

# ORIGINAL

## AGREEMENT FOR SERVICES #180-S0711

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**THIS AGREEMENT** made and entered by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and New Morning Youth and Family Services, Inc., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 6765 Green Valley Road, Placerville, CA 95667; (hereinafter referred to as "Contractor");

### WITNESSETH

**WHEREAS**, County has determined that it is necessary to obtain a Contractor to provide services necessary for a Mental Health Services Act (MHSA) Family-Centered Services Program on the Western Slope of El Dorado County for the Mental Health Department; 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 shall provide services using the Wraparound Model (described in Exhibit "A") to a minimum daily average of six (6) El Dorado County youth (hereinafter referred to as "beneficiaries" or "clients" or "program participants") at any given time throughout the life of the contract who otherwise do not have access to a full-service partnership mental health program. It is understood between both parties that it may take up to 90 days from the execution date of this agreement to have the program fully active with six youth.

Target Population – Clients served shall be those specified under “Program Eligibility Criteria” in Exhibit A.

Program participants shall be referred to Contractor by the El Dorado County Mental Health Department via the Placement Committee.

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 will be available for each client and can be accessed via the interpretation agreement maintained by County.

The MHSA principles, confidentiality regulations, and code of conduct as reflected in the attached documents are conditions of this Agreement, reference Exhibit “D” “E”, “F”, “G”, “H”, “I”, and “J” incorporated herein and made by reference a part hereof. The County’s original application to fund this MHSA program is available upon request of the Contractor.

Timely and appropriate clinical documentation and billing practices must be followed. Contractor’s staff will also compile relevant program data as requested for County and for the California State Department of Mental Health.

Contractor shall only begin mental health services for a specific client upon receipt of written authorization from the County Program Coordinator. The County will not pay for services that have not been pre-approved.

Contractor shall provide **Specialty Mental Health Services** as defined in California Code of Regulations, Title 9, Rehabilitative and Developmental Services, Section 1810.247. These services include Case Management, Crisis Intervention, and Mental Health Services.

Contractor will use MHSA billing codes (see Exhibit “C”) for services rendered as appropriate.

## **ARTICLE II**

**Term:** This Agreement shall become effective when fully executed by both parties hereto and shall expire July 31, 2008.

## **ARTICLE III**

**Compensation for Services:** For services provided herein, County agrees to pay Contractor monthly in arrears. Contractor shall submit monthly invoices no later than thirty (30) days following the end of a “service month.” 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 the purpose of this Agreement, payments shall be made in accordance with Exhibit “B”, marked “Contract Rates”, incorporated herein and made by reference a part hereof.

Contractor shall submit a single monthly invoice which specifies clients' names, service dates, types and duration and shall include itemized receipts for non-direct service expenses. Although billing codes will be supplied on invoices, Contractor will be paid a lump sum monthly rate as indicated in Exhibit "B".

Payment shall be made within thirty (30) days following the County's receipt of approved invoice(s). Contractor shall submit only original invoices. Photocopied or faxed invoices will not be accepted. Contractor shall ensure only billing information is included on the invoice.

County will provide training that is deemed relevant by County for program staff employed by Contractor. Such training will be conducted at the sole expense of the County, including any associated travel expenses. Any training costs and associated travel expenses will not be applied to the total not to exceed amount of this Agreement and will be authorized under a separate purchase order. This training will be mandatory. Contractor will be reimbursed for training costs and associated travel expenses in accordance with Exhibit "I", marked "Board of Supervisors Policy D-1", incorporate herein and made by reference a part hereof.

County agrees to reimburse Contractor for any miscellaneous items used to perform the services of this Agreement, such as; activities, personal items, food, beverages, etc., in accordance with Exhibit "B", "Stabilization Funds". Stabilization funds are discretionary funds to be used to provide services and goods for clients on an as needed basis. Amounts less than \$250 may be used at the discretion of the Contractor; amounts in excess of \$250 must be authorized by County Program Coordinator.

The total amount of this Agreement shall not exceed \$134,827, inclusive of all expenses and startup costs. The first invoice will include startup costs.

#### **ARTICLE IV**

**Certification of Program Integrity:** Contractor shall comply with all State and Federal statutory and regulatory requirements for certification of claims including Title 42, Code of Federal Regulations (CFR) Part 438.

Contractor shall ensure that each MHSA client for whom the Contractor is submitting a claim for reimbursement has met the following criteria:

An assessment of the client was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract between El Dorado County and the State Department of Mental Health, a copy of which will be provided to Contractor by County under separate cover.

The client was eligible to receive MHSA services at the time the services were provided.

Medical necessity was established for the client as defined in statute for the service or services provided, for the timeframe in which the services were provided.

A treatment plan was developed and maintained for the client that met all plan requirements.

## ARTICLE V

**Standard of Performance:** As express conditions under the terms of this Contract the Contractor shall:

- (a) Assure that any and all eligible beneficiaries receive care as required by regulations adopted pursuant to Sections 5775 et seq. and 14680 et seq. of the Welfare and Institutions Code.
- (b) Provide mental health services in the same manner to County beneficiaries as it provides to all clients to whom it renders mental health services.
- (c) Not refuse a referral from County Placement Committee

Contractor shall collect data and compile reports to be supplied to County in accordance with Exhibit "A", Section IX, Measuring Outcomes.

Program expenditures will be monitored by County on a monthly basis to ensure the rate of expenditure is consistent with the number of clients being served.

## ARTICLE VI

**Business Interruption:** In the event the operations of Contractor or substantial portion thereof are interrupted by war, fire, insurrection, bankruptcy, riots, the elements, earthquakes, acts of God, or, without limiting the foregoing, any other cause beyond Contractor's power, Contractor agrees to develop a plan with County which in good faith shall assure the safety and welfare of all County beneficiaries until such time as usual services can be renewed or until all beneficiaries can be released or transferred to appropriate settings.

Nothing contained herein shall be construed to limit or reduce County's obligation to pay Contractor for services rendered prior or subsequent to an event described herein.

## ARTICLE VII

**Licensure and Laws:** Contractor shall, throughout the term of this Agreement, maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for the provision of services hereunder and as required by federal, state and local laws or any other appropriate governmental agency. Contractor represents and warrants to County that Contractor shall, at its sole cost and expense, keep in effect or obtain at all times during the term of this Agreement, any licenses, permits, and approvals which are legally required for Contractor to practice its profession at the time the services are performed. Contractor is responsible to submit verification to County semi-annually that Licensed Mental Health professionals' licenses and registrations are current.

Contractor shall notify the County Contract Administrator, or Case Management Program Coordinator, immediately in writing, of its inability to obtain or maintain, irrespective of the pendency of an appeal, such permits, licenses, approvals, certificates, waivers and exemptions.

Contractor agrees to comply with all applicable provisions of the State of California Standard Agreement between County and the State Department of Mental Health (DMH) for Managed Mental Health Care including, but not limited to, payment authorizations, utilization review, beneficiary brochure and provider lists, service planning, cooperation with the State Mental Health Plan's Quality Improvement (QI) Program, and cost reporting.

Contractor shall possess and maintain Mental Health Organizational Provider certification, and comply with the DMH requirements thereof, including on-site reviews at least once every three years.

Contractor shall comply with all applicable laws, governmental regulations and requirements as they exist now or may hereafter be amended or changed. These regulations shall be deemed to include policies and procedures as published in State Department of Mental Health Letters, available at <http://www.dmh.cahwnet.gov>.

#### **ARTICLE VIII**

**Records:** Contractor shall, subject to the provisions of applicable law, upon reasonable advance notice and during normal business hours or at such other times as may be agreed upon, make available accounting and administrative books and records, program procedures, as well as documentation relating to licensure and accreditation, as they pertain to this Agreement and/or care, and to allow interviews of any employees who might reasonably have information related to such records. The Contractor shall be subject to the examination and audit of the State Auditor General for a period of three years after final payment under contract (Government Code, Section 8546.7).

Contractor shall maintain adequate medical records of each individual beneficiary which shall include a record of services provided by the various professional personnel in sufficient detail to make possible an evaluation of services, and contain all data necessary as required by the California State Department of Mental Health and federal regulations, including records of beneficiary interviews, progress notes and treatment plans. The MHP and other relevant parties shall have access to relevant clinical records to the extent permitted by State and Federal laws.

Beneficiary records and notes shall be maintained by Contractor. Appropriate beneficiary information will be available to County upon client discharge. Such records and information shall be provided each party hereto pursuant to procedures designed to protect the confidentiality of beneficiary medical records applicable legal requirements and recognized standards of professional practice.

Upon termination of this Agreement, Contractor agrees to cooperate with beneficiaries and subsequent Contractors with respect to the orderly and prompt transfer of copies of medical records of beneficiaries. This Agreement does not preclude Contractor from assessing reasonable charges for the expense of transferring such records if appropriate.

All beneficiary records shall be retained by Contractor for seven (7) years or one (1) year beyond the beneficiaries reaching majority, whichever is greater. Majority is defined as eighteen (18) years of age.

Contractor shall maintain complete financial records which clearly reflect the actual cost and related fees received for each type of service for which payment is claimed. The beneficiary eligibility determination and fees charged to, and collected from, beneficiaries must also be reflected therein. Any apportionment of costs shall be made in accordance with generally accepted accounting principles.

#### **ARTICLE IX**

**Confidentiality:** The Contractor shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this Agreement, except for statistical information not identifying any client. The contractor shall not use such information for any purpose other than carrying out the Contractor's obligations under this Agreement. The Contractor shall promptly transmit to the County all requests for disclosure of such information not originating from the client. The Contractor shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such information to anyone other than the County, except when subpoenaed by a court. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finder or voice print or a photograph. If the Consultant receives any individually identifiable health information ("Protected Health Information" or "PHI") from County or creates or receives any PHI on behalf of County, the Consultant shall maintain the security and confidentiality of such PHI as required of County by applicable laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the regulations promulgated thereunder.

#### **ARTICLE X**

**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 XI**

**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 XII**

**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 XIII**

**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 XIV**

**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 XV

### Default, Termination, and Cancellation:

- A. **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.

- B. **Bankruptcy:** This Agreement, at the option of the County, shall be terminable in the case of bankruptcy, voluntary or involuntary, or insolvency of Contractor.
- C. **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.
- D. **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 XVI

**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  
DEPARTMENT OF MENTAL HEALTH  
344 PLACERVILLE DRIVE, SUITE 20  
PLACERVILLE, CA 95667  
ATTN: DARRYL KECK, CHILDREN'S SERVICES PROGRAM MANAGER

or to such other location as the County directs.

Notices to Contractor shall be addressed as follows:

NEW MORNING YOUTH & FAMILY SERVICES, INC.  
6765 GREEN VALLEY ROAD  
PLACERVILLE, CA 95667  
ATTN: DAVID ASHBY, EXECUTIVE DIRECTOR

or to such other location as the Contractor directs.

#### **ARTICLE XVII**

**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 XVIII**

**Insurance:** 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.
- B. Commercial General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage.

