

Chair
Elliot Weinstein, M.D.

Vice Chair
Diana Alexander

Executive Director
Karen E. Scott



Commissioners

Ted Alejandre

Supervisor Joe Baca, Jr.

Dr. Gwen Dowdy-Rodgers

Joshua Dugas

Gary Ovitt

Agenda: Children and Families Commission 5-2024

735 East Carnegie Drive, Suite 150, San Bernardino, California 92408

**Meeting date,
time, location**

May 8, 2024
Budget Workshop at 1:30 p.m. – Tech and Training Room
Commission Meeting at 3:30 p.m. – Commission Conference Room

**Pledge of
Allegiance**

Chair or designee will lead the Pledge of Allegiance.

**Special
Presentations**

None

**Conflict of
Interest
Disclosure**

Commission members shall review agenda item contractors, subcontractors, and agents, which may require member abstentions due to conflict of interest and financial interests.

A Commission member with conflicts of interests shall state their conflict under the appropriate item.
A Commission member may not participate in or influence the decision on a contract for which their abstention has been recorded.

Report

Executive Director's Report by Karen E. Scott

Consent Item

The following consent items are expected to be routine and non-controversial and will be acted upon by the Commission at one time unless any Commissioner directs that an item be removed from the Consent Agenda for discussion.

Item No.	CONSENT
1	Approve Minutes from April 3, 2024 Commission Meeting
2	Approve Amendment CFC SB 17-02 Advocacy and Legislative Policy for the Children and Families Commission for San Bernardino County. (Presenter: Karen E. Scott, Executive Director, 386-7706)

The agenda and supporting documents are available for review during regular business hours at First 5 San Bernardino, 735 East Carnegie Drive, Suite 150, San Bernardino, California 92408.

Interpreters for hearing impaired and Spanish speaking individuals will be made available with forty-eight hours notice. Please call Commission staff (909) 386-7706 to request the service. This location is handicapped accessible.

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Agenda: Children and Families Commission 5-2024**May 8, 2024****Page 2 of 3**

3	Approve Amendment A3 to Contract IC049 with Westbound Communications, Inc. to increase the contract amount by \$960,000 for a cumulative total of \$2,452,500 and extend the contract term an additional year for 2021-2025 to provide Public Relations, Marketing, Branding and Social Media Consulting Services. (Presenter: Kimberly VandenBosch, Communications Officer, 386-7706)
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Item No.	DISCUSSION
4	A. Conduct Public Hearing on Strategic Plan 2023-2028 for the Children and Families Commission for San Bernardino County. B. Approve Strategic Plan 2023-2028 for the Children and Families Commission for San Bernardino County (Presenter: Scott McGrath, Deputy Director of Systems, and Impact, 386-7706)
5	Conduct Public Hearing on California Children and Families Commission Annual Report for Fiscal Year 2022-2023. (Presenter: Scott McGrath, Deputy Director of Systems and Impact, 386-7706)
6	A. Ratify acceptance of \$750,000 from the California Department of Health Care Services Child Youth Behavioral Health Initiative Evidence-Based Practices and Community-Defined Evidence Practices Grant – Round Two Grant for Child-Parent Psychotherapy Trauma-Informed Program and Practice Award. B. Ratify the approval of an Implementation Subaward Agreement by the Executive Director with The California Institute for Behavioral Health Solutions and Public Health Foundation Enterprises, Inc. dba Heluna Health, on behalf of California Department of Health Care Services, for the Child Youth Behavioral Health Initiative Evidence-Based Practices and Community-Defined Evidence Practices Grant – Round Two Grant for Child-Parent Psychotherapy Trauma-Informed Program and Practice Award in the amount of \$750,000, for a term through June 30, 2025. (Presenter: Wendy Lee, Psy.D., Staff Analyst II, 386-7706)
7	Approve Contract HW062 with Loma Linda University Children's Hospital in the amount of \$675,000 for Fiscal Year 2023-2025 for the California Department of Health Care Services – Child Youth Behavioral Health Initiative Evidence Based Practices and Community-Defined Evidence Practices – Round Two Grant for Child-Parent Psychotherapy Trauma-Informed Program and Practice. (Presenter: Dr. Wendy Lee, Psy.D. Staff Analyst II 386-7706)
8	Approve acceptance of \$2,261,330 in funds awarded through the California Department of Social Services for the Quality Counts California Quality Improvement Grant to support Quality Start San Bernardino and delegate the authority to the Executive Director or her designee to execute any agreements or documents required to effectuate the receipt of such funds. (Presenter: Erika Willhite, Staff Analyst II, 386-7706)

Item No.	INFORMATION
9	Receive information on approval of employment contract entered into by San Bernardino County upon request of the Children and Families Commission with Mary Curtis Santoyo as an Office Assistant III, and Victor Valenzuela as an Office Assistant III. (Presenter: Karen E. Scott, Executive Director, 386-7706)

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Public Comment

Persons wishing to address the Commission will be given up to three minutes and pursuant to Government Code 54954.2(a)(3) "no action or discussion will be undertaken by the Commission on any item NOT posted on the agenda."

**Commissioner
Roundtable**

Open to comments by the Commissioners

Next Meeting

Wednesday, June 5, 2024
3:30 p.m. to 5:00 p.m.

The agenda and supporting documents are available for review during regular business hours at First 5 San Bernardino, 735 East Carnegie Drive, Suite 150, San Bernardino, California 92408.

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CHILDREN AND FAMILIES COMMISSION
for San Bernardino County
AGENDA: May 8, 2024

Subject: Information Relative to Possible Conflict of Interest

Instructions: Contractors, subcontractors, principals and agents are listed below for each applicable agenda item. Commissioners are asked to review the items for possible conflicts of interest and to notify the Commission secretary prior to the Commission meeting of conflicts concerning items on the meeting's agenda. This procedure does not relieve the Commissioner of his or her obligations under the Political Reform Act.

Background: The Political Reform Act of 1974 (Government Code section 87100 et. Seq.) prohibits public officials from making, participating in making or in any way attempting to use their official position to influence a governmental decision in which they have reason to know they have a "financial interest." Additionally, Government Code section 1090 et seq. prohibits public officers and employees from being financially interested in any contract made by them in their official capacity or by the board of which they are members. A limited exception is allowed for County Children's and Families Commissions. (See Government Code section 1091.3)

Item No.	Contractor	Principals & Agents	Subcontractors; Principals & Agents	Commissioner Abstentions
1	N/A	N/A	N/A	N/A
2	N/A		N/A	N/A
3	Westbound Communications, Inc.	Christopher Perez Partner/General Manager	Carrie Gilbreth Principal and CEO	N/A
4	N/A	N/A	N/A	N/A
5	N/A	N/A	N/A	N/A
6	N/A	N/A	N/A	N/A
7	Loma Linda University Children's Hospital Resiliency Institute for Childhood Adversity	Peter Baker Senior Vice President and Administrator	N/A	N/A
8	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A



Minutes: Children and Families Commission Meeting

**Date, time,
location**

April 3, 2024
3:30 p.m.
First 5 San Bernardino Commission Conference Room

**Pledge of
Allegiance**

Pledge of Allegiance by Chair Weinstein

**Conflict of
Interest
Disclosure**

Commission members shall review agenda item contractors, subcontractors, and agents, which may require member abstentions due to conflict of interest and financial interests.

A Commission member with conflicts of interests shall state their conflict under the appropriate item. A Commission member may not participate in or influence the decision on a contract for which their abstention has been recorded.

**Special
Presentation**

Maternal and Infant Health Indicators and Trends in San Bernardino County: A Regional Data Experience.
Presented by David Pratt, MPH, from the San Bernardino County Department of Public Health.

Report

Executive Director's Report by Karen E. Scott

Attendees**Commissioners**

- Ted Alejandre
- Supervisor Baca, Jr.
- Joshua Dugas
- Dr. Gwen Dowdy Rodgers
- Dr. Elliot Weinstein

County Counsel

- Julie Surber

Absent

- Gary Ovitt

Staff

- Karen Scott, Executive Director
- Ronnie Robinson, Section Manager, Systems and Communication

Changes to the agenda

None

Executive Director's Report

First 5 San Bernardino will be celebrating its 25th Anniversary on Thursday, November 14, 2024 at the Fox Theatre in Redlands. Invitations will be sent out to all the Commissioners, contract partners, and community stakeholders. This event will include breakfast, keynote speaker and presentations highlighting our mission, our accomplishments over the past 25 years and a look to the future for the next generation.

Traci Homan will receive the Award of Excellence 2024 for our department on May 7, 2024 at the Fox Theatre.

Thank you to Heather Smith, Director of Early Education and Development with San Bernardino County Superintendent of Schools, for representing First 5 San Bernardino and supporting the First 5 CA Early Care and Education Summit.

First 5 San Bernardino along with Fifth District Supervisor, Joe Baca, Jr., presented a proclamation for the The Week of the Young Child (April 6 – 12, 2024) which was established by the National Association for the Education of Young Children in 1971 to focus public attention on the needs of young children and their families.

Along with our partner, Child Care Resource Center, James Moses, and Ashley LaSoya, Director of Child Development Services with Volunteers of America, First 5 San Bernardino also delivered framed Paper Dolls to each district supervisor at the Board of Supervisors meeting on April 9, 2024. We are grateful that you assisted us in supplying this great piece of children's art. To support the Week of the Young Child beyond the five-year proclamation authorized by the Board of Supervisors, First 5 will launch the "paper dolls in the window" campaign next year.

The **Assembly Blue Ribbon Commission on Early Childhood Education** was the Assembly's effort to plan an early learning system that works for children, families, and providers. That Commission was dedicated to the core vision of developing strategic solutions to improve outcomes for young learners in California and to determine how to build a High-Quality Early Learning system with the appropriate supports for the Workforce and Dual Language Learners.

The Final Report was released in April of 2019 and included short, medium, and long-term goals, as well as detailed recommendations around the focus areas of:

- Family Engagement
- Access to Early Learning programs for Children and Families
- Workforce and Quality
- Coordination and Alignment
- Systems, Infrastructure, Supply and Facilities
- Governance and Administration
- Financing

Many, if not all of the recommendations supporting Access as a Universal Goal are being addressed such as the prioritization and increased investment into Early Childhood Education for infants and toddlers, expanded access to full-day ECE

programs including preschool for all 3 and 4-year-olds, payments by families for ECE not to exceed 7% of State Median income, addressing equity, diversity and pay equity in the ECE Workforce, integrated data systems and ECE and TK-12 Alignment, to name a few.

AB 2832 was passed in 2022, which directed the California Department of Social Services to develop a Whole Child Equity Framework and a Whole Child Community Equity Screening tool to support the equitable distribution for early childhood resources. The California Department of Social Services is now accepting applications for this Whole Child Community Equity Workgroup. The workgroup will provide recommendations on the Framework and Tool. The First 5 Association will have one staff member apply and are welcoming county First 5s to also apply to represent our regional perspectives and interests. First 5 San Bernardino plans to apply and the deadline is Monday, April 8, 2024.

AB 2982 is the same type of approach but with a focus on children ages zero – three or the first 1000 days of a child's life. This is a statewide Prenatal-to-Three Workgroup to craft recommendations for a 10-year comprehensive, equity-focused prenatal-to-three system policy agenda such as was done with the Blue-Ribbon Commission.

First 5 Association's annual Advocacy Day was held on February 7, 2024, where we visited our local officials to share the First 5 Network Policy agenda and budget asks.

Karen Scott met with Assemblymember Eloise Gomez-Reyes and shared the request for a focus on support of our children from prenatal through 3, via the First 5 sponsored legislation AB 2982, explaining that much has been achieved for children ages four and five through the Universal Pre-K area as demonstrated by the State's commitment to honor the continued funding for child care, with no proposed cuts, but need a holistic approach to identifying the needs of California's infants and toddlers and their families. One that will help move us towards more effective and equity-focused systems to better serve this important population, addressing the unique needs of children especially in their first 1000 days. First 5 is requesting that this working group is needed to span the gap between birth and preschool, which has received far less focus than school age children, despite being the stage where 90 percent of brain development occurs.

Assemblymember Reyes-Gomez agreed to author the bill, being called a Prenatal to 3 Workgroup, and gave it the name, Bright Beginnings Act. The Association began working with Commissions and partners to gather support and provided the bill fact sheet as well as a sample letter of support.

AB 2982 has been scheduled for its first hearing, to be heard in the Assembly Human Services Committee on Tuesday, April 9th. Karen Scott will testify in support of the bill at this committee hearing and also to present to the Legislative Women's Caucus the next day. This bill is being amended in the committee, acknowledging clarification requested by Executive Directors, that puts the focus on First 5 County Commissions not just First 5 California. The amended language states that *"it is the intent of the legislature in enacting this act to support the unique needs of young children from prenatal to three years of age. This includes proving recommendations about the future of First 5 County Commissions and how they function within the larger prenatal system to ensure alignment and partnership, as tobacco use decreases and the recent flavor ban was enacted."* First 5 California is a network partner but is a separate, autonomous State Department, that receives 20% of all Prop 10 revenue. Further amendments of this proposed bill include removing the title "The Bright Beginnings ACT" because it is

causing confusion with some preschools that share the same name, and finally language is amended that changes citations from Health and Safety Codes to the appropriate Welfare and Institutions Codes.

This bill would establish a 12-member working group to review current policies and practices at the state and local level related to infants, toddlers, and their families and craft recommendations for improvements.

The working group would be responsible for reviewing and creating recommendations that focus on:

- 1) Early childhood systems, including the local First 5 infrastructure;
- 2) System building, including financing, data, and the unique needs of children of color;
- 3) Partnership with state agencies to ensure policy and program alignment.

There is no cost or budget ask for AB 2982 as the workgroup can happen under the existing CHHS staffing model, so should not require any additional funding to convene.

County First 5s, as the experts in the needs of young children and their families, will be well represented on the working group. Because Assemblymember Reyes is the author and a “champion” for First 5 San Bernardino, there will be a good case to be made from her that her local First 5 should be one of the working group members!

The workgroup shall submit its recommendations to the Administration and to the Legislature by January 31, 2026.

Next month, First 5 San Bernardino will be bringing forward an Advocacy Policy for the consideration of the Commission with the purpose of delineating the First 5 Network along with the local Commission’s role in advocacy and policy recommendations and to ensure clear collaboration with our County Legislation Unit and State and Federal Policy Platforms.

Item No.	CONSENT
1	<p>Approve Minutes from March 6, 2024 Commission Meeting.</p> <p>Motion by Commissioner Baca, Jr. and seconded by Commissioner Dowdy-Rodgers to approve the Consent Items.</p> <p>Pursuant to Government Code Section 54953 (b)(2), roll call vote was called as follows:</p> <p>Commissioner Alexander: Aye Commissioner Alejandre: Aye Supervisor Baca Jr.: Abstained – Item 3 Commissioner Dowdy-Rodgers: Aye Commissioner Dugas: Aye Commissioner Ovitt: Absent Commissioner Weinstein: Aye</p> <p>With Commissioner Ovitt absent and Supervisor Baca, Jr. abstaining, and without further comment or objection from the Commission or public, motion carried by unanimous vote.</p>

2	Approve Amendment A1 to Contract SI042 with San Bernardino County Children's Network to increase the contract amount by \$801,207 from \$754,652 for a cumulative total of \$1,555,859 and extend the contract term an additional year for 2023-2025 for community engagement and system improvement. (Presenter: Robert Mente, Staff Analyst II, 386-7706)
3	Approve Contract EC045 with San Bernardino County Preschool Services Department for \$1,626,282 for Fiscal Years 2025-2029 in support of the Early Head Start – Childcare Partnership. (Presenter: Erika Willhite, Staff Analyst II, 909-386-7706) <u>Abstained</u> Supervisor Baca, Jr.

Item No.**DISCUSSION**

Approve Amendment A1 for Contract IC052 with Diversity Uplifts, Inc. to increase the total contract amount from \$748,849 by \$1,081,778 for a cumulative total of \$1,830,627 and extend the contract term an additional year for Fiscal Year 2024-2025 to expand the capacity and services of the Maternal Health Network.
(Presenter: Ronnie Robinson, Section Manager, Systems and Communication, 386-7706)

Discussion

Commissioner Dugas said Public Health will be reaching out to Diversity Uplifts to continue partnership.

4

Motion by Commissioner Alexander and seconded by Supervisor Baca, Jr. to approve the discussion item.

Ayes

Commissioner Alejandre, Commissioner Alexander, Commissioner Dugas, Dr. Weinstein, Supervisor Baca, Jr., Dr. Dowdy Rodgers.

Absent

Commissioner Ovitt

Public Comment

None

**Public
Comment**

None

**Commissioner
Roundtable**

Commissioners collectively thanked First 5 and presenters for the great presentations. Supervisor Baca, Jr. announced that next fiscal year Preschool Services applied to add more preschool slots directed towards zero-to-three population. Commissioner Dowdy-Rodgers commended LuCretia Dowdy for always being out in the community representing First 5.

Adjourned

The meeting adjourned at 4:43 p.m.

Next Meeting

Wednesday, May 8, 2024
Budget Workshop – 1:30 pm
Commission Meeting 3:30 p.m.

Attest

Elliot Weinstein, M.D., Chair

Traci L. Homan, Commission Clerk



AGENDA ITEM 2

May 8, 2024

Subject	Amendment to Advocacy and Legislative Policy CFC SB Policy 17-02
Recommendations	Approve Amendment CFC SB 17-02 Advocacy and Legislative Policy for the Children and Families Commission for San Bernardino County. (Presenter: Karen E. Scott, Executive Director, 386-7706)
Financial Impact	None
Background Information	<p>The Children and Families Commission for San Bernardino County (Commission) was created in 1998 with the voter approved Proposition 10 initiative, for the purpose of promoting, supporting, and improving the early development of children prenatal through five years of age. The Commission's purposes are accomplished through the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance early childhood development and optimal family functioning.</p> <p>To promote First 5's mission and vision, the Advocacy and Legislative Policy CFC 17-01 was created which establishes guidelines and a process for the Commission to take positions on federal, state, and local policy, and to engage with various stakeholders in promoting these efforts that build a shared vision and creates public/political will for programs, services, and resources to serve this unique population. The policy supports the Commission's alignment to the County of San Bernardino's State and Federal Platforms, the Countywide Vision, and the policy agendas from First 5 California and First 5 Association of California (see Attachment A).</p> <p>This policy reflects administrative intent to support ongoing research, evaluation and strategic analysis, to effectively inform and remain in alignment with the Commission By-laws, and the approved Strategic Plan. The Strategic Plan is currently reviewed and adopted annually by the Commission. A Policy Priority Platform will be developed and added to this process for adoption.</p> <p>The parameters set forth will support the continued advancement of positive outcomes for children ages 0-5 and their families. It is the intent of this policy to guide local, state, and Federal decision-making and to integrate services around early care and education, health care, early intervention, and family support.</p> <p>This approach will inform and guide the Commission in making recommendations to the Governor and the Legislature for revisions in State laws, regulations and child-serving programs that are necessary or appropriate to carry out an integrated and comprehensive system of early childhood development in an effective manner. It also allows for Commission positioning for support of Federal law and policies considered and enacted by that arm of government.</p> <p>Pending Commission approval, the policy will go into effect immediately.</p>
Review	Dawn Martin, Commission Counsel

Report on Action as taken	
Action:	
Moved: _____	Second: _____
In Favor:	
Opposed:	
Abstained:	
Comments: _____	
Witnessed:	

	Number	17-02
	Effective	05-08-2024
	Page	1 of 2
ADVOCACY AND LEGISLATIVE POLICY		Approved: <hr/> Chair

PURPOSE The Children and Families Commission for San Bernardino County created this Policy to set the parameters in which to support the continued advancement of positive outcomes for children 0-5 and their families and to assist with building a sustainable collective impact across systems. It is the intent of this policy to expressly permit First 5 San Bernardino to advocate for young children strategically, proactively, and in a timely manner, and to guide the Commission's local, state, and Federal decision-making activities that work to integrate services around early care and education, health care, early intervention, and family support.

POLICY To promote First 5's mission and vision, the Advocacy and Legislative Policy establishes guidelines and a process for the Commission to take positions on federal, state, and local policy, and to engage with various stakeholders in promoting these efforts that build a shared vision and creates public/political will for programs, services, and resources to serve this unique population.

This policy reflects administrative intent to support ongoing research, evaluation and strategic analysis, to effectively inform and remain in alignment with the Commission By-laws, and the approved Strategic Plan. The Strategic Plan is currently reviewed and adopted annually by the Commission. A Policy Priority Platform will be developed and added to this process for adoption.

First 5 San Bernardino (F5SB) and the entire First 5 Network is primarily assisted with legislative, advocacy, and policy matters, by the First 5 Association, through their Executive Director, Director of Government Affairs, Regional Policy Committee, and a lobbyist, funded by membership dues. Advocacy and policy activities are guided by the First 5 Association and First 5 California Policy Agendas with priorities, established annually.

F5SB has proactively considered and aligned with the San Bernardino County Countywide Vision, and annual State and Federal platforms, where they may pertain to the whole child, whole family, whole community approach within the First 5 mission, when developing the Strategic Plan.

F5SB participates in an annual First 5 Network Advocacy Day event and maintains a relationship with the local State and Federal legislative delegation.

continued from previous page

F5SB has the intent to work collaboratively towards collective advocacy to support its Strategic Plan by informing, sharing, and receiving information with the San Bernardino County Office of Governmental & Legislative Affairs, including the Director of Legislative Affairs, and the Director of Government Relations, as well as the Human Services Deputy Executive Officers, the Deputy Director for Human Services, Program Development Division, County Counsel, the San Bernardino County District Advocates for Better Schools (SANDABS), and other child serving departments, such as Child Care Resource Center, as appropriate. Information to be shared by the Commission includes priority agendas, proposed/sponsored legislation, requested letters of support, and bill tracking.

This approach will inform and guide the Commission in making recommendations to the Governor and the Legislature for revisions in State laws, State Budget, regulations, and child-serving programs that are necessary or appropriate to carry out an integrated and comprehensive system of early childhood development in an effective manner. It also allows for Commission positioning for support of Federal law and policies considered and enacted by that arm of government.

Through this policy, the Executive Director and Assistant Director will have the authority to represent the Commission in furthering strategic investments that place emphasis on systems change and capacity building and advocate for proposals (legislative or otherwise) that squarely align with the above-mentioned platforms. The Executive Director shall present or report on any positions taken, either developed, proactively or reactively. Advocacy activities may include establishing relationships with elected officials, legislators and their staff and other key stakeholders, such as State administrative department heads; planning legislative visits about key First 5 investment areas; testifying and/or participating in hearings and programs: developing messaging around the First 5 San Bernardino programs and the importance of investing in programs focused on children ages 0-5, and authoring or co-signing advocacy support letters.

GUIDELINES

Should a proposal (legislative or otherwise) pertaining to children's services potentially conflict with San Bernardino County policy platforms, the Executive Director will consult with the County Legislative Office and seek direction and/or approval from the Commission. When time permits, such proposed issues will be brought to the next regularly scheduled Commission meeting. When time does not permit, the Executive Director will seek direction and/or approval via consultation with the Chair and/or Vice-Chair, either in-person or by email to determine First 5 San Bernardino's position or simply choose not to endorse the policy.

All actions under this policy shall be in accordance with all applicable state laws as well as the strategic plan and annual budget as approved by the Commission, authorized pursuant to the Children and Families Act of 1998 and included within the annual audit of the Commission.



ATTACHMENT A
CFC 17-02 Advocacy and Legislative Policy
May 1, 2024 – Agenda Item 2

First 5 San Bernardino (F5SB) created **CFC 17-01 Advocacy and Legislative Policy** in January 2017, to acknowledge Commission alignment related to Advocacy and Legislative Policy activities with the County of San Bernardino's State and Federal Platforms, Countywide Vision, and the policy agendas from First 5 California and First 5 Association of California. The policy is hereby reviewed and revised to reflect continued alignment in partnership and process.

Based on principles of fiscal stability, preservation of local control, efficient service delivery and operations, and the promotion of inter-agency cooperation, the San Bernardino County Board of Supervisors provides specific direction and overall policy guidance by adopting legislative platforms.

Each year **State and Federal Legislative Platforms** are developed in coordination with the Board of Supervisors, County departments, and regional stakeholders to complement the **Countywide Vision**. The Legislative Platforms are an expression of the Board of Supervisor's direction for comprehensive County legislative policy on a range of issues and needs facing the County, which includes the Legislative Positions and Policy Statements to provide general policy direction when developing a position on pending legislation. The most recent Legislative Platforms adopted by the Board of Supervisors include State funding to support First 5 programs. The revenues supporting First 5 programs have steadily declined, threatening the programs' early childhood health, learning, and prevention initiatives. The County of San Bernardino supports additional State funding for First 5 programs to offset the loss of Proposition 10 tax revenues.

Although not actually a County Department, **First 5 San Bernardino and its mission is aligned with County Human Services Departments**. Human Services departments works to build a healthy community by strengthening individuals and families, enhancing quality of life, and valuing people. As a team, Human Services departments collaborate with community partners to provide a wide range of quality programs and services that address the changing and emerging needs of county residents.

The First 5 San Bernardino Commission is supported by membership to the First 5 Association of California. The Association prioritizes young children in all policies. Their policy and advocacy work is focused on addressing the development, education and health needs of young children and the crucial role of families in their lives. Representing the 58 First 5 county commissions, the Association engages in state, local and federal, administrative and legislative advocacy, as well as policy development.

The First 5 Association, along with First 5 California, collaborates with statewide partners to increase funding streams dedicated to early childhood health and development and to improve state and county data systems to track outcomes from the evidence-based practices being used by First 5 commissions throughout the State. By exploring and advancing opportunities to preserve and increase funding streams committed to early childhood programs, including Proposition 10, First 5 Association is working to ensure that California's youngest children and their families thrive.

Through their Advocacy and Policy arm, the First 5 Association works with members, legislators, and stakeholders to identify policy goals. The most recent and recurring four policy priority areas statewide are: **Resilient Families, Comprehensive Health & Development, Quality Early Learning, and Sustainability & Scale.**

Locally, in San Bernardino County, these identified statewide policy priority areas are introduced, vetted, and adopted annually, ensuring continued alignment with the goals outlined in the Commission's adopted Strategic Plan.

The First 5 Association of California also establishes and maintains relationships with key partners who collaborate with the County Commissions, supporting the Prop 10/First 5 mission and assist with advocacy and policy development. Some of these key partners are as follows:

Children Now-Children Now is the leading, nonpartisan, umbrella research, policy development, and advocacy organization dedicated to promoting children's health and education in California and creating national media policies that support child development. The organization also leads The Children's Movement of California.

California Smokers' Helpline - The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide telephone program that can help smokers, including pregnant women and parents of children 0-5, quit smoking. The Helpline is funded by Prop. 99 and First 5 California and offers self-help materials, one-on-one telephone counseling, and a referral list of other tobacco cessation programs in the county.

The Children's Partnership- (TCP) is a national, nonprofit child advocacy organization that works to ensure that all children—especially those at risk of being left behind—have the resources and opportunities they need to thrive. TCP has been a leading voice for children and a critical resource for communities across California and the nation, working at the intersection of research, policy, and community engagement to advocate on behalf of children, especially those from underserved communities.

First 5 San Bernardino has created a solid infrastructure of critical early childhood education, health, and family support services. With the engagement of our local Commissioners, elected officials, and other critical partners, public policy change can play a critical role in sustaining improvements in outcomes for families and communities over time as efforts are taken to scale and collective impact is achieved.

With their subject matter expertise, professional positions and civic leadership status, the First 5 San Bernardino Commissioners represent a valuable resource in achieving policy goals in San Bernardino County. Public policy work is a key countywide strategy to help achieve the goals of the Commission's Strategic Plan. This requires consultation with Commissioners, County policy liaisons, County officials, policy experts, funders, grantees, participating in inter-departmental planning and information exchanges, and reviews and analysis of the policy landscape affecting children and the building of comprehensive systems. Public policy work at the local level is also informed by national trends, actions in other First 5 Commissions and states, research on the impact of policies related to prenatal to 5-year-olds, and First 5 San Bernardino's experience as a strategic funder and advocate.

The research, advocacy, policy development and public education capabilities within the First 5 San Bernardino organization add to the wealth of intellectual capital and resources that the Commission brings to the table, beyond its grant-making function.

Policy change and successful advocacy will only be accomplished through the closely interconnected efforts and multiple talents within the organization who work in close collaboration with a variety of external stakeholders and grantees. The coordination of efforts with other countywide strategies, including public education, systems integration and research and evaluation will enhance First 5 San Bernardino's effectiveness in achieving its policy goals.



AGENDA ITEM 3

May 8, 2024

Subject	Contract IC049 A3 with Westbound Communications, Inc.
Recommendations	<p>Approve Amendment A3 to Contract IC049 with Westbound Communications, Inc. to increase the contract amount by \$960,000 for a cumulative total of \$2,452,500 and extend the contract term an additional year for 2021-25 to provide Public Relations, Marketing, Branding, and Social Media Consulting Services.</p> <p>(Presenter: Kimberly VandenBosch, Communications Officer, 386-7706)</p>
Financial Impact	\$960,000 for 2024-25.
Background Information	<p>First 5 San Bernardino (F5SB) continues to facilitate the Commission's recommendation of elevating communications and marketing within the organization. Specifically, strategic communications, sophisticated marketing, and branding were identified as key areas of opportunity for F5SB due to the growing demand for early care and family support services and the need to leverage additional funding. This contract amendment reflects the envisioned investment progression and correlating increased scope of work designed to achieve incremental success year over year by systematically building the reputation and awareness of the organization.</p> <p>Founded in March 2003, Westbound is a full-service public relations, marketing, branding, multicultural, and social media agency with offices in the cities of Riverside and Anaheim. They use applied behavioral science to create and implement effective social marketing, branding, and public outreach campaigns. Following the Commission's approval of a contract for \$95,000 on October 27, 2021, Westbound Communications, Inc. (Westbound) began providing services for F5SB with much success in implementing targeted bilingual campaigns and communications. Subsequently, on June 1, 2022, the Commission approved an amendment to the Westbound contract to extend the term of the contract an additional year through June 30, 2023, for a total amount of \$584,000. On June 7, 2023, the Commission approved an amendment to the Westbound contract to extend the term of the contract an additional year through June 30, 2024, for a total amount of \$813,500.</p> <p>In addition to the Communications Officer, F5SB's Community Engagement department consists of one other individual who is solely dedicated to facilitating community events. Rather than hiring additional staff, F5SB recommends that the Commission continue contracting with Westbound, leveraging their expertise in support of the organization's communications objectives. Under this proposed contract amendment of \$960,000, Westbound and F5SB will continue working together to raise awareness and build an understanding of the organization's offerings and services to families within San Bernardino County. Westbound will also continue managing the social media channels of the organization, elevating F5SB's communication vehicles through the agency's digital sophistication and expertise.</p>

Amendment A3 for Contract IC049 is a shared competitive procurement and is in accordance with the Commission's Procurement Policy 04-04 A4 based on the following justification:

Westbound has been a vendor of San Bernardino County for many years and continues to provide public relations and marketing services to San Bernardino County, including recent engagements for the Registrar of Voters and Public Works/Flood Control District. Westbound has been through San Bernardino County's rigorous and equitable Request for Proposal (RFP) vetting process. San Bernardino County's Purchasing Department has validated these two current contracts that include participation clause language which enables additional San Bernardino County departments to engage the services of Westbound Communications.

Pending Commission approval, Westbound will continue serving as a marketing, communications, and social media consultant for the F5SB Community Engagement team. Proposed services would begin on July 1, 2024 and continue through June 30, 2025.

Approval of this item supports the **Child Health, Quality Early Learning, and Family Support** Strategic Priority Area in the Commission's 2023-2028 Strategic Plan:

- **Child Health:**
 - Children are screened and connected to appropriate developmental services.
 - Children's Health is promoted through community education about local health issues.
 - Maternal health is promoted in the county through training and education for providers and families.
 - Early care providers are aware of and able to connect children and families to existing mental and behavioral supports and services.
- **Early Learning:**
 - Quality early learning can be accessed and utilized by families.
 - Early learning providers receive training and supports to provide high-quality learning opportunities to children.
 - School readiness is promoted through increasing access to early literacy supports and materials.
- **Family Supports:**
 - Families are connected to services that support children's development and parent/caregiver resiliency.

-
- Families are connected to resources that support their caregiving skills and social/family engagement.
 - Families and providers are aware of and know how to access existing county resources and supports.
 - First 5 San Bernardino partners with agencies throughout the county to promote prevention and early identification of child abuse and neglect.
-

Review

Dawn Martin, Commission Counsel

Report on Action as taken	
Action:	
Moved: _____	Second: _____
In Favor:	
Opposed:	
Abstained:	
Comments: _____	
Witnessed:	

**CHILDREN
AND FAMILIES
COMMISSION
FOR
SAN BERNARDINO COUNTY

STANDARD CONTRACT**

FOR COMMISSION USE ONLY				
New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code 10007631	SC	Dept. 903	A
				Contract Number IC049 A3
Organization Children and Families Commission				Contractor's License No. N/A
Commission Representative Cindy Faulkner, Assistant Director		Telephone 909-386-7706		Total Contract Amount \$2,452,500
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:				
If not encumbered or revenue contract type, provide reason: _____				
Commodity Code 95200	Contract Start Date October 28, 2021	Contract End Date June 30, 2025	Original Amount \$1,492,500	Amendment Amount \$960,000
Cost Center 9032009900		GL Account 52002445	Internal Order No.	Amount \$960,000
Cost Center		GL Account	Internal Order No.	
Cost Center		GL Account	Internal Order No.	Amount
Abbreviated Use		Estimated Payment Total by Fiscal Year		
		FY	Amount	I/D
		24-25	\$960,000	I

THIS CONTRACT is entered into in the State of California by and between the Children and Families Commission for San Bernardino County, hereinafter called the Commission, and

Legal Name (hereinafter called the Contractor)

Westbound Communications, Inc.

Department/Division

Address

3649 Mission Inn Blvd., Riverside, CA 92501

Program Address (if different from legal address):

Phone

951.462.1106

Federal ID No.

33-0687048

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

1. Paragraph A. Contract Amount of Section V, FISCAL PROVISIONS, is amended to read as follows:

A. Contract Amount

The maximum amount of reimbursement under this Contract shall not exceed \$2,452,500 for the duration of the Contract term subject to the availability of California Children and Families Trust Fund monies. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof. These funds are divided as follows:

Auditor-Controller/Treasurer Tax Collector Use Only

<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
Input Date	Keyed By

Fiscal Year 2021-22	<u>\$95,000</u>	October 28, 2021 through June 30, 2022
Fiscal Year 2022-23	<u>\$584,000</u>	July 1, 2022 through June 30, 2023
Fiscal Year 2023-24	<u>\$813,500</u>	July 1, 2023 through June 30, 2024
Fiscal Year 2024-25	<u>\$960,000</u>	July 1, 2024 through June 30, 2025

Initial Here

2. Paragraph A. of Section VIII, TERM, is amended to read as follows:

- A. This Contract is effective as of October 28, 2021 and expires June 30, 2025, but may be terminated earlier in accordance with provisions of paragraph below or Section VII of this Contract.

Initial Here

continued on next page

ATTACHMENTS

Attachment A – Amended Work Plan for FY 24-25

Attachment B – Amended Program Budget for FY 24-25

Attachment C – Campaign Contribution Disclosure

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same agreement. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

All other terms and conditions of this contract remain in full force and effect.

CHILDREN & FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY

WESTBOUND COMMUNICATIONS, INC.

Legal Entity



Authorized Signature

Elliot Weinstein M.D.

Printed Name

Commission Chair

Title

Dated



Authorized Signature

Christopher Perez

Printed Name

Partner/General Manager

Title

Dated

Official Stamp

Reviewed for Processing



Cindy Faulkner

Assistant Director

Date

Approved as to Legal Form



Dawn Martin

Commission Counsel

Date

Presented to Commission for
Signature



Karen E. Scott

Executive Director

Date

Scope of Work for First 5 San Bernardino Strategic Communications and Counsel, FY 2024-2025 Westbound Communications, Inc.

Situation and Overview

First 5 San Bernardino (F5SB) is dedicated to bettering the lives of children under 5 in San Bernardino County. For 25 years, it has helped give a great start to children throughout San Bernardino County, including the High Desert and mountain areas, by facilitating a comprehensive system of care that focuses on child health, quality early learning and family support.

Westbound Communications has been working with First 5 San Bernardino's Communications Officer on robust **communications and branding** initiatives on behalf of the organization since 2021. We look to continue our successful collaboration through this communications scope of work for the 2024-2025 fiscal year.

Communications Goal

Build the reputation and awareness of First 5 San Bernardino as an indispensable organization known and valued by families and partner organizations within San Bernardino County.

Approach

Implement a strategic multiplatform marketing strategy to raise awareness and build understanding of the First 5 San Bernardino brand. Increase understanding of the First 5 San Bernardino mission among families and stakeholders throughout the county through the following topline strategies.

1. **Quantitative research.** Conduct the second bi-annual county resident survey following launch of Brand campaign, and FY2023-24 focus groups of executive leadership, partners and residents. Look to improve on 31% unaided recognition of organization.
2. **Brand elevation.** Create, enhance and elevate the First 5 San Bernardino brand through all owned communication channels, earned media and targeted paid opportunities. Implement Brand Campaign in the Fall and Spring. Continue to fine-tune brand identity guidelines and provide counsel to implement best practices internally and externally.
3. **Cross-channel marketing campaigns.** Continue to implement Kid Safe Summer (child safety) and Gift a Kid a Book (literacy) campaigns. Evaluate continuation of Little Teeth, Big Responsibility (oral health), or consider shift in health focus. Collaborate on needed micro campaigns when needed.
4. **Stakeholder communication.** Engage partners and stakeholders via the *Milestones* e-newsletter, the annual Local Outcomes Report and Annual Budget, as well as other communication channels (English and Spanish).

5. **Paid, earned and social media.** Raise awareness of campaigns, events and resources with paid media, earned media (publicity) and social media, including launch of LuCretia in the Neighborhood social media campaign.
6. **Assist with 25th Anniversary ‘State of First 5 San Bernardino’ event.** Assist in planning and event coordination as requested. Promotion of November event for partners, media and other key stakeholders.
7. **Communications counsel.** Provide strategic communications counsel to maximize First 5 San Bernardino resources and position the organization as the leading advocate of children 0-5 years old in San Bernardino County.
8. **Collaboration.** Work with and empower other San Bernardino County child-focused agencies (e.g., Children and Family Services) and partner organizations (e.g., Safe Kids IE, school districts) to promote First 5 San Bernardino among their priority audiences.

Key Strategies and Tactics

Research, Planning & Administration

Strategy/Tactic	Description	Timing
Research	Conduct the second bi-annual county resident survey to measure awareness of First 5 San Bernardino. Looking to improve on 31% unaided recognition of the organization . Execution of the survey will happen at the conclusion of the Fall 2024 Brand Campaign.	Winter 2025
Commission and Executive Team presentations	As needed, present results of research and campaigns to F5SB Commissioners and the Executive Team.	As directed
Develop 2025/2026 Marketing Communications Plan	Use research and insights gathered to develop comprehensive FY 2025-2026 plan and budget.	March 2025
Measurement, Evaluation & Reporting	<p>Includes real-time workflow tracker with consistent updates on work in-progress, bi-weekly meetings to review deliverables, and monthly Activity Report with invoicing.</p> <p>Additionally, we will identify measurement metrics for those strategies we launch or manage. Initially we expect this to include:</p> <ul style="list-style-type: none"> • Formal reporting/analysis from survey • Media Coverage Books (including audio/video from broadcast clips), along with audience reach • Analytics for paid advertising • Analytics for social media • Analytics for website when applicable • Analytics for <i>Milestones</i> newsletter 	Ongoing

	<ul style="list-style-type: none"> Pillar campaign reporting after each campaign close (Kid Safe Summer, Gift a Kid a Book and others such as oral health or an alternative health focus.) 	
--	---	--

First 5 San Bernardino Brand Marketing, Campaigns & Stakeholder Communication

Elevate the First 5 San Bernardino brand through all owned communication channels, earned media and targeted paid opportunities. Our target audience for brand and mission communications includes all parents and caregivers in San Bernardino County; our stakeholders include partner organizations, county leadership and other county departments and agencies. Communications are intended to support investments in direct services and systems in the Strategic Priority Areas (SPAs) of the organization, focusing on topics that would potentially have the greatest impact for children and families:

- Child Health (e.g., oral health, developmental screenings, etc.)
- Quality Early Learning (e.g., literacy, kindergarten transition, etc.)
- Family Support (e.g., child safety, available resources, rent assistance, etc.)

Strategy/Tactic	Description	Timing
Campaign Management	In close collaboration with F5SB's Communication Officer, develop and manage cross-channel marketing communication campaigns.	Ongoing
Creative/Collateral	Westbound's Video & Digital Production team will develop branded assets in English and Spanish for use on the F5SB website and/or distribution. This might include campaign landing pages, graphics, flyers, collateral materials for community events, banners, workshops, event support elements, radio, television and streaming spots, etc. Provide design and copywriting support for ad development for sponsorship assets. Create a series of branded ads for use in sponsorship purposes.	Ongoing
Content Development	As needed, develop English and Spanish content for F5SB and community partners to share in their newsletters, blogs, social media channels and websites about events and other important program information. This includes the development of website landing pages for our campaigns, and periodic partner "toolkits" which can include articles, posts, graphics and videos.	Ongoing
Video and Photography	Westbound's Video & Digital Production team will be used for a variety of assignments related to campaigns and our branding efforts. In FY 2024-	Fall/Winter 2024 and Ongoing

	2025, we will be scheduling two photoshoots to capture photos of County parents, caregivers and children to replace our heavy use of stock photos. These will be tied to the early literacy and summer safety pillar campaigns. We will also continue to use our video production team to capture and produce promotional materials from our campaigns. Video creation for 25 th anniversary promotion.	
Message Development	As we build campaigns and flesh out the F5SB's overall branding, we are consistently developing supporting messaging, which includes core narratives, talking points and media soundbites. Existing messaging will be consistently reviewed and built upon as the team sees fit.	Ongoing
Advertising	Execute Brand Campaign paid advertising plan to increase awareness of First 5 San Bernardino. Continue microtargeted digital and traditional advertising campaigns to support First 5 San Bernardino tentpole and micro campaigns, as determined throughout the year.	Ongoing
Media Relations and County Update	Develop press materials, County <i>Update</i> articles and continue to institute media outreach strategies to secure coverage of First 5 San Bernardino by local (LA-DMA) and regional print, online and broadcast media. A focus in FY 2024-2025 will be to identify and prepare multiple First 5 San Bernardino spokespersons as Subject Matter Experts.	Ongoing
Stakeholder Communications	Collaborate on content generation for quarterly e-newsletter, <i>Milestones</i> . Using analytics from each distribution, provide specific recommendations for improved performance and apply to ongoing content strategy. Grow and update subscriber base, manage lists on the GovDelivery platform, and design and distribute the newsletter on the platform. Adjust design when necessary. Design and assist with content for First 5 San Bernardino stakeholder publications including the Local Outcomes Report and Annual Budget publications.	Quarterly and Annually

Social Media Management

Strategy/Tactic	Description	Timing
Social Content Generation	Manage ongoing social media calendar to support First 5 San Bernardino brand communications. This includes generation of graphics and all organic content; curating third-party content; engaging partner social pages and a consistently updated 30-day content calendar. Coordinate Sunday Shoutouts bi-monthly feature with partners.	Monthly
LuCretia in the Neighborhood	Continue to implement Brand Campaign strategy “LuCretia in the Neighborhood,” with regular videos produced featuring LuCretia Dowdy interviewing parents and children at events attended by First 5 San Bernardino.	Monthly

Strategy/Tactic	Description	Timing
Engagement and Platform Management	Monitor and manage daily engagement across all First 5 San Bernardino social channels. This includes proactive monitoring of select partners to like, comment or share their content. Share weekly engagement insights with First 5 San Bernardino via the “Engagement Tracker” to evaluate performance and keep transparency.	Daily; Weekly
Analytics	Report on social media metrics on a quarterly bases, including engagement, impressions, top performing posts, insights and more as the team advises.	Quarterly

Special Events

of First 5 San Bernardino in 2024-2025.

Strategy/Tactic	Description	Timing
Special Events	As requested, work with First 5 San Bernardino Executive Team in the planning and promotion of “State of First 5 San Bernardino” event in November. Assist with event logistics, creative and programming. Video creation as needed.	Ongoing

Budget for First 5 San Bernardino Strategic Communications and Counsel, FY 2024-25 Westbound Communications, Inc.

Staffing

Westbound will staff this project with the following key roles, and we have the available bandwidth and flexibility to dedicate the time needed. To serve First 5 San Bernardino (F5SB), we utilize a team of six to eight personnel, working with an assigned Account Manager. As necessary, we will utilize graphic and video support team members. We can scale as necessary, especially in events associated with our tentpole campaigns.

The Westbound partner-in-charge for First 5 San Bernardino will be Christopher Perez, and the team will include partner Carrie Gilbreth, account director/media specialist Jessica Newton, account executive Allie Brown, media planner Shannon Carlson, multicultural specialist Robert Chevez, social media/content creators Marissa Garcia and Gracie Servin, and Westbound Video & Digital Production specialists Scott Henderson and Brandon James. We also utilize the talents of research specialist Sophia Gomez. Assigned team members may be adjusted.

Scoping and Budget

Element of this communications campaign will be fluid and is expected to use more senior talent. The Westbound agency billing model of \$175 per hour for FY 2024/2025 is toward strategy development, campaign management, creative design, production, and execution. Video, paid media buys, printing and research are scoped separately, preapproved by First 5 San Bernardino and covered within the scope of this contract unless designated otherwise.

Westbound and F5SB have established a total fee and expense budget not to exceed \$960,000 for FY 2024-25. This budget is inclusive of all Westbound professional fees, including any third-party sub-contractors that might be utilized to deliver agreed-upon strategies. Expenses incurred on behalf of First 5 San Bernardino, including contest prizes, signature event décor/props, influencer-related fees, and other miscellaneous expenses (except for mileage), incur a 15% mark-up.

Fees and expenses will be billed monthly against the budget and time is tracked by the quarter-hour. Westbound clients can take advantage of third-party technology, software and subscriptions and we access a monthly tech charge of \$495/month for these services. Advertising quoted and billing gross media rates allow for a standard 15% agency fee. Reimbursable costs for third party vendors (above \$200) must be pre-approved by First 5 San Bernardino; these costs will also carry a 15% agency mark-up. Any incentives for research study participants will be agreed upon and preapproved by First 5 San Bernardino.

Hours Fees

Strategy/Tactic	Total
Ongoing Research, Admin & Planning	\$21,000
Cross-channel Brand Marketing, Pillar Campaigns & Stakeholder Communications	\$218,000
Social Media Management	\$96,000
25 th Anniversary Support and State of F5SB event	\$25,000
Sub-total	\$360,000

Expense Fees

Strategy/Tactic	Total
RESEARCH <ul style="list-style-type: none"> Biannual county resident survey 	\$40,000 (incl. fees to data research house)
PAID MEDIA/ADVERTISING <ul style="list-style-type: none"> Brand campaign SPA pillar campaigns (3) Miscellaneous micro campaigns and influencer fees 	\$480,000
CREATIVE	\$18,000
TRANSADAPTION	\$6,000
VIDEOGRAPHY/PHOTOGRAPHY	\$30,000
MISCELLANEOUS <ul style="list-style-type: none"> Monthly tech fee Social contest gifts, signature event props Small print jobs/mileage/travel/markup 	\$26,000
Sub-total	\$600,000

Total Budget

Strategy/Tactic	Total
Grand Total (all items)	\$960,000

ATTACHMENT C

Campaign Contribution Disclosure

(SB 1439)

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Commission for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the Commission in a proceeding on the matter for the purpose of influencing the Commission's decision on the matter; or (c) communicates with Commission employees, for the purpose of influencing the Commission's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Commission for purposes of influencing the Commission's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Commission. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: Westbound Communications

2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes ☐ If yes, skip Question Nos. 3-4 and go to Question No. 5
 No ☒

3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: Carrie Gilbreth, CEO, Managing Partner

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s): Carrie Gilbreth and Scott Smith

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above): N/A

Company Name	Relationship

6. Name of agent(s) of Contractor: N/A

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the Commission. N/A

Company Name	Subcontractor(s):	Principal and//or Agent(s):

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Commission and (2) have a financial interest in the outcome of the decision: N/A

Company Name	Individual(s) Name

9. Was a campaign contribution, of more than \$250, made to any member of the Commission on or after January 1, 2023, by any of the individuals or entities listed in Question Nos. 1-8?

No ☒ If **no**, please skip Question No. 10.

Yes ☐ If **yes**, please continue to complete this form.

10. Name of Commission member: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Commission members to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Commission while award of this Contract is being considered and for 12 months after a final decision by the Commission.



Program Outline Document 2024-2025

AGENCY INFORMATION

Contract #: ICO49 A3

Legal Entity: Westbound Communications Inc.

Dept./Division: N/A

Project Name: Strategic Communications and Counsel for 2024/2025

Program Site: N/A

Client Referral
Phone #: N/A

CONTACT INFORMATION

SIGNING AUTHORITY/ CONTRACT REPRESENTATIVE

Name: Christopher Perez

Title: Partner

Address: 3649 Mission Inn Blvd
Riverside, CA 92501

Direct Phone #: 951.532.5321

E-Mail: cperez@westboundcommunications.com

Fax #: N/A

CONTRACT REPRESENTATIVE

Name: Christopher Perez

Title: Partner

Address: 3649 Mission Inn Blvd
Riverside, CA 92501

Direct Phone #: 951.532.5321

E-Mail: cperez@westboundcommunications.com

Fax #: N/A

PROGRAM CONTACT

Name: Jessica Newton

Title: Account Director

Address: 3649 Mission Inn Blvd
Riverside, CA 92501

Direct Phone #: 585.330.6921

E-Mail: jnewton@westboundcommunications.com

Fax #: N/A

FISCAL CONTACT

Name: Tami Moran

Title: Vice President of Business
OperationsAddress: 3649 Mission Inn Blvd
Riverside, CA 92501

Direct Phone #: 951.462.1106

E-Mail: tmoran@westboundcommunications.com

Fax #: N/A

ADDITIONAL CONTACT (Describe): Contract Representative

Name: Carrie Gilbreth

Title: Principal and CEO

Address: 3649 Mission Inn Blvd
Riverside, CA 92501

Direct Phone #: 909.567.7391

E-Mail: cgilbreth@westboundcommunications.com

Fax #: N/A

PROGRAM INFORMATION

TYPE OF AGENCY Private Entity/Institution

Describe: For Profit

PROGRAM DESCRIPTION

Elevate the First 5 San Bernardino brand through all owned communication channels, earned media and targeted paid opportunities. Target audience for brand and mission communications includes parents and caregivers in San Bernardino County; our stakeholders include partner organizations, county leadership and other county departments and agencies. Communications are intended to support investments in direct services and systems in the Strategic Priority Areas (SPAs) of the organization, focusing on topics that would potentially have the greatest impact for children and families.

REGION

Countywide

STRATEGIC PRIORITY AREA & GOAL

<input checked="" type="checkbox"/> Child Health	<input checked="" type="checkbox"/> Early Learning	<input checked="" type="checkbox"/> Family Supports
<input checked="" type="checkbox"/> Children are screened and connected to appropriate developmental services	<input checked="" type="checkbox"/> Quality early learning can be accessed and utilized by families	<input checked="" type="checkbox"/> Families are connected to services that support children's development and parent/caregiver resiliency
<input checked="" type="checkbox"/> Children's health is promoted through community education about local health issues	<input checked="" type="checkbox"/> Early learning providers receive training and support to provide high-quality learning opportunities to children.	<input checked="" type="checkbox"/> Families are connected to resources that support their caregiving skills and social/family engagement.
<input checked="" type="checkbox"/> Maternal health is promoted in the county through training and education for providers and families	<input checked="" type="checkbox"/> School readiness is promoted through increasing access to early literacy support and materials.	<input checked="" type="checkbox"/> Families and providers are aware of and know how to access existing county resources and supports.
<input checked="" type="checkbox"/> Early care providers are aware of and able to connect children and families to existing mental and behavioral supports and services		<input checked="" type="checkbox"/> First 5 San Bernardino partners with agencies throughout the county to promote prevention and early identification of child abuse and neglect

ASSIGNED ANALYST: Kimberly VandenBosch**ASSIGNED ACCOUNTANT:** Ileana Conley**ASSIGNED SAIL-EVAL:** Jonathan Savarese**PROCUREMENT TYPE:**☒ Competitive
☐ Non-Competitive
 Choose an item.

Westbound has been a vendor of San Bernardino County for many years and continues to provide public relations and marketing services to San Bernardino County, including recent engagements for the Registrar of Voters and Public Works/Flood Control District. Westbound has been through San Bernardino County's rigorous and equitable Request for Proposal (RFP) vetting process. Further, San Bernardino County's Purchasing Department has validated these two current contracts including participation clause language which enables additional San Bernardino County departments to engage the services of Westbound Communications.

