five (5) staff in total that are required during extended hours which shall include professionals, paraprofessionals, counselors, mental health workers, peer counselors, and volunteers.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.4.1 (Specific Work Requirements)	Contractor shall assign one (1) FTE Peer Support Specialist during extended hours to provide outreach and engagement, assist with accessing services to medical, mental health, economic, legal; in addition, teach basic life skills, coping skills and self-help strategies.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.4.2 (Specific Work Requirements)	Contractor shall assign one (1) FTE Employment Specialist during extended hours to assist TAY with career development, job search, resume preparation, interview coaching, and support throughout the employment process.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.5 (Specific Work Requirements)	Contractor shall ensure the availability of one (1) clinical staff to respond to clinical urgencies, either on premises or on-call,	• Attachment I (Monthly Staff Roster) Review

	during all hours of extended operation.	
SOW: Section 2.1.6 (Specific Work Requirements)	Contractor shall provide services and supports provided directly or through linkage shall be utilized, when appropriate, to ensure that youth risk factors are addressed and protective factors strengthened. These services and supports are to include, but are not limited to, basic support services, mental health screenings, counseling, and clinical interventions; community linkages including, but not limited to, accessing physical health care, education, employment (job readiness training), peer supports, counseling centers, substance abuse services, cultural/ethnic and faith-based resources, mentoring and leadership programs.	• Unannounced Site Visit Review
SOW: Section 2.1.7 (Specific Work Requirements)	Contractor shall provide services and supports provided in ways that are culturally and linguistically competent and appropriate.	• Attachment I (Monthly Staff Roster) Review
SOW: Section 2.1.8 (Specific Work Requirements)	Contractor shall provide a range of basic support services which ***must*** include, but are not limited to, nutritional meals, healthy snacks, clothing, showers, and resources on employment, education, housing, legal services, transportation, and health.	• Unannounced Site Visit Review
SOW: Section 2.1.9 (Specific Work Requirements)	Contractor shall provide outreach and engagement services to a minimum of five (5) non-branded mental health settings each month.	• Attachment IV (Peer Advocate Tracking Log) Review
SOW: Section 2.1.11 (Specific Work Requirements)	Contractor shall meet outcomes outlined in the Client Supportive Services (CSS) Plan and are reported regularly for individuals participating Drop-In Center.	• Attachment II (Monthly Program Information) Review
SOW: Section 2.1.12 (Specific Work Requirements)	Contractor must collaborate with DMH TAY Navigation team to ensure that TAY are being linked to the appropriate level of care and ongoing services to meet their specific needs.	• Attachment II (Monthly Program Information) Review
SOW: Section 2.1.13 (Specific Work Requirements)	Contractor shall complete and submit the following items to the County Project Manager: 1. Attachment I (Monthly Staff Roster) 2. Attachment II (Monthly Program Information and Demographics) 3. Attachment III (Monthly Attendance Names) 4. Attachment IV (Peer Advocate Tracking Log) 5. Attachment V (Employment	Monthly Review of Submitted Forms

	Specialist Tracking Log)	
SOW: Section 2.3.1 (Specific Work Requirements)	A minimum of 400 unduplicated youth will receive basic support services per fiscal year.	• Attachment II (Monthly Program Information and Demographics) Review
SOW: Section 4.0 (Quality Control)	The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The plan shall include, but may not be limited to, the following: 1) Method of monitoring to ensure that Contract requirements are being met; and 2) A record of all inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.	• Contract Compliance Review
SOW: Section 6.2.1 (Responsibilities)	Contractor shall provide a full-time Project Manager or designated alternate. Project Manager shall act as a central point of contact with the County. County must have access to the Project Manager during all hours. Contractor shall provide a telephone number where the Project Manager may be reached on a twenty-four (24) hour per day basis.	• Contract Compliance Review • Unannounced Site Visit Review
SOW: Section 6.2.2 (Responsibilities)	Contractor shall ensure that Project Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.	• Contract Compliance Review
SOW: Section 6.4.1 (Responsibilities)	Contractor shall provide training for all their new employees and continuing in-service training for all employees.	• Contract Compliance Review
SOW: Section 6.5 (Responsibilities)	Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls. **The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.**	• Contract Compliance Review