- C. Automobile Liability Insurance of not less than \$1,000,000.00 is required in the event motor vehicles are used by the Contractor in the performance of the Agreement.
- D. 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 \$1,000,000.00 per occurrence. For the purposes of this Agreement, professional liability is required.
- E. 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.
- F. The insurance will be issued by an insurance company acceptable to the Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the Risk Management Division.
- G. 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 the Risk Management Division 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.
- H. The certificate of insurance must include the following provisions stating that:
  - 1. The insurer will not cancel the insured's coverage without thirty (30) days prior written notice to County, and;
  - 2. 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.
- I. 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.
- J. 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.

- K. 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.
- L. 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.
- M. Contractor's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
- N. 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.
- O. Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with the Risk Management Division, as essential for the protection of the County.

#### **ARTICLE XIX**

**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 XX**

**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 XXI**

**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 XXII**

**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 XXIII**

**Administrator:** The County Officer or employee with responsibility for administering this Agreement is Darryl Keck, Children’s Services Program Manager, Mental Health Department, or successor.

**ARTICLE XXIV**

**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 XXV**

**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 XXVI**

**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 XXVII**

**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.

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**REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:**

By: Darryl Keck Dated: 8-20-07  
Darryl Keck  
Children's Services Program Manager  
Mental Health Department

**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By: John Bachman Dated: 8/20/07  
John Bachman, Ph.D.  
Director  
Mental Health Department

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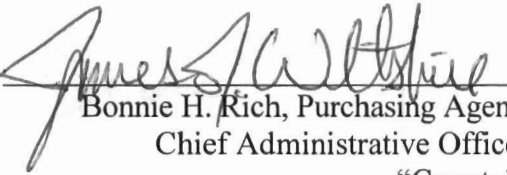
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IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below, the latest of which shall be deemed to be the effective date of this Agreement.

-- COUNTY OF EL DORADO --


Dated: 8/21/07

By:  8/23/07  
Bonnie H. Rich, Purchasing Agent  
Chief Administrative Office  
"County"

-- CONTRACTOR --

Dated: 8/20/07

NEW MORNING YOUTH & FAMILY SERVICES, INC.  
A CALIFORNIA CORPORATION

By:   
David Ashby  
Executive Director  
"Contractor"

**Exhibit "A"**  
**MHSA CHILDREN'S WRAP PROGRAM MANUAL**

**I. WRAP MODEL AND SERVICES**

The goal of utilizing the Wraparound Model is to prevent out of home placement for youth with serious emotional disturbance. The Wraparound Model is a collaborative, team-based, strengths-based, family-driven service delivery model which includes clinical case management, an individualized Family Team service plan, and flexible supports and services. Case management and service delivery are implemented in a convenient and comfortable location for the family who also directs the use of family, community and system supports. This program is a full service participation program as defined by the Mental Health Services Act.

The Family Team is the focal point of the Wraparound model. The Family team includes the child, parents and/or caregivers, the facilitator, family partner, the referral source (teacher, probation officer, etc.), and any other person important to the youth's life that the family would like present at the Family Team meeting. In addition, the Team may include the WRAP worker for 1:1 behavioral assistance.

The Team's goal is to develop a plan, with the child and family at the center, which meets the family's current needs, using both professional and informal supports. The family, with support from the rest of the Team, creates goals describing what the family wants to accomplish while in the Wraparound program. Services and supports are then determined, congruent with the family goals, and "wrapped" around the family providing intensive supports. In addition, the program provides stabilization funds to access necessary community resources as defined in the Family Plan and provides 24/7 crisis response.

<b>Program Phase &amp; Timeline</b>	<b>Criteria</b>	<b>Tasks</b>	<b>Outcome Measures</b>
Outreach & Engagement (approx. 30 days)	Acceptance into Program	Orientation to Program Ensure complete client assessment Assess willingness Development of Family Plan	Baseline Full Service Partnership (FSP) data
Intensive Family Treatment	Agreement on Family Plan (Incredible Years, Aggression Replacement Therapy, Functional Family Therapy or other Evidence Based Practices)	Engagement in Evidence Based Practices or Parent Child Interaction Treatment (EBP or PCIT)	Quarterly FSP data
Individualized Family Services	Completion of Family Treatment	Meet individual needs of family	Quarterly FSP data
Support		Generalization & Maintenance of acquired skills, behaviors	Quarterly FSP data
Graduation/Exit	Family Plan Goals met Child placed out of home or out of county Child ages out; Family drops out of program Child moves to different program within system of care		Exit Forms

## II. ACCESS/PROGRAM ENTRY

### Referral Sources/ Outreach Activities

The El Dorado County Mental Health Program Coordinator or designee will conduct annual outreach activities to ensure community agency knowledge of the MHSA WRAP Program and the procedure for making referrals to the program. Outreach targets include but are not limited to School Attendance Review Board (SARB), Child Assessment Team (CAT), Mental Health Programs, Public Health, New Morning, Family Connections, First Five grantee agencies, Probation, CASA, school districts, Women's Centers, Latino Focus Group and other Latino Collaborative groups, Shingle Springs Tribal Health, Family Resource Centers, and Alcohol and Drug Treatment Programs.

### Program Eligibility Criteria

- Age 0-17
- Serious Emotional Disturbance as defined by Welfare & Institutions Code Section 5600.3 to include minors under the age of 18 who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. See Welfare & Institutions Code Section 5600.3 (a) for additional eligibility criteria incorporated herein by reference.
- Not Medi-Cal eligible at time of enrollment into MHSA program
- Uninsured or underinsured for necessary mental health services
- At risk of out of home placement
- Under 300% of Poverty Level
- Not eligible for 26.5 services

### Program Screening

A client may enter the MHSA WRAP Program through any door. The referral source will be asked to fill out the WRAP application form and submit to the Mental Health Program Coordinator as listed on the form. The procedure for program screening includes the following steps:

1. Referral to Mental Health Program Coordinator.
2. Referral is reviewed by Placement Committee (WS), CPR Subcommittee (SLT), who review referrals and make recommendations to the MH Program Coordinator.
3. Contact is recorded on Outreach/Referral Log Sheet.



Authorization by Placement committee/CPR and Mental Health Program Coordinator:

The Placement Committee is responsible for determining client eligibility and subsequent referral disposition. Referral possibilities include:

1. Client not eligible for program
2. Client referred to SB 163 funded WRAP program
3. Client accepted into MHSA WRAP program

Enrollment Procedures

The contract provider is allowed to bill up to 2 sessions by using the engagement code 702 prior to completing an Admission Episode.

The contract provider will ensure that the following forms are completed upon entry into the WRAP Program:

1. Upon starting the engagement process the contract provider will complete the Informed Consent
2. Multi-Party Release Authorization or Disclosure of Protected Health Information.

Before or at the time the Admission Episode is completed, the following are to be completed:

3. UMDAP / Client Registration Form
4. DMH Full Service Partnership Assessment Form

Within 30 days of completing the Admission Episode:

5. Comprehensive Assessment
6. Client Plan

Initial Family Meeting

The initial family meeting will be convened by the Facilitator and may be attended by the client, the family and any family invitees, the primary therapist if identified, the family partner, and the referral source.

III. WRAP STAFFING MODEL

Mental Health Program Manager (EDCMH)

The Mental Health Program Manager has overall program responsibility including budget monitoring with Mental Health fiscal staff.

Mental Health Program Coordinator (EDCMH)

1. Ensure knowledge of and access to MHSA WRAP by conducting annual outreach to ethnic populations and relevant service providers.

2. Screen incoming referrals; take to Placement committee/CPR
3. Supervise WRAP Program providers monthly
  - Quarterly outcomes monitoring
4. Monitor services authorization
  - Authorization for services
  - Authorization for stabilization funds greater than \$250
5. Supervise WRAP Model fidelity
  - Biannual WFI administration
  - Chart audit quarterly

WRAP Facilitator (Contract Provider)

The Facilitator is responsible for convening the Family Team, facilitating Family Team meetings and for coordination of WRAP services, including 24/7 crisis response plan.

WRAP 1:1 worker (Contract Provider)

The WRAP worker may be asked to work individually with a family or a client for supportive behavioral services.

Family Partner (Contract Provider)

- Participate on all family treatment teams
- Provide mentoring/support for parents and client
- Assist facilitator in finding appropriate community resources
- Plan celebrations with family
- Assist families in navigating multiple systems
- Orient family to the Wraparound Model
- Increase families' knowledge regarding services and supports available
- Attend parent advocacy focus groups and multi-disciplinary team meetings as requested by EDCMH Program Coordinator or designee

IV. MENTAL HEALTH ASSESSMENT

The comprehensive mental health assessment will be completed by the Contract Provider using the EDCMH assessment tool. An assessment done in the last 12 months can suffice for entry into the program, otherwise a new assessment needs to be completed.

V. MENTAL HEALTH TREATMENT

Mental health treatments will be chosen by the family and be consistent with the Family Plan, and may consist of:

- Individual therapy/family therapy (i.e. Functional Family Therapy, Parent Child Interaction Therapy)

- Group interventions such as Aggression Replacement Treatment
- Parenting classes such as Incredible Years
- Individual therapeutic interventions as defined by the family and as available via the WRAP Team
- Parent advocacy and support
- Referrals for the appropriate adjunctive services (mentoring programs, family psychoeducation and additional parenting classes) can be provided by any community agency, as chosen by the family and approved by the Family Team.
- Treatments will be provided in the language of the youth/family's choice. If necessary, interpretation services will be procured.

Transition Planning

Transition out of MHSA WRAP occurs as the final phase of WRAP treatment and is characterized by safety and self-sufficiency planning with the family and a gradual decline in the intensity of services and supports offered.

If the youth becomes eligible for Medi-Cal, the MH Department will assist contract provider in creating a Medi-Cal compliant chart for billing and documentation purposes. If the youth becomes eligible for the DHS WRAP program, WRAP Team staff will transition the family as seamlessly as possible, with the retention of current Family Team and treatment goals as appropriate.

VI. EVIDENCE BASED PRACTICES

When indicated, Evidence Based Treatment Models will be offered to families. Monthly chart audits conducted by the MHSA Program Coordinator will monitor for compliance.

VII. ADMINISTRATIVE OVERSIGHT

The El Dorado County Mental Health Department is the lead agency in providing the MHSA WRAP Program. Administrative roles and responsibilities are as follows:

<b>Responsible Party</b>	<b>Roles</b>
MHSA Advisory Committee	Advise re: policy, budget issues
Mental Health Director	Administrative oversight of MHSA Programs
MHSA Project Manager	Monitor and direct program oversight, staff training
Children's Services Program Manager	Responsible for overall program implementation

Contracts monitoring

EDCMH Fiscal Department will be responsible for quarterly monitoring of:

- Amount of stabilization funds spent
- Amount of funds billed for evidence-based practices (IY, ART, PCIT, FFT)
- Amount of funds billed for WRAP services provided by the Facilitator, WRAP Worker and Parent Partner
- Other interventions as authorized by EDCMH Program Coordinator or designee

Authorization for Stabilization Funds

Authorization process less than \$250	Contract provider team facilitator and administrator
Authorization process \$250-\$500	Contract provider team facilitator and administrator and EDCMH Program Coordinator
Authorization process greater than \$500	Contract provider team facilitator and administrator and EDCMH Program Coordinator and EDCMH Director
Purchasing/payment process	Contract provider purchases directly, gets reimbursed

Guiding Principles in approving stabilization funds for WRAP family:

Request is:

- Related to a Family Plan treatment goal.
- Considered a strength based activity.
- Unable to be met by family or informal supports.
- In support of respite services.
- In support of client and/or family celebration, reward, or rite of passage.
- Includes a narrative section that ensures a statement of what MHSA goal the purchase is linked to and how this expenditure assists the family in working toward that goal.

