



County of Solano Standard Contract

For County Use Only
CONTRACT NUMBER:
03813-26
(Dept., Division, FY, #)
H&SS/MH
BUDGET ACCOUNT:
7765
SUBOBJECT ACCOUNT:
3153

1. This Contract is entered into between the County of Solano and the Contractor named below:
Crestwood Behavioral Health, Inc. a Delaware public benefit corporation

CONTRACTOR'S NAME

2. The Term of this Contract is:

July 1, 2025 to June 30, 2026

3. The maximum amount of this Contract is:

\$ 4,704,863

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

Exhibit A – Scope of Work

Exhibit B – Budget Detail and Payment Provision

Exhibit C – General Terms and Conditions

Exhibit D – Special Terms and Conditions

This Contract is made on April 24, 2025.

CONTRACTOR	COUNTY OF SOLANO
Crestwood Behavioral Health, Inc	06/30/2025 07:35 PM EDT
CONTRACTOR'S NAME	Bill Emlen County Administrator TITLE 275 Beck Avenue, MS 5-200 ADDRESS
Elena Mashkevich 05/08/2025 02:16 PM EDT SIGNATURE <u>Elena Mashkevich, Executive Director of County Contracts</u> PRINTED NAME AND TITLE	Fairfield CA 94533 CITY STATE ZIP CODE
520 Capitol Mall, Suite 800 ADDRESS Sacramento CA 95814 CITY STATE ZIP CODE	Approved as to Content: 05/09/2025 01:10 PM EDT Emery Cowan, Director Health & Social Services Department Approved as to Form: 05/15/2025 04:55 PM EDT Kelly Welsh COUNTY COUNSEL

CONTRACT MUST BE EXECUTED BEFORE WORK CAN COMMENCE

EXHIBIT A
SCOPE OF WORK

I. PROGRAM DESCRIPTION

Contractor will provide 23-hour crisis stabilization unit (CSU) services for the County which will include the provision of psychiatric crisis services to Solano County residents who are acutely suicidal, homicidal, or gravely disabled. Services include psychiatric evaluation in person or via telepsychiatry by a qualified prescribing practitioner; the administration of medication; crisis stabilization support including facilitation of placement in inpatient settings and/or discharge to the community.

CSU services are outlined in the Solano County Mental Health Services Act (MHSA) Three-Year Plan.

II. CONTRACTOR RESPONSIBILITIES

1. PROGRAM SPECIFIC ACTIVITIES

- A. Contractor will operate a designated locked 23-hour CSU for a maximum capacity of 12 beds in compliance with all California licensing and regulatory requirements and standards, including California Code of Regulations, Title 9, Section 1840.348 for Crisis Stabilization Services in a space provided for that purpose by the County.
 1. Assume physical custody of consumers admitted to the CSU on Welfare and Institutions Code (WIC) § 5150 holds and ensure safe transfer of consumers referred by other custodians including but not limited to: County clinical staff, EMT's, emergency departments and peace officers.
 - a. Upon referral of a transfer from a local Hospital Emergency Department, the CSU Intake Coordinator or responsible party will provide response by telephone to the referring party within one hour of receiving the completed referral packet.
 - b. Contractor will comply with the provisions of Welfare & Institutions Code (WIC) § 5150.2 such that whenever a peace officer has transported a person to a designated facility for assessment under Section 5150, that officer shall be detained no longer than the time necessary to complete documentation of the factual basis of the detention under Section 5150 and a safe and orderly transfer of physical custody of the person.
 - c. Contractor will document the transfer on the form provided for this purpose by Solano County Mental Health Quality Assurance.
 2. For consumers who voluntarily admit themselves to the CSU the Contractor will develop WIC § 5150 applications as appropriate for CSU consumers who are not able to be stabilized and safely discharged to the community or an appropriate lower level of care and will pursue appropriate inpatient psychiatric hospitalization for those consumers.
 - a. Consumers presenting voluntarily for admission must be screened with a valid risk screening tool, and if appropriate or requested, provided a comprehensive evaluation and offered stabilization services.
 - b. Contractor shall maintain a log of all consumers that voluntarily present at the CSU to include: documentation of purpose of visit; outcome of basic risk screening; and disposition.
 - c. Should this person leave before a WIC 5150 evaluation is complete, nursing staff will determine and document that said person left against medical advice and determine if further emergent response is needed or other engagement strategies initiated.
 3. County recognizes that the CSU is primarily a mental health treatment facility and not a medical clinic. Nevertheless, Contractor will make every reasonable effort to ensure

that consumers are not transported to emergency rooms for routine medical clearance not required by a 72-hour Lanterman-Petris Short (LPS) designated psychiatric hospital or care unless it is acutely necessary and consumers cannot be safely screened and treated at the CSU without medical intervention beyond the scope of its licensed medical professionals.

B. In the following situations an individual may be diverted from the CSU:

1. Has an acute medical condition that requires immediate attention and amelioration at a Hospital Emergency Department before psychiatric stabilization can be safely undertaken.
2. Is intoxicated because of ingested alcohol or other drugs (AOD), to a degree that renders the consumer unable to participate meaningfully in the process of psychiatric stabilization and whose physical health requires examination in a Hospital Emergency Department.
3. Is assaultive and cannot be safely managed in the CSU.
4. Perceived psychiatric distress is clearly not attributable to a condition that would be amenable to intervention in a mental health CSU and who does not meet medical necessity criteria for CSU intervention.

C. For each consumer admitted to the CSU, Contractor will at a minimum do the following:

1. Look up the individual's insurance to determine coverage.
2. Look the individual up in the County's electronic health record (EHR) Avatar system to determine if the individual is open to the BHP.
3. If the individual is open to the system and open to a County provider, Contractor will print out a Report 117I MH Client Facesheet.
4. If the individual is open to the system and open to a County provider, Contractor will review/print out Report 157I Allergies & Medication to view current medication list.
5. If the individual is open to the system and open to a County provider, Contractor will review/print out Report 146 Progress Notes to review recent progress notes written by the case manager and/or treating physician.
 - a. Run Report 270 Crisis Intervention Tool to review current/recent Safety Plans on record.
 - i. For non-county programs the Safety Plans will be scanned into the County's EHR. County QA Unit will train Contractor in how to locate these scanned documents within the EHR.

D. Perform a basic psychosocial assessment, including assessment of symptoms related to co-occurring mental health and substance abuse disorders to include:

1. Demographic data
2. Psychiatric history
3. Trauma assessment
4. Lethality risk
5. Vocational status/history
6. Chemical dependency
7. Legal issues
8. Physical Health Questionnaire
9. Medication Usage Questionnaire
10. Recreational/Leisure Assessment
11. Patient Satisfaction Form
12. Spiritual Inquiry

E. Confer and consult with community partners including but not limited to law enforcement, emergency departments, County and Contractor mental health providers, outside crisis or suicide hotlines/warm lines, as well as concerned family members or other community

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members upon their request about the appropriateness of writing WIC § 5150 holds or appropriate management strategies for consumers.

F. Provide mental health services that are person-centered, safe, effective, timely and equitable; supported by friends and the community; promote wellness and recovery; and fully incorporate shared decision-making among consumers, family members and providers with proper consumer consent. Contractor will provide the following services, but not limited to:

1. Welcome and Comfort Rooms
2. Group intervention strategies, as appropriate
3. Deploy a trauma-informed approach
4. Peer mentoring and counseling
5. Spiritual Support
6. Yoga, meditation, and relaxation education and support, and
7. Wellness counseling

G. From a Quality Assurance perspective, review all WIC § 5150 holds periodically as appropriate for all consumers on the unit who are detained on holds and are awaiting placement in a designated 72-hour accepting psychiatric facility, whether placed by Contractor's employees or community partners who may legally write WIC § 5150 holds.

H. Contractor staff who will evaluate, write, or release a WIC § 5150 hold at the CSU must be certified by Solano County. Holds may only be dropped by 'Designated' Contractor personnel with appropriate licensure and qualifications in accordance with the contractor and Solano County Policy and supported by a clinical evaluation.

I. Employ evidence-based crisis intervention and acute stabilization strategies.

1. Dialectical Behavioral Therapy (DBT)
2. Wellness and Recovery Action Plans
3. Motivational Interviewing (MI)
4. Co-occurring recovery models

J. Provide robust pharmacological, psychological and behavioral management of emotional disturbance, psychosis and acute states of danger to self or others in the CSU.

K. When medically indicated, employ psychotropic medications, including parenteral medications, with the consent of the patient, guardian or conservator, or in such cases as may constitute a psychiatric emergency when consent cannot be reasonably given and withholding medication would place such a patient in danger of great harm to self or others.

1. An eligible prescribing provider will be available either in-person or via telepsychiatry to evaluate consumers who have been placed on a 5150 hold, 7 days per week 10 hours per day.
2. Contractor shall make every reasonable attempt not to change medications prescribed by patient's psychiatrist or primary care physician (if psychotropic medication has been prescribed) without first consulting with patient's care provider/s. Any changes should also be reflected in Avatar for the treating provider to review at a later time.
3. Contractor shall restrict medications to those listed in the Partnership Health Plan Formulary except under unusual circumstances when County designee may assist.

L. Initiate family and natural support resource mobilization upon consumer consent

M. Screen consumers for Full Service Partnership (FSP) status.

1. Consumers who are enrolled in FSP programs who are in need of emergent or urgent care during non-work hours shall be evaluated and triaged with immediate notification of their FSP Primary Service Coordinator/Case Manager within the first three hours of the individual's stay. Such notification may consist in a phone call, an encrypted email, or fax.
2. Train and instruct Contractor staff to follow Safety Plans for FSP consumers if on file within the County's EHR system to the extent possible.

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N. Consumers who are enrolled in the Behavioral Health Plan (BHP) who are in need of emergent or urgent care shall be evaluated and treated with immediate notification to the Primary Service Coordinator/Case Manager/Program within the first three hours of the individual's stay. Such notification may consist in a phone call, an encrypted email, or fax.

1. In the event that the consumer's BHP Case Manager placed consumer on the WIC § 5150, Contractor will communicate with the BHP Case Manager to collaboratively develop an appropriate discharge plan.

O. Contractor shall ensure that minors, 17 years or younger, are not in physical contact with adult consumers on the CSU at any time. Contractor will design staffing and facilities to achieve maximum flexibility in age, gender and acuity mix of consumers admitted to the CSU and shall not establish an arbitrary number of admissions dedicated to consumers of any specific age category, gender or level of acuity. To further assist children/youth in feeling comfortable and safe on the unit Contractor will:

1. When available Contractor will make every effort to provide a 1:1 staff/consumer ratio for the supervision of minors on the unit.
2. Use developmentally appropriate styles of communication and methods of interacting including non-threatening activities such as use of apps, video games, books, games, etc.
3. Include parents and caregivers in the treatment and planning for the minor.

P. If a consumer can be treated outside of an inpatient setting, the lowest level of care appropriate shall be utilized. The Contractor should refer to the Crisis Residential Treatment program when clinically appropriate in order to divert from inpatient psychiatric hospitalization and/or the Crisis Aftercare program, alternative respite options, or any other appropriate service approved by the County.

Q. Verify the consumer's insurance and county of responsibility, ensuring that the Contractor only authorizes inpatient psychiatric treatment for consumers who are the responsibility of Solano County.

1. If a consumer has private insurance, Contractor will make and document all efforts to contact consumer's insurance for authorization for payment and/or placement.
2. If consumer's county of responsibility is not Solano County, Contractor will make and document all efforts to contact the consumer's county of responsibility for authorization for payment and/or assistance with accessing inpatient placement.
3. Authorization for payment is indicated by signature on the Report of Inpatient Hospitalization (RIPH). Solano County payment for authorization is not allowable for consumers who have private insurance or Medi-Cal from another County. Any exception must be expressly approved by the County program designee.
4. Consumers with Medicare or Solano County Medi-Cal should be hospitalized at a facility that aligns with the payor source.
5. Contractor will make all attempts to reduced unnecessary utilization of non-Medi-Cal beds for Medi-Cal eligible consumers.

R. For Solano Medi-Cal beneficiaries, seek beds first in the Crestwood Psychiatric Health Facility (PHF), then in any other available Medi-Cal eligible psychiatric hospitals approved by County for consumers subject to WIC § 5150 holds. In the event a Medi-Cal eligible placement is not available, Contractor may locate an alternative facility. Placement in such a non-Medi-Cal facility shall be the financial responsibility of the County; however excessive placement in psychiatric inpatient units without Medi-Cal reimbursement could require a corrective action plan if it is demonstrated that such placement was unnecessary due to the availability of other Medi-Cal reimbursable options at the time. Contracted facilities are preferred for County-responsible admissions.

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1. For consumers with Medicare insurance, verify, if possible, the number of bed days available, and make efforts to place in Medicare approved facilities, which does not currently include the Crestwood PHF.
2. Contractor will not place privately insured consumers in the Crestwood PHF unless an expressed exception is provided by County designee.
3. Contractor will use the County's "Decision Tree" process and will include a completed Decision Tree form in each placement packet.
4. Contractor shall assure that hospitalization rates of consumers held pursuant to WIC § 5150 is appropriate through Contractor's internal concurrent review processes.
5. Contractor will participate in retrospective reviews by County to assure that each hospitalization is medically necessary and could not be averted, that placement in Medi-Cal reimbursable beds is optimal, and that overstays are nonetheless avoided except when absolutely necessary.