CONTRACT AMOUNT			
Fiscal Year	Original Amount	Amendment Amount	Total
2021-2022	\$95,000	\$0	\$95,000
2022-2023	\$0	\$584,000	\$584,000
2023-2024	\$0	\$813,500	\$813,500
2024-2025	\$0	\$960,000	\$960,000
Total			\$2,452,500



AGENDA ITEM 4
May 8, 2024

Subject	Public Hearing for Strategic Plan for Fiscal Years 2023-2028.
Recommendations	<p>A. Conduct Public Hearing on Strategic Plan 2023-2028 for the Children and Families Commission for San Bernardino County.</p> <p>B. Approve Strategic Plan 2023-2028 for the Children and Families Commission for San Bernardino County</p> <p>(Presenter: Scott McGrath, Deputy Director of Systems, and Impact, 386-7706)</p>
Financial Impact	None.
Background Information	<p>The California Children and Families Act of 1998 ("Act") was passed as Proposition 10 by California voters in November 1998 and enacted by the State Legislature through California Health and Safety Code Sections 130100 -130155 and Revenue and Taxation Code Section 30131.</p> <p>Health and Safety Code Section 130140 (a)(1)(D), (E)&(F) requires the County Commission to "review and/or adopt a new or revised county strategic plan, conduct the required public hearing and submit the adopted plan and any revisions to the State Commission" by July 1st of each year. The current strategic plan was approved and adopted by the Commission on July 12, 2023, The County Code section 12.2906 adopted pursuant to this Health and Safety Code Section states:</p> <p>Duties of the Commission. The Commission shall annually adopt a strategic plan for the support and improvement of early childhood development within the County, as prescribed in Proposition 10, after a public hearing. The Commission shall submit its adopted annual strategic plan to the State Commission.</p> <p>In accordance with the County Code, the annual adoption of the strategic plan is being brought forward at this time.</p> <p>The current Strategic Plan investment areas are defined as Strategic Priority Areas (SPA's):</p> <ul style="list-style-type: none">• <u>Child Health</u> Goal: Children and their families can access and utilize the full spectrum of health services to enhance their well-being.• <u>Early Learning</u> Goal: Promote a system of quality early learning in educational, childcare, and other sectors that supports the needs of children and families.• <u>Family Support</u> Goal: Families are strengthened through resources and opportunities that support them in nurturing, caring, and providing for their children's well-being. <p>For Fiscal Year 2024-2025, several typos were caught and fixed in addition to three more significant changes:</p> <ul style="list-style-type: none">• Page 9, 14 and 17-Replacing the term Family Supports with the term Family

Support to align the Strategic Priority Area with past reference terms.

- **Page 15-Fourth objective;** Changing the term “Early Care Providers” to “HealthCare providers to eliminate confusion with early Learning providers.
- **Page 16-**Use of a new picture for Early Learning Objective #1 to denote that quality early learning can be in the form of play in addition to more academic methodologies as depicted in the former picture.

Commitment to Equity- Page 12:

Commission staff reviewed the current equity statement adopted September 14, 2022, to ensure that it aligned with the “Commitment to Equity” detailed in the strategic plan. The term “Equity principles” was replaced with “Equity pillars to align with the equity statement. The pillars themselves remain unchanged:

1. Inclusive governance and participation.
2. Access to services
3. Results-based accountability
4. Legislative and regulatory mandates.

No changes were made to the equity statement itself and the commission is committed to continuing to embed these pillars into all systems, structures, strategies, and practices to address identified systems-level inequities and strive towards equitable goals and aspirational targets for all children, community, and providers.

An example of the Commission’s commitment to addressing systems-level inequities is through investments in organizations such as Diversity Uplifts, Inc. and The NAEBOR Clinic who are striving to improve the maternal health system of care for families in San Bernardino County.

Review

Dawn Martin, Commission Counsel

Report on Action as taken	
Action:	
Moved: _____	Second: _____
In Favor:	
Opposed:	
Abstained:	
Comments: _____	
Witnessed:	



AGENDA ITEM 5
May 8, 2024

Subject	Public Hearing on California Children and Families Commission Annual Report for Fiscal Year 2022-2023.
Recommendations	Conduct Public Hearing on California Children and Families Commission Annual Report for Fiscal Year 2022-2023. (Presenter: Scott McGrath, Deputy Director of Systems and Impact, 386-7706)
Financial Impact	None.
Background Information	<p>As required by California Health and Safety Code Section 130125(g), the California Children and Families Commission (CCFC) develops an Annual Report to reflect the annual achievements and expenditures of the First 5 California program. This report offers a summary of the State Commission's history, mission, vision as well as some 2020-2021 highlights as a summarization of the data submitted by the County Commissions.</p> <p>County Commissions are required, in accordance with Section 130140(a)(1)(H) of the Health and Safety Code, to conduct a public hearing of the State annual report. Any comments made by the public or Commissions will be provided to the State Commission.</p> <p>A copy of the Annual Report can be found on the State Commission's website: https://www.ccfc.ca.gov/pdf/about/budget_perf/annual_report_pdfs/F5CA_2022-23_Annual%20Report_ADA.pdf</p>
Review	Dawn Martin, Commission Counsel

Report on Action as taken	
Action:	
Moved: _____	Second: _____
In Favor:	
Opposed:	
Abstained:	
Comments: _____	
Witnessed:	



AGENDA ITEM 6
May 8, 2024

Subject	California Department of Health Care Services Children and Youth Behavioral Health Initiative Evidence-Based Practices and Community-Defined Evidence Practices Grant – Round Two: Trauma-Informed Programs and Practices Award.
Recommendation	<p>A. Ratify acceptance of \$750,000 from the California Department of Health Care Services Child Youth Behavioral Health Initiative Evidence-Based Practices and Community-Defined Evidence Practices Grant – Round Two Grant for Child-Parent Psychotherapy Trauma-Informed Program and Practice Award.</p> <p>B. Ratify the approval of an Implementation Subaward Agreement by the Executive Director with The California Institute for Behavioral Health Solutions and Public Health Foundation Enterprises, Inc. dba Heluna Health, on behalf of California Department of Health Care Services, for the Child Youth Behavioral Health Initiative Evidence-Based Practices and Community-Defined Evidence Practices Grant – Round Two Grant for Child-Parent Psychotherapy Trauma-Informed Program and Practice Award in the amount of \$750,000, for a term through June 30, 2025.</p> <p>(Presenter: Wendy Lee, Psy.D., Staff Analyst II, 386-7706)</p>
Financial Impact	Additional revenue of \$750,000 (2023-25)
Background Information	<p>In 2021, \$ 4.7 billion State General Funds were invested in establishing the Child Youth Behavioral Health Initiative (CYBHI) to improve access to behavioral health (BH) services for children and youth across California.</p> <p>Per the legislative mandates, California Department of Health Care Services (DHCS) will disburse \$429 million in six rounds of grants to Evidence-Based Practices (EBP) and Community-Defined Evidence Practices (CDEP) seeking to improve youth behavioral health.</p> <p>DHCS intends to improve access to critical behavioral health interventions, specifically for children and youth, from populations of focus to reduce health disparities, and promoting health equity is a central component of the overall grant strategy.</p> <p>EBP-CDEP Grant program: Stakeholder-Prioritized three outcomes:</p> <ul style="list-style-type: none">• Increase protective factors for children and youth, as measured by improved reported well-being for children, youth, parents, and caregivers.• Build incremental capacity, access, integration, and uptake in selected evidence-based and community-defined evidence BH services, including in non-clinical settings.• Support codification of practice that can be adapted or normed on populations of focus. <p>In December 2022, DHCS-CYBHI-EBP/CDEP released Round One: Parent/caregiver support programs and practices totaling \$30.5 million. First 5 San Bernardino (F5SB) System Role galvanized and convened community partners and stakeholders through</p>

a coordinated approach to apply for the Round One grant. As a result, five community agencies serving San Bernardino County were awarded in Round One of funding.

In February 2023, DHCS-CYBHI-EBP/CDEP released Round Two: Trauma-Informed Program and Practices, totaling \$100 million, to scale trauma-informed care. F5SB continues to serve as the Leader, Collaborator, and Convenor in coordinating an effort to apply for the Round Two grant opportunity.

On April 2023, F5SB serving as fiscal lead submitted a Round Two grant application in partnership with the Loma Linda University Children's Hospital (LLUCH) Resiliency Institute for Childhood Adversity (RICA) to increase early intervention and support for the resiliency of children.

In December 2023, F5SB was awarded \$750,000 for Round Two, and the 23 community agencies serving San Bernardino County also received awards. The CYBHI Subaward Agreement was signed by Karen Scott, Executive Director, and Peter Dale, Chief Programs Officer of Heluna Health (serving as DHCS's third party), on March 25, 2024.

Pending Commission approval, F5SB will serve as the fiscal agent to RICA to engage in EBP Child-Parent Psychotherapy (CPP) for 15 mental health clinicians. RICA is a trauma-informed care (TIC) system serving children in our community with a high burden of Adverse Childhood Experiences (ACEs), particularly children who have experienced foster care, homelessness, or the incarceration of a parent. RICA's vision is to remove barriers within a child's microsystem and the healthcare system. RICA provides timely, easy-to-access, evidence-informed, evidence-based, integrated medical and mental health care that incorporates the tenets of TIC and promotes the resiliency factor in a nurturing environment.

Approval of this item supports the **Child Health and Family Supports** Strategic Priority Areas in the Commission's 2023-2028 Strategic Plan:

Child Health

- Children's health is promoted through community education about local health issues.

Family Supports

- Families are connected to services that support children's development and parent/caregiver resiliency.
- First 5 San Bernardino partners with agencies throughout the county to promote prevention and early identification of child abuse and neglect.

Review

Dawn Martin, Commission Counsel

Report on Action as taken
Action:
Moved: _____ Second: _____
In Favor:
Opposed:
Abstained:
Comments: _____
Witnessed:



**Children and Youth Behavioral Health Initiative
California Department of Health Care Services**

**Evidence-Based Practices and Community-
Defined Evidence Practices Grant Program**

**Round Two: Trauma-Informed Programs and
Practices**

Grantees Awarded

December 21, 2023

Note to Awardees: If your organization is listed in this table, the individual listed in the grant application will be notified of the award details via email. If you do not receive an email, please contact us at CYBHI@dhcs.ca.gov.



Entity Name	Primary County	Secondary County (if applicable)
Jenny Quintero	Alameda	
The Alliance for Community Wellness (doing business as La Familia)	Alameda	
KIPP Bay Area Schools; (doing business as KIPP Public Schools Northern California)	Alameda	San Francisco, San Joaquin, San Mateo, Santa Clara
La Cheim School, Inc.	Alameda	Contra Costa, San Francisco
Native American Health Center, Inc.	Alameda	
Seneca Family of Agencies	Alameda	Contra Costa, Los Angeles, Marin, Monterey, Orange, San Benito, San Francisco, San Luis Obispo, Santa Clara, Solano, Sonoma, Ventura
La Clínica de La Raza, Inc.	Alameda	Contra Costa, Solano
University of California, Berkeley, Student Mental Health	Alameda	
Cloverleaf Family Counseling	Butte	
Butte County Office of Education	Butte	
Family Behavior Solutions, LLC (AKA Family First)	Butte	Glenn, Tehama
Northern Valley Catholic Social Service, Inc.	Butte	
Hmong Cultural Center of Butte County*	Butte	
North Valley Community Foundation	Butte	
MACT Health Board, Inc.,	Calaveras	Alpine, Amador, Mariposa, Tuolumne



Entity Name	Primary County	Secondary County (if applicable)
The Tribal Child Care Association of California	Colusa	Alpine, Tulare, Imperial, Kern, Del Norte, Trinity, Kings, Modoc, Fresno, Merced, Madera, Lake, Glenn, Tehama, Yuba, San Bernardino, Mariposa, Lassen, Stanislaus, Sierra, Siskiyou, Sutter, Riverside, San Joaquin, Mendocino, Butte, Monterey, Los Angeles, Shasta, Calaveras, Amador, Plumas, Humboldt, Tuolumne, Sacramento, San Benito, Santa Barbara, Solano, San Diego, Yolo, Mono, Nevada, Ventura, Inyo, San Luis Obispo, Orange, El Dorado, Santa Cruz, Sonoma, Napa, Placer, Contra Costa, Alameda, Santa Clara, San Mateo, San Francisco, Marin
We Care Services for Children	Contra Costa	
Contra Costa County Behavioral Health Services	Contra Costa	
Reach To Win Youth Home & Family Services Inc	Contra Costa	
Contra Costa County Behavioral Health Services	Contra Costa	
Mt. Diablo Unified School District	Contra Costa	
La Concordia Wellness Center	Contra Costa	



Entity Name	Primary County	Secondary County (if applicable)
Counseling Options and Parent Education (C.O.P.E.) Family Support Center, Inc.	Contra Costa	
Bay Area Community Resources	Contra Costa	Alameda, Marin
First 5 Del Norte	Del Norte	
A Balanced Life: Individual, Family and Child Therapy, Inc.	El Dorado	
Exceptional Parents Unlimited, Inc.	Fresno	
Resiliency Center of Fresno	Fresno	
Family Foundations Counseling Services	Fresno	Madera
Insight Employee Assistance Program	Fresno	El Dorado, Kern, Kings, Madera, Mariposa, Merced, Placer, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne
Fresno Police Chaplaincy*	Fresno	
Blair Marriage and Family Therapy, Inc. (doing business as Alpha Behavioral Counseling Center)	Fresno	
Office of the Fresno County Superintendent of Schools	Fresno	
Glenn County Office of Education-Foster Youth Services*	Glenn	
Humboldt County Health and Human Services, Behavioral Health Branch.	Humboldt	



Entity Name	Primary County	Secondary County (if applicable)
Two Feathers Native American Family Services, Dr. Virgil Moorehead jr.	Humboldt	
Fortuna Union High School District	Humboldt	
Imperial County Behavioral Health Services	Imperial	
Kern County Superintendent of Schools	Kern	
CityServe Network	Kern	
Pathway Family Services, Inc.	Kern	Riverside, San Bernardino, Santa Barbara
HealthRIGHT 360	Los Angeles	
Chinatown Service Center	Los Angeles	
Hawthorne School District	Los Angeles	
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT	Los Angeles	Alameda, Contra Costa, Riverside, Sacramento, San Bernardino, San Diego, San Francisco
The Children's Clinic, "Serving Children and Their Families", (doing business as TCC Family Health)	Los Angeles	
a. County of Los Angeles – Department of Mental Health	Los Angeles	
Counseling and Research Associates, Inc. doing business as Masada Homes	Los Angeles	San Bernardino
Magnolia Educational and Research Foundation (doing business as Magnolia Public Schools)	Los Angeles	Orange
SHIELDS For Families	Los Angeles	



Entity Name	Primary County	Secondary County (if applicable)
Dr. Debra Duardo, M.S.W., Ed.D. – Los Angeles County Office of Education (LACOE), Superintendent of Schools	Los Angeles	
Special Service for Groups, Inc.	Los Angeles	
Los Angeles Unified School District	Los Angeles	
Pasadena Clinical Group	Los Angeles	
Children’s Hospital Los Angeles, Center for Transyouth Health and Development	Los Angeles	
The Community College Foundation	Los Angeles	Kern, Riverside, San Bernardino, Ventura
Stars Behavioral Health Group	Los Angeles	Alameda, Fresno, Kern, Merced, Orange, Riverside, Sacramento, San Bernardino, San Mateo, Santa Clara
Sacred Path Indigenous Wellness Center	Los Angeles	Orange
The Guidance Center	Los Angeles	
Girls Athletic Leadership Schools Los Angeles	Los Angeles	
FOTC-Los Angeles	Los Angeles	
Phoenix Houses of Los Angeles, Inc.	Los Angeles	
Richstone Family Center	Los Angeles	



Entity Name	Primary County	Secondary County (if applicable)
University of Southern California, Suzanne Dworak-Peck School of Social Work, Trauma Recovery Center	Los Angeles	Alpine, Tulare, Imperial, Kern, Del Norte, Trinity, Kings, Modoc, Fresno, Merced, Madera, Lake, Glenn, Tehama, Yuba, San Bernardino, Mariposa, Lassen, Stanislaus, Sierra, Siskiyou, Colusa, Sutter, Riverside, San Joaquin, Mendocino, Butte, Monterey, Shasta, Calaveras, Amador, Plumas, Humboldt, Tuolumne, Sacramento, San Benito, Santa Barbara, Solano, San Diego, Yolo, Mono, Nevada, Ventura, Inyo, San Luis Obispo, Orange, El Dorado, Santa Cruz, Sonoma, Napa, Placer, Contra Costa, Alameda, Santa Clara, San Mateo, San Francisco, Marin
Lundquist Institute for Innovation at Harbor-UCLA Medical Center, Department of Pediatrics	Los Angeles	Humboldt
Child Care Resource Center, Inc.	Los Angeles	San Bernardino
Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA)	Los Angeles	
Madera Unified School District	Madera	
Canal Alliance	Marin	
Native Solutions Family Guidance Center*	Mariposa	Madera
Redwood Community Services, Inc.	Mendocino	Humboldt, Lake



Entity Name	Primary County	Secondary County (if applicable)
Merced County Office of Education*	Merced	
California Consortium for Prevention and Intervention	Merced	
Merced Scholars Charter School	Merced	
Monterey County Health Department, Behavioral Health Bureau (MCHDBHB)	Monterey	
Coastal Kids Home Care	Monterey	San Benito, Santa Clara, Santa Cruz
The Village Project, Inc.*	Monterey	
Linda Ibitz	Napa	Sonoma
Napa Valley Education Foundation	Napa	
Emily Seagraves	Nevada	
Sara Hoxie	Nevada	
Curtis B McMullan	Nevada	
Robert Lewis Heirendt	Nevada	
Grass Valley Elementary School District	Nevada	
Gateway Mountain Center	Nevada	Alameda, Contra Costa, El Dorado, Placer, San Francisco
Anaheim Union High School District (AUHSD)	Orange	
Anaheim Union High School District (AUHSD)	Orange	
Savanna Elementary School District	Orange	
Anaheim Elementary School District	Orange	



Entity Name	Primary County	Secondary County (if applicable)
Children's Hospital of Orange County (CHOC)	Orange	Los Angeles, Riverside, San Bernardino
SocialWise Consulting LLC	Orange	
Orange County Asian and Pacific Islander Community Alliance, Inc.	Orange	
Higher Ground Youth & Family Services	Orange	
Loomis Union School District	Placer	
Rocklin Unified School District	Placer	
Placer County Office of Education	Placer	
County of Placer	Placer	
Pediatric Medical Associates, Inc.	Placer	Sacramento
Koinonia Foster Homes, Inc. (doing business as Koinonia Family Services)	Placer	Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, Stanislaus, Tulare
First 5 Placer Children and Families Commission	Placer	
Walden Environment (doing business as Walden Family Services)*	Riverside	San Bernardino
Healthy Hearts Medical Association	Riverside	
Desert Sands Unified School District*	Riverside	
Riverside Unified School District (RUSD)	Riverside	
Riverside County Coalition for Alternatives to Domestic Violence	Riverside	



Entity Name	Primary County	Secondary County (if applicable)
The Regents of the University of California, on behalf of its Riverside campus	Riverside	
County of Sacramento Behavioral Health Services	Sacramento	
Saint John's Program for Real Change	Sacramento	
Gateway Community Charters	Sacramento	Yolo
Center Joint Unified School District*	Sacramento	
Galt Joint Union Elementary School District	Sacramento	
WellSpace Health	Sacramento	
Elk Grove Unified School District	Sacramento	



Entity Name	Primary County	Secondary County (if applicable)
Sacramento Children's Home	Sacramento	Alpine, Tulare, Imperial, Kern, Del Norte, Trinity, Kings, Modoc, Fresno, Merced, Madera, Lake, Glenn, Tehama, Yuba, San Bernardino, Mariposa, Lassen, Stanislaus, Sierra, Siskiyou, Colusa, Sutter, Riverside, San Joaquin, Mendocino, Butte, Monterey, Los Angeles, Shasta, Calaveras, Amador, Plumas, Humboldt, Tuolumne, San Benito, Santa Barbara, Solano, San Diego, Yolo, Mono, Nevada, Ventura, Inyo, San Luis Obispo, Orange, El Dorado, Santa Cruz, Sonoma, Napa, Placer, Contra Costa, Alameda, Santa Clara, San Mateo, San Francisco, Marin
First 5 San Benito*	San Benito	
Child Care Resource Center, Inc.	San Bernardino	Los Angeles
Children and Family Commission of San Bernardino First 5 San Bernardino (F5SB)	San Bernardino	
Young Visionaries Youth Leadership Academy	San Bernardino	
San Bernardino County Superintendent of Schools	San Bernardino	
SAC Health*	San Bernardino	
San Bernardino City Unified School District	San Bernardino	



Entity Name	Primary County	Secondary County (if applicable)
Boys & Girls Clubs of Greater Redlands Riverside	San Bernardino	Riverside
Fields Comprehensive Youth Services Inc.	San Bernardino	Los Angeles, Riverside
The Heart Matters Foster Family Agency	San Bernardino	Riverside
South Coast Children's Society (doing business as South Coast Community Services®, Inc.)	San Bernardino	
Children of the Rainbow, Inc.	San Diego	
San Diego State University Research Foundation – Center for Excellence in Early Development, Healthy Early Years Clinic	San Diego	
Rady Children's Hospital – San Diego	San Diego	
Family Health Centers of San Diego, Inc.	San Diego	
Fred Finch Youth Center (doing business as Fred Finch Youth & Family Services)	San Diego	Alameda, Contra Costa, San Mateo, Santa Clara
San Diego State University Research Foundation – Center for Excellence in Early Development, Healthy Early Years Clinic	San Diego	
La Mesa-Spring Valley School District Deputy Superintendent – Deann Ragsdale	San Diego	
San Diego Center for Children	San Diego	



Entity Name	Primary County	Secondary County (if applicable)
Student Success Programs, Inc. (doing business as The Charter School of San Diego ("CSSD"))	San Diego	
San Diego Youth Services	San Diego	
SBCS Corporation	San Diego	
Wellness Together	San Diego	Alameda, Los Angeles, Placer, Riverside, Sacramento, San Bernardino, San Mateo, Sutter, Yuba
Homeless Children's Network	San Francisco	
Huckleberry Youth Programs, Inc.	San Francisco	Marin
San Francisco Department of Public Health*	San Francisco	
Safe & Sound	San Francisco	



Entity Name	Primary County	Secondary County (if applicable)
The Regents of the University of California, San Francisco	San Francisco	Alpine, Tulare, Imperial, Kern, Del Norte, Trinity, Kings, Modoc, Fresno, Merced, Madera, Lake, Glenn, Tehama, Yuba, San Bernardino, Mariposa, Lassen, Stanislaus, Sierra, Siskiyou, Colusa, Sutter, Riverside, San Joaquin, Mendocino, Butte, Monterey, Los Angeles, Shasta, Calaveras, Amador, Plumas, Humboldt, Tuolumne, Sacramento, San Benito, Santa Barbara, Solano, San Diego, Yolo, Mono, Nevada, Ventura, Inyo, San Luis Obispo, Orange, El Dorado, Santa Cruz, Sonoma, Napa, Placer, Contra Costa, Alameda, Santa Clara, San Mateo, Marin
Regents of the University of California, San Francisco	San Francisco	
Community Medical Centers, Inc.	San Joaquin	Solano
San Joaquin County Child Abuse Prevention Council	San Joaquin	
Be Smooth, Incorporated	San Joaquin	
San Luis Obispo County Office of Education	San Luis Obispo	
First 5 San Mateo County (F5SMC)	San Mateo	
Cabrillo Unified School District	San Mateo	
Redwood City Elementary School District	San Mateo	



Entity Name	Primary County	Secondary County (if applicable)
Children's Health Council	San Mateo	Santa Clara
The Child Mind Institute, Inc	San Mateo	Santa Clara
CALM, Inc.	Santa Barbara	
Santa Maria Joint Union High School District*	Santa Barbara	
Council on Alcoholism and Drug Abuse	Santa Barbara	
Community Health Centers of the Central Coast, Inc. (CHCCC)	Santa Barbara	San Luis Obispo
Catholic Charities of Santa Clara County	Santa Clara	
School Health Clinics of Santa Clara County	Santa Clara	
Santa Clara County Office of Education	Santa Clara	
Pacific Clinics	Santa Clara	Alameda, Contra Costa, El Dorado, Fresno, Kings, Los Angeles, Madera, Nevada, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Solano, Stanislaus, Tulare, Yolo
San Lorenzo Valley Unified School District	Santa Cruz	
Community Bridges	Santa Cruz	
Santa Cruz Community Health Centers	Santa Cruz	
Dunamis Center Inc. (doing business as Dunamis Wellness)	Shasta	Butte, Monterey



Entity Name	Primary County	Secondary County (if applicable)
Northern Valley Catholic Social Service	Shasta	Butte, Glenn, Siskiyou, Tehama, Trinity
Shasta County Children and Families Commission (doing business as First 5 Shasta Grant Consortium); Shasta County Office of Education Grant Consortium; Children's Legacy Center	Shasta	
Family Dynamics Resource Center	Shasta	Siskiyou
Weed Union Elementary School District	Siskiyou	
Quartz Valley Indian Reservation	Siskiyou	
Contra Costa Family Justice Alliance (CCFJA)	Solano	
Napa Solano SANE-SART	Solano	Contra Costa, Napa
Windsor Unified School District Grades 6th-12th	Sonoma	
TLC Child and Family Services	Sonoma	
Sonoma County Indian Health Project, Inc.	Sonoma	Humboldt, Lake, Marin, Mendocino, Sacramento, San Francisco, San Joaquin, Shasta, Solano
California Indian Museum and Cultural Center	Sonoma	Lake, Mendocino
Aspiranet	Stanislaus	Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Merced, Monterey, Riverside, Sacramento, San Bernardino, San Joaquin, San Mateo, Tulare, Ventura



Entity Name	Primary County	Secondary County (if applicable)
Parents United; Liseth Sales, LMFT	Stanislaus	
Stanislaus County Office of Education	Stanislaus	
Sutter County Superintendent of Schools	Sutter	
Children's Hope Foster Family Agency*	Sutter	Alameda, Butte, Colusa, El Dorado, Glenn, Lake, Mendocino, Merced, Napa, Nevada, Placer, Plumas, Sacramento, Santa Clara, Shasta, Solano, Yolo, Yuba
Sutter Yuba Behavioral Health	Sutter	Yuba
Tehama County Department of Education	Tehama	
Achievements Unlimited (doing business as MindDivers)	Tulare	
Tuolumne County Superintendent of Schools Office	Tuolumne	
Conejo Valley Unified School District	Ventura	
Clinicas del Camino Real, Inc	Ventura	
Lotus Healthcare and Recovery Center	Ventura	Los Angeles, Placer, Sacramento, San Diego, San Joaquin
Casa Pacifica Centers for Children and Families	Ventura	Santa Barbara
Yolo Crisis Nursery, Inc	Yolo	Solano
Yolo County Health & Human Services Agency	Yolo	
Esparto Unified School District	Yolo	



Entity Name	Primary County	Secondary County (if applicable)
Yolo County Health & Human Services Agency	Yolo	
Yuba County Office of Education	Yuba	

**Awards are conditional. Applicants are required to submit additional information to DHCS. Upon review of the additional information, if appropriate, DHCS will confirm the award. More information will be provided to these applicants via email.*



Heluna Health
EMPOWERING POPULATION
HEALTH INITIATIVES SINCE 1969

Phone: 800.201.7320 | Fax: 562.205.2453 | www.helunahealth.org

IMPLEMENTATION SUBAWARD AGREEMENT

THIS AGREEMENT IS HEREBY MADE by and between Public Health Foundation Enterprises, Inc. DBA HELUNA HEALTH, a 501(c)(3) California nonprofit corporation (hereafter "HELUNA HEALTH", or "Client"), and the GRANTEE (hereafter "GRANTEE") identified below and, sets forth the terms and conditions between Client and GRANTEE, for agreed services, as required by the Client, and as stated in this Agreement. This Agreement does not designate the GRANTEE as the agent or legal representative of HELUNA HEALTH for any purpose whatsoever.

I. IDENTIFIED PARTIES

CLIENT
HELUNA HEALTH
13300 Crossroads Parkway North, Suite 450
City of Industry, CA 91746
www.helunahealth.org
ATTN:
Tax ID: 95-2557063
POC: Peter Dale
HH PMO Email: CYBHI@pgm.helunahealth.org
Program: CYBHI

SUBAWARD GRANTEE
Children and Families Commission of San Bernardino
735 E. Carnegie Drive Suite 150
San Bernardino, CA 92408
Tax ID: 95-6002748
Program No.: 1040.0401

II. TERM. Unless otherwise terminated or extended by written notice, the Term of this Agreement shall commence on date of execution and end on 06/30/2025. Term dates subject to change based on Implementation Plan.

III. SERVICES AND COMPENSATION. GRANTEE shall perform the services described below, and as described in Attachment A, Statement of Work ("SOW"). Services will take place at location(s) specified in the GRANTEE Implementation Plan.

(a) **Scope of Work.** GRANTEE shall perform all services as stated in the agreed Invoice or Scope of Work, Exhibit A. GRANTEE shall perform the services in accordance with generally accepted professional standards and in an expeditious and economical manner consistent with sound professional practices. GRANTEE maintains and shall maintain during all relevant times under this Agreement all applicable federal, state and local business and other licenses, including any professional licenses or certificates, industrial permits and/or licenses, industry specific licenses, licenses required by the state(s) and/or locality(s) in which it does business, fictitious business names, federal tax identification numbers, insurance, and anything else required of GRANTEE as a business operator.

(b) **Payment.** HELUNA HEALTH agrees to compensate the GRANTEE in accordance with Exhibits B and C attached hereto. See Exhibit B "Budget" for line-item budget detail. GRANTEE shall be compensated only for services performed and required as set forth above. Additional services and/or costs will not be compensated. The compensation described is an all-inclusive amount. The total compensation payable to the GRANTEE hereunder shall be as set forth below:

☒ TOTAL not to exceed subaward

\$750,000

If for any reason GRANTEE receives any compensation in excess of the amount described above, GRANTEE shall notify HELUNA HEALTH of the overpayment and repay said amount to HELUNA HEALTH within 10 days of demand for such repayment.

(c) **Invoice.** Invoices shall be submitted in accordance with Exhibit C.

Payment for submitted invoices shall be made after receipt and approval of all deliverables associated with each invoice. GRANTEE shall submit invoices to the attention of the HELUNA HEALTH Contact Person set forth above. **All final invoices** must be received within 30 days of the expiration or termination of this Subaward Agreement or within such earlier time period as HELUNA HEALTH may require. If any invoices are not submitted within such time periods, GRANTEE waives (at HELUNA HEALTH's discretion) all rights to payment under such invoices. The GRANTEE shall be solely responsible for the payment of all federal, state and local income taxes, social security taxes, federal and state unemployment insurance and similar taxes and all other assessments, taxes, contributions or sums payable with respect to GRANTEE or its employees as a result of or in connection with the services performed by GRANTEE hereunder.

IV. INSURANCE. GRANTEE shall maintain insurance coverages in accordance with those listed in Exhibit E.

V. AUTHORIZED SIGNERS. The undersigned certify their acknowledgment of the nature and scope of this agreement and support it in its entirety.

DocuSigned by:

HELUNA HEALTH
3/25/2024
Date

DocuSigned by:

SUBAWARD GRANTEE
3/25/2024
Date

1. **STATUS OF GRANTEE.** Nothing in this Agreement is intended to place the parties in the relationship of employer-employee, partners, joint venturers, or in anything other than an independent contractor relationship. GRANTEE or independent contractor shall not be an employee of HELUNA HEALTH for any purposes, including, but not limited to, the application of the Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, the State Revenue and Taxation Code relating to income tax withholding at the source of income, the Workers' Compensation Insurance Code 401(k) and other benefit payments and third party liability claims.

GRANTEE shall retain sole and absolute discretion and judgment in the manner and means of carrying out GRANTEE's services hereunder. GRANTEE is under the control of HELUNA HEALTH as to the results of GRANTEE's services only, and not as to the means by which such results are accomplished. GRANTEE shall be responsible for completing the Scope of Work in a timely manner in accordance with this Agreement, but GRANTEE will not be required to follow or establish a regular or daily work schedule.

HELUNA HEALTH shall not be liable for any obligations incurred by GRANTEE unless specifically authorized in writing by HELUNA HEALTH. GRANTEE shall not act as an agent of HELUNA HEALTH, ostensibly or otherwise, nor bind HELUNA HEALTH in any manner, unless specifically authorized to do so in writing by HELUNA HEALTH.

HELUNA HEALTH retains the right, but does not have the obligation, to inspect, stop, or alter the work of GRANTEE to assure its conformity with this Agreement.

2. **FEDERAL, STATE, AND LOCAL PAYROLL TAXES.** Neither federal, nor state, nor local income tax nor payroll taxes of any kind shall be withheld or paid by HELUNA HEALTH on behalf of GRANTEE or the employees of the GRANTEE. GRANTEE shall not be treated as an employee with respect to the services performed hereunder for federal or state tax purposes.

GRANTEE understands that GRANTEE is responsible to pay, according to law, GRANTEE's income taxes. If GRANTEE is not a corporation or other legal entity, GRANTEE further understands that GRANTEE may be liable for self-employment (social security) tax, to be paid by GRANTEE according to law. GRANTEE agrees to defend, indemnify and hold HELUNA HEALTH harmless from any and all claims made by federal, state and local taxing authorities on account of GRANTEE's failure to pay any federal, state or local income and self-employment taxes or other assessments due as a result of GRANTEE's services hereunder. Furthermore, to avoid conflict with federal or state regulations, GRANTEE will not be eligible for employment with HELUNA HEALTH within the same calendar year in which GRANTEE performed services for HELUNA HEALTH.

3. **FRINGE BENEFITS.** Because GRANTEE is engaged in GRANTEE's own independent business, GRANTEE is not eligible for, and shall not participate in, any HELUNA HEALTH pension, health, or other fringe or employee benefit plans.
4. **WORKERS' COMPENSATION.** No workers' compensation insurance shall be obtained by HELUNA HEALTH concerning GRANTEE or the employees of GRANTEE. All persons hired by GRANTEE to assist in performing the tasks and duties necessary to complete the services shall be the employees of GRANTEE unless specifically indicated otherwise in an agreement signed by all parties. GRANTEE shall immediately provide proof of Workers' Compensation insurance and General Liability insurance covering said employees, upon request of HELUNA HEALTH.
5. **EQUIPMENT AND SUPPLIES.** GRANTEE shall provide all necessary equipment, materials and supplies required by GRANTEE to perform the services. GRANTEE will not rely on the equipment or offices of HELUNA HEALTH for completion of tasks and duties set forth pursuant to this Agreement.
6. **TERMINATION.** Without cause, HELUNA HEALTH may terminate this agreement by giving 15 days prior written notice to GRANTEE of intent to terminate without cause. With reasonable cause, HELUNA HEALTH may issue a Notice and Right to Cure OR terminate this agreement effective immediately upon GRANTEE's receipt of written notice of termination for cause. Reasonable cause shall include: (A) material violation or breach of this agreement, (B) any act of the GRANTEE that exposes HELUNA HEALTH to liability to others for personal injury or property damage or any other harm, damage or injury, and (C) cancellation or reduction of funding affecting the Program affecting the services.

Notice and Right to Cure. A. Unless otherwise specified in this Agreement, in the event of a default, HELUNA HEALTH may provide written notice of such default and the specific action required to cure such default, and the GRANTEE shall have thirty (30) days from the date that the notice is received to cure the default; provided, however, that if the nature of the default is such that it cannot reasonably be cured within the 30-day period, then the defaulting GRANTEE shall

not be deemed in default if and so long as such party commences and diligently continues to pursue the cure of such default within the 30-day period, and continuously pursues such cure thereafter to completion, but in no event beyond the Absolute Deadline as specified in the notice to cure unless otherwise agreed.

Upon the expiration or termination of this Agreement, GRANTEE shall promptly return to HELUNA HEALTH all computers, cell phones, smart phones, computer programs, files, documentation, user data, media, related material and any and all Confidential Information of HELUNA HEALTH and all Work Product (as defined below). HELUNA HEALTH shall have the right to withhold final payment to the GRANTEE until all such items are returned to HELUNA HEALTH.

These Terms and Conditions and any provisions of this Agreement that by their nature should or are intended to survive the expiration or termination of this Agreement shall survive and the parties shall continue to comply with the provisions of this Agreement that survive. Notwithstanding any termination that may occur, each party shall continue to be responsible for carrying out all the terms and conditions required by law to ensure an orderly and proper conclusion.

7. **COMPLIANCE WITH LAWS.** The GRANTEE shall comply with all state and federal statutes and regulations applicable to the GRANTEE, the services or the Program, in performing GRANTEE's obligations under this Agreement. GRANTEE represents and warrants that neither GRANTEE nor its principals or personnel are presently, nor will any of them be during the term of this Agreement, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or funding agency.
8. **HIPAA (if applicable).** If the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") is applicable to the services, GRANTEE shall execute and deliver HELUNA HEALTH's standard Business Associate Agreement as required by HIPAA.
9. **NON-DISCLOSURE.** HELUNA HEALTH and GRANTEE agree that during the course of this agreement, GRANTEE may be exposed to and become aware of certain unique and confidential information and special knowledge (hereinafter "Confidential Information") provided to or developed by HELUNA HEALTH and/or GRANTEE. Said Confidential Information includes, but is not limited to, the identity of actual and potential clients of HELUNA HEALTH, client lists, particular needs of each client, the manner in which business is conducted with each client, addresses, telephone numbers, and specific characteristics of clients; financial information about HELUNA HEALTH and/or its clients; client information reports; mailing labels; various sales and marketing information; sales report forms; pricing information (such as price lists, quotation guides, previous or outstanding quotations, or billing information); pending projects or proposals; business plans and projections, including new product, facility or expansion plans; employee salaries; contracts and wage information; mailing plans and programs; technical know-how; designs; products ordered; business methods; processes; records; specifications; computer programs; accounting; and information disclosed to HELUNA HEALTH by any third party which HELUNA HEALTH is obligated to treat as confidential and/or proprietary. This Confidential Information derives independent actual or potential economic value from not being generally known to the public or to other persons, who can obtain economic value from its disclosure or use, is not readily available through any source other than HELUNA HEALTH and is the subject of reasonable efforts to maintain secrecy. Because GRANTEE may be exposed to and become aware of said Confidential Information and, because of its unique and confidential nature, the parties hereto desire to afford HELUNA HEALTH protection against its unauthorized use or its use in any manner detrimental to HELUNA HEALTH. Therefore, GRANTEE shall not disclose in any manner whatsoever any of the aforesaid Confidential Information, directly or indirectly, or use it in any way whatsoever, either during this agreement with HELUNA HEALTH or at any time thereafter, except as required in the course of GRANTEE's work with HELUNA HEALTH or except as otherwise provided in this Agreement. Further, GRANTEE shall develop and maintain procedures and take other reasonable steps in furtherance of HELUNA HEALTH's desire to maintain the confidentiality of its Confidential Information.

All documents and other items which might be deemed the subject of or related to Confidential Information of HELUNA HEALTH's business, whether prepared, conceived, originated, discovered, or developed by GRANTEE, in whole or in part, or otherwise coming into GRANTEE's possession, shall remain the exclusive property of HELUNA HEALTH and shall not be copied or removed from the premises of HELUNA HEALTH without the express written consent of HELUNA HEALTH. All such items, and any copies thereof, shall be immediately returned to HELUNA HEALTH by GRANTEE upon request at any time and upon termination of this agreement.

10. **NON-SOLICITATION OF EMPLOYEES.** During the Term of this Agreement and for two years following the termination of this Agreement with HELUNA HEALTH, GRANTEE shall not induce, encourage, or advise any person who is employed by or is engaged as an agent or independent contractor by HELUNA HEALTH to leave the employment of HELUNA HEALTH or otherwise raid the employees of HELUNA HEALTH, without the express written consent of HELUNA HEALTH. Nothing contained in this paragraph shall constitute a waiver by HELUNA HEALTH of any rights it may have if GRANTEE engages in actionable conduct after the two-year period referred to above.

11. **WORKS FOR HIRE.** GRANTEE agrees that all discoveries, ideas, inventions, and information that GRANTEE may develop (either alone or in conjunction with others), information or work product developed wholly or partially by GRANTEE as part of or related to GRANTEE's retention by HELUNA HEALTH hereunder (including all intermediate and partial versions thereof) or the performance of the services hereunder or which existence GRANTEE may discover while retained by HELUNA HEALTH, including any software, platforms, all ideas, designs, marks, logos, and content relating thereto, whether or not subject to patent, copyright or trademark or other intellectual property protections including without limitation, any scripts, prototypes, other components (collectively the "Work Product"), shall be the sole property of HELUNA HEALTH upon its creation and (in the case of copyrightable works) upon its fixation in a tangible medium of expression.

GRANTEE hereby forever assigns to HELUNA HEALTH and State of California DHCS all right, title and interest in any Work Product designed and/or developed by GRANTEE or otherwise delivered to HELUNA HEALTH as part of or related to GRANTEE's retention with HELUNA HEALTH. The Work Product shall be the sole property of HELUNA HEALTH and DHCS and all copyrightable and patentable aspects of the Work Product are to be considered "works made for hire" within the meaning of the Copyright Act of 1976, as amended (the "Act"), of which HELUNA HEALTH and DHCS are to be the "author" within the meaning of such Act. All such copyrightable and patentable works, as well as all copies of such works in whatever medium fixed or embodied, shall be owned exclusively by HELUNA HEALTH and DHCS on their creation, and GRANTEE hereby expressly disclaims any interest in any of them. In the event (and to the extent) that any Work Product or any part or element of them, is found as a matter of law not to be a "Work Made For Hire" within the meaning of the Act, GRANTEE hereby assigns to HELUNA HEALTH and DHCS the sole and exclusive right, title and interest in and to all such works, and all copies of any of them, without further consideration, and, if such assignment is invalid, GRANTEE hereby grants HELUNA HEALTH and DHCS a non-exclusive, worldwide, perpetual, fully paid-up, irrevocable, right and license to use, reproduce, make, sell, perform and display (publicly or otherwise), and distribute, and modify and otherwise make derivative works of GRANTEE's Work Product and to authorize third parties to perform any or all of the foregoing on its behalf, including through multiple tiers of sublicenses. GRANTEE shall deliver all Work Product to HELUNA HEALTH free and clear of any and all claims, rights and encumbrances of third parties.

With HELUNA HEALTH's approval and at HELUNA HEALTH's expense, GRANTEE will execute such other documents of registration and recordation as may be necessary to perfect in HELUNA HEALTH, or protect, the rights assigned to HELUNA HEALTH hereunder in each country in which HELUNA HEALTH reasonably determines to be prudent. GRANTEE hereby grants HELUNA HEALTH and DHCS the exclusive right, and appoints HELUNA HEALTH as attorney-in-fact, to execute and prosecute in GRANTEE's name as author or inventor or in HELUNA HEALTH's name as assignee, any application for registration or recordation of any copyright, trademark, patent or other right in or to the Work Product, and to undertake any enforcement action with respect to any Work Product.

All rights to the Work Product assigned or granted to HELUNA HEALTH hereunder shall be subject to any rights of the Program under HELUNA HEALTH's agreement with the Program and any rights of the United States Federal Government under applicable laws and regulations.

12. **INDEMNITY.** GRANTEE hereby agrees to indemnify, hold harmless and defend HELUNA HEALTH, its board of trustees, officers, directors, agents, contractors and employees from any and all claims, causes of action, costs, demands, expenses (including attorney's fees and costs), losses, damages, injuries, and liabilities arising from (i) any accident, death, or injury whatsoever or however caused to any person or property arising out of the intentional action or negligence of GRANTEE (or its agents, subcontractors or employees), (ii) GRANTEE's (or its agents', subcontractors' or employees') violation of any federal, state or local law or regulation, (iii) the breach by GRANTEE (or its

agents, subcontractors or employees) of any of its representations, warranties or agreements under this Agreement or (iv) any claims that the Work Product, or any element thereof, infringes the intellectual, privacy or other rights of any party. This duty to indemnify and defend shall survive the termination of this agreement.

13. **RECORD RETENTION AND ACCESS TO RECORDS.** GRANTEE shall grant to HELUNA HEALTH, the Program and the U.S. Comptroller General and their respective authorized representatives upon demand, access to any books, documents, papers and records of GRANTEE relating to this Agreement or the services for audit, examination, excerpt and transcription. GRANTEE shall retain all such records for seven (7) years (or longer if required under HELUNA HEALTH's record retention policy, by the Program or by law, including under Circular A-110, Subpart C, Post-Award Requirements and FAR Subpart 4.7 Contractor Records Retention-4.703 Policy) after final payment is made under this Agreement and all pending matters are closed, unless extended by an audit, litigation, or other action involving the records, whichever is later.
14. **AMENDMENTS.** Amendments to this Agreement shall be in writing, signed by the party to be obligated by such amendment and attached to this Agreement.
15. **GOVERNING LAW; VENUE.** This Agreement shall be interpreted, construed and governed by, in accordance with and consistent with the laws of the State of California without giving effect to its conflicts of laws principals. The sole, exclusive and proper venue for any proceedings brought to interpret or enforce this Agreement or to obtain a declaration of the rights of the parties hereunder shall be Los Angeles County, California. Each of the parties hereto submits to the exclusive personal jurisdiction of the courts located in Los Angeles County, California and waives any defense of forum non conveniense.
16. **EQUITABLE RELIEF.** In light of the irreparable harm to HELUNA HEALTH that a breach by GRANTEE of Sections 9, 10 and 11 of these Terms and Conditions would cause, in addition to other remedies set forth in this Agreement and other relief for violations of this Agreement, HELUNA HEALTH shall be entitled to enjoin GRANTEE from any breach or threatened breach of such Sections, to the extent permitted by law and without bond.
17. **FAIR INTERPRETATION.** The language appearing in all parts of this Agreement shall be construed, in all cases, according to its fair meaning in the English language, and not strictly construed for or against any party hereto. This Agreement has been prepared jointly by the parties hereto after arm's length negotiations and any uncertainty or ambiguity contained in this Agreement, if any, shall not be interpreted or construed against any party, but according to its fair meaning applying the applicable rules of interpretation and construction of contracts.
18. **NO WAIVER.** No failure or delay by any party in exercising a right, power or remedy under the Agreement shall operate as a waiver of any such right or other right, power or remedy. No waiver of, or acquiescence in, any breach or default of any one or more of the terms, provisions or conditions contained in this Agreement shall be deemed to imply or constitute a waiver of any other or succeeding or repeated breach or default hereunder. The consent or approval by any party hereto to or of any act of the other party hereto requiring further consent or approval shall not be deemed to waive or render unnecessary any consent or approval to or of any subsequent similar acts.
19. **NOTICES.** Any notice given in connection with this agreement shall be in writing and shall be delivered either by hand to the party or by certified mail, return receipt requested, to the party at the party's address stated herein. Any party may change its address stated herein by giving notice of the change in accordance with this paragraph.
20. **REMEDIES NON-EXCLUSIVE.** Except where otherwise expressly set forth herein, all remedies provided by this Agreement shall be deemed to be cumulative and additional and not in lieu of or exclusive of each other or of any other remedy available to the respective parties at law or in equity.
21. **SEVERABILITY.** If any term, provision, condition or other portion of this Agreement is determined to be invalid, void or unenforceable by a forum of competent jurisdiction, the same shall not affect any other term, provision, condition or other portion hereof, and the remainder of this Agreement shall remain in full force and effect, as if such invalid, void or unenforceable term, provision, condition or other portion of this Agreement did not appear herein.
22. **NON-ASSIGNABILITY.** This agreement shall not be assigned, in whole or in part, by GRANTEE without the prior written approval and consent of HELUNA HEALTH.

EXHIBIT A
TO SUBAWARD AGREEMENT
SCOPE OF WORK (SOW)

As part of this agreement, the GRANTEE is required to submit an Implementation Plan which will be incorporated into this agreement once reviewed and finalized. The scope of the work below may be subject to change according to GRANTEE'S approved and finalized implementation plan.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 1 Month 2 Month 3	RICA & CPP Training	<ul style="list-style-type: none"> • Seek CPP Trainers and mentors • Begin CPP Learning Session 1 <ul style="list-style-type: none"> ◦ 3 days minimum training ◦ Participate in Core CPP Didactics. • Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> • Established Training participating protocols and procedures. • Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Established staff training team. • Recruitment of licensed mental health clinician • Develop improvements to physical space to support practice • Develop a contract with CPP Trainers and mentors • Ongoing participation in DHCS grant monitoring and technical assistance activities • RICA provides a coordinated system of care to increase early intervention • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to the best practices' manualized instructions. 	<ul style="list-style-type: none"> • Staff submit the CPP Training Agreement form • Onboarding staff • Agreements with partners participating in CPP training • Capital improvement plan • Deliver trauma-informed care using CPP fidelity in a culturally relevant and responsive approach to implementation with populations of focus (ages 0-6) in RICA • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. • Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed.
	F5SB	<ul style="list-style-type: none"> • Develop a contract with RICA • Monthly contract monitoring • Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection, and 	<ul style="list-style-type: none"> • Commission contract approval for RICA • Obtain service agreement/contract with CPP Trainers and mentors

		submission, and participation in evaluation activities	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.
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Revised Timeline	Activity		Deliverables
Grant Cycle: Month 4 Month 5 Month 6	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions(e.g., monthly learning collaborative sessions) to ensure adherence to the best practices manualized instructions. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Deliver trauma-informed care using CPP fidelity in a culturally relevant and responsive approach to implementation with populations of focus (ages 0-6) in RICA Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed Capital improvement plan approval.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 7 Month 8 Month 9	RICA & CPP Training	<ul style="list-style-type: none"> • Ongoing CPP 6 months consultation calls. • Learning Session 2 <ul style="list-style-type: none"> ○ 2 days minimum ○ Competency building ○ Case-based ○ Participant-driven 	<ul style="list-style-type: none"> • Staff progress in ongoing CPP training • Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Ongoing participation in DHCS grant monitoring and technical assistance activities • Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to the best practices manualized instructions. • Develop and implement outreach strategies • Hold informational sessions regarding the clinical services • Develop protocols for managing risk 	<ul style="list-style-type: none"> • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Community outreach and engagement with Child Welfare, the Juvenile Justice system, community agencies, and Law Enforcement to refer children for services to build knowledge of trauma-informed support and communication for parents, caregivers, and individuals close to children and youth while increasing the capacity of child-serving service systems • Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed • Marketing items, social media, and email distributions, in-person informational sessions about services • Referral process, mandated reporting, escalating concerns to LE or CPS.

			<ul style="list-style-type: none">• Capital improvement plan implementation.
	F5SB	<ul style="list-style-type: none">• Monthly contract monitoring• Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities.	<ul style="list-style-type: none">• Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 10 Month 11 Month 12	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. <p>Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices.</p> <ul style="list-style-type: none"> Hold informational sessions regarding the clinical services and marketing outreach 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed Marketing items, social media, email distributions, in-person informational sessions about services, and referral process.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 13 Month 14 Month 15	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. Learning Session 3 <ul style="list-style-type: none"> 2 days minimum Competency building Case-based Participant-driven 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls Completion of CPP Training

RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Ongoing participation in DHCS grant monitoring and technical assistance activities • Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. • Hold informational sessions regarding clinical services and marketing outreach 	<ul style="list-style-type: none"> • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. • Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed • Marketing items, social media, email distributions, in-person informational sessions about services, and referral process.
F5SB	<ul style="list-style-type: none"> • Monthly contract monitoring • Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and • submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> • Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 16 Month 17 Month 18	RICA & Ongoing CPP Learning Collaboratives	<ul style="list-style-type: none"> Ongoing CPP learning collaboratives and reflective supervision 	<ul style="list-style-type: none"> Staff progress in ongoing CPP learning collaboratives and reflective supervision
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed Continue marketing items, social media, email distributions, and in- person informational sessions about services and the referral process.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 19 Month 20 Month 21	RICA & CPP Training	<ul style="list-style-type: none"> Engage in CPP Agency Mentorship Program (C.A.M.P) 	<ul style="list-style-type: none"> Staff progress in ongoing CAMP and placed on CPP roster
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed Continue marketing items, social media, and email distributions, in- person informational sessions about services and referral process Completion of the capital improvement mental health office space “open house”
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 22 Month 23 Month 24	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP learning collaboratives and reflective supervision 	<ul style="list-style-type: none"> Staff progress in ongoing CAMP and placed on CPP roster
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Meet with community partners to discuss the future development of the CPP program throughout various regions of San Bernardino and Riverside Counties. Explore train-the-trainer opportunities 	<ul style="list-style-type: none"> Continue marketing items, social media, and email distributions, in- person informational sessions about services and referral process Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

EXHIBIT B
TO SUBAWARD AGREEMENT
BUDGET

APPLICANT INSTRUCTIONS

To complete this application, review the Eligible Expenditures, Section 2.3 of the Request For Application, for guidance and provide responses in the yellow highlighted cells below with as much accurate detail as possible. To add rows as needed, unprotect the sheet by right-clicking on the respective sheet tab at the bottom and selecting "unprotect." Provide an estimated budget based on your understanding of the scope of your project. The budget total should equal the grant amount you are proposing for and be itemized by specific resource (e.g., staff salaries by level, supplies, etc.) tying back to key deliverables or other program goals mentioned in the Section 3.2.F. The budget should include expenditures over a two-year period maximum. Save as a PDF prior to uploading to the SurveyMonkey.

