

AGREEMENT FOR SERVICES #227-169-M-E2010

THIS AGREEMENT made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "COUNTY") and South Lake Tahoe Family Resource Center, a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 3501 Spruce Avenue, Suite B, South Lake Tahoe, CA 96150 (hereinafter referred to as "CONTRACTOR");

RECITALS

WHEREAS, on November 10, 2009 the El Dorado County Board of Supervisors approved a Prevention and Early Intervention (PEI) Plan for submission to the State of California that specified a proposed expenditure of Mental Health Services Act (MHSA) funds to support a Health Disparities Program in the South Lake Tahoe for the Health Services Department, Mental Health Division (MHD); and

WHEREAS, CONTRACTOR has represented to COUNTY that it is specially trained, experienced, expert and competent to perform the special services required hereunder and COUNTY has determined to rely upon such representations; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with all applicable federal, state and local laws; and

WHEREAS, COUNTY has determined that the provision of these services provided by CONTRACTOR is in the public's best interest, and that these services are more economically and feasibly performed by outside independent contractors as well as authorized by El Dorado County Charter, Section 210 (b) (6) and/or Government Code 31000;

NOW, THEREFORE, COUNTY and CONTRACTOR mutually agree as follows:

Article I. SCOPE OF SERVICES

CONTRACTOR agrees to provide services in support of the El Dorado County Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Health Disparities Program to address the needs of the local Latino population. Specifically, CONTRACTOR will provide:

- A Promotora services program which provides bilingual/bicultural, Spanish-speaking outreach, engagement, screening, administration of outcome and satisfaction survey measures, service linkage, interpretation services, and peer/family support to increase access and decrease health disparities in mental health for Latino individuals and families consistent with the program description in Exhibit "A", marked "Family Resource Center Promotora Program Description", incorporated herein and made by reference a part hereof. This strategy is intended to reduce the barriers to mental healthcare access thereby decreasing the health disparities experienced by the Latino population; and,
- An early intervention counseling program which provides bilingual/bicultural Spanish-speaking counseling services for at-risk Latino individuals and their families.
- A comprehensive community-based mental health services center providing culturally-specific programs for the local Latino population. This Center is funded to provide a range of services from outreach, engagement, screening, service linkage, interpretation services, peer and family support, and youth, adult and family psycho-education, skill development, and counseling. To this end, a team of staff shall work in concert with the Promotoras, fulfilling roles consistent with the position descriptions in Exhibit "A".

Service delivery data collection is a critical component of the Agreement. Therefore, Exhibit "B" marked "Monthly Service Delivery Report", incorporated herein and made by reference a part hereof, shall be completed by CONTRACTOR staff and shall be submitted on a monthly basis with the invoice. This report form may be modified to incorporate improvements in design that are mutually acceptable to the parties and approved in writing by County Health Services Director or designee.

Article II. TERM

This Agreement shall become effective upon final execution by both parties hereto and shall cover the period of July 1, 2010 to June 30, 2011 unless earlier terminated pursuant to the provisions under Articles XI and XII herein.

Article III. COMPENSATION FOR SERVICES

CONTRACTOR shall submit monthly invoices no later than thirty (30) days following the end of a "service month" except in those instances where CONTRACTOR obtains written approval from the County Health Services Director or Director's designee granting an extension of the time to complete billing for services or expenses. For billing purposes, a "service month" shall be defined as a calendar month during which CONTRACTOR provides services in accordance with ARTICLE I, "Scope of Services".

For services provided herein, COUNTY agrees to pay CONTRACTOR monthly in arrears and within forty-five (45) days following the COUNTY'S receipt and approval of itemized invoices(s) identifying services rendered, as documented on Monthly Service Delivery Report required by Article I, Scope of Service. Payment shall be made only for actual services rendered.

The billing rates for CONTRACTOR'S services (inclusive of employees wages, benefits, indirect and overhead expenses) shall be in accordance with Exhibit "C", marked "Fee Schedule", incorporated herein and made by reference a part hereof.

Reimbursable expenses are limited to relevant training and travel pre-approved by the MHD, program supplies such as mental health services curriculum materials, food, and childcare toys as appropriate for the strategies applied in this program per Exhibit "C". Original receipts must be submitted on a monthly basis with the invoice noting the purpose for the supplies, training and travel.

Invoices are to be sent accordingly to:

El Dorado County Health Services Department, Mental Health Division
Attn: Accounts Payable
670 Placerville Drive, Suite 1B
Placerville, CA 95667

The total amount of this agreement shall not exceed \$136,900.00.

Article IV. PERFORMANCE REQUIREMENTS

Code of Conduct - CONTRACTOR shall establish a written Code of Conduct for employees and the Board of Directors which shall include, but not be limited to, standards related to drugs and alcohol; staff relations with clients; prohibition of sexual relations with clients; and conflict of interest. Prior to providing any services pursuant to this Agreement, all employees, volunteers and interns shall agree, in writing, to maintain the standards set forth in the Code of Conduct. Staff covered under this Agreement will submit a signed copy to the Administrator. A copy of the Code of Conduct shall be provided to each client and shall be posted in writing in a prominent place in the CONTRACTOR'S facilities.

Cultural Competency - CONTRACTOR shall provide these services in an atmosphere of cultural competency, offering services that will meet the needs of participants from different cultural backgrounds. Free interpretation services shall be available for each client and can be accessed, at no cost to CONTRACTOR, via the interpretation services agreement maintained by COUNTY. CONTRACTOR staff shall participate in the MHD's cultural competency training program.

Confidentiality - Prior to providing any services pursuant to this Agreement, all employees, subcontractors, and volunteer staff or interns of CONTRACTOR shall agree, in writing, with CONTRACTOR to maintain the confidentiality of any and all information and records which may be obtained in the course of providing such services.

