

**FIRST AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO AND SENECA CENTER**

This First Amendment is made on February 22, 2018, between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and Seneca Center ("Contractor").

1. Recitals

- A. The parties entered into a contract dated July 1, 2017 (the "Contract"), in which Contractor agreed to provide Katie A Services and EPSDT services to youth ages 6-21.
- B. The County now needs to modify the Scope of Work of the Contract.
- C. This First Amendment represents an increase of \$200,000 of the Contract.
- D. The parties agree to amend the Contract as set forth below.

2. Agreement

A. Amount of Contract

Section 3 is deleted in its entirety and replaced with: "The maximum amount of this Contract is \$650,000."

B. Scope of Work

Exhibit A is deleted in its entirety and replaced with the Scope of Work attached to and incorporated by this reference as Exhibits A-1 and A-2.

3. Effectiveness of Contract

Except as set forth in this First Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

COUNTY OF SOLANO, a Political
Subdivision of the State of California

CONTRACTOR

By _____
Birgitta E. Corsello
County Administrator

By Katherine West 
Katherine West, Chief Operating Officer

APPROVED AS TO FORM

APPROVED AS TO CONTENT

By Bernadette Curry 
County Counsel

By Tonya Nowakowski 
Gerald R. Huber, Director
Health and Social Services Department

EXHIBIT A-1 **SCOPE OF WORK**

I. PROGRAM DESCRIPTION

Seneca, a California non-profit corporation ("Contractor") will provide foster youth age 5 ½ to 21 (up to the client's 21st birthday) that meet the California Katie A. Settlement Agreement and AB 403 Continuum of Care Reform (CCR) criteria and are eligible for the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Medi-Cal Program to address short and long term behavioral health care needs for the County of Solano, a political subdivision of the State of California ("County"). The Katie A. Services (KAS) program will provide services which shall encompass the entire family unit, including caretakers, and should generally be provided in the home. The service must aim at improving long-term outcomes for foster children and their families by providing services that are effective in reducing maltreatment, improving caretaking and coping skills, enhancing resiliency, supporting healthy and nurturing relationships and children's physical, mental, emotional and educational well-being. Additionally, the service must monitor and address any safety concerns for the child(ren). The intervention must be strength-based with the client/caretaker participating in identifying the focus of services. Contractor will provide expanded services for children/youth identified as meeting criteria for both Katie A. and CCR.

Foster Child Services & Supports programming is outlined in the Solano County Mental Health Services Act (MHSA) Integrated Three-Year Plan for Fiscal Year FY 2017/18 through 2019/20.

II. CONTRACTOR RESPONSIBILITIES:

1. PROGRAM SPECIFIC ACTIVITIES

- A. Contractor will serve children/youth who are:
 - 1. Under the age of 21
 - 2. Eligible for full-scope Medi-Cal services
 - 3. Determined to meet medical necessity for Specialty Mental Health Services
- B. All referrals, including those made within Seneca, must be routed through the County's Foster Care Unit designee.
- C. Services will be provided based on a treatment plan developed together with client. Services will include, but not limited to services listed in Exhibit B-1.
- D. Services may be provided to youth residing outside of Solano County.
- E. When Contractor authorizes adjunct services, Contractor will submit the following current chart documentation within 10 business days of request from adjunct provider:
 - 1. Assessment
 - 2. Client service plans
 - 3. Authorization for services
 - i. Contractor shall submit County Quality Improvement (QI) approved updated Service Authorization and Plan Addendum/s to adjunct provider within 3 business days of receipt from QI.
- F. Contractor will facilitate Child and Family Team meetings at least once a quarter to ensure coordination among all service providers.
- G. When referring clients to the County for psychiatry services, Contractor will follow the Psychiatric Medication Child and Family Team Meeting Protocol (See Exhibit A-1) and comply with all requirements outlined in the protocol.
- H. When a County psychiatrist is authorized as an adjunct service, Contractor must coordinate with the County psychiatrist before transferring Primary Service Coordinator role to the County.