Final budget and payment schedule will be determined in tandem with the applicant and DHCS or its designee (i.e., TPA). DHCS, or its designee, will provide interval payments based on delivery of standard deliverables.

EBP/CDEP ROUND 2 APPLICANT INFORMATION

Applicant / Entity Legal Name:	First 5 San Bernardino
Contact Information (Email & Phone):	Wendy Lee, Psy.D. wendy.lee@cfc.sbcounty.gov (909) 252-4254
County or Tribal Nation:	San Bernardino County
Name of Practice Model:	The Child-Parent Psychotherapy (CPP)

EBP/CDEP ROUND 2 GRANT BUDGET INFORMATION: IMPLEMENTATION START-UP
(Revised Budget)

Expenditure Categories	Please provide a detail description of the cost associated with each category	Total Proposed Costs (Funded by Grant)
Equipment and capital improvements	Remodel space dedicated to mental health services and it to make 10 office spaces and 6 therapeutic rooms specific for mental health clinicians. Family-friendly & age-appropriate types of furniture.	\$78,750.00

Program materials (e.g., manual)	Training and program manuals (4 required books for CPP)	\$10,000.00
Planning costs	RICA operations manager will oversee the planning and implementation of this grant project over 15 months of the grant cycle.	\$18,750.00

Specialized training	Disability training, Cultural competence, Anti-racism, DEI training, etc.	\$10,000.00
Staffing (benefits must be included on listed salary)	One full-time licensed clinician dedicated to this project for 15 months of the grant cycle (Salary + benefit)	\$187,500.00
Supplies	Age-appropriate toys and materials.	\$2,000.00
Technology	Expand the electronic health records system (EPIC) to the new dedicated mental health treatment facility. Computers, communication/telephone, and printers for network integration.	\$20,000.00
Technical assistance	LLU's two licensed clinicians provide consultation, support, ongoing peer review, feedback, and supervision between the specific CPP training support (6 hours/week over the grant cycle).	\$48,000.00
Training costs	18 months CPP Learning Collaborative, plus 6 months, totaling 2-year training costs. (A budget period of 2 years allows for prep time and wrap-up. Many systems might want additional calls (after the 18-month period) to support participants in completing calls if they had a leave of absence (e.g., due to illness or pregnancy) during the training period.)	\$150,000.00
Travel (If applicable)	N/A	

Other costs (Please provide details in the next column)	Expected total number of clinicians trained in CPP is 15. RICA will serve as the lead agency and MOU with LLU School of Social Work staff and students to take part in the CPP training.	\$150,000.00
Administrative Costs	F5SB 10% managing grant funding and reporting	\$75,000.00
TOTAL PROJECT COSTS		\$750,000.00

EXHIBIT B
TO SUBAWARD AGREEMENT
BUDGET & PAYMENT SCHEDULE

Deliverable Description	
1.	Tracking log – status of “Subgrantee Terms & Conditions” completion – up to 10% of total funds for round grant round
2.	Tracking log – status of “Subgrantee Detailed Implementation Plans” completion – up to 50% of total funds awarded for grant round
3.	Tracking log – status of “Subgrantee Interim Progress Report #1 and Data Reports” completion – up to 15% of total funds awarded for grant round
4.	Tracking log – status of “Subgrantee Interim Progress Report #2 and Data Reports” completion – up to 15% of total funds awarded for grant round
5.	Tracking log - status of “Subgrantee Final Progress Report (#3) and Data Reports” completion – up to 10% of total funds awarded for grant round

*DHCS or the TPA, as appropriate, may recoup funds in cases where GRANTEES fail to timely complete program deliverables.

EXHIBIT C
TO SUBAWARD AGREEMENT
FORM OF INVOICE

1. Invoicing and Payment

- A. For completion of high-quality deliverables in accordance with the Subaward terms, and upon receipt and approval of the invoices, HELUNA HEALTH agrees to compensate GRANTEE for actual deliverables completed in accordance with Exhibit B.
- B. Invoices shall include the Agreement Number and shall be submitted not more frequently than monthly in arrears to:

<https://wkf.ms/41we4FV>

HELUNA HEALTH, at its discretion, may designate an alternate invoice submission address. A change in the invoice address shall be accomplished via a written notice to the GRANTEE by HELUNA HEALTH and shall not require an amendment to this Agreement.

C. Invoices must:

- 1) Be prepared on Subaward GRANTEE letterhead. If invoices are not on produced letterhead, invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represents actual expenses for the service performed under this Agreement.
- 2) Bear the Subaward GRANTEE's name as shown on the Agreement.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize reimbursement for deliverables completed during for the billing period in the same or greater level of detail as indicated in this Agreement. Subject to the terms of this Agreement, reimbursement may only be sought for those deliverables expressly identified in this Agreement and approved by HELUNA HEALTH.

D. Rates Payable

GRANTEE will be reimbursed for services satisfactorily performed based on the billing schedule as shown in Exhibit B.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, DHCS, CIBHS, or HELUNA HEALTH shall have no liability to pay any funds whatsoever to Subaward GRANTEE or to furnish any other considerations under this Agreement and Subaward GRANTEE shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, HELUNA HEALTH shall have the option to either cancel this Agreement with no liability occurring to DHCS, CIBHS, or HELUNA HEALTH, or offer an agreement amendment to Subaward GRANTEE to reflect the reduced amount.

3. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than thirty (30) calendar days following the expiration or termination date of this Contract, unless a later or alternate deadline is agreed to in writing by the Program Contract Manager. Said invoice should be clearly marked "Final Invoice", thus indicating that all payment obligations of DHCS under this Contract have ceased and that no further payments are due or outstanding.
- B. HELUNA HEALTH may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written HELUNA HEALTH approval of an alternate final invoice submission deadline. Written HELUNA HEALTH approval shall be sought from the Program Contract Manager prior to the expiration or termination date of this Contract.

EXHIBIT D
TO SUBAWARD AGREEMENT
FLOW DOWN PROVISIONS
DHCS TERMS AND CONDITIONS

I. Use of Funding

- a. **EBP/CDEP grant implementation planning:** All awardees will be expected to complete a standardized implementation plan which will identify how funding will be used and the timelines associated.
- b. **Program guidance and conditions.** All awardees must follow all terms, conditions, and guidelines provided in the most recently updated EBP guidance, as published by DHCS, and in the below Terms and Conditions.
- c. **Standard funding restrictions.** A portion of this funding may be used toward implementation planning, with any remaining funding being directed toward program implementation.
- d. **Applicable additional policies.** All awardees must comply with any federal and/or state policies as a condition of funding.
- e. **Changes and modifications.** All edits to documents submitted by awardees (e.g., implementation plans) will need to be shared in writing and are subject to CIBHS, HELUNA HEALTH & DHCS approval.

II. Role of Third-Party Administrators

- a. **Awardees' acknowledgement.** CIBHS and HELUNA HEALTH is the sole third-party administrator on behalf of DHCS and not liable or responsible for DHCS decisions or actions.
- b. **Expected relationship between awardees and TPA.** The TPA will play a critical role throughout the grant period on behalf of DHCS (e.g., Project Management Office, administrative and collaborative learning TTA, implementor of the TPA technical support to under-resourced applicants).

III. Additional DHCS Terms and Conditions, explaining elements such as (*non-exhaustive*)

- a. **Funding received will not duplicate nor supplant** any existing funding sources, initiatives, or programs by other federal, state, or local funding sources.
- b. **Modifications to payment dates or amounts** will be at the discretion of DHCS and with formal written notice.

- c. **DHCS or TPA may audit or inquire into awardee actions** regarding receipt and use of grant funds at any time and detail the timelines (e.g., “awardee must respond to inquiries, communications, and reasonable requests for information or documentation from DHCS or the TPA within two (2) business days of receipt and must provide any requested information within five (5) business days unless an alternative timeline is approved by DHCS”).
- d. **Awardee alert and fund return** may occur if circumstances prevent it from carrying out any of the aforementioned activities and may be required to return unused funds to DHCS through TPA.
- e. **Awardee’s authorized representative** may need to provide a point of authority contact to speak and act on behalf of the awardee and contact information will be collected in this section.
- f. **Awardee record and documentation** will ensure that all documentation used to support and detail expenditures will be retained for no less than ten (10) years beyond the date of final payment and will make sure records available for complete inspection by DHCS upon request.
- g. **DHCS has rights to reports and data** associated with the activities pursuant to this grant, except as restricted by applicable law.
- h. **Delivery of models will need to have culturally competent care** ensuring responsive approach to implementation with priority populations not limited to additional training or collaborative learning sessions.
- i. **Awardee will not discriminate** any class of individuals protected from discrimination under state or federal law in any aspect in the conduct of any activity funded by DHCS.
- j. **Disputes and indemnification** will outline the right to and use of appropriate legal counsel in the case of legal issues arising.
- k. **Disclaimer** stating that the funds and services are available on an “as-is and as-available basis” and that awardees use funds at their own risk.
- l. **Verification of background and financial verification** outlining the steps necessary to ensure GRANTEE eligibility and due diligence.

IV. Auditing and Recoupment. DHCS or the TPA, as appropriate, may:

- a. **Perform audits of EBP/CDEP program funding disbursements** and any corrective actions necessary and associated plans.
- b. **Outline the process if funds are underspent during the project period** with final progress reports and outlines of acceptable scenarios with next steps (e.g., rollover funds, return unused funds, or audit and recoupment of unused funds).
- c. **Recoup funds in cases where there is:**

- i. Identified fraud, waste, or abuse.
- ii. Funding spent on impermissible use of funds.
- iii. Identification that funding received by the entity may be duplicative with other funding sources. [Error! Bookmark not defined.](#)
- iv. Identification that an awardee becomes ineligible to provide services.
- v. Evidence that an awardee uses funding on an item or activity that was not approved in their implementation plan.
- vi. Evidence that awardee deviates significantly (as determined by DHCS in coordination with TPA) in how funding was applied to various approved funding uses relative to what is in the original budget template.
- vii. Identification that awardees did not spend all the funds received and will not voluntarily return unused funds.

EXHIBIT E
TO SUBAWARD AGREEMENT
INSURANCE REQUIREMENTS

GRANTEE shall, at GRANTEE'S cost and expense, maintain in full force and effect for the entire term of this Agreement the following types of insurance:

Commercial General Liability Insurance. GRANTEE shall procure and maintain Commercial General Liability insurance written on an occurrence basis with listed limits of at least \$1,000,000 per occurrence for bodily and property damage and at least \$2,000,000 products/completed operations with a \$2,000,000 general aggregate limit. GRANTEE shall not provide general liability insurance under any Claims Made General Liability form and will require CIBHS's approval if GRANTEE'S General Liability policy contains a deductible greater than \$25,000. The General Liability Insurance policy must expressly cover, without limitation, all liability to third parties arising out of or related to GRANTEE'S services or other activities associated with this Agreement, including, without limitation, liabilities arising out of premises, operations, independent contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured.

Additional Insureds added to General Liability Policy. The State of California, CIBHS, Heluna Health and their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, governing boards, servants and employees shall be added as Insureds ("Additional Insureds") under each commercial general liability policy identified in the preceding paragraph above. Furthermore, the policy shall apply as primary insurance and that any other insurance coverage carried by or otherwise available to an "Additional Insured" will be excess only and will not contribute with this insurance.

Workers Compensation Insurance. GRANTEE shall procure and maintain Workers Compensation Insurance with minimum limits of \$1,000,000 each for bodily injury by accident (per accident per person), bodily injury by disease (policy limit) and bodily injury by disease (each employee). GRANTEE must maintain such a policy and provide CIBHS with a certificate of insurance that includes a waiver of subrogation endorsement.

Automobile Insurance. GRANTEE shall procure and maintain Automobile Liability Insurance, including liability for all owned, hired and non-owned vehicles, with minimum limits of \$1,000,000 single limit per occurrence for bodily and property damage combined; such coverage must be for (A) "any auto" or (B) "all owned autos, hired autos and non-owned autos". Furthermore, in the event that ten or more passengers are to be transported in any one such motor vehicle, the operator will also hold a State of California Class B driver's license and the GRANTEE must possess automobile liability insurance in the amount of \$5,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle reimbursed with grant funds made available under this Agreement. Such insurance shall cover liability arising out of a motor vehicle including owned, hired and non-owned vehicles. GRANTEE agrees to include an Additional Insured Endorsement naming the State of California, CIBHS, Heluna Health and their

respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, governing boards, servants and employees as additional insureds. GRANTEE will, as soon as practicable, furnish a copy of the certificate of insurance to CIBHS. The certificate of insurance will identify CIBHS Agreement number referenced on the signature page hereto. GRANTEE will provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued covered for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.

Pollution Liability. (Applicable only when services involve the handling of toxic or hazardous substances.) GRANTEE shall maintain Pollution Liability insurance covering the liability for bodily injury, property damage and environmental damage resulting from pollution and related cleanup costs incurred, all arising out of the work or services performed under this Agreement. Coverage shall be provided for both work performed on-site, as well as during the transport of hazardous materials. Limits of not less than \$1,000,000 shall be provided.

General Insurance Provisions. GRANTEE will provide evidence of such Insurance to HELUNA HEALTH within five (5) business days after the Effective Date. The Certificate of Insurance must include the name of the project. GRANTEE agrees to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage on an annual basis. GRANTEE'S general liability, auto liability and Professional insurance must be issued by responsible insurance companies. Upon failure of GRANTEE to furnish, deliver and maintain such insurance as above provided, this Agreement, at the election of HELUNA HEALTH, may be suspended, discontinued or terminated. Failure of GRANTEE to purchase and/or maintain any required insurance shall not relieve GRANTEE from any liability or indemnification under the Agreement.

EXHIBIT F
TO SUBAWARD AGREEMENT
DHCS IMPLEMENTATION AND REPORTING GUIDANCE FOR GRANTEES

Overview of implementation planning and reporting requirements

Implementation Planning requirements

The Implementation Plan will provide an opportunity for subaward GRANTEEs to detail their proposal for how EBP/CDEP grant program funding will be deployed to scale their selected EBP. Additionally, it will enable GRANTEEs to establish clear programmatic goals and objectives, identify specific project tasks and activities and define organizational capacity, and required resources. GRANTEEs will also have the opportunity to outline potential risks and mitigation strategies prior to implementation.

The template for the Implementation Plan, with relevant sections and more detailed guidance, will be made available to subaward GRANTEEs. Upon completion of Subgrantee terms and conditions, [10]% of the allocated funding will be made available to support GRANTEEs in developing their Implementation Plans. GRANTEEs may utilize all or part of this funding toward implementation planning, with any remaining funding being directed toward program implementation.

After the Implementation Plan is submitted, DHCS or its designated third-party administrator will review and provide feedback to GRANTEEs. Implementation Plans may require revision prior to DHCS's final approval. Once the Implementation Plan is approved, an additional [50]% of the allocated funding will be disbursed to each GRANTEE.

Data Reporting requirements

According to the Child and Youth Behavioral Health Initiative (CYBHI) statute (Welfare & Institutions Code 5961.5)¹, "as a condition of funding, grant recipients shall share standardized data, in a manner and form determined by the department." In accordance with this statutory requirement, DHCS intends to collect performance data from each GRANTEE through a series of progress reports that will enable GRANTEEs to share metrics on their progress against programmatic goals and objectives. In order to prepare for submitting these progress reports, a CYBHI data platform solution will be provided to GRANTEEs to facilitate the successful collection and reporting of outcomes and client characteristics data. As part of the implementation plan, each GRANTEE will develop a plan for submittal of data. This will include two options for data submittal: 1) direct data entry into the CYBHI data platform, and 2) routine upload of data to the CYBHI data platform. A GRANTEE may decide to use both options depending on the data to be submitted (i.e., uploading client characteristics data and entering assessment tool data directly

into the platform). The data metrics required will be provided to GRANTEES prior to completion of the implementation plan and will also be reviewed in the Data Collection and Reporting - Collaborative Learning Sessions.

GRANTEES will be asked to provide individual client-level data. This does not include identifying information such as name, date of birth, address, phone number, etc. If requested, GRANTEES may submit aggregate data counts for some or all of the data elements in lieu of client-level data. DHCS's approval of these reports will be tied to disbursement of grant awards, with preliminary information shared below:

First interim subgrantee progress report² to be submitted by GRANTEES by 07/10/2024. Upon approval, an additional 15% of funding will be dispersed to the GRANTEES.

Second interim subgrantee progress report² to be submitted by GRANTEES by 01/10/2025. Upon approval, an additional 15% of funding will be dispersed to the GRANTEES.

Third and Final interim progress report² to be submitted by GRANTEES by 05/31/2025.

Implementation closure report to be submitted by GRANTEES at the conclusion of the implementation period, documenting the overall program outcomes and their complete use of funds. GRANTEES will also be asked to report their plans to sustain and amplify the impact achieved, including reimbursement strategies and alternative sources of funding.

General guidelines and instructions

The Implementation Plan may be completed in collaboration with additional stakeholders (e.g., partner organizations, sub-recipients), as appropriate. Subaward GRANTEES receiving funding for the Integrated track should plan to submit a single Implementation Plan.

Subaward GRANTEES planning to scale an EBP at multiple sites should detail their overall activities as well as site-specific activities in a single overarching Implementation Plan. GRANTEES proposing to distribute awarded grant funding to sub-recipients in the Implementation Plan will be asked to provide detail on each sub-recipient, e.g., defining tasks and activities that will support scaling for each sub-recipient.

Preparing to complete the Implementation Plan

The Implementation Plan template will ask subaward GRANTEEs to provide detailed information about their approach to scaling their selected EBP/CDEP, including but not limited to the following:

Current and planned scale of operations and services

GRANTEEs will be asked about the following:

- Geographical scale of program delivery, e.g., counties where services are currently being offered and additional counties where grant-supported services may be offered.

Operationalization, including activities and staffing

Information requested from GRANTEEs will include:

- Planned activities and project tasks, including the organizations' approach to define site-specific goals and objectives, as well as timelines and milestones for activities.
- Anticipated staffing needs and plans, such as the appointment of a project manager and their role in overseeing implementation, recruitment and training of administrative staff and providers, and creation of a diverse interdisciplinary team.
- Potential risks that may impact the success of the program, including GRANTEES' plans to proactively assess and mitigate these risks, e.g., reimbursement challenges, provider shortages, organizational issues.

Sustainability outlook for the program

Subaward GRANTEEs will be asked to describe their intent and plans for ensuring sustainable program delivery, recognizing that the EBP/CDEP grant is a one-time source of funding. Examples may include descriptions of leadership responsibilities in overseeing operational sustainability, strategies for developing payer affiliations and contracting arrangements, and pathways to secure alternative sources of funding.

Budget template

Subaward GRANTEEs will be asked to provide a revised budget, based on the award size and scope of activities planned. This budget total should equal the award amount allocated by DHCS and must be itemized by specific resources required for each activity (e.g., training costs, staff salaries by level).

Program goals and measurable objectives

Information requested from the subaward GRANTEEs will include:

- Anticipated outcomes, such as how the proposed intervention will lead to specific outcomes, and how the outcomes themselves will be determined and measured.
- Specific and measurable quarterly targets and goals across performance metrics (Please see Appendix: Potential Metrics to measure), including explanations of how achievement of these goals will translate into meaningful impact for the population(s) of focus. For example, GRANTEEs will be asked to estimate the number of additional parents/caregivers who will receive services that would otherwise not have been available in the absence of CYBHI grant funding.
- Feasibility of established targets, especially in terms of GRANTEEs playing a proactive role in setting context-specific targets and objectives. For example, if a GRANTEE proposes to scale an EBP across 5 sites simultaneously, it would be pertinent to detail how program fidelity will be monitored across these locations.

Preparing for data reporting

Within the Implementation Plan, GRANTEEs will be asked to provide detail on topics including:

- Performance indicators for evaluating progress toward stated programmatic goals (including data reporting cadence and timelines as well as internal performance assessments for evaluating program administration).
- Data collection instruments and processes, including staff responsibilities and oversight for these processes.
- Quality improvement protocols (e.g., proposed periodic review process).

Support and available resources

Technical assistance provided through collaborative learning sessions will be mandatory for all GRANTEEs. These required sessions will address implementation support, equity framework, and data collection and reporting. Additional training, office hours, webinars, and individual assistance will be provided as needed by DHCS's designated TPA.

When needed, operational and technical assistance with data collection and reporting will also be available. In addition to this support, GRANTEEs are highly encouraged to seek program-specific guidance on best practices in data collection and performance assessment from the relevant EBP/CDEP training authority (e.g., Incredible Years training program[1], Healthy Steps Network[2]).

In addition to feedback from DHCS and its designated TPA, it may be beneficial for select GRANTEEs (e.g., those receiving start-up track funding) to obtain additional input

from an impartial external party (e.g., researcher or educator in the field) to “pressure test” data collection and reporting assumptions and plans, in advance of the implementation and data reporting schedule.

^[1] [Incredible Years training program](#)

^[2] [Healthy Steps Network](#)

Potential metrics to be included:

Subaward GRANTEE may be requested to outline their plan for reporting the following metrics for programmatic assessment, noting that applicable metrics and reporting cadence will vary by grant track (start-up vs. operational expansion); more detailed track-specific guidance will be shared by DHCS.

Metrics potentially measurable in the shorter-term (3-6 months) and beyond

1. **“Systems impact”** of the program on the GRANTEE organization:^[2]
 - a. **Provider training** (e.g., number of trainings completed, number of providers trained and certified to deliver a program or practice)
 - b. **Service utilization** (e.g., number of individuals/families serviced, average participation duration, program completion rates, number of children receiving well-child visits, number of children receiving behavioral-developmental health screenings)
 - c. **Operational growth** (e.g., number of new sites, expansion of existing facilities, counties reached)
 - d. **Experience measures** (e.g., behavioral health provider satisfaction ratings; experience scores from site/program administrators)
2. **“Community impact”** on populations served:⁷
 - a. **Equity measures** (e.g., number of new children/ parents/ caregivers/ families engaged in services for populations of focus) – with detail on demographics of those serviced.
 - b. **Community support measures** (e.g., number and level of supports available for positive parenting, level of parental and child/ adolescent trust in community-based organizations)
3. **“Financial impact”** of the program:⁸
 - a. **Quarterly and annual budgets and associated expense reports** (e.g., equipment and capital improvement costs, planning costs, training costs)
 - b. **Return on investment** (e.g., HealthySteps Return on Investment calculations)^[1]

Metrics potentially measurable in the longer-term (6-12 months) and beyond

1. **“Individual impact”** on families (parents/caregivers and children):^[4]
 - a. **Clinical impact on children** (e.g., frequency of emotional and behavioral challenges, disruptive and positive behaviors, Adverse Childhood Experiences)

- b. **Clinical impact on parents** (e.g., measures of parental stress/anxiety and wellbeing, parental understanding of child development, use of positive parenting practices, parental mental health literacy, parental depression)
- c. **School-related measures** (e.g., rates of absenteeism, childcare/ preschool suspensions and expulsions)
- d. **Care continuity** (e.g., proportion of beneficiaries who remain engaged with the organization)

^[1] Outputs from the Think Tank and Work Group discussions and follow up activities in 2022

^[2] [Round 1 Request for Applications \(RFA\)](#)

^[3] [HealthySteps Return on Investment Calculator](#)

^[4] [Round 1 Request for Applications \(RFA\)](#)

^[5] Outputs from the Think Tank and Work Group discussions and follow up activities in 2022

^[6] [Round 1 Request for Applications \(RFA\)](#)

^[7] [HealthySteps Return on Investment Calculator](#)

^[8] [Round 1 Request for Applications \(RFA\)](#)

EXHIBIT G
TO SUBAWARD AGREEMENT
DHCS EQUITY EVALUATION REQUIREMENT

Equity Evaluation Requirement for The Children and Youth Behavioral Health Initiative (CYBHI)

Every participating subaward grantee is required to conduct an evaluation of the organization's efforts toward the provision of accessible services with an Anti-Racism, Diversity, Equity, and Inclusion perspective. Evidence-based practices (EBPs) and Community-Defined evidence practices (CDEPs) can serve to advance equitable behavioral health access, quality, and outcomes. However, EBPs and CDEPs do not take place in a silo. They must be integrated into organizational culture, practices, policies, and programs. Their impact on equity is maximized if integrated into an organization actively working toward becoming an antiracist organization that prioritizes behavioral health equity.

Tool for EBP Implementation Readiness

All grantees whose programs are housed within a behavioral health organization are strongly encouraged to adopt the Self-Assessment for Modification of Anti-Racism Tool (SMART) as the standard to meet the project evaluation requirement.

Grantees that are not behavioral health organizations, such as schools, hospitals, other primary care settings, that wish to use another equity assessment tool must submit a description of tool, rationale, process and criteria for consideration as a component of the Implementation Plan referenced in Exhibit F. The requirement also applies to grantees who have recently completed an equity organizational assessment using a tool other than the SMART. Approval of an alternate evaluation tool will be approved on a case-by-case basis.

Grantees using or intending to use an assessment tool other than SMART, must submit a copy of the tool along with the following information:

- **Rationale:** Brief description of tool and reason, principles and intention used in selecting alternate assessment tool. Please also include information if an alternate selection is part of an existing larger county or institutional process and provide implementation timeframe.
- **Process:** Provide a brief outline of the assessment tool implementation process including outline of organizational domains to be assessed. Please also include descriptions of the steps required for tool implementation, process for data collection, analysis and reporting, sustainability plan and integration commitments and commitment to policy development in response to assessment results and learning.
- **Criteria:** Provide benchmark/baseline data, relevant areas of assessment, and what resources your organization will dedicate to complete the assessment.

Please submit your evaluation and related documents via the link you will receive from CIBHS/Heluna Health.

EXHIBIT H

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement"), effective date of execution of this agreement, is entered into by and between Public Health Foundation Enterprises, Inc. DBA Heluna Health and ("HELUNA HEALTH" or "Business Associate") and GRANTEE ("Sub-Business Associate") in association with Sub-grantee agreement under the California Youth Behavioral Health Initiative (CYBHI) with California Institute for Behavioral Health Solutions (CIBHS).

Whereas, Business Associate provides services under a Business Associate Agreement(s) for or on behalf of one or more Covered Entities and, in connection with those services, a Covered Entity may need to disclose to Business Associate, or Business Associate may need to receive, have access to, or create Protected Health Information (as defined below) that is subject to protection under the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), and regulations promulgated thereunder, including the Standards for Privacy of Individually Identifiable Health Information ("Privacy Regulations"), the Health Insurance Reform: Security Standards ("Security Regulations") at 45 Code of Federal Regulations (C.F.R.) Parts 160, 162, and 164 and The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, as amended (together, the "Privacy and Security Regulations").

Whereas, HELUNA HEALTH is in partnership with Sub-Business Associate pursuant to a Collaborative Practice Agreement and, in connection with those services, HELUNA HEALTH may need to disclose to Sub-Business Associate or Sub-Business Associate may need to receive, have access to, or create Protected Health Information that is subject to protection under HELUNA HEALTH's Business Agreement with one or more Covered Entities and Privacy and Security Regulations.

Whereas, the Privacy and Security Regulations require HELUNA HEALTH to ensure that any agent, including a Sub-Business Associate, to whom it provides Protected Health Information agrees to implement reasonable and appropriate safeguards to protect the Protected Health Information, and, as part of meeting such requirement, HELUNA HEALTH requires each of its agents and Sub-Business Associates that receive Protected Health Information from HELUNA HEALTH, or create Protected Health Information for HELUNA HEALTH, on behalf of a Covered Entity, to execute this Agreement obligating the agent or Sub-Business Associate to comply with the same restrictions and conditions that apply throughout the Business Associate Agreement to HELUNA HEALTH with respect to such Protected Health Information.

Whereas, pursuant to the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("HITECH Act"), effective February 17, 2010, certain provisions of the HIPAA Privacy and Security Regulations apply to Business Associates and their Sub-Business Associates in the same manner as they apply to a Covered Entity and such provisions must be incorporated into the Business Associate Agreement and Sub-Business Associate Business Associate Agreement, respectively.

This Agreement and the following provisions are intended to protect the privacy and provide for the security of Protected Health Information disclosed to or used by

Sub-Business Associate in compliance with HIPAA's Privacy and Security Regulations and the HITECH Act, as they now exist or may hereafter be amended.

Therefore, the parties agree as follows:

DEFINITIONS

- 1.1 "Breach" has the same meaning as the term "breach" in 45 C.F.R. § 164.402.
- 1.2 "Disclose" and "Disclosure" mean, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Sub-Business Associate's internal operations or to other than its employees.
- 1.3 "Electronic Health Record" has the same meaning as the term "electronic health record" in the HITECH Act, 42 U.S.C. section 17921. Electronic Health Record includes an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.
- 1.4 "Electronic Media" has the same meaning as the term "electronic media" in 45 C.F.R. § 160.103. Electronic Media includes (1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission. The term "Electronic Media" draws no distinction between internal and external data, at rest (that is, in storage) as well as during transmission.
- 1.5 "Electronic Protected Health Information" has the same meaning as the term "electronic protected health information" in 45 C.F.R. § 160.103. Electronic Protected Health Information includes Protected Health Information that is (i) transmitted by Electronic Media; (ii) maintained in Electronic Media.
- 1.6 "Individual" means the person who is the subject of Protected Health Information and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- 1.7 "Minimum Necessary" refers to the minimum necessary standard in 45 C.F.R. § 162.502(b) as in effect or as amended.
- 1.8 "Privacy Rule" means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160, 162, and 164, also referred to as the Privacy Regulations.
- 1.9 "Protected Health Information" has the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to the information created or received by Sub-Business Associate from or on behalf of HELUNA HEALTH. Protected Health Information includes information that (i) relates to the past, present or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present

or future payment for the provision of health care to an Individual;
(ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is received by Sub- Business Associate from or on behalf of HELUNA HEALTH, or is created by Sub-Business Associate, or is made accessible to Sub-Business Associate by HELUNA HEALTH. "Protected Health Information" includes Electronic Health Information.

- 1.10 "Required By Law" means a mandate contained in law that compels an entity to make a Use or Disclosure of Protected Health Information and that is enforceable in a court of law. Required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or any administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing benefits.
- 1.11 "Security Incident" means the attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information in, or interference with system operations of, an Information System which contains Electronic Protected Health Information. However, Security Incident does not include attempts to access an Information System when those attempts are not reasonably considered by Business Associate to constitute an actual threat to the Information System.
- 1.12 "Security Rule" means the Security Standards for the Protection of Electronic Health Information also referred to as the Security Regulations at 45 C.F.R. Parts 160, 162, and 164.
- 1.13 This section 1.13 is intentionally omitted.

1.14 "Unsecured Protected Health Information" has the same meaning as the term "unsecured protected health information" in 45 C.F.R. § 164.402.

1.15 "Use" or "Uses" mean, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such Information within Sub-Business Associate's internal operations.

1.16 Terms used, but not otherwise defined in this Agreement shall have the same meaning as those terms in the HIPAA Regulations and HITECH Act.

OBLIGATIONS OF SUB-BUSINESS ASSOCIATE

2.1 Permitted Uses and Disclosures of Protected Health Information. Sub-Business Associate:

- (a) shall Use and Disclose Protected Health Information only as necessary to perform the services, and as otherwise provided in this Agreement;
- (b) shall Disclose Protected Health Information to Business Associate or Covered Entity upon request;
- (c) may, as necessary for the proper management and administration of its business or to carry out its legal responsibilities:
 - (i) Use and Disclose Protected Health Information; and
 - (ii) Disclose Protected Health Information if the Disclosure is Required by Law;
- (d) may Use or Disclose Protected Health Information to provide data aggregation services to Business Associate, except as otherwise limited in this Agreement.

Sub-Business Associate shall not Use or Disclose Protected Health Information for any other purpose or in any manner that would constitute a violation of the Privacy Regulations or the HITECH Act if so Used or Disclosed by Business Associate.

2.2 Prohibited Uses and Disclosures of Protected Health Information. Sub-Business

Associate: (a) shall not Use or Disclose Protected Health Information for fundraising or marketing purposes.

(b) shall not disclose Protected Health Information to a health plan for payment

or health care operations purposes if the Individual has requested this special restriction and has paid out of pocket in full for the health care item or service to which the Protected Health Information solely relates.

- (c) shall not directly or indirectly receive payment in exchange for Protected Health Information, except with the prior written consent of HELUNA HEALTH and as permitted by the HITECH Act. This prohibition shall not affect payment by HELUNA HEALTH to Sub-Business Associate.

2.3 Adequate Safeguards for Protected Health Information. Sub-Business Associate:

- (a) shall implement and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information in any manner other than as permitted by this Agreement. Sub-Business Associate agrees to limit the Use and Disclosure of Protected Health Information to the Minimum Necessary in accordance with the Privacy Regulations' minimum necessary standard as in effect or as amended, or to a limited data set as defined by 45 C.F.R. § 164.514(e)(2), unless additional information is needed to accomplish the intended purpose, or as otherwise permitted by law, including HIPAA and the HITECH Act.
- (b) as to Electronic Protected Health Information, shall implement and maintain administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information; effective February 17, 2010, said safeguards shall be in accordance with 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316 and shall comply with the Security Rule's policies and procedure and documentation requirements.

2.4 Reporting Non-Permitted Use or Disclosure and Security Incidents and Breaches of Unsecured Protected Health Information. Sub-Business Associate:

- (a) shall promptly report to HELUNA HEALTH each Use or Disclosure of Protected Health Information, of which it becomes aware, that is made by Sub-Business Associate, its employees, representatives, agents, Sub-Business Associates, or other parties under Sub-Business Associate's control with access to Protected Health Information but which is not specifically permitted by this Agreement or otherwise required by law.
- (b) shall promptly report to HELUNA HEALTH each Security Incident of which Sub-Business Associate becomes aware.
- (c) shall notify HELUNA HEALTH within twenty four hours of each Breach by Sub-Business Associate, its employees, representatives, agents, or Sub-Business Associates of Unsecured Protected Health Information that is known to Sub-Business Associate or, by exercising reasonable

diligence, would have been known to Sub-Business Associate. Sub-Business Associate shall be deemed to have knowledge of a Breach of

Unsecured Protected Health Information if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of the Sub-Business Associate as determined in accordance with the federal common law of agency.

2.4.1 Telephonic Report. Except as provided in Section 2.4.3, notification shall be made as soon as practicable upon discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident or Breach of Unsecured Protected Health Information by telephone call to (562) 222-7895.

2.4.2 Written Report. Except as provided in Section 2.4.3, the initial telephonic notification shall be promptly followed by written notification made without unreasonable delay and in no event later than three (3) business days from the date of discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident, or Breach by the Sub-Business Associate to the HELUNA HEALTH at:

Peter Dale, Chief Program Officer
13300 Crossroads Parkway North Ste
450 City of Industry, CA 91746
pdale@helunahealth.org
562-222-7886

- (a) The notification required by section 2.4.2 shall include, to the extent possible, the identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Sub-Business Associate to have been, accessed, acquired, Used, or Disclosed; and
- (b) the notification required by section 2.4.2 shall include, to the extent possible, all information required to provide notification to the Individual under 45 C.F.R. § 164.404(c), including:
 - (i) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 - (ii) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

- (iii) Any other details necessary to conduct an assessment of whether there is a risk of harm to the Individual;
- (iv) Any steps Sub-Business Associate believes that the Individual could take to protect him or herself from potential harm resulting from the Breach;
- (v) A brief description of what Sub-Business Associate is doing to investigate the Breach, to mitigate harm to the Individual, and to protect against any further Breaches; and
- (vi) The name and contact information for the person most knowledgeable regarding the facts and circumstances of the Breach.

If Sub-Business Associate is not able to provide the information specified in section 2.4.2 (a) or (b) at the time of the notification required by section 2.4.2, Sub-Business Associate shall provide such information promptly thereafter as such information becomes available.

- 2.4.3 Request for Delay by Law Enforcement. Sub-Business Associate may delay the notification required by section 2.4 if a law enforcement official states to Sub-Business Associate that notification would impede a criminal investigation or cause damage to national security. If the law enforcement official's statement is in writing and specifies the time for which a delay is required, Sub-Business Associate shall delay notification, notice, or posting for the time period specified by the official; if the statement is made orally, Sub-Business Associate shall document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in this section is submitted during that time.
- 2.5 Mitigation of Harmful Effect. Sub-Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Sub-Business Associate of a Use or Disclosure of Protected Health Information by Sub-Business Associate in violation of the requirements of this Agreement.
- 2.6 This section 2.6 is intentionally omitted.
- 2.7 Availability of Internal Practices, Books and Records to Government Agencies. Sub-Business Associate agrees to make its internal practices, books and records relating to the Use and Disclosure of Protected Health Information available to the HELUNA HEALTH, Covered Entity and the Secretary for purposes of determining Covered Entity's or HELUNA HEALTH's compliance with the Privacy and Security Regulations. Sub-Business Associate shall immediately notify Business Associate of any requests made by the Secretary or Covered Entity and provide Business Associate with copies of any documents produced in response to such request, unless the Secretary expressly prohibits such disclosure.
- 2.8 Access to Protected Health Information. Sub-Business Associate shall, to the extent HELUNA HEALTH communicates that any Protected Health Information constitutes a

“designated record set” as defined by 45 C.F.R. § 164.501, make the Protected Health Information specified by HELUNA HEALTH available to the Individual(s) identified by HELUNA HEALTH, as being entitled to access and copy that Protected Health Information. Sub-Business Associate shall provide such access for inspection of that Protected Health Information within three (3) business days after receipt of request from HELUNA HEALTH. Sub-Business Associate shall provide copies of that Protected Health Information within seven (7) business days after receipt of request from HELUNA HEALTH. If Sub-Business Associate maintains an Electronic Health Record, Sub-Business Associate shall provide such information in electronic format to HELUNA HEALTH.

2.9 Amendment of Protected Health Information. Sub-Business Associate shall, to the extent HELUNA HEALTH communicates that any Protected Health Information constitutes a “designated record set” as defined by 45 C.F.R. § 164.501, make any amendments to Protected Health Information that are requested by HELUNA HEALTH. Sub-Business Associate shall make such amendment within ten (10) business days after receipt of request from HELUNA HEALTH.

2.10 Accounting of Disclosures. Upon HELUNA HEALTH’s request, Sub-Business Associate shall provide to HELUNA HEALTH an accounting of each Disclosure of Protected Health Information made by Sub-Business Associate or its employees, agents, representatives or Sub-Business Associates, necessary for HELUNA HEALTH to respond to a request from a Covered Entity or by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528 and/or the HITECH Act, which requires an Accounting of Disclosures of Protected Health Information maintained in an Electronic Health Record for treatment, payment, and health care operations.

Any accounting provided by Sub-Business Associate under this Section 2.10 shall include: (a) the date of the Disclosure; (b) the name, and address if known, of the entity or person who received the Protected Health Information; (c) a brief description of the Protected Health Information disclosed; and (d) a brief statement of the purpose of the Disclosure. For each Disclosure that could require an accounting under this Section 2.10, Sub-Business Associate shall document the information specified in (a) through (d), above, and shall securely maintain the information for six (6) years from the date of the Disclosure. In the case of an Electronic Health Record maintained by Sub-Business Associate on behalf of HELUNA HEALTH, the accounting period shall be three (3) years and the accounting shall include Disclosures for treatment, payment, and health care operations, in accordance with the HITECH Act. Sub-Business Associate shall provide to HELUNA HEALTH, within seven (7) business days after receipt of request from Business Associate, information collected in accordance with this Section 2.10 to permit HELUNA HEALTH to respond to a request from a Covered Entity or by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45

C.F.R. §

164.528. If Sub-Business Associate maintains an Electronic Health Record, Sub-Business Associate shall provide such information in electronic format.

2.11 Indemnification. Sub-Business Associate shall indemnify, defend, and hold harmless

HELUNA HEALTH, including its elected and appointed officers, employees, and agents, from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, penalties and fines (including regulatory penalties and/or fines), and expenses (including attorney and expert witness fees), arising from or connected with Sub-Business Associate's acts and/or omissions arising from and/or relating to this Agreement; Sub-Business Associate's obligations under this provision extend to compliance and/or enforcement actions and/or activities, whether formal or informal, of the Secretary . Likewise, HELUNA HEALTH shall indemnify, defend, and hold harmless Sub-Business Associate, including its elected and appointed officers, employees, and agents, from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, penalties and fines (including regulatory penalties and/or fines), and expenses (including attorney and expert witness fees), arising from or connected with HELUNA HEALTH's acts and/or omissions arising from and/or relating to this Agreement; HELUNA HEALTH's obligations under this provision extend to compliance and/or enforcement actions and/or activities, whether formal or informal, of the Secretary.

OBLIGATION OF BUSINESS ASSOCIATE

- 3.1 Obligation of HELUNA HEALTH. HELUNA HEALTH shall notify Sub-Business Associate of any current or future restrictions or limitations on the use of Protected Health Information that would affect Sub-Business Associate's performance of the services, and Sub-Business Associate shall thereafter restrict or limit its own uses and disclosures accordingly.

TERM AND TERMINATION

- 4.1 Term. This Agreement shall be in effect from the Effective Date for so long as Sub-Business Associate provides services to HELUNA HEALTH. Sub-Business Associate's obligations under Sections 2.1 (as modified by Section 4.2), 2.4, 2.5, 2.7, 2.8, 2.9, 2.10, 4.3 and 5.2 shall survive the termination or expiration of this Agreement.
- 4.2 Termination for Cause. In addition to and notwithstanding the termination provisions set forth in this Agreement, upon either party's knowledge of a material breach by the other party, the party with knowledge of the other party's breach shall:
- (a) Provide an opportunity for the breaching party to cure the breach or end the violation and terminate this Agreement if the breaching party does not cure the breach or end the violation within the time specified by the non-breaching party;
 - (b) Immediately terminate this Agreement if a party has breached a material term of this Agreement and cure is not possible; or
 - (c) If neither termination nor cure is feasible, report the violation to the Secretary of the federal Department of Health and Human Services.
- 4.3 Disposition of Protected Health Information Upon Termination or Expiration.

- (a) Except as provided in paragraph (b) of this section, upon termination for any reason or expiration of this Agreement, Sub-Business Associate shall return or destroy all Protected Health Information received from HELUNA HEALTH, or created or received by Sub-Business Associate on behalf of HELUNA HEALTH. This provision shall apply to Protected Health Information that is in the possession of Sub-Business Associates or agents of Sub-Business Associate. Sub-Business Associate shall retain no copies of the Protected Health Information.
- (b) In the event that Sub-Business Associate determines that returning or destroying the Protected Health Information is infeasible, Sub-Business Associate shall provide to HELUNA HEALTH notification of the conditions that make return or destruction infeasible. If return or destruction is infeasible, Sub-Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further Uses and Disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Sub-Business Associate maintains such Protected Health Information.

MISCELLANEOUS

- 5.1 No Third Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- 5.2 Use of Sub-Business Associates and Agents. Sub-Business Associate shall ensure that any agent, including a Sub-Business Associate, to whom it provides Protected Health Information agrees to implement reasonable and appropriate safeguards to protect the Protected Health Information. Sub-Business Associate shall require each of its agents and Sub-Business Associates that receive Protected Health Information from Sub-Business Associate, or create Protected Health Information for Sub-Business Associate, on behalf of HELUNA HEALTH, to execute a written agreement obligating the agent or Sub-Business Associate to comply with the same restrictions and conditions that apply through this Agreement to Sub-Business Associate with respect to such Protected Health Information.
- 5.3 This Section 5.3 is intentionally omitted.
- 5.4 Regulatory References. A reference in this Agreement to a section in the Privacy or Security Regulations means the section as in effect or as amended.
- 5.5 Interpretation. Any ambiguity in this agreement shall be resolved in favor of a meaning that permits HELUNA HEALTH to comply with the Privacy and Security Regulations.
- 5.6 Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for HELUNA HEALTH to comply with the requirements of the Privacy and Security Regulations and other privacy laws governing Protected Health Information.
- 5.7 Governing Law. This Agreement shall be governed by and construed in accordance

with the laws of the State of California, to the extent that the provisions of HIPAA, the Privacy and Security Regulations, and the HITECH Act and its implementing regulations do not preempt the laws of the State of California.

- 5.8 Notices. When not otherwise described in this agreement, the parties shall send all Notices required under this agreement by certified mail, return receipt requested. The parties may also provide such Notice by hand-delivery or electronic mail, provided that the method of delivery is acknowledged and agreed to by the other party in advance of delivery of such Notice. The parties shall consider hand-delivered Notices communicated as of actual receipt, electronically-delivered Notices communicated as of one (1) business day after sending, and mailed Notices communicated as of three (3) business days after mailing.

3.1 Application and Submission Format

Applicants who have a demonstrated track record of serving populations of focus but do not have the organizational capacity to complete a written grant application may request that portions of this grant application be completed in an alternative format (e.g., video submission).

All grant applicants are expected to complete their application via <https://www.surveymonkey.com>. To request an alternative application, please contact DHCS at CYBHI@dhcs.ca.gov by March 8, 2023 at 5:00 p.m. PT. As part of your request, please include a justification for the request and an explanation of how granting the request will further DHCS' goals of promoting diversity, equity and inclusion. DHCS will make reasonable efforts to grant these requests. Please note that most alternative applications will still be required to submit a SurveyMonkey application April 10, 2023 at 5:00 p.m. PT, though it may be possible to address certain questions with an alternative format submission (e.g., video submission, virtual interview).

3.2 Application Components

a. Application Overview

i. Applicant/entity legal name

a) If individual – please include license information (N/A)

b) If organization – please identify name and credential of Chief Executive Officer/President or other legal designee (Max 100 words)

Lead Organization:

Children and Family Commission (CFC) of San Bernardino First 5 San Bernardino (F5SB)

735 E. Carnegie Drive San Bernardino, CA 92408

Attn: Wendy Lee, Psy.D. Section Manager of Evaluation and Impact

909-252-4254

Wendy.lee@cfc.sbcounty.gov

Karen Scott is the Executive Director (ED) of the CFC – F5SB, a funding organization of services for prenatal children through age 5, by investing revenue from Prop 10. Karen's background is in Public Administration/Administration of Justice. She has worked in Human Services for SBC since 1977. Karen has served as ED of F5SB for 15 years leading the organization's efforts to promote, support, and enhance the health and early development of children, prenatal through age five, through coordinated and comprehensive systems of care, ensuring children are safe, healthy and ready to enter and succeed in school.

c) If sub-organization that is party to the grant – please identify name and credential of Chief Executive Officer/President or other legal designee (Max 100 words)

Loma Linda Children's Hospital, Resiliency Institute for Childhood Adversity (RICA)

11374 Mountain View Ave. Dover Building, Suite B, Loma Linda, CA 92354

Attn: Amy Young, MD Director

909-382-3535

ayoung@llu.edu

Resiliency Institute for Childhood Adversity, or "RICA," is an expansion of the [Children's Assessment Center](#) (CAC) in San Bernardino. The center is a collaboration of numerous local agencies to provide forensic interviews and evidentiary medical examinations to evaluate child abuse allegations. The coordinated approach doesn't require an abused child to recount their experiences to several agencies in numerous interviews.

ii. Contact information- please provide an email you would like us to contact you at Wendy.lee@cfc.sbcounty.gov

iii. Entity description – please provide a detailed narrative overview of entity’s mission, service profile, years in operation, experience with providing trauma-informed care, etc. (Max 500 words) (Final word count 471)

First 5 San Bernardino (F5SB) welcomes the opportunities to enhance and expand trauma-informed programs and practices. In this Round 2 RFA, F5SB will serve as the fiscal agent for the Resiliency Institute for Childhood Adversity (RICA) to increase early intervention and support the resilience of children. F5SB’s Vision is that all children in San Bernardino County (SBC) are healthy, safe, nurtured, eager to learn, and ready to succeed. F5SB’s strategic plan focuses on investing in coordinated and comprehensive support systems that strengthen children, families, and their communities in SBC through integrated systems planning and implementation, countywide information referral system, organizational capacity building, and community outreach.

RICA is Loma Linda University Health’s (LLUH) newest institute. RICA is a trauma-informed care system serving children in our community with a high burden of Adverse Childhood Experiences, particularly children who have experienced foster care, homelessness, or the incarceration of a parent. The Institute has three components: (1) specialized medical care led by Forensic Pediatric sub-specialists who provide expert medical evaluations in cases of suspected child abuse and neglect, as well as long-term holistic trauma-informed primary pediatric care to victims, (2) mental health services including crisis intervention and support during the investigative process followed by longer-term therapeutic treatment plans, and (3) educational advocacy including one-on-one long term educational coaching that support patients throughout their educational journey, providing scholarships and emergency needs until completion of their post-secondary plan, and in some cases to career placement. RICA’s Vision is to remove barriers within a child’s microsystem and the healthcare system. RICA provides timely, easy-to-access, evidenced-informed, evidence-based, integrated medical and mental health care that incorporates the tenants of trauma-informed care and promotes resiliency factors in a nurturing environment. The patient-centric services are holistic, addressing child safety and social determinants of health through a multi-disciplinary approach involving collaboration with a child’s caregiver and home environment, school, neighborhood, peer group, and beyond.