VIII. BILLING AND DOCUMENTATION

MHSA Billing Codes are attached hereto as Exhibit C

Documentation

The following documents will be required in the MHSA WRAP program:

Logs and referrals:

- Coordinator Log (EDCMH Coordinator tracks all referrals & contacts)
- Placement Committee Log (EDCMH Program Coordinator tracks disposition of clients)
- Referral/Pre-screening tool (Referral source sends to EDCMH Program Coordinator)

Intake Forms

- UMDAP/Client Registration Form
- Admission Episode
- Family Team Plan/Strength Based Assessment (within 30 days of referral)
- Comprehensive Assessment
- Client Plan

Progress Notes for activities billed for an MHSA client  
Discharge Summary

DMH Full Service Partnership Data Tracking

1. Assessment Form, filled out upon enrollment
2. Quarterly Assessment Form
3. Key Event Tracking Form

IX. MEASURING OUTCOMES

EDCMH will ensure collection of data for outcome tracking purposes, including Department of Mental Health initial and quarterly assessment forms and key event tracking forms.

Methodology

**Quarterly** reporting of the following indicators:

1. DMH Full Service Partnership data forms
2. Contract Provider Quarterly Report
  - # of MHSA youth enrolled
  - # of MHSA youth living at home
  - # of MHSA youth placed out of the home
  - # of MHSA youth with a school attendance of >90%
  - # of MHSA youth with law enforcement contacts
  - # of MHSA youth with MH crisis contacts
3. Chart Reviews to include the following measures (EDCMH Coordinator)
  - Does the monthly invoice match chart documentation?
  - Does the treatment plan/updates reflect the WRAP principles?
  - Are the contract provider services, time spent, and documentation consistent with the treatment plan and the level of family need?
  - Were the stabilization funds spent consistent with the treatment plan?
  - Were the state evaluation forms done?
  - Was the 1<sup>st</sup> Family Team meeting within 14 days from the referral (referral from EDCMH to contract provider) date?

X. MONITORING PROGRAM FIDELITY

The Program Coordinator is responsible for monitoring WRAP Model program fidelity. The Wraparound Fidelity Instrument (WFI) will be utilized on a biannual basis for conducting such evaluation. The WFI includes interviews with:

- Client: administered by WRAP worker
- Caregiver: administered by Family partner
- Facilitator: administered by the Program Coordinator

Results of the WFI monitoring will be used to structure monthly WRAP Team supervision sessions. Those areas needing improvement will be prioritized by the Program Coordinator and addressed sequentially during monthly sessions.

## XI. TRAINING

Orientation and annual training in:

- Cultural competency
- Wellness and recovery

One-time training in:

- MHSa Principles/Policies
- Wrap worker training
- Facilitation Training
- Wraparound Model Community Training

**EXHIBIT B**

**CONTRACT RATES**

Monthly rate	\$8,507
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**REIMBURSABLE EXPENSES**

Transportation Expenses	Paid at County mileage rate not to exceed \$12,243
Stabilization Funds	not to exceed \$10,000
Startup Costs	\$10,500

**Exhibit "C"**  
**MHSA Wraparound codes 2/25/07**

**MHSA WRAP**

Facilitator

- 301 Case Management
  - 311 Collateral
  - 321 Family (Therapy or Rehab)
  - 331 Assessment
  - 341 Individual (Therapy or Rehab)
  - 351 Group (Therapy, Rehab, or Collateral)
  - 371 Crisis Intervention
  - 391 Plan Development
- 702 Engagement activities\*\*** – Case management done on behalf of or with an individual prior to the completion of their assessment, treatment plan and the authorization of services.
- 711 community integration** - time spent with or without the client present establishing or engaging in activities that assist clients in community integration (e.g., setting up an outing)
- 721 court** - time spent accompanying a client to court hearings and/or meeting with providers involved in court proceedings
- 732 outreach\*** - time spent setting up, documenting or being out in the community as part an effort to inform the community of services or to make services accessible
- 791 transportation\*\*** - time spent providing transportation services for a consumer independent of a clinical activity
- 762 training-** time spent in training authorized by EDCMH which supports MHSA service delivery
- 771 program evaluation** - time spent providing evaluation services and/or support for any MHSA-funded program

Therapist

- 301 Case Management
  - 311 Collateral
  - 321 Family (Therapy or Rehab)
  - 331 Assessment
  - 341 Individual (Therapy or Rehab)
  - 351 Group (Therapy, Rehab, or Collateral)
  - 371 Crisis Intervention
  - 391 Plan Development
- 762 training-** time spent in training authorized by EDCMH which supports MHSA service delivery
- 771 program evaluation** - time spent providing evaluation services and/or support for any MHSA-funded program



Wrap Worker

- 301 Case Management
- 311 Collateral
- 321 Family (Therapy or Rehab)
- 331 Assessment
- 341 Individual (Therapy or Rehab)
- 351 Group (Therapy, Rehab, or Collateral)
- 371 Crisis Intervention
- 391 Plan Development

**711 community integration** - time spent with or without the client present establishing or engaging in activities that assist clients in community integration (e.g., setting up an outing)

**721 court** - time spent accompanying a client to court hearings and/or meeting with providers involved in court proceedings

**732 outreach\*** - time spent setting up, documenting or being out in the community as part an effort to inform the community of services or to make services accessible

**762 training-** time spent in training authorized by EDCMH which supports MHSA service delivery

**771 program evaluation** - time spent providing evaluation services and/or support for any MHSA-funded program

**781 respite\*\*** - time spent providing services to a consumer thereby allowing the caretaker relief to attend to other activities

**791 transportation\*\*** - time spent providing transportation services for a consumer independent of a clinical activity

Parent Partner

Try to use first if there are authorized services if the individual is approved to bill MediCall, otherwise, use MHSA 700 series codes:

- 301 Case Management
- 311 Collateral
- 321 Family (Therapy or Rehab)
- 331 Assessment
- 341 Individual (Therapy or Rehab)
- 351 Group (Therapy, Rehab, or Collateral)
- 371 Crisis Intervention
- 391 Plan Development

2<sup>nd</sup> option:

- 711 community integration** - time spent with or without the client present establishing or engaging in activities that assist clients in community integration (e.g., setting up an outing)
- 721 court** - time spent accompanying a client to court hearings and/or meeting with providers involved in court proceedings
- 732 outreach\*** - time spent setting up, documenting or being out in the community as part an effort to inform the community of services or to make services accessible
- 762 training-** time spent in approved training which supports MHSA service delivery
- 771 program evaluation** - time spent providing evaluation services and/or support for any MHSA-funded program
- 781 respite\*\*** - time spent providing services to a consumer thereby allowing the caretaker relief to attend to other activities
- 791 transportation\*\*** - time spent providing transportation services for a consumer independent of a clinical activity

Use as last resort:

- 741 parent partner\*** - time spent by a parent partner in providing services to a family

Use of MHSA billing codes only requires chart documentation, as follows:

- Codes designated with “\*” require documentation **only when** services delivered are client-specific.
- Codes designated with “\*\*” require documentation as services **must be** client-specific.

**MHSA Site Codes**

	PVL	SLT
Wrap	09129	09029
Homeless		
Outreach	09353	
FSP	09355	
Older Adult	09356	09026
Court		09025
Latino	09357	09023

Pending –

- Code for integrated dual diagnosis treatment provided by a CADAC staff member for youth as part of the authorized treatment plan – in the meantime, use rehab services code.

**Exhibit "D"**  
**EL DORADO COUNTY**  
**MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Adherence to the Mental Health Services Act (MHSA) Guiding Principles	<b>POLICY NUMBER:</b>
<b>APPROVED BY:</b>  _____ Barry Wasserman, LCSW, Interim Director	<b>DATE:</b>  _____

**Background:**

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), to expand funding for a comprehensive, community-based mental health system for seriously emotionally disturbed youth and seriously mentally ill adults. A key intent was to "transform" the existing public mental health delivery system on a number of levels. This document specifies how the El Dorado County Mental Health system and its contract providers will embrace the vision and put into practice the guiding principles for the MHSA identified by California stakeholders and the State Department of Mental Health (see California Department of Mental Health Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act, February 16, 2005, Attachment A).

**Policy:**

The El Dorado County Mental Health Department supports the vision, guiding principles, and essential elements for use of the Mental Health Services Act (MHSA) funding put forward by the State Department of Mental Health as a result of the state-level stakeholder process—including the requirement that services are voluntary in nature (see Attachment A and A Readers Guide to MHSA CSS Three-Year Program and Expenditure Plan Requirements, Attachment B). These parameters will be applied in the planning, program implementation and evaluation process of MHSA service delivery, and apply to community providers who are awarded MHSA service contracts.

Vision

El Dorado County Mental Health joins with state stakeholders and county community members in striving "to create a state-of-the art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families." Along with DMH, EDCMH commits to looking "beyond business as usual to help build a system where access will be easier, services are more effective, out-of-home and

institutional care are reduced and stigma toward those with severe mental illness or serious emotional disturbance no longer exists (see Attachment A).

#### Guiding Principles

The El Dorado County Mental Health Department will utilize the following guiding principles as a means to work toward the above vision (paraphrased from Attachment A):

In order to look beyond “business as usual”, we will:

1. Increase participation of clients and families in all aspects of the mental health service delivery system;
2. Increase consumer-operated services;
3. Adopt an approach to services in which clients and families participate in the development of their individualized plan of service that is client and family-driven, strengths-based and culturally competent;
4. Explore the needed changes in service location to ensure increased access in a timely fashion;
5. Eliminate ineffective policies, practices, and services in favor of values-driven, evidenced-based approaches that are responsive to clients and produce positive outcomes;
6. Increase treatment options and ensure informed choice for our clients improving the attainment of our clients’ goals;
7. Create integrated screening, assessment, and unified treatment plans at all points of entry into the service delivery system for persons with both mental illness and substance abuse problems;
8. For youth, ensure meaningful collaboration with child welfare, juvenile justice, education and primary healthcare, in order to provide comprehensive services and attain positive outcomes;
9. For transitional age youth, ensure a point of contact for youth transitioning from the youth to adult system and unique programming to address their developmental needs;
10. For adults, ensure meaningful collaboration with local resources in order to provide integrated services with the goals of adequate healthcare, independent living, and self-sufficiency;
11. For older adults, implement strategies for community-based care that is integrated with physical healthcare, with the ability to reside in their community of choice as a fundamental objective;
12. Reduce the negative effects of untreated mental illness, such as institutionalization, homelessness, incarceration, suicide and unemployment;
13. Increase collaborative and integrated opportunities for clients in education, employment, housing, social relationships, and meaningful contribution to community life through community partnerships;
14. Reduce disparities in service access and utilization;
15. Implement culturally competent assessments and services;
16. Routinely employment outcome monitoring and use of data at the consumer, system, and community level to assist in program planning;
17. Create a structure and process whereby changes in service array result from intended outcomes—including the necessary training and support for the mental health staff to make this process effective; and,

18. Adopt effective service delivery approaches, use of standard performance indicators, data measurement and reporting strategies to ensure the achievement of MHPA accountability goals.