- I. If client requires a higher level of service, Contractor will complete the appropriate Transition in Care referral form (youth or adult), after meeting with client for at least 3 months unless the client's acuity and risk factors warrant a higher level of care sooner.
- J. Contractor will complete any 6 month assessments or annual assessments that are due within 30 days before transferring a case to another mental health provider.
- K. When Therapeutic Visitation Services or another mental health provider is waiting for the Contractor to complete the intake assessment process, Contractor will make every effort to complete the intake assessment and client service plan within 30 days or sooner of the first face to face meeting with client.
- L. All cases beyond twelve months from intake will be identified by the Contractor. Contractor will complete the "Request to Extend Services Beyond 1 Year" form provided by the County for each of these clients and will provide a written justification to continue services.
- M. When the Contractor has shared case management responsibility with other mental health providers, the Contractor shall notify those providers before termination of services to assure a seamless transfer of service to an appropriate mental health providers and level of care.

2. GENERAL ACTIVITIES

- A. Provide mental health services that are strengths-based, person-centered, safe, effective, timely and equitable; supported by friends and the community; with an emphasis on promoting wellness and recovery.
- B. Ensure that service frequency is individualized and based upon the need of each consumer and in accordance with the County MHP level of care system.
- C. Make coordination of service care an integral part of service delivery which includes providing education and support to consumers/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 consumers entered into the Solano County MHP electronic health record Contractor shall adhere to documentation standards set forth by the MHP in accordance with Solano Behavioral Health trainings, practices and documentation manual.
- E. Ensure that direct clinical services are provided by licensed, registered or waived clinicians or trained support counselors.
 - 1. Assessment activities and therapy treatment services (1:1 therapy, family therapy, and group psychotherapy) can only be provided by licensed or registered clinicians.
 - 2. "Other Qualified Providers", such as mental health specialist level staff, are authorized to bill for Medi-Cal reimbursable mental health services, such as targeted case management, rehabilitative services, collateral, or plan development.
 - 3. 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. The Child Adolescent Needs & Strengths (ages 3-21) assessment or Adult Needs & Strength Assessment (ANSA) (ages 18+) outcomes instrument shall be used with all County consumers at the required intervals of initial assessment, 6 month intervals, and discharge from treatment. Primary Service Coordinators and Treatment planning teams

shall use CANS/ANSA assessment data to determine treatment progress, areas of treatment focus and support continued need for treatment or for treatment reduction or discharge. The Primary Service Coordinator shall be responsible for completing these instruments and shall consult with other ancillary treatment providers as required by the administration protocol and/or sound clinical practice.

- H. Participate in County Mental Health Services Act (MHSA) planning activities as requested to include the MHSA Partner meeting, stakeholder planning meetings, etc.
- I. Include in all media related to the scope of work of program funded activities by this Contract and provided to the public, a reference to the Solano County Board of Supervisors, Health and Social Services and the Mental Health Services Act as the sponsors and funding source. When logos are used on your material please include a copy of the County seal as well as the MHSA logo. These materials will be made available to you at your request.

3. PERFORMANCE MEASURES

- A. Contractor will serve 65-75 unduplicated clients during the fiscal year (increase with A-1 prorated per date A-1 effective).
- B. At least 75% of clients will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in CANS/ANSA needs score, or increase in CANS/ANSA strength score.
- C. At least 80% of clients will remain in a stable placement or transition to a lower level of care.
- D. At least 80% of clients will have an increase in natural support people involved in the clients treatment.
- E. At least 85% of eligible clients will have Katie A. Child, Family, and Team (CFT) meetings that occur within the mandated 90-day timeframe.