In San Bernardino County, over 2,500 children are removed from their homes and placed into foster care yearly due to substantiated child maltreatment. RICA provides immediate multi-disciplinary forensic medical evaluations, diagnosis, and treatment to any child suspected of significant physical abuse, sexual abuse, or severe neglect. RICA medical providers work with investigative agencies to assist in securing a child’s immediate safety and meeting their medical and mental health needs. All additional children placed into foster care are offered holistic evaluations within 72 hours of a new placement or a change in placement. RICA provides full-service primary care, including vaccinations, hearing, vision, developmental, and mental health assessments, and linkage to educational advocacy for 6th grade and beyond. RICA is expanding to provide dental assessments, OT/PT/Speech assessments, psychiatric services, and cross-sub-specialty collaborative clinics. All children impacted by Adverse Childhood Experiences are eligible to receive ongoing services at RICA, establishing this clinic as their primary pediatric provider from 0-21 years of age.

iv. Individual/entity's service location(s) – please include physical address(es) where services are provided to clients

a) County of service (San Bernardino and Riverside County)

b) Primary zip code of service

Loma Linda University Resiliency Institute for Childhood Adversity (LLU RICA)

11374 Mountain View Avenue, Dover Building Suite B, Loma Linda, CA 92354, San Bernardino County 92354

Academic Institutes provide clinical excellence, cross-discipline education, and research. RICA provides the following services:

- Clinical Services:
 - Expert Forensic Medical Services
 - Forensic Interviewing
 - Trauma-informed Mental Health Services
 - Educational Advocacy
 - Victims advocates, including therapy animals
 - Child Life Specialists
 - Case Management and Complex Care Services
 - Community Healthcare Worker Patient Navigation
- Cross Discipline Education
 - Nationally Accredited Child Abuse Pediatrics (CAP) Fellowship Training Program
 - Forensic Nurse Practitioner Training Program
 - Various other rotations for students in the School of Medicine and residency training programs (including Emergency Department, Pediatric Psychiatry, and General Pediatrics)
 - School of Nursing rotations
 - Masters Social Work Internships with the School of Behavioral Health
- Research
 - Active clinical research with fellows, residents, and medical students
 - Collaborative research with the School of Public Health studying resiliency factors including kinetic lifestyle, spiritual practices, helping hand, camaraderie, nature engagement, resting reset, simple foods, hopeful intrinsic drive

Although RICA is physically located in San Bernardino County, the population served extends to victims of child abuse and neglect within various counties, including:

- Riverside County
- Los Angeles County
- Imperial County
- Orange County
- Inyo County
- Mono County
- Kern County
- Tulare County

Zip code: 92354 (only used this because only one zip code is allowed but I entered all the information above in the physical location write up)

92503, 92504, 92335, 92346, 92805, 92410, 91784, 92501, 92404, 91761, 92508, 92392, 92405, 92345, 92411, 92374, 92807, 92407, 92311, 92395, 92394, 91739, 92337, 91710, 92301, 92173, 92307, 92373, 92252, 92377, 92327, 90605, 90044, 92408, 92571, 92557, 91709, 91762, 92363, 92506, 91764, 91042, 91730, 91701, 91752, 92505, 92555, 92804, 92867, 92544, 92313, 92356, 90220, 92251, 93514, 92211, 92308, 93562, 92509, 92319, 92563, 92570, 92583, 92320, 92223, 91763, 92277, 92284, 92344, 90640, 91722, 92553, 92567, 92359, 92584, 92302, 92585, 92240, 92562, 92325, 91737, 92880, 93618, 92372, 90731, 91767, 93552

v. Individual/entity type (select from list, if other, please describe) (N/A)
vi. Affiliation- If applicable, please identify if the individual/entity is affiliated/under contract with a health plan (commercial or Medi-Cal), a county BH department, or a clinic (primary care or BH) to deliver BH services. If yes, select: a) Affiliated entity; (IEHP, LLU) b) Type of affiliation; and (Medi-Cal MCP) c) County of service.(Primarily San Bernardino and Riverside County)
vii. Focus area- Select the EBP(s) that are the focus of your grant application. If your grant application focuses on a CDEP or an adaptation of an EBP, select "CDEP/EBP adaptation" and provide the name of the CDEP/EBP adaptation. viii. Grant tracks- Select the grant track(s) to which applicant is applying
RICA - Selected EBP - Child Parent Psychotherapy https://childparentpsychotherapy.com/ https://childparentpsychotherapy.com/providers/training/lc/request-training/
viii. Grant tracks- Select the grant track(s) to which applicant is applying
Integrated training \$150,000 & Implementation Track (Start-Up) \$750,000
ix. Requested total funding amount(s)\$900,000 a) Requested total amount in Training Track \$150,000 b) Requested total amount in Implementation Track \$750,000
b. Populations of Focus
i. Describe the individual/entity's existing client population (Max 250 words) (Final word count 238)
RICA encompasses a team of medical and mental health experts who deliver integrated trauma-informed care to youth within SBC and beyond. This team provides a wide spectrum of collaborative services to children who have experienced ACEs and responds to LLUCH for all emergent child abuse and neglect cases. LLUCH is the only pediatric Level 1 trauma center serving the Inland Empire, the largest geographic county in the nation. The team evaluates over 400 hospitalized cases annually, providing forensic evaluations, crisis services/mental health support, and victims advocacy. In addition, the team provides services to outpatient cases of child abuse and neglect totaling over 1,200 cases per year. After the initial assessment, all children are referred for continuity of care and connected to the team's ongoing trauma-informed Pediatric Resiliency Clinic, which provides integrated medical care, mental health services, and educational advocacy. In addition, RICA also serves a broader population of youth, including over 2,500 children placed into foster care each year (providing evaluations within 72 hours of placement), current/former foster youth, homeless/unaccompanied youth, and youth experiencing other adversities. RICA receives direct referrals from CPS, law enforcement, local healthcare facilities, and numerous other partnering agencies. RICA's patient profile is 97 percent Medi-Cal. The current population includes 61% female, 39% males; ages 0-5 41%, 6-12 42%, and 13-22 17%; 67.6% Hispanic, 13.7% White, 11.5% Black, and 7.2% other including Asian/Pacific Islander; approximately 15% of the population lives at or below poverty level.

ii. Describe the populations of focus, including projected population size and description of populations (e.g., race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, socioeconomic status) to be served, if awarded a grant. (Max 250 words) (Final word count 248)

RICA seeks to expand the services to children 0-6. The specific therapeutic approaches offered to the most vulnerable victims. The team at RICA is the only team providing expert forensic medical care to physical abuse victims within San Bernardino County and portions of Riverside County. Of the population served, the most egregious cases of child abuse impact children <6 years, given early verbal skills, small physical size, and increased needs that can overwhelm a caregiver. Children <6 are disproportionately impacted by life-threatening inflicted injuries, including abusive head trauma, thoracic/abdominal injury, multiple fractures, burns/lacerations, and severe malnutrition from food withholding. Given early brain maturation, children <6 are more susceptible to long-term consequences of abuse, including cognitive/language delays, diminished academic abilities, and mental health disorders. With over 1,200 consults per year conducted by the RICA team for child abuse, children under 6 make up roughly 60% of this population. In addition, RICA opened the Pediatric Resiliency Clinic in 2022, allowing the extension of services to a larger group of children who have experienced foster care and other adversities. In the first year, RICA provided services to 957 youth, which is rapidly increasing, given increased hours of operation and community awareness. Children <6 represent 47% of this population of patients. The team's experience of >20 years has shown that healing and recovery have much to do with the nurturing and protective adults in a child's life. RICA looks forward to implementing the restorative practices of CPP in this relationship-based therapeutic approach.

iii. Describe the individual/entity's strategy for conducting outreach and engagement to reach the populations of focus. Please provide at least one example of a time when you successfully engaged the population of focus in a manner that resulted in increased access to services. (Max 500 words) (Final word count 498)

RICA encompasses a multi-disciplinary team (MDT) of providers, including physicians, advanced practice nurses, mental health clinicians, forensic interviewers, social workers, and educational advocates providing holistic care extending from cradle to career. RICA has begun to hire staff with lived experience, including prior patients. RICA is part of a whole child-care collaborative, receiving referrals from LLUCH, all LLUCH outpatient pediatric and sub-specialty clinics, LLU School of Behavioral Health, and community healthcare providers, including all hospitals serving children within SB County. RICA is now expanding to provide this spectrum of services to the Coachella Valley in eastern Riverside County through a partnership with the Barbara Sinatra Children Center, a mental healthcare clinic serving victims of child abuse and neglect victims. RICA has a Collaborative Advisory Board comprising multiple stakeholders, including the Department of Children and Family Services (CFS), the Department of Behavioral Health (DBH), the Department of Public Health (DPH), and the District Attorney's Office (DA). In addition, local law enforcement (LE) agencies, the Juvenile Court, San Bernardino County Schools (SBCS), local city school districts, other community organizations, and youth and families. RICA has numerous MOUs to provide medical care, mental health services, and educational advocacy to children in the community with various partners, including CFS, LE, DA, and SBCS. The CFS MOU includes provisions for referrals of all foster youth in SB County to RICA. RICA receives referrals from all Collaborative Board members and has Educational Advocates who lead monthly social-emotional learning and career workshops in 59 schools in SB County to cohorts of students (>1,000) who have experienced foster care, homelessness or the incarceration of a parent. RICA will include 25

schools within Riverside County in 2023/24. RICA has a Community Resource staff member who distributes information, streamlines referrals and provides presentations to all partners.

RICA has partnerships and funding from numerous agencies, including the largest Medi-Cal managed care plan in the Inland Empire (IEHP), the First 5 San Bernardino (F5SB) Children and Families Commission, and the San Manuel Band of Mission Indians.

Example: IEHP and CFS hold MDT meetings to review the medical needs of newly removed children in foster care. Two recently placed into care were identified as medically fragile youth with concerns for the neurodevelopmental delay, complicating successful foster care placement. To receive a holistic evaluation, including developmental assessment, the IEHP team immediately referred to RICA. Due to the MOU with CFS, permissions were in place for the children to be seen urgently. In addition to medical needs, the children were found to have evidence of physical abuse that was previously unrecognized. This new information was communicated to CFS and law enforcement to promote adequate investigation and increase the children's safety plan. RICA worked with IEHP to obtain approvals for work-up and referrals. Staff at RICA ensured follow-through. Mental health providers within RICA saw the children for evaluation, and supportive care was provided to the caregivers. The children remain in ongoing medical and mental health care at RICA with plans to evaluate for educational advocacy.

iv. Describe the individual/entity's **strategy for ensuring staff are appropriately trained** and services are culturally relevant and responsive. (Max 500 words) **(Final word count 477)**

Staff within RICA maintain expert certification and licensure, including continuing medical education and continuing education credits in trauma-informed care practices. All forensic attending physicians have completed a 3-year residency training program in pediatrics, are board certified in pediatrics, have completed 3 years of sub-specialty fellowship training, and are board certified in Child Abuse Pediatrics (CAP). These physicians cumulatively have over 35 years of experience and represent fewer than 400 physicians nationwide with this training. The CAP physicians oversee a Child Abuse Pediatric Fellowship training program at LLU that has accreditation by the American College of Graduate Medical Education. Currently, three fellows are obtaining training under the supervision of the CAP physicians and will be board eligible after 3 years of supervised training. All fellows dedicate one year to research projects with a CAP mentor focusing on trauma-informed practices. Current projects are underway investigating the RICA model in collaboration with other RICA MDT staff. All advanced practice nurses have master's degrees in pediatric primary care and have national certification in the care for sexual abuse victims, as well as supervision and extensive training provided by the CAP physician staff covering all areas of child maltreatment. CAP physicians oversee all medical staff, and all staff engages in formal peer review and multi-disciplinary review processes.

All mental health clinical staff have a master's degree in marriage and family therapy, social work, or psychology. They have at least five years of experience working with child victims and have training specific to treating trauma victims using evidence-based treatment methods, including TF-CBT, PCIT, and CFTSI. The team attends regular supervision and peer review to ensure service quality. Therapists are trained to recognize behaviors associated with complex trauma and post-traumatic stress in child victims to ensure appropriate treatment and avoid common misdiagnoses such as conduct disorder, autism spectrum disorder, learning disability, attention deficit hyperactivity disorder, and/or bipolar disorder.

Forensic Interviewers (FIs) and social work staff are master's level professionals. FIs have California Forensic Interviewing Training certification and attend regional and national peer reviews.

All staff work collaboratively and attend twice monthly multi-disciplinary team meetings that incorporate 1-hour continuing education on numerous topics, including childhood trauma and best practices in trauma-informed care. All staff attend at least two external conferences per year and

attend and provide lectures to the community. Staff is paid a competitive wage to ensure experience and quality standards are maintained. LLU and RICA value Diversity, Equity, and Inclusion (DEI) and require staff to participate in DEI training for a minimum of eight hours every year. Examples of training topics include Implicit Bias, Microaggressions, Building a Culture of Inclusion, LGBTQIA+ Competency Training, Gender Affirming/Gender Sensitive Care, and Reducing Disparities in Services. RICA's physical spaces invite children of all backgrounds with DEI principles and sensitivity to neurodiversity and physical limitations, guiding available resources, including toys, books, decor, gender-sensitive facilities, and overall accessible facilities.

c. Proposed Approach

i. For Training Track only applications – Describe the individual's timeline for completing required training activities. Please also describe the goals, strategy, and associated milestones in your plan to scale the selected EBP/CDEP with the populations of focus upon completion of the training program. See section 1.3 "Purpose." Please upload as attachment in the Survey Monkey tool. (Max 2,500 words) (N/A)

ii. For Implementation Track only applications - Describe the entity's proposed timeline and approach for scaling the selected EBP/CDEP practice or program model. Please include specific goals, milestones and measurable objectives that are aligned with the stated purpose of the grant opportunity. See section 1.3 "Purpose." Please upload as attachment in the Survey Monkey tool. (Max 2,500 words) (N/A)

iii. **For Integrated Track applications** (entities that are applying for more than one track should submit an integrated proposal instead of separate proposals) – Describe the entity's proposed timeline and approach for scaling the selected EBP/CDEP practice or program model. Additionally, please **detail the training needs and timeline for completing the training activities**. Include specific goals, strategies, milestones, and measurable objectives that are aligned with the stated purpose of the grant opportunity when discussing the plan for scaling as well as the required training. See section 1.3 "Purpose." Please upload as attachment in the Survey Monkey tool. (Max 2,500 words)

For this question, attached PDF of the "Integrated Track application Question timeline chart"

d. Individual/Entity Experience and Staffing Profile

i. Individual/entity experience:

a. For Training Track only applications - Describe the individual's education, training, knowledge of trauma-informed care, and experience implementing EBPs/CDEPs and/or similar programs. (Max 500 words) (N/A)

b. For Implementation Track only applications – Describe the entity's staffing profile, knowledge of trauma-informed care, expertise and experiences implementing EBPs/CDEPs and/or similar programs. (Max 500 words) (N/A)

The application will be an integrated training & implementation/star-up track asking \$900K

c. For Integrated Track applications (entities that are applying for more than one track should submit an integrated proposal instead of separate proposals) – For the **implementation component** of this response, describe the entity's staffing profile, knowledge of trauma-informed care, expertise and experiences implementing EBPs/CDEPs and/or similar programs. For the **training component** of this response, describe the individual's education, training, knowledge of trauma-informed care,

and experience implementing EBPs/CDEPs and/or similar programs. (Max 1000 words) (current word count 625)

The providers at RICA serve as the only team within San Bernardino County, the largest geographic county in the nation, providing integrated forensic medical exams, forensic interviewing services, Child Life services providing grief support to victims, trauma-informed mental health services, and victims advocacy to children who are suspected victims of child abuse and neglect. The team has over two decades of experience working within a multi-disciplinary setting to provide expert services and opinions in cases of child maltreatment. The RICA team has a long-established reputation among county agencies, including law enforcement and child welfare, as a program employing evidence-based practices to serve the most vulnerable children in the community. San Bernardino County has the second largest foster youth population in California, with over 2,500 children entering care each year. RICA has expanded to offer ongoing trauma-informed integrated medical care and mental health services to all youth in care, including any child in the county who has experienced trauma and other significant adversities. Masters' level Child Life providers at RICA now work with victims, particularly those who lost a sibling or parent, to provide grief support. Through MOUs with child welfare, all children in care are provided with referrals to the clinic and offered holistic evaluations within 72 of placement in foster care or placement change. The goal of the model is to establish a medical home for youth throughout the county with a unique approach that extends beyond the typical medical clinic model and provides comprehensive primary care that integrates specialty care, mental health, educational services, grief support, and advocacy services while facilitating partnerships between children, clinicians, medical staff, caregivers, county partners, and community-based organizations. With this proposal, RICA seeks to expand training for mental health providers to increase EBP services offered to one of the largest populations recognized as children under 6 who have experienced traumatic events. This population is at risk for mental health conditions and requires early intervention to prevent needing a higher level of care as they age.

In addition to medical and forensic EBP services, mental healthcare providers at RICA have training and experience in trauma-informed EBP practices. RICA has two LCSWs, and three ACSW master's level therapists on staff, with one additional mental health therapist, anticipated to be hired by July 2023. All mental health clinicians are engaged or have completed training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Trauma Play Therapy, and Child and Family Traumatic Stress Intervention (CFTSI). Two clinicians are receiving Parent-Child Interaction Therapy Training (PCIT). The lead LCSW clinician has served over 7 years at the Loma Linda University Children's Hospital (LLUCH) and is an Adjunct Professor for the LLU Graduate Social Work program. Currently serving as the Lead Pediatric Mental Health Clinician at RICA, this clinician supervises social workers and interns.

Clinicians within the LLU School of Behavioral Health partner with RICA. Four clinicians from LLU SBH will complete the CPP training. These include LSCWs, LMFTs, and a PsyD. All four clinicians work as clinical faculty, providing therapeutic services to children, and also work in a supervisory capacity over other practicing clinicians and MSW interns. All have completed advanced certifications in trauma and resiliency-informed care and implementing EBP interventions.

Clinicians at the Barbara Sinatra Children's Center (BSCC) have provided mental health counseling since 1986 to over 20,000 children and adolescent victims of child abuse and neglect in the Coachella Valley. The service area of the Coachella Valley in the eastern region of Riverside County accounts for approximately 19 percent of the population. Yet, over 30 percent of the substantiated child abuse cases are in the area. BSCC is located in the 4th most populous county in

California. Clinicians at BSCC are training in TF-CBT, and five clinicians at BSCC will take part in CPP training.

ii. Describe the individual's/entity's current capacity to meet **goals and objectives**, and/or **describe how funding could create capacity and resources** to achieve these goals and objectives. (Max 500 words) **Final word count 478)**

Currently, RICA has a team of 3 forensic Child Abuse Pediatric (CAP) physicians, 3 CAP fellow physicians in training, 3 advanced forensic practice pediatric nurse practitioners, 1 sexual assault nurse examiner, 1 trauma-informed general pediatric physician, 1 LCSW RICA social worker, 1 master's level social work child protection team coordinator, 1 LCSW mental health clinician, 2 ACSW mental health clinicians, 1 ACSW RICA manager, 2 Forensic Interviewers (FI), 1 CAP fellowship coordinator, 8 Educational Advocates (EAs), 1 RICA nursing supervisor, 1 master level child life specialist, 4 medical assistants, 1 community resource and referral Coordinator, 1 manager of media and marketing, and 2 administrative staff support personnel. RICA has roughly 14,000 square feet of medical, mental health, and office space (11 examination rooms, 2 FI rooms, and 4 therapy rooms). The current footprint has provided the following services in the last year: over 2,200 medical examinations, 846 therapeutic services, and 944 forensic interviews.

By July 2023, RICA plans to outfit a medical examination room with state-of-the-art equipment to evaluate and diagnose child abuse and neglect in the eastern region of Riverside County. Collaborating with the Barbara Sinatra Children's Center to serve a significantly underserved area of at-risk children. Over the next 9 months, RICA plans to acquire and train 2 additional Advanced Practice Nurses, 1 trauma-informed general pediatrician, 1 community healthcare worker, 1 victim advocate/therapy dog handler, 2 EAs, and an additional FI, all with specific awarded grant funds secured to expand these services. RICA will develop a Complex Care Management Team to reinforce medical and mental health treatment plans. RICA also plans to acquire 3,000 additional square feet in San Bernardino to increase therapeutic and FI spaces. RICA is planning to develop a satellite in a newly acquired building to offer the full array of services in eastern Riverside County.

With the current rate of growth and the expected additional staff and resources over the next year, RICA expects to deliver a minimum of 2,100 services beyond the baseline numbers of over 3,900 total services. With this growth, expansion into new territories, and increased community awareness of the services provided, the number of children under 6 who are victims of significant trauma, including physical abuse, sexual abuse and/or severe neglect, is expected to be the largest proportional increase in children seen. The greatest area of need identified in this vulnerable group is specialized therapeutic services for children under 6 and their caregivers. Besides significant developmental and mental health challenges, this group is also at risk of failed placements and/or continued abuse. This funding would provide training for 6 RICA clinicians, supervision and consultation, increase one additional RICA licensed clinician, and cross-collaboration with other mental health providers in the region participating in CPP training with RICA (9 clinicians). In addition, funding will fund capital improvement for additional space outfitted to serve a young child's unique mental health needs.

iii. If applicable, identify other organization(s) that you will partner with in the proposed project if additional expertise and/or support is required for the project (e.g., additional training in specific populations). Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. (Max 500 words) **(Final word count 415)**

San Bernardino County is home to 2.2 million diverse residents, and 26% are children under the age of 18. San Bernardino County values taking a strategic collective impact approach with the goal of a well-coordinated and comprehensive system of care addressing the early prevention and intervention of adverse childhood experiences. To implement such a care system, the SBC focused on maximizing local capacity, access to integrated services, and expanding evidence-based trauma-informed techniques for infants, children, youth, parents, and caregivers. This application is being submitted on behalf of our community and in close collaboration with the following local agencies: First 5 San Bernardino, Loma Linda University (LLU), Children's Resiliency Institute for Childhood Adversity (RICA), San Bernardino County Superintendent of Schools (SBCSS), South Coast Community Services (SCCS), Child Care Resource Center, LLU Social Action Community Health System, the Inland Empire Children's Cabinet, and the local Mental Health Plan (i.e., Behavioral Health).

RICA is the 13th Institute of Loma University Children's Hospital (LLUCH) which provides world-class healthcare to children within the largest geographic area in the country. LLUCH has a Level 1 trauma designation and provides the highest surgical and sub-specialty care for pediatric trauma patients. Among sub-specialty care, LLUCH has a division of medical providers dedicated to evaluating, diagnosing, and treating children who are the victims of child abuse and neglect. The Child Protection Team (CPT) at LLUCH, led by the LLUCH Division of Forensic Pediatrics, has reached a "Center of Excellence" designation with the highest level of service provided to victims in the following categories: Medical Leadership with physicians specifically trained in Child Maltreatment; Dedicated coordination and administration of a hospital based Child Protection Team; Availability of trained clinical social workers in cases of suspected child abuse and neglect; County-wide multi-disciplinary assessment regarding cases of child abuse; Implementation and monitoring over policy regarding child maltreatment; Development, implementation and maintenance of child abuse prevention efforts within the hospital and among community partners; Child abuse advocacy efforts within the hospital, in the local community and at the state level; Coordination and collaboration with a network of community agencies and organizations, including law enforcement, District Attorney's office and child protection agencies; Conduct specialized training in child maltreatment and child safety to healthcare providers, community agencies and local hospitals; Research efforts in the fields of child maltreatment, childhood resiliency and child abuse prevention; "Center of Excellence" standard includes providing medical leadership and medical services in an outpatient clinic setting. RICA partnership needs can be satisfactorily addressed within the LLUCH system.

iv. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other personnel as relevant. Describe the **role of each**, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s). **(Max 500 words) Final word count 496**

Amy Young, MD, is the Project Director for the Round 2 proposal. She is the Founder and Director of RICA and the Chief of the Division of Forensic Pediatrics at LLUCH. Dr. Young is a board-certified Forensic Pediatrician and has served as a child maltreatment expert for over 19 years, providing expert testimony in court. Dr. Young is the Program Director of the LLU Child Abuse Pediatric Fellowship. She offers regional and national training in trauma-informed practices and resiliency. Dr. Young has developed wrap-around educational services for children. Dr. Young was born and raised in the community she serves and is a foster/adoptive parent.

Tami Lenée, ACSW, is the Project Evaluator and Operations Oversight for the Round 2 proposal. Tami is the Manager of RICA and is responsible for the daily management of all staff.

Tami oversees the operating budget, grants, philanthropy, contracts, and MOUs. Tami oversees the mental health program and coordinates all trauma-informed, evidence-based training. Tami has extensive experience working for numerous agencies, including; CFS, the District Attorney's Office, and the Department of Behavioral Health. Tami has received training in the Child Family Traumatic Stress Intervention (CFTSI) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) models.

Vanessa Cortez, LCSW, is the lead clinical therapist at RICA. She has over seven years of experience as a medical social worker and mental health clinician. She is an Adjunct Professor at LLU School of Behavioral Health, working with MSW interns. Vanessa has obtained certifications from the CFTSI model, the TF-CBT model, Parent-Child Interactive Therapy (PCIT) model, and Trauma Play. Vanessa provides supervision for our MSW interns and social workers obtaining state licensure.

Robin Daughenbaugh, LCSW, is a medical social worker at RICA with over 19 years of experience in child welfare. Robin's practice areas have included child abuse investigations, forensic interviewing, dependency court, CFS Training Unit mentor, and adoptions. Robin works directly with patients and families, coordinating integrated medical and mental health care for patients.

Raquel Moran, ACSW, is a bilingual clinical therapist at RICA with over 15 years of experience providing crisis intervention, group therapy, and individual and family therapy. She has worked in Juvenile Hall, in a Foster Family Agency, and as a medical social worker. Raquel has obtained certifications from the CFTSI, TF-CBT, and Trauma Play models. Raquel is completing training in CFTSI. Raquel provides supervision to the MSW intern program at RICA.

Veronica Flores, ACSW, is a clinical therapist at RICA with over 19 years of experience in child welfare. Veronica's practice areas have included child abuse investigations, forensic interviewing, dependency court, and CFS training unit mentor. Veronica is trained in the TF-CBT model and is training in CFTSI.

All ACSW/LCSWs provide training and case consultation within the county. They all serve on a Multi-Disciplinary Team and participate in peer review/case review. All will obtain CPP training through Round 2 funding and work directly with victims with significantly high Adverse Childhood Experience scores. One additional new hire and nine additional collaborative clinicians will join the training.

v. Entity letter of support - provide a letter of support from community members, previous organizations, supervisors, or others that can attest to your background in trauma-informed services. If applying as an individual, please also provide an additional letter of support from organizational leadership. (File Upload [max. 3]) (Currently, we have an IEHP letter, Bev Buckles, BS?)

e. Data Collection and Performance Management

i. Provide information about your/your organization's experience in data collection (e.g., storage, management, analyzing) relating to service utilization and quality improvement (e.g., data that is used to enhance the organization's offerings rather than data stored in an electronic health record). (Max 500 words) Final word count 491.

RICA employs multiple software platforms for data collection and storage, not only regarding patients' health and educational records but also for various aspects of program evaluation to

measure effectiveness and guide improvements. Optimization within Epic has allowed RICA to broaden the use of Epic to include the collection and evaluation of data related to service utilization and quality improvement. RICA's medical healthcare clinics employ Epic Electronic Medical Records (EHR) to access, organize, store, and share EHR. Mental healthcare clinics within RICA are currently converting from paper charting to EHR and have a team employed to build the Epic platforms for implementation in the suites providing crisis intervention and ongoing therapeutic support. Currently, medical and mental health providers are co-located and involved in shared case review processes, however, shared EHR will increase documentation and monitoring and improve the timeliness and ease of information sharing in this integrated model. RICA recently acquired Compass Rose, Epic's application for comprehensive care coordination. This platform goes beyond EHR and allows for screening and referrals regarding social determinants of health, tracking completion of referrals to outside partners, managing and tracking patient outcomes, and enrolling patients in our community-based programs, including RICA's Educational Advocacy program. Through MOUs with the school districts and child welfare, RICA gathered cross-discipline information regarding patient outcomes, including educational progress and performance, school attendance, and behavioral reports. In addition, the number and length of foster placements and court decisions measure the impact of forensic investigations, medical care, mental health support, and educational support at RICA. Information regarding the patient, caregiver, and partnering organizations' satisfaction is also obtained and integrated. Data allows RICA to combine social and health-related insights into comprehensive reporting to improve the interoperability of the various programs, conduct program evaluation and implement improvements. Formal research is underway within RICA to gather data across partners and collaborators to store within RICA's data collection platforms to measure program effects in the target population and measure progress in outcomes that RICA's unique holistic model addresses.

The forensic components of RICA have been accredited by the National Children's Alliance (NCA) as a center of excellence, meeting the national standards of providing the highest quality of care for victims of abuse and neglect. RICA partners with county agencies and provides forensic medical evaluations, forensic interviewing, victims advocacy, and prosecution monitoring in line with NCA Advocacy Center standards. RICA employs additional software, the NCA Database, to share information gathered among all county partners with national CAC partners. Through NCA's Outcome Measurement System (OMS), RICA can further define its successes in serving children and families by benchmarking its progress against the work of the nationwide CAC movement. First 5 San Bernardino utilizes Persimmony data software to manage contracts and programs in fiscal and performance measures. Aggregated data is stored in Persimmony from numerous countywide programs, providing collaborative reports of program success and challenges. As a partner, RICA contributes data to Persimmony, which allows F5SB to share the outcomes countywide.

ii. Provide examples of reporting you/your organization has developed to showcase your organization's program outcomes and experience working with relevant social service agencies (e.g., annual report, grant monitoring report, letter to funders, etc.). (File Upload [max. 3])

F5SB Local Outcomes Report FY21-22
2017 CFC annual report CAC = RICA
2019 CFC annual report on CAC = RICA

iii. Provide a plan for data considering the following:

a. What electronic data collection software will be used, if any? (Max 250 words) **(Final word count 242)**

Clinicians within Loma Linda University (LLU), Resiliency Institute for Childhood Adversity (RICA), and LLU School of Behavioral Health work collaboratively within the Whole Child Care

Collaborative (WCCC) at LLU. LLU RICA works with LLU SBH to provide MSW intern rotations, supervision, and training. LLU SBH Behavioral Healthcare Clinic is available to RICA pediatric patients and caregivers as an additional referral source for ongoing therapeutic services. LLU Clinicians receiving training and employing the Evidenced-Based Practice of Child Parent Psychotherapy (CPP) will use EPIC EHR for documentation. The mental health portion of RICA is currently undergoing evaluation and development with the LLU Children's Hospital Epic team to build Epic for the mental health care suites. As providers receive training in CPP, enter the CPP treatment fidelity portion into the Epic templates for providers' use. Standardize the shared template use with the LLU SBH providers. As part of the Whole Child Care Collaborative, LLU RICA and LLU SBH clinicians will be added to the Compass Rose comprehensive care coordination software platform to provide information sharing, tracking, data collection, and research. Clinicians within the Barbara Sinatra Children's Center (BSCC) are currently documented in paper charting. As the RICA and BSCC partnership grows, plans to implement a similar Epic EHR platform are planned. RICA will report to First 5 San Bernardino in the Persimmony data software for fiscal invoicing and performance measures in the formats of de-identified aggregate data with narrative reports of program success and challenges.

b. How often will data be collected? (Max 250 words) **Final word count 203**

LLU patient-specific data and charting is collected daily in the Epic EHR. Data including demographics, attended/missed/rescheduled appointments, clinical behavioral health charting templates and documentation, treatment plans, and goals are updated throughout a patient's care. Specific to CPP, charting, including the foundational phase of treatment, core intervention, and termination, will be updated with each patient's visit. The placement of referrals within Epic and completion of referrals will be followed in real-time with continuous updates sent to individual clinicians. A Complex Care Management Team is being implemented within RICA to monitor case coordination on a minimum of a weekly basis through the information available in Epic and reports generated from Compass Rose. RICA prepares monthly Impact Reports, which include the age of patients served, gender, demographics, types, and number of services provided, connections to outside resources and referrals, and quantification of the array of sub-specialty services provided. Outcome reporting will be generated quarterly or more frequently, depending on the current and ongoing research study. Data from BSCC will be provided by BSCC monthly during multi-disciplinary teaming meetings. RICA's fiscal report and invoicing are reported monthly into F5SB's Persimmony system for processing and review. The RICA CPP performance measure data is entered into F5SB's Persimmony quarterly.

c. The organizational process that will be implemented to ensure the accurate and timely collection and input of data. (Max 250 words) **Final word count 242**

Within RICA, a team of 7 administrators, including 2 clinical therapists, 2 Medical Directors, and 3 data analysts, develop and prepare reports. They collect information across platforms (Epic and Compass Rose, NCA database, and Salesforce database reporting Educational Advocacy data) to prepare monthly reports for the Collaborative Board. Each of the 3 systems has one administrator responsible for data analysis, including continuous monitoring and updating. The data collection process provides multiple levels cross-checked among multiple providers to ensure completion and adequacy of reporting. Furthermore, in some circumstances within RICA, data collected is used for research purposes and requires Institutional Review Board (IRB) oversight. Processes and protocols for accurate and timely data input and collection are documented, provided, and approved for the IRB process.

The Epic system is currently used for medical care and will soon be implemented for the behavioral healthcare portion of RICA. Mental health care clinicians complete timesheets submitted weekly to the RICA Manager. Data includes information about the services rendered, any referrals placed, and the demographics of the children seen. The RICA Manager and Lead LCSW monitor the completion of individual charts. This process will improve with the implementation of Epic and will follow the current process that is completed in the medical portion of RICA. Clinicians receive regular notices to complete the charts via Epic Inbox notifications. Epic will provide a process for more accurate, timely monitoring and reporting of data among the mental healthcare providers delivering EBPs.

d. The staff responsible for collecting and recording data. (Max 250 words) (final word count 249)

All clinical staff is responsible for individual patient charting and recording. Within RICA, four practicing clinicians, Vanessa Cortez, Raquel Moran, and Veronica Flores, and a newly hired therapist will be responsible for CPP documentation. The RICA Manager, Tami Lenee, and LCSW Lead, Vanessa Cortez, monitor the overall completion of behavioral healthcare records through bi-weekly reviews. Each clinician will keep a log of clients receiving CPP, which will be turned in at the end of every week. All data will be compiled into monthly and quarterly reports. Each year, RICA creates an annual Impact Report, including CPP data. With the implementation of Epic, the Manager and Lead will receive regular notification of CPP record completion and deficiencies, as well as automated reports.

LLU SBH and BSCC will each provide CPP data prepared by a Lead Clinician within each group. The RICA Manager, Tami Lenee, will gather data from LLU SBH and BSCC clinicians and incorporate the information into all prepared reports.

Each software platform (Epic/Compass Rose, NCA database, and Salesforce) within RICA has a data analyst responsible for monitoring data completion and preparing and creating reports.

Reports are reviewed by the RICA Manager, Tami Lenee, and RICA Director, Dr. Amy Young, for accuracy. The multi-disciplinary research team within RICA includes 2 mental healthcare clinicians, 3 attending physicians, and 3 fellow physicians who evaluate the data collection and reports for program effectiveness and improvement.

F5SB Staff Analyst II managing the RICA contract, will coordinate with RICA and report to the DHCS.

e. The data source/data collection instruments that will be used to collect the data. (Max 250 words) (current word count 176)

With the implementation of CPP, all clinicians taking part in the CPP training will prepare and provide detailed timesheets encompassing all CPP activities. The timesheets will collect information regarding all didactic training, active learning activities, clinical practice and case presentations, and hours of mentoring, supervision, and consultation, including team support. RICA's Manager will further record hours of agency support provided by CPP trainers regarding policy and procedures for CPP implementation. Clinicians will prepare and provide redacted patient logs for all individual clinical activities related to CPP. The data collected will be entered into Excel Spreadsheets to create monthly, quarterly, and annual RICA Impact Reports. With the planned implementation of Epic at RICA, processes to collect CPP client data and generate reports for CPP will be developed and included within Epic EHR and Compass Rose initiation.

Reporting will be shared with First 5SB for incorporation into Persimmony and sharing among countywide partners, including any countywide partners taking part in Round 2 Evidence-Based Practice and Community-Defined Evidence Practice (EBP/CDEP) funding of the Children and Youth Behavioral Health Initiative.

f. How well the data collection methods that will take into consideration the language, norms, and values of the population(s) of focus. (Max 250 words) (Current word count 248)

Many children served by RICA and collaborative partners are bilingual Spanish-speaking; for many caregivers, Spanish is their primary language. The population of children served at RICA includes victims of child abuse and neglect victims, foster youth, homeless youth, children with an incarcerated caregiver, and youth experiencing other significant adversities. Children served in our collaborative suffer from health inequity and often lack fair and just access, opportunity, and resources due to race, gender identification, sexual orientation, disability, socio-economic status, geographic location, or other societal constructs.

Accurate, sensitive data collection can identify and assist in addressing these inequities, creating actionable solutions. Collection methods employed encompass RICA's values of patient-centered documentation. Data is collected through the lens of health equity, promotion of inclusion, a celebration of diversity, and identifying/addressing Social Determinants of Health (SDOHs). Patient focus groups have informed the data collection process at RICA. Staff is trained to use data collection platforms in a manner that is sensitive and preferred by children and caregivers. This includes correctly identifying race/ethnicity and heterogeneity, using preferred names, gender identity, and sexual orientation, and accurately documenting preferred languages and the correct caregiver-patient relationship. Goals include addressing Eurocentrism, preventing biases of the recorder, and screening out important information. Patients are provided immediate bilingual support through accurate information collection, including bilingual staff, translation services, and bilingual information and resources. Data collection generates community referrals to address SDOHs and track access. The focus of RICA's data collection promotes the most basic human needs, being seen and understood.

g. How the data will be stored securely. (Max 250 words) Current word count 242

RICA and its partners employ multiple data platforms, including Epic and Compass Rose, NCA database, and Salesforce database. Additional RICA information, including timesheets, Excel spreadsheets, program policies/procedures, some patient schedules, financial information, invoices, and reporting, etc., are kept in Microsoft Teams, OneDrive (shared drive), and/or Sharepoint. RICA teams also use Office 365 for communication and to utilize collaboration tools. All platforms are PII/HIPAA-compliant and employ encryption to protect the privacy and security of data. All platforms employed have technical support available for assistance who place restrictions among the platforms to ensure only the necessary approved users have access. Each of these platforms has policies and procedures monitored by the partnering organizations.

For all written records and those kept within the physical spaces of service, records are maintained in locked file cabinets in locked offices within medical and mental healthcare facilities. All facilities have monitored badge access, allowing only approved personnel access. Facilities are also monitored by on-site security, and all sites have security systems and either currently have or will soon have video surveillance. All staff maintain yearly confidentiality, privacy, and protected information training. Training includes data integrity updates and best practices for obtaining and storing data, including how this relates to clinical practices. The staff takes part in continuous training regarding updates to EHR. Records are maintained for all staff who have completed training courses, including immediate plans to train any staff who still need to complete training by set deadlines.

h. If applicable, how will the data collection procedures ensure that confidentiality is protected, and that informed consent is obtained. (Max 250 words) current word count 141

Patient data collected at RICA follows Loma Linda Children's Hospital policies and procedures regarding confidentiality and informed consent. All patients registering for appointments complete consent for treatment and are notified of protected healthcare policies and how their information may be used for reporting. All non-minor patients and caregivers sign a consent form permitting the use of their information, as deemed necessary, and receive a copy of the signed consent documents. Loma Linda Risk Management and the LLU Health Information Management Department oversee these policies and their implementation. Risk Management and the Loma Linda legal team review any contracts resulting from funding awards to ensure that information sharing based on the awards follows all necessary privacy protection laws. Agreements with outside entities, such as BSCC, are also reviewed by Risk Management and the LLU Legal team and include provisions for information sharing.

i. If applicable, how data will be collected from partners. (Max 250 words) **Current word count 226**

RICA and the School of Behavioral Health (SBH) are part of Loma Linda University entities. Both entities collaborate on multiple initiatives, including Master's level Social Work (MSW) intern training, supervision, clinical rotations, and shared patient referrals and training opportunities. The relationship between LLU RICA and LLU SBH allows for information sharing and collaboration. Both entities have a shared vision and mission for providing services to vulnerable youth. These entities have shared PII-HIPAA compliant data platforms that permit and contribute to ease of information sharing. The Barbara Sinatra Children's Center (BSCC) recently contracted with LLU RICA to provide a RICA satellite clinic in the eastern region of Riverside County served by BSCC. BSCC has contracted RICA to provide medical care, educational advocacy, and collaborate on forensic interviewing and mental health services. The contract terms permit information sharing, thus allowing clinicians at BSCC to participate in CPP training and provide redacted results to RICA staff for reporting. First 5 San Bernardino and RICA have a long-time partnership in which First 5 has supported RICA in delivering EBP medical and mental health services to youth under 6 since 2014. This award will allow provisions for further information sharing and collaboration to expand EBP mental health services to caregivers and youth under 6 services and further share resources countywide through First 5's network of integrated and coordinated stakeholders and providers.

j. If applicable, how will the data collection process demonstrate that effective EBP scaling was facilitated by the award (Max 100 words). **Current word counts 100.**

Dr. Young, the Director, and Tami Lenée, the Manager of RICA, oversee all RICA staffing, programs, data collection, and reporting. Monitoring, invoicing, and reporting of the award will be managed, in collaboration with First 5SB Staff Analyst II, by Dr. Young and Tami Lenée. Dr. Young and Tami Lenée will work directly with the collaborating partners to incorporate their specific CPP data into the statistical reports. With a small team of expert clinicians providing oversight and reporting of the award and CPP implementation, a direct correlation can be made between funding and the increased capacity in programming the funding provided.

iv. Please refer to Section 2.6 "Data Reporting Requirements" for additional information about data collection requirements. Note: DHCS reserves the right to specify and/or add metrics at the time of grant award.

f. Proposed budget (File upload)

- i. Provide an estimated budget based on your understanding of the scope of your project. The budget total should equal the grant amount you are proposing for and be itemized by specific resource (e.g., staff salaries by level, supplies, etc.) tying back to key deliverables or other program goals mentioned in the Section 3.2.F. The budget should include expenditures over a maximum two-year period, as well as details on any anticipated subawards.
- ii. Final budget and payment schedule will be determined in tandem with the applicant and DHCS or its designee (i.e., TPA). DHCS, or its designee, will provide interval payments based on delivery of standard deliverables.

[RICA - Let's review the budget together](#)

2.3 Eligible Expenditures

Eligible expenditures must be necessary, reasonable, and allocatable to the activities proposed in the application. This may include:

Equipment and capital improvements (e.g., modifications to physical space to support practices and programs);

Manual access for practices and programs;

Planning costs;

Specialized training (e.g., disability training, cultural competence, anti-racism);

Staffing (e.g., benefits, contractors);

Supplies (e.g., printing, toys);

Technology (e.g., computers, virtual care platform, electronic medical record);

Technical assistance;

Training costs;

Travel; and,

Other (applicants must define).

For eligible applicants (e.g., CBOs, county BH departments) who participate in Medi-Cal, and are already reimbursed for EBP / CDEPs, these awards aim to support training, capacity building, implementation, and expansion of trauma-informed BH services across various settings (in contrast to other awards which are designed to fund the direct provision of services).

g. Additional Practices and Programs Relating to Trauma-Informed Programs and Practices (N/A)

This section is only to be completed by applicants that are submitting a proposal for a program or practice that is not included in the list of eligible programs and practices in Section 1.3 "Purpose."

- i. Provide a description of the program or practice, including:
 - a. Program overview (Max 500 words)
 - b. Target population (e.g., parents/caregivers, infants, children) (Max 500 words)
 - c. Program goals (e.g., supporting the resilience of children and youth affected by ACEs, improving grief support for children and youth) (Max 500 words)
 - d. Program delivery (e.g., recommended intensity, duration, delivery setting) (Max 500 words)
 - e. Manuals and training (e.g., if they practice is manualized, level of training required, training modality) (File upload)
- ii. Describe how this program or practice will improve outcomes and benefit populations of focus. (Max 500 words)
- iii. Describe how you will monitor and ensure fidelity of program delivery if the program is considered "innovative" (e.g., does not have existing evidence-based, manual). (Max 500 words)

- iv. Describe the evidence which supports that the selected EBP/CDEP or adaption will drive the outcomes contained in Section 1.2 “Equity-Driven Approach” and 2.6 “Data Reporting Requirements”: (Max 500 words)
- For EBPs, include mention of the scientific evidence base that supports key outcomes related to the RFA (e.g., RCTs, peer-reviewed journal articles) as well as the rating from relevant clearinghouses, if applicable (California Evidence-Based Clearinghouse for Child Welfare²⁴, Title IV-E Prevention Services Clearinghouse²⁵, Federal Evidence-Based Practices Resource Center²⁶)
 - For CDEPs or population-specific adaptations of EBPs, include findings from limited or informal evaluations, case studies and/or surveys or testimonies from program participants, family members, community members and/or other stakeholders as well as whether the CDEP is listed as an Innovative Practices in the National Network to Eliminate Disparities in Behavioral Health resource library²⁷
- v. Describe the recommended path to sustainability for this program or practice (e.g., funding, reimbursement). (Max 250 words)
- vi. If applicable, describe how scaling of this program or practice will add to the existing BH landscape. (Max 500 words)
- h. Additional information
- i. Is there any additional information you would like to add?

3.3 Application Scoring Criteria

The CYBHI EBP/CDEP grant funding is a competitive application grant program. DHCS will only fund proposals from applicants that are in good standing with all local, county, state and federal laws and requirements. Funding decisions will be based on a variety of factors, including but not limited to: practice selections, demonstrated need and ability to meet outcome objectives for populations of focus, ability to provide culturally relevant and responsive services to populations of focus, overall estimated impact of potential award, geographic distribution of applicants, and populations served. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Based on input from Think Tank²⁸ and Workgroup²⁹ discussions and DHCS OSP leadership, each application will be evaluated based on the strengths of the proposal and the responsiveness to the selection criteria and project aims, as follows:

- Increase early intervention so children and youth with or at high risk for BH conditions can access services before conditions escalate and require higher level care.
- Support the resilience of children and youth by mitigating the adverse effects (e.g., brain development, emotional and BH, among other conditions) of ACEs.
- Build knowledge of trauma-informed support and communication for parents, caregivers and individuals close to children and youth.
- Increase the capacity of child-serving service systems (e.g., child welfare, juvenile justice system) on trauma-informed practices.
- Improve grief support for children and youth (e.g., death of a parent, loved one).

Additionally, DHCS reserves the right to prioritize applications that align with the aims of the broader CYBHI initiative (e.g., increasing care to populations of focus, mental health professional shortage areas).

Practices and programs not on the identified list of Round Two EBPs and CDEPs will be evaluated for efficaciousness, equity, sustainability, scalability, and whether the practice model is supplementary to the BH landscape. No application is guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria.

2.5 Grant Monitoring and Participation in Training and Technical Assistance

All grant recipients are required to participate in mandatory grant monitoring and technical assistance activities conducted by DHCS, or its designee (i.e., the TPA). DHCS expects grantees to:

- Deliver trauma-informed care EBPs and CDEPs with fidelity to the specified model while using a culturally relevant and responsive approach to implementation with populations of focus.
- Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus.
- Collect data and report, via periodic written progress reports to DHCS and/or its designee, standardized client-demographic data and outcome-specific data.
- Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in
- evaluation activities.
- Achieve and maintain the specific benchmarks (e.g. referral rates, initial assessment, providers trained) for the grant within specified timeframes.
- Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings and check-in calls with a TPA and/or DHCS.
- Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and/or best practices.
- Based on input from Think Tank¹⁷ and Workgroup¹⁸ discussion, as well as DHCS OSP leadership, develop an implementation plan to support trauma-informed care, which includes:
 - a. Establishing a system for early identification, screening, referral, and/or provision of treatment for children and families.
 - b. Developing a protocol for managing risk (e.g., mandated reports, as required for certain individuals under the Federal Child Abuse Prevention and Treatment Act (CAPTA) for known or suspected instances of child abuse and neglect¹⁹) and escalating concerns before disclosing to parents/caregivers and third parties (e.g., police, child-protective services).
 - c. Identifying barriers to trauma-informed services within the community and with solutions to address identified barriers.

2.6 Data Reporting Requirements

As a condition of funding, all grantees are required to share standardized data, in a manner and form determined by DHCS.²⁰ As a part of the award, grantees must agree to report data and outcomes for a period of 1-2 years post award, as applicable based on award type.

Based on input from Think Tank²¹ and Workgroup²² discussion, as well as DHCS OSP leadership, below are examples of the type of data that will be required to be reported under each funding track:

- Training status of BH professionals (e.g., number of certifications, proof of certification/training completion).
- Client demographic information (e.g., age, sex, sexual orientation and gender identity, race/ethnicity).
- Service utilization data (e.g., number of clients enrolled, service location, average length of service, program completion rates).
- Child outcomes (e.g., stressful life events, adverse childhood experiences, internalizing and externalizing symptoms, social and academic functioning, child-caregiver relationship) as appropriate.
- Adult self-report outcomes (e.g., caregiver stress, teacher-child relationship), as appropriate.
- Number of mandated reports submitted, as required for certain individuals under the Federal Child Abuse Prevention and Treatment Act (CAPTA) for known or suspected instances of child abuse and neglect²³

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First 5 San Bernardino apply on behalf of RICA for the Integrated Track Application Timeline, Activity, and Deliverables breakdowns:

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 1 Month 2 Month 3	RICA & CPP Training	<ul style="list-style-type: none"> • Seek CPP Trainers and mentors • Begin CPP Learning Session 1 <ul style="list-style-type: none"> ◦ 3 days minimum training ◦ Participate in Core CPP Didactics. • Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> • Established Training participating protocols and procedures. • Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Established staff training team. • Recruitment of licensed mental health clinician • Develop improvements to physical space to support practice • Develop a contract with CPP Trainers and mentors • Ongoing participation in DHCS grant monitoring and technical assistance activities • RICA provides a coordinated system of care to increase early intervention • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to the best practices' manualized instructions. 	<ul style="list-style-type: none"> • Staff submit the CPP Training Agreement form • Onboarding staff • Agreements with partners participating in CPP training • Capital improvement plan • Deliver trauma-informed care using CPP fidelity in a culturally relevant and responsive approach to implementation with populations of focus (ages 0-6) in RICA • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. • Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed.
	F5SB	<ul style="list-style-type: none"> • Develop a contract with RICA • Monthly contract monitoring • Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection, and 	<ul style="list-style-type: none"> • Commission contract approval for RICA • Obtain service agreement/contract with CPP Trainers and mentors

		submission, and participation in evaluation activities	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.
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Revised Timeline	Activity		Deliverables
Grant Cycle: Month 4 Month 5 Month 6	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions(e.g., monthly learning collaborative sessions) to ensure adherence to the best practices manualized instructions. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Deliver trauma-informed care using CPP fidelity in a culturally relevant and responsive approach to implementation with populations of focus (ages 0-6) in RICA Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed Capital improvement plan approval.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 7 Month 8 Month 9	RICA & CPP Training	<ul style="list-style-type: none"> • Ongoing CPP 6 months consultation calls. • Learning Session 2 <ul style="list-style-type: none"> ○ 2 days minimum ○ Competency building ○ Case-based ○ Participant-driven 	<ul style="list-style-type: none"> • Staff progress in ongoing CPP training • Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Ongoing participation in DHCS grant monitoring and technical assistance activities • Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to the best practices manualized instructions. • Develop and implement outreach strategies • Hold informational sessions regarding the clinical services • Develop protocols for managing risk 	<ul style="list-style-type: none"> • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Community outreach and engagement with Child Welfare, the Juvenile Justice system, community agencies, and Law Enforcement to refer children for services to build knowledge of trauma-informed support and communication for parents, caregivers, and individuals close to children and youth while increasing the capacity of child-serving service systems • Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed • Marketing items, social media, and email distributions, in-person informational sessions about services • Referral process, mandated reporting, escalating concerns to LE or CPS.

			<ul style="list-style-type: none"> Capital improvement plan implementation.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 10 Month 11 Month 12	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. <p>Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices.</p> <ul style="list-style-type: none"> Hold informational sessions regarding the clinical services and marketing outreach 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed Marketing items, social media, email distributions, in-person informational sessions about services, and referral process.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 13 Month 14 Month 15	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. Learning Session 3 <ul style="list-style-type: none"> 2 days minimum Competency building Case-based Participant-driven 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls Completion of CPP Training

RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Ongoing participation in DHCS grant monitoring and technical assistance activities • Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. • Hold informational sessions regarding clinical services and marketing outreach 	<ul style="list-style-type: none"> • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. • Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed • Marketing items, social media, email distributions, in-person informational sessions about services, and referral process.
F5SB	<ul style="list-style-type: none"> • Monthly contract monitoring • Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and • submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> • Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 16 Month 17 Month 18	RICA & Ongoing CPP Learning Collaboratives	<ul style="list-style-type: none"> Ongoing CPP learning collaboratives and reflective supervision 	<ul style="list-style-type: none"> Staff progress in ongoing CPP learning collaboratives and reflective supervision
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed Continue marketing items, social media, email distributions, and in- person informational sessions about services and the referral process.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 19 Month 20 Month 21	RICA & CPP Training	<ul style="list-style-type: none"> Engage in CPP Agency Mentorship Program (C.A.M.P) 	<ul style="list-style-type: none"> Staff progress in ongoing CAMP and placed on CPP roster
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed Continue marketing items, social media, and email distributions, in- person informational sessions about services and referral process Completion of the capital improvement mental health office space “open house”
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 22 Month 23 Month 24	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP learning collaboratives and reflective supervision 	<ul style="list-style-type: none"> Staff progress in ongoing CAMP and placed on CPP roster
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Meet with community partners to discuss the future development of the CPP program throughout various regions of San Bernardino and Riverside Counties. Explore train-the-trainer opportunities 	<ul style="list-style-type: none"> Continue marketing items, social media, and email distributions, in- person informational sessions about services and referral process Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

APPLICANT INSTRUCTIONS

To complete this application, review the Eligible Expenditures, Section 2.3 of the Request For Application, for guidance and provide responses in the yellow highlighted cells below with as much accurate detail as possible. To add rows as needed, unprotect the sheet by right-clicking on the respective sheet tab at the bottom and selecting "unprotect." Provide an estimated budget based on your understanding of the scope of your project. The budget total should equal the grant amount you are proposing for and be itemized by specific resource (e.g., staff salaries by level, supplies, etc.) tying back to key deliverables or other program goals mentioned in the Section 3.2.F. The budget should include expenditures over a two-year period maximum. Save as a PDF prior to uploading to the SurveyMonkey.

Final budget and payment schedule will be determined in tandem with the applicant and DHCS or its designee (i.e., TPA). DHCS, or its designee, will provide interval payments based on delivery of standard deliverables.