#### Five Essential Elements

The El Dorado County Mental Health Department will apply the five essential elements of the MHPA in all MHPA program planning, implementation and evaluation processes.

These elements are:

- Community collaboration
- Cultural competency
- Client/family-driven services
- Wellness focus
- Integrated services.

#### **Procedure:**

- This policy will be reviewed in the All Staff meetings upon publication.
- Supervisors will review this policy with all new employees as part of their orientation process to the Department.
- MHPA contract providers will be trained in the content of this policy and their contract will require compliance with and support of this policy.
- These important elements, the Vision, Guiding Principles, and Essential Elements, will be incorporated in new program development training as the MHPA CSS programs are implemented.
- The content of this policy will serve as a benchmark for all MHPA programs. Annual reports and contract reviews must address these elements to demonstrate compliance and progress in these areas.
- All EDCMH employees and contract providers are expected to comply with this policy.
- The MHPA Project Management Team, EDCMH Contracts Officer, the EDCMH Program Managers, and the Department Director are responsible for ensuring compliance with this policy.

**Exhibit "E"**  
**EL DORADO COUNTY**  
**MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Adherence to the Mental Health Services Act (MHSA) Cultural Competency Requirements	<b>POLICY NUMBER:</b>
<b>APPROVED BY:</b>  _____ Barry Wasserman, LCSW, Interim Director	<b>DATE:</b>  _____

**Background:**

The following factors highlight the critical role that culture, ethnicity, and language differences play in the field of public mental health service delivery (from the Technical Assistance Document 5, Considerations for Embedding Cultural Competency, DMH draft, May 23, 2005):

- The non-Hispanic white population represents 47% of the California population and therefore ethnic, racial, linguistic and multiracial groups represent the majority of the State's population.
- Racial and ethnic populations are a growing segment of the US population and in California, the data from the County Mental Health Plans indicates that disparities exist among ethnic and racial groups.
- Collectively, ethnically, racially and linguistically diverse populations experience greater disability from emotional and behavioral disorders relative to Caucasian populations:
  - partially due to decreased access and poorer quality of care
  - partially due to inadequate funding of the public mental health system and its inability to address the unique needs of diverse groups
  - the result is misdiagnoses, mistrust, and poor utilization of services
- Furthermore, ethnically, racially, and linguistically diverse populations experience more stressful environments due to poverty, violence, discrimination and racism.
- Ethnic and racial groups are over-represented in vulnerable populations, such as the homeless, foster care, and incarcerated youth;
- Public mental health systems must comply with federal and state legislation regarding services for limited English-proficient individuals, such as mandates for meaningful and equal access to health and social services.
- The only threshold language (language spoken by at least 5% of the county population thereby requiring increased levels of available resources, i.e., translated written materials) in El Dorado County at this time is Spanish.
- Culturally competent services and systems are fiscally prudent—it is estimated that the general cost of untreated or poor treatment of mental illness is \$113 billion a year.

“Cultural competence is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family members, and professionals that enables that system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations” (DMH Information Notice. : 02-03).

A culturally competent service delivery system provides the following efficiencies:

- Improved service access, including early intervention;
- Accuracy of diagnosis;
- Appropriate and individualized service planning and efficiency;
- Effective integration of the client’s family (including extended family);
- Use of relevant community resources;
- Use of external resources in client services; and,
- Financial efficiencies—cost-avoidance and cost-effectiveness.

A culturally competent service delivery system will look very different from the traditional approach:

- Planning will involve the community in setting goals and outcomes—including new and different partners for a mental health department.
- Different help-seeking behavior, communication and parenting styles, culturally-based treatments and healers will be recognized.
- Operating procedures will be adapted to meet community needs as opposed to expecting that various diverse communities will adapt to the existing system.
- There is recognition that studies generally do NOT include the perspective of ethnic communities.
- There is an awareness and understanding that the standard categories, such as breakdown by age groups, is not necessarily compatible with how ethnic communities operate—for example, ethnic/racial/linguistic populations operate as an integrated system, often living in multi-generational households. Therefore, a transformed system would provide services within a community setting, not to individuals by age.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), to expand funding for a comprehensive, community-based mental health system for seriously emotionally disturbed youth and seriously mentally ill adults. A central feature to the “transformation” of the public mental health service delivery system is the ability to decrease ethnic disparities in access to and benefits from services. The State Department of Mental Health (DMH) developed Technical Assistance Document 5 which offers “Consideration for Embedding Cultural Competency” (Attachment A) within MHSA program planning. Further, the requirements of the Community Services and Supports (CSS) MHSA three-year plan required data analysis and program planning which specifically addressed the identification of local ethnic disparities in service access and in the community issues which result from unmet mental health needs and subsequent program planning.

This policy and procedure is intended to outline the approach and expectations that the El Dorado County Mental Health Department has identified for the MHSA programs.

**Policy:**

The El Dorado County Mental Health Department has established the following basic elements for all MHSA programs to facilitate culturally competent practices, to increase access and improved outcomes, and to thereby decrease ethnic disparities in mental healthcare.

These standards apply to community providers who are awarded MHSA service contracts.

- Free interpretation services must be offered and effectively accessed for any client with limited English proficiency (LEP).
- Forms, documents and signage must be translated in all threshold languages.
- Bilingual/bicultural staff for threshold languages will be actively recruited for all positions.
- Annual training to increase culturally competency skills will be provided and all Department and contractor provider staff must attend.
- Culturally competent service delivery will include assessments at all entry points which explore issues of ethnicity, language, culture, gender, sexual orientation, and religious/spiritual practices that may be relevant treatment issues. This information will be documented and tracked for program development purposes.

The following documents will be used to provide a framework and standards of practice that will be developed for all MHSA programs:

- Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities, adopted by the California Mental Health Directors Association (CMHDA) on March 10, 2005 and prepared by Ethnic Services Managers from the Bay Area, Central, Southern, and Superior Regions.
- Cultural competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups, Final Report from Working Groups on Cultural Competence in Managed Mental Health Care Services, Center for Mental Health Services, SAMHSA, US DHHS.

**Procedures****Provision of free-interpretation services/non-requirement of client-provided interpretation**

El Dorado County Mental Health and any service contract providers must proactively offer free interpretation services to clients. Clients may not be required to provide their own interpreters. If a client prefers to provide their own interpreter, staff must ensure that the interpreter is not a minor. Further, the client must sign a release form to indicate their consent and to waive privilege of confidentiality with the interpreter.

Signage explaining this policy should be visibly displayed in public service areas in all threshold languages. Further, the AT & T language line can be used as a resource in any language—including to convey to the client that free interpretation services are available and to identify the language that the client prefers if it is not clear to the staff member.



The offer of interpretation services, how this offer was conveyed, and how the client responded should be documented in the client record. Further, use of an interpreter should also be documented in the client record time it occurs.

Finally, service sites should establish effective procedures for all staff to follow to ensure that interpretation services are quickly obtained so that clients are not discouraged in their attempt to access mental health services—this includes procedures and training for support staff and other non-clinical staff who may come in contact with the public and may often be the first point of contact for the public.

#### Provision of program documents, forms, and signage in threshold languages

All MHSA program marketing materials, client forms, and signage must be translated in all threshold languages (Spanish). The Department's Ethnic Services Coordinator has responsibility for identifying an effective translator and for maintaining an original copy of all MHSA forms in English and Spanish. Any requests of changes to MHSA forms therefore must be coordinated with the Ethnic Services Coordinator.

#### Active recruitment of bilingual/bicultural employees for threshold languages

Recruitment of bilingual/bicultural staff in threshold languages will be a routine practice. Resources include ethnically-oriented professional organizations, graduate schools, employment websites, ethnic media, and the local ethnic service providers.

#### Annual training:

Training to increase skills in cultural competency will be provided by the Department to all staff and MHSA contract providers and are considered mandatory. Topics will range and may include training in sensitivity to difference, assessment skills, and culture-specific training. Evidence-based practices that have demonstrated positive outcomes for ethnic groups will be pursued as part of ongoing system improvement (e.g., Multidimensional Family Therapy, and use of the Promotora model). Training to be an effective interpreter will be provided for bilingual Spanish-speaking staff and training in the effective use of interpreters will be provided for direct service clinical staff.

#### Service provision

- All MHSA assessments and data collection will include inquiry regarding the ethnicity and preferred language of all clients served.
- Service plans must address issues of culture, language, and various areas of difference, as appropriate.
- Chart audits to ensure compliance will be conducted by EDCMH.
- Partnership and collaboration with ethnic-service agencies will be pursued for the Latino and Native American populations, specifically exploring collaborative outreach and case management.
- Chart audits and monitoring protocols will be applied to both the Department and contract providers to ensure compliance with these standards via the Clinical Review Subcommittee and the Cultural Competency Subcommittee.

- The Ethnic Services Coordinator and the Cultural Competency Subcommittee shall provide leadership in applying the framework and standards in the CMHDA and SAMHSA documents.

Exhibit "F"  
El Dorado County Mental Health Department

**CONFIDENTIALITY STATEMENT**

There are some important legal restrictions on the release of patient information and records. These restrictions are for the protection of the psychiatric patient and cover mental health service programs. Confidentiality covers all information on both inpatients and outpatients, including information on whether or not a person is a patient.

Access to records for El Dorado County Mental Health staff, interns, volunteers, etc., is limited to information necessary to perform specific clinical treatment or Utilization Review and Quality Assurance functions on a professional "need to know" basis.

The Lanterman-Petris-Short Act contained in the Welfare and Institutions Code states in part:

**Section 5328:**

"All information and records obtained in the course of providing services ... to either voluntary or involuntary recipients of services shall be confidential..."

The specific circumstances under which information and records may be released are spelled out in the sub-sections.

**Section 5330 speaks to the enforcement of this law as follows:**

"Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning him in violation of the provision of this chapter, for the greater of the following amounts:

- (1) Ten Thousand (\$10,000) Dollars or:
- (2) Three (3) times the amount of actual damages, if any, sustained by the plaintiff...It is not a prerequisite to an action under this section that the plaintiff suffer or be threatened with actual damages."

**In addition to the LPS law, a breach of confidentiality is a serious infraction of the County of El Dorado policy and may result in dismissal.**

**Pledge of Confidentiality:** I certify by my signature that I will not give information about patients to unauthorized persons and to do so would be a serious violation of my responsibility.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**Exhibit "G"**  
**EL DORADO COUNTY**  
**MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Code of Conduct	<b>POLICY NUMBER:</b> II-A-0-004
<b>APPROVED BY:</b> <hr/> Barry Wasserman, LCSW, Interim Director	<b>DATE:</b> <hr/>

El Dorado County Department of Mental Health ("EDCDMH") maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. EDCDMH and each of its employees and contractors shall follow this Code of Conduct.