HIPAA – Under this Agreement, CONTRACTOR will provide services to COUNTY and in conjunction with the provision of such services, certain Protected Health Information (“PHI”) may be made available to CONTRACTOR for the purposes of carrying out its obligations. CONTRACTOR agrees to comply with all the terms and conditions of Exhibit “D” , marked “HIPAA Business Associate Agreement”, incorporated herein and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the regulations promulgated thereunder. Any material breach of the HIPAA Business Associate Agreement shall be grounds for default termination of this Agreement.

Record Retention – Financial and client records shall be retained by CONTRACTOR for five (5) years from the date of submission of final payment that pertains to this Agreement. Records which relate to litigation or settlement of claims arising out of the performance of this Agreement, or cost and expenses of this Agreement to which exception has been taken by County or State governments, shall be retained by CONTRACTOR until disposition of such appeals, litigation, claims or exceptions is completed.

Report and Other Documentation Submission Timeframes – CONTRACTOR shall provide service delivery reports quarterly and annually including, but not be limited to the following: Exhibit “E”, marked “MHSA Family Resource Center Client Registration”, incorporated herein and made by reference a part hereof (due thirty days after the end of each fiscal year quarter). This confidential document shall be submitted electronically to the COUNTY through a HIPAA compliant confidential server. CONTRACTOR will be given access to this confidential server by the COUNTY. Exhibit “F”, marked “MHSA Family Resource Center Year End Progress Report”, incorporated herein and made by reference a part hereof, shall be submitted to the MHD annually (due dates vary based on the State Department of Mental Health’s deadlines).

In addition, upon client registration and at the beginning of each fiscal year quarter, a CIOM Consumer Feedback Form, Exhibit “G”, incorporated herein and made by reference a part hereof (or an alternate Consumer Feedback Form as may be mutually agreed upon by the parties and approved in writing by County Health Services Director, or designee), shall be administered to all registered clients. Consumer Feedback Forms shall be submitted to the MHD at the end of the first month of each quarter.

It is understood and agreed that access to CONTRACTOR’S data and information is essential for the COUNTY, and that CONTRACTOR shall cooperate in identifying and providing this data and information to COUNTY.

Monitors and Audits – It is understood and agreed that CONTRACTOR’S performance shall be monitored and evaluated on an ongoing basis. Monitoring shall include but not be limited to:

- State mandated data collection regarding client demographics; and,
- Group attendance sheets (Exhibit “H”, incorporated herein and made by reference a part hereof) shall be completed and maintained in a secure and confidential fashion

at the CONTRACTOR site and will be made available for audit purposes, as needed.

Collaboration – In providing MHSA-funded services, CONTRACTOR serves as a critical component of the MHD system of care. Communication and collaboration are critical to effective service delivery. CONTRACTOR will participate in monthly service collaboration meetings and quarterly cultural competency meetings with the COUNTY for the purposes of service integration, quality improvement, and to review the CONTRACTOR'S activities under this Agreement.

Notification of Occurrences – CONTRACTOR shall notify the Administrator, in writing, within twenty-four (24) hours of becoming aware of any occurrence of a serious nature, including, but not limited to: accidents, injuries, death, or acts of negligence, related in any way to the provision of services pursuant to this Agreement.

Mandated Reporter Requirements – CONTRACTOR acknowledges and agrees to comply with mandated reporter requirements pursuant to the provisions of California Penal Code Section 11164 et. seq., also known as The Child Abuse and Neglect Reporting Act.

Article V. LIMITATION OF COUNTY LIABILITY FOR DISALLOWANCES

Notwithstanding any other provision of the Agreement, COUNTY shall be held harmless from any Federal or State audit disallowance resulting from payments made to CONTRACTOR pursuant to this Agreement. To the extent that a Federal or State audit disallowance results from a claim or claims for which CONTRACTOR has received reimbursement for services provided, COUNTY shall recoup within 30 days from CONTRACTOR through offsets to pending and future claims or by direct billing, amounts equal to the amount of the disallowance in that fiscal year. All subsequent claims submitted to COUNTY applicable to any previously disallowed claim may be held in abeyance, with no payment made, until the federal or state disallowance issue is resolved.

CONTRACTOR shall reply in a timely manner to any request for information or to audit exceptions by County, State and Federal audit agencies that directly relate to the services to be performed under this Agreement.

Article VI. DEBARMENT AND SUSPENSION CERTIFICATION

By signing this agreement, the CONTRACTOR agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 45 CFR 76.

By signing this agreement, the CONTRACTOR certifies to the best of its knowledge and belief, that it and its principals:

A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;

B. Have not within a three year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification of destruction of records, making false statements, or receiving stolen property;

C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in Paragraph b(2) herein;

D. Have not within a three (3)-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default;

E. Shall not knowingly enter in to any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 CFR part 9, subpart 9.4), debarred, suspended, declared ineligible or voluntarily excluded from participation in such transactions, unless authorized by the State; and

F. Shall include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

If the CONTRACTOR is unable to certify to any of the statements in this certification, the CONTRACTOR shall submit an explanation to COUNTY.

The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

If the CONTRACTOR knowingly violates this certification, in addition to other remedies available to the Federal Government, COUNTY may terminate this agreement for cause or default.

Article VII. CHANGES TO AGREEMENT

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.

Article VIII. CONTRACTOR TO COUNTY

It is understood that the services provided under this Agreement shall be prepared in and with cooperation from COUNTY and its staff. It is further agreed that in all matters pertaining to this Agreement, CONTRACTOR shall act as contractor only to COUNTY and shall not act as

contractor to any other individual or entity affected by this Agreement nor provide information in any manner to any party outside of this Agreement that would conflict with CONTRACTOR's responsibilities to COUNTY during term hereof.

Article IX. ASSIGNMENT AND DELEGATION

CONTRACTOR is engaged by COUNTY for its unique qualifications and skills as well as those of its personnel. CONTRACTOR shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of COUNTY.