EBP/CDEP ROUND 2 APPLICANT INFORMATION

Applicant / Entity Legal Name:	First 5 San Bernardino
Contact Information (Email & Phone):	Wendy Lee, Psy.D. wendy.lee@cfc.sbcounty.gov (909) 252-4254
County or Tribal Nation:	San Bernardino County
Name of Practice Model:	The Child-Parent Psychotherapy (CPP)

EBP/CDEP ROUND 2 GRANT BUDGET INFORMATION: IMPLEMENTATION START-UP (Revised Budget)

Expenditure Categories	Please provide a detail description of the cost associated with each category	Total Proposed Costs (Funded by Grant)
Equipment and capital improvements	Remodel space dedicated to mental health services and it to make 10 office spaces and 6 therapeutic rooms specific for mental health clinicians. Family-friendly & age-appropriate types of furniture.	\$78,750.00

Program materials (e.g., manual)	Training and program manuals (4 required books for CPP)	\$10,000.00
Planning costs	RICA operations manager will oversee the planning and implementation of this grant project over 15 months of the grant cycle.	\$18,750.00
Specialized training	Disability training, Cultural competence, Anti-racism, DEI training, etc.	\$10,000.00
Staffing (benefits must be included on listed salary)	One full-time licensed clinician dedicated to this project for 15 months of the grant cycle (Salary + benefit)	\$187,500.00
Supplies	Age-appropriate toys and materials.	\$2,000.00
Technology	Expand the electronic health records system (EPIC) to the new dedicated mental health treatment facility. Computers, communication/telephone, and printers for network integration.	\$20,000.00
Technical assistance	LLU's two licensed clinicians provide consultation, support, ongoing peer review, feedback, and supervision between the specific CPP training support (6 hours/week over the grant cycle).	\$48,000.00
Training costs	18 months CPP Learning Collaborative, plus 6 months, totaling 2-year training costs. (A budget period of 2 years allows for prep time and wrap-up. Many systems might want additional calls (after the 18-month period) to support participants in completing calls if they had a leave of absence (e.g., due to illness or pregnancy) during the training period.)	\$150,000.00
Travel (If applicable)	N/A	

Other costs (Please provide details in the next column)	Expected total number of clinicians trained in CPP is 15. RICA will servie as the lead agency and MOU with LLU School of Social Work staff and students to take part in the CPP training.	\$150,000.00
Administrative Costs	F5SB 10% managing grant funding and reporting	\$75,000.00
TOTAL PROJECT COSTS		\$750,000.00

FISCAL YEAR 2021-2022

Local Outcomes Report



COMMISSION MEMBERS



Elliot Weinstein, M.D. | Chair
Pediatrician



Ted Alejandre
San Bernardino County Superintendent of Schools



Joe Baca, Jr.
Fifth District Supervisor
San Bernardino County Board of Supervisors



Joshua Dugas
Director, San Bernardino County Public Health Department



Gary C. Ovitt | Vice Chair
Retired Teacher and Principal;
Former Fourth District Supervisor,
San Bernardino County Board of Supervisors



Diana Alexander
Assistant Executive Officer
San Bernardino County Administrative Office



Gwendolyn Dowdy-Rodgers, EdD
Community Development Specialist, Pacific Clinics
San Bernardino County Board of Education Trustee, Area D

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We would like to acknowledge the former 2021-2022 Commissioners including Jorge Escalante, Andrew Goldfrach and Dr. Margaret Hill.

Greetings from the Executive Director

Dear Colleagues and Community Partners,

Once again, I am pleased to provide First 5 San Bernardino’s annual outcomes report. The outcomes included cover the period for July 2021-June 2022.

As we continue to adapt to life in the wake of the COVID pandemic, we recognize that there are great needs lingering and a necessity for strong support for our young children and their families.

While these recent years have challenged us all in ways never thought possible, it has also inspired us at First 5 San Bernardino to continue innovating and revolutionizing funded systems and service delivery models while advocating for children and their families.



Karen E. Scott
Executive Director of
First 5 San Bernardino

Supporting Children

Through our investments in initiatives such as Family and Community Support Partnership, Help Me Grow Inland Empire, Quality Start San Bernardino, the Maternal Health Network and others, we continue to support children from prenatal through five years of age and their families with broad-based support. Through parent education, health care, social service and quality childcare, thousands of children and their parents, caregivers and childcare providers have been served in the fiscal year 2021-2022.

Improving Child Well-Being

Our Commission continues its commitment to build and support a comprehensive system of care for children ages 0-5, with a vision that community organizations, collective impact groups and the workforce will be equipped to effectively collaborate and serve our children and families to improve the well-being of the whole child.

Community Leader

We know the early childhood years are the foundation for lifelong well-being, and First 5 San Bernardino looks forward to meeting goals that promote, support and enhance the health and early development of our children as well as their families and communities. Fiscal year 2021-2022 yielded some exceptional outcomes as we continue to bounce back from COVID, build strong and diverse relationships, lead collaborations and coalitions and drive positive collective impact.

Responsive in a Changing Environment

Moving forward, our priorities are focused on keeping current with the rapidly changing policy and fiscal landscape that aligns with funding opportunities. This will allow for the linking of funding and expanding the reach and success of coordinated interventions, services and resources that support the whole child and whole community. We also are identifying opportunities to share data and maximize the use of innovation and effective technology.

We remain committed to the process of building out First 5 San Bernardino’s brand – an important component in developing credibility with stakeholders. Brand recognition and organizational awareness are intertwined and, over time, will position First 5 San Bernardino externally as a known market leader in child advocacy. I’m proud to lead a team that facilitates remarkable systems integration designed to nurture children in their early years. We are ready to proactively let our community get to know our significant commitment to our youngest children in San Bernardino County in a whole new way.

On behalf of the Commission, I would once again like to thank and acknowledge our contracted agencies and collaborative partners for the outstanding work that has been done in the face of the COVID challenges. The outcomes that have been achieved are exemplary and a true testament of their commitment to our county’s next generation beginning with our youngest children and their families.

Sincerely,

Karen E. Scott
Executive Director



Total Community Members Served

In 2021-2022, First 5 San Bernardino served 51,619 individuals:

29,468 Children | 17,431 Primary Caregivers | 4,720 Providers

The following report presents an overview of accomplishments and successes achieved through First 5 San Bernardino’s (F5SB) funded initiatives in fiscal year 2021-2022 in each of the three Strategic Priority Areas detailed in the 2020-2023 Strategic Plan:

Child Health

Children prenatal through age five and their families can access the full spectrum of health and behavioral health services needed to enhance their well-being.

Family Supports

Families and communities are engaged, supported and strengthened through effective resources and opportunities that assist them in nurturing, caring and providing for their children’s success and well-being.

Quality Early Learning




Children birth through age five benefit from high quality early childhood care and education, family engagement and support that prepares all children to reach their optimal potential in school and life.



Within each of the Strategic Priority Areas, F5SB maintained a commitment to systems-level efforts: collaboration, community capacity building and workforce.

- **Collaboration:** Ensuring that families, providers and stakeholders collaborate effectively to improve the well-being of the child.
- **Community capacity building:** Ensuring that community organizations and groups are equipped to effectively serve children and families.
- **Workforce:** Ensuring that the workforce is developed to effectively serve children and families.

The list of corresponding initiatives includes a narrative summary and the corresponding data for fiscal year 2021-2022. System-wide strategies are also identified for each initiative:

-  **Prevention efforts:** a focus on prevention strategies through outreach campaigns, provider trainings and caregiver education.
-  **Family supportive resources:** provision of supports for families, including services, supplies or other assistance.
-  **Collaboration for systemwide efforts:** initiatives that include collaboratives with other service or system partners.

Child Health

Children prenatal through age five and their families can access the full spectrum of health and behavioral health services needed to enhance their well-being.

Program	System-wide Strategies	Description	Data
Breathmobile	Family supportive resources	Delivers free pediatric asthma care to families via mobile clinics that travel to schools in the Inland Valley and High Desert areas to provide complete evaluation, examination, care plan and extensive patient family education.	<ul style="list-style-type: none">• 135 children served• 63 parents served
Children’s Assessment Center	Family supportive resources	Provides forensic interviews and medical exams in one child-friendly location for children who have suffered physical and/or sexual abuse to reduce unnecessary trauma for victimized children during the investigation of child abuse case.	<ul style="list-style-type: none">• 584 children served• 1,367 providers served
Children’s Network Early Childhood Mental Health Systems Coordinator	Family supportive resources; Collaboration for systemwide effort	Strengthens early childhood mental health system of care for high-risk 0-5 population by facilitating meetings and trainings for early childhood mental health service providers, strengthening relationships with community partners and streamlining and identifying gaps in services.	<ul style="list-style-type: none">• More than 90 collaborative meetings including:<ul style="list-style-type: none">• 10 SART/EIIS funders/providers meetings,• 5 Children’s Network Policy Council Meetings and 12 Autism Collaborative meetings
Children’s Network Media/Outreach Campaign	Prevention efforts; Collaboration for systemwide effort	Prevents child abuse and neglect by raising awareness of resources for at-risk families through community events, trainings, health fairs and media campaigns. Builds capacity in service providers to deliver trauma informed and culturally sensitive services.	<ul style="list-style-type: none">• 25,005,552 media campaign views• 9 regional collaborative meetings• Over 400 providers served at annual Children’s Network conference
Help Me Grow Inland Empire	Family supportive resources; Collaboration for systemwide effort	Supports early identification of developmental delays and connects families to existing community resources. Collects data and conducts evaluation to identify any gaps in the early identification and intervention service system.	<ul style="list-style-type: none">• 3,464 children served
Maternal Health Network	Prevention efforts; Collaboration for systemwide effort	Builds a collaborative network of maternal health providers to ensure equity in service delivery, increase quality of care for families with high-risk pregnancies, strengthen the workforce to meet community needs, improve data collection to guide quality improvement and decision-making and improve coordination of care and collaboration across sector providers and county coalitions.	<ul style="list-style-type: none">• 39 partner engagements including meetings, training, summits, webinars, technical assistance, information sharing and support

Child Health - cont.

Program	System-wide Strategies	Description	Data
Promoting Breast-feeding Through Professional Mentorship	Prevention efforts; Collaboration for systemwide effort	Supports hospitals in obtaining their Baby-Friendly designation by ensuring that hospitals have a plan to provide breastfeeding support to mothers and babies; Brings together local maternal health and support groups, including WIC, Black Infant Health and Maternal Health Network to support partnerships across the groups and trainings.	<ul style="list-style-type: none">• 1,439 providers served• 15 webinars• 2 California Breastfeeding Coalition meetings• 11 general continuing education sessions• 4 hospital collaborative meetings• 12 advocacy sessions
Screening, Assessment, Referral, and Treatment (SART) / Early Identification and Intervention Services (EIIS)	Family supportive resources; Collaboration for systemwide effort	In partnership with San Bernardino County Department of Behavioral Health, SART/EIIS supports the socio-emotional and developmental health of young children by conducting developmental screenings, providing early intervention services and improving the system of services through regular collaborative meetings with early intervention service providers. Children are assessed using Child and Adolescent Needs and Strengths (CANS) at pre- and post-testing.	<ul style="list-style-type: none">• 2,942 children served<ul style="list-style-type: none">◦ SART: 2,432◦ EIIS: 510• SART improvements on CANS:<ul style="list-style-type: none">◦ 73% improvement in family functioning◦ 73% improvement in adjustment to trauma◦ 71% improvement in attachment difficulties• EIIS improvements on CANS:<ul style="list-style-type: none">◦ 67% improvement in anger control◦ 64% improvement in social functioning◦ 64% improvement in emotional/physical dysregulation

Parent Success Story

A mother of two children ages 4 and 6 was referred to Help Me Grow Inland Empire’s (HMGIE) Access Center for developmental screening and social determinants of health needs. The initial referral noted housing as a concern. When the HMGIE program coordinator spoke to the mother during the intake call, the mother shared that her own personal health needs were hindering her ability to address the family’s additional concerns. The coordinator was able to connect the mom to health services to address her needs and then later, after a series of follow-up calls, the coordinator connected her to housing through an IEHP resource referral. The mother expressed her gratitude and appreciation for all the work that HMGIE conducted to help and encourage her family.

– Help Me Grow Inland Empire



Family Support

Families and communities are engaged, supported and strengthened through resources and opportunities that assist them in nurturing, caring and providing for their children’s success and well-being.

Program	System-wide Strategies	Description	Data
Daily Referral	Family supportive resources	Works with case managers and social workers to support at-risk children by providing for vital needs such as shelter, transportation, food, education and medical services.	<ul style="list-style-type: none">• 918 children served through direct support• 7,500 children served through Celebration of Giving
Family and Community Support and Partnerships	Family supportive resources; Collaboration for systemwide effort	Strengthens families and reduces child abuse through a prevention-focused coalition of organizations that provide evidence-based Nurturing Parenting Programs to improve parenting and family functioning; Assesses families for risk of child abuse at program entry and exit (Adult Adolescent Parenting Inventory, AAPI-2).	<ul style="list-style-type: none">• 554 children served• 1,089 parents served• 99.66% clients completed and exited the program with low to medium risk score• Of clients who entered FCSP as high risk:<ul style="list-style-type: none">◦ 51% exited as low risk◦ 48% exited as medium risk◦ 1% exited as high risk
Parent and Child Connection (PACC)	Family supportive resources	Supports positive parent-child relations and literacy for families with parents who are incarcerated by delivering books and story recordings to their children.	<ul style="list-style-type: none">• 318 children served• 219 parents served who are incarcerated
Children’s Network Inland Empire Father Involvement Coalition	Prevention efforts; Family supportive resources; Collaboration for systemwide effort	Uses resources, education, services and expertise from a coalition of county departments and community and faith-based organizations to reduce absenteeism and support engagement from fathers.	<ul style="list-style-type: none">• More than 50 participants served through virtual engagement lounges• 100 participants served at Inland Empire Fatherhood Summit• More than 300 provider staff trained



Parent Success Story

El Sol frequently invites families to participate in their Healthy Children, Resilient Families program. Recently, one family accepted and was enrolled in the program. The mother shared she was able to see changes in her children’s behavior. She also noticed differences not only in the children but also in herself. The mother expressed this program made so many positive changes in herself that she wanted to help bring about similar changes to others in the community. She was encouraged to apply and was hired for the position of family support worker. Currently, she is receiving training to work with and support other families.

– Family and Community Support and Partnerships

Quality Learning

Children birth through age five benefit from high-quality early childhood care and education, family engagement and support that prepares all children to reach their optimal potential in school and life.

Program	System-wide Strategies	Description	Data
Early Head Start-Child Care Partnerships	Collaboration for systemwide effort	Provides coaching for providers to increase the number of high-quality early care and education providers in San Bernardino County.	<ul style="list-style-type: none">• 525 coaching sessions
Footsteps2Brilliance	Family supportive resources	Provides a free bilingual application that fosters school readiness skills in children through a partnership between F5SB and San Bernardino County Superintendent of Schools.	<ul style="list-style-type: none">• 109,232 books read• 58,506,398 words read
First 5 Service Corps	Family supportive resources	In collaboration with California Child Abuse Prevention Center and County of San Bernardino Preschool Services Division, AmeriCorps volunteers introduce early literacy, numeracy and social-emotional development to children ages 3-5 in Early Head Start and Head Start programs to support school readiness.	<ul style="list-style-type: none">• 81 children served• 100% of children increased in one or more school readiness skills
Quality Start San Bernardino	Collaboration for systemwide effort	With joint funding from First 5 California’s IMPACT and Infant Toddler funding, California State Preschool block grant (overseen by California Department of Education and San Bernardino County Superintendent of Schools and F5SB, Quality Start San Bernardino helps childcare programs, preschools and alternative school-readiness programs provide the highest quality early learning experiences to children through a Quality Rating and Improvement System (QRIS) that integrates and aligns quality improvement services and investments into one coherent system.	<ul style="list-style-type: none">• 10,248 children served• 1,756 providers served• 1,583 coaching visits made• 329 coaching sites served
Reach Out & Read Inland Empire	Family supportive resources	Provides books to pediatric providers to be distributed to families to encourage reading aloud to their children.	<ul style="list-style-type: none">• 158 providers served• 32,339 books distributed



Provider Success Stories

Quality Early Learning providers were asked to describe key achievements via a program participant survey. The following are success highlights:

“I was ranked 2nd place in the category of best day care in Yucca Valley.”
– Family child care provider

“My classroom has an easier flow. Children are being more productive and respectful towards one another. We have more activities for them to learn as they play.”
– Center-based program teacher

“My program looks and operates in a more professional manner. I was enrolled in ECEC college classes, and from what I learned I now I feel empowered to contribute and offer quality services to my community.”
– Family child care provider

“Our school has become comfortable implementing the ASQ (ages and stages questionnaire), and we have been able to use it to help our families get services for their children.”
– Private center-based program director

“Our staff have been able to enrich their programs and environments with the funds received. Teachers loved having a coach for guidance and encouragement.”
– Center-based program administrator

“We were able to operate with very little COVID issues for the school year and were able to remain open and serve our families during the pandemic.”
– Center-based program director



OUR MISSION

Promote, support and enhance the health and early development of children prenatal through age five and their families and communities.



735 E Carnegie Dr., Suite 150
San Bernardino, CA 92408
909.386.7706
First5sanBernardino.org



Children and Family Services



2017 ANNUAL REPORT

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COUNTY ADMINISTRATIVE OFFICE

Gary McBride

Chief Executive Officer

HUMAN SERVICES ADMINISTRATION

CaSonya Thomas

Assistant Executive Officer

Tanya Bratton

Deputy Executive Officer



James Ramos
Chairman
Third District
Supervisor



Robert A. Lovingood
Vice Chairman
First District
Supervisor



Janice Rutherford
Second District
Supervisor



Curt Hagman
Fourth District
Supervisor



Josie Gonzales
Fifth District
Supervisor

- **We envision** a complete county that capitalizes on the diversity of its people, its geography and its economy to create a broad range of choices for its residents in how they live, work and play.
- **We envision** a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.
- **We envision** a sustainable system of high-quality education, community health, public safety, housing, retail, arts and culture, recreation and infrastructure, in which development complements our natural resources and environment.
- **We envision** a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.
- From our valleys, across our mountains, and into our deserts, **we envision** a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.



OUR MISSION

Children and Family Services protects endangered children, preserves and strengthens their families and develops alternative family settings. Services mandated by law and regulation will be provided in the least intrusive manner with a family-centered focus. This Mission is accomplished in collaboration with the family, a wide variety of public and private agencies and members of the community.

CHILDREN'S ASSESSMENT CENTER

- The Children's Assessment Center (CAC) is a state-of-the-art, one-stop center with one mission: to meet the needs of children by providing a friendly, child-focused center. The CAC's comprehensive program provides forensic interviews and evidentiary medical exams in one location for physically and sexually abused children, as well as victims of neglect.

The Children's Assessment Center (CAC) operates as a collaborative between various County departments and other agencies including CFS, Loma Linda University Children's Hospital (LLUCH), Law Enforcement, Department of Behavioral Health (DBH), Family Law Court, District Attorney, Children's Network, Children's Fund and Department of Public Health.

Services at the CAC include forensic interviews by Social Service Practitioners who have received specialized training to interview children. Forensic Nurse Practitioners and Forensic Pediatricians perform evidentiary medical exams. Written reports are provided regarding the outcomes of the interviews and medical appointments. Crisis intervention and short-term therapy are provided onsite by DBH staff. Referrals for counseling are provided to family members by Victim

Advocates from the District Attorney's office assigned to the CAC, as well as DBH staff to ensure that children and families receive trauma-focused therapy services.

Child victims of alleged abuse ages 0-17 are referred to the CAC for services from either a law enforcement agency, Family Law Court or CFS. Parents receive crisis intervention services as well as referral services.



2017 CAC Services

Service offered	Number of services rendered		
	2015	2016	2017
Forensic interview	1148	1005	1055
Medical exam	1145	943	1033
Therapy sessions	572	557	433



COGS

Children are the world's most valuable resource and its best hope for the future.

- John F. Kennedy



The goals of the CAC are:

- To administer competent, quality child abuse assessments to child victims.
- To promote a nurturing atmosphere for children and families.
- To provide referrals for treatment as necessary.
- To reduce the number of interviews of the child victim/witness, thereby reducing the trauma to the child(ren).
- To coordinate and network with a multidisciplinary team.



Mack, an Old English Sheepdog, is the furriest member of the CAC team.

Mack is an onsite therapy dog and provides comfort and affection to clients in therapy sessions, forensic interviews, and by interacting with them around the facility. Research shows that interacting with therapy dogs can temporarily affect neurotransmitters in the brain, raising levels of oxytocin and dopamine (feel-good hormones) while suppressing those linked with stress. Therapy dogs can also help people with self-confidence, brighten their day, lift spirits and serve as a motivation.

Mack was very carefully chosen for his calm demeanor, friendly manner, obedient nature and charm. He is affectionate and playful, but calm when he needs to be. He is a unique addition to an equally unique center.

Thumbs-up

In 2017, the CAC served more than 1700 children.

Thank you to our 2017 Annual Report Committee for their time and effort in gathering and organizing the information needed for this year's report!



Left to right, top row: Rod O'Handley, Program Specialist II; Sean Christy, Statistical Analyst; Christopher Rinewalt, Statistical Analyst.

Left to right, bottom row: Shay Daniel, CAC Medical Program Specialist; Liz Gallegos, Staff Analyst II; Kelly Cross, Statistical Analyst.





Children and Family Services

2019 Annual Report





Curt Hagman
Chairman
Fourth District



Col. Paul Cook (Ret.)
First District



Janice Rutherford
Second District



Dawn Rowe
Third District



Joe Baca, Jr.
Fifth District



COUNTYWIDE VISION

We envision a complete county that capitalizes on the diversity of its people, its geography and its economy to create a broad range of choices for its residents in how they live, work and play.

We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.

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We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.

From our valleys, across our mountains, and into our deserts, **we envision** a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

COUNTY ADMINISTRATIVE OFFICE

Leonard Hernandez,
Chief Executive Officer

HUMAN SERVICES ADMINISTRATION

CaSonya Thomas,
Assistant Executive Officer

Tanya Bratton,
Deputy Executive Officer

OUR MISSION

Children and Family Services protects endangered children, preserves and strengthens their families and develops alternative family settings. Services mandated by law and regulation will be provided in the least intrusive manner with a family-centered focus. This mission is accomplished in collaboration with the family, a wide variety of public and private agencies and members of the community.

OUR VALUES

To guide the practice of all CFS staff to fulfill our mission:

- ♦ *Children have the right to have their basic needs met, including a reasonable level of safety.*
- ♦ *Children are best raised in a family.*
- ♦ *All people have a basic right to be treated with respect, honesty and dignity.*
- ♦ *All people are best served by participating in making decisions which impact their lives.*
- ♦ *All people have the potential for growth, development and change.*
- ♦ *Delivery of services are non-punitive and non-judgmental.*
- ♦ *Services will be delivered with the lowest level of interventions.*
- ♦ *Interactions shall reflect knowledge of, and sensitivity to, cultural and ethnic diversity.*

Children and Family Services 2019 Annual Report

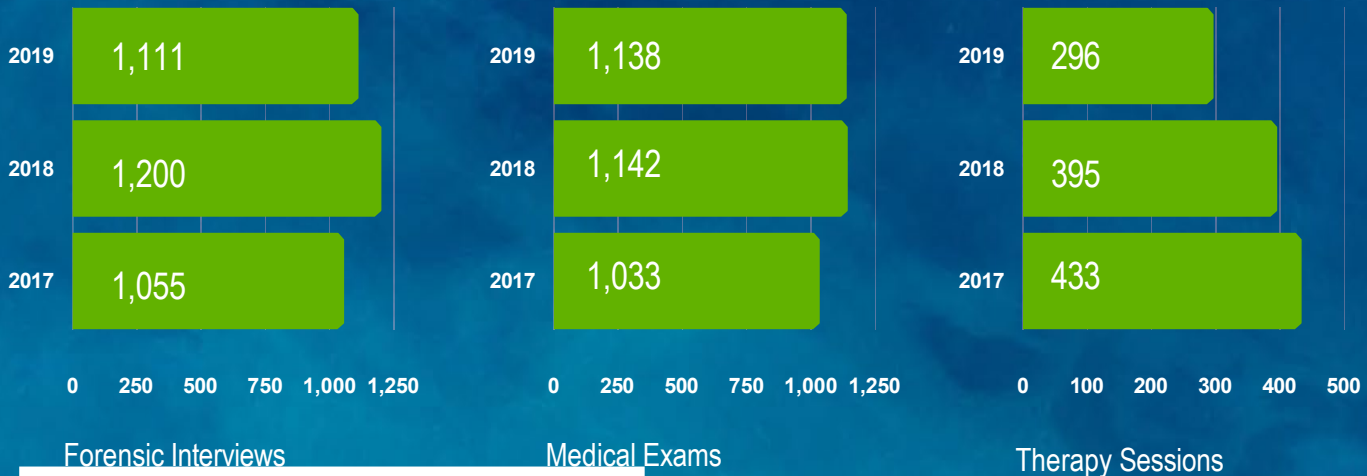
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CHILDREN'S ASSESSMENT CENTER

The Children's Assessment Center (CAC) is a state-of-the-art, one-stop center with one mission: to meet the needs of children by providing a friendly, child-focused center. The CAC's comprehensive program provides forensic interviews and evidentiary medical exams in one location for physically and sexually abused children, as well as victims of neglect.



Mack, the therapy dog, provides comfort and affection to clients in therapy sessions, forensic interviews, and by interacting with them in the facility.

Child victims of alleged abuse ages 0-17 are referred to the CAC for services from either law enforcement agencies, family law court, or Children and Family Services. Parents receive crisis intervention services as well as referrals to services.

♦ Goals of CAC

- ♦ To administer competent, quality child abuse assessments to child victims.
- ♦ To promote a nurturing atmosphere for children and families.
- ♦ To provide referrals for treatment as necessary.
- ♦ To reduce the number of interviews of the child victim/witness, thereby reducing the trauma to the child(ren).
- ♦ To coordinate and network with a multidisciplinary team.

The total number of children serviced by the CAC in 2019 was 1,913.



We heal and inspire the human spirit.

March 23, 2023

First 5 San Bernardino
Attention: Wendy Lee, Section Manager, Evaluation & Impact
735 E. Carnegie Drive, Suite 150
San Bernardino, CA 92408

RE: DHCS CYBHI EBP/CDEP Round Two: Trauma Informed Programs and Practices Request for Application

I write in support of the Resiliency Institute for Childhood Adversity (RICA) in the application for the trauma informed programs and practices grant. I attest that RICA provides ongoing trauma-informed medical and mental health services to youth ages 0-21 and holistic care to victims of abuse and children throughout the foster care system.

Inland Empire Health Plan (IEHP) is a Knox-Keene licensed Health Plan located in Rancho Cucamonga, Calif. IEHP is a not-for-profit public agency serving low-income and vulnerable populations in San Bernardino and Riverside counties and has over 1.6 million members in the following programs: Medi-Cal (including seniors and people with disabilities), and IEHP Dual Choice (HMO D-SNP). Through a dynamic partnership with providers, award-winning service, and innovative products, IEHP is fully committed to providing our members with quality, accessible and wellness-based health care services. By partnering with providers, we deliver high-quality health care coverage to low-income working families with children, adults, seniors, and people with disabilities.

Inland Empire Health Plan currently collaborates with RICA in a variety of ways and values their commitment to the community's most vulnerable. Their team of experts tirelessly champions and delivers holistic, trauma-informed pediatric care to meet the needs of children coping with the impacts of childhood adversity, including abuse and neglect. Through this grant, IEHP is confident that RICA will continue providing an effective system of coordinated medical care and positively continue impacting the lives and health of our children.

Sincerely,

Jarrod McNaughton, MBA, FACHE
Chief Executive Officer
Inland Empire Health Plan
Mcnaughton-J@iehp.org



LOMA LINDA UNIVERSITY

School of Behavioral Health

04/07/23

First 5 San Bernardino
Attention: Dr. Wendy Lee, Section Manager Evaluation & Impact
735 E. Carnegie Drive, Suite 150
San Bernardino, CA 92408

Letter of Support for Children and Families Commission – First 5 San Bernardino and Loma Linda University Resiliency Institute for Childhood Adversity (RICA)

RE: DHCS CYBHI EBP/CDEP Round Two: Trauma Informed Programs and Practices

Dear Sir/Madam:

I am writing to express my strong support for the Children and Families Commission - First 5 San Bernardino (F5SB) and Loma Linda University Resiliency Institute for Childhood Adversity (RICA) collaborative application for the Department of Health Care Services (DHCS) Children and Youth Behavioral Health Initiative (CYBHI) Evidence-Based Practices (EBP) and Community-Defined Evidence Practices (CDEP) Grant Program Round 2: Trauma Informed Programs and Practices Application.

As the Dean of the School of Behavioral Health at Loma Linda University, I can attest to the excellent wholistic care provided by RICA, which includes integrated medical care and mental health services to victims of abuse and children throughout the foster care system. The School of Behavioral Health is proud to have been collaborating with RICA since its inception to support their advancement of trauma- and resiliency informed services and thus fully support their application to implement Child and Parent Psychotherapy. As such, we are also looking forward to participating in the training provided to increase the network of providers serving similar populations of youth in our communities.

F5SB is a vital community convener, systems building and funding partner, and is strong in successful relationship building and region-wide inclusion of stakeholders from multiple sectors in support of a system of care that results in sustainable and collective impact. F5SB embraces the mission, holds leadership expertise, and has significant flexibility to support the strategies outlined in the CYBI EBP/CDEP RFA, which supports the DHCS objective for reducing population health disparities in equity-driven evidenced-based outcomes.

I am also aware that the Children's Assessment Center (CAC) and RICA have a long history of collaborating with F5SB to reduce mental and physical health disparities and to increase goods and services to the population they serve. CAC, a public/private partnership, provides the vitally important services, including forensic interviews, evidentiary medical examinations, victim advocacy, mental health services and case management services related to the evaluation and treatment of child abuse.

A Seventh-day Adventist Institution

OFFICE OF THE DEAN | Loma Linda, California 92350

(909) 558-4528 · fax (909) 558-0908

Services are coordinated in a child-focused atmosphere, thus reducing the trauma to the child victims and their families, while also strengthening the ability of professionals to treat victims of child sexual and/or physical abuse with dignity and respect. CFS social workers and law enforcement agencies across San Bernardino County have access to this resource, which assists them with the difficult process of diagnosing sexual and physical abuse, and subsequently determining the best course of case management utilizing a multidisciplinary approach. The CAC comes under the umbrella of (RICA), LLUH's 13th institute.

In San Bernardino County, over 2,500 children are removed from their homes and placed into foster care each year due to suspected abuse and/or neglect allegations. At the new RICA location, these children will receive timely medical examinations (within 72 hours) in a multidisciplinary trauma- and resiliency-informed clinic. Each of these children will be supported by appointments coordinated through their county social workers. Children living near the clinic location can continue with ongoing medical care at the institute and will have the opportunity to have dental evaluations, OT/PT/Speech assessments, developmental assessments, mental health assessments, hearing and vision screenings, and treatment.

Furthermore, I would like to highlight the partnership between RICA and GiveBack, a national organization that provides college scholarships and mentoring to children in San Bernardino County who have been impacted by foster care, parental incarceration, and homelessness. Thanks to GiveBack's generous funding for scholarships and programming, RICA can offer much-needed support to these vulnerable children, helping them to overcome the obstacles they face and achieve their educational goals.

In addition, RICA and CAC are working closely with First 5 San Bernardino to support the application for the Department of Health Care Services Children and Youth Behavioral Health Initiative. The aim of this collaboration is to coordinate efforts to strengthen positive parenting practices, reduce Adverse Childhood Experiences (ACEs), promote child social-emotional development and parent-child relationships, and reduce health disparities through equitable access to evidence-based practices and care. This holistic, strength-based approach to caring for the whole child and family framework has been thoughtfully designed to strengthen the organization's care system and produce positive, sustainable outcomes for our communities.

Please do not hesitate to contact me at (909) 558-4528 if you would like to further discuss the School of Behavioral Health's support for this application by RICA.

Sincerely,



Bev Buckles, Dean
School of Behavioral Health

A Seventh-day Adventist Institution

OFFICE OF THE DEAN | Loma Linda, California 92350
(909) 558-4528 · fax (909) 558-0908

April 7, 2023

First 5 San Bernardino
Attention: Dr. Wendy Lee, Section Manager Evaluation & Impact
735 E. Carnegie Drive, Suite 150
San Bernardino, CA 92408

Letter of Support for Children and Families Commission – First 5 San Bernardino and Loma Linda University Resiliency Institute for Childhood Adversity (RICA)

RE: DHCS CYBHI EBP/CDEP Round Two: Trauma Informed Programs and Practices

I write in strong support of the Children and Families Commission - First 5 San Bernardino (F5SB) and Loma Linda University Resiliency Institute for Childhood Adversity (RICA) collaborative application for the Department of Health Care Services (DHCS) Children and Youth Behavioral Health Initiative (CYBHI) Evidence-Based Practices (EBP) and Community-Defined Evidence Practices (CDEP) Grant Program Round 2: Trauma Informed Programs and Practices Application. I attest that RICA provides excellent holistic care including integrated medical care and mental health services to victims of abuse and children throughout the foster care system. We are a proud collaborator of RICA and support their application to implement Child and Parent Psychotherapy and are looking forward to participating in the training provided to increase the network of providers serving similar populations of youth in our communities.

Barbara Sinatra Children's Center, a public/private partnership, provides forensic interviews, evidentiary medical examinations, victim advocacy, mental health services and case management services related to the evaluation and treatment of child abuse for eastern Riverside County has partnered with RICA and their CAC to assist us with child advocacy center medical services. This service assists CPS social workers and law enforcement agencies across eastern Riverside County to make difficult process of diagnosing sexual abuse and physical abuse, and determining the best case management utilizing a Multidisciplinary approach.

Not only does RICA assist and support San Bernardino County they also share their resources with eastern Riverside County when needed. We continue to grow partnership with RICA and look forward their expertise as the leader of CAC and child abuse in the Inland Empire.

Sincerely,

Denise Rodriguez-Bowman

Denise Rodriguez-Bowman MSW

Director of Forensic Services & Victim Advocacy

Barbara Sinatra Children's Center

(760)773-1635, dbowman@eisenhowerhealth.com

April 10, 2023

To whom it may concern:

San Bernardino County is home to 2.2 million diverse residents, and 26% are children under the age of 18. San Bernardino County values taking a strategic collective impact approach with the goal of a well-coordinated and comprehensive system of care addressing the early prevention and intervention of adverse childhood experiences. To implement such a care system, the county is focused on maximizing local capacity, access to integrated services, and expanding evidence-based trauma-informed techniques for infants, children, youth, parents, and caregivers. This letter of support is being submitted collectively on behalf and for the following local agencies: Child Care Resource Center (CCRC), First 5 San Bernardino (F5SB), Loma Linda Children's Hospital University (LLUCH), and San Bernardino County Superintendent of Schools (SBCSS). Each of these organizations has carefully and thoughtfully applied various evidence-based programs (EBPs) not to duplicate services but to address children's age span.

Specifically, the above organization's history of trauma-informed services includes the following:

Child Care Resource Center

Since 2018, CCRC has provided various Trauma-Informed Services in Los Angeles and San Bernardino counties, including a 21-hour Trauma-Informed Care training curriculum and trauma-informed Mental Health Consultation services using the Georgetown Infant & Early Childhood Mental Health Consultation model. These services are available to childcare providers and parents/caregivers, and CCRC also offers individual trauma-informed coaching for childcare providers.

First 5 San Bernardino

First 5 San Bernardino embraces the opportunity to invest in the children and Families of San Bernardino County through a comprehensive system of care where stakeholders and services are integrated, coordinated, and sustainable, and families experience a system that is accessible, inclusive, and equitable. F5SB approaches are strength-based, trauma-informed, and focused on the importance of relationship-building across all aspects of our work.

Loma Linda University Children's Hospital (LLUCH)

Loma University Children's Hospital provides world-class healthcare to children within the largest geographic area in the country. LLUCH has a Level 1 trauma designation and provides the highest level of surgical and sub-specialty care for pediatric trauma patients. Among sub-specialty care, LLUCH has a division of medical providers dedicated to evaluating, diagnosing, and treating children who are the victims of child abuse and neglect. The Child Protection Team (CPT) at LLUCH, led by the LLUCH Division of Forensic Pediatrics, has reached a "Center of Excellence" designation with the highest level of service provided to victims.

San Bernardino County Superintendent of Schools

SBCSS provides centralized trauma-informed support for districts through professional development, coaching, technical assistance, and resources. SBCSS implements organizational trauma-resilient training utilizing the PEARLS.

San Bernardino County is investing in an integrated approach to address the needs of families, including thoughtful, coordinated, and cross-sector relationships to leverage and optimize the

reach of a multi-sector approach. These organizations are coordinating efforts in trauma-informed, evidence-based programs, emphasizing collaborative leadership and building a culture of professional learning, collective trust, and shared responsibility that will transform the region by creating a system that addresses critical regional needs. This ensures that the investments create an innovative ecosystem, not just another program.

We are excited to support each other in this important effort to improve student outcomes.



AGENDA ITEM 7
May 8, 2024

Subject	Contract HW062 with Loma Linda University Children’s Hospital Resiliency Institute for Childhood Adversity for California Department of Health Care Services Children and Youth Behavioral Health Initiative Evidence-Based Practices and Community-Defined Evidence Practices Grant – Round Two: Trauma-Informed Programs and Practices.
Recommendation	Approve Contract HW062 with Loma Linda University Children’s Hospital in the amount of \$675,000 for Fiscal Year 2023-2025 for the California Department of Health Care Services – Child Youth Behavioral Health Initiative Evidence Based Practices and Community-Defined Evidence Practices – Round Two Grant for Child-Parent Psychotherapy Trauma-Informed Program and Practice. (Presenter: Dr. Wendy Lee, Psy.D. Staff Analyst II 386-7706)
Financial Impact	\$675,000 for FY 2023-2025
Background Information	<p>On December 2023, California Department of Health Care Services (DHCS) Children and Youth Behavioral Health Initiative Evidence-Based Practices and Community Defined Evidence Practices (DHCS-CYBHI-EBP/CDEP) Round Two: Trauma-Informed Program and Practices awarded First 5 San Bernardino for two years (FY 2023-2025) to serve as the fiscal agent to Loma Linda University Children’s Hospital (LLUCH) -Resiliency Institute for Childhood Adversity (RICA) to engage in Evidence-Based Practices (EBP) Child-Parent Psychotherapy (CPP) to increase early intervention and support for the resiliency of children in San Bernardino County.</p> <p>DHCS intends to improve access to critical behavioral health interventions, specifically for children and youth, from focus populations to reduce health disparities. Promoting health equity is a central component of the overall grant strategy.</p> <p>EBP-CDEP Grant program Stakeholder-Prioritized three outcomes:</p> <ul style="list-style-type: none">• Increase protective factors for children and youth, as measured by improved reported well-being for children, youth, parents, and caregivers.• Build incremental capacity, access, integration, and uptake in selected evidence-based and community-defined evidence BH services, including in non-clinical settings.• Support codification of practice that can be adapted or normed on populations of focus. <p>RICA is an expansion of the Children’s Assessment Center (CAC) in San Bernardino County. The center is a collaboration of numerous local agencies to provide forensic interviews and evidentiary medical examinations to evaluate child abuse allegations. The coordinated approach doesn’t require an abused child to recount their experiences to several agencies in numerous interviews. The patient-centric services are holistic, addressing child safety and social determinants of health through a multi-</p>

disciplinary approach involving collaboration with a child’s caregiver and home environment, school, neighborhood, peer group, and beyond.

Pending Commission approval, RICA will begin training in EBP Child-Parent Psychotherapy (CPP) for 15 mental health clinicians. RICA is a Trauma-Informed Care (TIC) system serving children in our community with a high burden of Adverse Childhood Experiences (ACEs), particularly children who have experienced foster care, homelessness, or the incarceration of a parent. RICA’s vision is to remove barriers within a child’s microsystem and the healthcare system. RICA provides timely, easy-to-access, evidence-informed, evidence-based, integrated medical and mental health care that incorporates the tenets of TIC and promotes the resiliency factor in a nurturing environment.

Approval of this item supports the following Strategic Priority Areas in the Commission’s 2023-2028 Strategic Plan:

- **Child Health Goal**
 - Early care providers are aware of and able to connect children and families to existing mental and behavioral supports and services.
- **Family Supports**
 - Families are connected to services that support children’s development and parent/caregiver resiliency.
 - Families and providers are aware of and know how to access existing county resources and supports.
 - First 5 San Bernardino partners with agencies throughout the county to promote prevention and early identification of child abuse and neglect.

Review

Dawn Martin, Commission Counsel

Report on Action as taken	
Action:	
Moved:	Second:
In Favor:	
Opposed:	
Abstained:	
Comments:	
Witnessed:	

**CHILDREN
AND FAMILIES
COMMISSION
FOR
SAN BERNARDINO COUNTY

STANDARD CONTRACT**

FOR COMMISSION USE ONLY				
<input checked="" type="checkbox"/>	New	Vendor Code 20000092	SC	Dept. 903
<input type="checkbox"/>	Change			
<input type="checkbox"/>	Cancel			
				A
				Contract Number HW062
Organization Children and Families Commission				Contractor's License No.
Commission Representative Cindy Faulkner, Assistant Director			Telephone 909-386-7706	Total Contract Amount \$675,000.00
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:				
If not encumbered or revenue contract type, provide reason:				
Commodity Code 95200	Contract Start Date May 8, 2024	Contract End Date June 30, 2025	Original Amount	Amendment Amount
Cost Center 9033009900		GL Account 53003357	Internal Order No.	Amount \$67,500
Cost Center		GL Account	Internal Order No.	
Cost Center		GL Account	Internal Order No.	Amount
Abbreviated Use RICA-CYBHI		Estimated Payment Total by Fiscal Year		
Loma Linda University		FY	Amount	I/D
		23-24	\$67,500	
		24-25	\$607,500	

THIS CONTRACT is entered into in the State of California by and between the Children and Families Commission for San Bernardino County, hereinafter called the Commission, and

Legal Name (hereinafter called the Contractor)

Loma Linda University Children's Hospital

Department/Division

Ambulatory Services

Address

11234 Anderson Street, Suite CH 1816

Loma Linda, CA 92354

Phone

(909) 558-4747

Federal ID No.

33-0565591

Program Address (if different from legal address):

WHEREAS, the Commission has been authorized by the State of California under Section 130100 -130155 of the Health and Safety Code and Section 30131.2 of the Revenue and Taxation Code, in accordance with the Children and Families Act of 1998, to promote, support and improve the early development of children prenatal through age five, and

WHEREAS, the Commission has been authorized by these cited references and by San Bernardino County Code under Sections 12.2901 – 12.2907 to contract with organizations for services to children prenatal through age five and their families in San Bernardino County, and

WHEREAS, the Commission desires that such services be provided by Contractor and Contractor agrees to provide the services as set forth in this Contract,

NOW THEREFORE, in accordance with the conditions stated herein, the Commission and Contractor mutually agree to the following terms and conditions:

Auditor-Controller/Treasurer Tax Collector Use Only

<input type="checkbox"/> Contract Database		<input type="checkbox"/> FAS
Input Date	Keyed By	

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I. DEFINITIONS

Capital Expenses: Costs of construction projects, including but not limited to; brick and mortar type projects, demolition, room expansion, carpet installation, air-conditioner or water heater installation/replacement, wheel-chair access ramps, stationary playgrounds or vehicle purchases.

Direct Costs: Costs that can be identified specifically with a particular final cost objective, such as a particular project, service, or other direct activity of an organization.

Full Time Equivalent (FTE): A measurement equal to one staff person employed in a full-time work schedule and which is, for purposes relating to this contract, calculated at 2,080 hours in a year. FTEs provide a common unit of measurement for positions budgeted. The number of FTEs is the cumulative value expressed, using the full-time equivalent measurement as a baseline, as a total percentage of time or as a total percentage of funds related to a particular classification.

Indirect Costs: Costs that have been incurred for the benefit of multiple projects or activities and cannot be readily identified with a particular final cost objective. An organization having several major functions may need to accumulate the indirect costs into separate groupings and then allocate proportionally to the benefiting functions by means of a base which best measures the relative degree of benefit. The indirect cost rate would be used to distribute the proportional amount of indirect costs to the individual projects or activities based on a Board approved cost allocation plan.

Outcome: The result, which the Commission seeks (as outlined in the Strategic Plan) and to which all performance targets must contribute to a measurable change.

Participant Support: Budget line item category for items purchased to remove barriers or to provide motivation to participants upon completion of the program. Items purchased should be relative to the program objectives. Gift cards are not an allowable expense.

Participant Transportation: Budget line item category for costs involved with transporting participants to needed services and/or appointments.

Performance Target: The specific result that a Contractor seeking investment will commit to achieve. It is tangible in the sense that it can be verified and narrow enough to be directly achieved by the Contractor. It almost always represents a measurable change in the participant of a program.

Professional Services/Consultants: Independent contractors hired to perform services not related to providing direct services. Examples include janitorial services, bookkeeping services, speakers, etc.

Program Materials/Supplies: Budget line item category for items directly related to service delivery such as course curriculum, children's books, journals used by participants, child development toys, etc.

Program Work Plan: A document containing program expectations and deliverables as agreed upon by First 5 San Bernardino and program contractors. The work plan includes information on the individual components of the program in addition to structure including dosage, activities, outcome expectations and verification methods. This document is signed by the contractor leadership and is approved by the First 5 San Bernardino Commission.

Staff Development/Training: Budget line item category for expenses associated with staff training, conferences, retreats, classes, and any other staff development activities related to the funded program.

Staff Mileage/Travel: Budget line item category for employee mileage and travel costs (including lodging and food) for travel related to the program, based on the current IRS allowable rate.

Subcontractor: Agencies contracted by the primary Contractor to provide direct services for which they will be responsible for achieving the performance targets for the portion of services they are providing. Contractor shall be responsible for the performance of any subcontractor.

Unduplicated Clients: Clients who are counted as receiving service for the first time.

Uninsured: Individuals not covered by health insurance.

Verification: Validates that something represented to happen does in fact take place. The verification tools must be approved by the Commission.

II. CONTRACTOR'S SERVICE RESPONSIBILITIES

- A. Contractor shall provide all program services identified in this Contract: including Attachment A – Program Work Plan and Attachment B – Program Budget. Pursuant to Section II, paragraph E, and Section III, paragraph AA, and Section VIII, paragraph D of the Contract, Attachment A will be amended to list the specific quantitative targets for the respective year.
- _____
Initial Here
- B. Contractor shall coordinate with appropriate agencies to enhance service provision and to maximize usage of California Children and Families Trust Fund monies available.
- C. Contractor shall deliver performance targets as specified in the Contract and provide evidence of achievement as identified in the verification. The verification tools must be approved by the Commission. When specified by the Commission, verification tools must be developed in collaboration with staff or agencies as designated by Commission.
- D. Contractor shall cooperate with any consultant, technical advisor, or committee as designated by the Commission to support the evaluation system development and implementation process.
- E. Contractor's Program Work Plan (Attachment A) and other program specific data collection information requested by the Commission will be placed in the Commission's web based data system. Contractor is bound by the information contained in the data collection system. If there is a discrepancy between the Contractor's Program Work Plan (Attachment A) and the data collection system, the information in the system will take precedence over the Program Work Plan and will be used to evaluate Contractor's performance under the Contract. It is the responsibility of the Contractor to ensure that the information entered into the data system, as it relates to the Performance Program Work Plan and/or other program specific data collection information requested by the Commission, fully captures the intent of the program/project for the term identified in Section VIII.

III. CONTRACTOR'S GENERAL RESPONSIBILITIES

A. Participants

Contractor understands and acknowledges that the services under this Contract are for the purposes of promoting, supporting and improving the early development of children prenatal through age five. As such, services provided under this Contract shall offer a direct benefit to this population. Any service provided beyond this limitation, unless as agreed upon in this Contract, is a breach of contract and an unauthorized expenditure of Children and Families First Act funds. Services to siblings and family members who are not parents or primary caregivers may only be incidental to services provided to children prenatal through age five.

B. Contractor Capacity

In the performance of this Contract, Contractor its agents and employees shall act in an independent capacity and not as officers, employees, or agents of the Commission.

C. Contract Assignability

Without the prior written consent of the Commission, the Contract is not assignable by Contractor either in whole or in part.

D. Conflict of Interest

Contractor shall make all reasonable efforts to ensure that no conflict of interest exists between its officers, employees, subcontractors, independent contractors, consultants, professional service representatives, volunteers and the Commission. Contractor shall make a reasonable effort to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being motivated by a desire for private gain for themselves or others such as those with whom they have family, business, or other ties. In addition, Contractor's employees shall not simultaneously receive payment for work done as an independent contractor without obtaining prior approval from the Executive Director of the Commission, or authorized designee. In the event that the Commission determines that a conflict of interest situation exists, the Commission may disallow any

increase in costs associated with the conflict of interest situation and such conflict may constitute grounds for termination of this Contract.

E. Former Commission Administrative Officials

Contractor agrees to provide or has already provided information on former Commission administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former Commission administrative officials who terminated Commission employment within the last five (5) years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "Commission Administrative Official" is defined as a member of the Commission or such Administrative Staff.

If during the course of the administration of this Contract, the Commission determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the Commission, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the Commission is entitled to pursue any available legal remedies.

F. Subcontracting

Contractor agrees not to enter into any subcontracting agreements for work contemplated under this Contract without first obtaining written approval from the Commission. Any subcontractor shall be subject to the same provisions as the Contractor. Contractor shall be ultimately responsible for the performance of any subcontractor.

G. Recordkeeping

Contractor shall maintain all records and books pertaining to the delivery of services under this Contract and demonstrate accountability for contract performance. All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of the Contract.

Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the appropriate Office of Management and Budget (OMB) Circulars that state the administrative requirements, cost principles and other standards for accountancy.

The Commission shall have the right upon reasonable notice and at reasonable hours of business to examine and inspect such records and books.

H. Change of Address

Contractor shall notify the Commission in writing of any change in mailing and/or service address. Notification shall occur in advance of the address change. At a minimum, notification must occur within five (5) days of the address change. Change of address shall not interrupt service deliverables outlined in Attachment A.

I. Staffing and Notification

Contractor shall notify Commission of any continuing vacancies beyond thirty (30) days and any positions that become vacant during the term of this Contract that may result in reduction of services to be provided under this Contract. Upon notices of vacancies, the Contractor shall apprise Commission of the steps being taken to provide the services without interruption and to fill the position as expeditiously as possible. Vacancies and associated problems shall be reported to the Commission on each periodically required report for the duration of said vacancies and/or problems.

In the event of a problem or potential problem that will severely impact the quality or quantity of service delivery, or the level of performance under this Contract, Contractor will notify the Commission within one (1) working day, in writing and by telephone.

J. Contractor Primary Contact

The Contractor will designate one individual to serve as the primary contact and one to serve as the alternate contact, if primary contact is unavailable, on behalf of the Contractor and will notify the

Commission of these designees within fifteen (15) days after Contract approval. The primary contact shall have the authority to identify, on behalf of the Contractor, other parties able to give or receive information on behalf of this Contract.

Contractor shall notify the Commission when the primary contact will be unavailable or out of the office for two (2) weeks or more or if there is any change in either the primary or alternate contact.

K. Responsiveness

Contractor or a designee must respond to Commission inquiries within five (5) business days.

L. Grievance Policy

Contractor shall provide a system, approved by the Commission, through which participants of services shall have an opportunity to express their views and complaints regarding the delivery of service. Grievance procedure must be posted prominently in English and Spanish at service sites for participants to review.

M. Governing Board

Contractor shall provide the Commission with a listing identifying the members of the Board of Directors or other governing party, written schedule of all Board of Directors or other governing party meetings and provide the Commission with copies of the Board of Directors' minutes when discussions or actions taken during these meetings may impact on the Contract. All Board of Directors' minutes shall be submitted to the Commission with each periodically required report submitted following approval of the minutes. Further, the Commission representative shall have the option of attending Board meetings during the term of this Contract.

N. Confidentiality

- Contractor shall ensure that all staff, volunteers and/or Subcontractors performing Services under this Contract comply with the Commission's Policy 18-01 Non-public Personally Identifiable Information specified at <https://www.sbcounty.gov/uploads/First5/CommissionPolicies/CURRENT-CFC18-01Non-PublicPersonallyIdentifiableInformation.pdf> prior to providing any Services. Contractor shall immediately notify the Commission of any suspected or actual breach of confidential information as further detailed in the requirements. These requirements specified at <https://www.sbcounty.gov/uploads/First5/CommissionPolicies/CURRENT-CFC18-01Non-PublicPersonallyIdentifiableInformation.pdf> are hereby incorporated by this reference.
- Contractor shall protect from unauthorized use or disclosure names and other identifying information concerning persons receiving Services pursuant to this Contract, except for statistical information not identifying any participant. Contractor shall not use or disclose any identifying information for any other purpose other than carrying out the Contractor's obligations under this Contract, except as may be otherwise required by law. This provision will remain in force even after the termination of the Contract.
- Contractor shall comply with all applicable provisions of the [Health Insurance Portability and Accountability Act of 1996](#) (HIPAA), as applicable.

O. Child Abuse Reporting

Contractor shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency and/or to the appropriate Child Protective Services agency. This responsibility shall include:

- Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by [Penal Code Sections 11164 et seq.](#) to report child abuse or neglect, sign a statement, upon the commencement of their employment, acknowledging their reporting requirements and their compliance with them;
- Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting laws for child abuse to report any

observed or suspected incidents of child abuse to a mandated reporting party, within the program, who will ensure that the incident is reported to the appropriate agency;

- Provision of or arrangement of training in child abuse reporting laws ([Penal Code, Sections 11164 et seq.](#)) for all employees, agents, consultants, and volunteers, or verification that such persons have received training in the law within thirty (30) days of employment/volunteer activity.

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P. Department of Justice Clearance

Contractor shall obtain from the Department of Justice, records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment, or volunteers, for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in [Penal Code Section 11105.3](#). This includes licensed personnel who are not able to provide documentation of prior Department of Justice clearance. A copy of a license from the State of California is sufficient proof.

Contractor must have on file for review upon request a signed statement verifying Department of Justice clearance for all appropriate individuals.