4. REPORTING REQUIREMENTS

- A. Contractor will submit the Seneca Katie A Child and Family Team Meeting (CFTM) Spreadsheet by the 15th of each month to the County Program Liaison or designee. The report will include the following:
 - 1. Client Name
 - 2. Eligibility Status: Pathways or Katie A Subclass
 - 3. Dates of entry and discharge
 - 4. Date of initial CFTM
 - 5. Date of most CFTM
 - 6. If CFTM is not conducted, reason why
- B. Contractor will collect, compile and submit monthly MHSA agreed upon contract deliverables and client demographic data by the 15th of each month unless granted an extension by the County Contract Manager or designee and be responsible for the following:
 - 1. Submit the monthly Service Delivery Reporting Form which includes:
 - i. Number of unduplicated individuals served
 - ii. Number of services provided per specific program activities
 - iii. Unduplicated count of consumers served in each program activity
 - 2. Submit the monthly Demographic Report Form to include demographic categories determined by MHSA regulations which include:
 - i. Age group
 - ii. Race
 - iii. Ethnicity
 - iv. Primary Languages

- v. Sexual orientation
 - vi. Gender assigned sex at birth
 - vii. Current gender identity
 - viii. Disability status
 - ix. Veteran status
- C. Contractor will prepare a biannual and annual evaluation of program activities, submitted by January 15th and July 15th of each contract year including aggregated data and narrative reports on program deliverables. The following information should be included:
- 1. Compilation of all biannual/annual data
 - 2. Narrative of collaborative aspects of the program, if applicable
 - 3. Agreed upon client outcomes and benchmarks for success
 - 4. Any challenges or barriers to the provision of services

5. CONTRACT MONITORING MEETINGS

Contractor will meet with County on a quarterly basis on an agreed upon date to review contract performance and to discuss how the County can best support the Contractor.

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, HITECH, and any other applicable statutes and regulations. County's Patients' Rights advocate will be given access to clients, and facility personnel to monitor Contractor's compliance with said statutes and regulation.
- B. Freedom of Choice: County shall inform individuals 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.

7. CULTURAL COMPETENCE

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

- A. Contractor shall provide services pursuant to this Contract 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 Mental Health Plan Cultural Competence 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 beneficiaries under Contract with Solano County are required to participate as requested in the development and implementation of specific Solano County Cultural Competence Plan provisions. Accordingly, Contractor agrees, at a minimum to:
 - 1. Develop and assure compliance with administrative and human resource policy and procedural requirements to support the hiring and retention of a diverse workforce.

2. Provide culturally sensitive service provision including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.
- C. 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 shall ensure that all staff members are trained on how to access interpreter services.
 3. Contractor will provide all informational materials, legal forms and clinical documents that the consumer or family member may review and/or sign in the consumer/family member's preferred language whenever possible.
 4. Contractor shall at a minimum provide translation of written informational materials, legal forms, clinical documents, in the County's threshold language of Spanish for Spanish-preferred consumers and/or family members.
- D. Cultural Competence Training:
1. Contractor shall ensure that all staff members including direct service providers, office support, and leadership complete at least one training in cultural competency per year.
 - i. Contractor will provide evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving compliance training to County Quality Improvement annually.
 2. 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 in terms often used in the mental health field is recommended.
- E. Participate in County and agency sponsored training programs to improve the quality of services to the diverse population in Solano County.

8. QUALITY IMPROVEMENT ACTIVITIES

- A. 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 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.
 - i. Contractor will communicate any such changes within 60 days to County Quality Improvement, utilizing the most up-to-date version of the *Solano County Behavioral Health Division Medi-Cal Certification Update Form*.
 3. Per DHCS requirements, Contractor shall establish hours of operation to serve Medi-Cal consumers that are the same as those hours for serving non-Medi-Cal clients.

B. Staff Credentialing:

1. 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 Quality Improvement using County Staff Master form.

C. Access:

1. Contractor will ensure that upon receiving written referral or request for service, Contractor will contact consumer within 3-5 business days and offer an assessment within 10 business days. In the event that this timeline cannot be met:
 - i. Contractor will notify the appointed County Contract Manager or the County designee within two (2) business days.
 - ii. For consumers with Medi-Cal insurance who will be served under the MHP a Notice of Action E will be utilized in accordance with the MHP guidelines.
2. Contractor will forward confirmation of all consumer intakes, not initially referred from the County, to the County's Access unit.
3. Contractor will provide staff to work with County Quality Improvement to make multiple (no less than four) test calls for the County business and after-hours access telephone line, during one month per fiscal year.