Article X. INDEPENDENT CONTRACTOR/LIABILITY

CONTRACTOR is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. CONTRACTOR exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

CONTRACTOR shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. COUNTY shall have no right of control over the manner in which work is to be done and shall, therefore, not be charged with responsibility of preventing risk to CONTRACTOR or its employees.

Article XI. FISCAL CONSIDERATIONS

The parties to this Agreement recognize and acknowledge that COUNTY is a political subdivision of the State of California. As such, El Dorado County is subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of COUNTY business, COUNTY will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Notwithstanding any other provision of this Agreement to the contrary, COUNTY shall give notice of cancellation of this Agreement in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this Agreement. Upon the effective date of such notice, this Agreement shall be automatically terminated and COUNTY released from any further liability hereunder.

In addition to the above, should the Board of Supervisors during the course of a given year for financial reasons reduce, or order a reduction, in the budget for any COUNTY department for which services were contracted to be performed, pursuant to this paragraph in the sole discretion

of the COUNTY, this Agreement may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

Article XII. DEFAULT, TERMINATION, AND CANCELLATION

Section 12.01 Default

Upon the occurrence of any default of the provisions of this Agreement, a party shall give written notice of said default to the party in default (notice). If the party in default does not cure the default within ten (10) days of the date of notice (time to cure), then such party shall be in default. The time to cure may be extended at the discretion of the party giving notice. Any extension of time to cure must be in writing, prepared by the party in default for signature by the party giving notice and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable period of time. No such notice shall be deemed a termination of this Agreement unless the party giving notice so elects in this notice, or the party giving notice so elects in a subsequent written notice after the time to cure has expired. In the event of termination for default, COUNTY reserves the right to take over and complete the work by contract or by any other means.

Section 12.02 Bankruptcy

This Agreement, at the option of the COUNTY, shall be terminable in the case of bankruptcy, voluntary or involuntary, or insolvency of CONTRACTOR.

Section 12.03 Ceasing Performance

COUNTY may terminate this Agreement in the event CONTRACTOR ceases to operate as a business, or otherwise becomes unable to substantially perform any term or condition of this Agreement.

Section 12.04 Termination or Cancellation without Cause

COUNTY may terminate this Agreement in whole or in part upon seven (7) calendar days written notice by COUNTY without cause. If such prior termination is effected, COUNTY will pay for satisfactory services rendered prior to the effective dates as set forth in the Notice of Termination provided to CONTRACTOR, and for such other services, which COUNTY may agree to in writing as necessary for contract resolution. In no event, however, shall COUNTY be obligated to pay more than the total amount of the contract. Upon receipt of a Notice of Termination, CONTRACTOR shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

Article XIII. NOTICE TO PARTIES

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested.

Notices to COUNTY shall be addressed as follows:

COUNTY OF EL DORADO
HEALTH SERVICES DEPARTMENT
931 SPRING STREET
PLACERVILLE, CA 95667
ATTN: NEDA WEST, DIRECTOR

or to such other location as the COUNTY directs.

Notices to CONTRACTOR shall be addressed as follows:

SOUTH LAKE TAHOE FAMILY RESOURCE CENTER
3501 SPRUCE AVENUE, SUITE B
SOUTH LAKE TAHOE, CA 96150
ATTN: DELICIA SPEES, DIRECTOR

or to such other location as the CONTRACTOR directs.

Article XIV. INDEMNITY

The CONTRACTOR shall defend, indemnify, and hold the COUNTY harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, COUNTY employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the CONTRACTOR'S services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the COUNTY, the CONTRACTOR, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the COUNTY, its officers and employees, or as expressly prescribed by statute. This duty of CONTRACTOR to indemnify and save COUNTY harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XV. INSURANCE

Section 15.01 CONTRACTOR shall provide proof of a policy of insurance satisfactory to the El Dorado County Risk Manager and documentation evidencing that CONTRACTOR maintains insurance that meets the following requirements:

- (a) Full Workers' Compensation and Employers' Liability Insurance covering all employees of CONTRACTOR as required by law in the State of California; and
- (b) Commercial General Liability Insurance of not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage;
- (c) Automobile Liability Insurance of not less than \$1,000,000 is required in the event motor vehicles are used by the CONTRACTOR in the performance of the Agreement.

Section 15.02 In the event CONTRACTOR is a licensed professional, and is performing professional services under this Agreement, professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$1,000,000 per occurrence.

Section 15.03 CONTRACTOR shall furnish a certificate of insurance satisfactory to the El Dorado County Risk Manager as evidence that the insurance required above is being maintained.

Section 15.04 The insurance will be issued by an insurance company acceptable to Risk Management, or be provided through partial or total self-insurance likewise acceptable to Risk Management.

Section 15.05 CONTRACTOR agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, CONTRACTOR agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of Risk Management and CONTRACTOR agrees that no work or services shall be performed prior to the giving of such approval. In the event the CONTRACTOR fails to keep in effect at all times insurance coverage as herein provided, COUNTY may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

Section 15.06 The certificate of insurance must include the following provisions stating that:

- (a) The insurer will not cancel the insured's coverage without thirty (30) days prior written notice to COUNTY, and;
- (b) The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to the general liability policy.

Section 15.07 The CONTRACTOR'S insurance coverage shall be primary insurance as respects the COUNTY, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, officials, employees or volunteers shall be excess of the CONTRACTOR'S insurance and shall not contribute with it.

Section 15.08 Any deductibles or self-insured retentions must be declared to and approved by the

COUNTY, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the COUNTY, its officers, officials, employees, and volunteers; or the CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Section 15.09 Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the COUNTY, its officers, officials, employees or volunteers.

Section 15.10 The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.

Section 15.11 CONTRACTOR'S obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.

Section 15.12 In the event CONTRACTOR cannot provide an occurrence policy, CONTRACTOR shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.