SOW: Section 6.6 (Responsibilities)	Contractor shall provide pay for transportation as well as cost of emergency medical care for clients who require emergency medical care, establish and post written procedures describing appropriate action to be taken in the event of a medical emergency, and notify County Project Manager, or his/her designee, within 48 hours concerning the circumstances and status of any client under this Agreement receiving emergency medical treatment.	• Contract Compliance Review
SOW: Section 6.7 (Responsibilities)	Contractor shall post and maintain a Disaster and Mass Casualty Plan of Action in accordance with the California Code of Regulations (CCR) Title 22, Section 80023, and submit such plan to DMH's Contracts Development and Administration Division at least ten days prior to the commencement of services under this Agreement.	• Contract Compliance Review
SOW: Section 6.8 (Responsibilities)	Contractor shall ***immediately*** notify County Project Manager, or his/her designee, upon becoming aware of the death of any client provided services hereunder. Notice shall be made by Contractor immediately by telephone and in writing (summary format, not emailed) upon learning of such a death. The verbal and written notice shall include the name of the deceased, the deceased's DMH Integrated System (IS) identification number, the date of death, a summary of the circumstances thereof, and the name(s) of all Contractor staff with knowledge of the circumstances. Finally, notification shall be followed by submitting a written special incident report ***within 48 hours*** of the incident (DMH Policy No. 303.05).	• Contract Compliance Review
SOW: Section 8.1 thru 8.2 (Unscheduled Work)	Contractor shall prepare and submit a written description of the work with an estimate of labor and materials prior to performing any unscheduled work, including, but not limited to, repairs and replacements when the need for such work arises out of extraordinary incidents such as vandalism. Contractor shall not commence any unscheduled work without written authorization.	• Scheduled Site Visit Review

SOW: Section 8.3 (Unscheduled Work)	When a condition exists wherein there is imminent danger of injury to the public or damage to property, Contractor shall contact County's Project Manager or his/her designee for approval before beginning the work, send a written estimate with attached incident report for approval within 24 hours, and submit an invoice to County's Project Manager within five (5) working days after completion of the work.	Scheduled Site Visit Review
SOW: Section 8.4 (Unscheduled Work)	Contractor shall commence all unscheduled work on the established specified date and proceed diligently to complete said work within the time allotted.	• Scheduled Site Visit Review

APPENDIX B

MENTAL HEALTH SERVICES ACT (MHSA)
DROP-IN CENTERS
FOR
TRANSITION-AGE YOUTH (TAY) AGES 16 - 25

PAYMENT SCHEDULE

1. TOTAL CONTRACT AMOUNT

i) For Service Area: X located at: _____

Fiscal Year (FY)	TAY Drop-In Services (CSS)
2017-18	$291,667
2018-19	$500,000

ii) For Service Area: X located at: _____(*use if applicable*)

Fiscal Year (FY)	TAY Drop-In Services (CSS)
2017-18	$291,667
2018-19	$500,000

2. PAYMENT SCHEDULE

The purpose of these funds are to be utilized for extended hours for TAY Drop-In Centers that are already providing Drop-In Center services during regular business hours. Drop-In Centers will continue to utilize their own funding to provide regular business hours for their TAY Drop-In Center. This Agreement is only for extended hours of operation for Drop-In Centers, as described in the Appendix A (Statement of Work (SOW)).

For the Drop-In Center services described in Appendix A (SOW), DMH shall pay to Contractor an annual total not to exceed $500,000 per FY for each Service Area (SA) (if applicable) for services rendered during FY 2018-19. For FY 2017-18 the total annual amount shall be pro-rated to not exceed $291,667 for each SA (if applicable).

Payment to Contractor shall be based on original invoices, submitted monthly in arrears by Contractor. Monthly invoices shall include separate details for operational and other program costs respectively. No payment shall be made for Drop-In Center services delivered beyond those services and supports indicated in Appendix A (SOW) and which can be substantiated with supporting documentation. Reimbursement for Drop-In Center services shall be based on the following Fee Schedules. Amounts that exceed the Yearly Maximum Invoice Amount will only be considered after discussion and approval from the County Project Manager **prior** to the expenses

being incurred. The DMH designated TAY staff will review the invoices and supporting documentation to ensure that the Drop-In Center services and supports rendered are in substantial compliance with the requirements described in Appendix A (SOW). These attachments and invoices are pertinent to only your Drop-In Center.