S. Contractor will arrange for appropriate transportation for consumers to receiving LPS designated psychiatric facilities and will coordinate with receiving hospitals to facilitate safe transfer.

1. The County may recoup the cost of ambulance services from the Contractor if it has been determined an error was made when sending a client to an inpatient treatment program. Examples include, but are not limited to, sending a client to an incorrect address or to a program who had not fully accepted the client and declines to accept them.

T. Contractor shall provide the County Hospital Liaison Unit copies of placement packets for each individual placed in an inpatient facility before the end of the shift, but no more than 12 hours of placement.

U. Engage in effective discharge planning as demonstrated by providing linkage, referral and consultation with resources outside of the CSU including the County's internally operated mental health programs, contracted mental health programs, Partnership Health Plan/Beacon substance abuse, law enforcement, emergency departments, community-based organizations and spiritual leaders, among others.

1. For adult consumers being discharged to the community who are not open to the BHP, Contractor will make a referral to the crisis aftercare and recovery engagement (CARE) team.

V. Facilitate access to consumers by Solano County's Patient's Rights Advocates and vice versa.

W. Contractor will staff and operate the CSU in compliance with all California licensing and regulatory requirements and standards, including California Code of Regulations, title 9, section 1840.348 for crisis stabilization services.

1. Pre-qualify its personnel by appropriate health, substance use, security and background screens, including driving record, and will provide results to County's Health & Social Services Administration or Special Investigations Branch (SIB) upon request. All employees must meet County standards for Live Scan and other appropriate background clearance and will receive Crestwood ID badges that must be worn at all times while on County premises or conducting Contractor's business while representing County. This paragraph should not be construed to alter in any way the independent contractor relationship established in Section 11 of Exhibit C to this Contract.
2. Develop recruitment and retention initiatives to provide program staffing that is reflective of and responsive to the cultural and linguistic needs of the CSU and target population, and to ensure that staffing remains appropriate at all census levels.
3. Contractor will train and certify all CSU staff in the following areas:

- a. First aid and CPR at the Medical Providers level of the American Heart Association or equivalent, including instruction in the use of the Automated External Defibrillator (AED).
- b. Customer service related training and training specific to working with mental health consumers.
- c. Emergency and disaster planning and response.
- d. Mandated reporting requirements.
- e. Legal and ethical issues relevant to treatment in the CSU.
- f. Mental health crisis assessment and treatment.
- g. Compliance training related to documentation, claiming, and billing practices.
- h. Management of Assultive Behavior/de-escalation training.

X. Contractor will designate a Program Administrator during normal County business hours and an Administrator on call 24/7/365 who shall respond to pages by designated County staff and CSU program staff within 15 minutes by telephone or in person to consult concerning urgent problems and their resolution.

Y. Notify the County designated CSU liaison when consumers have exceeded 24 hours (“overstay”) on the unit due to delays in obtaining inpatient admission. Contractor staff should document in detail the efforts to place in an appropriate facility and the barriers to placement.

Z. Notify the County designated CSU liaison or other administration staff immediately if CSU goes on “diversion” due to excessive census and it is necessary to turn away consumers.

AA. Conduct a reasonable risk assessment before turning away any consumers who present at the CSU site during a diversion period. If a consumer is at high risk of suicide or homicide, instruct police or other persons accompanying the individual that they must report to nearest E.D.; document risk assessment and disposition, and notify County designated CSU liaison or administration immediately by email. Written documentation must include alternative disposition and presence or absence and level of suicidality/homicidally. If imminent risk is identified, Contractor will ensure that consumer is placed on a 5150 and transported safely to nearest emergency room.

BB. Identify high users and collaborate with the County in developing consumer-specific treatment approaches.

CC. Participate in the County’s LPS/Psychiatric Emergency Services (PES) bi-monthly meetings and other such meetings as County may designate, providing such data or information as may be requested.

DD. Contractor shall ensure that the County “CSU Consumer Satisfaction Evaluation” forms are available on the unit—posted in an area that is accessible and that consumers are freely able to complete the evaluations anonymously.

- 1. The County will provide the evaluation tool and the evaluation receptacle.

EE. Contractor shall ensure the safety of consumers, family members, visitors and staff at the CSU.

- 1. Use of a no-restraint room and wellness tools to address the needs of consumers who are agitated or experiencing a trauma.
- 2. Utilize every resource to assist the consumer in self- management.
- 3. Notify the client’s support system, conservator or case manager for support and assistance in determinate the most effective intervention.
- 4. Use medication as appropriate to address agitation.
- 5. Maintain appropriate records demonstrating accordance with Contractor policy for all use of seclusion and restraint.

6. Implement a protocol for security screening and control of persons and belongings upon admission to the CSU including strategies for safeguarding personal property, vector control and transferring contraband to law enforcement.
7. If the census or acuity of the admitted population warrants, additional staff may be required, beyond the minimum ratios in order to provide appropriate care.

FF. Maintain a clinical record within the County's Avatar system in accordance with all applicable County, State and Federal regulations. Records shall clearly document medical necessity for treatment. Any records shall be maintained in a form that anticipates transfer to the County's Netsmart Avatar EHR. Upon implementation of the forms specific to Contractor needs, Contractor will utilize the County's EHR system for the majority of the charting to include at a minimum:

1. Consumer look up and admission process:
 - a. Complete admissions same day but not more than 24 hours.
 - b. Chart review of existing medical record
 - c. Review most recent Safety Plans as available in the County's EHR
2. Timely completion of progress notes summarizing their needs and services
3. CSU Nursing Assessment
4. CSU Psychosocial Hx and Recovery Plan
5. Physician evaluation documented in progress notes and should include content related to medications prescribed
6. Develop a Safety Plan or update existing Safety Plans within the County's EHR for any consumer being discharged to the community
7. CSU Discharge Disposition form
8. Contractor will scan in necessary chart documentation once County implements and trains the CSU on scanning.
9. Contract will use the 416 CSU Monitoring Report to verify that the following forms were completed: CSU Nursing Assessment, CSU Psychosocial Hx and Recovery Plan and the CSU Discharge Disposition form.

L. Contractor's designee will enter services through the Contract Service Entry PM screen weekly for clients that have discharged and no later than the 10th of the month following the month of services

1. At least two program staff will be trained on the process to enter services into the County's EHR.
2. Contractor will bill up to 20 hours for each episode for time client is on the unit and must split service entry appropriately between days client spends on the unit.
3. Contractor can enter full hour billing only when a client is on the unit a minimum of 31 minutes of the hour.
4. Contractor must track time clients are not on the unit, i.e. at the Emergency Department pending medical clearance, and reduce service entry appropriately.

M. Serve as Solano County's Access Line after-hours (after 5pm to 8:30am) telephone service on weekdays, weekends, and County holidays and when initial requests for services are made directly to the CSU. The Contractor will use the Avatar screening tool for afterhours calls to document the telephone call(s). This form will be sent to the Access team via fax the next business day for input into Avatar. Telephone access duties shall include the following:

1. Conducting brief evaluation of consumers' needs.
 - a. Triage cases and assigning an initial routine or emergent status.
2. For all requests for service, provide an explanation of how to access specialty mental health services, including how to obtain an initial intake assessment to determine medical necessity for ongoing behavioral health care.
3. Provide information regarding the Solano County Problem Resolution Process as needed.

4. Utilize translation services when bilingual triage staff are unavailable to ensure that linguistic needs of callers are met.
5. Complete referral forms for all calls received on the Access line and faxing forms to Solano County Access unit for follow up and date entry.
6. Log all after-hour Access calls per Solano County Quality Assurance requirements.
7. The Contractor is responsible to ensure that all new Contractor employees are trained on the after-hour call protocol and may request additional training and support from the County Access Unit Supervisor or designee.

N. Contractor is responsible for the day-to-day janitorial needs of the CSU to ensure that the environment is clean and safe.

O. Notify County of any major facility maintenance needs of the CSU, Major maintenance is defined as any repair anticipated to cost more than \$1,000.

2. GENERAL ACTIVITIES

- A. Provide mental health services that are strengths-based, person-centered, safe, effective, timely and equitable; supported by friends, family, and the community; with an emphasis on promoting whole health, wellness and recovery.
- B. Ensure that service is individualized and based upon the need of each consumer and in accordance with the Solano County BHP level of care system.
- C. Make coordination of service care an integral part of service delivery which includes providing education and support to health plan members/family members as well as consulting with community partners including but not limited to: other mental health providers, physical care providers, schools (if appropriate), etc.
- D. Maintain documentation/charting according to industry standards. For all health plan members entered into the Solano County BHP EHR Contractor shall adhere to documentation standards set forth by the BHP in accordance with Solano Behavioral Health trainings, practices and documentation manual.
- E. Ensure that direct clinical services are provided by a multi-disciplinary team including licensed physicians, nursing staff, licensed psychiatric technicians, registered/ waivered clinicians, trained support counselors, and peer/family support specialists.
 1. Assessment activities that include assigning a diagnosis can only be provided by licensed or license eligible staff. RN staff may be eligible to assign a diagnosis in provided they meet the following criteria: have had psychiatric training, or have 2 years in the field of Mental Health (MH)
 2. If Contractor employs staff with less education than a BA in a mental health or social work field, and less experience than 2 years in a mental health related field, the Contractor will provide and document training around any service activity for which the staff will be providing.
- F. Contractor shall supervise unlicensed staff in accordance with Medi-Cal and the applicable California State Board guidelines and regulations.
- G. Utilize clinical outcome measures and level of care assignment tools prescribed by the County. Such measures and tools will remain in effect until County officially notifies Contractor of a change in practice. Contractor will work with County Contract Manager and BHP Quality Assurance when implementing additional measures.
- H. Provide information (including brochures, postings in lobby, afterhours voicemail message, etc.) that communicates how mental health consumers can access 24/7 services (e.g. CSU phone number, suicide prevention hotlines/text lines and FSP warmline only for active FSP consumers) when medically necessary.
- I. All media related to services provided through contract and provided to the public must include a reference to the Solano County Board of Supervisors, Health and Social Services and

include the County logo; any programs also funded by the Mental Health Services Act as the sponsors must also include the MHSA logo.

J. Representatives from the Contractor organization must make efforts to attend the monthly local Mental Health Advisory Board meeting, and participate in the MHSA community program planning meetings, including those for the MHSA annual update or Three-year plan, MHSA Innovation projects, planning for housing services, suicide prevention planning, etc.

3. PERFORMANCE MEASURES

- A. Contractor will provide linkage/referral services, including referrals for adult consumers who are identified as new to the BHP to the CARE team for at least 90% of consumers being discharged from the CSU to the community as documented in the chart.
- B. At least 70% of the consumers who complete the CSU Satisfaction Evaluation will report overall satisfaction with the services received as evidenced by endorsing “Agree” on question #6 on the evaluation.
- C. For after-hours access calls, at least 90% of the test calls made will pass the threshold of meeting the DHCS criteria of:
 1. Utilize translation services to ensure that linguistic needs of callers are met.
 2. Conducting brief evaluation of consumers’ needs; triaging cases and assigning an initial routine or emergent status.
 3. For all requests for service, provide an explanation of how to access specialty mental health services, including how to obtain an initial intake assessment to determine medical necessity for ongoing behavioral health care.
 4. Provide information regarding the Solano County Problem Resolution Process as needed.

4. REPORTING REQUIREMENTS

- A. Contractor will submit an annual MHSA Narrative Report (tool provided by the County) of program activities submitted by July 15th. The following information must be included:
 1. Overall program outcome tools used to capture impact of services for consumers or participants served.
 2. Overall program milestones/successes and challenges/barriers.
 3. Program efforts to address cultural and linguistic needs of service recipients.
 4. MHSA Adult Contractors will prepare a quarterly evaluation of program activities, submitted by September 15th, January 15th, April 15th and July 15th of each contract year including aggregated data and narrative reports on program deliverables. The contract liaison will provide templates and discuss content. The following information should be included:
 - a. Compilation of all biannual/annual data
 - b. Narrative of collaborative aspects of the program if applicable
 - c. Agreed upon client outcomes and benchmarks for success
 - d. Any challenges or barriers to the provision of services

5. CONTRACT MONITORING MEETINGS

- A. Contractor’s designee will meet regularly and no less than monthly with the County designated CSU Program Liaison, Hospital Liaison supervisor, and/or County Contract Manager to review specific consumer cases, monitor CSU census, review process for placing consumers in inpatient settings, address barriers or challenges.
- B. Contractor shall ensure that staff providing program oversight and management attend the performance review meeting as scheduled by the County Contract Manager and MHSA designees to review the scope of work (SOW) and to discuss performance measures, fiscal

impact and clinical progress as appropriate per contract. These meetings will be held no less than twice per year or quarterly as needed.

6. PATIENT RIGHTS

- A. Patient rights shall be observed by Contractor as provided in Welfare and Institutions Code section 5325 and Title 9 of the California Code of Regulations, the Health Information Technology for Economic and Clinical Health (HITECH) Act, and any other applicable statutes and regulations. County's Patients' Rights advocate will be given access to health plan members, and facility personnel to monitor Contractor's compliance with said statutes and regulation.
- B. Freedom of Choice: County shall inform consumers receiving mental health services, including patients or guardians of children/adolescents, verbally or in writing that:
 1. Acceptance and participation in the mental health system is voluntary and shall not be considered a prerequisite for access to other community services.
 2. They retain the right to access other Medi-Cal or Short-Doyle/Medi-Cal reimbursable services and have the right to request a change of provider, staff persons, therapist and/or case manager.
- C. Contractor shall adopt and post in a conspicuous place a written policy on patient rights in accordance with California Code of Regulations, title 22, section 70707, California Welfare and Institutions Code section 5325.1 and 42 Code of Federal Regulations.