**PURPOSE**

The purpose of the EDCDMH Code of Conduct is to ensure that all EDCDMH employees and contractors are committed to conducting their activities ethically and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs, and with all EDCDMH Policies and procedures. This Code of Conduct also serves to demonstrate EDCDMH's dedications to providing quality care to its patients, and to submitting accurate claims for reimbursement to all payers.

**CODE OF CONDUCT – GENERAL STATEMENT**

- The Code of Conduct is intended to provide EDCDMH employees and contractors with general guidelines to enable them to conduct the business of EDCDMH in an ethical and legal manner;
- Every EDCDMH employee and contractor is expected to uphold the Code of Conduct;
- Failure to comply with the Code of Conduct, or failure to report reasonable suspected issues of non-compliance, may subject the EDCDMH employee or contractor to disciplinary action, up to or including termination of employment or contracted status. In addition, such conduct may place the individual, or EDCDMH, at substantial risk in terms of its relationship with various payers. In extreme cases, there is also the risk of action by a governmental entity up to and including an investigation, criminal prosecution, and/or exclusion from participation in the Federal Health Care Programs.

**CODE OF CONDUCT**

All EDCDMH employees and contractors:

- Shall perform their duties in good faith and to the best of their ability;
- Shall comply with all statutes, regulations, and guidelines applicable to Federal Health Care program, and with EDCDMH's own Policies and Procedures;
- Shall refrain from any illegal conduct. When an employee or contractor is uncertain of the meaning or application of a statute, regulation, or policy, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate supervisor or the designated Compliance Officer;
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with EDCDMH;
- Shall notify the Compliance Officer immediately upon the receipt (at work or at home) of any inquiry, subpoena, or other agency or government request for information regarding EDCDMH;
- Shall not destroy or alter EDCDMH information or documents in anticipation of, or in response to, a request for documents by any applicable government agency or from a court of competent jurisdictions;
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or contractor's independent judgment in transactions involving EDCDMH;
- Shall disclose to the Compliance Officer any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with EDCDMH's vendors or contractors;
- Shall not participate in any false billing of patients, government entities, or any other party;
- Shall not participate in preparation of any false cost report or other type of report submitted to the government;
- Shall not pay or arrange for EDCDMH to pay any person or entity for the referral of patients to EDCDMH, and shall not accept any payment or arrange for EDCDMH to accept any payment for referrals from EDCDMH;
- Shall not use confidential EDCDMH information for their own personal benefit or for the benefit of any other person or entity, while employed at or under contract to EDCDMH, or at any time thereafter;

- Shall not disclose confidential medical information pertaining to EDCDMH's patients without the express written consent of the patient or pursuant to court order and in accordance with the applicable law and EDCDMH applicable Policies and Procedures;
- Shall promptly report to the Compliance Officer any and all violations or reasonably suspected violations of the Code of conduct by other employees or contractors;
- Shall promptly report to the Compliance Officer any and all violations or reasonably suspected violations of any statute, regulations, or guideline applicable to Federal Health Care programs or violations of EDCDMH's own Policies and Procedures by other employees or contractors;
- Shall have the right to use the Confidential Disclosure Program without fear of retaliation with respect to disclosures; and with EDCDMH commitment to maintain confidentiality, as appropriate; and
- Shall not engage in or tolerate retaliation against any employee(s) or contractor(s) who report suspected wrongdoing.

## CERTIFICATION

I, \_\_\_\_\_ by  
 signing this Certification acknowledge that:

1. I have received a copy of the attached Code of Conduct Policy.
2. I have read the attached copy of the Code of Conduct Policy.
3. I agree to comply with the attached copy of the Code of Conduct Policy.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return this signed-off original Certification to the El Dorado County Mental Health Compliance Officer.

Thank you.

Distribution:

Original – El Dorado County Personnel File  
 Copy - Person Signing this Certification

**Exhibit "H"**  
**El Dorado County Mental Health Department**  
**Mental Health Services Act (MHSA) Family-Centered Services Program**  
**Contract Provider Assurance**

**In order to comply with Federal, State and MHSA program requirements, upon award of the MHSA contract, the Proposer agrees to the following requirements:**

- Clients served must meet the MHSA criteria of seriously emotionally disturbed and the locally determined criteria of uninsured or under-insured (unable to receive this service through other financial means) and at risk of out-of-home placement due to unmet mental health needs.
- Clients served must be El Dorado County residents.
- Proposals must be realistic in scope and staffing and within available funding.
- Proposals must ensure that the Wraparound model will be applied consistently with fidelity to the model.
- Proposers must employ the use of all Wraparound Team member roles—the facilitator, the Wrap worker, and the Parent Partner.
- Proposals must support in spirit and practice the five essential elements of the Mental Health Services Act (MHSA).
- Proposers must adhere to the EDC MHSA policies regarding the MHSA principles and culturally competent practice expectations and requirements.
- Proposers must provide forms and program documentation in Spanish and must have access to bilingual Spanish-speaking interpreters for this program.
- Proposers must utilize MHSA program documentation forms, including the full-service partnership outcome forms which are submitted to the State Department of Mental Health.
- Proposers must participate in performance indicator measures and community satisfaction surveys that reflect outcomes and responses to the Family-Centered Services Program.
- Proposers must submit quarterly service delivery reports, performance indicator reports, and budget reports.
- Proposers must have the capacity to transmit data electronically.
- Proposers must have their administrator and Family-Centered Services Team members sign the El Dorado County Mental Health Confidentiality Statement and Code of Conduct agreements.
- Family-Centered Services Team members must participate in annual cultural competency and compliance training.
- Proposers must engage in active outreach, engagement and culturally competent practices to assist in decreasing the ethnic disparity in mental health service delivery to the Latino and Native American populations. Collaborative outreach and case management with ethnic-specific organizations for these target populations will be required.
- Proposers must provide 24/7 urgent response for families served.
- Contracts will include a flex fund that will be administered by the contract provider. Administrative oversight and sign off is required for each expenditure. Expenditures must be central to the family WRAP plan having ruled out other alternatives. Monthly invoices for these expenditures must itemize each expense and justification for the expense.

Proposer Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Name and Address \_\_\_\_\_

Exhibit "I"



COUNTY OF EL DORADO, CALIFORNIA  
BOARD OF SUPERVISORS POLICY

Subject:  TRAVEL	Policy Number D-1	Page Number: 1 of 14
	Date Adopted: 12/22/1987	Revised Date: 05/25/1999

BACKGROUND:

This policy applies to County officers and employees as well as members of boards and commissions required to travel in or out of county for the conduct of County business. This policy also provides for expenses of public employees from other jurisdictions when specifically referenced in policy provisions set forth below.

For ease of reference, the Travel Policy is presented in the following sections:

1. General Policy
2. Approvals Required
3. Travel Participants and Number
4. Mode of Transport
5. Reimbursement Rates
  - a. Maximum Rate Policy
  - b. Private Auto
  - c. Meals
  - d. Lodging
  - e. Other
6. Advance Payments
7. Compliance – Responsibility of Claimant
8. Procedures





## **Implementing the wraparound process: What the *National Wraparound Initiative* can offer communities**

Collaborative consumer-provider teams have become an increasingly popular mechanism for creating and implementing individualized care plans for adults, children, and families with complex needs. Within children's mental health, a team-based approach known as *wraparound* has become one of the primary strategies for providing community-based care for children experiencing emotional and behavioral problems. It is estimated that over 200,000 young people nationally receive services via some type of wraparound process.

Wraparound's popularity and visibility stems from its philosophy for service delivery, which is appealing to a broad range of stakeholders. In addition, wraparound is viewed as a means for accomplishing several goals for well-functioning systems of care as presented in the President's *New Freedom Commission Report on Mental Health*:

- Creating an individualized plan of care for every child or youth;
- Administering a culturally competent, family-driven care process based on the perspectives of the family;
- Bringing flexible resources and natural supports to bear on behalf of the youth and family, through use of a child and family team; and
- Creatively mobilizing all resources necessary to keep the child in the community.

These features of the wraparound process have led most SAMHSA-funded *Children's Mental Health Initiative* systems-of-care communities to use the wraparound process to plan and manage care for youth with the most serious needs and their families. In fact, the most recent SAMHSA Request for Applications for the Children's Mental Health Initiative (RFA number SM-05-010; found at <http://www.samhsa.gov/grants/2005/grants.aspx>) requires that an applicant community describe how they will develop the capacity to administer the wraparound process, and support its high-quality implementation.

Unfortunately, though there is general agreement about the philosophy that should guide wraparound, the children's services field has historically been hindered by the lack of a standard model for wraparound practice and a dearth of well-articulated descriptions of what is needed to support wraparound. As a collaborative effort seeking to overcome these longstanding gaps in understanding (and thus promote the implementation of high quality wraparound), the *National Wraparound Initiative* is poised to help prepare communities to meet these challenges. For communities who are interested in implementing the wraparound process, we have prepared this brief introduction to how the materials on the National Wraparound Initiative website may help your efforts.

### **Q: What is wraparound?**

Wraparound has traditionally been defined by a set of principles about how family members, people in their support system, and service providers should work together to support the family or individual who needs help. The National Wraparound Initiative and its collaborating partners have undertaken a research project that included a consensus building process to refine and crystallize these principles at a child and family level. Enacting these principles should be considered the foundation of high quality wraparound practice. To view information about the consensus-building process, and the resulting document, click here: [10 Principles of the Wraparound Process](#)

In addition, in 2003, some members of the National Initiative contributed several articles to a special issue of Focal Point on "Quality and Fidelity in Wraparound," including a history of wraparound by John VanDenBerg, Eric Bruns, and John Burchard.

Finally, Eric Bruns, a researcher from the University of Washington, has written a newsletter article about wraparound's status as an empirically supported approach for child and family services. This piece can be found here:

<http://www.wraparoundsolutions.com/newscontent.asp?pg=2>

**Q: What happens during the wraparound process?**

During the Wraparound process, a team, guided by a facilitator, creates an individualized plan of care to improve the life of a child or youth and his or her family. Wraparound team members—the identified child/youth, parents/caregivers and other family and community members, mental health professionals, educators, and others—meet regularly to design, implement, and monitor a plan to meet the unique needs of the child and family. Though this may sound relatively simple, actually implementing this process is challenging. Through an interactive process employing many advisors, the National Wraparound Initiative has described a model of procedures that typically occur within a high-quality wraparound process. This document can be found here: Phases and Activities of the Wraparound Process.

**Q: What kinds of administrative and system supports does wraparound require?**

Clearly, the model described in the "Phases and Activities of the Wraparound Process" is a complex one that will require significant supports to be implemented. Researchers at Portland State's Research and Training Center conducted a series of studies intended to determine what kinds of supports are necessary for a community to administer a wraparound process. These supports, which can be described at the wraparound, team, organizational, and system levels, are described in a full monograph, as well as an abbreviated primer created for the National Wraparound Initiative, and in a Focal Point article from 2003.

