

MEMORANDUM OF AGREEMENT

- I. **Parties.** Agreement by and between the County of Santa Cruz (hereinafter "COUNTY"), Probation Department, (hereinafter "PROBATION") Human Resources Agency (hereinafter "HRA"), Health Services Agency (hereinafter "HSA"), and Above the Line /Group Home Society (hereinafter "ATL").
- II. **Effective Date.** Effective November 2, 2004, PROBATION, HRA, HSA and ATL, hereby mutually promise and agree as follows:
- III. **Purpose.** This agreement delineates obligations for ATL, HRA, HSA and PROBATION for the ongoing evaluation of residential services to Santa Cruz County residents admitted and/or referred to residential care at ATL. Each party agrees to work in a cooperative manner to ensure prompt, efficient and effective program delivery to clients and families.
- IV. **Term.** This agreement is effective from November 2, 2004 and continues unless terminated with or without cause by any party with a minimum of sixty (60) days written notice.

ALL PARTIES agree to work cooperatively to review the objectives and measures described below and will participate in meetings held on a monthly basis, unless all five agencies agree to an alternative meeting schedule. Semi-annual reports will be prepared and reported to the Board of Supervisors as specified in this agreement below. These reports will be prepared by ATL, based on a mutually agreed upon format and will consist of a summary of the objectives below as well as analysis of the data, offered by the five agencies. The reports will conclude with an evaluation of the county agencies and ATL partnership and level of satisfaction among all parties on the quality of services offered to the clients.

- VI. **Objective 1: Service to Local Girls First**
PROBATION will prioritize ATL for referrals of girls needing out-of-home placements at an appropriate level of care before making referrals to other residential care facilities serving girls at the same classification level. PROBATION and HRA will track: the number of girls referred to ATL each month; the number of girls admitted to ATL each month; the number of girls referred but not admitted to ATL; the number of girls placed by PROBATION AND HRA outside of the county and reasons why the youth were not referred or admitted to ATL. ATL will supply the reason for non-admission on youth referred. These data will be

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maintained on an ongoing basis with monthly breakdowns. ATL will prioritize admission of local youth, which may include exploration of some program changes to meet the needs of local community youth.

VII. Objective 2: Swift Intake Process

PROBATION AND HRA will maintain the following data on individual and aggregate levels: the date of referral to ATL and the date of admission. ATL will work toward best practice standards of fewer than seven days from point of referral to admission to treatment. ATL will document reasons for admissions taking longer than seven days, including whether ATL has current openings.

VIII. Objective 3: Best Practice Intake Procedures

By December 15, 2004, ATL will develop a manual of written objectives and protocols for their intake staff that delineate admission criteria and reacceptance criteria, and will disseminate the guidelines to the HRA, HSA and PROBATION. ATL will maintain data on reacceptance rates, based on girls referred and those accepted to ATL for multiple episodes of treatment. ALL PARTIES will engage in qualitative reviews of the intake process to ensure that the mutually agreed upon best practices, including motivational approaches, are infused in the intake process as well as the treatment process. Admission and rejection rates will be maintained by ATL for all Santa Cruz girls referred by the county agencies. HRA and PROBATION will also maintain data on admission and rejection rates. High acceptance and reacceptance rates are expected. Each youth rejected will be maintained in a central file with reasons for denial by ATL for review at monthly meetings. COUNTY and ATL will work together to develop referral and acceptance criteria and program design to result in high acceptance rates (e.g. 85% or better). Failure to achieve high acceptance or reacceptance rates (e.g. 85% or better) of youth meeting the licensed level of care of ATL may result in a Corrective Action Plan as defined below.

IX. Objective 4: Program Participation, Completion and Transition to least restrictive continuing care

ATL will maintain the following data: success rates and failure rates based on mutually agreed upon definitions, and length of stay for each applicable category of reasons for departure. ALL PARTIES will work within State Department of Social Services, Division 31 requirements and Division 6 requirements as applicable. Each youth will have a case plan that includes goals and objectives for treatment, including independent living skills, and reunification or permanency that is prepared by the referring agency and provided to ATL before admission. Within the first month of treatment,

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ATL will prepare individualized treatment plans that specify how the case plan goals will be met while in residential care with estimated timelines on the length of stay in residence to complete the case plan goals. ATL will work with the County Agencies to develop a transition plan that is finalized between 4-6 weeks prior to program completion. ATL will work with the county agencies to develop reentry service plans that include family reunification, family reunification with Wraparound Services, Foster Care, adoption or emancipation. ATL will provide qualitative and quantitative data at interagency quality assurance meetings to review length of stay, treatment services, and transition planning. Additionally, the five agencies will work cooperatively to track transitional services for a minimum of six months of continuing care. Failure to comply with state mandates for youth in placement will result in a corrective action plan.