3. FEE SCHEDULE

DROP-IN CENTERS FOR TAY FEE SCHEDULE (CSS)		
CATEGORY	**ANNUAL MAXIMUM INVOICE AMOUNT FY 2017-18**	**ANNUAL MAXIMUM INVOICE AMOUNT FY 2018-19**
Direct Staffing: • The center shall provide a minimum of 3 staff to provide Drop-In Center services during extended hours • Benefits • Training costs for new staff • Supplies	**$206,666**	**$260,000**
Supports for Youth: • Nutritional meals, healthy snacks • Access to transportation (e.g. bus tokens, Metro TAP Cards) • Hygiene products • Group supplies (e.g. therapeutic manuals, art supplies, computer software) • Recreational Supplies (e.g. playing cards, board games, Dominoes, wifi access, DVD movies) • Small appliance/equipment (justification report must be submitted) • Outreach and engagement supplies • Furniture repair/replacement (justification report must be submitted) • Clothes • Blankets (agency purchase) • DMV CDL/ID Vouchers • Birth Certificates • Food Gift Card – up to $25 per person (one time use per client) • School Supplies – up to $50 per client (one time use per client) • [1]Motels/Hotels, $50-$100 per night (pre-approval required for stays over 5 nights) • Client Incentives – gift cards up to $25 (phone, food,	**$45,417**	**$65,000**

[1] TAY who do not qualify for any other program and have no benefits.

Amazon, iTunes, etc.)		
Operational Costs: • Utilities • Insurance • Housekeeping/janitorial • Administrative Support • Repair (incident report must be submitted) • Security guard(s)	**$31,250**	**$75,000**
One (1) Full Time Equivalent (FTE) Peer Support Specialist: • Serve as a bridge between providers and consumers to coordinate client care • Provide advocacy to access services to medical, mental health, economic, and legal • Teach basic life skills, coping skills and self-help strategies **One (1) FTE Employment Specialist:** • Helps clients with career development including job search • Assist TAY with resume preparation, interview coaching, and support throughout the employment process	**$8,334**	**$100,000**
Start-Up/One-Time Costs (during first year of initial Agreement): (These costs are to accommodate the extended hours of operation). • Building Upgrades • Equipment Costs • This funding will not be utilized to purchase vehicle for program hours	**$0**	**$0**
ANNUAL GRAND TOTAL	**$291,667**	**$500,000**

4. <u>PAYMENT PROCEDURES</u>

Contractor shall submit monthly invoices **(Drop-In Center Services Cost Invoice**) Attachment I for actual cost incurred for services provided under the SOW. Contractor shall also submit monthly staff roster and monthly reported extended hours - Attachment II, 4 pages. The monthly Invoice and Attachment II to Appendix B (Payment Schedule) is due 60 days from the last day of service. ***If invoice is not received within 60 days from last day of service, payment will be forfeited.*** Contractor shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Invoices shall be specific as to the type of services being provided. All purchases made with MHSA funding require attached copies of receipts with the invoice.

Upon receipt and approval of original invoices from Contractor, DMH shall make payment to

Contractor within forty-five (45) days of the date the invoice was approved for payment. If any portion of the invoice is disputed by DMH, DMH shall reimburse Contractor for the undisputed services contained in the invoice and work diligently with _____ to resolve the disputed portion of the claim in a timely manner.

Under Operational Costs and Repair costs, a proposal/quote must be submitted to County Project Manager to obtain approval **prior** to the expenses being incurred.

DMH shall make reimbursements payable to Contractor. DMH shall send payments to:

Name of Agency
Address of Agency
City, State Zip

5. DESIGNATED DMH CONTACT PERSON

All questions and correspondence should be directed to:

Mary Romero, LCSW, County Project Manager for TAY Division at:
County of Los Angeles – Department of Mental Health
550 S. Vermont Avenue, 4th Floor
Los Angeles, CA 90020
(213) 738-4644

Invoices should be directed to:

DMH Provider Reimbursement Section:
County of Los Angeles – Department of Mental Health
550 S. Vermont Avenue, 8th Floor
Los Angeles, CA 90020

6. FUNDING PROVISIONS

The MHSA-CSS funding available through this Agreement is intended to be utilized solely for the Drop-In Center's extended hours of operation (minimum of 18 hours on the weekdays, Monday – Friday and a minimum of 12 hours on weekend-days, Saturday – Sunday). The Drop-In Centers shall utilize this funding to provide services outlined in Appendix A (SOW) for each FY. Ongoing funding for this program is contingent upon on the availability of the funding from the State as well as continued approval of MHSA-CSS claims submitted by the County on behalf of the Contractor. All costs must be related to the provision of Drop-In Center services during the extended hours of the Drop-In Center. Funding may not be used for planning.