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Q. Conditions of Employment

Contractor shall notify the Commission of any staff member, paid intern or volunteer who is knowingly or negligently employed who has been convicted of any crime of violence or of any sexual crime. Contractor shall investigate all incidents where an applicant, employee, or intern or volunteer has been arrested and/or convicted for any crime listed in [Penal Code Section 11105.3](#) and shall notify the Commission. In the Commission's discretion, the Commission may instruct Contractor to take action to either deny/terminate employment or terminate internship and/or volunteer services where the investigation shows that the underlying conduct renders the person unsuitable for employment, internship or volunteer services.

R. Meeting Attendance

Contractor will be required to attend meetings, workshops and training sessions around issues related to Contractor's particular region or directly related to the type of services being provided by Contractor as determined by the Commission. Notifications of such meetings will be provided to Contractor at least ten (10) business days prior to the meeting.

S. Indemnification and Insurance Requirements

The Contractor agrees to provide insurance set forth in accordance with the requirements herein. Contractor agrees to and shall comply with the following indemnification and insurance requirements:

A. Indemnification

1. Contractor shall defend, indemnify and hold Commission, its officers, employees and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, employees, and agents.
2. Commission shall indemnify and hold Contractor, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent acts or omissions of Commission, its officers, employees and agents.
3. In the event that Contractor or Commission is found to be comparatively at fault for any claim, action, loss or damage which results from their respective obligations under

this Agreement, the Contractor and/or Commission shall indemnify the other to the extent of its comparative fault.

4. The parties' indemnification obligations set forth above are conditioned on the following: (a) the indemnified party must provide the indemnifying party with: (i) prompt written notice of such claim (but in any event notice in sufficient time for the indemnifying party to respond without prejudice); (ii) the exclusive right to control and direct the investigation, defense and settlement (if applicable) of such claim; except that the indemnified party may participate in such defense at its own cost; and (iii) all reasonable necessary cooperation at the indemnifying party's expense in defending the claim; and (b) the indemnifying party will not settle any indemnifiable claim without the indemnified party's prior written consent to the extent such settlement requires the indemnified party to admit any liability or pay any amount not reimbursed by the indemnifying party. The parties' indemnification obligations provided herein survive expiration or termination of this Agreement.
- B. Additional Insured – All policies, except for the Workers' Compensation, Errors and Omissions, Cyber Liability, General Liability and Professional Liability policies, shall contain additional endorsements naming the Commission and its officers, employees, agents, and volunteers as additional named insured with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the Commission to vicarious liability but shall allow coverage for the Commission to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.1185.
- C. Waiver of Subrogation Rights – The Contractor shall require the carriers of required coverages to waive all rights of subrogation against the Commission, its officers, employees, agents, volunteers, Contractors, and subcontractor. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor's employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the Commission.
- D. Policies Primary and Non-Contributory – All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the Commission.
- E. Severability of Interests – The Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross-liability exclusions that preclude coverage for suits between the Contractor and the Commission or between the Commission and any other insured or additional insured under the policy.
- F. Proof of Coverage – The Contractor shall furnish Certificates of Insurance to the Commission Department administering the Contract evidencing the insurance coverage at the time the Contract is executed, additional endorsements, as required, shall be provided prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. The Contractor will make available for inspection in its Office of Risk Management complete certified copies of the policies and endorsements immediately upon request.
- G. Acceptability of Insurance Carrier – Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum "Best" Insurance Guide rating of "A-VII". Alternatively, Contractor may satisfy its insurance obligations under section IV.S herein through participation in a program of self-insurance.
- H. Deductibles and Self-Insured Retention – Any and all deductibles or self-insured

retentions in excess of \$10,000 shall be declared to and approved by Risk Management.

- I. Failure to Procure Coverage – In the event that any policy of insurance required under this Contract does not comply with the requirements, is not procured, or is canceled and not replaced, the Commission has the right but not the obligation or duty to cancel the Contract or upon prior notice obtain insurance if it deems necessary and any premiums paid by the Commission will be promptly reimbursed by the Contractor or Commission payments to the Contractor will be reduced to pay for Commission purchased insurance.
- J. Insurance Review – Insurance requirements are subject to periodic review by the Commission. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the Commission. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the Commission, inflation, or any other item reasonably related to the Commission's risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the Commission to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the Commission.

- K. The Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so.
- L. Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:
 - a. Workers' Compensation/Employers Liability – A program of Workers' Compensation insurance or a state-approved, self-insurance program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this Contract.

If Contractor has no employees, it may certify or warrant to the Commission that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the Commission's Director of Risk Management.
 - b. Commercial/General Liability Insurance – The Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:
 - 1) Premises operations, fixed assets and mobile equipment.
 - 2) Products and completed operations.

- 3) Broad form property damage (including completed operations).
 - 4) Explosion, collapse and underground hazards.
 - 5) Personal injury
 - 6) Contractual liability.
 - 7) \$2,000,000 general aggregate limit.
- c. Automobile Liability Insurance – Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.
- If the Contractor is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars (\$2,000,000) for bodily injury and property damage per occurrence.
- If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.
- d. Umbrella Liability Insurance – An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a “dropdown” provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.
- e. Professional Liability – Professional Liability Insurance with limits of not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate limits
- If insurance coverage is provided on a “claims made” policy, the “retroactive date” shall be shown and must be before the date of the start of the contract work. The claims made insurance shall be maintained or “tail” coverage provided for a minimum of five (5) years after contract completion.
- f. Reserved
- g. Cyber Liability Insurance - Cyber Liability Insurance with limits of no less than \$1,000,000 for each occurrence or event with an annual aggregate of \$2,000,000 covering privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion and network security.
- h. Abuse/Molestation Insurance – Contractor shall have abuse or molestation insurance, which shall be included under the Commercial General Liability policy required herein, providing coverage for all employees for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars (\$1,000,000) with a two million dollars (\$2,000,000) aggregate limit.

T. Licenses and Permits

Contractor shall comply with all applicable laws, statutes, ordinances, administrative orders, rules or regulations relating to its duties, obligations and performance under the terms of the Contract shall ensure that it has all necessary licenses, permits and/or certifications required by the laws of Federal, State, County, and municipal laws, ordinances, rules and regulations and agrees to pay all fees and

other charges required thereby. The Contractor shall maintain these licenses, permits and/or certifications in effect for the duration of this Contract. Contractor will notify the Commission immediately of loss or suspension of any such licenses and permits. Failure to comply with the provisions of this section may result in immediate termination of this Contract.

U. Health and Safety

Contractor shall comply with all applicable local, state and federal to safety and health ordinances and statutes, including fire clearances, for each site where program services are provided under the terms of the Contract.

V. Contract Compliance/Equal Employment Opportunity

Contractor agrees to comply with the provisions of all applicable Federal, State, and County Laws, regulations and policies relating to equal employment or social services to Participant(s), including laws and regulations hereafter enacted. Contractor shall not unlawfully discriminate against any employee, applicant for employment, or service Participant(s) on the basis of race, national origin or ancestry, religion, sex, marital status, age, political affiliation, sexual orientation, or disability. Information on the above rules and regulations may be obtained from the Commission.

W. Attorney's Fees and Costs

Contractor understands and agrees that any and all legal fees or costs associated with lawsuits concerning this Contract against the Commission shall be the Contractor's sole expense and shall not be charged as a cost under this Contract. In the event of any Contract dispute hereunder, each party to this Contract shall bear its own attorney's fees and costs regardless of who prevails in the outcome of the dispute.

X. Ownership Rights

The Commission shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under this Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material. All such materials developed under the terms of this Contract shall acknowledge the Commission as the funding agency and Contractor as the creator of the publication.

Y. Attribution

Contractor shall properly acknowledge the Commission per the requirements stated in the First 5 San Bernardino Media Guidelines

https://www.sbcounty.gov/uploads/First5/docs/main/media_guidelines.pdf.

Z. Incongruous Activities

Contractor agrees it will not perform or permit any political promotion or religious proselytizing activities in connection with the performance of this Contract. Contractor will ensure no staff will conduct activity intended to influence legislation, administrative rule making or the election of candidates for public office during the time compensated under this Contract or under representation such activity is being performed under this Contract.

AA. Reports

Contractor, in a timely and accurate manner, shall submit reports on designated key aspects of the project as required by the Commission. Instructions, format and required information for the content will be provided by the Commission and available on the website: www.first5sanbernardino.org. FAILURE TO SUBMIT REPORTS IN A TIMELY AND ACCURATE MANNER SHALL BE A MATERIAL BREACH OF THIS CONTRACT.

Report requirements include, but are not limited to, the following and may be subject to change.

- Program Reports

Contractor will submit Program Reports which include monthly and year-to-date progress on actual achievement of program targets compared to projected achievements as detailed in Program Work Plan (Attachment A) and other data collection information as requested by the Commission. Program Reports will include data on participants served as well as narrative information on lessons learned, course corrections and client success stories for the quarter. Contractor is required by the Commission to complete and submit Program Reports electronically via the Commission's web based data system. For each calendar month, Contractor shall provide the Commission with a Monthly Program Report within fifteen (15) calendar days from the end of the reporting period.

Contractor agrees that failure to submit reports as specified will be sufficient cause for the Commission to withhold any payment due until reporting requirements have been fulfilled.

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▪ Fiscal Reports

For each calendar month, Contractor shall provide the Commission with a Monthly Fiscal Request for Reimbursement/Invoice within fifteen (15) calendar days from the end of the reporting period.

Contractor shall submit any and all Final/Revised Fiscal Reports by July 31 for the previous fiscal year period or part thereof during the Contract term. All reports submitted by July 31 will be considered final and no additional reports will be accepted after this date.

Contractor will fulfill evaluation and other reporting requirements as mandated by the Commission and the California Children and Families Commission.

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▪ Asset Report

Contractor shall report all assets worth \$500 or more purchased with First 5 funds utilizing tools provided by the Commission for that purpose. The Straight Line method of depreciation will be applied to determine value. Closing Asset reports shall be submitted to the Commission staff no less than thirty (30) days prior to the normal conclusion of a Contract. If the Contract is terminated early under any fiscal provision or due to correction of performance deficiencies, Contractor shall submit the Closing Asset report within ten (10) business days of receiving notice of Contract termination.

Contractor agrees that failure to submit reports as specified will be sufficient cause for the Commission to withhold any payment due until reporting requirements have been fulfilled.

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BB. Pro-Children Act of 1994

Contractor will comply with the Environmental Tobacco Smoke Act, also known as the Pro-Children Act of 1994 ([20 U.S.C. 6081 et seq.](#)).

CC. Debarment, Suspension, and Other Responsibility Matters

As required by [Executive Order 12549 \[51 Fed. Reg. 6370\]](#) (Feb. 18, 1986)] and Debarment and Suspension, And Other Responsibility Matters ([45 C.F.R., section 76](#)):

a. The Contractor certifies that neither it, its principals, nor any potential subcontractors:

- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (as defined at [45 C.F.R. section 76.200](#)) by any federal department or agency;
- 2) Have not within a three (3)-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or

local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (a) (2) of this certification; and
 - 4) Have not within a three (3)-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default; and
- b. Where the Contractor is unable to certify as true any of the statements in this certification, he or she shall provide a written explanation to the Commission prior to the execution of this Contract. A failure to comply with this section may constitute grounds for termination of this Contract.

EE. Environmental Requirements

The Commission has adopted a recycled product purchasing standards policy (San Bernardino County Policy 11-08), which requires Contractors to use recycled paper for proposals and for any printed or photocopied material created as a result of a Contract with the Commission. The policy also requires Contractors to use both sides of the paper sheets for reports submitted to the Commission whenever practicable.

FF. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the Commission using Attachment C - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Commission within the earlier of: (1) the date of the submission of Contractor's proposal to the Commission, or (2) 12 months before the date this Contract was approved by the Commission. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Commission for 12 months after the County's consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the Commission a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Commission within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.

IV. COMMISSION RESPONSIBILITIES

- A. Commission shall verify performance results of Contractor according to the Program Work Plan and other data collection information requested by the Commission in meeting terms of this Contract and the quality and effectiveness of services provided, based on criteria agreed upon, as delineated in this Contract.
- B. Commission shall compensate Contractor for approved expenses in accordance with Section V of this Contract.
- C. Commission shall specify all reports and deliverables required from the Contractor.
- D. Commission shall provide technical assistance as deemed necessary.
- E. The Commission will designate one individual to serve as the primary contact for the Contract and will notify the Contractor of this designee within fifteen (15) days of the Contract approval date.

V. FISCAL PROVISIONS

A. Contract Amount

The maximum amount of reimbursement under this Contract shall not exceed \$675,000 for the duration of the Contract term subject to the availability of California Children and Families Trust Fund monies. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof. These funds are divided as follows:

Fiscal Year 2023-24	<u>\$ 67,500</u>	May 8, 2024 through June 30, 2024
Fiscal Year 2024-25	<u>\$ 607,500</u>	July 1, 2024 through June 30, 2025

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B. Payment Provisions

The Commission will disburse funds on a reimbursement payment process based on the Contract budget amount for the applicable fiscal year and monthly report submissions.

If requested in writing, a one-time advance of funds in an amount not to exceed 15% of the annual contract amount may be issued the first month of the contract only. All subsequent monthly reimbursements will be determined by actual expenditures reflected on the monthly reports, projected costs and cash on hand collectively.

If an advance is requested and approved, 10% of the total advanced amount will be withheld from the monthly reimbursements to recover the advanced funds over a ten (10) month period.

The Commission reserves the right to reduce or withhold any payments from the Contractor for failure to submit reports in a timely and accurate manner or when the Contractor is not in compliance with the Contract. Final payment under this Contract may be withheld until all requirements, including reports, for contract closure have been fulfilled by Contractor.

C. EFT Payments

Contractor shall accept all payments from the Commission via electronic funds transfers (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by the Commission required to process EFT payments.

D. Allowable Costs

Funds provided pursuant to this Contract shall be expended by Contractor in accordance with the Attachment B – Program Budget.

Such specified expenditures will be further limited to those that are considered both reasonable and necessary as determined by the Commission. Contractor agrees Commission may recover any payments for services or goods, including rental of facilities, which were not reasonable and necessary or which exceeded the fair market value. The recovery shall be limited to payments over and above reasonable or fair market amounts and any costs of recovery.

The reasonable and allowable reimbursement rate for use of motor vehicles, travel expenses and food is based on the current IRS allowable rate.

Costs must be incurred only during the Contract term, except when specifically approved by the Commission. Contractor shall not use current year funds to pay prior or future year obligations. Contractor will not be reimbursed for expenditures incurred after the expiration or termination of this Contract.

Contractor shall obtain Commission approval for all overnight travel and out of State travel as it relates to services provided in this Contract. Reimbursement as it relates to pre-approved travel will be based on the Federal allowable rate. Request must be submitted in writing thirty (30) days in advance of travel date and travel must be approved in advance by the Program Manager.

Contractor shall adhere to the County's Travel Management Policy (8-02) when travel is pursuant to this contract and for which reimbursement is sought from the Commission. In addition, Contractor shall, to the fullest extent practicable, utilize local transportation services, including but not limited to Ontario Airport, for all such travel.

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E. Supplanting of Funds

In accordance with the Commission's Supplantation Policy, Contractor shall not supplant any Federal, State or County funds intended for the purposes of this Contract with any funds made available under this Contract. Contractor shall not claim reimbursement from Commission for, or apply sums received from Commission with respect to that portion of its obligations, which have been paid by another source of revenue. Contractor agrees that it will not use funds received pursuant to this Contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining from finds another revenue source without prior written approval of the Commission.

F. Payment of Taxes

Commission is not liable for the payments of any taxes, other than applicable sales or use tax, resulting from this Contract however designated, levied or imposed, unless Commission would otherwise be liable for the payment of such taxes in the course of its normal business operations.

G. Budget Line Item Changes

A Budget Revision Request may be submitted by the Contractor to the Commission to modify a line or lines of the approved budget. The request must indicate the proposed line item changes, the budget as amended applying the requested changes and a written justification for each requested change. The request cannot result in any alteration or degradation to the program services and performance target as specified in this Contract.

The Executive Director, on behalf of the Commission, has the authority to approve (or deny) the request, provided that the modification does not deviate from the original intent of the contract or increase the total Contract amount. Contractor is limited to two (2) Budget Revision Requests per fiscal year.

The Contractor must submit any Budget Revision Requests to the Commission no later than **February 28th** of the fiscal year. Budget Revision Requests may be submitted in hard copy form with original signatures or electronically in a PDF format. Postmarked envelopes received after **February 28th** will not be accepted in lieu of receipt.

H. Budget Line Item Variance

Variances to the individual line items of Section A: Salaries and Benefits may be allowed if deemed reasonable and does not increase the total budgeted amount of Section A: Salaries and Benefits.

Annual variances of up to 10% of individual line items within Section B: Services and Supplies are allowable provided that the variance shall not result in a change to the total Contract amount or an increase to the administrative cost allocation of the approved budget. Annual variances in excess of 10% of line item cannot be made by the Contractor without prior approval of a Budget Revision Request by the Commission in accordance with Section V, Paragraph G of this Contract.

I. Procurement

Contractor shall procure services or goods required under this Contract on a competitive basis, unless otherwise provided by law, and make selections based on obtaining the best value possible. When a non-competitive procurement is used, a written justification must be maintained and be made available upon request.

J. Fixed Assets

The purchase of any equipment, materials, supplies or property of any kind, including items such as publications and copyrights, which have a single unit cost of \$5000 or more, including tax, and was not included in Contractor's approved budget, shall require the prior written approval of the Executive

Director of the Commission. Any such purchase shall directly relate to Contractor's services or activities under the terms of the Contract.

Any item with a single unit cost of \$500 or more, including tax, purchased with funds received under the terms of this Contract must undergo a 3-bid process. Items not fully consumed during the Contract term shall revert to be the property of the Commission, unless otherwise specified by the Commission. The disposition of such equipment or property must be approved by the Executive Director of the Commission upon Contract termination. If the reversion of any asset is demanded and not made to First 5 San Bernardino, the Commission reserves the right to reduce or withhold the value of the asset from any payments due to the Contractor for non-compliance.

Contractor shall maintain insurance against the loss, theft, or damage to any item with a single unit cost of \$500 or more, including tax, purchased with Commission funds for the full replacement value thereof in accordance with the provisions of Section III, subdivision S (Indemnification and Insurance Requirements).

K. Payor of Last Resort

Contractor shall attain funding through other sources than the Commission to provide services or support to participants whenever possible.

In cases where a participant is qualified for benefits from another source (such as MediCal, Healthy Families, federal or state funded programs, personal insurance, etc.), costs relating to services provided to that participant should be paid for by the primary payor first. Only the costs not covered will be allowable under this Contract. Written verification shall be provided upon request.

L. Fiscal Record Keeping

Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles (GAAP) and must account for all funds, tangible assets, revenue and expenditures.

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VI. RIGHT TO MONITOR AND AUDIT

A. Right to Monitor and Audit

The Commission or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to monitor and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Contractor shall give full cooperation during any auditing or monitoring conducted.

Contractor shall cooperate with Commission in the implementation and evaluation of this Contract and comply with any and all reporting requirements established by Commission.

B. Availability of Records

All records pertaining to service delivery and all fiscal, statistical and management books and records shall be available for examination and audit by the Commission, and State representatives for a period of five (5) years after final payment under the Contract or until all pending Commission and State audits are completed, whichever is later. Records, should include, but are not limited to participant files, monthly summary sheets, sign-in sheets, and other primary source documents. Contractor will have available for Commission review, all relevant financial records for the fiscal year being audited including documentation to verify shared costs or costs allocated to various funding sources as well as the basis for which the shared cost was allocated.

Program data shall be retained locally in San Bernardino County and made available upon request or turned over to Commission. If said records are not made available at the scheduled monitoring visit, Contractor may, at Commission's option, be required to reimburse Commission for expenses incurred due to required rescheduling of monitoring visit(s). Such reimbursement will not exceed \$50 per hour (including travel time) and be deducted from the invoiced monthly payment.

C. Assistance by Contractor

Contractor shall provide all reasonable facilities and assistance for the safety and convenience of Commission's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of the Contractor.

D. Independent Audit Provisions

On an annual basis, Contractor is required to hire an independent licensed Certified Public Accountant (CPA), who shall prepare and file with the Commission, an Independent Auditor's Report for the term of the Contract.

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E. Recovery of Investigation and Audit Costs

Contractor shall reimburse the Commission for all direct and indirect expenditures incurred in conducting an audit/investigation when Contractor is found in violation of the terms of the Contract. Reimbursement for such costs will be withheld from any amounts due to Contractor.

When additional information (receipts, paperwork, etc.) is requested of the Contractor as a result of any audit or monitoring, Contractor must provide all information requested by the deadline specified by the Commission. A failure to provide the information by the specified deadline, will subject the Contractor to the provisions of Section VII (Correction of Performance Deficiencies and Termination).

VII. CORRECTION OF PERFORMANCE DEFICIENCIES AND TERMINATION

- A. Failure by Contractor to comply with any of the provisions, covenants, requirements, or conditions of this Contract shall be a material breach of this Contract. In such event the Commission, in addition to any other remedies available at law, in equity, or otherwise specified in this Contract, may:
- Afford Contractor a time period within which to cure the breach, which period shall be established at the sole discretion of the Executive Director; and/or
 - Request Contractor provide and implement an action plan to correct breach within a reasonable timeframe; and/or
 - Discontinue reimbursement to the Contractor for and during the period in which the Contractor is in breach, which reimbursement shall not be entitled to later recovery; and/or;
 - Withhold funds pending duration of the breach; and/or
 - Offset against any monies billed by the Contractor but yet unpaid by the Commission those monies disallowed pursuant to bullet 3 of this paragraph; and/or
 - Immediately terminate this Contract with just cause and be relieved of the payment of any consideration to the Contractor should the Contractor fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination, the Commission may proceed with the work in any manner deemed proper by the Commission. The cost to the Commission shall be deducted from any sum due to the Contractor under this Contract and the balance, if any, shall be paid by the Contractor upon demand.
- B. The Executive Director of the Commission, shall give Contractor notice of any action pursuant to this section, which notice shall be effective when given.
- C. The Executive Director of the Commission is authorized to exercise Commission's rights with respect to initiating any remedies or termination of this Contract in his/her sole discretion and to give notice as set forth below in this Contract.

VIII. TERM

- A. This Contract is effective commencing July 1, 2023, and expires June 30, 2025, but may be terminated earlier in accordance with provisions of paragraph below or Section VII of this Contract.

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- B. Notwithstanding the preceding paragraph, this Contract may be terminated by either party by serving a written notice thirty (30) days in advance of termination. The Executive Director of the Commission has the authority and discretion to exercise this right on behalf of the Commission.
- C. The contract term may be extended for two (2) additional one (1)-year periods by mutual agreement of the parties.
- D. Continuation of this Contract for each fiscal year after June 30, 2025 is contingent on a Program Work Plan and a Program Budget being submitted by Contractor and approved by the Commission. Continuation of this Contract is also contingent on the priorities, direction, and vision for investments of the Commission.

IX. GENERAL PROVISIONS

A. Notices

When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Loma Linda University Children's Hospital
11234 Anderson Street, Suite CH 1816
Loma Linda, CA 92354

Commission: First 5 San Bernardino
735 E. Carnegie Drive, Suite 150
San Bernardino, CA 92408

- B. Commission shall have Power of Attorney to pay delinquent debts and unpaid wages from accounts payable to Contractor in the event debts and wages have not been paid on a current basis.
- C. Nothing contained in this Contract shall be construed as creating a joint venture, partnership or employment arrangement between the parties hereto, nor shall either party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the party hereto.
- D. Contractor agrees any alterations, variations, modifications, or waivers of the provisions of the Contract, shall be valid only when reduced to writing, executed and attached to the original Contract and approved by the person(s) authorized to do so on behalf of Contractor and Commission.
- E. Any alterations, variations, modifications, or waivers of provisions of the Contract, unless specifically allowed in the Contract, shall be valid only when they have been reduced to writing, duly signed and approved by the authorized representatives of both parties as an amendment to this Contract. No oral understanding or contract not incorporated herein shall be binding on any of the parties hereto. No course of dealing and no delay or failure of a party in exercising any right under any contract shall affect any other or future exercise of that right or any exercise of any other right. A party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.

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- F. If any provision of the Contract is held by a court of competent jurisdiction to be unenforceable or contrary to law, it shall be modified where practicable to the extent necessary so as to be enforceable, giving effect to the intention of the parties, and the remaining provisions of the Contract shall not be affected.
- G. The parties acknowledge and agree that this Contract was entered into and intended to be performed in San Bernardino County, California. The parties agree that the venue of any action or claim brought by any party to this Contract will be the Superior Court of California, San Bernardino County, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning this Contract is brought by any

third party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, San Bernardino County, San Bernardino District.

- H. Contractor understands and agrees that any and all legal fees or costs associated with lawsuits against Commission concerning this Contract shall be Contractor's sole expense and shall not be charged as a cost under this Contract. In the event of any contract dispute hereunder, each party to this Contract shall bear its own attorneys' fees and costs regardless of who prevails in the outcome of the dispute.

X. NONDISCRIMINATION

A. General

Contractor agrees to serve all clients without regard to race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability pursuant to the Civil Rights Act of 1964, as amended (42 U.S.C., Section 2000d), Executive Order No. 11246, September 24, 1965, as amended, Title IX of the Education Amendments of 1972, and Age Discrimination Act of 1975.

Contractor shall not engage in any unlawful discriminatory practices in providing services, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability.

B. Americans with Disabilities Act/Individuals with Disabilities

Contractor agrees to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) which prohibits discrimination on the basis of disability, as well as all applicable Federal and State laws and regulations, guidelines and interpretations issued pursuant thereto. Contractor shall report to the applicable Commission Staff if its offices/facilities have accommodations for people with physical disabilities, including offices, exam rooms, and equipment.

C. Employment and Civil Rights

Contractor agrees to and shall comply with the County's Equal Employment Opportunity Program and Civil Rights Compliance requirements:

1. Equal Employment Opportunity Program

Contractor agrees to comply with the provisions of the Equal Employment Opportunity Program of San Bernardino County and rules and regulations adopted pursuant thereto: Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, and 13672; Title VII of the Civil Rights Act of 1964 (and Division 21 of the California Department of Social Services Manual of Policies and Procedures and California Welfare and Institutions Code, Section 10000); the California Fair Employment and Housing Act; and other applicable Federal, State, and County laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

2. Civil Rights Compliance

Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by State regulation. Consistent with the requirements of applicable Federal or State law, the Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference or mental or physical disabilities. The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified individuals with disabilities in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of the United States Department of Health and Human Services, effective June

2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977. The Contractor shall include the nondiscrimination and compliance provisions of this Contract in all subcontracts to perform work under this Contract.

D. Sexual Harassment

Contractor agrees that clients have the right to be free from sexual harassment and sexual contact by all staff members and other professional affiliates.

XI. IMPROPER CONSIDERATION

Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the Commission in an attempt to secure favorable treatment regarding this Contract.

The Commission, by written notice, may immediately reject any proposal or terminate any Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the Commission with respect to this Contract. This prohibition shall apply to any amendment, extension or evaluation process once a Contract has been awarded.

Contractor shall immediately report any attempt by a Commission officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the Commission. In the event of a termination under this provision, the Commission is entitled to pursue any available legal remedies.

XII. DISCLOSURE OF CRIMINAL AND CIVIL PROCEEDINGS

The Commission reserves the right to request the information described herein from the Contractor. Failure to provide the information may result in termination of the Contract. The Commission also reserves the right to obtain the requested information by way of a background check performed by an investigative firm. The Contractor also may be requested to provide information to clarify initial responses. Negative information provided or discovered may result in termination of the Contract.

The Contractor may be asked to disclose whether the firm or any of its partners, principals, members, associates or key employees (as that term is defined herein), within the last ten years, has been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense arising directly or indirectly from the conduct of the firm's business, or whether the firm, or any of its partners, principals, members, associates or key employees, has within the last ten years, been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense involving financial misconduct or fraud. If the response is affirmative, the Contractor will be asked to describe any such indictments or charges (and the status thereof), convictions and the surrounding circumstances in detail.

In addition, the Contractor may be asked to disclose whether the firm, or any of its partners, principals, members, associates or key employees, within the last ten years, has been the subject of legal proceedings as defined herein arising directly from the provision of services by the firm or those individuals. "Legal proceedings" means any civil actions filed in a court of competent jurisdiction, or any matters filed by an administrative or regulatory body with jurisdiction over the firm or the individuals. If the response is affirmative, the Contractor will be asked to describe any such legal proceedings (and the status and disposition thereof) and the surrounding circumstances in detail.

For the purposes of this provision "key employees" includes any individuals providing direct service to the Commission. "Key employees" do not include clerical personnel providing service at the Contractor's offices or locations.

continued on next page

XIII. CONCLUSION

- A. This Contract, consisting of 23 pages and Attachments A, B and C inclusive, is the full and complete document describing services to be rendered by Contractor to Commission, including all covenants, conditions, and benefits. Attachments A, B and C are attached hereto and incorporated herein as though set forth in full.
- B. The signatures of the parties affixed to this Contract affirm that they are duly authorized to commit and bind their respective institutions to the terms and conditions set forth in this document.
- C. This contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

CHILDREN AND FAMILIES COMMISSION FOR
SAN BERNARDINO COUNTY

LOMA LINDA UNIVERSITY CHILDREN'S
HOSPITAL
Legal Entity

►

Authorized Signature

Elliot Weinstein M.D.

Printed Name

Commission Chair

Title

Dated

►

Authorized Signature

Peter Baker

Printed Name

Senior Vice President and Administrator

Title

Dated

Official Stamp

Reviewed for Processing

►

Cindy Faulkner

Assistant Director

Date

Approved as to Legal Form

►

Dawn Martin

Commission Counsel

Date

Presented to Commission for
Signature

►

Karen E. Scott

Executive Director

Date



Agency Name:	LLUCH-RICA	Contract #	HW062	Service Area:	Countywide
Program Name:	CYBHI Round 2	Period:	May 8, 2024 ~ June 30, 2025		

Expectations	Implement Department of Health Care Services (DHCS) Children Youth Behavioral Health Initiative Round 2 Trauma-informed programs and practices using the evidence-based practice (EBP) of Child Parent Psychotherapy (CPP)				
Outcomes	Resiliency Institute for Childhood Adversity (RICA) will expand training for mental health providers to increase EBP in CPP services offered to children under 6 who have experienced trauma. RICA will expand the CPP training opportunities to include clinicians within the Loma Linda University (LLU) School of Behavioral Health and the Barbara Sinatra Children's Center, totaling 15 clinicians trained in CPP.				
Objective Goal/Measure	Activity/Description	Activity Dosage/Frequency	Persimmony Verification (Data entry/Report /Upload supporting documents via PDF or Excel)		
			Submission Time Frame	Quantitative Data	Qualitative Data
CPP Training	<ul style="list-style-type: none"> RICA will contract with CPP team and secure training for 15 clinical staff.Receive CPP Learning Session 1~3 Participate in Core CPP Didactics to increase competency. Participate in ongoing CPP consultation calls. Participate in ongoing CPP learning collaboratives & reflective supervision. Engage in the CPP Agency Mentorship Program (CAMP) 	Ongoing	Quarterly	An aggregate count of staff participated in the CPP training (Provider demographics (language, ethnicity & race)	Submit narrative reports on: <ul style="list-style-type: none"> Training participating protocols & procedures. Staff progress in ongoing CPP consultation calls Ongoing CPP learning collaboratives & reflective supervision progress. CAMP participation & placed on CPP trained roster.
RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Established staff training team. Recruitment of licensed mental health clinician Develop improvements to physical space to support practice. Develop a contract with CPP Trainers and mentors. Ongoing participation in the DHCS grant monitoring and technical assistance activities. RICA provides a coordinated system of care to increase early intervention. Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings and check-in calls with a TPA and DHCS. 	Ongoing	Quarterly	N/A	Submit narrative reports on: <ul style="list-style-type: none"> Staff submit the CPP Training Agreement form. Onboarding staff Agreements with partners participating in CPP training. Capital improvement plan approval & implementation. Deliver trauma-informed care using CPP fidelity in a culturally relevant and responsive approach to implementation with populations of focus (ages 0-6) in RICA. Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes.

	<ul style="list-style-type: none"> • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to the best practices manualized instructions and best practices. • Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. • Develop and implement outreach strategies. • Hold informational sessions regarding the clinical services • Develop protocols for managing risk. • Hold informational sessions regarding clinical services and marketing outreach • Meet with community partners to discuss the future development of the CPP program throughout various regions of San Bernardino and Riverside Counties. • Explore train-the-trainer opportunities 				<ul style="list-style-type: none"> • Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed. • Community outreach and engagement with Child Welfare, the Juvenile Justice system, community agencies, and Law Enforcement to refer children for services to build knowledge of trauma-informed support and communication for parents, caregivers, and individuals close to children and youth while increasing the capacity of child-serving service systems • Marketing items, social media, and email distributions, in-person informational sessions about services & referral process. • Completion of the capital improvement mental health office space "open house"
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Data Type:	Quantitative & Qualitative		
Reporting Period:	Quarterly	Due: By the 15 th of the following month	



**FIRST 5 SAN BERNARDINO
PROGRAM BUDGET
FISCAL YEAR:**

2023-2024

ORGANIZATION:		LLUCH - RICA				DIRECTOR:		Amy Young, MD				PROGRAM YEAR:		2023-2024
PROGRAM TITLE:		CYBHI				PROGRAM DIRECTOR:		Brett Walls				TOTAL BUDGET:		67,500
INITIATIVE:						FINANCE OFFICER:		Brett Walls				RFP/CONTRACT #:		HW062
LINE	BUDGET CATEGORY		FTE	PAY RATE	# OF HOURS	BENEFIT RATE	F5SB SALARY	F5SB BENEFITS	F5SB BUDGET	TOTAL SALARY	First 5 % of TOTAL SALARY	DESCRIPTION/ JUSTIFICATION		
I.	SALARIES & BENEFITS		A	B	C	D	E	F	G	H	I	J		
	Name:	Position:												
1	TBD	Licensed Clinician	0.23	53.03	480	36%	25,454	9,164	34,618	150,011	23%	\$30,000 to be applied to a Licensed Clinician position for Year 1. 2080 hours a year (used RD's salary) One full-time licensed clinician dedicated to this project for 15 months of the grant cycle (Salary + benefit) Total \$187,500		
	Total Salaries & Benefits						\$ 25,454	\$ 9,164	\$ 34,618	\$ 150,011				



FIRST 5 SAN BERNARDINO

PROGRAM BUDGET

FISCAL YEAR: 2023-2024

ORGANIZATION:	LLUCH - RICA	DIRECTOR:	Amy Young, MD	PROGRAM YEAR:	2023-2024
PROGRAM TITLE:	CYBHI	PROGRAM DIRECTOR:	Brett Walls	TOTAL BUDGET:	67,500
INITIATIVE:	0	FINANCE OFFICER:	Brett Walls	RFP/CONTRACT #:	HW062
II.	SERVICES & SUPPLIES				
	Expense:	% of Allocation:	TOTAL F5SB BUDGET (\$)	Description/Justification:	
1	ChildParent Psychotherapy - Standard CPP Learning Collaborative	49%	32,882	A CPP LC meets criteria for an Implementation Level CPP Course, meaning that clinicians who complete the minimum requirements for the course are eligible for the CPP roster. Learning Session 1-3, Consultation Call Groups	
	Total Services & Supplies		\$ 32,882		
TOTAL FIRST 5 BUDGET			\$ 67,500		



**FIRST 5 SAN BERNARDINO
PROGRAM BUDGET
FISCAL YEAR:**

2024-2025

ORGANIZATION:		LLUCH - RICA				DIRECTOR:		Amy Young, MD				PROGRAM YEAR:		2024-2025
PROGRAM TITLE:		CYBHI				PROGRAM DIRECTOR:		Brett Walls				TOTAL BUDGET:		607,500
INITIATIVE:						FINANCE OFFICER:		Brett Walls				RFP/CONTRACT #:		HW062
LINE	BUDGET CATEGORY		FTE	PAY RATE	# OF HOURS	BENEFIT RATE	F5SB SALARY	F5SB BENEFITS	F5SB BUDGET	TOTAL SALARY	First 5 % of TOTAL SALARY	DESCRIPTION/ JUSTIFICATION		
I.	SALARIES & BENEFITS		A	B	C	D	E	F	G	H	I	J		
	Name:	Position:												
1	TBD	Licensed Clinician	1.00	53.03	2080	36%	110,302	39,709	150,011	150,011	100%	One full-time licensed clinician dedicated to this project for 15 months of the grant cycle (Salary + benefit) = \$187,500 (160 hours mo x 15)		
	Total Salaries & Benefits						\$ 110,302	\$ 39,709	\$ 150,011	\$ 150,011				



FIRST 5 SAN BERNARDINO

PROGRAM BUDGET

FISCAL YEAR:

2024-2025

ORGANIZATION:	LLUCH - RICA	DIRECTOR:	Amy Young, MD	PROGRAM YEAR:	2024-2025
PROGRAM TITLE:	CYBHI	PROGRAM DIRECTOR:	Brett Walls	TOTAL BUDGET:	607,500
INITIATIVE:	0	FINANCE OFFICER:	Brett Walls	RFP/CONTRACT #:	HW062

II.	SERVICES & SUPPLIES			
	Expense:	% of Allocation:	TOTAL F5SB BUDGET (\$)	Description/Justification:
1	National Business Furniture	13%	78,750	RICA Suite C Mental Health Wing Expansion - Furniture Total: \$26,182.28 (\$52,567.72) Remodel space dedicated to mental health services and it to make 10 office spaces and 6 therapeutic rooms specific for mental health clinicians. Family-friendly & age-appropriate types of furniture.
2	Program Materials	2%	10,000	Training and program manuals (4 required books for CPP)
3	Planning Costs	3%	18,750	RICA operations manager will oversee the planning and implementation of this grant project over 15 months of the grant cycle.
4	Specialized Training	2%	10,000	Disability training, Cultural competence, Anti-racism, DEI training, etc.
5	Supplies	0%	2,000	Age appropriate toys and materials
6	Technology	3%	20,000	Expand the electronic health records system (EPIC) to the new dedicated mental health treatment facility. Computers, communication/telephone, and printers for network integration.
7	Technical Assistance	8%	48,000	LLU's two licensed clinicians provide consultation, support, ongoing peer review, feedback, and supervision between the specific CPP training support (6 hours/week over the grant cycle).



FIRST 5 SAN BERNARDINO
PROGRAM BUDGET
FISCAL YEAR: **2024-2025**

ORGANIZATION:	LLUCH - RICA	DIRECTOR:	Amy Young, MD	PROGRAM YEAR:	2024-2025
PROGRAM TITLE:	CYBHI	PROGRAM DIRECTOR:	Brett Walls	TOTAL BUDGET:	607,500
INITIATIVE:	0	FINANCE OFFICER:	Brett Walls	RFP/CONTRACT #:	HW062
8	Training Costs	20%	119,989	18 months CPP Learning Collaborative, plus 6 months, totaling 2-year training costs. (A budget period of 2 years allows for prep time and wrap-up. Many systems might want additional calls (after the 18-month period) to support participants in completing calls if they had a leave of absence (e.g., due to illness or pregnancy) during the training period.)	
9	Other Costs	25%	150,000	Expected total number of clinicians trained in CPP is 15. RICA will serve as the lead agency and MOU with LLU School of Social Work staff and students to take part in the CPP training.	
	Total Services & Supplies		\$ 457,489		
TOTAL FIRST 5 BUDGET			\$ 607,500		

ATTACHMENT C

Campaign Contribution Disclosure

(SB 1439)

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Commission for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the Commission in a proceeding on the matter for the purpose of influencing the Commission's decision on the matter; or (c) communicates with Commission employees, for the purpose of influencing the Commission's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the members of the Commission or Commission employees for purposes of influencing the Commission's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Commission. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: Loma Linda University Children's Hospital

2. Name of Principal (i.e., CEO/President) of Contractor, if the individual actively supports the matter and has a financial interest in the decision:

3. Name of agent of Contractor:

Company Name	Agent(s)

4. Name of any known lobbyist(s) who actively supports or opposes this matter:

Company Name	Contact

5. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the Commission.

Company Name	Subcontractor(s):	Principal and/or Agent(s):

6. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?

Yes ☐

No ☐

7. Name of any known individuals/companies who are not listed in Questions 1-5, but who may (1) actively support or oppose the matter submitted to the Commission and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name

8. Was a campaign contribution, of more than \$250, made to any member of the Commission on or after January 1, 2023, by any of the individuals or entities listed in Question Nos. 1-7?

No ☐ If **no**, please skip Question No. 9 and sign and date this form.

Yes ☐ If **yes**, please continue to complete this form.

9. Name of Commission Member: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Commission Members to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-7 are prohibited from making campaign contributions of more than \$250 to any member of the Commission while award of this Contract is being considered and for 12 months after a final decision by the Commission.

APPLICANT INSTRUCTIONS

To complete this application, review the Eligible Expenditures, Section 2.3 of the Request For Application, for guidance and provide responses in the yellow highlighted cells below with as much accurate detail as possible. To add rows as needed, unprotect the sheet by right-clicking on the respective sheet tab at the bottom and selecting "unprotect." Provide an estimated budget based on your understanding of the scope of your project. The budget total should equal the grant amount you are proposing for and be itemized by specific resource (e.g., staff salaries by level, supplies, etc.) tying back to key deliverables or other program goals mentioned in the Section 3.2.F. The budget should include expenditures over a two-year period maximum. Save as a PDF prior to uploading to the SurveyMonkey.

Final budget and payment schedule will be determined in tandem with the applicant and DHCS or its designee (i.e., TPA). DHCS, or its designee, will provide interval payments based on delivery of standard deliverables.

EBP/CDEP ROUND 2 APPLICANT INFORMATION

Applicant / Entity Legal Name:	First 5 San Bernardino
Contact Information (Email & Phone):	Wendy Lee, Psy.D. wendy.lee@cfc.sbcounty.gov (909) 252-4254
County or Tribal Nation:	San Bernardino County
Name of Practice Model:	The Child-Parent Psychotherapy (CPP)

EBP/CDEP ROUND 2 GRANT BUDGET INFORMATION: IMPLEMENTATION START-UP (Revised Budget)

Expenditure Categories	Please provide a detail description of the cost associated with each category	Total Proposed Costs (Funded by Grant)
Equipment and capital improvements	Remodel space dedicated to mental health services and it to make 10 office spaces and 6 therapeutic rooms specific for mental health clinicians. Family-friendly & age-appropriate types of furniture.	\$78,750.00

Program materials (e.g., manual)	Training and program manuals (4 required books for CPP)	\$10,000.00
Planning costs	RICA operations manager will oversee the planning and implementation of this grant project over 15 months of the grant cycle.	\$18,750.00
Specialized training	Disability training, Cultural competence, Anti-racism, DEI training, etc.	\$10,000.00
Staffing (benefits must be included on listed salary)	One full-time licensed clinician dedicated to this project for 15 months of the grant cycle (Salary + benefit)	\$187,500.00
Supplies	Age-appropriate toys and materials.	\$2,000.00
Technology	Expand the electronic health records system (EPIC) to the new dedicated mental health treatment facility. Computers, communication/telephone, and printers for network integration.	\$20,000.00
Technical assistance	LLU's two licensed clinicians provide consultation, support, ongoing peer review, feedback, and supervision between the specific CPP training support (6 hours/week over the grant cycle).	\$48,000.00
Training costs	18 months CPP Learning Collaborative, plus 6 months, totaling 2-year training costs. (A budget period of 2 years allows for prep time and wrap-up. Many systems might want additional calls (after the 18-month period) to support participants in completing calls if they had a leave of absence (e.g., due to illness or pregnancy) during the training period.)	\$150,000.00
Travel (If applicable)	N/A	

Other costs (Please provide details in the next column)	Expected total number of clinicians trained in CPP is 15. RICA will servie as the lead agency and MOU with LLU School of Social Work staff and students to take part in the CPP training.	\$150,000.00
Administrative Costs	F5SB 10% managing grant funding and reporting	\$75,000.00
TOTAL PROJECT COSTS		\$750,000.00

First 5 San Bernardino apply on behalf of RICA for the Integrated Track Application Timeline, Activity, and Deliverables breakdowns:

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 1 Month 2 Month 3	RICA & CPP Training	<ul style="list-style-type: none"> • Seek CPP Trainers and mentors • Begin CPP Learning Session 1 <ul style="list-style-type: none"> ◦ 3 days minimum training ◦ Participate in Core CPP Didactics. • Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> • Established Training participating protocols and procedures. • Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Established staff training team. • Recruitment of licensed mental health clinician • Develop improvements to physical space to support practice • Develop a contract with CPP Trainers and mentors • Ongoing participation in DHCS grant monitoring and technical assistance activities • RICA provides a coordinated system of care to increase early intervention • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to the best practices' manualized instructions. 	<ul style="list-style-type: none"> • Staff submit the CPP Training Agreement form • Onboarding staff • Agreements with partners participating in CPP training • Capital improvement plan • Deliver trauma-informed care using CPP fidelity in a culturally relevant and responsive approach to implementation with populations of focus (ages 0-6) in RICA • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. • Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed.
	F5SB	<ul style="list-style-type: none"> • Develop a contract with RICA • Monthly contract monitoring • Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection, and 	<ul style="list-style-type: none"> • Commission contract approval for RICA • Obtain service agreement/contract with CPP Trainers and mentors

		submission, and participation in evaluation activities	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.
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Revised Timeline	Activity		Deliverables
Grant Cycle: Month 4 Month 5 Month 6	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions(e.g., monthly learning collaborative sessions) to ensure adherence to the best practices manualized instructions. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Deliver trauma-informed care using CPP fidelity in a culturally relevant and responsive approach to implementation with populations of focus (ages 0-6) in RICA Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed Capital improvement plan approval.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 7 Month 8 Month 9	RICA & CPP Training	<ul style="list-style-type: none"> • Ongoing CPP 6 months consultation calls. • Learning Session 2 <ul style="list-style-type: none"> ○ 2 days minimum ○ Competency building ○ Case-based ○ Participant-driven 	<ul style="list-style-type: none"> • Staff progress in ongoing CPP training • Staff progress in ongoing CPP consultation calls.
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Ongoing participation in DHCS grant monitoring and technical assistance activities • Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to the best practices manualized instructions. • Develop and implement outreach strategies • Hold informational sessions regarding the clinical services • Develop protocols for managing risk 	<ul style="list-style-type: none"> • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Community outreach and engagement with Child Welfare, the Juvenile Justice system, community agencies, and Law Enforcement to refer children for services to build knowledge of trauma-informed support and communication for parents, caregivers, and individuals close to children and youth while increasing the capacity of child-serving service systems • Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed • Marketing items, social media, and email distributions, in-person informational sessions about services • Referral process, mandated reporting, escalating concerns to LE or CPS.

			<ul style="list-style-type: none"> Capital improvement plan implementation.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 10 Month 11 Month 12	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. <p>Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices.</p> <ul style="list-style-type: none"> Hold informational sessions regarding the clinical services and marketing outreach 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed Marketing items, social media, email distributions, in-person informational sessions about services, and referral process.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 13 Month 14 Month 15	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP 6 months consultation calls. Learning Session 3 <ul style="list-style-type: none"> 2 days minimum Competency building Case-based Participant-driven 	<ul style="list-style-type: none"> Staff progress in ongoing CPP consultation calls Completion of CPP Training

RICA EBP Implementation Start-up	<ul style="list-style-type: none"> • Ongoing participation in DHCS grant monitoring and technical assistance activities • Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus. • Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. • Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. • Hold informational sessions regarding clinical services and marketing outreach 	<ul style="list-style-type: none"> • Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. • Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed • Marketing items, social media, email distributions, in-person informational sessions about services, and referral process.
F5SB	<ul style="list-style-type: none"> • Monthly contract monitoring • Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and • submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> • Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 16 Month 17 Month 18	RICA & Ongoing CPP Learning Collaboratives	<ul style="list-style-type: none"> Ongoing CPP learning collaboratives and reflective supervision 	<ul style="list-style-type: none"> Staff progress in ongoing CPP learning collaboratives and reflective supervision
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours weekly with clinicians and supervisors for additional collaborative learning as needed Continue marketing items, social media, email distributions, and in- person informational sessions about services and the referral process.
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 19 Month 20 Month 21	RICA & CPP Training	<ul style="list-style-type: none"> Engage in CPP Agency Mentorship Program (C.A.M.P) 	<ul style="list-style-type: none"> Staff progress in ongoing CAMP and placed on CPP roster
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Ongoing participation in DHCS grant monitoring and technical assistance activities Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings, and check-in calls with a TPA and DHCS. Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and best practices. 	<ul style="list-style-type: none"> Achieve and maintain the specific benchmarks (e.g., referral rates, initial assessment, providers trained) for the grant within specified timeframes. Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed Continue marketing items, social media, and email distributions, in- person informational sessions about services and referral process Completion of the capital improvement mental health office space “open house”
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.

Revised Timeline	Activity		Deliverables
Grant Cycle: Month 22 Month 23 Month 24	RICA & CPP Training	<ul style="list-style-type: none"> Ongoing CPP learning collaboratives and reflective supervision 	<ul style="list-style-type: none"> Staff progress in ongoing CAMP and placed on CPP roster
	RICA EBP Implementation Start-up	<ul style="list-style-type: none"> Meet with community partners to discuss the future development of the CPP program throughout various regions of San Bernardino and Riverside Counties. Explore train-the-trainer opportunities 	<ul style="list-style-type: none"> Continue marketing items, social media, and email distributions, in- person informational sessions about services and referral process Therapists meet 4-6 hours per week with clinicians and supervisors for additional collaborative learning as needed
	F5SB	<ul style="list-style-type: none"> Monthly contract monitoring Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities. 	<ul style="list-style-type: none"> Submit required reports and communication with DHCS.



Program Outline Document 2023-2025

AGENCY INFORMATION

		Contract #:	HW062
Legal Entity:	Loma Linda University Children's Hospital		
Dept./Division:	Ambulatory Services		
Project Name:	RICA-CYBHI		
Program Site Address:	11374 Mountain View Ave. Dover Building, Suite B Loma Linda, CA 92354	Client Referral Phone #	(909) 382-3535

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ADDITIONAL CONTACT (Describe): Choose an item.

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Loma Linda, CA 92354

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Fax #:

PROGRAM INFORMATION**TYPE OF AGENCY** Private Entity/Institution**Describe:** Non Profit**PROGRAM DESCRIPTION**

F5SB will serve as the fiscal agent for the Resiliency Institute for Childhood Adversity (RICA) to increase early intervention and support the resilience of children by implementing DHCS-CYBHI Round 2 Trauma-Informed Programs and Practices using the evidence-based practice (EBP) of Child Parent Psychotherapy (CPP). RICA will expand training for mental health providers to increase EBP in CPP services offered to one of the largest populations recognized as children under 6 who have experienced traumatic events. RICA will expand the CPP training opportunities to include clinicians within the LLU School of Behavioral Health and the Barbara Sinatra Children's Center, totaling 15 clinicians trained in CPP.

REGION

Inland Empire
San Bernardino County

STRATEGIC PRIORITY AREA & OBJECTIVES

<input checked="" type="checkbox"/> Child Health	<input type="checkbox"/> Early Learning	<input checked="" type="checkbox"/> Family Supports
<input type="checkbox"/> Children are screened and connected to appropriate developmental services	<input type="checkbox"/> Quality early learning can be accessed and utilized by families	<input checked="" type="checkbox"/> Families are connected to services that support children's development and parent/caregiver resiliency
<input type="checkbox"/> Children's health is promoted through community education about local health issues	<input type="checkbox"/> Early learning providers receive training and support to provide high-quality learning opportunities to children.	<input type="checkbox"/> Families are connected to resources that support their caregiving skills and social/family engagement.
<input type="checkbox"/> Maternal health is promoted in the county through trainings and education for providers and families	<input type="checkbox"/> School readiness is promoted through increasing access to early literacy supports and materials.	<input checked="" type="checkbox"/> Families and providers are aware of and know how to access existing county resources and supports.
<input checked="" type="checkbox"/> Early care providers are aware of and able to connect children and families to existing mental and behavioral supports and services		<input checked="" type="checkbox"/> First 5 San Bernardino partners with agencies throughout the county to promote prevention and early identification of child abuse and neglect

ASSIGNED ANALYST: Wendy Lee, Psy.D.**ASSIGNED ACCOUNTANT:** Hope Loewenstein**ASSIGNED EVALUATOR:** Ray Salamat**PROCUREMENT TYPE:**☐ Competitive
☒ Non-Competitive
Selected
CONTRACT AMOUNT

Fiscal Year	Original Amount	Amendment Amount	Total
2023-2024	\$67,500		\$67,500
2024-2025	\$607,500		\$607,500
Total			\$675,000



AGENDA ITEM 8
May 8, 2024

Subject	Quality Counts California Quality Improvement Grant Application.
Recommendations	Approve acceptance of \$2,261,330 in funds awarded through the California Department of Social Services for the Quality Counts California Quality Improvement Grant to support Quality Start San Bernardino and delegate the authority to the Executive Director or her designee to execute any agreements or documents required to effectuate the receipt of such funds. (Presenter: Erika Willhite, Staff Analyst II, 386-7706)
Financial Impact	Revenue of \$2,261,330 for 2024-27.
Background Information	Since 2020, First 5 San Bernardino (F5SB) has received Quality Counts California (QCC) funding to administer quality improvement supports to early learning and care (ELC) programs through Quality Start San Bernardino (QSSB).