7. CULTURAL & LINGUISTIC CONSIDERATIONS

Contractor shall ensure the delivery of culturally and linguistically appropriate services to health plan members by adhering to the following:

- A. Contractor shall provide services pursuant to this agreement in accordance with current State Statutory, regulatory and Policy provisions related to cultural and linguistic competence as defined in California State Department of Mental Health (DMH) Information Notice No: 97-14, "Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services-Cultural Competence Plan Requirements," and the Solano County BHP AAA203 *Ensuring and Providing Multi-Cultural and Multi-Lingual Mental Health Services* Policy. Specific statutory, regulatory and policy provisions are referenced in Attachment A of DMH Information Notice No: 97-14, which is incorporated by this reference.
- B. Agencies which provide mental health services to Medi-Cal health plan members under Contract with Solano County are required to participate as requested in the development and implementation of specific Solano County BHP Diversity and Equity Plan provisions including, but not limited to:
 1. Utilize the national Culturally and Linguistically Appropriate Services (CLAS) Standards in Health Care under the Quality Assurance/Quality Improvement (QA/QI) agency functions and policy making. For information on the CLAS Standards please refer to the following link:
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
 2. Contractor will use the agency Cultural Responsivity Plan developed during FY2021/22 to guide practices and policies in order to ensure culturally and linguistically appropriate service delivery.
 - a. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County BHP Ethnic Services Coordinator or Contract Manager as directed for qualitative review, feedback, and approval no later than September 30th of each year. The Plan update will include progress on goals and newly developed goals for the next year.

- b. Contractor will submit a revised plan update if County determines the plan to be inadequate or not meeting fidelity to the CLAS Standards.
3. Develop and assure compliance with administrative and human resource policy and procedural requirements to support the intentional outreach, hiring, and retention of a diverse workforce;
4. Provide culturally sensitive service provision and staff support/supervision, including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.
- C. Contractor will ensure agency representation for the County Diversity and Equity Committee held bi-monthly (every other month) in order stay apprised of—and inform—strategies and initiatives related to equity and social justice as informed by the goals included in the County BHP Diversity and Equity Plan and Annual Updates.
 1. Assign an agency staff member designated to become an active committee member attending meetings consistently. Designee will be required to complete the *Diversity and Equity Committee Participation Agreement* form.
 2. Make an effort to ensure that the designated representative can also participate in ad hoc sub-committee meetings scheduled as needed to work on specific initiatives related to goals in the BHP Diversity and Equity Plan.
 3. Identify a back-up person to attend committee meetings in the absence of the designated person.
- D. Provision of Services in Preferred Language:
 1. Contractor shall provide services in the preferred language of the consumer and/or family member with the intent to provide linguistically appropriate mental health services per ACA 1557 45 CFR 92, nondiscrimination in healthcare programs. This may include American Sign Language (ASL). This can be accomplished by a bilingual clinician or the assistance of an interpreter. The interpreter may not be a family member unless the consumer or family expressly refuses the interpreter provided.
 2. Contractor may identify and contract with an external interpreter service vendor, or may avail themselves to using the vendor provided and funded through Solano County Health and Social Services (H&SS).
 3. Contractor shall ensure that interpretation services utilized for communications or treatment purposes are provided by interpreters who receive regular cultural competence and linguistic appropriate training. Training specifically used in the mental health field is recommended.
 4. Contractor shall ensure that all staff members are trained on how to access interpreter services used by the agency.
 5. Contractor will provide informational materials as required by Section 8.C below, legal forms and clinical documents that the consumer or family member may review and/or sign shall be provided in the consumer/family member's preferred language whenever possible.
 6. Contractor shall at a minimum provide translation of written informing materials and treatment plans in the County's threshold language of Spanish as needed for beneficiaries and/or family members.
- E. Cultural Humility Training:
 1. Contractor shall ensure that all staff members including direct service providers, medical staff, administrative/office support, reception staff, and leadership complete at least one training in cultural humility and/or social justice per year.

- a. On a monthly basis, Contractor will provide County Quality Assurance with an updated list of all staff and indicate the most recent date of completing Solano BHP approved cultural humility and/or social justice training. Evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving cultural humility training, should also be provided to County Quality Assurance at that time.
- F. Contractor will participate in County and agency sponsored training programs to improve the quality of services to the diverse population in Solano County.

8. QUALITY ASSURANCE ACTIVITIES

- A. Regulation changes that occur during the life of this agreement:
 1. If/When Federal and/or State agencies officially communicate changes/additions to current regulations, County will communicate new expectations via County Quality Assurance Information Notice, and such requirements will supersede contractual obligations delineated in this agreement.
- B. Medi-Cal Certification:
 1. If the Contractor has Medi-Cal claiming programs, then Contractor will meet and maintain standards outlined on the most up-to-date DHCS Certification Protocols, as well as any standards added by the County through the most recent County Behavioral Health Division policy.
 2. Contractor shall inform County of any changes in Contractor status, including changes to ownership, site location, organizational and/or corporate structure, program scope and/or services provided, Clinical Head of Service.
 3. Contractor will communicate any such changes within 60 days to County QA, utilizing the most up-to-date version of the Solano County Behavioral Health Division Medi-Cal Certification Update From Staff Credentialing:
 - a. Contractor shall adhere to credentialing and re-credentialing requirements as stipulated in Department of Health Care Services MHSUDS Information Notice 18-019.
 - b. All Contractor staff providing services that are entered into the County billing and information system must have the staff names and other required information communicated to County QA using County Staff Master form.
 - c. Contractor shall provide County BHP Quality Assurance with a monthly updated list of Contractor staff by the date provided by BHP QA.
 - d. Contractor shall not employ or subcontract with any provider excluded from participation in Federal health care programs.
 - e. Contractor shall notify County QA when a staff provider will be terminating and shall demonstrate a good faith effort to notify in writing all individuals who were actively receiving services of the termination within 15 calendar days of receiving the termination notice from the staff.
 - f. Contractor shall work with County Provider Eligibility Coordinator to ensure that all licensed staff are accurately enrolled in the DHCS PAVE system.
- C. CalAIM Documentation Redesign:
 1. Contractor shall abide by and agrees to amend current paper and/or electronic medical record documentation to the standards put forth by DHCS and the County regarding CalAIM Documentation Redesign, in conjunction with BHIN 22-019 Documentation Requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services. County will provide contractor with updated requirements as they are made available via DHCS BHINs, County QI Information Notices, policy updates and/or training documentation.

D. CalAIM No Wrong Door Requirements:

1. Per DHCS BHIN 22-011, regardless of the system of care or the point of access, whether MCP or BHP, the beneficiary is entitled to receive initial care, prior to being referred to the appropriate system of care. This includes assessment and treatment services. If a beneficiary receives an assessment from a MCP program, the BHP shall honor that assessment and shall not facilitate another complete assessment.

E. CalAIM Screening and Transition in Care Tools:

1. Per DHCS BHIN 22-065, all BHPs must utilize the universal Adult and Youth screening tools to determine appropriate system of care at the point of access. Generally, this will occur at the County level to determine if a beneficiary should be served in the Mild-to-Moderate Managed Care Plan (MCP) system of care or the Moderate to Severe Behavioral Health Plan (BHP) system of care.
2. If a beneficiary has been served by a BHP program and there is evidence that an alternate system of care would be more appropriate, the program should use the universal Transition in Care tool to determine if the beneficiary is appropriate to step down to the MCP system of care.

F. Service Authorization

1. Per County Behavioral Health Division policy AAA219 – Authorization Standards, as well as BHIN 22-016 Authorization of Outpatient Specialty Mental Health Services (SMHS), Contractor will request prior authorization from the County for the following services:
 - a. Intensive Home-Based Services
 - b. Day Treatment Intensive
 - c. Day Rehabilitation
 - d. Therapeutic Behavioral Services (TBS)
 - e. Therapeutic Foster Care (TFC)
2. Also, per County Behavioral Health Division policy AAA219 – Authorization Standards and DHCS BHIN 22-016, Contractor will demonstrate medical necessity via a County initiated Quality Review of a client's assessment and client plan prior to providing the following services for which prior authorization is not permitted:
 - a. Crisis Intervention
 - b. Crisis Stabilization
 - c. MH Services
 - d. Targeted Case Management (TCM)
 - e. Intensive Care Coordination (ICC)
 - f. Medication Support Services

G. Informing Materials

1. Informing materials include the most updated version of the Solano County BHP Guide to Mental Health Services, Provider Directory, Problem Resolution forms, notices of service denial or termination.
2. Contractor shall ensure that informing materials are printable and given to those requesting services within 5 business days in a minimum of 12 point font.
3. Contractor shall ensure that Informing Materials are made available in County threshold language of Spanish as well as the language of Tagalog, and in alternative formats (large font).
4. Contractor shall provide written taglines communicating the availability of written translations or oral interpretation in specific other languages.
 - a. A hard-copy page of taglines in all prevalent non-English languages in the State of California, as provided by County BHP Quality Assurance, must be attached to all written materials provided to those requesting services.

b. A hard-copy page of taglines must also be available in large print (font no smaller than 18 pt.) for those with visual impairments.

H. Contractor shall maintain medical records in such a manner that all required documentation for every beneficiary is stored in a secure medical record. Additionally, documentation will be completed with an emphasis on both timeliness and clinical accuracy, in order to establish medical necessity for all specialty mental health services provided by the Contractor, as outlined in Solano County Behavioral Health Quality Assurance documentation trainings and manual.

1. Required documentation includes, but is not limited to, the following:
 - a. Informing Materials
 - b. Clinical Behavioral Health Assessment
 - c. General Consent for Treatment
 - d. Medication Consent (documented in medication provider's note)
 - e. Authorizations to Release Medical Records
 - f. Acknowledgement of Receipt of Notice of Privacy Practices
2. Contractor shall adopt and implement the County H&SS Department, Behavioral Health Division's Problem Resolution process.
 - a. The County Problem Resolution process includes Grievance, Appeal, and Expedited Appeals, as stipulated in County policy *ADM141 Beneficiary Problem Resolution Process – Grievances*, *ADM142 Beneficiary Problem Resolution Process – Appeals and Expedited Appeals*, *ADM132 Request to Change Service Provider*, *AAA210 Beneficiary Right of a Second Opinion* and *ADM136 Mental Health Services Act (MHSA) Issue Resolution Process*.
3. Contractor duties regarding Problem Resolution include, but are not limited to, the following:
 - a. Contractor shall post County notices and make available County forms and other materials informing beneficiaries of their right to file a grievance and appeal. Required materials include the following brochures: "Beneficiary Rights & Problem Resolution Guide" "Appeal Form", "Compliment/Suggestion Form", "Grievance Form", "Request to Change Service Provider", and the "MHSA Issue-Suggestion Form". Contractor shall aid beneficiaries in filing a grievance when requested and shall not retaliate in any manner against anyone who files a grievance.
 - b. Contractor shall forward all Problem Resolution Process brochures written and completed by or on behalf of a beneficiary of the BHP to County Quality Assurance, immediately but no later than 24 hours from receipt, whether or not Contractor has resolved the problem.
 - c. Contractor shall provide "reasonable assistance" to individuals completing problem resolution forms, such as providing interpreting services and free access to TTY/TTD services.
 - d. Contractor shall communicate and collaborate directly with the County Quality Assurance Problem Resolution Coordinator to provide any additional information needed regarding any follow up actions to investigate/resolve the problem identified through the problem resolution process.
 - e. Contractor shall provide at no cost and sufficiently in advance of a resolution timeframe for appeals, information that the beneficiary may want to use to support the case, including parts of their medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the Plan in connection with the appeal of the adverse benefit determination.

I. Serious Incident Reports (SIRs):

1. Contractor will communicate the occurrence of serious incidents to the County by completing an official County Serious Incident Report form following the process outlined in County policy *ADM-1.10 Serious Incident Reporting*, including but not limited to the following:
 - a. Contractor shall verbally notify County Quality Assurance immediately but no later than 4 hours after a serious incident.
 - b. Contractor shall submit the SIR electronically to County Quality Assurance within 24 hours of the incident or sooner via Comply Track: website:
 - c. Contractor shall communicate directly with the County Quality Assurance designee to provide any additional information needed regarding the reported incident.
 - d. Contractor and County Behavioral Health Administration/Quality Assurance shall discuss and develop recommendations to achieve more desired outcomes in the future. An Adverse Outcome meeting may be scheduled, in which the contractor may need to attend, in order to discuss the SIR, interventions and recommendations for policy/program quality improvement.
 - e. Data breaches or security incidents are required to be reported to both County Quality Assurance and County H&SS Compliance Unit concurrently immediately upon discovery and no later than 24 hours.