Section 15.13 Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with Risk Management, as essential for the protection of the COUNTY.

Article XVI. INTEREST OF PUBLIC OFFICIAL

No official or employee of COUNTY who exercises any functions or responsibilities in review or approval of services to be provided by CONTRACTOR under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of COUNTY have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XVII. INTEREST OF CONTRACTOR

CONTRACTOR covenants that CONTRACTOR presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. CONTRACTOR further covenants that in the performance of this Agreement no person having any such interest shall be employed by CONTRACTOR.

Article XVIII. CONFLICT OF INTEREST

The parties to this Agreement have read and are aware of the provisions of Government Code Section 1090 et seq. and Section 87100 relating to conflict of interest of public officers and

employees. CONTRACTOR attests that it has no current business or financial relationship with any COUNTY employee(s) that would constitute a conflict of interest with provision of services under this contract and will not enter into any such business or financial relationship with any such employee(s) during the term of this Agreement. COUNTY represents that it is unaware of any financial or economic interest of any public officer or employee of CONTRACTOR relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement either party may immediately terminate this Agreement by giving written notice as detailed in the Article in the Agreement titled, "Default, Termination and Cancellation".

Article XIX. CALIFORNIA RESIDENCY (FORM 590)

All independent contractors providing services to the COUNTY must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. The CONTRACTOR will be required to submit a Form 590 prior to execution of an Agreement or COUNTY shall withhold seven (7) percent of each payment made to the CONTRACTOR during term of the Agreement. This requirement applies to any agreement/contract exceeding \$1,500.00.

Article XX. TAXPAYER IDENTIFICATION NUMBER (FORM W-9)

All independent contractors or corporations providing services to the COUNTY must file a Department of the Treasury Internal Revenue Service Form W-9, certifying their Taxpayer Identification Number.

Article XXI. COUNTY BUSINESS LICENSE

It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.

Article XXII. ADMINISTRATOR

The County Officer or employee with responsibility for administering this Agreement is Christine Kondo-Lister, Deputy Director, Health Services Department, Mental Health Division, or successor.

Article XXIII. AUTHORIZED SIGNATURES

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

Article XXIV. PARTIAL INVALIDITY

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

Article XXV. VENUE

Any dispute resolution action arising out of this Agreement, including, but not limited to,

litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.

Article XXVI. ENTIRE AGREEMENT

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: 
Neda West, Director
Health Services Department

Dated: 6-15-10

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below.

--COUNTY OF EL DORADO--

By: _____
Norma Santiago, Chair
Board of Supervisors
"COUNTY"

Dated: _____


Attest: Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

Deputy

Dated: _____

-- CONTRACTOR --

SOUTH LAKE TAHOE FAMILY RESOURCE CENTER
A CALIFORNIA CORPORATION

By:  _____
Rick Meyer
President
"CONTRACTOR"

Dated: 6/16/10

By:  _____
Corporate Secretary

Dated: 6.16.10

Exhibit “A”
SLT Family Resource Center
Promotora Program Description

Purpose

Promotoras de salud (health promoters) are individuals who provide health education and support to other members of the community in which they are members themselves. The relationship that they have with the community is key to their effectiveness in reaching un-served and under-served individuals, addressing multiple barriers to healthcare access, and thereby, in reducing health disparities. In order to transmit information and affect behavior change in Latinos, a peer-based educational model that respects the social order of the culture is utilized.

General Characteristics of Promotora Model

Promotoras address barriers to healthcare access by their presence in the community, their persistence, and their patience, thereby establishing trust and relationships. They serve in both formal and informal ways to engage clients and systems by providing outreach, linkage to the appropriate types of services based on their need, and support groups.

Promotoras serving the Latino community address the following social and emotional challenges that Latinos face in California:

- Problems with housing;
- Difficulties at work;
- Exposure to violence;
- Lack of health insurance and access to affordable, quality healthcare;
- Linguistic barriers;
- Lack of culturally competent care;
- Lack of knowledge regarding how to navigate healthcare systems;
- Scarcity of services;
- Stigma.

Specifically, the Promotora functions include:

- Promotoras are community members who serve as liaisons between their community and health, human and social service organizations.
- As liaisons, Promotoras often play the roles of advocate, educator, mentor, outreach worker, role model, translator and more.
- The community health worker (Promotora) model is used because Promotoras are effective disseminators of information, and act as the bridge between governmental and non-governmental systems and the communities they serve.
- Promotora services are delivered, for the most part, through home visits and group presentations, but also include health promotion strategies that impact knowledge, attitudes, and practices on a community level.
- To reach the unreachable, the Promotoras go where people congregate: this could be health fairs, church and neighborhood meetings, factories, laundromats, gas stations, and grocery stores, among other locations.

- The Promotora model of community outreach is based on a Latin American program-type that reaches underserved populations through peer education.
- Promotoras are members of the communities with which they liaise: they take the community health worker model one step further because they speak the same language, come from the same neighborhood and (commonly) share some life experiences with the community members they serve.

The El Dorado County MHS Promotora Model

The Health Disparities Project was designed to provide culturally-specific (bilingual and bicultural services) to provide bilingual/bicultural, Spanish-speaking outreach, engagement, screening, administration of outcome and satisfaction survey measures, service linkage, interpretation services, and peer/family support to increase access and decrease health disparities in mental health. Resources should target and serve the Latino population that is at-risk and under-served in relationship to mental health services. Outreach, engagement, and brief screening is intended to identify those with mental health needs. Linkage to alternative resources, as needed, may be provided, but ongoing service provision (beyond approximately one month) absent an identified need for mental health services lies outside of the scope of this program. Peer and family support is provided in both an individual and group model for the duration of the mental health need and/or symptoms. In addition, bilingual/bicultural Spanish-speaking early intervention counseling services may be provided for at-risk Latino individuals and their families. Upon resolution of the mental health issue, formal services should be discontinued as the ability to re-engage in services when the need arises is available. Validated and culturally appropriate screening tools, non-intrusive yet accurate data collection, and evidence-based practice models are the standard for this program. Regular supervision for the Promotoras at the Family Resource Center is provided by the Credentialed Case Manager.