D. Contractor shall maintain medical records in such a manner that all required documentation for every consumer is stored in the 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 Improvement documentation trainings and manual.

1. Only one assessment and treatment plan covering the service authorization period is necessary to justify medical necessity for services. If another program is the Primary Service Coordinator and has completed an assessment and treatment plan, Contractor will utilize the already completed documentation to establish medical necessity for treatment, or complete a brief update to any area in need of supplemental information.
2. Required documentation includes, but is not limited to, the following:
 - i. Informing Materials
 - ii. Clinical Behavioral Health Assessment
 - iii. Consumer Treatment Plan
 - iv. Service Authorization
 - v. General Consent for Treatment
 - vi. Medication Consent
 - vii. Authorizations to Release Medical Records
 - viii. Acknowledgement of Receipt of Notice of Privacy Practices
 - ix. Notices of Action (if applicable, must be sent to Quality Improvement within 5 business days)

E. Concurrent Review:

1. Contractor shall coordinate with County Quality Improvement, when requesting service authorization for a client, to provide an Assessment, Consumer Treatment Plan, Service Authorization, and any other relevant documents deemed necessary by County prior to authorizing services.
2. Contractor will respond to County Quality Improvement's request for clinically amended documentation and resubmit documentation within 5 business days of receiving request.

F. Problem Resolution:

1. Contractor shall adopt and implement the County Health and Social Services Department, Behavioral Health Division's Problem Resolution process.
 - i. The County Problem Resolution process includes Grievance, Appeal, and Expedited Appeals, as stipulated in County policy *ADM141 Beneficiary Problem Resolution Process – Grievances*, *ADM136 Beneficiary Problem Resolution Process—Mental Health Services Act Issues*, *ADM142 Beneficiary Problem Resolution Process – Appeals*, *ADM143 Beneficiary Problem Resolution Process – Expedited Appeals*, *ADM132 Request to Change Service Provider*, and *AAA210 Beneficiary Right of a Second Opinion*.
2. Contractor duties regarding Problem Resolution include, but are not limited to, the following:
 - i. Contractor shall post County notices and make available County forms and other materials informing consumers 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", "Mental Health Service Act Issues Form", and the "Request to Change Service Provider". Contractor shall aid consumers in filing a grievance when requested and shall not retaliate in any manner against anyone who files a grievance.
 - ii. Contractor shall forward all Problem Resolution Process brochures written and completed by or on behalf of a consumer of the MHP to County Quality Improvement, immediately but no later than 24 hours from receipt, whether or not Contractor has resolved the problem.
 - iii. Contractor shall communicate and collaborate directly with the County Quality Improvement 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.

G. 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:
 - i. Contractor shall verbally notify County Quality Improvement immediately but no later than 4 hours after a serious incident.
 - ii. Contractor shall fax the written SIR to County Quality Improvement within 24 hours of the incident or sooner.
 - iii. Contractor shall communicate directly with the County Quality Improvement designee to provide any additional information needed regarding the reported incident.
 - iv. Contractor and County Behavioral Health Administration/Quality Improvement shall discuss and develop recommendations to achieve more desired outcomes in the future.
 - v. Data breaches or security incidents are required to be reported to both County Quality Improvement and County Health & Social Services Compliance Unit concurrently immediately upon discovery and no later than 24 hours.

H. 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:
 - i. 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 Improvement. Contractor will submit a revised plan if County determines the plan to be inadequate.
 - ii. Internal review of Assessments/Plans – Contractor will internally review at least 25% of all Assessments and Treatment plans. A quarterly report will be sent to County Quality Improvement.
 - iii. Internal review of provider progress notes – Contractor will internally review at least 10% of every provider's progress notes. A quarterly report will be sent to County Quality Improvement.
 - iv. 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.

I. Quality Improvement Committee:

1. Contractor will provide a representative to participate in County quarterly Quality Improvement Committees.
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.

J. 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*.
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.

K. Compliance Investigations:

1. 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 Agreement. 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 consumers receiving services, and other data relating to all matters covered by this Agreement.