J. Contractor Quality Improvement Process:

1. Contractor will establish and maintain an internal agency quality improvement and quality assurance process, including but not limited to the following:
 - a. Internal Quality Improvement Work Plan – The plan will set goals around Access, Timeliness, Quality and Outcomes for the Contractor and will be evaluated at least annually. A new plan will be created annually, and a copy submitted to County Quality Assurance by July 30th for the current FY. Contractor will submit a revised plan if County determines the plan to be inadequate.
 - b. Internal review of Assessments – A quarterly report will be sent to County QA.
 - c. Internal review of provider progress notes – A quarterly report will be sent to County QA.
 - d. Monitoring safety and effectiveness of medication practices – If Contractor provides medication services, Contractor will establish official policy for monitoring medication practices, including operating a Medication Prescriber peer review process. Contractor policy will specifically address procedures Contractor utilizes to monitor prescribing to children and youth.

K. Quality Improvement Committee:

1. Contractor will provide a representative to participate in County quarterly Quality Improvement Committee (QIC).
2. If Contractor's place of business is not located within Solano County boundaries, Contractor's representative may request to participate remotely via conference call and/or web-based interface.
3. Contractor will provide data related to objectives/goals outlined in the County Quality Assessment and Performance Improvement Plan in a timely fashion prior to quarterly QIC meeting as requested by the County designee.

L. Annual County review of Contractor service delivery site and chart audit:

1. County will engage in a site and chart review annually, consistent with practices outlined in the most up-to-date version of the County *Mental Health Utilization Review Handbook* and *County Chart Audit tools which are consistent with DHCS Reasons for Recoupment*.

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2. Contractor will provide all requested medical records and an adequate, private space in which for County staff to conduct the site review and chart audit.
3. If Contractor operates a fee-for-service program and the chart audit results in service disallowances, County will subtract the audit disallowance dollars from a future vendor claim, once County audit report is finalized.
4. County, State or Federal Officials have the right to audit for 10 years from any previous audit, therefore Contractor will retain records for 10 years from the completion of any audit.

M. Fraud, Waste and Abuse:

1. Contractor shall maintain policies and procedures designed to detect and prevent fraud, waste and abuse, and to promptly inform County Behavioral Health Administration and Quality Assurance when detected.
2. Contractor must have a mechanism in place to report to the County when it has received an overpayment, to return the overpayment to the County within 45 calendar days after the date the overpayment was identified, and to notify the BHP in writing of the reason for the overpayment.
3. At any time during normal business hours and as often as the County may deem necessary, Contractor shall make available to County, State or Federal officials for examination all of its records with respect to all matters covered by this Contract. Additionally, Contractor will permit County, State or Federal officials to audit, examine and make excerpts or transcripts from such records, and to make audits of all invoices, materials, payrolls, records of personnel, information regarding health plan members receiving services, and other data relating to all matters covered by this Contract.

N. Service Verification:

1. Contractor will submit an executed copy of Contractor Service Verification Policy once created and will provide County a copy of Contractor's revised policy any time policy is revised/updated.
2. Contractor policy will contain measures as strict or stricter than the current County policy *QI620 Service Verification Requirements*.
3. Contractor will provide evidence of following policy to Quality Assurance Service Verification Coordinator at intervals during the FY as stipulated by County policy *QI620*.

O. Conflict of Interest – Expanded Behavioral Health Contract Requirements:

1. Contractor will abide by the requirements outlined in County policy *ADM146 Disclosure of Ownership, Control and Relationship Information of Contracted Agencies*, including but not limited to the following:
 - a. Contractor will disclose the name of any person who holds an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by the Contractor to the County
 - b. Contractor will ensure all service providers receive a background check as a condition of employment as stringent as the County background policy requirements.
 - c. Contractor will require any providers or any other person within the agency with at least a 5% ownership interest to submit a set of fingerprints for a background check.
 - d. Contractor will terminate involvement with any person with a 5% ownership interest in the Contractor who has been convicted of a crime related to Medicare, Medicaid, or CFR title XXI within the last 10 years.

P. Contractor will ensure that all Contractor staff, including administrative, provider, and management staff, receive formal Compliance training on an annual basis.

1. On a monthly basis, Contractor shall provide County QA with an updated list of all staff and indicate the most recent date of completing Solano BHP approved compliance training. Evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving compliance training, should also be provided to County QA at that time

Q. Performance Data:

1. Contractor will provide County with any data required for meeting 1915b Waiver Special Terms and Conditions requirements communicated by California DHCS, within the timeline required by DHCS.

R. Utilization Management

1. Contractor will work with the County Contract Manager to monitor the following Contractor efforts:
 - a. Expected capacity to serve Medi-Cal Eligible health plan members
 - b. Expected service utilization
 - c. Number and types of providers needed in terms of training, experience and specialization
 - d. Number of Contractor providers not accepting new clients
 - e. Geographical location to health plan members in terms of distance, travel time, means of transportation typically used by health plan members, and physical access for disabled beneficiaries
 - f. Contractor ability to communicate with limited English proficient health plan members in their preferred language
 - g. Contractor's ability to ensure: physical access, reasonable accommodations, culturally competent communications, accessible equipment for health plan members with physical or mental disabilities
 - h. Available triage lines or screening systems
 - i. Use of telemedicine or other technological solutions, if applicable

S. Network Adequacy Certification

1. Contractor must submit network adequacy data to the County at a frequency (either annually, quarterly or monthly), in a manner and format determined by the County, by or before deadlines officially communicated to the Contractor by County Quality Assurance Unit.
2. Contractor will maintain and monitor a network of appropriate providers that is sufficient to provide adequate access to all services covered by this contract, per California MHSUDS Information Notice 18-011 (dated February 13, 2018).

T. Provider Directory

1. Contractor will ensure that County is provided updated information on a monthly basis so that the Health Plan's Provider Directory captures various elements about the Contractor's providers including their license number and type, NPI, language(s), cultural capabilities, specialty, services, if the provider is accepting new health plan members, and any group affiliations.
2. Contractor will also ensure that the Provider Directory captures basic information about the facility where the provider serves health plan members to include address, telephone number, email address, website URL, hours of operation, and whether the providers' facility is accessible to persons with disabilities.
3. Any changes to the Provider Directory must be reported to the County monthly per MHSUDS Info. Notice No. 18-020 (dated April 24, 2018) – Federal Provider Directory Requirements for Mental Health Plans (MHPs) and by deadlines established by the County.

U. Physical Accessibility and Communication Requirements

1. Contractor must provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities.
2. County Quality Assurance will provide Physical Accessibility ratings for Contractor's facilities/offices during Medi-Cal certification site visits. Contractor's facilities/offices will be rated as having "Basic" or "Limited" accessibility for seniors and persons with disabilities.
 - a. "Basic" access is granted when the facility/office demonstrates access for the members with disabilities to parking, interior and exterior building, elevator, treatment/interview rooms, and restrooms.
 - b. "Limited" accessibility is granted when the facility/office demonstrates access for a member with a disability are missing or incomplete in one or more features for parking, building, elevator, treatment/interview rooms, and restrooms.
 - c. If Contractor's facility/offices are given a "Limited" rating, a Plan of Correction will be issued.
3. If there is a change to the physical accessibility of the contracted agency/individual, it must be reported to the County via the County's BHP monthly Provider Directory update process.
4. Contractor must abide by requirements put forth in DHCS BHIN 24-007. This notice indicates that Medi-Cal behavioral health delivery systems are required to take appropriate steps to ensure effective auxiliary aids and services to persons with impaired sensory, manual, or speaking skills. This includes the provision of qualified interpreters, free of charge and in a timely manner, and information in alternative formats, when such aids and services are necessary to ensure that individuals with disabilities have an equal opportunity to participate in, or enjoy the benefits of, the behavioral health delivery system's programs, and activities.

V. Language Line Utilization

1. If not using the County H&SS interpreter vendor, contracted agencies/individuals must submit language line utilization data monthly detailing use of interpretation services for beneficiaries' face-to-face and telephonic encounters.
2. Language line utilization data submission should include (for each service encounter that required language line services):
 - a. the reporting period;
 - b. the total number of encounters requiring language line services;
 - c. the language utilized during the encounter requiring language line services;
 - d. the reason services were not provided by a bilingual provider/staff or via face-to-face interpretation.
3. Language line utilization data must be submitted to and as requested by County BHP Quality Assurance, using the template provided by County BHP Quality Assurance and following the instructions contained on the reporting tool.

9. CONFIDENTIALITY OF MENTAL HEALTH RECORDS

- A. Contractor warrants that Contractor is knowledgeable of Welfare and Institutions Code section 5328 respecting confidentiality of records pursuant to 45 CFR Part 160 (HIPAA). County and Contractor shall maintain the confidentiality of any information regarding health plan members (or their families) receiving Contractor's services. Contractor may obtain such information from application forms, interviews, tests or reports from public agencies, counselors or any other source. Without the consumer's written permission, Contractor shall divulge such information only as necessary for purposes related to the performance or evaluation of services provided pursuant to this Contract, and then only to those persons having responsibilities under this Contract, including those furnishing services under Contractor through subcontracts.

- B. Contractor and staff will be responsible for only accessing consumer data from the County's EHR for health plan members for which they have open episodes of care and for which individual staff has a specific business purpose for accessing. All attempts to access consumer data that do not meet those requirements will be considered data breaches and Contractor is responsible for reporting such breaches to County Quality Assurance and H&SS Department Compliance unit immediately or within 4 hours of discovery.
- C. In the event of a breach or security incident by Contractor or Contractor's staff, any damages or expenses incurred shall be at Contractor's sole expense.

III. COUNTY RESPONSIBILITIES

County will:

- A. Provide Contractor appropriate space sufficient for Contractor to carry out its duties and meet its obligations under this Contract at 2101 Courage Drive, Fairfield, CA, 94533.
- B. Be responsible for all major maintenance repairs to the facility.
- C. If there is damage to the building the County designee will submit requests to have General Services repair the damage. If there is a safety issue due to the damage reported every effort will be made to have the repair completed same day.
- D. Identify a County designated CSU Program Liaison, as well as back-up designees, to work closely with CSU leadership and staff.
- E. Train and designate an appropriate number of Contractor's clinical staff to write and review WIC § 5150 holds and monitor the Policies and Procedures (P&P's) for placing and reviewing.
- F. Provide technical assistances in the form of phone consultations, site visits and in-person or virtual meetings to provide clinical guidance and address challenges in the clinical program, implementation and/or performance of the SOW.
- G. Provide training and technical assistance on the use of the NetSmart Avatar EHR system.
- H. Develop reporting forms not otherwise detailed in this Contract in coordination with Contractor.
- I. Schedule and monitor monthly test calls to assure that the Contractor is in compliance with the after-hours Access Line call requirements. Test call results will be shared with the Contractor in order to highlight both good and poor performance, identifying any training or supervision issues.
- J. Collect consumer satisfaction evaluations and compile/report out results to Contractor.
- K. Provide feedback on performance measures objectives in a timely manner to seek a proactive solution.
- L. Provide feedback on fiscal performance and process budget modifications and contract amendments as appropriate.
- M. Make available electronically all policies and procedures referenced herein and inform the Contractor as policies are reviewed and updated so that the Contractor is aware of changes.

EXHIBIT B
BUDGET DETAIL AND PAYMENT PROVISIONS

1. METHOD OF PAYMENT

- A. Upon submission of an invoice and a Solano County vendor claim by Contractor, and upon approval by County, County shall, in accordance with the “Contract Budget” attached to this Contract as Exhibit “B-1” and incorporated into this Contract by this reference, pay Contractor monthly in arrears for fees and expenses actually incurred the prior month, up to the maximum amount set forth in **Section 3 of the Standard Contract**. Monthly claims for payment should be submitted to County by the 15th day of the subsequent month.
- B. Claims submitted by Contractor must meet the criteria set forth in section I.E and be documented by a fiscal monitoring report (Exhibit B-2). **Each invoice must specify actual charges incurred.**
- C. Contractor must request prior written approval, which approval may be withheld at the sole and absolute discretion of County, for transfers between budget categories or the addition of line items within the operating expenses category, which are set forth in Exhibit B-1, when the cumulative amount of such transfers or additions exceed the lesser of \$50,000 or 10% of the total Contract budget for the fiscal year. County may authorize the proposed transfers between budget categories or the addition of line items within a budget category under this section, except for personnel, subcontractors, indirect costs and capital expenditures (equipment or real property), provided that such transfers or additions do not substantially change the scope of services to be provided under this Contract and do not increase the Contract amount. Requests for transfers between budget categories or addition of budget line items within a budget category over the aforementioned threshold must be presented to the County on the County’s “Budget Modification Request Form”. Budget modifications below the threshold must be presented on Exhibit B-2 Fiscal Monitoring Report and submitted with the monthly vendor claim and invoice. Contractor is limited to three budget modifications per fiscal year which must be requested by June 30th.
- D. Contractor must repay the County for any disallowed costs identified by County through monthly reports, audits, Quality Assurance monitoring, or other sources within thirty days of receipt of notice from County that the costs have been disallowed. Contractor agrees that funds to be disbursed under the terms of this Contract will be withheld if repayment is not received by the County within thirty days of receipt of notice from County. If the disallowance is related to a billable service, the disallowed amount will be calculated based on the vendor’s interim Medi-Cal billing rate (Exhibit B-3). Contractor may submit a written appeal to a disallowance to the County Health and Social Services Behavioral Health Deputy Director, or designee, within fifteen days of receipt of a disallowance notice. The appeal must include the basis for the appeal and any documentation necessary to support the appeal. No fees or expenses incurred by Contractor in the course of appealing a disallowance will be an allowable cost under this Contract and will not be reimbursed by County. The decision of the County regarding the appeal will be final.
- E. The following criteria apply to Contract Budget submitted by Contractor under this Contract:
 1. Requests for payment of personnel costs must include positions, salary, and actual percentage of time for each position. If Contractor provides fringe benefits to part time employees, salary and fringe benefits must be pro-rated for non-full-time employees. Salaries are fixed compensation for services performed by staff who are directly employed by Contractor and who are paid on a regular basis. Employee benefits and employer payroll taxes include Contractor's contributions or expenses for social security, employee's life and health

insurance plans, unemployment insurance, pension plans, and other similar expenses that are approved by County. **These expenses are allowable when they are included and in accordance with Contractor's approved written policies and allocation plan.**