Program Coordinator/Latino Community Liaison

Credentials and Requirements

- Bachelors Degree is required
- Bilingual (Spanish/English) and bicultural experience is required
- Four years of program development, implementation and oversight
- Four years of supervisory experience
- Experience, familiarity and knowledge of the local community required
- CPR/First-Aid/HIV/BBP Certification
- Must not have any felony convictions
- TB testing required

Role and Function

- Program planning, implementation and oversight (including service coordination, applying program goals and guidelines, monitoring of program

effectiveness, maintenance of hourly employee records, preparation of reports for verification of compliance with contractual agreements, conference with local agencies to create collaboration and maximize program effectiveness)

- Programmatic supervision of agency staff
- Ensuring compliance with state mandates, program guidelines and objectives
- Coordination of outreach programs with the community, including collaboration with local community agencies, and facilitation of community activities
- Oversight of volunteers in the center
- Oversight of service delivery records
- Works with EDC Mental Health Division in successful contract management
- Conducts Community Education Groups and serves as the Latino Liaison
- Provision of direct services, as needed

Mental Health Counselor

Credentials and Requirements

- Bachelors Degree is required
- Four years of mental health direct service delivery is required
- Bilingual (Spanish/English) and bicultural experience is required
- CPR/First-Aid/HIV/BBP Certification
- Must not have any felony convictions
- TB testing required

Role and Function

- Provision of individual, group and family counseling
- Responds to client crises and provides service linkage, as appropriate
- Clinical documentation and recording keeping
- Psycho-education and skills training
- Participation on the FRC service delivery team
- Case management services

Promotora

Credentials and Requirements

- Minimum of 4 years experience in prevention and early intervention home visitation and family support services including: community outreach, engagement, health education and support, liaison with community, resource and referral
- High School Diploma/GED required
- Familiar with and integrated into the Latino communities in the South Lake Tahoe area of El Dorado County
- 2 years of college in the field of Human Services preferred
- Bilingual/bicultural Spanish required

Role and Function

- Provide community-based outreach, peer education, resource guidance and support, transportation, interpretation, prevention, early intervention, and engagement services at multiple community sites, neighborhoods, and in homes to Latino adults, children and families in the South Lake Tahoe area of El Dorado County
- Assist in identifying mental health needs and service options, appropriateness of services, and accessing services
- Assist Mental Health Counselor when requested
- Provide outreach to community groups, schools, churches, collaborative groups, commissions, councils, advisory groups for the purpose of informing the community about the program and needs to identify support and services for Latinos

Childcare Specialist**Credentials and Requirements**

- Minimum two years experience in childcare or classroom setting
- CPR/First-Aid/HIV/BBP Certification
- Must not have any felony convictions
- TB testing required

Role and Function

- Assist with the overall general care and well-being of the children in on-site child care, thereby providing ancillary support needed to allow parents to participate in program services
- Provision of child care for families participating in MHSA evidence-based group programs as part of the program model

Credentialed Case Manager/Children's Group Facilitator**Credentials and Requirements**

- Masters degree in Counseling Psychology
- Certification in Domestic Violence treatment provision
- CPR/First-Aid/HIV/BBP Certification
- Must not have any felony convictions
- TB testing is required

Role and Function

- Design, implement and facilitate groups
- Individual and family counseling
- Oversight for case management services
- Provide clinical supervision for the mental health counselor, Promotora and child care specialist
- Training for clinical personnel

- Full range of clinical services (crisis intervention, assessment, counseling, psycho-education, skills training, and service linkage)

Family Resource Center - Monthly Service Delivery Report

Name: _____

Month: _____

Promotora

Exhibit B

Date of Service	Client Number OR Event Description	Total Time Spent (in hours)	Direct Client Activities (Face Time with Clients)										Total Time Spent (in hours)	Other Activities						
			Outreach	Engagement	Screening	MH Linkage to FRC	MH Linkage to MHD	MH Linkage to Other	Other Linkage	Peer Counseling	Groupwork	Transportation Assistance		Interpretation / Translation	Child Care	Total Time Spent (in hours)	Planning/Prep	Approved Training	General Administration	Supervision
Total Episodes			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Total Direct Client Hours for Month										0.00	Total Other Hours for Month				0.00		
			Billable Hourly Rate										\$16.90	Total Monthly Cost				\$0.00		

EXHIBIT "C"
Fee Schedule
FY 10/11

Family Resource Center

		Maximum
Program Coordinator/ Latino Community Liaison	\$30.09 per hour	\$28,164.00
Mental Health Counselor	\$26.00 per hour	\$43,264.00
Promotora	\$16.90 per hour	\$16,640.00
Child Care Specialist	\$13.00 per hour	\$4,056.00
Credentialed Case Manager/ Children's Group Facilitator	\$40.00 per hour	\$41,600.00

Reimbursable Expenses

Program Supplies Not to exceed \$3,176.00

Reimbursable expenses are limited to program supplies such as mental health services curriculum materials, food, and childcare toys as appropriate for the strategies applied in this program, as well as MHD pre-approved training and travel.

Total Not to Exceed Amount \$136,900.00

EXHIBIT "D"
HIPAA Business Associate Agreement

This HIPAA Business Associate Agreement is made part of the base contract ("Underlying Agreement") to which it is attached, as of the date of commencement of the term of the Underlying Agreement (the "Effective Date").