X. **Objective 5: Commitment to Best Practice and Evidence Based Treatment Strategies Directed at Santa Cruz County Youth**

The ATL will join in the Reclaiming Futures Initiative to provide evidence-based substance abuse and dual diagnosis treatment and assessment and will participate in trainings on these topics as they become available. The ATL treatment model must incorporate a strong behavioral-cognitive component and social learning model, as mutually defined, agreed and manualized by ATL and the County Agencies. Assessments, individualized treatment plans, skill building activities and transition plans with individualized discharge dates will be elements of the treatment process. Evidence based substance abuse treatment and curricula will be developed and delivered to clients.

A job description for the half_time substance abuse counselor will be shared with the participating agencies and service deliverables will be documented and shared with interagency staff at quality assurance meetings. ATL will begin a planning process in partnership with the Health Services Agency on how adequate mental health & integrated substance abuse treatment could be provided and strengthened in a dual diagnosis facility for Santa Cruz residents. For example, ATL must first demonstrate success in shifting to serving Santa Cruz County court wards and dependents (with Santa Cruz Medi-Cal) before new EPSDT treatment resources could be targeted. Once this review and planning is completed, recommendations on program enhancements will be included in a report to the Board of Supervisors.

Within 90 days of the effective date of this MOA, ATL will submit an action plan and timeline for developing a Treatment Program Manual. ATL will work with the county agencies and the Girl's Task Force to ensure that gender specific and culturally competent treatment strategies

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are implemented and monitored for quality. ATL will develop a mutually agreed upon Treatment Program Manual that describes the various treatment components delivered in the program and will make the manual available to the participating agencies. ATL will make the facility available for semi-annual inspections by a team representing the five agencies of the living conditions for residents. Self-assessments of this objective area will be provided in summary reports prepared by ATL no later than one week after each quarter of a calendar year.

XI. Conditions.

- a. Semi-annual reports will be provided by Above the Line and submitted to PROBATION for approval by the 15th of July, covering January 1, through June 30th and by the 15th of January, covering July 1 through December 31 of each calendar year, unless otherwise agreed by all parties and the County Board of Supervisors. All parties will have an opportunity to review semi-annual reports prior to submittal to the Clerk of the Board of Supervisors for the last Board of Supervisors meeting in August and February of each calendar year. The report will include data pertaining to the following areas as detailed in this Memorandum of Agreement:
 - i. Local girls referred and accepted: average daily census ratios of locally placed vs. out of county residents.
 - ii. Intake Process: Length of time from referral to Intake.
 - iii. Admission process: acceptance and reacceptance rates, based on mutually agreed upon definitions.
 - iv. Program deliverables: completion of assessments, case plans, services, and transition plans, transition outcomes.
 - v. Program Quality: narrative description of program improvement efforts, with attached treatment and policy manuals.
 - vi. Any efforts by ATL to modify program to meet local youth needs.
- b. Failure to meet the requirements of this agreement and/or failure to achieve outcomes deemed satisfactory by the HSA, HRA and/or PROBATION may result in a Corrective Action Plan developed by the COUNTY with specific performance objectives and a 90-day improvement time frame. ATL will provide data as defined by the COUNTY for the purpose of measuring progress in meeting performance objectives. Progress or failure in meeting the objectives will be provided in 30 day reports, submitted by ATL within the week following each consecutive 30 days of the 90 day

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Corrective Action Period. PROBATION, HRA and HSA will jointly develop Corrective Action Reports each 30 days during the Corrective Action Period that will indicate whether progress is satisfactory or unsatisfactory.

- c. Failure to satisfactorily meet the performance objectives as set forth in a 90 day Corrective Action Plan will result in either:
 1. Termination of this agreement, or
 2. At the discretion of the COUNTY, and with consent by ATL, an agreement to extend the Corrective Action Period with conditions defined by the COUNTY, including program revisions may be entered.

XII. General Provisions

- a. Entire Agreement. This agreement contains all terms and conditions agreed upon by ATL, PROBATION, HSA and HRA and no other understanding regarding this agreement, oral or otherwise, shall be deemed to exist or to bind any of the parties of this agreement.
- b. ATL, PROBATION, HSA, and HRA agree to provide all information deemed necessary by COUNTY for use in managing this agreement.
- c. For the purposes of this agreement, Probation will act as the lead agent and liaison for the county HSA and HRA agencies and the point of contact for ATL.

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PROBATION DEPARTMENT

Signature:

Judith Cox
Chief Probation Officer

Date

HUMAN RESOURCES AGENCY

Signature:

Cecilia Espinola, Director,
Human Resources Agency

Date

HEALTH SERVICES AGENCY

Signature:

Rama Khalsa, Director
Health Services Agency

Date

ABOVE THE LINE

Signature:

Bruce Christopher, Executive Director
Above the Line

Date

APPROVED AS TO FORM

By: _____
County Counsel

Cc: Human Resources Agency
Health Services Agency
Probation Department