The California Department of Social Services (CDSS) announced the release of the QCC Quality Improvement (QI) Grant in March of 2024. The purpose of the QCC QI Grant is to support increased learning and healthy development of California's children by supporting site-level improvements, administrative supports, and building an equitable child care system. This grant will support local QCC consortia to provide site-based training, technical assistance, coaching, and other resources to support continuous quality improvement and promote better outcomes for children and families.

The QCC QI Grant is created as a layer of support to increase site-based improvements, administrative supports, and staff development and trainings, such as, creating site-level quality improvement plans (QIP) that integrate how programs will utilize child observation data, measure child-teacher and child to child interactions, assess quality in environment, recognize the workforce, support site based coaching, and other developmental appropriate strategies that lead to improved outcomes for children.

The QCC QI funding will allow QSSB to meet the goals of this grant including:

- Reducing the number of California Child Care Licensing type A violations in licensed centers and child care family homes.
- Increasing the use of evidence-based observation tools and use data to improve child outcomes, using tools such as the Desired Results Development Profile (DRDP).
- Increasing the use or offering of annual health screenings including vision, hearing, and developmental screenings, using tools such as the Ages & Stages Questionnaire (ASQ).
- Improve the effectiveness of teaching staff to respond to children's needs, using tools such as the Classroom Assessment Scoring System (CLASS).
- Supports should be prioritized for child care settings that serve children and families with the most need and at highest risk.

With input from the QSSB Operating Partners and Steering Committee, F5SB submitted the QCC QI Grant application on April 11, 2024 with the expectation of

notification in May with a grant start date of July 1, 2024. Commission approval will authorize the receipt of \$2,261,330 grant funds and provide such additional revenue for Fiscal Years 2024-2027 to support QSSB and the Early Learning and Care system for San Bernardino County.

Approval of this item supports the Early Learning and Family Supports Strategic Priority Areas in the Commission’s 2023-2028 Strategic Plan:

- Early Learning:
 - Quality early learning can be accessed and utilized by families.
 - Early learning providers receive training and supports to provide high quality learning opportunities to children.

- Family Supports:
 - Families are connected to services that support children’s development and parent/caregiver resiliency.
 - Families are connected to resources that support their caregiving skills and social/family engagement.
 - Families and providers are aware of and know how to access existing county resources and supports.

Review

Dawn Martin, Commission Counsel

Report on Action as taken	
Action:	
Moved: _____	Second: _____
In Favor:	
Opposed:	
Abstained:	
Comments: _____	
Witnessed:	



California Department of Social Services (CDSS)
Child Care and Development Division (CCDD)
Quality Counts California (QCC) Workforce Pathways Grant
and QCC Quality Improvement Grant (Formally known as QCC
Block Grant)

Joint Request for Applications (RFA)

Fiscal Years 2024-2025 through 2026-2027

Announcement Date: March 6, 2024

Informational Webinar: March 14, 2024

Application Due Date: April 12, 2024

Inquiries

Direct all California Department of Social Services Child Care and Development Division Quality Counts California (QCC) Workforce Pathways Grant and QCC Quality Improvement Grant Joint Request for Application inquiries and correspondence to:

QCC Joint RFA
CCDD
California Department of Social Services
744 P Street
Sacramento, CA 95814
Mailbox #9-8-353

Submit all RFA questions via email to the CDSS email at QCCRFA@dss.ca.gov

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SECTION I. OVERVIEW

The California Department of Social Services (CDSS) invites current grantees to apply for the CDSS Quality Counts California (QCC) Workforce Pathways Grant and the QCC Quality Improvement Grant (formerly QCC Block Grant) through a Joint Request for Applications (RFA). This RFA reflects the latest evolution of the grants.

A. Introduction

Research suggests that genuine and sustained quality improvement in early learning and care is a shared responsibility, and providers, educators, and administrators all play vital roles in supporting positive child outcomes according to the *Australian Children's Education and Care Quality Authority's Practical Ideas to Support Continuous Quality Improvement information sheet* released in May 2020.¹ Furthermore, the information sheet explains that it is essential that we support quality improvement at the site level and the individual workforce level. Genuine and sustained quality improvement is supported by collaboration and shared responsibility, leadership at all levels, proximity expert, and meaningful engagement.² Children's learning and development are directly impacted by the quality of their early learning experiences. Additionally, we can advance equity and quality for California's children by ensuring the early learning and care workforce has access to learning opportunities; support for pursuing them; compensation that aligns to qualifications; and authentic, unbiased, and straightforward pathways to career advancement— regardless of race, gender, age, culture, primary language, geographic location, or the setting in which one works, according to *Master Plan for Early Learning and Care: Making California For All Kids* released in December 2020, authored by Lupita Alcalá, WestEd Jannelle Kubinec, WestEd Catherine Atkin, SparkPlace Lynn Karoly, RAND Carlise King, Child Trends Susan Muenchow, American Institutes for Research Deborah Stipek, Stanford University.³ According to the PDG-R Grant-Renewal *Needs Assessment: Early Learning and Care Equity Landscape* report conducted in 2022, authored by Dr. Iheoma Iruka and Dr. Shantel Meek, the state should support children's learning and development by enhancing educator competencies, incentivizing and funding career pathways, and implementing supportive program standards. Enhance standards and provide affordable and accessible pathways for the entire workforce to advance in their competency and compensation.⁴

¹ https://www.acecqa.gov.au/sites/default/files/2020-05/Practical-ideas-to-support-quality-improvement_0.pdf

² https://www.acecqa.gov.au/sites/default/files/2020-05/Practical-ideas-to-support-quality-improvement_0.pdf

³ [https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20\(English\).pdf](https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20(English).pdf)

⁴ https://www.cdss.ca.gov/Portals/9/PDG/PDG-R_NA-EL_Report_FINAL_ADA.pdf

Programs that are supporting and helping their workforce to advance also need site level support to emphasize ongoing and continuous quality improvement (CQI). The QCC Quality Improvement Grant is created as a layer of support to increase site-based improvements, administrative supports, and staff development and trainings (to supplement and not supplant efforts), such as, but not limited to, creating site-level quality improvement plans that integrate how programs will utilize child observation data, measure child-teacher and child to child interactions, assess quality in the environment, recognize the workforce, support site based coaching, and other developmental appropriate strategies that lead to improved outcomes for children.

The CDSS will continue to use federal Child Care and Development Fund (CCDF) quality improvement funds to support local QCC consortia to raise the quality of sites participating or interested in participating in their local QCC and to comprehensively and effectively serve children, families, and the child care and development workforce.

B. Purpose

1. QCC Workforce Pathways Grant

The purpose of the QCC Workforce Pathways Grant is to support increased learning and healthy development of California’s children (ages Birth to 13) ⁵ by increasing the number of qualified ELC professionals, and increasing the educational credentials, knowledge, and skills of existing ELC professionals across the state.

This grant will support local, regional, or local and regional quality improvement (QI) partnerships, support providers participating or interested in participating in QCC and providers interested in CQI as well as the ongoing training and education of the workforce in California’s mixed-delivery system which includes access to family, friend and neighbor (FFN), family child care home (FCCH), and center providers.

2. QCC Quality Improvement Grant

The purpose of the QCC Quality Improvement Grant is to support increased learning and healthy development of California’s children (ages Birth to 13) by supporting site-level improvements, administrative supports, and building an equitable child care system.

This grant will support local consortia to provide site-based training, technical assistance, coaching, and other resources to support CQI and promote better outcomes for children and families. The CDSS is researching ways to

⁵ <https://www.cdss.ca.gov/inforesources/child-care-and-development/fund-state-plan>

recognize, incentivize, and collaborate with families, the workforce, and other proximity experts to support a statewide system that is anti-bias, anti-hate, linguistically supportive and that is equitable. Given the recent concerns regarding the rating matrix, ratings will not be an allowable expense. Programs must focus on utilizing developmentally appropriate [resources](#) that have been proven to directly impact CQI and that are linked to positive outcomes for children. Grantees will use the quality continuum framework and aligned resources, which we are overarchingly using to define quality.

In applying to this RFA, local, regional, or local and regional QI partnerships will develop or update a quality improvement plan (QIP) that builds upon accomplishments, reflects the current and individual workforce or program needs and supports CQI at the site-based level. These grants should work in tandem with other QCC initiatives and must not supplant any other efforts. This means that communication and partnership are vital, and funding is disbursed equitably.

C. Background

1. QCC Workforce Pathways Grant

California has previously invested in improving educational opportunities, retention, and compensation for the ELC workforce. In 2000, Assembly Bill (AB) 212 authorized funds available through the General Fund to support child care development staff retention activities conducted by the Local Planning Councils (LPCs) throughout California via The California Department of Education (CDE). AB 212 was supported through the CCDF quality improvement fund in FY2012–13. These funds were aimed at retaining quality staff who have experience working directly with children in state-subsidized, *California Code of Regulations*, Title 5 (5CCR) ELC programs. The funds were used to provide services such as: increased staff wages and benefits, tutoring and mentorship programs, financial aid, career counseling, and professional development. In 2020, what was AB 212 funding transitioned into the QCC Workforce Pathways Grant to create greater alignment with the QCC system and expand the reach of these funds beyond state funded contracted programs to ensure more equitable access to these supports by providers in every setting, including FCCHENs, FCCs, and non-title 5 centers and FFNs. Also, to ensure greater equity, the QCC Workforce Pathways Grant expanded the prior use of these funds to include Tribal child care programs. Initially, approximately \$12.2 million in CCDF funding was available annually through the QCC Workforce Pathways Grant. Administration of the QCC Workforce Pathways Grant transitioned to CDSS in FY 2021-22. Additionally, and with the transition of ELC programs from CDE to CDSS, CDSS was added as the administering agency of CCDF in fiscal year 2021-2022.

2. QCC Quality Improvement Grant (Formerly the QCC Block Grant)

In FY 2015–16, the Budget Act included funding through FY 2016–17, expanding QIS supports to subsidized infant/toddler programs. When those state funds expired, the state prioritized allocating CCDF quality funding to continue support to infant/toddler sites and mirror the CDE California State Preschool Program (CSPP) Quality Rating and Improvement System (QRIS) Block Grant, thus creating the QCC Block Grant. In FY 2018–19, the grant requirements were transformed to ensure all subsidized providers and programs caring for children birth through age five could access QI supports. For FY 2020–21, a total of \$12.8 million in federal CCDF funding was available for the QCC Block Grant. The QCC Block Grants prioritized providers within the state’s subsidized ELC system, including direct contract infant/toddler providers (CCTR), centers and home-based providers accepting state child care subsidies (e.g., vouchers), state migrant programs, and Tribal child care programs. Most recently, the QCC Block Grant was included as part of the three-year QCC Local Consortia and Partnerships Request for Application (Unified RFA) that was initially released by the CDE and First 5 California. With the transition of ELC programs from CDE to CDSS, CDSS was added as an administering agency for the Unified RFA with the transfer of the QCC Block Grant. The FY 2022–23 year marked the third and final year of the Unified RFA. While the funding streams included within the Unified RFA continued, the state did not release the funding under one umbrella.

3. A More Equitable Approach

While California has been focusing on quality improvement for decades, there has been a shortfall when it comes to equity within our child care systems. This includes inadequate pay structures and other gaps in supports for the workforce. Studies have shown that equity and quality must go “hand and hand” to globally shift a system from inequitable to equitable. The CDSS is committed to working towards a more equitable system, but it will take time. We will need local level leadership to ensure we meet the needs of our diverse families, children, and workforce.

The PDG-R Grant-Renewal Needs Assessment: Early Learning and Care Equity Landscape report conducted in 2022, authored by Dr. Iheoma Iruka and Dr. Shantel Meek states, California can advance equity for all young children by ensuring the ELC workforce has access to learning opportunities; support for pursuing them; compensation that aligns to qualifications; and authentic, unbiased, and straightforward pathways to career advancement—regardless of race, gender, age, culture, primary language, geographic location, or the setting in which one works.⁶

⁶ <https://cdss.ca.gov/inforesources/child-care-and-development/quality-improvement-initiatives>

The 2023 study, *Reimagining a More Equitable QRIS The Quality Counts California (QCC) Equity Project*, conducted by School Readiness Consulting⁷ also highlights recommendations on how we may create a more equitable child care system.

Report Findings for Areas of Improvement:

Communications: Use general communications and purposeful outreach through QCC (e.g., messaging to the public and the early learning and care community, strategies to better engage specific populations). “Outreach is not outreach if it doesn’t reach everyone”.

Quality for all: Embed quality standards and measurement within QCC (e.g., how quality is defined, how ratings and data are used). “Quality needs to be defined and measured in ways that are meaningful to more people on the ground level”.

Equity in action: Support for programs trying to improve their quality (e.g., professional development, training, funding, resource allocation). “If the goal is to create more high-quality programs, there must be a path forward for all types of programs serving all kinds of communities”.

Results from the studies above provide a glimpse of ways we can use feedback to create a QCC system that is more equitable. The QCC Grant funds must be used towards activities that promote equity, mitigate barriers, and prioritize access to an early learning system that celebrates that diversity of our families, children, and the workforce in California.

D. Authority

1. QCC Workforce Pathways Grant

The CDSS QCC Workforce Pathways Grant is authorized by the Federal Child Care and Development Block Grant through *Code of Federal Regulations*, Title 45, (45 *CFR*) Section 98. This grant fulfills the CCDF requirement to expend funds to improve the quality of child care services for all children by supporting the training, professional development, and postsecondary education of the child care workforce as part of a progression of professional development through activities such as those included in 45 *CFR Section* 98.44. This grant allocates a total of \$13.5 million for fiscal year (FY) 2024-25.

⁷ [https://cdss.sharepoint.com/sites/div-secured/CCDD/PIPR/LIIO/Quality%20Counts%20California%20QCC/QCC%20Equity%20Project%20Community%20Facility%20Report%20\(002\).pdf](https://cdss.sharepoint.com/sites/div-secured/CCDD/PIPR/LIIO/Quality%20Counts%20California%20QCC/QCC%20Equity%20Project%20Community%20Facility%20Report%20(002).pdf)

2. QCC Quality Improvement Grant

The CDSS QCC Quality Improvement Grant is authorized by the Federal Child Care and Development Block Grant (42 U.S. Code, Section 9858e) and Title 45, Section 98.53(a)(3) of the Code of Federal Regulations. It is part of California's CCDF State Plan and corresponding CCDF Quality Projects. The CDSS allocates \$12.8 million for FY 2024-25 to the QCC Quality Improvement Grant to support ELC programs in the state to improve their program quality and thereby improve child outcomes.

SECTION II. PROGRAM DESCRIPTION

QCC specifically focuses on children, families, and communities of greatest need ("high impact"), including those in tribal communities and rural areas, migrant populations, children who have experienced trauma, children experiencing homelessness, and infants, toddlers, and children who would otherwise be underserved. QCC is designed to facilitate access to fully inclusive settings for all children, ensure culturally and linguistically responsive strategies informed by the value of equity across those settings, and engage and support programs and providers, early educators, children, and families. The CDSS acknowledges the need for a more equitable system and is committed to addressing gaps within the QCC system.

Additionally, the CDSS values equitable resources to support training and technical assistance (T&TA), including coaching, and mentorship opportunities for providers that have traditionally been farthest from opportunity [e.g., FFN providers and FCCH providers] and providers who may not have been engaged in participation strategies in QCC throughout the state, but are serving some of the most vulnerable children and families in California.

Local consortia will actively support family engagement and work with their local resource and referral (R&R) agencies and other applicable partners to provide families with the information and resources they need to optimize their children's development, learning, school readiness, and to select child care options that fit their needs.

A. Grant Information

This RFA covers the grant period beginning July 1, 2024, and ending June 30, 2027. A total of approximately \$13.5 million is available for the QCC Workforce Pathways Grant per year and approximately \$12.8 million is available for the QCC Quality Improvement Grant per fiscal year. The amount for each grant has been distributed among the 58 California counties. Local consortia and multi-county consortia may apply for funding by submitting a Workforce Pathways Grant Plan and/or a Quality Improvement Plan. These grants are also available to the Tribal Child Care Association of California (TCCAC). However, it

is important for QCC applicants to understand that TCCAC funding, although available, does not provide resources to all 109 federally recognized tribes in California. Therefore, QCC applicants shall make every effort to partner and include local tribes and tribal organizations in funding that supports all children in your area.

All funds must be expended or legally obligated each fiscal year by June 30th and for not more than the maximum amount indicated on the Grant Award Notification (GAN). Allocations cannot roll from one fiscal year to the next. Encumbrances may be made at any time after the beginning date of the grant. No extensions of this grant will be allowed.

Current QCC Workforce Pathways Grant and QCC Block Grant administrators will have the first right of refusal for each respective grant. Applicants must demonstrate the ability to meet the requirements in this RFA. The Lead Agency must provide at least a portion of the services identified for its respective grant; it cannot serve simply as a “pass-through” administrator.

1. QCC Workforce Pathways Grant

The state is committed to moving towards more equitable funding allocations. The CDSS will transition, over a number of years, towards an allocation model for the QCC Workforce Pathways Grant based on: (1) the number of ELC professionals by county/region, and (2) the level of children in poverty by county/region.

2. QCC Quality Improvement Grant

The state is committed to moving towards more equitable funding allocations. The CDSS will transition, over a number of years, towards an allocation model for the QCC Quality Improvement Grant based on: (1) the number of ELC programs/sites by county/region, and (2) the level of children in poverty by county/region.

B. Eligibility Requirements

The QCC Workforce Pathways Grant and Quality Improvement Grant will be administered to local, regional, or local and regional QI partnerships consistent with QCC. The current administrator for each respective grant (Workforce Pathways and Quality Improvement Grant) will have first right of refusal to apply. If the current program administrator declines, the consortium is to meet and determine who will be the next lead. Applicants must demonstrate the ability to meet the requirements in this RFA. The Lead Agency must provide at least a

portion of the services identified for its respective grant; it cannot serve simply as a “pass-through” administrator.

The lead applicants must, at a minimum, be a participating local consortia member with the capacity to administer and implement the QCC Grant. From henceforward— in this RFA—local, regional, or local and regional QI partnerships shall be referred to as “the applicant” or “the grantee”.

Through their applications, the applicant will be required to provide evidence of the lead applicant’s existing capacity to administer and implement the submitted QCC Grant.

- Only one application will be accepted per county or multi-county consortium.
- Counties are eligible to apply for the QCC Grant as a single county even if they submitted a QCC unified application within a consortia partnership in the past (counties will need to provide rationale for this decision in the application).
- Counties are encouraged to submit a QCC Grant application as part of the same consortia partnership as the existing QCC application.
- The CDSS recognizes that local coordination and capacity is needed to meet the educational needs of ELC professionals and to administer funding for education expenses. Multi-county partnerships are encouraged, particularly among rural/smaller population counties. A single entity may serve as the Lead Agency for a group of counties. The consortium members must collaborate to submit one application. The multi-county consortium Lead Agency must sign the partnership declaration required in the application.
- The Lead Agency must administer the grant, it cannot serve simply as a pass-through administrator.

C. Goals

The goals of each of these Grants vary and will be differentiated in the following section.

1. QCC Workforce Pathways Grant

The goals of the QCC Workforce Pathways Grant are to increase the qualifications and effectiveness of the ELC workforce by increasing:

- Their skills, abilities, and education to provide culturally and linguistically responsive high-quality interactions with young children
- The number of ELC professionals that have completed CCDF health and safety and child development [training requirements](#)
- The number of licensed ELC professionals in [child care deserts](#)

- The number of ELC professionals with degrees in the field of early childhood education
- The number of ELC professionals with Child Development Permits from the California Commission on Teacher Credentialing (CTC)
- The number of license-exempt family, friend, and neighbor (FFN) providers that become licensed

And, as part of your county/consortia comprehensive QIP, identify strategies to:

- Improve systems to increase the number, qualifications, and skills of ELC professionals within a continuous improvement system.
- Strengthen ELC workforce development partnerships between community agencies, ELC providers, and institutions of higher education, and to increase the number, qualifications, and skills of ELC professionals.
- Consideration should be given to workforce and program supports that are effective, have an evidence-base, and can be scaled over time.

2. QCC Quality Improvement Grant

The goals of the QCC Quality Improvement Grant are to improve the program quality of ELC settings based on the [QCC Quality Continuum Framework](#), to improve access to QCC by providing administrative support to programs, and to create a strong and sustainable QCC system by:

- Reducing the number of California Child Care [Licensing \(CCL\)](#) type A violations in licensed centers and child care family homes. For more information regarding CCL please visit: <https://www.cdss.ca.gov/inforesources/community-care-licensing>
- Increasing the use of evidence-based child observation tools and use data to improve child outcomes, using tools such as the [Desired Results Development Profile \(DRDP\)](#).
- Increasing the use or offering of annual health screenings including vision, hearing, and developmental screenings, using tools such as the [Ages & Stages Questionnaire \(ASQ\)](#).
- Improving the effectiveness of teaching staff to respond to children's needs, using tools such as the Classroom Assessment Scoring System (CLASS).
- Improving child environments using tools such as the [Environment Rating Scales \(ERS\)](#). <https://ers.fpg.unc.edu/environment-rating-scales>
- Improving the qualifications of lead teachers, family child care providers, and center directors to the extent to which funding is not available through the Workforce Pathways Grant.
- Supports should be prioritized for child care settings that serve children and families with the most need and at highest risk.

D. Required Areas of Service

1. QCC Workforce Pathways Grant

The applicant will advance these goals by developing or updating a QCC Workforce Pathways Plan annually that differentiates supports based on local ELC workforce needs. The following components (Workforce Advising, Professional Development, and Higher Education) are required areas of service:

- a. **Workforce Advising:** Ensure all members of the workforce receiving support through the QCC Workforce Pathways Grant meet with an advisor, who has a current Child Development Permit or meets a level 5 qualification on the California Early Learning Career Lattice ([CA Early Learning Career Lattice](#)), or who is otherwise appropriate to provide workforce advising.

The advisor will assist the participant to develop a Professional Development (PD), Professional Growth, or Education Plan. The advisor will ensure that members of the workforce participating in the QCC Workforce Pathways Grant have an attainable plan to improve their California Early Childhood Educator Competencies ([CompSAT - About cacompsat.org](#)) and complete a course of study that effectively and efficiently meets their education goals. Workforce advisor duties include the following:

- Providing frequent (e.g., monthly) and ongoing support that uses a case management approach and supports each educator throughout their educational trajectory and professional development and set clear professional learning and CQI goals.
- Assisting the workforce to become more competent and to meet requirements to advance on the California Early Learning Career Lattice and/or up the Child Development Permit Matrix.
- Ensuring that all participants who engage in college courses are transferred to higher education advising on pathways and course sequencing in alignment with California Community Colleges Guided Pathways efforts. For more information regarding Guided Pathways efforts at California Community Colleges, please see the Guided Pathways website at [CA Community Colleges Guided Pathways](#)
- Advising that connects the workforce to all available financial supports to appropriate college personnel (e.g., Free Application for Federal Student Aid (FAFSA), California College Promise Grant, formerly known as the Board of Governors (BOG) Fee Waiver, local funding, etc.)
- Facilitating student transfers from Associate of Arts (AA) to Bachelor of Arts (BA) programs. Providing higher education advising on general education coursework that is best suited to the ELC workforce.

- b. **Professional Development:** Support ELC workforce to expand their ELC competencies, and complete professional development that allows them to earn required professional development hours to move along the California Early Learning Career Lattice and support adult learning. Priorities are as follows:

- 1) Supporting FFNs and FCCH staff to meet CCDF health and safety and child development training requirements.
- 2) Providing tuition, fee payments, payment for Child development Associate Credential (CDA), or stipends for center staff and FCCH staff to work towards completing 21 hours of professional development to address competency gaps or advancement. Providing tuition, fee payments, or stipends for center staff and FCCH staff to complete ongoing professional development for the Child Development Permit renewal.
- 3) Coordinating or offering equity/anti-biased/anti-racist professional development training opportunities. (Examples may include anti-racist training, Implicit Bias California Early Childhood Online (CECO) Module training, Government Alliance on race and Equity [GARE] Toolkit)

- c. **Higher Education:** Support ELC workforce to complete unit-bearing coursework and advance along a degree pathway. Priorities are as follows:

- 1) Providing tuition, fee payments, or stipends for center staff and FCCH staff working to complete twelve units of Early Childhood Education. (Core areas: child, family, community; programs/curriculum; child/human growth and development).
- 2) Supporting members of the workforce to earn 24 units of Early Childhood Education/Child Development (ECE/CD) + 16 units of General Education and/or attain a Child Development Teacher or Master Teacher Permit.
- 3) Providing tuition and/or scholarship support to members of the ELC workforce for completing an AA or BA in the field of Early Childhood Education.

Other examples include:

- Providing tuition and fees directly to institutions of higher education to deliver unit-bearing coursework to ELC professionals, especially in linguistic cohorts.
- Facilitating a cohort of ELC professionals to complete unit-bearing coursework.
- Offering credit-bearing coursework at alternative times and locations to meet the needs of working students.

- Building connections between higher education and community-based programs (e.g., locating coursework in community-based programs, etc.) including alignment with current efforts for increased student success, such as the California Community Colleges Guided Pathways program.
- Implementing apprenticeship models.
- Supporting development of and participation of professionals in applied general education courses (e.g., Math for early childhood educators, child care business finance).

2. QCC Quality Improvement Grant

The applicant will advance these goals by developing a one-year QCC Quality Improvement Plan that differentiates supports based on local ELC program needs. The following components (Administrative Support, Quality Improvement, and Equitable QCC System Building) are required areas of service:

- a. **ELC Administrative Support:** Support ELC sites more equitably by using data and allowing new or less experienced FCCHs and centers to progress towards QCC quality improvement.

Examples include:

- Provide peer to peer support to new or less experienced center directors or FCCH providers in addressing administrative challenges ranging from budgeting, hiring, curriculum selection, to handbook review and licensing compliance.
- Conduct monthly communities of practice with a cohort of directors or owners of programs distinguished by program type or geographical area (e.g., contracted CCTR programs, FCCHs) or by cultural or linguistic type (e.g., Young Boys of Color, DLL, Multi-lingual, inclusive services, Trauma Informed Practices, California Teaching Pyramid, Creating Brave Spaces: Disrupting Implicit Bias in Early Care and Education, etc.) to address diverse child care pragmatic needs but that lead to increased positive child outcomes.

- b. **Quality Improvement:** Support participating ELC sites to improve their quality as defined by the QCC Quality Continuum Framework-Measured Quality Elements by developing quality improvement plans that address the following items:

1. Child observation
2. Developmental and health screenings
3. Minimum qualifications for lead teachers or FCCH providers

4. Effective teacher-child interactions
5. Ratios and group size
6. Director qualifications

These funds are also meant to:

- Support program QIPs by providing technical assistance and coaching.
- Support ELC sites with Quality Continuum Framework tools.
- Support CDSS Title 5 programs with the appropriate Environment Rating Scale (ERS) assessments to support program self-evaluations.⁸
- Refer teachers to Workforce Pathways Grant.

c. **Equitable QCC System Building:** Support the local QCC system:

- To maintain regular cooperation between participating agencies, including institutions of higher education, community care licensing and R&R's.
- To create pathways to leadership that will build capacity at the local level to support technical assistance, and coaches to effectively support site quality improvement needs and reflective of their communities.
- To conduct outreach and to engage providers, families, and other proximity experts to support a co-created system that is reflective of those that are directly impacted by the child care system,

E. Allowable Activities and Costs

All QCC Grant applicants must comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, found at the *Code of Federal Regulations*, Title 2 (2 *CFR*) Part 200 (the Uniform Guidance) [Uniform Guidance for Federal Awards | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/eis/whistleblower) in managing the grant. In addition, the principles and standards specified in the most current California School Accounting Manual applies to this grant for Local Education Agencies. The California School Accounting Manual is found at [2019 California School Accounting Manual](#). The CDSS Audit Guide applies to all grantees and is found at [CDSS Audit Guide](#).

1. QCC Workforce Pathways Grant

Any cost items that are deemed non-allowable in whole or part (whether based on the cost item's nature or amount), which may occur based on a review of applicant budgets, grantee expenditure reports, or through a grant audit, will be disallowed.

⁸ [View Document - California Code of Regulations \(westlaw.com\)](#)

Generally, grant funds may only be used to meet the QCC Workforce Pathways Grant's goals outlined in [Section II. C.](#) above, and to further a successful applicant's approved QCC workforce development plan. QCC Workforce Pathways plans may include: (1) direct financial workforce supports, and (2) non-financial workforce supports, and infrastructure/system supports (which are described in more detail below). Direct financial workforce supports must account for at least 60 percent of the annual budget.

For smaller counties with fewer ELC workforce participants and who may face an administrative challenge to meet the 60% requirement, should contact the CDSS to discuss an individual plan as part of the applicants RFA submission. See below for a description of allowable direct financial workforce supports and non-financial workforce supports, infrastructure, and system supports.

Where appropriate, and requiring approval by CDSS, grantees may enter into subgrants with one or more County Offices of Education (COEs), local educational agencies (LEAs), institutions of higher education, not-for-profit educational service providers, QCC consortia members, or community-based organizations to aid in carrying out the grantee's Workforce Pathways plan. However, the Lead Agency remains legally responsible for all program, administrative, evaluation, and fiscal requirements of the RFA. If a Lead Agency subgrants with another agency, any communication regarding implementation of the RFA must occur through the Lead Agency. The Lead Agency must administer the grant, it cannot act as a pass-through entity.

a. Direct Financial Workforce Supports

Direct Financial Workforce Supports go directly to the recipients. These direct stipends and incentives to the ELC workforce and recruits for completing milestones within the required activities are outlined in the request for applications. Direct financial workforce supports will account for at least 60 percent of the annual budget. For smaller counties with fewer ELC workforce participants and who may face an administrative challenge to meet the 60 percent requirement, they should contact the CDSS to discuss an individual plan as part of the applicants RFA submission. See below for a description of allowable direct financial workforce supports and non-financial workforce supports, infrastructure, and system supports.

These include costs for the following:

- Moving up on the California Early Learning Career Lattice (degree attainment, acquisition or renewal of a child development permit, General Educational Development [GED] attainment, etc.).
- Completion of coursework on a degree pathway.

- Costs associated with completing trainings or coursework (child care costs, transportation, costs of textbooks, tuition etc.).
- Participation in/completion of apprenticeship programs or cohort models.
- Completing trainings/ECE coursework specific to local needs.
- Financial aid, scholarships, and/or financial support for costs associated with unit-based classes (tuition, fees, books, etc.).
- Costs/fees associated with registering for a California Department of Social Services (CDSS) child care license.
- Incentives/stipends for creating and updating Workforce Registry profiles.

b. Non-Financial Workforce Supports and Infrastructure/System Supports

Non-financial workforce supports and infrastructure or system supports will account for no more than 40 percent of the annual budget. For smaller counties with fewer ELC workforce participants and who may face an administrative challenge to meet the 40 percent requirement, they should contact the CDSS to discuss an individual plan as part of the applicants RFA submission. See below for a description of allowable direct financial workforce supports and non-financial workforce supports, infrastructure, and system supports.

These include costs for the following:

- Supports that facilitate access to trainings and credit-bearing classes that help participants acquire necessary skills to obtain a Child Development Permit, Degree, CDSS child care license, or move along the California Early Learning Career Lattice according to their professional development plan, such as translators for bilingual classes and trainings, provision of child care during trainings, transportation, etc.
- Funding professional development/training opportunities linked to required Workforce Pathways required service areas, and optional Workforce Pathways as applicable.
- Program infrastructure related to cohort models or apprenticeships.
- Costs associated with co-locating classes/trainings in convenient locations, holding classes/trainings in community-based settings, and/or convening classes/trainings at convenient times for working students (e.g., evenings and weekends).
- Substitutes to support staff with completing professional development requirements.
- Supports for English language learners, such as linked classes (English as a Second Language with Child Development), curriculum and texts in languages other than English, and other multilingual educational and career support including tutoring, homework assistance, translation, etc.

- Laptops or computers on loan to members of the workforce participating in cohorts, apprenticeship models, or other specialized higher education activities.
- Hiring or funding a local or regional ELC Workforce Pathways Plan Coordinator.
- Building partnerships between community-based organizations, providers, and institutes of higher education to ensure that coursework and professional development meets the needs of current and aspiring educators.
- Overhead and administration that supports implementation of the QCC Workforce Pathways Plan through coordination, training, and technical assistance, advising, recruitment, and other day-to-day operations.

c. Guidance for Establishing Meaningful Direct Financial Workforce Supports

The CDSS recognizes that best meeting the educational needs of the ELC workforce requires coverage of a range of traditional and non-traditional educational expenses. This includes direct financial workforce supports that are “meaningful” to members of the workforce, in as much as they provide enough incentive to participate in professional development and higher education activities. Applicants are required to set levels of “meaningful direct financial workforce supports”. The state offers the following guiding principles that local consortia or consortia partnerships can use to establish meaningful Direct Financial Workforce supports.

These include the following:

- “Access stipends” should cover costs associated with accessing higher education or professional development (i.e., the cost of transportation, parking, child care, etc.)
- Higher education pathways should include “completion stipends” for completing a specific number of units within a designed timeframe to reward completing higher levels of education.
- Tuition and fee support should be closely aligned to actual higher education costs in the county or region.
- Members of the workforce should not be required to take on significant debt to achieve higher levels of education.
- Multiple forms of direct financial workforce support should be combined to offer appropriate incentives for attaining higher levels of education or professional development (e.g., Tuition and fees + access stipends + completion bonuses)
- The level of direct financial workforce supports should be associated with the amount of time and effort needed to complete the workforce pathway (e.g., Direct financial workforce supports for completing an Associates of Arts (AA) or Bachelor of Arts (BA) degree should be

considerably higher than direct financial workforce supports for completing a topic-specific training).

- The applicant should use evidence when setting meaningful workforce support (e.g., cost of living information, fees at local colleges and universities, gas prices, etc.).
- The applicant should look to effective models when setting meaningful workforce support (See references and effective models in Appendix F.)

2. QCC Quality Improvement Grant

Applicant budgets for the use of grant funds will be reviewed, and any items that are deemed non-allowable, excessive, or inappropriate will be eliminated. All expenditures must contribute to the goals and objectives of this grant.

Funds can be used only for costs incurred for the successful implementation and administration of QCC and include the following allowable expenditures (either performed by the Lead Agency or a subrecipient):

- Data collection and storage.
- Quality improvement (stipends, curricula, etc.).
- Communications and outreach.
- Materials and supplies; marketing materials to promote awareness of QCC among ELC programs and the community at large.
- Meetings and conferences.
- Rental of a venue to provide professional learning.
- Equipment (non-furniture/non-capitalized) with a unit cost of \$5,000 or less (unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, program preparation costs, etc.).
- Training at the site level, specifically related to QCC design or implementation, including professional development and technical skill development.
- In-state travel specifically related to QCC (this will be reimbursed in accordance with state travel guidelines; all costs exceeding state rates will not be covered through these funds).
- Subgrantee agreements with one or more county offices of Education (COE), Lead Educational Agency (LEA), institution of higher education, not-for-profit educational service provider, consortia member, or community-based organization to assist in fulfilling the goals of the consortium's QCC plan.
- Incentives: The QCC Quality Improvement funds may be used for program incentives provided they adhere to the following guidelines:
 - May be monetary or may include non-consumable, sustainable materials to support ELC environments or access to PD trainings (not covered under the Workforce Pathways Grant), coaching, and resources through specific funds or direct provisions.

- Individual Incentives for those not covered under the Workforce Pathways Grant.
- Incentives/awards can be provided for achieving specific quality milestones or to incentivize provider participation.
- Incentives at the site level should be intentionally directed toward sites with limited resources.

F. Non-Allowable Activities and Costs

1. QCC Workforce Pathways Grant

All funding from the QCC Workforce Pathways Grant will be expended solely for programs, services, and other direct expenses addressing the education and professional development of program participants through stipends, reimbursements, education, and professional development support as described in this RFA.

Funds provided under this grant may not be used for the following purposes:

- Supplanting of existing funding and efforts.
- Serving Transitional Kindergarten (TK) teachers or other credentialed teachers employed to teach in TK–12 classrooms.
- Hourly wage/salary increases.
- Stipends that are not associated with the completion of professional development or higher education milestones.
- Living expenses benefits such as affordable housing, housing stipends, or commuting benefits for transportation not associated with QCC Workforce Pathways Grant.
- Program operating costs such as insurance, expenses such as substitutes for illness, paid release time, environmental and material improvements, field trips, paid internships that are not part of an apprenticeship model, etc.
- General ELC site-based coaching that is not affiliated with a course/training or apprenticeship model (site-based coaching is included as part of the QCC Quality Improvement Grant funding).
- Public relations campaigns/media/communications around “professionalizing” and “elevating” the workforce and/or in the contractor’s interest.
- Direct service of ELC (e.g., funding of slots).
- Acquisition of furniture (e.g., bookcases, chairs, desks, file cabinets, tables) unless an integral part of an equipment workstation or to provide reasonable accommodations to students with disabilities.
- Consumables (e.g., food services, refreshments, alcoholic beverages, banquets, meals, diapers).
- Purchase of buildings.

- Personal electronic devices (**devices can be loaned to students but not given to students permanently**).
- Purchase of promotional favors, items or memorabilia, such as bumper stickers, pencils, pens, T- shirts, gifts and souvenirs.
- Bad debts, including losses (whether actual or estimated) arising from uncollectible accounts and other claims, related collection costs, and related legal costs.
- Costs of advertising and public relations designed solely to promote the governmental unit, Lead Agency, or partners, promotional items or memorabilia including gifts and souvenirs.
- Entertainment, including amusement, diversion, and social activities and any expenses directly associated with such costs.
- Goods or services for personal use of the Lead Agency and partners employees regardless of whether the cost is reported as taxable income to the employees.
- Legal costs incurred in defense of any civil or criminal fraud proceeding; legal expenses for prosecution of claims against the State of California
- Lobbying costs, whether direct or indirect.
- Political activities.
- Organized fund-raising, including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions.
- Out-of-state travel without prior approval, all travel costs that exceed state rates.
- Materials and supplies for participants not tied to improvement plan.
- Current year agreement funds to pay prior or future year obligations.
- Capital assets such as equipment, land, buildings, vehicles, etc. Unallowable costs include all costs required to make the item serviceable (e.g., taxes, freight, installation costs, site preparation costs, etc.).
- Facilities renovation, improvements, and repairs.
- Idle facilities or idle capacity except to the extent they are necessary to meet fluctuations in workload, or necessary when acquired and are now idle because of: (1) changes in program requirements, (2) efforts to achieve more economical operations, (3) reorganization, (4) termination, or (5) other causes that could not have been reasonably foreseen.

Additionally, funds may not be used for the development of new trainings, courses, or professional development content or the purchase of new technology unless the expense is submitted and approved by the CDSS to be a necessary and reasonable expense for the implementation of the local QCC Workforce Development Plan (i.e., altering existing content to make it credit-bearing, or better meet the needs of the ELC community.) Pre-approval from CDSS is required along with demonstrated need.

2. QCC Quality Improvement Grant

Funds provided under this grant may not be used for the following purposes:

- Supplanting of existing funding and efforts.
 - Ratings.
 - Out of State Travel.
 - Gift Cards.
 - Any activity supported and funded by the Workforce Pathway Grant Program, (e.g., individual stipends for educational and PD attainment), to ensure the same activity is not paid for twice.
 - Direct service of ELC (e.g., funding of slots) and/or home visiting or other program services.
 - Acquisition of equipment for administrative or personal use or acquisition of furniture (e.g., bookcases, chairs, desks, file cabinets, tables) unless it is an integral part of an equipment workstation, or it provides reasonable accommodations to students with disabilities.
 - Consumables (e.g., food services, refreshments, alcoholic beverages, banquets, meals, diapers).
 - Purchase of space.
 - Payment for memberships in professional organizations or subscriptions to journals or magazines.
 - Purchase of advertising and public relations designed solely to promote the governmental unit, Lead Agency or partners. Including promotional favors, items, or memorabilia, such as bumper stickers, pencils, pens, T-shirts, gifts, or souvenirs provided to QCC staff and partners.
 - Bad debts, including losses (whether actual or estimated) arising from uncollectible accounts and other claims, related collection costs, and related legal costs.
 - Entertainment, including amusement, diversion, and social activities, and any expenses directly associated with such costs.
 - Goods or services for personal use of the Lead Agency and partner employees regardless of whether the cost is reported as taxable income to the employees.
 - Legal costs incurred in defense of any civil or criminal fraud proceeding, legal expenses for prosecution of claims against the State of California.
 - Lobbying costs, whether direct or indirect and or political activities.
 - Organized fund-raising, including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions purposes, beyond administrative and coordination costs to support them.
 - Materials and supplies for participating programs not tied to a QIP.
 - Current year agreement funds to pay prior or future year obligations.
 - Capital assets such as equipment, land, buildings, vehicles, etc.
- Unallowable costs include all costs required to make the item serviceable (e.g., taxes, freight, installation costs, program preparation costs).

- Facilities renovation, improvements, and repairs.
- Idle facilities or idle capacity except to the extent they are: 1) necessary to meet fluctuations in workload, or 2) necessary when acquired and are now idle because of changes in program requirements, efforts to achieve more economical operations, reorganization, termination, or other causes that could not have been reasonably foreseen.

By accepting either of these grants, grantees are also bound by General Assurances and Certifications required for grants supported by state or federal funds in 2024-2027. These are outlined on the CDSS 2024-25 General Assurances web page at [General Assurances and Certifications 2024-25 - Funding Tools & Materials](#).

G. Administrative Indirect Cost Rate

The Lead Agency must limit total administrative indirect costs to 10 percent unless the existing Lead Agency already has an approved higher indirect rate. Indirect costs" are shared costs that benefit or support multiple projects/services administered by a Lead Agency and that cannot be readily identified with a specific project/service (e.g., legal, accounting, human resources, procurement, facilities, maintenance, technology, etc.). These costs should be apportioned by a systematic and rational allocation methodology; the methodology should be documented by the Lead Agency and available upon request.

SECTION III. RESPONSIBILITIES AND REQUIREMENTS

A. CDSS Responsibilities

The CDSS will provide technical assistance and facilitate connections to the QCC system. Technical assistance may include, but is not limited to the following:

- Support applicants to develop their QCC Grants and plans
- Provide lists of resources to support best and promising practices
- Convene and facilitate periodic QCC meetings for shared learning
- Support collection of data and submission of annual performance reports

B. Lead Agency Responsibilities

Lead agencies must use data to support local efforts that are targeted to ELC workforce needs and site quality improvement needs. Local QCC Grant plans must build upon and leverage local assets. Counties, county consortia, or multi-county consortia must ensure these funds supplement and do not supplant other local and state ELC resources and supports.

Lead agencies are responsible for ensuring capacity to exhaust their entire funding allocation. Should a Lead Agency determine limited capacity for spending their full allocation, the Lead Agency must communicate with CDSS and proactively request technical assistance.

Lead agencies are responsible for the collection and submission of accurate programmatic data, including the following:

- QCC Common Data File: Due annually in September. The Common Data File is an XML data file with key fields pulled from local data systems.
- Consortia Annual Performance Report (APR): Due annually in October. The Consortia APR is an online survey collecting information about regional/local processes and strategies to implement QCC, and other more evaluation-relevant topics, as needed. Content will be determined annually.
- QCC Workforce Pathways Participant Data: Due Annually (date to be announced)
- Additional data as requested to support federal reporting requirements

1. Required Partnerships

The applicant is responsible for developing or maintaining partnerships consisting of organizations with the same goals and objectives to improve the quality of ELC. If the applicant is not applying for both grants (QCC Quality Improvement and QCC Workforce Pathways), then the applicant is also required to partner with other grant lead. An Applicant Signature and Partnership Declaration is available for this RFA and will need to be uploaded into the survey.

Required partnerships:

- IMPACT (Improve and Maximize Programs so All Children Thrive) 2020 Lead Agency (For Quality Improvement Grant Only)
- California State Preschool Program (CSPP) Quality Rating and Improvement System (QRIS) Block Grant Lead Agency (For Quality Improvement Grant Only)
- Alternative Payment Program(s)
- First 5 county commission(s)
- Institution(s) of higher education
- Local Child Care Planning Council(s)
- Local Education Agency(ies) (At least the County Office of Education)
- Local Resource and Referral agency(ies)
- Tribal leadership (as applicable to local representation)

2. Program Implementation Requirements

a. QCC Workforce Pathways Grant

The applicant must develop data driven QCC Workforce Pathways Plan that meets local needs and supports the ELC workforce across all ELC settings. The plan must:

- Support equity for the ECE workforce by supporting ELC professionals across all settings (See Required Areas of Service).
- Ensure that professional growth advisors must have a current Child Development Permit or meet at least level 5 qualifications on the California Early Learning Career Lattice.
- Build upon and advance the applicant's QCC unified quality improvement approach and support partnerships and infrastructure (within a county or region) that focus on systems-level work to measurably improve ELC settings.
- Use data to demonstrate a baseline understanding of the current level of preparation and professional development of ELC professionals in local communities and the workforce's ability to meet the needs of children in their community (if data is not available, outline the plan for collecting this data).
- Use research and data to justify workforce support strategies (i.e., workforce supports are evidence-based, training content is based on needs and population characteristics).

b. QCC Quality Improvement Grant

The applicant must develop a QCC Quality Improvement Plan that meets local needs and supports the consortia's ELC settings. The plan must:

- Support equity for the quality improvement across all ELC settings (See Required Areas of Service).
- Build upon and advance the applicant's QCC unified quality improvement approach and support partnerships and infrastructure (within a county or region) that focus on systems-level work to measurably improve ELC settings.
- Use data to demonstrate a baseline understanding of the current level of professionalism and quality improvement of ELC settings (if data is not available, outline the plan for collecting this data).
- Use research and data to justify quality improvement strategies (e.g., program supports are evidence-based, technical assistance or coaching is based on site needs and program characteristics).

3. Target Populations Served

a. QCC Workforce Pathways Grant

The applicant must submit a plan that provides evidence of the need for ELC professionals by county origin (if multi-county/tribal) and identifies the barriers to workforce improvement, advancement, and retention. The plan should provide workforce data, as possible, and data on community needs for ELC. The following data sources could be considered:

- Local Planning Council (LPC) needs assessments including the Early Learning Needs Assessment Tool (ELNAT) ([Early Learning Needs Assessment Tool](#))
- California Early Learning Needs Assessment Reports (CELNAR) ([CA Early Learning Needs Assessment Reports](#)).
- [Information from the Center of the Study of Child Care Employment](#)
- Information from the California Early Care & Education Workforce Registry [Workforce Registry](#)
- QCC Annual Performance Report Data
- State or national studies on the ELC workforce (i.e., *Transforming the Workforce for Children Birth through Age Eight*, the Center for the Study of Child Care Employment *Workforce Index*)
- Preschool Development Grant (PDG-R) Needs Assessment [PDG-R Needs Assessment](#)
- [Agency for Toxic Substances and Disease Registry \(cdc.gov\)](#)
- [Strong Start Index](#)
- Early Development Instrument (EDI) ([Early Development Instrument](#)).
- Other locally identified tools or reports

The applicant must develop a plan that will provide differentiated supports for the ELC workforce across all care settings including FFN, licensed FCCH, and licensed and license-exempt centers, including all of the state's subsidized ELC system.

b. QCC Quality Improvement Grant

The applicant must submit a plan that provides evidence of the need for ELC quality improvements by county origin (if multi-county/tribal) and identifies the barriers to quality improvement and quality services. The plan should provide quality improvement data, as possible, and data on community needs for quality improvement. The following data sources could be considered:

- Reimagining a More Equitable QRIS The Quality Counts California (QCC) Equity Project Conducted by School Readiness Consulting
- Information from the California Early Care & Education Workforce Registry [Workforce Registry](#)

- Preschool Development Grant (PDG-R) Needs Assessment [PDG-R Needs Assessment](#)
- [Strong Start Index](#)
- [Agency for Toxic Substances and Disease Registry \(cdc.gov\)](#)
- Early Development Instrument (EDI)
- Other locally identified tools or reports (e.g., local Head Start program Needs Assessment, other kindergarten readiness assessments)

The applicant must develop a plan that will provide differentiated supports for the ELC programs across all care settings including FFN, licensed FCCH, and licensed and license-exempt centers, including all the state's subsidized ELC system.

The state subsidized ELC system includes the following: General Child Care (CCTR), Family Child Care Education Home Networks (FCCHEN), Alternative Payment Program (CAPP), Migrant Alternative Payment Program (CMAP), and CalWORKs Stages 1, 2, and 3 (C1AP, C2AP, and C3AP), Tribal Child Care program, and California State Preschool Program (CSPP).

4. Fiscal Requirements

As previously stated in [Section II. E.](#), herein, grantees must comply with the Uniform Guidance and be guided by the CDSS Audit Guide, local education agencies (LEAs) must also be guided by the California School Accounting Manual. Grantees will also utilize the QCC Fiscal Reporting Portal (Portal). The Portal will house all reporting templates, approved applications, grant awards, narratives, and other reporting features, eliminating the need for and allowance of submittal through paper or electronic mail. The lead agencies will use the online reporting portal for the following:

- Submission of budget revisions for any budget line-item changes (limited to one budget revision per quarter).
- Quarterly invoices—Each quarter will be accompanied by a three-week reporting window. All expense invoices will be submitted through the Portal. All quarterly invoices will include a thorough narrative component for each budget category and line item within the invoice template. Any invoices received outside of the reporting window without prior approval (extension request must be submitted at least 10 days in advance of the closure of the reporting window) will be required to wait until the subsequent reporting period. All consortia are required to submit an invoice for the fiscal year within three (3) months after the fiscal year, unless otherwise indicated.

To receive reimbursement for QCC Grant expenditures, Lead Fiscal Agencies must:

- Have an approved grant, which includes Budget Template and Narrative setting for the planned expenditures.
- Ensure, and be prepared to document, that the expenditure is an allowable use of grant funds and pursuant to the approved plan and budget.
- Submit quarterly reimbursement invoice and a thorough narrative within the required timeline, via the [QCC Reporting Portal](#).

In addition, grantees must:

- Maintain accurate fiscal data, in accordance with generally accepted accounting principles and standards for governmental entities and report actual expenditures by category.
- Maintain documentation to substantiate that all costs are reasonable, necessary, allowable, and allocable to the grant (e.g., invoices, receipts, agreements).
- Maintain time and effort records to support all salaries, wages, and benefits charged to the grant in accordance with the uniform guidance, CDSS Audit Guide, and for LEAs the California School Accounting Manual. If the employee works on more than one activity or cost objective, the Lead Agency must maintain time and effort records to support the distribution of the employee's salary or wages among the activities or cost objectives.
- Retain all records (including, but not limited to, evaluation data, application, budget and reimbursement documents, Annual Performance Reports [APRs], etc.) related to the grant(s) for at least five years after final payment or where an audit has been requested or where a lawsuit has been filed, until the date the audit or lawsuit is resolved, whichever is longer.
- Submit any and all records to CDSS upon request.
- Acknowledge payments will be made to the local County Treasurer unless there is a statutory basis to do otherwise.

Applicants will ensure these funds supplement existing funds and do not supplant other state and local funds.

If there are questions regarding the proposed grantee allocations listed in [Appendix C](#) and [Appendix D](#), please contact CDSS at QCC@dss.ca.gov or QCCWorkforce@dss.ca.gov to discuss.

Grantees will receive an advance each fiscal year in the amount of 25% of the total grant allocation. CDSS will reimburse lead agencies in arrears for allowable expenditures upon receipt and approval of reimbursement invoice

via the QCC Portal, or alternate means. TCCAC may follow a different process with the state, based on tribal sovereignty and the unique structure of the organization. Payment will be made in accordance with, and within the time specified in, [Government Code, Part 3, and Chapter 4.5, commencing with section 927](#).

Disclaimer – Per the [State Administrative Manual section 8422.204](#), whenever a payment is to be made to a county, or an agency or office of a county, the payment will be made to the County Treasurer (unless there is a statutory basis to do otherwise). This is inclusive of: County Offices of Education, County Superintendents of Schools, First 5s, and school districts. Please inform your County Treasurer of this grant to ensure payment is submitted to the correct entity.

5. Quality Improvement Requirements and Recommendations

a. QCC Workforce Pathways Grant

The applicant will be responsible for developing a plan to conduct outreach and recruitment of the ELC workforce across all ELC settings. In addition, local consortia and multi-county consortia will be responsible for ensuring participation in the following activities, at a minimum:

- **Quality Improvement Plans:** Workforce supports for members of the ELC workforce at QCC sites should be linked to the overall site quality improvement plan (QIP) where possible.
- **Encourage the use of the California Early Care and Education Workforce Registry (Registry):** to track workforce data.