RECITALS

WHEREAS, County and Contractor entered into the Underlying Agreement pursuant to which Contractor provides services to County, and in conjunction with the provision of such services, certain Protected Health Information ("PHI") and Electronic Protected Health Information ("EPHI") may be made available to Contractor for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA"), more specifically the regulations found at Title 45, CFR, Parts 160 - 164 (the "Privacy and Security Rule"), as may be amended from time to time, which are applicable to the protection of any disclosure of PHI pursuant to the Underlying Agreement; and

WHEREAS, County is a Covered Entity, as defined in the Privacy Rule; and

WHEREAS, Contractor, when a recipient of PHI from County, is a Business Associate as defined in the Privacy Rule; and

WHEREAS, "Individual" shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.202(g); and

WHEREAS, the parties agree that any disclosure or use of PHI or EPHI be in compliance with the Privacy and Security Rule or other applicable law;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Business Associate Agreement, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.
2. Scope of Use and Disclosure by Contractor of County Disclosed PHI
 - A. Contractor shall be permitted to use PHI disclosed to it by the County:
 - (1) on behalf of the County, or to provide services to the County for the purposes contained herein, if such use or disclosure would not violate the Privacy Rule if done by the County, or the minimum necessary policies and procedures of the County
 - (2) as necessary to perform any and all of its obligations under the Underlying Agreement.
 - B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Business Associate Agreement or Required by Law, Contractor may:
 - (1) use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) disclose the PHI in its possession to a third party for the purpose of Contractor's proper management and administration or to fulfill any

legal responsibilities of Contractor. Contractor may disclose PHI as necessary for Contractor's operations only if:

- (a) The disclosure is Required by Law; or
 - (b) Contractor obtains written assurances from any person or organization to which Contractor will disclose such PHI that the person or organization will:
 - (i) hold such PHI in confidence and use or further disclose it only for the purpose of which Contractor disclosed it to the third party, or as Required by Law; and,
 - (ii) the third party will notify Contractor of any instances of which it becomes aware in which the confidentiality of the information has been breached.
 - (3) aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by County.
 - (4) not disclose PHI disclosed to Contractor by County not authorized by the Underlying Agreement or this Business Associate Agreement without patient authorization or de-identification of the PHI as authorized in writing by County.
 - (5) de-identify any and all PHI of County received by Contractor under this Business Associate Agreement provided that the de-identification conforms to the requirements of the Privacy Rule, 45 CFR and does not preclude timely payment and/or claims processing and receipt.
- C. Contractor agrees that it will neither use nor disclose PHI it receives from County, or from another business associate of County, except as permitted or required by this Business Associate Agreement, or as Required by Law, or as otherwise permitted by law.

3. Obligations of Contractor. In connection with its use of PHI disclosed by County to Contractor, Contractor agrees to:

- A. Use or disclose PHI only as permitted or required by this Business Associate Agreement or as Required by Law.
- B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Business Associate Agreement.
- C. To the extent practicable, mitigate any harmful effect that is known to Contractor of a use or disclosure of PHI by Contractor in violation of this Business Associate Agreement.
- D. Report to County any use or disclosure of PHI not provided for by this Business Associate Agreement of which Contractor becomes aware.
- E. Require sub-contractors or agents to whom Contractor provides PHI to agree to the same restrictions and conditions that apply to Contractor pursuant to this Business Associate Agreement.
- F. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use or disclosure of PHI created or received for or from the County.

- G. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the County and to follow generally accepted system security principles as required in final rule 45 CFR Parts 160-164.
 - H. Contractor will report any security incident of which it becomes aware to the County. Security incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations. This does not include trivial incidents that occur on a daily basis, such as scans or “pings”.
 - I. Obtain and maintain knowledge of the applicable laws and regulations related to HIPAA, as may be amended from time to time.
 - J. May use PHI to report violations of law to appropriate Federal and State Authorities, consistent with § 164.502(j) (1).
4. PHI Access, Amendment and Disclosure Accounting. Contractor agrees to:
- A. Provide access, at the request of County, within five (5) days, to PHI in a Designated Record Set, to the County, or to an Individual as directed by the County.
 - B. To make any amendment(s) to PHI in a Designated Record Set that the County directs or agrees to at the request of County or an Individual within sixty (60) days of the request of County.
 - C. To assist the County in meeting its disclosure accounting under HIPAA:
 - (1) Contractor agrees to document such disclosures of PHI and information related to such disclosures as would be required for the County to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (2) Contractor agrees to provide to County or an Individual, within sixty (60) days, information collected in accordance with this section to permit the County to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (3) Contractor shall have available for the County the information required by this section for the six (6) years preceding the County’s request for information (except the Contractor need have no information for disclosures occurring before April 14, 2003).
 - D. Make available to the County, or to the Secretary of Health and Human Services, Contractor’s internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining Contractor’s compliance with the Privacy Rule, subject to any applicable legal restrictions.
 - E. Within thirty (30) days of receiving a written request from County, make available any and all information necessary for County to make an accounting of disclosures of County PHI by Contractor.
 - F. Within sixty (60) days of receiving a written request from County, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in Contractor’s possession constitutes a Designated Record Set.

- G. Not make any disclosure of PHI that County would be prohibited from making.
5. Obligations of County.
- A. County agrees that it will make its best efforts to promptly notify Contractor in writing of any restrictions on the use and disclosure of PHI agreed to by County that may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Business Associate Agreement.
 - B. County agrees that it will make its best efforts to promptly notify Contractor in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Business Associate Agreement.
 - C. County agrees that it will make its best efforts to promptly notify Contractor in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect Contractor's use of disclosure of PHI.
 - D. County shall not request Contractor to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by County, except as may be expressly permitted by the Privacy Rule.
 - E. County will obtain any authorizations necessary for the use or disclosure of PHI, so that Contractor can perform its obligations under this Business Associate Agreement and/or the Underlying Agreement.
6. Term and Termination.
- A. Term – this Business Associate Agreement shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein when all PHI provided by the County to Contractor, or created or received by Contractor on behalf of the County, is destroyed or returned to the County, or, or if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
 - B. Termination for Cause. Upon the County's knowledge of a material breach by the Contractor, the County shall either:
 - (1) Provide an opportunity for the Contractor to cure the breach or end the violation and terminate this Agreement if the Contractor does not cure the breach or end the violation within the time specified by the County.
 - (2) Immediately terminate this Agreement if the Contractor has breached a material term of this Agreement and cure is not possible; or
 - (3) If neither termination nor cures are feasible, the County shall report the violation to the Secretary.
 - C. Effect of Termination.
 - (1) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, the Contractor shall return or destroy all PHI received from the County, created or received by the Contractor on behalf of the County. This provision shall apply to PHI that is in the possession of subcontractors or agents of the Contractor.