2. Salaries and benefits of personnel involved in more than one contract, grant, or project must be charged to each grant based on the actual percentage of time spent on each grant or project. Timesheets and time studies for each employee whose time is charged to this Contract must be maintained by Contractor and available upon request by the County.
3. Allowable operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits, equipment or payments to subcontractors. The expenses must be to further the program objectives as defined in Exhibit A of this Contract and be incurred during the invoiced period. County reserves the right to make the final determination if an operating expense is allowable and necessary.
4. Indirect costs are shared costs that cannot be directly assigned to a particular activity but are necessary to the operation of the organization and the performance of the program. The costs of operating and maintaining facilities, accounting services and administrative salaries are examples of indirect costs. Contractor must use a negotiated indirect cost rate with a federal agency. A Contractor who does not have a negotiated indirect cost rate agreement may claim an indirect cost rate of up to 10.02% of modified total direct costs.
5. Regardless of whether Contractor claims indirect costs through a negotiated indirect cost rate, Direct Allocation Method or the 10.02% of modified total direct costs, Contractor must provide the County with a cost allocation plan that clearly differentiates between direct and indirect costs. Contractor ensures that the same costs that have been treated as indirect costs have not been claimed or budgeted as direct costs, and that similar types of costs in like circumstances have been accounted for consistently. Contractor will provide this plan to County upon request. In the event that Contractor is unable to provide County with an acceptable cost allocation plan, County may disallow any indirect cost billed amounts.

2. ACCOUNTING STANDARDS

- A. Contractor shall establish and maintain a system of accounts for budgeted funds that complies with generally accepted accounting principles and practices for organizations/governmental entities as described in Exhibit C – section 13C.
- B. Contractor's cost allocation method must be supported by a cost allocation plan with a quantifiable methodology validating the basis for paying such expenditures. The cost allocation plan should be prepared within the guidelines set forth under 2 CFR Part 200, subpart E, Cost Principles and Appendix IV to Part 200, Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations.
- C. Contractor shall document all costs by maintaining complete and accurate records of all financial transactions associated with this Contract, including, but not limited to, invoices, time studies, and other official documentation that sufficiently support all charges under this Contract.

3. PERSONAL PROPERTY

Contractor shall develop and maintain a system to track the acquisition of tangible personal property purchased with County funds having a cost of at least \$1,500 and submit, upon County's request, an annual accounting of all such property purchased that includes information on cost and acquisition date. Contractor shall ensure adequate safeguards are in place to protect such assets and shall exercise reasonable care over such assets to protect against theft, damage or unauthorized use. Contractor shall, upon County's request, return such assets to the County upon Contract termination; unless the depreciated value of the asset is \$0, based on a straight-line method of depreciation (refer to CFR part 200.436).

4. FINANCIAL STATEMENTS, AUDITS, AND FISCAL REPORTING:

- A. Contractor agrees to furnish annual audited financial statements to the County, which must be submitted within 30 days of its publication. If Contractor is not required by federal and/or state regulations to have an independent audit of its annual financial statements, Contractor agrees to furnish unaudited financial statements by September 1.
- B. Contractor agrees to furnish all records and documents within a reasonable time, in the event that the County, State or Federal Government conducts an audit of the County and/or Contractor's services.
- C. County may request cost information from contractors if cost reporting is required by state or federal law, or if the County determines that cost information is beneficial to advance the goals of the California Advancing and Innovating Medi-Cal (CalAIM) Act. If requested, Contractor will submit the financial report and any requested supporting documentation by a deadline set by the County. The financial report must be complete, accurate and formatted within the guidelines provided by the Solano County Health and Social Services Department.

5. BILLING EXPECTATIONS

- A. Prior to submitting an invoice for services rendered under this Contract, Contractor must determine if there are any available revenues from all possible sources other than the County that can be claimed for reimbursement for treatment of services provided under this Contract and submit claims for funding accordingly. Such revenues shall include, but are not limited to, Short Doyle Medi-Cal, patient fees, patient insurance, Medicare and payments from other third party payers. Contractor shall provide the County with the necessary payer financial information in a form and manner prescribed by the County so that all revenues can be claimed timely. Amounts of claims against other revenue sources which remain unpaid due to untimely, incomplete, or improper information received from the Contractor shall be recouped from the Contractor.
- B. Determination of patient eligibility for coverage under Medicare and other reimbursement programs is the responsibility of the Contractor. County does not assume responsibility for such determination.
- C. Contractor understands and agrees that Contractor and any subcontractors will bill Short Doyle Medi-Cal for services provided. The authorized billing codes are listed in Exhibit B-3 as Contract Billing Codes.

- D. Contractor will enter services into Avatar, the County approved computerized billing system. County will provide Contractor access to Solano County's computerized billing system.
- E. Contractor will submit adequate supporting documentation as to Medi-Cal services provided no later than sixty (60) days after the last day of the month in which those services were provided.
- F. County will reconcile supporting documentation with the services in Avatar. Documentation not accurately reconciled to services entered into Avatar will be returned to the Contractor for corrections to be resubmitted within thirty (30) days.
- G. Periodically, Contractor will meet with County to review Medi-Cal reimbursable units and any disallowances. The amount of disallowances identified from the Avatar will be deducted from a following months invoice provided that the disallowance was due to delays in Contractor providing County the necessary information for billing.

EXHIBIT B-1
Crestwood CSU
FY 2025-2026

Contract Budget Line Items	Projected FTE	Total Projected Cost
Personnel		
Administrator	1.00	\$160,042
Clinical Director	1.00	\$156,578
Business Office Manager	1.00	\$75,094
Nursing Manager	1.00	\$111,556
QA/Med Records	1.00	\$70,833
RN/LVN/LPT	11.80	\$862,610
Recovery Coach-Peer/Driver	14.80	\$588,280
Service Program Coordinator/Program Clinician/Gen.		
Admin Assistant	4.80	\$245,129
Housekeeper	2.00	\$90,555
Total Salaries		\$2,360,677
Fringe Benefits		\$731,810
Total Personnel	38.40	\$3,092,487
Operating Expenses		
Office Supplies		\$30,000
Program Supplies		\$35,000
Telephone and Communication		\$42,000
Food		\$57,000
Postage/Copying		\$21,500
Travel		\$3,000
Transportation		\$3,000
Training/Conferences		\$7,600
Translation Services		\$2,800
Medical Waste		\$700
Equipment Replacement		\$21,000
Insurance		\$20,000
Total Operating Expenses		\$243,600
Indirect Cost (10.02%)		\$334,276
Subcontractors		
Pharmacy		\$11,000
Lab Services		\$2,500
Consulting		\$31,000
Doctors		\$960,000
Linens		\$30,000
Total Subcontractor Expenses		\$1,034,500
Grand Total Contract Amount		\$4,704,863

EXHIBIT B-2: FISCAL MONITORING REPORT

Vendor Name: Crestwood CSU

Contract#: 03813

July 1, 2025- June 30, 2026

Line Item	FY 2024/25 Approved Contract Budget	Budget Modificatio n 1: Date mm/dd/yy	Budget Modificatio n 2: Date mm/dd/yy	Revised Contract Budget	YTD Paid Invoice s	% Used (YTD Paid Invoices/R evised Contract Budget)	Current Month Invoice: mm/yy	Contract Balance
<u>Personnel</u>								
Staff Member 1								
Staff Member 2								
Staff Member 3								
Staff Member 4								
Benefits								
Subtotal Personnel	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<u>Operating Expenses</u>								
Rent & Utilities								
Office Supplies & Materials								
Telephone/Communications								
Postage/Mailing								
Reproduction/Copying								
Travel								
Training/Conferences								
Other								
Subtotal Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<u>Subcontractors</u>								
Subcontractor 1								
Subcontractor 2								
Subtotal Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<u>Indirect Costs</u>								
Subtotal Indirect	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Grand Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total Budget Balance								\$ -

EXHIBIT B-3
BILLING CODES

Code Description	Codes to select in or upload to County E.H.R	Provider Service Rate
Crisis Stabilization: Urgent Care	S9484	
Non-Billable	99499	#N/A

EXHIBIT C
GENERAL TERMS AND CONDITIONS

1. CLOSING OUT

A. County will pay Contractor's final request for payment providing Contractor has met all obligations required under this Contract or any other contract and/or obligation that Contractor may have with the County. If Contractor has failed to meet any outstanding obligation, County will withhold compensation due under this Contract from Contractor's final request for payment until Contractor satisfies such obligation(s). Contractor is responsible for County's receipt of a final request for payment 30 days after expiration or earlier termination of this Contract.

B. A final undisputed invoice shall be submitted for payment no later than 90 calendar days following the expiration or termination of this Contract, unless a later or alternate deadline is agreed to in writing by the County. The final invoice must be clearly marked "FINAL INVOICE", thus indicating that, upon full payment of such invoice, no further payments are due or outstanding under the Contract.

C. The County may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written approval of an alternate final invoice submission deadline. Written County approval for an alternate final invoice submission deadline shall be sought from the County prior to the expiration or termination of this Contract.

2. TIME

Time is of the essence in all terms and conditions of this Contract.

3. TIME OF PERFORMANCE

Work will not begin, nor claims paid for services under this Contract until all Certificates of Insurance, business and professional licenses/certificates, IRS ID number, signed W-9 form, or other applicable licenses or certificates are on file with the County's Contract Manager.

4. TERMINATION

A. This Contract may be terminated by County or Contractor, at any time, with or without cause, upon 30 days' written notice from one to the other.

B. County may terminate this Contract immediately upon notice of Contractor's malfeasance.

C. Following termination, County will reimburse Contractor for all expenditures made in good faith that are unpaid at the time of termination not to exceed the maximum amount payable under this Contract unless Contractor is in default of this Contract.

5. SIGNATURE AUTHORITY

The parties executing this Contract certify that they have obtained all required approvals and have the proper authority to bind their respective entities to all certifications, terms, and conditions set forth in this Contract.

6. REPRESENTATIONS

A. County relies upon Contractor's professional ability and training as a material inducement to enter into this Contract. Contractor represents that Contractor will perform the work according to generally accepted professional practices and standards and the requirements of applicable federal, state

and local laws. County's acceptance of Contractor's work shall not constitute a waiver or release of Contractor from professional responsibility.

B. Contractor further represents that Contractor possesses current valid appropriate licensure, including, but not limited to, driver's license, professional license, certificate of tax-exempt status, or permits, required to perform the work under this Contract.

7. INSURANCE

A. Without limiting Contractor's obligation to indemnify County, Contractor must procure and maintain for the duration of the Contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work under this Contract and the results of that work by Contractor, Contractor's agents, representatives, employees or subcontractors.

B. Minimum Scope of Insurance

Coverage must be at least as broad as:

- (1) Insurance Services Office Commercial General Liability coverage (occurrence Form CG 00 01).
- (2) Insurance Services Office Form Number CA 00 01 covering Automobile Liability, Code 1 (any auto).
- (3) Workers' Compensation insurance as required by the State of California and Employer's Liability Insurance.

C. Minimum Limits of Insurance

Contractor must maintain limits no less than:

(1) General Liability: (Including operations, products and completed operations.)	\$2,000,000	per occurrence for bodily injury, personal injury and property damage, or the full per occurrence limits of the policy, whichever is greater. If Commercial General Liability insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
(2) Automobile Liability:	\$1,000,000	per accident for bodily injury and property damage.
(3) Workers' Compensation:	As required by the State of California.	
(4) Employer's Liability:	\$1,000,000	per accident for bodily injury or disease.

D. Additional Insurance Coverage

To the extent coverage is applicable to Contractor's services under this Contract, Contractor must maintain the following insurance coverage:

(1) Cyber Liability:	\$1,000,000	per incident with the aggregate limit twice the required limit to cover the full replacement value of damage to, alteration of, loss of, or destruction of electronic data and/or information property of the County that will be in the care, custody or control of Contractor under this Contract.
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(2) Professional Liability: **\$2,000,000**

combined single limit per claim and in the aggregate. The policy shall remain in full force and effect for no less than 5 years following the completion of work under this Contract.

E. If Contractor maintains higher limits than the minimums shown above, County is entitled to coverage for the higher limits maintained by Contractor. Any insurance proceeds in excess of the specified limits and coverage required, which are applicable to a given loss, shall be available to the County, as an additional insured. No representation is made that the minimums shown above are sufficient to cover the indemnity or other obligations of the Contractor under this Contract.

F. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by County. At the option of County, either:

(1) The insurer will reduce or eliminate such deductibles or self-insured retentions with respect to County, its officers, officials, agents, employees and volunteers; or

(2) Contractor must provide a financial guarantee satisfactory to County guaranteeing payment of losses and related investigations, claim administration, and defense expenses.