L. Service Verification:

1. Contractor will submit an executed copy of Contractor Service Verification Policy once created, and will provide 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 Improvement Service Verification Coordinator at intervals during the fiscal year as stipulated by County policy *QI620*.
- M. 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:
 - i. 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.
 - ii. Contractor will ensure all service providers receive a background check as a condition of employment as stringent as the County background policy requirements.
 - iii. 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.
 - iv. 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.
- N. Contractor will ensure that all Contractor staff, including administrative, provider, and management staff, receive formal Compliance training on an annual basis.
 1. Contractor will provide evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving compliance training to County Quality Improvement annually.
- O. Performance Data (1915b Waiver Special Terms and Conditions):
 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.

9. CONFIDENTIALITY OF MENTAL HEALTH RECORDS

- A. Contractor warrants that Contractor is knowledgeable of Welfare and Institutions Code section 5328 respecting confidentiality of records. County and Contractor shall maintain the confidentiality of any information regarding consumers (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 electronic health record for consumers for which they have open episodes of care and for which individual staff have 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 Improvement and HSS 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:

1. Provide training and technical assistance on the use of the Netsmart Avatar electronic health record system. (only if vendor will be entering services into Avatar)
2. Identify a County designee, from the County Mental Health Foster Care Treatment Unit to coordinate case referrals and the clinical implementation of the program.
3. Providing feedback on performance measures objectives in a timely manner to seek a proactive solution.
4. Provide technical assistance in the form of phone consultations, site visits and meetings to address challenges in implementation and performance of the Contract.
5. Develop reporting forms not otherwise detailed in this Contract in coordination with Contractor.
6. Providing feedback on fiscal performance and process budget modifications and contract amendments as appropriate.

EXHIBIT A-2
SCOPE OF WORK

PROTOCOL: PSYCHIATRIC MEDICATION CHILD AND FAMILY TEAM (CFT) MEETING

Section Contents

1. General Overview
2. Protocol
3. Procedures

General Overview:

A main goal of the Psychiatric Medication CFT meeting is to solicit information from team members to provide the psychiatrist with all the initial information that is required by the juvenile court and by the psychiatrist to make an accurate diagnosis and have a basis for prescribing medicine, if appropriate. If a referral for a psychiatric medication assessment is made, the decision to prescribe medication or not will be at the sole discretion of the psychiatrist.

Protocol:

This protocol describes the process to make an initial referral for a foster youth to meet with a psychiatrist for a medication assessment. The purpose of the Psychiatric Medication CFT is to discuss symptoms and behaviors that have led one or more interested parties to believe that a referral for a psychiatric medication assessment may be indicated. Conversation should not focus on diagnosis as this is not a clinical meeting. It is integral that the team, which is comprised of significant parties in the child's life, remain focused on behaviors and symptoms. Only the psychiatrist can decide whether medications are an appropriate intervention for a specific case. Given there will be a lot of discussion of difficult behaviors and symptoms, it is important to remember to talk about strengths and acknowledge the client as a whole person.

The following people can request a Psychiatric Child and Family Team Meeting:

1. Substitute Care Provider (SCP)
2. Foster Family Agency (FFA)
3. CWS staff
4. Probation
5. Clinician
6. Attorneys
7. Other service providers
 - a) Teachers and others may go through Social Worker or MH Clinician to request a meeting

The following people can attend a Psychiatric Child and Family Team Meeting: However, a client age 12 and over can exclude any of these participants from the CFT meeting. Due to legal reasons, CWS may also exclude some of the participants from the CFT meeting even if the client would like that person to attend.

1. Substitute Care Provider (SCP)
2. Foster Family Agency (FFA)
3. CWS staff
4. Probation
5. Clinician

6. CASA
7. Parents
8. Court appointed Educational Surrogate
9. Other service providers or important people in the client's life

Criteria for calling a meeting:

1. Completion of at least 4 therapy appointments with a MH clinician, or
2. If symptoms are considered severe the request can be made prior to 4 therapy appointments, such as recent 5150 or pending discharge from a psychiatric facility.
3. If foster youth is currently on medication, an appointment should be made without calling a Psychiatric Medication CFT.