**Q: How does a community measure implementation of wraparound and conduct quality assurance around the process?**

Collaborators participating in the National Wraparound Initiative have developed several methods for measuring wraparound implementation. Researchers at the Portland State RTC have developed methods for communities to assess the adequacy of organizational and system supports, which can be found in the monograph described above. In addition, there are several methods for assessing adherence to wraparound principles in as administered to individual families. These include the Wraparound Observation Form<sup>1</sup> (which measures wraparound as administered in a team meeting) and the Wraparound Fidelity Index, originally developed by John Burchard at the University of Vermont, which measures wraparound implementation via interviews with the youth, caregiver, and resource facilitator.

**Q. Where can I review more information?**

The above resources represent only a small cross-section of the information available through the National Wraparound Initiative. As you consider the requirements for implementing a high-quality wraparound process in your community, we invite you to review the full sample of materials we have compiled on the website. Please let us know what you have found to be most helpful – or areas in which you require more information – by emailing the coordinators of the project, Eric Bruns ([ebruns@u.washington.edu](mailto:ebruns@u.washington.edu)) and Janet Walker ([janetw@pdx.edu](mailto:janetw@pdx.edu)).

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<sup>1</sup> Epstein, M.H., et al. (2003). Assessing the Wraparound Process During Family Planning Meetings *Journal of Behavioral Health Services & Research*, 30, 352-362.

## Ten Principles of the Wraparound Process

Eric J. Bruns  
Janet S. Walker  
Jane Adams  
Pat Miles  
Trina Osher  
Jim Rast

John VanDenBerg

And the *National Wraparound Initiative* Advisory Group

October 1, 2004

**Suggested citation:** Bruns, E.J., Walker, J.S., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (2004). *Ten principles of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

**Acknowledgments:** The work of the *National Wraparound Initiative* has received support from several sources, including ORC Macro, Inc.; the Child, Adolescent, and Family Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; the Center for Medical and Medicaid Services (award no. 11-P-92001/3-01); the Maryland Department of Juvenile Services and Governor's Office of Crime Control and Prevention; and the National Technical Assistance Partnership for Child and Family Mental Health.

## Introduction

The philosophical principles of wraparound have long provided the basis for understanding this innovative and widely-practiced service delivery model. This value base for working in collaboration and partnership with families extends from wraparound's roots in programs such as *Kaleidoscope* in Chicago, the *Alaska Youth Initiative*, and *Project Wraparound* in Vermont. In 1999, a monograph on wraparound was published that presented 10 core elements of wraparound, as well as 10 practice principles, from the perspective of wraparound innovators.<sup>1</sup> These elements and practice principles spanned activity at the team, organization, and system levels; in other words, some elements were intended to guide direct work that happens with the youth, family and hands-on support people (team level); some referred to work by the agency or organization housing the wraparound initiative (program level); and some guided the funding and community context around the wraparound activities (system level). For many, these original elements and principles became the best means available for understanding the wraparound process. They also provided an important basis for initial efforts at measuring wraparound fidelity.

Many have expressed a need to move beyond a value base for wraparound in order to facilitate program development and replicate positive outcomes. However, wraparound's philosophical principles will always remain the starting point for understanding the model. The current document attempts to make the wraparound principles even more useful as a framework and guide for high-quality practice for youth and families. It describes wraparound's principles exclusively at the youth/family/team level. In doing so, we hope the organizational and system supports necessary to achieve high-quality wraparound practice<sup>2</sup> will always be grounded in the fundamental need to achieve the wraparound principles for families and their teams. By revisiting the original elements of wraparound, we also capitalized on an opportunity to break complex principles (e.g., "individualized and strengths-based") into independent ones, and make sure the principles aligned with other aspects of the effort to operationalize the wraparound process.

The current document is the result of a small team of wraparound innovators, family advocates, and researchers working together over several months. This team revised the original elements and practice principles and provided them to a much larger national group of family members, program administrators, trainers, and researchers familiar with wraparound. Through several stages of work, these individuals voted on the principles presented, provided feedback on phraseology, and participated in a consensus-building process.<sup>3</sup>

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<sup>1</sup> Goldman, S.K. (1999). The Conceptual Framework for Wraparound. In Burns, B. J. & Goldman, K. (Eds.), *Systems of care: Promising practices in children's mental health, 1998 series, Vol. IV: Promising practices in wraparound for children with severe emotional disorders and their families*. Washington DC: Center for Effective Collaboration and Practice.

<sup>2</sup> Another component of the *National Wraparound initiative*, originally described in detail in Walker, J.S., Koroloff, N., & Schutte, K. (2003). *Implementing high-quality collaborative individualized service/support planning: Necessary conditions*. Portland, OR: Research and Training Center on Family Support and Children's Mental Health

<sup>3</sup> Description of the *Delphi* process used can be found on the National Wraparound Initiative's web page at [www.rtc.pdx.edu/nwi/NWIMethod.htm](http://www.rtc.pdx.edu/nwi/NWIMethod.htm).

Though far from complete, consensus on the principles as presented here was strong. Nonetheless, you will see as you read descriptions of these 10 principles that there are several key areas where the complexity of wraparound itself hindered realization of a clear consensus among our advisory group. Commentary provided with each principle highlights such tensions and goes into much greater depth about the intentions and implications of each principle.

Considered along with its accompanying materials, we hope that this document helps achieve the main goal expressed by members of the *National Wraparound Initiative* at its outset: To provide clarity on the specific characteristics of the wraparound process model for the sake of communities, programs, and families. Just as important, we hope that this document is viewed as a work in progress, and that it remains a living document that can be updated as needed based on feedback from an even broader audience of reviewers.

### Acknowledgments

We would like to thank the following Advisory Group members for contributing materials to this product and for participating in interviews and the *Delphi* process through which we received feedback on initial drafts.

A. Michael Booth  
 Beth Larson-Steckler  
 Bill Reay  
 Carl Schick  
 Carol Schneider  
 Christina Breault  
 Christine S. Davis  
 Collette Lueck  
 Constance Burgess  
 Constance Conklin  
 David Osher  
 Dawn Hensley  
 Don Koenig  
 Eleanor D. Castillo  
 Frank Rider  
 Gayle Wiler  
 Holly Echo-Hawk Solie  
 Jane Adams  
 Jane Kallal  
 Jennifer Crawford  
 Jennifer Taub  
 Jim Rast  
 John Burchard  
 John Franz  
 John VanDenBerg  
 Josie Bejarano  
 Julie Becker

Julie Radlauer  
 Kelly Pipkins  
 Knute Rotto  
 Kristen Leverentz-Brady  
 Lucille Eber  
 Lyn Farr  
 Marcia Hille  
 Marcus Small  
 Mareasa Isaacs  
 Maria Elena Villar  
 Marlene Matarese  
 Mary Grealish  
 Mary Jo Meyers  
 Mary Stone Smith  
 Michael Epstein  
 Michael Taylor  
 Neil Brown  
 Norma Holt  
 Pat Miles  
 Patti Derr  
 Robin El-Amin  
 Rosalyn Bertram  
 Ruth A. Gammon  
 Ruth Almen  
 Theresa Rea  
 Trina W. Osher  
 Vera Pina

## Ten Principles of the Wraparound Process

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

The wraparound process recognizes the importance of long-term connections between people, particularly the bonds between family members. The principle of family voice and choice in wraparound stems from this recognition and acknowledges that the people who have a long-term, ongoing relationship with a child or youth have a unique stake in and commitment to the wraparound process and its outcomes. This principle further recognizes that a young person who is receiving wraparound also has a unique stake in the process and its outcomes. The principle of family voice and choice affirms that these are the people who should have the greatest influence over the wraparound process as it unfolds.

This principle also recognizes that the likelihood of successful outcomes and youth/child and family ownership of the wraparound plan are increased when the wraparound process reflects family members' priorities and perspectives. The principle thus explicitly calls for family voice—the provision of opportunities for family members to fully explore and express their perspectives during wraparound activities—and family choice—the structuring of decision making such that family members can select, from among various options, the one(s) that are most consistent with their own perceptions of how things are, how things should be, and what needs to happen to help the family achieve its vision of well-being. Wraparound is a collaborative process (principle 3); however within that collaboration, family members' perspectives must be the most influential.

The principle of voice and choice explicitly recognizes that the perspectives of family members are not likely to have sufficient impact during wraparound unless *intentional* activity occurs to ensure their voice and choice drives the process. Families of children with emotional and behavioral disorders are often stigmatized and blamed for their children's difficulties. This and other factors—including possible differences in social and educational status between family members and professionals, and the idea of professionals as experts whose role is to “fix” the family—can lead teams to discount, rather than prioritize, family members' perspectives during group discussions and decision making. These same factors also decrease the probability that youth perspectives will have impact in groups when adults and professionals are present. Furthermore, prior experiences of stigma and shame can leave family members reluctant to express their perspectives at all. Putting the principle of youth and family voice and choice into action thus requires intentional activity that supports family members as they explore their perspectives and as they express their perspectives during the various activities of wraparound. Further intentional activity must take place to ensure that this perspective has sufficient impact within the collaborative process, so

that it exerts primary influence during decision making. Team procedures, interactions, and products—including the wraparound plan—should provide evidence that the team is indeed engaging in intentional activity to prioritize the family perspectives.

While the principle speaks of *family* voice and choice, the wraparound process recognizes that the families who participate in wraparound, like American families generally, come in many forms. In many families, it is the biological parents who are the primary caregivers and who have the deepest and most enduring commitment to a youth or child. In other families, this role is filled by adoptive parents, step-parents, extended family members, or even non-family caregivers. In many cases, there will not be a single, unified “family” perspective expressed during the various activities of the wraparound process. Disagreements can occur between adult family members/caregivers or between parents/caregivers and extended family. What is more, as a young person matures and becomes more independent, it becomes necessary to balance the collaboration in ways that allow the youth to have growing influence within the wraparound process. Wraparound is intended to be inclusive and to manage disagreement by facilitating collaboration and creativity; however, throughout the process, the goal is always to prioritize the influence of the people who have the deepest and most persistent connection to the young person and commitment to his or her well-being.

Special attention to the balancing of influence and perspectives within wraparound is also necessary when legal considerations restrict the extent to which family members are free to make choices. This is the case, for example, when a youth is on probation, or when a child is in protective custody. In these instances, an adult acting for the agency may take on caregiving and/or decision making responsibilities vis-à-vis the child, and may exercise considerable influence within wraparound. In conducting our review of opinions of wraparound experts about the principles, this has been one of several points of contention; specifically, how best to balance the priorities of youth and family against those of these individuals. Regardless, there is strong consensus in the field that the principle of family voice and choice is a constant reminder that the wraparound process must place special emphasis on the perspectives of the people who will still be connected to the young person after agency involvement has ended.