G. Other Insurance Provisions

(1) The General Liability and Automobile Liability policies must contain, or be endorsed to contain, the following provisions:

(a) The County of Solano, its officers, officials, agents, employees, and volunteers must be included as additional insureds with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of Contractor; and with respect to liability arising out of work or operations performed by or on behalf of Contractor including materials, parts or equipment furnished in connection with such work or operations. General Liability coverage shall be provided in the form of an Additional Insured endorsement (CG 20 10 11 85 or both CG 20 10 and CG 20 37 if later ISO revisions are used or the equivalent) to Contractor's insurance policy, or as a separate owner's policy. The insurance afforded to the additional insureds shall be at least as broad as that afforded to the first named insured.

(b) For any claims related to work performed by or on behalf of Contractor under this Contract, Contractor's insurance coverage must be primary insurance with respect to the County of Solano, its officers, officials, agents, employees, and volunteers, as additional insured. Any insurance maintained by County, its officers, officials, agents, employees, or volunteers is excess of Contractor's insurance and shall not contribute to it.

(2) If Contractor's services are technologically related, Professional Liability coverage shall include, but not be limited to claims involving infringement of intellectual property, copyright, trademark, invasion of privacy violations, information theft, release of private information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to such obligations. The policy shall also include, or be endorsed to include, property damage liability coverage for damage to, alteration of, loss of, or destruction of electronic data and/or information "property" of the County in the care, custody, or control of the Contractor. If not covered under the Contractor's Professional Liability policy, such "property" coverage of the County may be endorsed onto the Contractor's Cyber Liability Policy.

(3) Should any of the above described policies be cancelled prior to the policies' expiration date, Contractor agrees that notice of cancellation will be delivered in accordance with the policy provisions.

H. Waiver of Subrogation

(1) Contractor agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation.

(2) The Workers' Compensation policy must be endorsed with a waiver of subrogation in favor of County for all work performed by Contractor, its employees, agents and subcontractors.

I. Acceptability of Insurers

Insurance is to be placed with insurers with a current AM Best rating of no less than A:VII unless otherwise acceptable to County.

J. Verification of Coverage

(1) Contractor must furnish County with original certificates and endorsements effecting coverage required by this Contract.

(2) The endorsements should be on forms provided by County or, if on other than County's forms, must conform to County's requirements and be acceptable to County.

(3) County must receive and approve all certificates and endorsements before work commences.

(4) However, failure to provide the required certificates and endorsements shall not operate as a waiver of these insurance requirements.

(5) County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage described above at any time.

8. BEST EFFORTS

Contractor represents that Contractor will at all times faithfully, industriously and to the best of its ability, experience and talent, perform to County's reasonable satisfaction.

9. DEFAULT

A. If Contractor defaults in Contractor's performance, County shall promptly notify Contractor in writing. If Contractor fails to cure a default within 30 days after notification, or if the default requires more than 30 days to cure and Contractor fails to commence to cure the default within 30 days after notification, then Contractor's failure shall constitute cause for termination of this Contract.

B. If Contractor fails to cure default within the specified period of time, County may elect to cure the default and any expense incurred shall be payable by Contractor to County. The contract may be terminated at County's sole discretion.

C. If County serves Contractor with a notice of default and Contractor fails to cure the default, Contractor waives any further notice of termination of this Contract.

D. If this Contract is terminated because of Contractor's default, County shall be entitled to recover from Contractor all damages allowed by law.

10. INDEMNIFICATION

A. Contractor will indemnify, hold harmless and assume the defense of the County of Solano, its officers, employees, agents and elective and appointive boards from all claims, losses, damages, including property damages, personal injury, death and liability of every kind, directly or indirectly arising from Contractor's operations or from any persons directly or indirectly employed by, or acting as agent for, Contractor, excepting the negligence or willful misconduct of the County of Solano. This indemnification shall extend to claims, losses, damages, injury and liability for injuries occurring after completion of Contractor's services, as well as during the progress of rendering such services.

B. Acceptance of insurance required by this Contract does not relieve Contractor from liability

under this indemnification clause. This indemnification clause shall apply to all damages or claims for damages suffered by Contractor's operations regardless of whether or not any insurance is applicable.

11. INDEPENDENT CONTRACTOR

A. Contractor is an independent contractor and not an agent, officer or employee of County. The parties mutually understand that this Contract is between two independent contractors and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association.

B. Contractor shall have no claim against County for employee rights or benefits including, but not limited to, seniority, vacation time, vacation pay, sick leave, personal time off, overtime, medical, dental or hospital benefits, retirement benefits, Social Security, disability, Workers' Compensation, unemployment insurance benefits, civil service protection, disability retirement benefits, paid holidays or other paid leaves of absence.

C. Contractor, and not County, is solely obligated to pay all taxes, deductions and other employer-related obligations with respect to Contractor's employees including, but not limited to, federal and state income taxes, withholding, Social Security, unemployment, disability insurance, Workers' Compensation and Medicare payments.

D. Contractor shall indemnify and hold County harmless from any liability which County may incur because of Contractor's failure to pay such obligations and County shall not be responsible for any employer-related costs not otherwise agreed to in advance between the County and Contractor.

E. As an independent contractor, Contractor is not subject to the direction and control of County except as to the final result contracted for under this Contract. County may not require Contractor to change Contractor's manner of doing business but may require redirection of efforts to fulfill this Contract.

F. Contractor may provide services to others during the same period Contractor provides service to County under this Contract.

G. Any third persons employed by Contractor shall be under Contractor's exclusive direction, supervision and control. Contractor shall determine all conditions of employment with respect to its employees including hours, wages, working conditions, discipline, hiring and discharging or any other condition of employment.

H. As an independent contractor, Contractor shall indemnify and hold County harmless from any claims that may be made against County based on any contention by a third party that an employer-employee relationship exists under this Contract.

I. Contractor, with full knowledge and understanding of the foregoing, freely, knowingly, willingly and voluntarily waives the right to assert any claim with respect to any right or benefit or term or condition of employment insofar as such claim may be related to or arise from compensation paid under this Contract.

12. RESPONSIBILITIES OF CONTRACTOR

A. The parties understand and agree that Contractor possesses the requisite skills necessary to perform the work under this Contract and County relies upon such skills. Contractor pledges to perform the work skillfully and professionally. County's acceptance of Contractor's work does not constitute a release of Contractor from professional responsibility.

B. Contractor verifies that Contractor has reviewed the scope of work to be performed under this Contract and agrees that in Contractor's professional judgment, the work can and shall be completed for costs within the maximum amount set forth in this Contract.

C. To fully comply with the terms and conditions of this Contract, Contractor shall:

(1) Establish and maintain a system of accounts for budgeted funds that complies with generally accepted accounting principles for government agencies;

(2) Document all costs by maintaining complete and accurate records of all financial transactions associated with this Contract, including, but not limited to, invoices and other official documentation that sufficiently support all charges under this Contract;

(3) Submit monthly reimbursement claims for expenditures that directly relate to this Contract;

(4) Be liable for repayment of any disallowed costs identified through quarterly reports, audits, monitoring or other sources; and

(5) Retain financial, programmatic, client data and other service records for 3 years from the date of the end of the contract award, for 3 years from the date of termination, or as required by applicable law or regulation, whichever is later.

D. Submit verification of non-profit status, if a requirement for the award of this Contract.

E. Obtain a bond at Contractor's sole expense in an amount sufficient to cover start-up funds if any were provided to Contractor from County.

F. Provide culturally and linguistically competent and age-appropriate service, to the extent feasible.

13. COMPLIANCE WITH LAW

A. Contractor shall comply with all federal, state and local laws and regulations applicable to Contractor's performance, including, but not limited to, licensing, employment and purchasing practices, wages, hours and conditions of employment.

B. To the extent federal funds are used in whole or in part to fund this Contract, Contractor specifically agrees to comply with Executive Order 11246 entitled "Equal Employment Opportunity", as amended and supplemented in Department of Labor regulations; the Copeland "Anti-Kickback" Act (18 U.S.C. §874) and its implementing regulations (29 C.F.R. part 3); the Clean Air Act (42 U.S.C. §7401 et seq.); the Clean Water Act (33 U.S.C. §1251); and the Energy Policy and Conservation Act (Pub. L. 94-165).

C. Contractor represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by County as set forth in 2 C.F.R. part 200, as currently enacted or as may be amended throughout the term of this Contract.

14. CONFIDENTIALITY

A. Contractor shall prevent unauthorized disclosure of confidential information including names and other client-identifying information, and mental health records (per Welfare & Institutions Code section 5328) except for statistical information not identifying a particular client receiving services under this Contract and use of confidential information shall be in accordance with Welfare & Institutions Code section 10850 and Division 19 of the California Department of Social Services Confidentiality, Fraud, Civil Rights, and State Hearings Manual of Policies and Procedures.

B. Contractor shall not use client specific information for any purpose other than carrying out Contractor's obligations under this Contract.

C. Contractor shall promptly transmit to County all requests for disclosure of confidential information.

D. Except as otherwise permitted by this Contract or authorized by law, Contractor shall not disclose any confidential information to anyone other than the State of California without prior written authorization from County.

E. For purposes of this section, identity shall include, but not be limited to, name, identifying number, symbol or other client identifying particulars, such as fingerprints, voice print or photograph. Client shall include individuals receiving services pursuant to this Contract.

15. CONFLICT OF INTEREST

A. Contractor represents that Contractor and/or Contractor's employees and/or their immediate families and/or Board of Directors and/or officers have no interest, including, but not limited to, other projects or independent contracts, and shall not acquire any interest, direct or indirect, including separate contracts for the work to be performed hereunder, which conflicts with the rendering of services under this Contract. Contractor shall employ or retain no such person while rendering services under this Contract. Services rendered by Contractor's associates or employees shall not relieve Contractor from personal responsibility under this clause. Contractor agrees to file a Statement of Economic Interest if specified in the applicable County department's Conflict of Interest policy or if required by Cal. Code Regs., tit. 2 §§ 18219, 18700.3, 18704, or 18734.

B. Contractor has an affirmative duty to disclose to County in writing the name(s) of any person(s) who have an actual, potential or apparent conflict of interest.

16. DRUG FREE WORKPLACE CERTIFICATION

By signing this Contract, Contractor certifies to the County that Contractor is knowledgeable of Government Code section 8350 et seq., and shall abide by and implement its statutory requirements to provide a drug-free workplace.

17. HEALTH AND SAFETY STANDARDS

Contractor shall abide by all health and safety standards set forth by the State of California and/or the County of Solano pursuant to the Injury and Illness Prevention Program. If applicable, Contractor must receive all health and safety information and training from County.

18. CHILD/ADULT ABUSE

If services pursuant to this Contract will be provided to children and/or elder adults, Contractor certifies that Contractor is knowledgeable of the Child Abuse and Neglect Reporting Act (Penal Code section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code section 15600 et seq.) requiring reporting of suspected abuse.

19. INSPECTION

Authorized representatives of County, the State of California and/or the federal government may inspect and/or audit Contractor's performance, place of business and/or records pertaining to this Contract.

20. NONDISCRIMINATION

A. In rendering services under this Contract, Contractor shall comply with all applicable federal, state and local laws, rules and regulations and shall not discriminate based on age, ancestry, color, gender, gender identity, marital status, medical condition, national origin, physical or mental disability, race, religion, sexual orientation, military status, or other protected status.

B. Further, Contractor shall not discriminate against its employees, which includes, but is not limited to, employment upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

21. SUBCONTRACTOR AND ASSIGNMENT

A. Services under this Contract are deemed to be personal services.

B. Subject to any required state or federal approval, Contractor shall not subcontract any work under this Contract without the prior written consent of the County's Contract Manager or assign this Contract or monies due without the prior written approval of the County's applicable Department Head or his or her designee and the County Administrator.

C. If County consents to the use of subcontractors, Contractor shall require and verify that its subcontractors (i) maintain insurance meeting all the requirements stated in Section 7 above; (ii) are not currently excluded, debarred, or otherwise ineligible to participate in a federally or state funded program; and (iii) satisfy all of Contractor's requirements under this Contract.

D. Assignment by Contractor of any monies due shall not constitute an assignment of the Contract.

22. UNFORESEEN CIRCUMSTANCES

Contractor is not responsible for any delay caused by natural disaster, war, civil disturbance, labor dispute or other cause beyond Contractor's reasonable control, provided Contractor gives written notice to County of the cause of the delay within 10 days of the start of the delay.

23. OWNERSHIP OF DOCUMENTS

A. County shall be the owner of and shall be entitled to possession of any computations, plans, correspondence or other pertinent data and information gathered by or computed by Contractor prior to termination of this Contract by County or upon completion of the work pursuant to this Contract.

B. No material prepared in connection with the project shall be subject to copyright in the United States or in any other country.

24. NOTICE

A. Any notice necessary to the performance of this Contract shall be given in writing by personal delivery or by prepaid first-class mail addressed as stated on the first page of this Contract.

B. If notice is given by personal delivery, notice is effective as of the date of personal delivery. If notice is given by mail, notice is effective as of the day following the date of mailing or the date of delivery reflected upon a return receipt, whichever occurs first.