Procedures:

If a request is made for a foster youth to be assessed for medication, follow these procedures:

Step	Parties	Actions
1	SW or Clinician	Complete the "Request for Child & Family Team Meeting" form and select "Psych Meds" as the meeting type.
2	SW or Clinician	Submit the completed form to the ICC Coordinator/Facilitator. Please note youth age 12 and older must be given an opportunity to exclude or include all participants you select to attend their meeting.
3	ICC Coordinator or Facilitator	Will set up a meeting with the participants listed on the referral form.
4	ICC Coordinator or Facilitator	Will ask the following questions during the meeting: <ol style="list-style-type: none">1. Has the client ever been prescribed psychotropic medication in the past? If so, when, what medication and for what symptoms?2. Does the client have any significant medical history that the psychiatrist should be aware of that could interact with other medications, such as asthma, diabetes, high blood pressure?3. Describe the client's current symptoms and behaviors, including duration in different settings, (i.e. school, home, in the community).4. What services have been offered to the client in the past six months? What has been the client's response to services (i.e. did they accept services, level of participation, has there been changes in symptoms or behaviors)?5. What services will be offered to the client moving forward?6. Has the client expressed any thoughts, opinions, questions or concerns about medications? Who engaged the client in the discussion and when?
5	Clinician	Will take notes and enter the answers to the questions in step 4 into a progress note in Avatar. At the top of the note, write "Psychiatric Medication CFT" in all capital letters to make it easier for the doctor to find the note. The note will be written within 3 days so that it will be available to the psychiatrist in a timely fashion. Note should include if the clinician and foster youth (age 12 and over) agrees or disagrees with the final recommendation about the medication assessment.

6	Contracted Clinician	Since contractors do not have access to progress notes in Avatar, Contracted Clinician will complete the “Psychiatric Medication Child and Family Team Meeting Client Referral Information” form that addresses the questions in step 4.
7	SW	SW will bring a blank copy of the JV 224 – “County Report on Psychotropic Medication” to the CFT meeting and complete the form during the meeting. If SW forgets to bring the JV 224 to the meeting, SW will take notes and transfer the information from your meeting notes to the JV 224.
8	Clinician	If 2 or more participants in the meeting believe a referral should be made, submit “Referral for Psychiatric Assessment” form. <ul style="list-style-type: none"> Please note, if multiple FFA staff are present, they represent one collective vote. For the purposes of this meeting, foster parents are considered FFA staff.
9	Contracted Clinician	If 2 or more participants in the meeting believe a referral should be made, submit “Referral for Psychiatric Assessment” form. Attach a copy of the completed “Psychiatric Medication Child and Family Team Meeting Client Referral Information” form to the Referral for Psychiatric Assessment so that the psychiatrist will have the answers to the clinical questions outlined in step 4. <ul style="list-style-type: none"> Please note, if multiple FFA staff are present, they represent one collective vote. For the purposes of this meeting, foster parents are considered FFA staff.
10	ICC Coordinator or Facilitator	Will develop and review the action plan, which should include interventions to address the behaviors/symptoms discussed at the meeting. Action plan should also note if the clinician and foster youth (age 12 and over) agrees or disagrees with the final recommendation about the medication assessment. Copies of the action plan will be passed out at the end of the meeting.
11	ICC Coordinator or Facilitator	If client is prescribed medication, subsequent CFT meetings should follow up on the client’s response to medication with a focus on symptoms, behaviors, and duration in different settings.
12	Clinician	In a progress note, clinician will document the client’s response to medication, including any concerns, changes in behaviors/symptoms and/or side effects.
13	ICC Coordinator or Facilitator	If team decides <u>not</u> to make a referral for a medication assessment, coordinator will follow up in subsequent CFT meetings to discuss client’s response to the alternative interventions listed on the action plan.
14	Clinician and SW	If team decides <u>not</u> to make a referral for a medication assessment and no further CFT meetings are necessary, clinician and SW will monitor client’s response to the alternative interventions outlined on the action plan.