**2. Team based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.

Wraparound is a collaborative process (see principle 3), undertaken by a team. The wraparound team should be composed of people who have a strong commitment to the family’s well-being. In accordance with principle 1, choices about who is invited to join the team should be driven by family members’ perspectives.

At times, family members’ choices about team membership may be shaped or limited by practical or legal considerations. For example, one or more family members may be reluctant to invite a particular person— e.g., a teacher, a therapist, a probation officer, or a non-custodial ex-spouse—to join the team. At the same time, not inviting that person may mean that the team will not have access to resources and/or

interpersonal support that would otherwise be available. Not inviting a particular person to join the team can also mean that the activities or support that he or she offers will not be coordinated with the team's efforts. It can also mean that the family loses the opportunity to have the team influence that person so that he or she becomes better able to act supportively. If that person is a professional, the team may also lose the opportunity to access services or funds that are available through that person's organization or agency. Not inviting a particular professional to join the team may also bring undesired consequences, for example, if participation of the probation officer on the wraparound team is required as a condition of probation. Family members should be provided with support for making informed decisions about whom they invite to join the team, as well as support for dealing with any conflicts or negative emotions that may arise from working with such team members. Or, when relevant and possible, the family should be supported to explore options such as inviting a different representative from an agency or organization. Ultimately, the family may also choose not to participate in wraparound.

When a state agency has legal custody of a child or youth, the caregiver in the permanency setting and/or another person designated by that agency may have a great deal of influence over who should be on the team; however, in accordance with principle 1, efforts should be made to include participation of family members and others who have a long-term commitment to the young person and who will remain connected to him or her after formal agency involvement has ended.

**3. Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

This principle recognizes the central importance of the support that a youth/child, parents/caregivers, and other family members receive "naturally," i.e., from the individuals and organizations whose connection to the family is independent of the formal service system and its resources. These sources of natural support are sustainable and thus most likely to be available for the youth/child and family after wraparound and other formal services have ended. People who represent sources of natural support often have a high degree of importance and influence within family members' lives. These relationships bring value to the wraparound process by broadening the diversity of support, knowledge, skills, perspectives, and strategies available to the team. Such individuals and organizations also may be able to provide certain types of support that more formal or professional providers find hard to provide.

The primary source of natural support is the family's network of interpersonal relationships, which includes friends, extended family, neighbors, co-workers, church members, and so on. Natural support is also available to the family through community institutions, organizations, and associations such as churches, clubs, libraries, or sports leagues. Professionals and paraprofessionals who interact with the family primarily offer paid support; however, they can also be connected to family members through caring



relationships that exceed the boundaries and expectations of their formal roles. When they act in this way, professionals and paraprofessionals too can become sources of natural support.

Practical experience with wraparound has shown that formal service providers often have great difficulty accessing or engaging potential team members from the family's community and informal support networks. Thus, there is a tendency that these important relationships will be underrepresented on wraparound teams. This principle emphasizes the need for the team to act intentionally to encourage the full participation of team members representing sources of natural support.

4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

Wraparound is a collaborative activity—team members must reach collective agreement on numerous decisions throughout the wraparound process. For example, the team must reach decisions about what goals to pursue, what sorts of strategies to use to reach the goals, and how to evaluate whether or not progress is actually being made in reaching the goals. The principle of collaboration recognizes that the team is more likely to accomplish its work when team members approach decisions in an open-minded manner, prepared to listen to and be influenced by other team members' ideas and opinions. Team members must also be willing to provide their own perspectives, and the whole team will need to work to ensure that each member has opportunities to provide input and feels safe in doing so. As they work to reach agreement, team members will need to remain focused on the team's overarching goals and how best to achieve these goals in a manner that reflects all of the principles of wraparound.

The principle of collaboration emphasizes that each team member must be committed to the team, the team's goals, and the wraparound plan. For professional team members, this means that the work they do with family members is governed by the goals in the plan and the decisions reached by the team. Similarly, the use of resources available to the team—including those controlled by individual professionals on the team—should be governed by team decisions and team goals.

This principle recognizes that there are certain constraints that operate on team decision making, and that collaboration must operate within these boundaries. In particular, legal mandates or other requirements often constrain decisions. Team members must be willing to work creatively and flexibly to find ways to satisfy these mandates and requirements while also working towards team goals.

Finally, it should be noted that, as for principles 1 (family voice and choice) and 2 (team-based), defining wraparound's principle of collaboration raises legitimate concern about how best to strike a balance between wraparound being youth- and family-driven as well as team-driven. This issue is difficult to resolve completely, because it is clear

that wraparound's strengths as a planning and implementation process derive from being team-based and collaborative while also prioritizing the perspectives of family members and natural supports who will provide support to the youth and family over the long run. Such tension can only be resolved on an individual family and team basis, and is best accomplished when team members, providers, and community members are well supported to fully implement wraparound in keeping with all its principles.

5. **Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

This principle recognizes that families and young people who receive wraparound, like all people, should have the opportunity to participate fully in family and community life. This implies that the team will strive to implement service and support strategies that are accessible to the family and that are located within the community where the family chooses to live. Teams will also work to ensure that family members receiving wraparound have greatest possible access to the range of activities and environments that are available to other families, children, and youth within their communities, and that support positive functioning and development.

6. **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

The perspectives people express in wraparound—as well as the manner in which they express their perspectives—are importantly shaped by their culture and identity. In order to collaborate successfully, team members must be able to interact in ways that demonstrate respect for diversity in expression, opinion, and preference, even as they work to come together to reach decisions. This principle emphasizes that respect toward the family in this regard is particularly crucial, so that the principle of family voice and choice can be realized in the wraparound process.

This principle also recognizes that a family's traditions, values, and heritage are sources of great strength. Family relationships with people and organizations with whom they share a cultural identity can be essential sources of support and resources; what is more, these connections are often "natural" in that they are likely to endure as sources of strength and support after formal services have ended. Such individuals and organizations also may be better able to provide types of support difficult to provide through more formal or professional relationships. Thus, this principle also emphasizes the importance of embracing these individuals and organizations, and nurturing and strengthening these connections and resources so as to help the team achieve its

goals, and help the family sustain positive momentum after formal wraparound has ended.

This principle further implies that the team will strive to ensure that the service and support strategies that are included in the wraparound plan also build on and demonstrate respect for family members' beliefs, values, culture, and identity. The principle requires that team members are vigilant about ensuring that culturally competent services and supports extend beyond wraparound team meetings.

**7. Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

This principle emphasizes that, when wraparound is undertaken in a manner consistent with all of the principles, the resulting plan will be uniquely tailored to fit the family. The principle of family voice and choice lays the foundation for individualization. That principle requires that wraparound must be based in the family's perspective about how things are for them, how things should be, and what needs to happen to achieve the latter. Practical experience with wraparound has shown that when families are able to fully express their perspectives, it quickly becomes clear that only a portion of the help and support required is available through existing formal services. Wraparound teams are thus challenged to create strategies for providing help and support that can be delivered outside the boundaries of the traditional service environment. Moreover, the wraparound plan must be designed to build on the particular strengths of family members, and on the assets and resources of their community and culture. Individualization necessarily results as team members collaboratively craft a plan that capitalizes on their collective strengths, creativity, and knowledge of possible strategies and available resources.

**8. Strengths based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

The wraparound process is strengths based in that the team takes time to recognize and validate the skills, knowledge, insight, and strategies that each team member has used to meet the challenges they have encountered in life. The wraparound plan is constructed in such a way that the strategies included in the plan capitalize on and enhance the strengths of the people who participate in carrying out the plan. This principle also implies that interactions between team members will demonstrate mutual respect and appreciation for the value each person brings to the team.

The commitment to a strengths orientation is particularly pronounced with regard to the child or youth and family. Wraparound is intended to achieve outcomes not through a focus on eliminating family members' deficits but rather through efforts to utilize and

increase their assets. Wraparound thus seeks to validate, build on, and expand family members' psychological assets (such as positive self-regard, self-efficacy, hope, optimism, and clarity of values, purpose, and identity), their interpersonal assets (such as social competence and social connectedness), and their expertise, skill, and knowledge.

9. **Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.

This principle emphasizes that the team's commitment to achieving its goals persists regardless of the child's behavior or placement setting, the family's circumstances, or the availability of services in the community. This principle includes the idea that undesired behavior, events, or outcomes are not seen as evidence of child or family "failure" and are not seen as a reason to eject the family from wraparound. Instead, adverse events or outcomes are interpreted as indicating a need to revise the wraparound plan so that it more successfully promotes the positive outcomes associated with the goals. This principle also includes the idea that the team is committed to providing the supports and services that are necessary for success, and will not terminate wraparound because available services are deemed insufficient. Instead, the team is committed to creating and implementing a plan that reflects the wraparound principles, even in the face of limited system capacity.

It is worth noting that the principle of "persistence" is a notable revision from "unconditional" care. This revision reflects feedback from wraparound experts, including family members and advocates, that for communities using the wraparound process, describing care as "unconditional" may be unrealistic and possibly yield disappointment on the part of youth and family members when a service system or community can not meet their own definition of unconditionality. Resolving the semantic issues around "unconditional care" has been one of the challenges of defining the philosophical base of wraparound. Nonetheless, it should be stressed that the principle of "persistence" continues to emphasize the notion that teams work until a formal wraparound process is no longer needed, and that wraparound programs adopt and embrace "no eject, no reject" policies for their work with families.

10. **Outcome based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

This principle emphasizes that the wraparound team is accountable—to the family and to all team members; to the individuals, organizations and agencies that participate in wraparound; and, ultimately, to the public—for achieving the goals laid out in the plan. Determining outcomes and tracking progress toward outcomes should be an active part

of wraparound team functioning. Outcomes monitoring allows the team to regularly assess the effectiveness of plan as a whole, as well as the strategies included within the plan, and to determine when the plan needs revision. Tracking progress also helps the team maintain hope, cohesiveness, and efficacy. Tracking progress and outcomes also helps the family know that things are changing. Finally, team-level outcome monitoring aids the program and community to demonstrate success as part of their overall evaluation plan, which may be important to gaining support and resources for wraparound teams throughout the community.



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POLICY:

1. General Policy

- a. County officers and employees should not suffer any undue loss when required to travel on official County business, nor should said individuals gain any undue benefit from such travel.
- b. County officers or employees compelled to travel in the performance of their duties and in the service of the County shall be reimbursed for their actual and necessary expenses for transportation, parking, tolls, and other reasonable incidental costs, and shall be reimbursed within maximum rate limits established by the Board of Supervisors for lodging, meals, and private auto use. "Actual and necessary expenses" do not include alcoholic beverages.
- c. Travel arrangements should be as economical as practical considering the travel purpose, traveler, time frame available to accomplish the travel mission, available transportation and facilities, and time away from other duties.
- d. Employees must obtain prior authorization for travel, i.e., obtain approvals before incurring costs and before commencing travel.
- e. Receipts are required for reimbursement of lodging costs, registration fees, public transportation and for other expenses as specified, or as may be required by the County Auditor-Controller.