25. NONRENEWAL

Contractor acknowledges that there is no guarantee that County will renew Contractor's services under a new contract following expiration or termination of this Contract. Contractor waives all rights to notice of non-renewal of Contractor's services.

26. COUNTY'S OBLIGATION SUBJECT TO AVAILABILITY OF FUNDS

A. The County's obligation under this Contract is subject to the availability of authorized funds. The County may terminate the Contract, or any part of the Contract work, without prejudice to any right or remedy of the County, for lack of appropriation of funds. If expected or actual funding is withdrawn, reduced or limited in any way prior to the expiration date set forth in this Contract, or any subsequent amendment, the County may, upon written Notice to the Contractor, terminate this Contract in whole or in part.

B. Payment shall not exceed the amount allowable for appropriation by the Board of Supervisors. If the Contract is terminated for non-appropriation of funds:

(1) The County will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination; and

(2) The Contractor shall be released from any obligation to provide further services pursuant to this Contract that are affected by the termination.

C. Funding for this Contract beyond the current appropriation year is conditional upon appropriation by the Board of Supervisors of sufficient funds to support the activities described in this Contract. Should such an appropriation not be approved, this Contract will terminate at the close of the current appropriation year.

D. This Contract is void and unenforceable if all or parts of federal or state funds applicable to this Contract are not available to County. If applicable funding is reduced, County may either:

- (1) Cancel this Contract; or,
- (2) Offer a contract amendment reflecting the reduced funding.

27. CHANGES AND AMENDMENTS

A. County may request changes in Contractor's scope of services. Any mutually agreed upon changes, including any increase or decrease in the amount of Contractor's compensation, shall be effective when incorporated in written amendments to this Contract.

B. The party desiring the revision shall request amendments to the terms and conditions of this Contract in writing. Any adjustment to this Contract shall be effective only upon the parties' mutual execution of an amendment in writing.

C. No verbal agreements or conversations prior to execution of this Contract or requested amendment shall affect or modify any of the terms or conditions of this Contract unless reduced to writing according to the applicable provisions of this Contract.

28. CHOICE OF LAW

The parties have executed and delivered this Contract in the County of Solano, State of California. The laws of the State of California shall govern the validity, enforceability or interpretation of this Contract. Solano County shall be the venue for any action or proceeding that is not subject to the jurisdiction of a federal court, in law or equity that may be brought in connection with this Contract. The United States District Court for the Eastern District of California shall be the venue for any action or proceeding that is subject to the jurisdiction of a federal court.

29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Contractor represents that it is knowledgeable of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations issued by the U.S. Department of Health and Human Services (45 C.F.R. parts 160-64) regarding the protection of health information obtained, created, or exchanged as a result of this Contract and shall abide by and implement its statutory requirements. State law may preempt HIPAA and Contractor must follow the most restrictive law, or both if applicable.

30. BACKGROUND SCREENING

A. If Contractor staff will have access to Personally Identifiable Information ("PII") and/or Protected Health Information ("PHI"), Contractor agrees to conduct a background screening of Contractor staff prior to granting access.

B. The background screening shall be commensurate with the risk and magnitude of harm the employee could cause. A more thorough screening shall be done for those employees who are authorized to bypass significant technical and operational security controls. County requires LiveScan, Office of Inspector General List of Excluded Individuals/Entities ("LEIE") and the General Services Administration ("GSA") Systems for Award Management ("SAM") screenings for all contractors and their workforce. In

addition, contractors billing for Medi-Cal services must screen against the Department of Health Care Services Medi-Cal Suspended and Ineligible Provider List.

C. Contractor shall retain each of its staff members' background screening documentation for a period of three years following the conclusion of the employment relationship.

31. WAIVER

Any failure of a party to assert any right under this Contract shall not constitute a waiver or a termination of that right, under this Contract or any of its provisions.

32. CONFLICTS IN THE CONTRACT DOCUMENTS

The Contract documents are intended to be complementary and interpreted in harmony so as to avoid conflict. In the event of conflict in the Contract documents, the parties agree that the document providing the highest quality and level of service to the County shall supersede any inconsistent term in these documents.

33. FAITH BASED ORGANIZATIONS

A. Contractor agrees and acknowledges that County may make funds available for programs or services affiliated with religious organizations under the following conditions: (a) the funds are made available on an equal basis as for programs or services affiliated with non-religious organizations; (b) the program funded does not have the substantial effect of supporting religious activities; (c) the funding is indirect, remote, or incidental to the religious purpose of the organization; and (d) the organization complies with the terms and conditions of this Contract.

B. Contractor agrees and acknowledges that County may not make funds available for programs or services affiliated with a religious organization (a) that has denied or continues to deny access to services on the basis of any protected class; (b) will use the funds for a religious purpose; (c) will use the funds for a program or service that subjects its participants to religious education.

C. Contractor agrees and acknowledges that all recipients of funding from County must: (a) comply with all legal requirements and restrictions imposed upon government-funded activities set forth in Article IX, section 8 and Article XVI, section 5 of the California Constitution and in the First Amendment to the United States Constitution; and (b) segregate such funding from all funding used for religious purposes.

34. PRICING

Should Contractor, at any time during the term of this Contract, provide the same goods or services under similar quantity, terms and conditions to one or more counties in the State of California at prices below those set forth in this Contract, then the parties agree to amend this Contract so that such lower prices shall be extended immediately to County for all future services.

35. USE OF PROVISIONS, TERMS, CONDITIONS AND PRICING BY OTHER PUBLIC AGENCIES

Contractor and County agree that the terms of this Contract may be extended to any other public agency located in the State of California, as provided for in this section. Another public agency wishing to use the provisions, terms, and pricing of this Contract to contract for equipment and services comparable to those described in this Contract shall be responsible for entering into its own contract with Contractor, as well as providing for its own payment provisions, making all payments, and obtaining any certificates of insurance and bonds that may be required. County is not responsible for providing to any other public agency any documentation relating this Contract or its implementation. Any public agency that uses

provisions, terms, or pricing of this Contract shall by virtue of doing so be deemed to indemnify and hold harmless County from all claims, demands, or causes of actions of every kind arising directly or indirectly with the use of this Contract. County makes no guarantee of usage by other users of this Contract nor shall the County incur any financial responsibility in connection with any contracts entered into by another public agency. Such other public agency shall accept sole responsibility for placing orders and making payments to Contractor.

36. DEBARMENT AND SUSPENSION CERTIFICATION

A. By signing this Contract, Contractor certifies to the County that its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in a federally funded program or to be awarded a contract, subcontract or grant by the State; (ii) have not been convicted of a criminal offense related to the provision of federally funded items or services nor has been previously excluded, debarred, or otherwise declared ineligible to participate in any federally funded programs or to be awarded a contract, subcontract or grant by the State, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in Contractor being excluded from participation in federally funded programs or from being awarded a contract, subcontract or grant by the State.

B. For purposes of this Contract, federally funded programs include, but are not limited to, any federal health program as defined in 42 USC § 1320a-7b(f) (the "Federal Healthcare Programs").

C. This certification shall be an ongoing certification during the term of this Contract and Contractor must immediately notify the County of any change in the status of the certification set forth in this section.

D. If services pursuant to this Contract involve federally funded programs, Contractor agrees to provide further certification of non-suspension with submission of each invoice. Failure to submit certification with invoices will result in a delay in County processing Contractor's payment.

37. EXECUTION IN COUNTERPARTS

This Contract may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument, it being understood that all parties need not sign the same counterpart. In the event that any signature is delivered by facsimile or electronic transmission (e.g., by e-mail delivery of a ".pdf" format data file), such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or electronic signature page were an original signature.

38. LOCAL EMPLOYMENT POLICY

Solano County desires, whenever possible, to hire qualified local residents to work on County projects. A local resident is defined as a person who resides in, or a business that is located in, Solano County. The County encourages an active outreach program on the part of its contractors, consultants and agents. When local projects require subcontractors, Contractor shall solicit proposals for qualified local residents where possible.

39. ENTIRE CONTRACT

This Contract, including any exhibits referenced, constitutes the entire agreement between the parties and there are no inducements, promises, terms, conditions or obligations made or entered into by County or Contractor other than those contained in it.

EXHIBIT D
SPECIAL TERMS AND CONDITIONS

1. CONTRACT EXTENSION

Notwithstanding Sections 2 and 3 of the Standard Contract, and unless terminated by either party prior to contract termination date, at County's sole election, this Contract may be extended for up to 90 days beyond the contract termination date to allow for continuation of services and sufficient time to complete a novation or renewal contract. In the event that this Contract is extended, compensation for the extension period shall not exceed \$1,176,216.

2. HIPAA CONTRACTOR AGREEMENT

Contractor shall execute the form attached as Exhibit D-1.

EXHIBIT D-1

**SOLANO COUNTY
HIPAA CONTRACTOR AGREEMENT**

CRESTWOOD BEHAVIORAL HEALTH, INC.

This Exhibit shall constitute the Business Associate Agreement (the "Agreement") between the County of Solano (the "County") and the Contractor or grant recipient (the "Contractor") and applies to the functions Contractor will perform on behalf of the County (collectively, "Services"), that is identified in Exhibit A, Scope of Work.

- A County wishes to disclose certain information to Contractor pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).
- B County and its Contractor acknowledge that Contractor is subject to the Privacy and Security Rules (45 CFR parts 160 and 164) promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 as amended by the Health Information Technology for Economic and Clinical Health Act as set forth in Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 ("HITECH Act), in certain aspects of its operations performed on behalf of the County.
- C As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require County to enter into an Agreement containing specific requirements with Contractor prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Agreement.

I. DEFINITIONS

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR parts 160 and 164.

1. **Breach** means the same as defined under the HITECH Act [42 U.S.C. section 17921].
2. **Contractor** means the same as defined under the Privacy Rule, the Security rule, and the HITECH Act, including, but not limited to, 42 U.S.C. section 17938 and 45 C.F.R. § 160.103.
3. **Breach of the Security of the Information System** means the unauthorized acquisition, including, but not limited to, access to, use, disclosure, modification or destruction, of unencrypted computerized data that materially compromises the security, confidentiality, or integrity of personal information maintained by or on behalf of the County. Good faith acquisition of personal information by an employee or agent of the information holder for the purposes of the information holder is not a breach of the security of the system; provided, that the personal information is not used or subject to further unauthorized disclosure.
4. **Commercial Use** means obtaining protected health information with the intent to sell, transfer or use it for commercial, or personal gain, or malicious harm; sale to third party for consumption, resale, or processing for resale; application or conversion of data to make a profit or obtain a benefit contrary to the intent of this Agreement.
5. **Covered Entity** means the same as defined under the Privacy Rule and the Security rule, including, but not limited to, 45 C.F.R. § 160.103.
6. **Designated Record Set** means the same as defined in 45 C.F.R. § 164.501.
7. **Electronic Protected Health Information (ePHI)** means the same as defined in 45 C.F.R. § 160.103.

8. **Electronic Health Record** means the same as defined shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. § 17921.
9. **Encryption** means the process using publicly known algorithms to convert plain text and other data into a form intended to protect the data from being able to be converted back to the original plain text by known technological means.
10. **Health Care Operations** means the same as defined in 45 C.F.R. § 164.501.
11. **Individual** means the same as defined in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
12. **Marketing** means the same as defined under 45 CFR § 164.501 and the act or process of promoting, selling, leasing or licensing any patient information or data for profit without the express written permission of County.
13. **Privacy Officer** means the same as defined in 45 C.F.R. § 164.530(a)(1). The Privacy Officer is the official designated by a County or Contractor to be responsible for compliance with HIPAA/HITECH regulations.
14. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR parts 160 and 164, subparts A and E.
15. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. § 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. §§ 160.103 and 164.501].
16. **Required By Law** means the same as defined in 45 CFR § 164.103.
17. **Security Rule** means the HIPAA Regulation that is codified at 45 C.F.R. parts 160 and 164, subparts A and C.
18. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
19. **Security Event** means an immediately reportable subset of security incidents which incident would include:
 - a. a suspected penetration of Contractor's information system of which the Contractor becomes aware of but for which it is not able to verify immediately upon becoming aware of the suspected incident that PHI was not accessed, stolen, used, disclosed, modified, or destroyed;
 - b. any indication, evidence, or other security documentation that the Contractor's network resources, including, but not limited to, software, network routers, firewalls, database and application servers, intrusion detection systems or other security appliances, may have been damaged, modified, taken over by proxy, or otherwise compromised, for which Contractor cannot refute the indication of the time the Contractor became aware of such indication;
 - c. a breach of the security of the Contractor's information system(s) by unauthorized acquisition, including, but not limited to, access to or use, disclosure, modification or destruction, of unencrypted computerized data and which incident materially compromises the security, confidentiality, or integrity of the PHI; and or,
 - d. the unauthorized acquisition, including but not limited to access to or use, disclosure, modification or destruction, of unencrypted PHI or other confidential information of the County by an employee or authorized user of Contractor's system(s) which materially compromises the security, confidentiality, or integrity of PHI or other confidential information of the County.

If data acquired (including but not limited to access to or use, disclosure, modification or destruction of such data) is in encrypted format but the decryption key which would allow the decoding of the data is also taken, the parties shall treat the acquisition as a breach for purposes of determining appropriate response.

20. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR parts 160 and 164, subparts A and C.
21. **Unsecured PHI** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary. Unsecured PHI shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. section 17932(h).