Contractor shall retain no copies of the PHI.

- (2) In the event that the Contractor determines that returning or destroying the PHI is infeasible, Contractor shall provide to the County notification of the conditions that make return or destruction infeasible. Upon {negotiated terms} that return or destruction of PHI is infeasible, Contractor shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such PHI.

7. HIPAA Business Associate Indemnity

Contractor shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Business Associate Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Business Associate Agreement. Contractor shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Business Associate Agreement shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless the County herein from third party claims arising from the issues of this Business Associate Agreement.

In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such

interpretation shall not relieve the Contractor from indemnifying the County to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Business Associate Agreement, this indemnification shall only apply to the subject issues included within this Business Associate Agreement.

8. Amendment – the parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for County to comply with the Privacy Rule, 45 CFR, and HIPAA generally.
9. Survival – the respective rights and obligations of this Business Associate Agreement shall survive the termination or expiration of this Business Associate Agreement.
10. Regulatory References – a reference in this Business Associate Agreement to a section in the Privacy Rule means the section as in effect or as amended.
11. Conflicts - any ambiguity in this Business Associate Agreement and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule, 45 CFR, and HIPAA generally.

Dated: 6/16/10

Dated: _____

Signed: Rick Meyer
Rick Meyer
President
South Lake Tahoe Family Resource Center

Signed: _____
Norma Santiago, Chair
Board of Supervisors
El Dorado County

Attest:
Suzanne Allen de Sanchez, Clerk
of the Board of Supervisors

By: _____
Deputy Clerk

Dated: _____

Exhibit "F"
MHSa Family Resource Center Year End Progress Report
Fiscal Year _____

Program/Services Implementation – Prevention and Early Intervention (PEI)

- 1) Briefly report on how the implementation of your MHSa program is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

- 2) Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic disparities.

- 3) Please provide the following information for your MHSa PEI project:

- a) The problems and needs addressed by the Project.
- b) The type of services provided.
- c) Any outcomes data, if available (optional).
- d) The type and dollar amount of leveraged resources and/or in-kind contributions (if applicable).

ID:

Date Form Completed:
Month Day Year

APRA/DMH ID:

Site ID:

Treatment Setting (Check ONE): Clinic: Community: Hospital: Residential:
 Corrections: Other: _____

Exhibit "G" – Family Resource Center Consumer Feedback Form

Read each statement below and think about the services you have received. Fill in the circle that best describes how you felt over the past two weeks.

	Agree	Somewhat Agree	Disagree	Does Not Apply
1. I am able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have little interest in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am not likely to misuse alcohol and other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My counselor/therapist/doctor respects me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am doing better in work/school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I expect that things will get better for me as a result of receiving treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am able to accomplish most of the things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am making progress and thinking about how to prevent relapse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have family or friends I can count on to help me if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My counselor understands my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have trouble with daily activities because of drinking or using drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am confident that my symptoms/problems will improve as a result of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I have thought about ending my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I have been told my drinking (and/or drug use) is a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am bothered that I have no one to talk to when I am troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My physical health is not a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry that I will take my anger out on others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I often feel down, depressed or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I have trouble concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am bothered by my symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My counselor and I agree on the changes that would be good for me to make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I can manage feeling badly without using alcohol or illegal drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel like I am losing control over my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID:

Date Form Completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year	

Read each statement below and think about the services you have received.
 Fill in the circle that best describes how you felt over the past two weeks.

	Agree	Somewhat Agree	Disagree	Does Not Apply
24. I am getting care for the physical health problems I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am not always able to control my temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am actively working to make changes in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check all that apply

27. In the past month, have you been

- employed full time
- employed part time
- involved in unpaid or volunteer work
- enrolled in job training
- enrolled in school
- involved in other work/school activities _____

specify

28. **Please check all of the places where you have lived in the past month**

- I lived in my own place (house, apartment, boarding room, nursing home, etc.)
- I lived at someone else's place
- I lived in residential treatment center (hospital, detox, group home, etc.)
- I lived in lots of places
- I was homeless
- I was in jail

29. **If your doctor prescribed medication as part of your mental health or substance abuse treatment please the statement that best describes you.**

Please check the statement that best describes one

- I never forget to take my medication the way my doctor told me to
- I take my medication most of the time, but occasionally I forget
- I take my medication until I start to feel better then I stop
- I seldom take my medication
- I do not take my medication

- Does not apply. No medication was prescribed for me.

Please tell us anything you think is important for us to know about you or the services you receive.