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- f. Requests for travel authorization and reimbursement shall be processed using forms specified by the County Auditor and Chief Administrative Office.
- g. The Chief Administrative Officer may, at his or her sole discretion, authorize an exception to requirements set forth in this Travel policy, based on extenuating circumstances presented by the appropriate, responsible department head. Any exception granted by the Chief Administrative Office is to be applied on a case-by-case basis and does not set precedent for future policy unless it has been formally adopted by the Board of Supervisors.

2. Approvals Required

- a. Department head approval is required for all travel except by members of the County Board of Supervisors. Department heads may delegate approval authority when such specific delegation is approved by the Chief Administrative Officer. However, it is the expectation of the Chief Administrative Officer that department heads take responsibility for review and approval of travel.
- b. Chief Administrative Office approval is required when travel involves any of the following:
  - (1) Transportation by common carrier (except BART), e.g., air, train, bus.
  - (2) Car rental.
  - (3) Out-of-county overnight travel.
  - (4) Members of boards or commissions, or non-county personnel.



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(5) Any exceptions required for provisions within this policy, e.g., travel requests not processed prior to travel, requests exceeding expense guidelines or maximums.

c. It remains the discretion of the Chief Administrative Officer as to whether or not costs of travel which were not authorized in advance will be reimbursed, and whether or not exceptional costs will be reimbursed.

3. Travel Participants and Number

a. Department heads and assistants should not attend the same out-of-county conference; however, where mitigating circumstances exist, travel requests should be simultaneously submitted to the Chief Administrative Office with a justification memorandum.

b. The number of travel participants for each out-of-county event, in most instances, should be limited to one or two staff members, and those individuals should be responsible for sharing information with other interested parties upon return.

c. If out-of-county travel involves training or meetings of such technical nature that broader representation would be in the best interest of the County, the department head may submit a memo explaining the situation to the Chief Administrative Office, attached to travel requests, requesting authorization for a group of travelers.

d. Board of Supervisors members shall be governed by the same policies governing County employees except for the following:





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- (1) A member of the Board of Supervisors requires NO specific authorization.
- (2) The following expenses incurred by a member of the Board of Supervisors constitute a County charge:
  - (a) Actual expenses for meetings and personal travel, necessarily incurred in the conduct of County Business. This includes but is not limited to mileage incurred while traveling to and from the Board members' residence and the location of the chambers of the Board of Supervisors while going to or returning from meetings of the Board of Supervisors.
- e. Non-County personnel travel expenses are not normally provided for since only costs incurred by and for county officers and employees on county business are reimbursable. However, reimbursement is allowable for county officers (elected officials and appointed department heads) and employees who have incurred expenses for non-county staff in the following circumstances:
  - (1) Meals for persons participating on a Human Resources interview panel when deemed appropriate by the Director of Human Resources.
  - (2) Conferences between County officials and consultants, experts, and public officials other than officers of El Dorado County, which are for



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the purpose of discussing important issues related to County business and policies.

- (3) Transportation expenses for a group of County officers and employees and their consultants, and experts on a field trip to gain information necessary to the conduct of County business.
- (4) Lodging expenses for non-county personnel are NOT reimbursable except when special circumstances are noted and approved in advance by the Chief Administrative Office. Otherwise, such expenses must be part of a service contract in order to be paid.

4. Mode of Transport

- a. Transportation shall be by the least expensive and/or most reasonable means available.
- b. Private auto reimbursement may be authorized by the department head for county business travel within county and out of county. Reimbursement shall not be authorized for commuting to and from the employee's residence and the employee's main assigned work site, unless required by an executed Memorandum of Understanding between the County and a representing labor organization, or one-time, special circumstances approved by a department head.
- c. Out of county travel by county vehicle or private vehicle may be authorized if the final destination of the trip does not exceed a four (4) hour driving distance from the County offices. Any exception to this policy must receive



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prior approval from the Chief Administrative Officer. If air travel would be more economical, but the employee prefers to drive even though travel by car would not be in the County's best interest, the County will reimburse transportation equal to the air travel; transportation costs over and above that amount, as well as any extra days of lodging and meals, etc., will be considered a personal, not reimbursable cost of the traveler.

- d. Common carrier travel must be in "Coach" class unless otherwise specifically authorized in advance by the Chief Administrative Officer. Generally, any costs over and above coach class shall be considered a personal, not reimbursable expense of the traveler.

- (1) Rental cars may be used as part of a trip using public transportation if use of a rental car provides the most economical and practical means of travel. The use of a rental car must be noted on the Travel Authorization in advance and authorized by the Department Head and Chief Administrative Officer. Justification for the use of the rental car must accompany that request. Rental car costs will not be reimbursed without prior authorization except in the case of emergencies. Exceptions may be granted at the sole discretion of the Chief Administrative Officer or designated CAO staff.

5. Reimbursement Rates

- a. Maximum rates for reimbursement may not be exceeded unless due to special circumstances documented by the department head and approved by the Chief Administrative Officer. The amount of any reimbursement



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above the maximum shall be at the sole discretion of the Chief Administrative Officer.

b. Private Auto

Travel by private auto in the performance of "official County business" shall be reimbursed at the Federal rate as determined by the Internal Revenue Service.

Mileage for travel shall be computed from the employee's designated work place. If travel begins from the employee's residence, mileage shall be calculated from the residence or work place, whichever is less. (For example, an employee who lives in Cameron Park and drives to a meeting in Sacramento, leaving from the residence will be paid for mileage from the residence to Sacramento and back to the residence.)

The mileage reimbursement rate represents full reimbursement, excluding snow chain installation and removal fee, for expenses incurred by a County officer or employee (e.g., fuel, normal wear and tear, insurance, etc.) during the use of a personal vehicle in the course of service to El Dorado County.

c. Meals

Actual meal expenses, within maximum allowable rates set forth below, may be reimbursed routinely out-of-county travel, and for in-county overnight travel. Meals will not be provided for in-county travel or meetings which do not involve overnight lodging, unless special circumstances are involved such as the following:



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- (1) When meals are approved as part of a program for special training sessions, conferences, and workshops;
- (2) when employees traveling from the western slope of the county to Lake Tahoe and vice-versa are required to spend the entire work day at that location;
- (3) when the Director of Human Resources deems it appropriate to provide meals to a Human Resources interview panel;
- (4) when Senior Managers and/or Executives of El Dorado County or the El Dorado County Water Agency meet with executives of other governmental agencies, community organizations, or private companies in a breakfast, lunch or dinner setting in order to conduct County business. While such meetings are discouraged unless absolutely necessary to the efficient conduct of County or Water Agency business, such expenses for County managers require approval by the Chief Administrative Officer.

Actual costs of meals may be reimbursed up to a total of \$40 per day without regard to how much is spent on individual meals (e.g., breakfast, lunch, dinner, snacks), and without receipts. If an employee is on travel status for less than a full day, costs may be reimbursed for individual meals within the rates shown below.

Breakfasts may be reimbursed only if an employee's travel consists of at least 2 hours in duration before an employee's regular work hours. Dinner



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may be reimbursed if travel consists of at least 2 hours in duration after an employee's regular work hours.

**Maximum Allowable Meal Reimbursement**

Breakfast	\$8.00
Lunch	\$12.00
Dinner	\$20.00
Total for full day	\$40.00/day

d. Lodging

- (1) Lodging within county may be authorized by a department head if assigned activities require an employee to spend one or more nights in an area of the county which is distant from their place of residence (e.g., western slope employee assigned to 2-day activity in South Lake Tahoe).
- (2) Lodging may be reimbursed up to \$125 per night, plus tax, single occupancy. The Chief Administrative Office may approve extraordinary costs above these limits on a case by case basis when the responsible department head and Chief Administrative Office determine that higher cost is unavoidable, or is in the best interest of the County.
- (3) Single rates shall prevail except when the room is occupied by more than one County employee. However, nothing in this policy shall be construed to require employees to share sleeping accommodations



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while traveling on County business. In all travel, employees are expected to secure overnight accommodations as economically as possible and practical.

- (4) Lodging arrangements should be made, whenever possible and practicable, at hotels/motels which offer a government discount, will waive charges to counties for Transient Occupancy Tax, or at which the County has established an account. When staying at such a facility, the name of the employee and the department must appear on the receipt of the hotel/motel bill.

e. Other Expenses

All other reasonable and necessary expenses (i.e., parking, shuttle, taxi, etc.) will be reimbursed at cost if a receipt is submitted with the claim. Receipts are required except for those charges where receipts are not customarily issued, for example, bridge tolls and snow chain installation and removal fees. When specific cost guidelines are not provided by the county, reasonableness of the expense shall be considered by the department head and Chief Administrative Officer before deciding whether to approve.

Reasonable costs for snow chain installation and removal may be claimed and reimbursed. The purchase cost of snow chains would not be an allowable charge against the county.

6. Advance Payments



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The Auditor may provide advance funds for estimated "out of pocket" expenses up to seventy-five percent (75%), but no less than \$50.00. The "out of pocket" expenses may include meals, taxi and public transportation, lodging, parking, and pre-registration costs.

7. Compliance - Claimant Responsibility

It is the responsibility of the claimant to understand and follow all policies and procedures herein in order to receive reimbursement for mileage, travel and expense claims. Any form completed improperly or procedure not followed may result in the return of a claim without reimbursement.

8. Procedures:

- a. Authorization to incur expenses must be obtained as set forth in this County policy, and as may be directed by the department.
- b. Requests for advance funds for anticipated travel expenses itemized on the Travel Authorization Request form are obtained by indicating this need on that form prior to processing the request.
- c. Forms which require Chief Administrative Office approval should be submitted to the Chief Administrative Office, after department head approval, at least 7 to 10 days prior to travel to allow time for processing through County Administration and Auditor's Department.
- d. Cancellation of travel, requires that any advanced funds be returned to the Auditor Controller's office within five (5) working days of the scheduled





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departure date. If the advance is not returned within this time frame, the employee could jeopardize their standing to receive advances in the future.

- e. Travel Claims are due to the Auditor within 30 days after completion of travel. Personal Mileage and Expense Claims are due to the Auditor within 15 days after the end of each calendar month. The due date may be extended if deemed appropriate by the County Auditor. Claims must itemize expenses as indicated on claim forms, and must be processed with receipts attached.
- f. Reimbursements will be provided expeditiously by the County Auditor upon receipt of properly completed claim forms. The Auditor's Office shall promptly review claims to determine completeness, and if found incomplete, will return the request to the claimant noting the areas of deficiency.
- g. Personal Mileage and Expense Claim forms should be completed for each calendar month, one month per claim form. These monthly claims are due to the Auditor within 15 days following the month end; however, the deadline may be extended if deemed appropriate by the County Auditor. If monthly amounts to be claimed are too small to warrant processing at the end of a month (i.e., if cost of processing would exceed the amount being claimed), the claims for an individual may be accumulated and processed in a batch when a reasonable claim amount has accrued. In any event, such claims shall be made and submitted to the County Auditor for accounting and payment within the same fiscal year as the expense was incurred.
- h. Expense Claim Form



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For the purpose of travel and meeting expenses, the claim form is to be used for payments to vendors. The employee must obtain Department Head approval and submit the claim to the Auditor's Office within sixty (60) days of the incurred expense.