II. OBLIGATIONS OF CONTRACTOR

1. Compliance with the Privacy Rule: Contractor agrees to fully comply with the requirements under the Privacy Rule applicable to "Business Associates" as defined in the Privacy Rule and not use or further disclose Protected Health Information other than as permitted or required by this agreement or as required by law.
2. Compliance with the Security Rule: Contractor agrees to fully comply with the requirements under the Security Rule applicable to "Business Associates" as defined in the Security Rule.
3. Compliance with the HITECH Act: Contractor hereby acknowledges and agrees it will comply with the HITECH provisions as proscribed in the HITECH Act.

III. USES AND DISCLOSURES

Contractor shall not use Protected Health Information except for the purpose of performing Contractor's obligations under the Contract and as permitted by the Contract and this Agreement. Further, Contractor shall not use Protected Health Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by County.

1. Contractor may use Protected Health Information:
 - a. For functions, activities, and services for or on the Covered Entities' behalf for purposes specified in the Contract and this Agreement.
 - b. As authorized for Contractor's management, administrative or legal responsibilities as a Contractor of the County. The uses and disclosures of PHI may not exceed the limitations applicable to the County;
 - c. As required by law.
 - d. To provide Data Aggregation services to the County as permitted by 45 CFR § 164.504(e)(2)(i)(B).
 - e. To report violations of law to appropriate Federal and State authorities, consistent with CFR § 164.502(j)(1).
2. Any use of Protected Health Information by Contractor, its agents, or subcontractors, other than those purposes of the Agreement, shall require the express written authorization by the County and a Business Associate Agreement or amendment as necessary.
3. Contractor shall not disclose Protected Health Information to a health plan for payment or health care operations if the patient has requested this restriction and has paid out of pocket in full for the health care item or service to which the Protected Health information relates.
4. Contractor shall not directly or indirectly receive remuneration in exchange for Protected Health Information, except with the prior written consent of County and as permitted by the HITECH Act, 42 U.S.C. section 17935(d)(2); however, this prohibition shall not affect payment by the County to Contractor for services provided pursuant to the Contract.

5. Contractor shall not use or disclose Protected Health Information for prohibited activities including, but not limited to, marketing or fundraising purposes.
6. Contractor agrees to adequately and properly maintain all Protected Health Information received from, or created, on behalf of County.
7. If Contractor discloses Protected Health Information to a third party, Contractor must obtain, prior to making any such disclosure, i) reasonable written assurances from such third party that such Protected Health Information will be held confidential as provided pursuant to this Agreement and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify Contractor of any breaches of confidentiality of the Protected Health Information, to the extent it has obtained knowledge of such breach [42 U.S.C. section 17932; 45 C.F.R. §§ 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

IV. MINIMUM NECESSARY

Contractor (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Health necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. section 17935(b); 45 C.F.R. § 164.514(d)(3)]. Contractor understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."

V. APPROPRIATE SAFEGUARDS

1. Contractor shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Health Information otherwise than as permitted by this Agreement, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Health Information in accordance with 45 C.F.R. §§ 164.308, 164.310, and 164.312. [45 C.F.R. § 164.504(e)(2)(ii)(B); 45 C.F.R. § 164.308(b)]. Contractor shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. § 164.316. [42 U.S.C. section 17931].
2. Contractor agrees to comply with Subpart 45 CFR part 164 with respect to Electronic Protected Health Information (ePHI). Contractor must secure all Electronic Protected Health Information by technological means that render such information unusable, unreadable, or indecipherable to unauthorized individuals and in accordance with the National Institute of Standards Technology (NIST) Standards and Federal Information Processing Standards (FIPS) as applicable.
3. Contractor agrees that destruction of Protected Health Information on paper, film, or other hard copy media must involve either cross cut shredding or otherwise destroying the Protected Health Information so that it cannot be read or reconstructed.
4. Should any employee or subcontractor of Contractor have direct, authorized access to computer systems of the County that contain Protected Health Information, Contractor shall immediately notify County of any change of such personnel (e.g. employee or subcontractor termination, or change in assignment where such access is no longer necessary) in order for County to disable previously authorized access.

VI. AGENT AND SUBCONTRACTOR'S OF CONTRACTOR

1. Contractor shall ensure that any agents and subcontractors to whom it provides Protected Health Information, agree in writing to the same restrictions and conditions that apply to Contractor with respect to such PHI and implement the safeguards required with respect to Electronic PHI [45 C.F.R. § 164.504(e)(2)(ii)(D) and 45 C.F.R. § 164.308(b)].
2. Contractor shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. §§ 164.530(f) and 164.530(e)(1)).

VII. ACCESS TO PROTECTED HEALTH INFORMATION

1. If Contractor receives Protected Health Information from the County in a Designated Record Set, Contractor agrees to provide access to Protected Health Information in a Designated Record Set to the County in order to meet its requirements under 45 C.F.R. § 164.524.

2. Contractor shall make Protected Health Information maintained by Contractor or its agents or subcontractors in Designated Record Sets available to County for inspection and copying within five (5) days of a request by County to enable County to fulfill its obligations under state law, [Health and Safety Code section 123110] the Privacy Rule, including, but not limited to, 45 C.F.R. § 164.524 [45 C.F.R. § 164.504(e)(2)(ii)(E)]. If Contractor maintains an Electronic Health Record, Contractor shall provide such information in electronic format to enable County to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. section 17935(e).
3. If Contractor receives a request from an Individual for a copy of the individual's Protected Health Information, and the Protected Health Information is in the sole possession of the Contractor, Contractor will provide the requested copies to the individual in a timely manner. If Contractor receives a request for Protected Health Information not in its possession and in the possession of the County, or receives a request to exercise other individual rights as set forth in the Privacy Rule, Contractor shall promptly forward the request to the County. Contractor shall then assist County as necessary in responding to the request in a timely manner. If a Contractor provides copies of Protected Health Information to the individual, it may charge a reasonable fee for the copies as the regulations shall permit.
4. Contractor shall provide copies of HIPAA Privacy and Security Training records and HIPAA policies and procedures within five (5) calendar days upon request from the County.

VIII. AMENDMENT OF PROTECTED HEALTH INFORMATION

Upon receipt of notice from County, Contractor shall promptly amend or permit the County access to amend any portion of Protected Health Information in the designated record set which Contractor created for or received from the County so that the County may meet its amendment obligations under 45 CFR § 164.526. If any individual requests an amendment of Protected Information directly from Contractor or its agents or subcontractors, Contractor must notify the County in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by Contractor or its agents or subcontractors shall be the responsibility of the County [45 C.F.R. § 164.504(e)(2)(ii)(F)].

IX. ACCOUNTING OF DISCLOSURES

1. At the request of the County, and in the time and manner designed by the County, Contractor and its agents or subcontractors shall make available to the County, the information required to provide an accounting of disclosures to enable the County to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. § 164.528, and the HITECH Act, including but not limited to 42 U.S.C. § 17935. Contractor agrees to implement a process that allows for an accounting to be collected and maintained by the Contractor and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that Contractor maintains an electronic health record and is subject to this requirement.
2. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Health Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
3. In the event that the request for an accounting is delivered directly to Contractor or its agents or subcontractors, Contractor shall forward within five (5) calendar days a written copy of the request to the County. It shall be the County's responsibility to prepare and deliver any such accounting requested. Contractor shall not disclose any Protected Information except as set forth in this Agreement [45 C.F.R. §§ 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this paragraph shall survive the termination of this Agreement.

X. GOVERNMENTAL ACCESS TO RECORDS

Contractor shall make its internal practices, books and records relating to its use and disclosure of the protected health information it creates for or receives from the County, available to the County and to the Secretary of the U.S. Department of Health and Human for purposes of determining Contractors compliance with the Privacy rule [45 C.F.R. § 164.504(e)(2)(ii)(H)]. Contractor shall provide to the County a copy of any Protected Health Information that Contractor provides to the Secretary concurrently with providing such Protected Information to the Secretary.

XI. CERTIFICATION

To the extent that the County determines that such examination is necessary to comply with the Contractor's legal obligations pursuant to HIPAA relating to certification of its security practices, County, or its authorized agents or contractors may, at the County's expense, examine Contractor's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to County the extent to which Contractor's security safeguards comply with HIPAA Regulations, the HITECH Act, or this Agreement.

XII. BREACH OF UNSECURED PROTECTED HEALTH INFORMATION

1. In the case of a breach of unsecured Protected Health Information, Contractor shall comply with the applicable provisions of 42 U.S.C. § 17932 and 45 C.F.R. part 164, subpart D, including but not limited to 45 C.F.R. § 164.410.
2. Contractor agrees to notify County of any access, use or disclosure of Protected Health Information not permitted or provided for by this Agreement of which it becomes aware, including any breach as required in 45 C.F.R. § 164.410. or security incident immediately upon discovery by telephone at 707-784-3198 and hss-compliance@solanocounty.com or through the online reporting portal at <https://solanocounty.cgs.symplr.com/Portal> and will include, to the extent possible, the identification of each Individual whose unsecured Protect Health Information has been, or is reasonably believed by the Contractor to have been accessed, acquired, used, or disclosed, a description of the Protected Health Information involved, the nature of the unauthorized access, use or disclosure, the date of the occurrence, and a description of any remedial action taken or proposed to be taken by Contractor. Contractor will also provide to County any other available information that the County requests.
3. A breach or unauthorized access, use or disclosure shall be treated as discovered by the Contractor on the first day on which such unauthorized access, use, or disclosure is known, or should reasonably have been known, to the Contractor or to any person, other than the individual committing the unauthorized disclosure, that is an employee, officer, subcontractor, agent or other representative of the Contractor.
4. Contractor shall mitigate, to the extent practicable, any harmful effect that results from a breach, security incident, or unauthorized access, use or disclosure of unsecured Protected Health Information by Contractor or its employees, officers, subcontractors, agents or representatives.
5. Following a breach, security incident, or any unauthorized access, use or disclosure of unsecured Protected Health Information, Contractor agrees to take any and all corrective action necessary to prevent recurrence, to document any such action, and to make all documentation available to the County.
6. Except as provided by law, Contractor agrees that it will not inform any third party of a breach or unauthorized access, use or disclosure of Unsecured Protected Health Information without obtaining the County's prior written consent. County hereby reserves the sole right to determine whether and how such notice is to be provided to any individuals, regulatory agencies, or others as may be required by law, regulation or contract terms, as well as the contents of such notice. When applicable law requires the breach to be reported to a federal or state agency or that notice be given to media outlets, Contractor shall cooperate with and coordinate with County to ensure such reporting is in compliance with applicable law and to prevent duplicate reporting, and to determine responsibilities for reporting.
7. Contractor acknowledges that it is required to comply with the referenced rules and regulations and that Contractor (including its subcontractors) may be held liable and subject to penalties for failure to comply.
8. In meeting its obligations under this Agreement, it is understood that Contractor is not acting as the County's agent. In performance of the work, duties, and obligations and in the exercise of the rights granted under this Agreement, it is understood and agreed that Contractor is at all times acting an independent contractor in providing services pursuant to this Agreement and Exhibit A, Scope of Work.

XIII. TERMINATION OF AGREEMENT

1. Upon termination of this Agreement for any reason, Contractor shall return or destroy, at County's sole discretion, all other Protected Health Information received from the County, or created or received by Contractor on behalf of the County.
2. Contractor will retain no copies of Protected Health Information in possession of subcontractors or agents of Contractor.

3. Contractor shall provide the County notification of the conditions that make return or destruction not feasible, in the event that Contractor determines that returning or destroying the PHI is not feasible. If the County agrees that the return of the Protected Health Information is not feasible, Contractor shall extend the protections of this Agreement to such Protected Health Information and limit further use and disclosures of such Protected Health Information for so long as the Contractor or any of its agents or subcontractor maintains such information.
4. Contractor agrees to amend this Exhibit as necessary to comply with any newly enacted or issued state or federal law, rule, regulation or policy, or any judicial or administrative decision affecting the use or disclosure of Protected Health Information.
5. Contractor agrees to retain records, minus any Protected Health Information required to be returned by the above section, for a period of at least 7 years following termination of the Agreement. The determining date for retention of records shall be the last date of encounter, transaction, event, or creation of the record.

XIV. QUALIFIED SERVICE ORGANIZATION

To the extent that Contractor is also considered a Qualified Service Organization ("QSO"), with access to protected substance abuse treatment information, this Agreement shall be considered a Qualified Services Organization Agreement as required by 42 C.F.R. Part 2, and Contractor agrees to the following:

1. In receiving, storing, processing or otherwise dealing with any protected substance abuse information from County, Contractor is fully bound by the provisions of the federal regulations governing confidentiality of alcohol and drug abuse patient records, 42. C.F.R. Part 2.
2. If necessary, Contractor will resist in judicial proceedings any efforts to obtain access to protected substance abuse information, including patient identifying information related to substance use disorder diagnosis, treatment, or referral for treatment, except and unless access is expressly permitted under 42 C.F.R. Part 2. (See 42 C.F.R. § 2.12(c)(4).)

CERTIFICATION

I, the official named below, certify that I am duly authorized legally to bind the Contractor or grant recipient to the above described certification. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

Elena Mashkevich



05/08/2025
02:16 PM EDT

Contractor or Grant Recipient Signature	Date
Elena Mashkevich	
Official's Name (type or print)	
Executive Director	68-0399495
Title	Federal Tax ID Number