**Exhibit "G" – Family Resource Center
CIOM Consumer Feedback Form**

Fecha en que completa esta encuesta de clientes:

Completada con asistencia del personal:
Si: No:

Local ID:

Proveedor ID:

Cliente ID:

Se niega a contestar Forma:

Sitio de Encuesta:	Programa/clínica: <input type="checkbox"/>	Comunidad: <input type="checkbox"/>	Nivel de Cuido: <input type="checkbox"/>	Centro de Salud Mental Comunitario: <input type="checkbox"/>
	Hospital: <input type="checkbox"/>	Residencial: <input type="checkbox"/>		
	Corrections: <input type="checkbox"/>	Teléfono: <input type="checkbox"/>	Wellness Center: <input type="checkbox"/>	Otro: <input type="checkbox"/>
	Otro: <input type="checkbox"/>		Centro de Apoyo: <input type="checkbox"/>	

	Casi siempre	Algunas veces	Rara vez o nunca	No se aplica
1. Yo puedo bregar si algo sale mal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Tengo poco interes en hacer cosas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Yo siento que tengo buenas oportunidades disponibles en mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Yo estoy satisfecho con la cantidad de actividad física que yo hago.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Me va bien en el trabajo/escuela/mis actividades preferidas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Yo tomo parte en las decisiones sobre mi tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Yo logro la mayoría de las cosas que quiero hacer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Estoy haciendo progreso hacia mis metas de bienestar y recuperación.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Yo tengo familia y amigos con quien divertirme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Las herramientas y destrezas de bienestar y recuperación que yo uso me resultan eficaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Yo tengo problemas con las actividades de la vida diaria por el alcohol o el uso de drogas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Recientemente yo he pensado en quitarme la vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Yo atiendo con regularidad a las reuniones de grupos de auto ayuda para el alcoholismo o el uso de drogas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Recientemente me han dicho que yo tengo un problema con el alcohol o las drogas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Estoy molesto por que no tengo familia o amistades con quien hablar cuando estoy preocupado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Mi salud física me preocupa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Me siento triste, deprimido, que no hay esperanza que las cosas se	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Exhibit "G" – Family Resource Center
CIOM Consumer Feedback Form**

Lea cada frase a continuación y piense como le están yendo las cosas en su vida. Rellene la casilla que mejor describe como se sintió en las últimas dos semanas. Solo indique "No se aplica" si usted no ha pasado por esa experiencia.

	Casi siempre	Algunas veces	Rara vez o nunca	No se aplica
mejoren.				
18. Yo tengo problemas en concentrarme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Yo puedo manejar mis síntomas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Yo tengo una buena relación de trabajo con mi actual:				
compañero que me da apoyo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
consejero principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
psiquiatra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Yo utilizo drogas o alcohol para ayudarme a lidiar con mi día.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Yo siento como que estoy perdiendo el control sobre mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Yo estoy obteniendo atención para mis problemas de salud física que tengo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Yo me siento acogido y respetado por el personal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Actualmente yo estoy trabajando en hacer cambios positivos en mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Yo tengo la responsabilidad de aprovechar las oportunidades que mejoren mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Yo tengo oportunidades de participar en actividades sociales, espirituales y/o recreativas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. El sentirme ansioso me detiene de hacer las cosas que me gustan hacer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Yo siento que mis necesidades sexuales están siendo satisfechas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Hace poco hice algo que disfruté.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

31. El mes pasado, ha estado usted (indique todos los que aplican)

- empleado de tiempo completo
- empleado de medio tiempo
- involucrado en trabajo sin pago o voluntario
- matriculado en entrenamiento para trabajo
- matriculado en la escuela
- involucrado en otras actividades importantes _____ indique
- Ninguno de lo anterior



Exhibit "G" – Family Resource Center
CIOM Consumer Feedback Form

32. Favor indique todos los sitios donde ha vivido este mes pasado

- Viví solo en mi propia casa (casa, apartamento, etc.)
- Viví con mi familia
- Viví con mis compañeros de cuarto
- Viví en la casa de otra persona
- Yo viví en un centro residencial de tratamiento (casa de hospedaje y cuidado, asilo de ancianos, centro de detoxificación, casa para grupos, casa de recuperación, etc.)
- Viví en un hospital
- Viví en muchos lugares
- Estuve sin vivienda o desalojado
- Estuve en la cárcel
- Otro: _____

33. Si su doctor le recetó medicamentos como parte de su tratamiento de salud mental, favor indique la frase que mejor describe la manera en que usted se toma los medicamentos (escoja sólo una respuesta)

- Yo siempre me acuerdo de tomarme mis medicamentos de acuerdo con las instrucciones del médico
- Yo me tomo mis medicamentos la mayoría del tiempo, pero a veces se me olvida.
- Yo me tomo mis medicamentos hasta que me siento mejor y paro.
- Yo casi nunca me tomo mis medicamentos.
- Yo nunca me tomo mis medicamentos.
- Esto no se aplica. No me recetaron medicamentos.
- Actualmente no estoy tomando medicamentos pero quiero hablar de eso.

34. Favor revise las frases a continuación que describen como se siente sobre sus medicamentos.

- Yo siento que ya no necesito medicamentos.
- Me gustaría cambiar mi medicamento o la dosis.
- Mis medicamentos no están teniendo el resultado que yo esperaba.
- Yo tomo vitaminas, hierbas o suplementos dietéticos.
- Mis medicamentos me hacen sentir demasiado cansado.
- Mis medicamentos me ponen ansioso.
- Mis medicamentos interfieren con mi sexualidad.
- Mis medicamentos hacen que gane peso.
- No tengo los medios para comprar mis medicamentos.
- Mis medicamentos me están haciendo cayendo bien.
- Esto no se aplica. No me recetaron medicamentos.

Por favor díganos cualquier otra cosa que usted crea que es importante que nosotros sepamos sobre usted o los servicios que recibe.

Hay otros servicios que le gustaría recibir además de los servicios que recibe actualmente, o hay servicios que esta recibiendo que ya no quiere?

Exhibit "H"

MHSA Prevention and Early Intervention Group Sign-In Sheet

FAMILY RESOURCE CENTER

Name of Group: _____

Date: _____

Group beginning and ending time: _____

Group facilitator(s):

Attendees (first name, last initial)

Attendees (first name, last initial)

Nombre Primero y Apellido Inicial

Nombre Primero y Apellido Inicial