County of Los Angeles - Department of Mental Health
Drop-In Center Services Cost Invoice
Fiscal Year:

Send To (Original):
County of Los Angeles - Department of Mental Health
Attn: Provider Reimbursement Section
550 S. Vermont Ave, 8th Floor
Los Angeles, CA 90020

Legal Entity / Provider Name: _____

Service Area: _____

DMH Contract No. _____

DMH Vendor Number: _____

Program: Drop-In Centers for Transition-Age Youth (TAY)

Funding Source: MHSA – CSS
Month/Year of Service: _____

DESCRIPTION	AMOUNT
DESCRIPTION OF COSTS FOR EXTENDED DAYS AND HOURS:	
1. Start-Up/One-Time Costs (during first year of Initial Agreement): **(These costs are to accommodate the extended hours of operation).** • Building Upgrades • Equipment Costs **2. Direct Staffing (Salary):** • The center shall provide a minimum of 3 staff to provide Drop-In Center services during extended hours • Benefits • Training costs for new staff • Supplies **3. Supports for Youth:** • Nutritional meals, healthy snacks • Access to transportation (e.g. bus tokens, Metro TAP Cards) • Hygiene products • Group supplies (e.g. therapeutic manuals, art supplies, computer software) • Recreational Supplies (e.g. playing cards, board games, Dominoes, WiFi access, DVD movies) • Small appliance/equipment (justification report must be submitted) • Outreach and engagement supplies • Furniture repair/replacement (justification report must be submitted) • Clothes • Blankets (agency purchase)	

- DMV CDL/ID Vouchers
- Birth Certificates
- Food Gift Card – up to $25 per person (one time use per client)
- School Supplies – up to $50 per client (one time use per client)
- Motels/Hotels, $50-$100 per night (pre-approval required for stays over 5 nights)
- Client Incentives – gift cards up to $25 (phone, food, Amazon, iTunes, etc.)

4. Support Staff – Center shall provide a minimum of 2 staff to provide Drop-In Center services during extended hours, as follows:

- **One (1) FTE Peer Support Specialist**
  - Benefits
  - Training costs for new staff
  - Supplies
- **One (1) FTE Employment Specialist**
  - Benefits
  - Training Costs for new staff
  - Supplies

5. Operational Costs

- Utilities
- Insurance
- Housekeeping/janitorial
- Administrative Support
- Repair (incident report must be submitted)
- Security guard(s)

I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under MHSA TAY Drop-In Center Services and is true and correct to the best of my knowledge. These services and costs are Solely for Extended Days and Hours of Operation including weekdays, Saturdays and/or Sundays. All supporting documentation will be maintained in a separate file for the period specified under the provisions of the Consultant agreement.	**TOTAL**	$ -

Signature: _____ Date: _____

Print Name: _____

Title: _____ Phone: _____

LAC-DMH Program Approval

Approved by (signature)_____ Date: _____

Print Name: _____ Title: _____

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH DIVISION
Drop-In Center Extended Hours
This form is to be included with each invoice.

Legal Entity/Provider Name: _____

DMH Contract Number: _____

Month/Year of Service: _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 1	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 1	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 2	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 2	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 3	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 3	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Regular Hours of Operation: Open to Closing								
Extended Hours of Operation: Open to Closing								

DATE WEEK 4	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time	DATE WEEK 4	Name	Staff Title/ Volunteer	EXTENDED HOURS Start/End Time

Total Number of Regular Hours of Operation (Non-MHSA Funded): 0
Total Numbers of Extended Hours of Operation (MHSA Funded): 0

I hereby certifiy that all information contained above are the hours of operation (normal and extended) provided and is tru and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Please complete, print, sign, and submit with invoice.