

**EXHIBITA-2**  
**STATEMENT OF WORK- MH**  
**SAFE ALTERNATIVES FOR TREATING YOUTH (SAFTY)**

1. **PROGRAM SUMMARY.** The Safe Alternatives for Treating Youth (SAFTY) Program (hereafter "the Program") is a mobile crisis response program for children, youth, and their families throughout Santa Barbara County. The Program shall operate a crisis line that receives crisis calls 24 hours per day, 7 days per week, and is available to provide quick and accessible specialized crisis intervention, in-home support, and linkage to appropriate services for families. The Program aims to keep children and youth in their homes and communities, to prevent psychiatric hospitalization of youth, and to avoid detention in juvenile facilities by helping families develop skills and plans for managing crisis in the future. Services delivered through this program shall be provided to individuals in need regardless of whether or not they are full-scope Medi-Cal beneficiaries. The Program will be headquartered at 115 S. La Cumbre Lane, Suite 200, Santa Barbara, California.
  
2. **PROGRAM GOALS.**
  - A. Keep children and youth out of psychiatric hospitals;
  - B. Keep children in their homes and communities;
  - C. Prevent psychiatric hospitalization due to an emergency or urgent psychiatric condition by helping families to use skills or access natural supports through the use of safety planning.
    - i. An emergency psychiatric condition is one in which the client, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for or utilize food, shelter or clothing, and requires psychiatric inpatient hospital or psychiatric health facility services; and
    - ii. An urgent condition is a situation experienced by a client that, without timely intervention, is highly likely to result in an immediate emergency psychiatric condition.
  - D. Prevent detention in juvenile facilities due to an emergency psychiatric condition or urgent condition.
  - E. When necessary, transition to inpatient hospitalization will be as smooth as possible for client and their family.
  
3. **SERVICES.** Contractor shall provide the following services:
  - A. Mobile crisis services twenty-four (24) hours per day, seven (7) days per week, including appropriate psychiatric crisis intervention and stabilization services and emergency mental health evaluation,--by responding in person or by telephone to suspected psychiatric emergencies presented by individuals 0 - 21, in all areas of Santa Barbara County, in all locations, including but not limited to residences, the field, clinics, emergency facilities, and Juvenile Hall:
    - i. In addition, Contractor shall provide Mobile Crisis response services to Resiliency Intervention for Sexual Exploitation (RISE) clients on weekends and afterhours when Contractor is contacted by first responders.

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- B. In person services to hospital Emergency Departments during the hours of 8:00 am to 8:00pm, when hospital privileges are in place.
- i. If Contractor does not have privileges in the hospital, Contractor shall collaborate with the County mobile crisis team; and
  - ii. When hospitalization cannot be avoided, the Contractor shall complete an application for an involuntary hold and will facilitate a placement at a suitable facility. Contractor shall coordinate with Behavioral Wellness Mobile Crisis and with the hospital emergency room staff for obtaining medical clearance.
- C. Review of the individual's condition and a determination of the individual's need for hospitalization, pursuant to California Welfare and Institutions Code (WIC) Section 5585, for individuals experiencing psychiatric emergencies not already open to Behavioral Wellness:
- i. After hours, Contractor will consult with the Behavioral Wellness On-call Administrator; and
  - ii. During regular business hours, Contractor will consult via telephone or text message with the applicable Regional Manager, or if not available, the Administrator On-Call or the Medical Director:
    - a. For clients open to Behavioral Wellness, Contractor will consult with the Behavioral Wellness Case Manager or the treating psychiatrist. If neither is available, Contractor will consult with staff as specified in this Section 3.C.
- D. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Service activities include, but are not limited to: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site and staffing requirements as defined in Sections 1840.338 and 1840.348 (CCR). Contractor shall be available 24 hours per day, 7 days per week to provide crisis intervention services.
- E. In addition to crisis services, the Contractor shall provide the following mental health services, as needed, to clients and their families throughout Santa Barbara County which shall be designed to assist the family with managing crises in the future. These services include, but are not limited to:
- i. **Targeted Case Management.** Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249;

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- ii. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in Title 9 CCR Section 1810.204;
  
- Hi. **Rehabilitation. Rehabilitation is defined as a service activity that includes but is not limited to, assistance in improving, maintaining or restoring a client's or a group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education, as defined in Title 9 CCR Section 1810.243;**
  
- iv. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person ...ho has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service; and
  
- v. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
  - a. Program staff shall link clients who are not receiving treatment from the Behavioral Wellness Children's Clinics to appropriate community resources and/or supports when the immediate crisis has been stabilized.

**4. OPERATIONS**

**A. Service Intensity.**

- i. Contractor shall provide crisis intervention services, as needed, to clients as defined in section 5 (Clients), In response to a crisis call or referral, and

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- ii. Contractor shall provide mental health services to clients in certain circumstances, as described below:
    - a. Client is a Full Scope Medi-Cal Beneficiary, needing County mental health services but not currently enrolled with Behavioral Wellness Clinics. The Contractor shall provide immediate crisis resolution and then provide proactive mental health services to ensure stabilization, crisis prevention, safety planning, or related case management services until new services at the County are initiated. Contractor may provide these services up to 30 days after initial crisis call to ensure crisis stabilization and linkage to Behavioral Wellness services;
    - b. Client is not a Full Scope Medi-Cal Beneficiary and Client does not meet Severe Emotional Disturbance (SED) criteria. Contractor may provide up to three (3) follow-up telephone service calls or necessary follow up in order to ensure crisis stabilization and linkage to appropriate mental health provider following a crisis response, with Behavioral Wellness funding up to the subsidy amount specified in Exhibit B-1;
    - c. Crisis Call for clients enrolled with Behavioral Wellness. Contractor shall provide crisis stabilization and immediately link the client back to Behavioral Wellness Clinic home; and
    - d. Behavioral Wellness Clients referred by Behavioral Wellness clinical team for proactive services. Contractor shall provide up to six (6) services to provide a safety clearance of the home, develop a safety plan, stabilize the home situation and link the client back the Behavioral Wellness Clinic home.
  - B. Treatment Location. Contractor shall answer the crisis line and provide telephone crisis response, as appropriate. If the call requires a face-to-face intervention, Contractor staff shall respond to the client's location to provide the intervention.
  - C. Hours of Operation. The Contractor staff shall be available to respond to crisis telephone calls and provide face-to-face interventions, as needed, 24 hours per day, 7 days per week. In the event an in-person response is required, Contractor shall arrive at client's location within one hour of dispatch.
  - D. Communication. Any intervention provided to a client who has an open case file (episode) with Behavioral Wellness must be communicated to the client's Behavioral Wellness lead clinician.
5. CLIENTS. Contractor shall provide crisis intervention services to any individual, aged 0- 21 years. County will provide reimbursement for:
- A. Individuals who have an open case file (episode) entered by Contractor into County's MIS system; and

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- B. Are Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, CCR Division 1, Chapter 11 plan participants that the County has determined qualify for services from Behavioral Wellness' System of Care; or
  - C. All other individuals aged 0- 21 years, subject to the limitations established in Exhibit B and B-1 for Non Medi-Cal funding.
6. REFERRALS. Contractor shall operate a crisis line and shall accept telephone calls from the following sources, to include but not be limited to:
- A. County Behavioral Wellness Access and Behavioral Wellness Clinics;
  - B. 2-1-1 Information Line and Suicide hotline referrals;
  - C. Law enforcement, including Probation;
  - D. Group homes;
  - E. Schools;
  - F. Parents or client; and
  - G. Emergency Departments.