The CDSS encourages grantees to utilize the Registry to support workforce data collection and reporting. For additional information regarding the benefits and functions of the California Early Care and Education Workforce Registry please visit the Resource Page at [Workforce Registry](#) and the Registry County Integration Toolkit [Workforce Registry Toolkit](#).

b. QCC Quality Improvement Grant

Each consortium must implement quality improvement (QI) supports, incentives, and other QI projects intended to support and expand the quality of ELC settings and should address the needs of the whole child, including health, child development and learning, and family strengthening through the ELC system. Plans will include steps to integrate relevant state-funded quality projects, such as the CCDF [Quality Initiatives](#) and/or other relevant projects, as appropriate, into QI activities, including

coaching, to meet local needs. Lead agencies will be responsible for working to increase their county/consortia's QCC site participation using approved locally determined targets and ensuring QCC program/site participation in the following activities, at a minimum:

- **Develop locally driven Program/Site Quality Improvement Plans (QIP):** All participating programs and individuals directly receiving support must have a locally developed QIP completed, either jointly with the program or on behalf of the provider (e.g., FFN). All QIPs must include consistent information describing, at a minimum: program-specific QI goals, actions to achieve the goals, resources needed to achieve the goals, and a timeline. Consortia may choose to use the standardized QIP form or develop their own, provided all elements are included with similar breadth and depth and can be reported to the state efficiently.
- **Serve as the QI umbrella to holistically set and implement supports to address QI priorities:** With the support from the state, local consortia should integrate and analyze local feedback and needs assessment data to implement local QI supports that address:
 - Supporting children who have experienced trauma
 - Prioritizing support for ELC programs in communities experiencing disaster as well as those serving children in foster care (e.g., partnership with Foster Care Bridge)
 - Supporting children with disabilities
 - Supports that affirm cultural diversity
 - Strengthening QI for all providers in the ELC system, while prioritizing services to programs serving subsidized families.

6. Outreach and Communication Requirements

a. QCC Workforce Pathways Grant

The applicant will be required to ensure outreach and communication efforts are carried out either directly by the Lead Agency or by a partnering agency to notify members of the ELC workforce (based on ELC Workforce Development Plan targets) of QCC Workforce Pathways Grant opportunities. The ELC workforce includes FFNs, licensed FCCH owners and staff, licensed and license-exempt center teaching staff. Communications efforts should indicate that the QCC Workforce Pathways Grant is articulated to local consortia QCC plans.

b. QCC Quality Improvement Grant

Lead agencies must ensure that outreach and recruitment are conducted across the spectrum of ELC settings and support participating programs in

improving quality. Participating program types are FFNs (applying for licensure), licensed FCCHs, licensed and license-exempt centers, and Tribal FCCHs and centers. Priority is given to those programs that accept vouchers and other state subsidies.

7. Data Collection and Reporting Requirements

Grantees will commit to providing program data to the QCC data portal or a data system approved by CDSS. Receipt of grant funds also constitutes an assurance provided any further program data later specified by the CDSS. The QCC data includes but is not limited to, the number of recipients (both individuals and sites) who are receiving benefits from the QCC Grants, type of activities, number of workforce participants that are participating in community or college unit bearing programs, and site and individual recipient information and workforce data from the Registry. The applicant is responsible for collection and submission of accurate data, which may include, but is not limited to, the following:

- A quarterly fiscal activity report, accompanied by a fiscal narrative;
- Annual workforce participation survey data;
- Annual Progress Report (APR) data and the Common Data File (CDF) reporting

SECTION IV. APPLICATION PROCEDURES AND PROCESSES

Applicants will submit a QCC Plan that is aligned with the QCC Grants. In completing the QCC Plan, applicants should address the prompts in each section below and refer to the evaluation rubric.

Through this RFA, the applicant will submit a one (1)-year plan and budget and budget narrative.

A. Application Timeline

Key Events	Date
The updated RFA is available on the CDSS Request for Applications web page.	March 6, 2024
Informational Webinar will address grant questions and the application process.	March 14, 2024
Online Application Submission Due Date	April 12, 2024

Application review by CDSS	April-May 2024
Grant Award Notifications Sent	May 2024
The Final Funding List for award recipients will be posted on the CDSS website and Grant Starts	July 2024

B. Application Process

Only a single application may be submitted on behalf of a single or multi-county consortium per grant. The current lead agency for each respective grant (Workforce Pathways and Quality Improvement) will have first right of refusal to apply. If the current lead agency declines, the consortium is to meet and determine who will be the next lead.

The online application will consist of three general types of information: (1) Lead Agency and Partnership Declaration, (2) Grant Plan, and (3) Budget and Budget Narrative.

- The application with budget information must be submitted via the online link by April 12, 2024. The applications are available at:
- Workforce Pathways Grant:
<https://survey.alchemer.com/s3/7713112/QCCWorkforcePathwaysGrantApplicationFYs24-27>
- Quality Improvement Grant:
<https://survey.alchemer.com/s3/7717843/QCCQualityImprovementGrantApplicationFYs24-27>

When submitting the application, note the following:

- The applicant will receive a confirmation email to confirm submission. If changes need to be made, applicants are asked to resubmit the entire application prior to the submission deadline above.
- The last submitted application will be the one considered for review.
- Incomplete or late applications will not be considered. Counties not applying are to be included via another consortia to ensure access to workforce development pathways and program support across all of California.

In completing the application, applicants will upload a plan and address the prompts in each section of the narrative description and refer to the RFA to support efficient responses. Applicants will submit the detailed plan that must describe how:

1. The applicant will allocate funds to meet the goals outlined in the RFA.
2. The applicant will engage local organizations in collaborative partnership for the Workforce Pathways Grant to improve the educational attainment of ELC

professionals in their county or region and/or for Quality Improvement Grant to improve the quality of ELC settings.

3. The applicant will use data to provide a rationale for using the Grant funding to ensure that the local workforce has the skills and knowledge to care for and teach the children of their community and/ or to improve the quality of ELC settings.

C. Technical Assistance

The CDSS will conduct one application information session in the form of a webinar on March 14, 2024, to provide an overview of the RFA. The CDSS will collect questions and will follow up with a frequently asked question (FAQ) document to be shared with grantees at a later time.

D. Application Review

Applications will be screened to determine if they have been submitted by the due date and completed in accordance with the instructions and timelines. It is solely the applicant's responsibility to carefully review the RFA information and requirements before submitting the application for funding. Applications must be received no later than (11:59 pm) on April 12, 2024.

All applications passing the screening criteria and determined to meet RFA eligibility requirements will be reviewed and scored by CDSS staff. Should issues arise, the CDSS has the right to contact the applicant for additional information to provide clarification on plans and/or budgets. Applications must provide evidence that it is responsive to the requirements identified in the RFA.

The reviewers will assess the application in terms of the following:

- Completeness of responses
- Demonstrates capacity of Lead Agency to complete planned work
- Consortium reflects engagement by all local stakeholders and system partners
- Description of support for the full continuum of ELC settings
- Plan components show consistency with terms of funding
- Shared state and local objectives reflected in responses
- A plan that provides a comprehensive description of the type of activities to support the advancement of the workforce, the number of participants participating, and the relationships established with higher education
- Budget and budget narrative reflect goals described in application

For applications with item(s) not meeting criteria for approval, the state review team will follow up with additional feedback or clarifications. Interviews with potential grantees may be conducted, as needed. All costs associated with

participation in the interviews will be the responsibility of the applicant. It will be the responsibility of the applicant to work with the state review team to address any identified deficiencies in order to be funded.

Application review will occur during the timeframe identified in [Section IV. A. Application Timeline](#).

E. Grant Award Notification

Applicants will receive a Grant Award Notification (GAN) from the CDSS. The grantee must sign and return the notification by the due date to the CDSS before project work may begin and disbursement of funds can be made.

F. Assurances, Certifications, Terms, and Conditions

By submitting its application in response to this RFA, each applicant, and each of its members, is committing to comply with all of the terms, conditions and assurances specified herein. In addition, by signing and submitting the CDSS GAN, each grantee, and each of its members, is agreeing to comply with all such terms, conditions, and assurances in managing the grant. Grant awards will be processed upon receipt of the signed CDSS GAN, which must be signed and returned to CDSS within 10 working days of receipt.

All funds must be expended or legally obligated each fiscal year by June 30th and for not more than the maximum amount indicated on the GAN. Allocations cannot roll from one fiscal year to the next. Encumbrances may be made at any time after the beginning date of the grant. No extensions of this grant will be allowed.

1. General Assurances and Certifications

In addition to all other terms, conditions and assurances specified herein, grantees must adhere to the most recent General Assurances and Certifications posted on CDSS's Funding Forms web page at [General Assurances and Certifications 2024-25 - Funding Tools & Materials](#).

Applicants will be issued a GAN following the acceptance of the QCC Workforce Pathways and Quality Improvement Grant Plans. Applicants do not need to sign and return the General Assurances and Certifications with their application; however, in addition to reviewing and adhering to them, applicants must download them and keep them on file for reference and in the event of compliance reviews, complaint investigations or audits.

2. Partnership Declaration

In addition to all other terms, conditions and assurances specified herein, an authorized representative must sign and submit to CDSS, a Partnership Declaration, which consists of Lead Agency certification that all their listed partners have reviewed and will comply with all grant terms, conditions and assurances described herein.

G. QCC GRANT APPLICATION DETAILS

The Grant Application will be available through an online survey for applicants to complete and submit. No electronic email submission will be accepted. Appendix A provides a sample of the online surveys.

1. Lead Agency

The Lead Agency for each of these grants can be the same or different. In addition, the applicant must indicate a Program Lead Contact Person and a Fiscal Lead Contact Person.

a. Workforce Pathways Lead Agency

Specifically, Local Planning Councils (LPCs), or the agency previously responsible for administering salary and retention funds, for the county/ counties in the consortium have first right of refusal to serve as the Lead Agency for this grant. If the current lead agency declines, the consortium is to meet and determine who will be the next lead.

b. Quality Improvement Lead Agency

Specifically, the agency previously responsible for administering the QCC Block Grant for the county/ counties in the consortium have first right of refusal to serve as the Lead Agency for this grant. If the current Lead Agency declines, the consortium is to meet and determine who will be the next lead.

2. Applicant Signature and Partnership Declaration

The required Applicant Signature and Partnership Declaration will be available for this RFA and will need to be uploaded into the survey. This form will ask the applicant to provide the organization name, the executive director's name, email address, and phone number for all required agencies.

Maintain for your own records, confirmation of the partnering agency's agreement with the Lead Agency with its respective grant (e.g., signed document or agency email).

Implementing this grant with fidelity requires agencies to work collaboratively through meaningful partnership and implement shared decision-making, communication, and funding strategies to achieve QCC Plan goals.

The Lead Agency shall ensure that the application contains the required, and as applicable, optional agencies listed below.

Required:

1. If not one of these leads, the Lead Agency for QCC Workforce Pathways or Quality Improvement Grant
2. IMPACT (Improve and Maximize Programs so All Children Thrive) 2020 Lead Agency
3. California State Preschool Program (CSPP) Quality Rating and Improvement System (QRIS) Block Grant Lead Agency
4. Alternative Payment Program
5. First 5 county commission(s)
6. Institution(s) of higher education
7. Local Child Care Planning Council(s)
8. Local Educational Agency(ies) (At least one (1) required: County Office of Education, School District/Charter School)
9. Local Resource and Referral agency(ies)
10. Tribal leadership (as applicable to local representation)

Optional:

1. County Social Service Agency/County Health and Human Service Agency
2. Head Start Grantee and/or Early Head Start Grantee
3. Special Education Local Plan Area (SELPA)
4. Regional Community Care Licensing Office or Ombudsman
5. Others As Appropriate

Signing the Applicant Signature and Partnership Declaration confirms that the applicant has read and agreed, to the extent applicable, to the general assurances found at the CDSS Funding Forms web page [General Assurances and Certifications 2024-25 - Funding Tools & Materials](#). Signatories are also confirming that the new funds supplement, and not supplant, existing investments.

3. Budget and Budget Narrative

The applicant must provide a thorough and detailed justification for each identified cost associated with implementing the proposed goals and activities, including why the costs are reasonable and necessary to support the proposal's goals and activities. The Lead Agency shall identify and justify direct costs and indirect costs, including employee fringe benefits, in accordance with [State Contracting Manual Volume I](#), Section 3.17.2,

subsection A.1 The budget narrative will be uploaded to the survey as a word document. A budget template is available for this RFA and will be uploaded into the survey as an excel spreadsheet. Please remember it is the grantees responsibility to allocate the budget accordingly.

Note: For Workforce Pathways Grant, after calculating administrative and indirect costs, the applicant must allocate the remaining amount to no more than a 40% for infrastructure and system supports and at least 60% for incentives to the workforce, per the grant requirements.

APPENDICES

Appendix A: QCC Workforce Pathways Application Survey

**California Department of Social Services (CDSS)
Quality Counts California (QCC) Workforce Pathways Grant Application Survey
for Fiscal Years 2024-2027**

The California Department of Social Service (CDSS) is proud to announce the Quality Counts California (QCC) Workforce Pathways Grant for fiscal years (FYs) 2024-2027. Current grantees have an opportunity to update, revise, or modify current workforce plans via this survey. There are some questions in the survey that will provide you with the opportunity to share with the CDSS the changes and updates that will be made to the Workforce Pathways Grant plan in your county(ies).

Grantees will:

1. If applicable, refer to your Workforce Pathways Grant plan submitted in fiscal years 2021-2024.
2. Indicate updates to your Workforce Pathways Grant plan by:
 - Striking through omitted language and adding in new language (You should have a copy of your Workforce Pathways Grant plan)
 - Upload your plan via this survey [upload as an attachment]
 - If you are a new grantee and have never submitted a Workforce Pathways Grant plan, follow the RFA guidelines to create one [upload your plan via this survey as an attachment].
3. Provide updated contact information for the designated program lead and fiscal lead.
4. Include budget and budget narrative via this survey [upload as an attachment] – Budget needs to be in Excel format and budget narrative needs to be in a Word document.
5. Complete and sign the Partnership Declaration Form [upload form as an attachment].
6. Submit application **no later than Friday, April 12, 2024, by 11:59 p.m.** All QCC Workforce Pathways grantees are required to complete this survey annually. Please have one staff submit one survey on behalf of your county or multi-county consortia, **no later than 11:59 p.m. April 12, 2024**. This survey will take some time and you will need to provide data for the county(ies) you support. You will be able to save your progress and return to the survey if needed. To complete this survey, all questions are required unless stated otherwise.

For any questions concerning this survey, please contact QCCWorkforce@dss.ca.gov or RADDSurveyHelp@dss.ca.gov.

Survey Content

Who is submitting this application?

1. First name [textbox]

2. Last name [textbox]
 3. Contact email [textbox]
 4. Contact number [textbox]
 5. Select Lead Agency Name [dropdown menu]
Note: If not listed, please select “Other Agency – Not Listed” and enter the lead agency name in the next question.
 - a. Other Agency – Not Listed
 - b. List of all agency names
 6. Lead Agency Name [textbox]
- [This question will only appear if “Other Agency – Not Listed” is selected in Q5]
7. Lead Agency Address [textbox]
 8. Lead Agency Executive Director [textbox]
 9. **County(ies) served by your agency** [checkboxes]
Note: Please ensure that all counties supported by your agency, including your own county, are selected. *You will be providing data for the county(ies) you select here later in the survey.*

Section: Contact Information

Program Contact Lead Information (*this is the person CDSS will contact regarding the administration of the grant*)

10. First name [textbox]
11. Last name [textbox]
12. Contact email [textbox]
13. Contact Number [textbox]

Program Fiscal Lead Information (*this is the person CDSS will contact regarding invoicing and fiscal related inquiries*)

- 4) First name [textbox]
- 5) Last name [textbox]
- 6) Contact email [textbox]
- 7) Contact Number [textbox]
- 8) Please add your Unique Entity ID. (You can get your Unique Entity ID from [SAM.gov](https://sam.gov))

Section: Fiscal Information

Disclaimer – Per the [State Administrative Manual section 8422.204](#), whenever a payment is to be made to a county, or an agency or office of a county, the payment will be made to the County Treasurer (unless there is a statutory basis to do otherwise). This is inclusive of: County Offices of Education, County Superintendents of Schools, First 5s, and school districts. Please inform your County Treasurer of this grant to ensure payment is submitted to the correct entity.

Payment Address (This must be the address on file with your County Treasurer)

14. Street Address [textbox]
- 9) City [textbox]
- 10) Zip Code [textbox]

11) **Payment “Attention To” Name** [textbox]

Section: Acknowledgments

15. By signing and submitting this application, the grantee acknowledges and agrees to the following (Please check each box to acknowledge):

- a. The grantee has communicated the elements and priorities of the local QCC Workforce Pathways plan to each consortium member agency.
- b. The grantee acknowledges per State Administrative Manual section 8422.204, whenever a payment is to be made to a county, or an agency or office of a county, the payment will be made to the County Treasurer (unless there is a statutory basis to do otherwise). This is inclusive of County Offices of Education, County Superintendents of Schools, First 5s, and school districts. Please inform your County Treasurer of this grant to ensure payment is submitted to the correct entity.
- c. The grantee has read and agreed to the extent possible to the current year's General Assurances found on the CDSS [General Assurances and Certifications 2024-25 - Funding Tools & Materials](#) web page.
- d. The grantee certifies that the information contained in the application is accurate and all forms required to be submitted as part of the grant are certified to be true and binding on the applicants.

Section: FY 2024-2027 Workforce Pathways Grant Plan

24. Have you made updates to your Workforce Pathways Grant plan? [multiple choice]

- a. Yes
- b. No
- c. n/a

25. Upload your Workforce Pathways Grant plan here: [file upload]

Note: If updates have been made to your plan, use the strikethrough feature to show revisions and add new language

A. Workforce Advising

- 1. **Briefly identify any significant changes to your Advising plan.**
[textbox]
- 2. **Approximately how many total participants are you planning to serve during this grant cycle?** [textbox grid]

Please break down the number of people you plan to serve by setting

type and by county. Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Home Providers	Child Care Center Providers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]
[Comment Box]

B. Professional Development:

28. Briefly identify any significant changes to your Professional Development plan [textbox]

29. Indicate and upload your plan to coordinate or offer equity/anti-biased/anti-racist professional development training opportunities with this grant funding (Examples may include anti-racist training, Implicit Bias [CECO](#) Module training, [Government Alliance on race and Equity \[GARE\] Toolkit](#))

Our innovative, new online module series on CECO are designed to awaken learners to the concepts of anti-hate, anti-bias, and becoming anti-racist. These free online modules and the corresponding facilitators guide can be used to support consortia with their professional development plans and efforts for all children and all early care and learning providers, to have access to inclusive, responsive, and respectful early learning programs. This important work builds early educators' capacity to disrupt racism and bias and develop cultural competence and cultural humility. These training modules can be found at [CECO](#). To learn more about the general equity framework used, see the following attachment [Government Alliance on race and Equity \[GARE\] Toolkit](#)

30. Approximately, how many participants are you planning to support through professional development opportunities? [textbox grid]

Please break down the number of people you plan to serve by setting type and by county. Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Home Providers	Child Care Center Providers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]

[Comment Box]

C. Higher Education:

31. **Briefly identify any significant changes to your Higher Education plan** [textbox]

32. **Approximately how many participants are you planning to support through higher education?** [textbox grid]

Please break down the number of people you plan to serve by setting type and by county. Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Home Providers	Child Care Center Providers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]

[Comment Box]

D. County/Regional/Consortium Workforce Data:

31. **How many people make up the workforce in your county?** [textbox grid] (Please check with the [Registry](#) and your local alternative payment program if you need data about the workforce in your county). Please break down the number of people by setting type and by county.

Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Home Providers	Child Care Center Providers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]

[Comment Box]

33. **How many total members of the workforce do you plan to support during this grant cycle?** [textbox grid]

Please break down the number of people you plan to serve by setting type and by county. Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you

don't have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Home Providers	Child Care Center Providers	Before/ After School Providers
<i>[Insert County]</i>				

[A row will be generated for each county selected in question 9]
[Comment Box]

E. Workforce Recruitment/Outreach Strategies

34. Please explain the strategies you plan to use to meet your workforce targets identified above for FY 2024-2027. [comment box]

F. Budget and Budget Narrative

35. Upload your 2024-2027 updated Excel Workforce Budget (your budget template will be emailed to you, if you do not receive it please email gccworkforce@dss.ca.gov.) [file upload]
Allowable file types: xls or xlsx
36. Upload the Budget Narrative that describes your Workforce Budget (Word) (an optional budget narrative template is available upon request, please email gccworkforce@dss.ca.gov to request a template) [file upload]
Allowable file types: doc or docx

*Please remember it is the grantee's responsibility to allocate their budget accordingly. If you are not allowed to expend your allotted and approved Indirect Cost Rate, you must allocate the remaining amount to another line item **but must** stay within the **40%** (infrastructure) **60%** (incentives to the workforce) threshold per the grant requirements (starting on page 21).

G. Required 2024-2027 QCC Workforce Pathways Grant Partnership Declaration Form

37. By checking the box below and uploading the Partnership Declaration Form, you are confirming that your Workforce Pathways Grant plan has been shared with and approved by the required partners per the requirement of the grant.
[check box]

38. Upload your 2024-2027 Partnership Declaration Form
39. Electronic Signature required [signature]

40. **Date** [date]

Section: Thank You

Thank you for your continued leadership and support for the child care and early learning workforce. Please be sure that your survey has been submitted accurately. Once your application is successfully submitted, you will receive a confirmation email with a copy of your responses attached. *Note: If the email does not arrive after a couple minutes, please check your Spam or Junk Mail folder.*

Please also be aware that if there are any questions or concerns about your workforce plan, budget, budget narrative, partner signature page, etc., you will be contacted by a CDSS representative requesting additional updates and corrections.

[End of Survey]

Email actions:

Confirmation Email

From: CDSS

To: [contact email provided in question 3]

Subject: Quality Counts California (QCC) Workforce Pathways Grant Application Survey for Fiscal Years 2024-2027

Body:

Thank you for your 2024-2027 QCC Workforce Pathways Grant Application Survey submission. Please feel free to contact us at QCCworkforce@dss.ca.gov if you have any questions or concerns.

In Partnership,
Lupe Jaime-Mileham

New Submission Notice

From: Alchemer

To: QCCworkforce@dss.ca.gov

Appendix B: QCC Quality Improvement Grant Application Survey

California Department of Social Services (CDSS) Quality Counts California (QCC) Quality Improvement Grant Application Survey for Fiscal Year 2024-2027

Survey Landing Page

The California Department of Social Service (CDSS) is proud to announce the Quality Counts California (QCC) Quality Improvement Grant for fiscal years (FYs) 2024-2027. Current grantees have an opportunity to modify their Block Grant plans to conform to the restructured Quality Improvement Grant via this survey. There are some questions in the survey that will provide you with the opportunity to share with the CDSS the changes and updates that will be made to the Quality Improvement Grant plan in your county(ies).

Grantees will:

1. If applicable, refer to your Block Grant plan submitted in fiscal years 2021-2024.
2. Indicate updates to your Quality Improvement Grant plan by:
 - Striking through omitted language and adding in new language (You should have a copy of your previous Block Grant plan)
 - Upload your plan via this survey [upload as an attachment]
 - If you are a new grantee and have never submitted a Block Grant plan, follow the RFA guidelines to create a Quality Improvement Grant plan [upload your plan via this survey as an attachment]
3. Provide updated contact information for the designated program lead and fiscal lead
4. Include budget and budget narrative via this survey [upload as an attachment] – Budget needs to be in Excel format and budget narrative needs to be in a Word document
5. Complete and sign the Partnership Declaration Form [upload form as an attachment]
6. Submit application **no later than Friday, April 12, 2024, by 11:59 p.m.** All QCC Quality Improvement grantees are required to complete this survey annually. Please have one staff submit one survey on behalf of your county or multi-county consortia, **no later than 11:59 p.m. April 12, 2024**. This survey will take some time and you will need to provide data for the county(ies) you support. You will be able to save your progress and return to the survey if needed. To complete this survey, all questions are required unless stated otherwise.

For any questions concerning this survey, please contact QCC@dss.ca.gov or RADDSurveyHelp@dss.ca.gov.

Survey Content

Who is submitting this application?

1. First name [textbox]
2. Last name [textbox]
3. Contact email [textbox]
4. Contact number [textbox]
5. Select Lead Agency Name [dropdown menu]
Note: If not listed, please select “Other Agency – Not Listed” and enter the lead agency name in the next question.
 - a. Other Agency – Not Listed
 - b. List of all agency names
6. Lead Agency Name [textbox]
[This question will only appear if “Other Agency – Not Listed” is selected in Q5]
7. Lead Agency Address [textbox]
8. Lead Agency Executive Director [textbox]
9. **County(ies) served by your agency** [checkboxes]
Note: Please ensure that all counties supported by your agency, including your own county, are selected. You will be providing data for the county(ies) you select here later in the survey.

Section: Contact Information

Program Contact Lead Information (*this is the person CDSS will contact regarding the administration of the grant*)

10. First name [textbox]
11. Last name [textbox]
12. Contact email [textbox]
13. Contact Number [textbox]

Program Fiscal Lead Information (*this is the person CDSS will contact regarding invoicing and fiscal related inquiries*)

14. First name [textbox]
15. Last name [textbox]
16. Contact email [textbox]
17. Contact Number [textbox]
18. Please add your Unique Entity ID. (You can get your Unique Entity ID from [SAM.gov](https://sam.gov))

Section: Fiscal Information

Disclaimer – Per the [State Administrative Manual section 8422.204](#), whenever a payment is to be made to a county, or an agency or office of a county, the payment will be made to the County Treasurer (unless there is a statutory basis to do otherwise). This is inclusive of: County Offices of Education, County Superintendents of Schools, First 5s, and school districts. Please inform your County Treasurer of this grant to ensure payment is submitted to the correct entity.

Payment Address (This must be the address on file with your County Treasurer)

- 19. Street Address [textbox]
- 20. City [textbox]
- 21. Zip Code [textbox]
- 22. Payment “Attention To” Name [textbox]

Section: Acknowledgments

- 23. By signing and submitting this application, the grantee acknowledges and agrees to the following (*please check each box to acknowledge*):**
- a. The grantee has communicated the elements and priorities of the local QCC Quality Improvement plan to each consortium member agency.
 - b. The grantee acknowledges per State Administrative Manual section 8422.204, whenever a payment is to be made to a county, or an agency or office of a county, the payment will be made to the County Treasurer (unless there is a statutory basis to do otherwise). This is inclusive of County Offices of Education, County Superintendents of Schools, First 5s, and school districts. Please inform your County Treasurer of this grant to ensure payment is submitted to the correct entity.
 - c. The grantee has read and agreed to the extent possible to the current year’s General Assurances found on the CDSS [General Assurances and Certifications 2024-25 - Funding Tools & Materials](#) web page.
 - d. The grantee certifies that the information contained in the application is accurate and all forms required to be submitted as part of the grant are certified to be true and binding on the applicants.

Section: FYs 2024-2027 Quality Improvement Grant Plan

- 24. Upload your Quality Improvement Grant plan here:** [file upload]
Note: If updates have been made to your Block Grant plan, use the strikethrough feature to show revisions and add new language

A. Administrative Support

- 25. Briefly describe your administrative support plan.** (how will you work towards supporting new or less experienced providers in addressing administrative challenges ranging from budgeting, hiring, curriculum selection, to handbook review and licensing compliance, encourage communities of practice, etc.?)
[textbox]

- 26. Approximately how many total sites are you planning to provide administrative support during this grant cycle?** [textbox grid]
Please break down the number of sites you plan to serve by setting type and by county. Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Homes	Child Care Centers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]

[Comment Box]

B. Quality Improvement:

27. Briefly identify any significant changes to your Quality Improvement plan.

(how will you support participating ELC sites to improve their quality as defined by the QCC Quality Continuum Framework-Measured Quality Elements?)

[textbox]

28. Approximately, how many sites are you planning to support through quality improvement opportunities? [textbox grid]

Please break down the number of sites you plan to serve by setting type and by county. Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Homes	Child Care Centers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]

[Comment Box]

C. Equitable QCC System Building:

29. Briefly describe your system building plan? (how you will maintain regular cooperation between participating agencies, required partners, ELC community, support technical assistance, and coaches to effectively support ongoing site quality improvement needs, and conduct outreach and to engage providers, families, and other proximity experts) [textbox]

30. Briefly describe your plan to coordinate or promote more equity/anti-biased/anti-racist programs with this grant funding. [textbox]

D. County/Regional/Consortium Quality Improvement Data:

31. How many sites make up the early learning programs in your county?

[textbox grid] (Please check with your local resource and referral agency and your local alternative payment program if you need data about the programs in your county).

Please break down the number of sites by setting type and by county.

Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Homes	Child Care Centers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]

[Comment Box]

32. How many total sites do you plan to support during this grant cycle?

[textbox grid]

Please break down the number of sites you plan to serve by setting type and by county. Note: You must enter at least one number into each row to proceed. If data is not available, please type in “N/A” and explain in the comment box below why you don’t have access to the data.

	Family Friend and Neighbor Providers	Family Child Care Homes	Child Care Centers	Before/ After School Providers
[Insert County]				

[A row will be generated for each county selected in question 9]

[Comment Box]

E. Outreach Strategies

33. Please explain the strategies you plan to use to meet your site targets identified above for FYs 2024-2027. [comment box]

F. Budget and Budget Narrative

34. Upload your 2024-2027 updated Excel Quality Improvement Grant Budget (your budget template will be emailed to you, if you do not receive it please email gcc@dss.ca.gov. [file upload]

Allowable file types: xls or xlsx

35. **Upload the Budget Narrative that describes your Quality Improvement Grant Budget (Word) (an optional budget narrative template is available upon request, please email gcc@dss.ca.gov to request a template) [file upload]**

Allowable file types: doc or docx

****Please remember it is the grantee's responsibility to allocate their budget accordingly.***

G. Required 2024-2027 QCC Quality Improvement Grant Partnership Declaration Form

36. **By checking the box below and uploading the Partnership Declaration Form, you are confirming that your Quality Improvement Grant plan has been shared with and approved by the required partners per the requirement of the grant. [check box]**

37. **Upload your 2024-2027 Partnership Declaration Form**

38. **Electronic Signature required [signature]**

39. **Date [date]**

Section: Thank You

Thank you for your continued leadership and support for California's child care and early learning programs. Please be sure that your survey has been submitted accurately. Once your application is successfully submitted, you will receive a confirmation email with a copy of your responses attached. *Note: If the email does not arrive after a couple minutes, please check your Spam or Junk Mail folder.*

Please also be aware that if there are any questions or concerns about your quality improvement plan, budget, budget narrative, partner signature page, etc., you will be contacted by a CDSS representative requesting additional updates and corrections.

[End of Survey]

Email actions:

Confirmation Email

From: CDSS

To: [contact email provided in question 3]

Subject: Quality Counts California (QCC) Quality Improvement Grant Survey for Fiscal Years 2024-2027

Body:

Thank you for your 2024-2027 QCC Quality Improvement Grant Application Survey submission. Please feel free to contact us at QCCworkforce@dss.ca.gov if you have any questions or concerns.

In Partnership,
Lupe Jaime-Mileham

New Submission Notice

From: Alchemer

To: qcc@dss.ca.gov

Appendix C: QCC Workforce Pathways Grant Proposed Funding Allocations

Workforce Pathways Grant by County	FY 2024-25 Proposed Allocation	FY 2025-26 Proposed Allocation	FY 2026-27 Proposed Allocation	Total Proposed Allocation
Alameda	598,282	598,279	598,290	1,794,851
Alpine	5,201	5,374	5,542	16,117
Amador	29,223	28,492	27,780	85,495
Butte	138,025	134,575	131,213	403,813
Calaveras	26,602	25,937	25,289	77,828
Colusa	15,102	15,603	16,094	46,799
Contra Costa	274,988	284,122	293,083	852,193
Del Norte	37,292	36,360	35,451	109,103
El Dorado	28,551	29,499	30,429	88,479
Fresno	1,035,927	1,010,033	984,794	3,030,754
Glenn	30,248	30,919	30,920	92,087
Humboldt	63,760	62,716	62,717	189,193
Imperial	112,255	115,983	118,710	346,948
Inyo	27,467	26,780	26,111	80,358
Kern	565,093	550,970	537,207	1,653,270
Kings	68,365	70,636	72,864	211,865
Lake	46,388	45,228	44,098	135,714
Lassen	19,886	19,523	19,523	58,932
Los Angeles	2,500,048	2,500,030	2,500,088	7,500,166
Madera	71,811	74,196	76,535	222,542
Marin	74,672	77,152	79,584	231,408
Mariposa	14,665	15,141	15,141	44,947
Mendocino	47,847	46,651	45,486	139,984
Merced	279,249	272,269	265,466	816,984
Modoc	9,380	9,691	9,996	29,067
Mono	29,864	29,117	28,389	87,370
Monterey	211,016	205,742	200,602	617,360

QCC Workforce Pathways and Quality Improvement Grants RFA (FY 2024 – 2027)

Workforce Pathways Grant by County	FY 2024-25 Proposed Allocation	FY 2025-26 Proposed Allocation	FY 2026-27 Proposed Allocation	Total Proposed Allocation
Napa	51,129	49,851	48,606	149,586
Nevada	65,988	64,338	62,731	193,057
Orange	507,250	524,098	540,627	1,571,975
Placer	75,508	78,016	80,477	234,001
Plumas	26,602	25,937	25,289	77,828
Riverside	708,936	708,932	708,945	2,126,813
Sacramento	394,473	407,577	420,436	1,222,486
San Benito	19,609	20,260	20,899	60,768
San Bernardino	1,167,786	1,138,597	1,110,151	3,416,534
San Diego	678,331	700,865	722,980	2,102,176
San Francisco	477,023	465,100	453,483	1,395,606
San Joaquin	209,901	216,873	223,713	650,487
San Luis Obispo	61,604	63,650	65,658	190,912
San Mateo	209,204	216,152	222,968	648,324
Santa Barbara	129,314	133,609	137,824	400,747
Santa Clara	361,903	373,923	385,718	1,121,544
Santa Cruz	94,712	97,857	100,942	293,511
Shasta	86,462	84,301	82,194	252,957
Sierra	5,201	5,374	5,542	16,117
Siskiyou	36,747	35,828	34,932	107,507
Solano	116,408	120,275	124,069	360,752
Sonoma	99,497	102,801	106,043	308,341
Stanislaus	320,982	312,959	305,140	939,081
Sutter	46,218	46,517	46,518	139,253
Tehama	51,074	49,797	48,553	149,424
Trinity	9,264	9,572	9,874	28,710

QCC Workforce Pathways and Quality Improvement Grants RFA (FY 2024 – 2027)

Workforce Pathways Grant by County	FY 2024-25 Proposed Allocation	FY 2025-26 Proposed Allocation	FY 2026-27 Proposed Allocation	Total Proposed Allocation
Tulare	425,653	415,014	404,646	1,245,313
Tuolumne	27,966	27,267	26,585	81,818
Ventura	172,363	178,087	183,704	534,154
Yolo	74,618	77,096	79,527	231,241
Yuba	41,915	43,307	44,672	129,894
Tribes	267,650	267,650	267,650	802,950
Total	13,382,498	13,382,498	13,382,498	40,147,494

Appendix D: QCC Quality Improvement Grant Proposed Funding Allocations

Quality Improvement Grant by County	FY 2024-25 Proposed Allocation	FY 2025-26 Proposed Allocation	FY 2026-27 Proposed Allocation	Total Proposed Allocation
Alameda	532,001	532,010	532,001	1,596,012
Alpine	10,293	10,198	10,198	30,689
Amador	23,838	23,242	22,661	69,741
Butte	97,646	96,333	96,331	290,310
Calaveras	24,261	24,261	24,261	72,783
Colusa	22,972	22,398	21,838	67,208
Contra Costa	352,865	352,871	352,865	1,058,601
Del Norte	23,175	23,196	23,196	69,567
El Dorado	47,490	46,304	45,583	139,377
Fresno	454,849	463,683	470,345	1,388,877
Glenn	28,477	29,030	29,712	87,219
Humboldt	61,512	61,513	61,512	184,537
Imperial	101,007	102,969	105,389	309,365
Inyo	23,065	23,065	23,065	69,195
Kern	359,913	366,904	375,528	1,102,345
Kings	86,580	88,262	90,336	265,178
Lake	41,482	41,570	41,569	124,621
Lassen	23,234	22,653	22,172	68,059
Los Angeles	3,000,013	3,000,072	3,000,010	9,000,095
Madera	72,094	72,095	72,094	216,283
Marin	71,780	69,987	68,237	210,004
Mariposa	15,352	15,352	15,352	46,056
Mendocino	44,254	43,148	42,069	129,471
Merced	130,374	132,381	132,378	395,133
Modoc	16,051	15,906	15,906	47,863
Mono	16,207	16,207	16,207	48,621
Monterey	133,635	130,297	127,729	391,661

Quality Improvement Grant by County	FY 2024-25 Proposed Allocation	FY 2025-26 Proposed Allocation	FY 2026-27 Proposed Allocation	Total Proposed Allocation
Napa	42,074	41,212	41,211	124,497
Nevada	35,636	34,746	34,481	104,863
Orange	553,708	553,718	553,708	1,661,134
Placer	109,148	106,421	103,761	319,330
Plumas	20,907	20,384	19,874	61,165
Riverside	561,818	561,828	561,818	1,685,464
Sacramento	595,167	606,726	615,949	1,817,842
San Benito	30,735	30,735	30,735	92,205
San Bernardino	739,163	753,519	768,648	2,261,330
San Diego	1,064,291	1,064,309	1,064,290	3,192,890
San Francisco	283,507	287,791	287,786	859,084
San Joaquin	346,513	337,857	329,412	1,013,782
San Luis Obispo	94,645	94,660	94,658	283,963
San Mateo	200,321	195,317	190,435	586,073
Santa Barbara	167,470	170,723	174,736	512,929
Santa Clara	513,083	500,265	487,760	1,501,108
Santa Cruz	96,091	93,690	91,348	281,129
Shasta	68,964	67,241	65,560	201,765
Sierra	11,238	10,957	10,855	33,050
Siskiyou	27,275	27,275	27,275	81,825
Solano	180,041	180,044	180,041	540,126
Sonoma	136,015	132,617	129,302	397,934
Stanislaus	174,524	170,164	168,440	513,128
Sutter	45,693	44,823	44,822	135,338
Tehama	36,198	35,413	35,412	107,023
Trinity	15,804	15,804	15,804	47,412
Tulare	214,384	218,548	219,139	652,071

QCC Workforce Pathways and Quality Improvement Grants RFA (FY 2024 – 2027)

Quality Improvement Grant by County	FY 2024-25 Proposed Allocation	FY 2025-26 Proposed Allocation	FY 2026-27 Proposed Allocation	Total Proposed Allocation
Tuolumne	26,381	25,722	25,079	77,182
Ventura	220,301	214,798	209,492	644,591
Yolo	79,807	81,357	83,269	244,433
Yuba	38,678	39,429	40,356	118,463
Tribes	256,000	256,000	256,000	768,000
Total	12,800,000	12,800,000	12,800,000	38,400,000

Appendix E: Background

1. California's Youngest Children

California is home to over two million children birth through age five. These children are from diverse socioeconomic, cultural, and linguistic backgrounds.

- Of the 2.75 million children birth through age five:
 - 48.6 percent are Latino
 - 29.8 percent are white, non-Hispanic
 - 11 percent are Asian, non-Hispanic
 - 5.4 percent are black, non-Hispanic
 - 4.5 percent are two or more races
 - 0.4 American Indian/Alaska Native
 - 0.3 Native Hawaiian/Pacific Islander
 - 19.7 percent of children/families have incomes below the federal poverty level (FPL)

Information for 2021. Ages birth through five years. Sources: U.S. Census Bureau, Population Estimates; U.S. Census Bureau, American Community Survey; KidsData

2. Children Served through Subsidized Child Care

The CDSS CCDD provides subsidized child care through:

- A. CCDD contracted Centers and Family Child Care Home Education Networks (FCCHENs).
- B. Vouchers via its Alternative Payment Program and CalWORKs Stages 2, and 3.

Information about these children is provided in the following tables.

Children by Race/Ethnicity	Number	Percentage
Hispanic	68,168	57.47
White	23,611	19.91
Black	20,034	16.89
Asian	4,375	3.69
Pacific Islanders	432	0.36
American Indian	396	0.33

Source: Race and Ethnicity among Children ages 0-5, April 2023, ELCD 801A, no duplication.

Children by Setting	Number	Percentage
Licensed family child care homes	51,479	42.86
Licensed centers	47,607	39.63
License-exempt care (family, friend, or neighbor)	19,752	16.44
License-exempt centers	1,285	1.07

Source: CDD-801A Monthly Child Care Report, April 2023 (archived data).

By Funding Source	Number	Percentage
Alternative payment program	66,864	56.37
CalWORKs Stage 3	17,193	14.50
CalWORKs Stage 2	14,186	11.96
General child care program: centers	17,226	14.52
Family child care home education network	2,057	1.73
General Migrant care: centers	1,083	0.91
Centers for children with severe handicaps	1	0.00

Source: CDD-801A Monthly Child Care Report, April 2023 (archived data).

3. ELC Workforce

a. Challenges and Needs

A key component of a high-quality ELC system is developing a workforce that has the knowledge, skills, and support to provide high-quality care and instruction to young children. Key components of these efforts include providing the field with sufficient financial assistance and comprehensive supports to promote equitable access to educational opportunities, building the capacity of California's higher education programs, and expanding career pathways for the workforce.

The ELC workforce continues to face barriers in regard to degree attainment and advancement along the California Early Learning Career Lattice. According to a QCC Workforce Pathways Grantee survey administered by the CDSS in 2023, California's ELC workforce continues to face two major barriers to participating in professional development and continued education opportunities: high cost of tuition/professional development fees and not having enough time or access to flexible work and/or training schedules. Another major barrier listed was lack of bilingual support for dual language learners. Additionally, family challenges (including childcare), and financial stressors (working more than one job) produce significant challenges to our ELC workforce. When participants

complete a higher level of education, they are often not compensated accordingly and may choose not to continue towards a degree or higher permit.

Low wages and challenging work conditions are major barriers to recruiting and retaining a highly qualified ELC workforce in California. Quality early education requires a stable workforce, with healthy working conditions as well as livable wages that include benefits. Higher compensation and supportive work environments play a critical role in determining the quality of services children receive and the ability of programs to recruit and retain highly skilled teachers, however wages and benefits for early educators remain among the lowest of any occupation in the country. There is a public misconception that teaching young children requires less skill and knowledge than teaching older children, which in turn, creates large pay gaps between the K-12 system and the ELC field.

According to the Center on the Study of Child Care Employment at the University of California at Berkeley, the median wage for child care workers in California is currently \$13.43 - one-third (32 percent) of what a kindergarten teacher made. A preschool teacher made \$16.83 per hour (40 percent of a kindergarten teacher's salary). When these wages are adjusted to account for the cost of living, California ranks among the states with the lowest pay for those working in the Early Learning field. As a result, nearly 60 percent of the state's ELC workforce relies on some type of public assistance.

One of California's early learning system's greatest assets is the diversity of its workforce. In California, 56 percent of center teachers, 74 percent of licensed FCCH providers, and 80 percent of license-exempt/family friend and neighbor (FFN) caregivers identify as non-white. Furthermore, 63 percent of center assistant teachers and 47 percent of center teachers speak a language other than English. In some cases, limited English proficiency can make it difficult for the workforce to navigate the rules and training requirements of a state system when those rules are communicated primarily in English.

According to the *Center for the Study of Child Care Employment's 2020 report on California's Early Childhood Educator Workforce*⁹, there are varying methods used to define and measure the size of the ELC workforce, including local workforce data sources from select counties, federal data collected by the U.S. Bureau of Labor Statistics, and California specific data from local surveys. According to the National Survey of Early Care and Education (NSECE), there are approximately

⁹ Center for the Study of Childcare Employment. "Early Childhood Workforce Index, 2020" [Center for the Study of Child Care Employment \(berkeley.edu\)](https://www.centerforthestudyofchildcareemployment.org/berkeley.edu)

116,800 members of California’s paid ELC workforce. For the purposes of this grant, we have estimated the ELC workforce based on the number of FFNs providing subsidized care and an estimate of staff working in licensed programs based on the minimum of staff required for licensed capacity.

Finally, the California ECE Registry, a web-based registry for ELC professionals currently has over 150,000 members of the ELC workforce and is operating across all counties in California. It is the primary source of verified data about California’s ELC workforce, its professional preparation and professional development and is a critical component of the data infrastructure for California.

b. Workforce Data:

Number of Workforce	Program Type	Source
135,524	Total California ELC Workforce	Estimate based on minimum staffing needed for November 2023 licensed capacity
24,205	FFNs	Based on 801a April 2023
39,290	FCCH Providers and Staff	Estimate based on minimum staffing needed for November 2023 licensed capacity
72,029	Center Staff	Estimate based on minimum staffing needed for November 2023 licensed capacity

Number of QCC Workforce	Program Type	Source
38,760	Total QCC Workforce	FY 2022-23 Common Data File Reporting
1,503	QCC FFNs	FY 2022-23 Common Data File Reporting
7,099	QCC FCCH Providers and Staff	FY 2022-23 Common Data File Reporting
30,158	QCC Center Staff	FY 2022-23 Common Data File Reporting

Percentage of ELC Workforce in QCC = 28.6%

4. California ELC Programs:

Number of Providers	Type of Providers	Source
40,546	Total California ELC Providers	November 2023 Licensed Facilities
24,205	FFNs	based on 801a April 2023
26,134	FCCHs	November 2023 Licensed Facilities
14,209	Centers	November 2023 Licensed Facilities

Number of Providers	Type of Providers	Source
9,442	Total QCC Providers	FY 2022-23 Common Data File Reporting
1,503	QCC FFNs	FY 2022-23 Common Data File Reporting
3,718	QCC FCCHs	FY 2022-23 Common Data File Reporting
4,221	QCC Centers	FY 2022-23 Common Data File Reporting

Percentage of ELC Providers in QCC	Program Type
23.2%	Total in QCC
6.2%	FFNs in QCC
14.2%	FCCHs in QCC
29.7%	Centers in QCC

Number of CDSS Subsidized Providers	Program Type
41,306	Total Subsidized
24,205	FFNs Subsidized
14,148	FCCHs Subsidized
2,953	Centers Subsidized

Source: 801a April 2023

QCC Workforce Pathways and Quality Improvement Grants RFA (FY 2024 – 2027)

Current QCC Subsidized Providers	Program Type
N/A	FFNs
1,080	FCCHs
557	Centers
1,637	Total

Source: FY 22-23 Common Data File

Percentage of subsidized ELC providers currently in QCC = 3.81%

Appendix F: Key Terms

Term/Acronym	Explanation
“Local, regional or local and regional quality improvement partnerships”	Quality Counts California (QCC)
Advisor	A professional with specialized skills in providing academic and professional guidance to help ELC students successfully navigate the higher education system
Allocation	The term is used primarily in situations in which funding is distributed to lead agencies based on a statutory formula. This term also may refer to discretionary grant or matching funds programs.
Applicant	Local consortium or multi-county partnership, applying as an applicant partnership
Apprenticeship programs	An apprenticeship is a program that trains a worker to become skilled in a particular trade. Apprenticeships combine hands-on work with classroom learning to train the apprentice. Apprenticeships are considered full-time employment. As the apprentice is learning, they are also applying the lessons through working. As defined by the California Department of Industrial Relations (c) An “Apprenticeable Occupation” is one that requires independent judgment and the application of manual, mechanical, technical, or professional skills and is best learned through an organized system of on-the-job training together with related and supplemental instruction.

Term/Acronym	Explanation
	<p>(e) “Apprenticeship Program” means a comprehensive plan containing, among other things, apprenticeship program standards, committee rules and regulations, related and supplemental instruction course outlines and policy statements for the effective administration of that apprenticeable occupation.</p> <p>(f) “Apprenticeship Program Standards” means that written document containing among other things all the terms and conditions for the qualification, recruitment, selection, employment and training, working conditions, wages, employee benefits, and other compensation for apprentices and all other provisions and statements including attachments as required by the Labor Code and this Chapter which, when approved by the Chief DAS, shall constitute registration of such, and authority to conduct that program of apprenticeship in the State of California.</p> <p>(g) “Apprenticeship Program Sponsor” means a joint apprenticeship committee, a unilateral labor or management committee, or an individual employer program.</p>
Equity	<p>Is both a process and outcome. Equity recognizes that because different individuals or groups have different histories and circumstances, they have different needs and unequal starting points. Equity considers how our different circumstances impact our position in the world. Equity goes beyond equality. It removes barriers, increases access, creates opportunities, and helps match support and resources to our unique needs.</p>
CCL	<p>California Department of Social Services, Community Care Licensing</p>

Term/Acronym	Explanation
CDE	California Department of Education
CDSS	California Department of Social Services
Center or Center-based	Licensed or legally exempt large or small facilities used to provide child care for infant, toddlers, preschool, or school age children.
Child Care Center	Child care centers are ELC settings that are licensed by the California Department of Social Services (CDSS) and/or are license-exempt, that receive public subsidies, hold CDSS contracts, and/or receive funds directly through parent pay and/or voucher payments. Centers may provide child development services for children from birth through 13 years of age and older children with exceptional needs.
Child Care Deserts	A child care desert is defined as a ZIP code with at least 30 children under the age of five (5) and either no child care centers or so few centers that there are more than three times as many children under age five (5) as there are spaces in centers. [Center for American Progress, AIR Needs Assessment]
Children with Special Needs and Children with Exceptional Needs	Children with High Needs or Exceptional Needs means children birth until kindergarten entry who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays, who are dual language learners, who reside on “Indian Lands” as that term is defined by Section 8013(6) of the Elementary and Secondary Education Act of 1965, who are migrant, homeless, or in foster care; and other children as identified by the State.

Term/Acronym	Explanation
Coaching	A relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s).
Consortium	Local consortium refers to a local entity, administered by a Lead Agency, and convenes a planning body that designs and implements a QRIS. A Regional or multi-county Consortium is a group of counties within a geographic region of the state that collaborate, design, and implement a common local QCC model across the region. Whether a local consortium or a multi-county consortium, there will be a Lead Agency.
Collaborative partnerships	A cooperative association of individuals or groups that work together to accomplish common goals and objectives. Most collaboration requires leadership, although the form of leadership can be informal within a decentralized and egalitarian group. In particular, teams that work collaboratively can obtain greater resources, recognition, and reward when facing competition for finite resources.
Cost of living	The cost of living is the amount of money needed to sustain a certain standard of living by affording basic expenses such as housing, food, taxes, and healthcare.
Degrees in the Field of Early Childhood Education	At least 51% of the course work is in the field of Early Childhood Education or Child Development Education

Term/Acronym	Explanation
Direct costs	<p>Direct costs generally include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Salaries and wages, including vacations, holidays, sick leave, and other excused absences of employees working specifically on the objective of a grant (i.e., direct labor costs) 2. Other employee fringe benefits allocable on direct labor employees 3. Consultant services contracted to accomplish specific grant objectives 4. Travel of “direct labor” employees 5. Materials, supplies, and equipment purchased directly for use on a specific grant or contract 6. Communication costs, such as long-distance telephone calls identifiable with a specific aware or activity
Direct financial workforce supports (meaningful)	<p>Local consortia or consortia partnerships are required to set a level of “meaningful” direct financial workforce supports in the form of direct stipends/compensation/incentives to ELC professionals and recruits for completing milestones within the required and/or optional workforce development pathways.</p> <p>Direct financial workforce supports may include:</p> <ol style="list-style-type: none"> 1. Financial aid, scholarships, and/or financial support for costs associated with unit-based classes (tuition, fees, books, etc.) 2. Payment of costs / fees associated with registering for a Child Development Permit or CDSS child care license 3. Access stipends covering the costs associated with moving up on the California Early Learning Career Lattice (degree attainment, acquisition of a child development permit, etc.)

Term/Acronym	Explanation
Direct financial workforce supports (meaningful)	<ol style="list-style-type: none"> 4. Completion bonuses for completing a specific number of units within a designed timeframe to reward completing coursework on a degree pathway 5. Becoming licensed 6. Costs associated with completing trainings or coursework (child care costs, transportation, etc.) 7. Participation in/completion of apprenticeship programs or cohort models 8. Completing trainings and/or ECE coursework specific to local needs 9. Creating and updating California Workforce Registry profile <p>“Meaningful” direct financial workforce supports may look like:</p> <ol style="list-style-type: none"> 1. Tuition and Fee supports should be closely aligned to actual higher education costs in the county and/or region 2. Members of the workforce should not be required to take on debt to achieve higher levels of education 3. Multiple forms of direct financial workforce supports should be combined to offer appropriate incentives for attaining higher levels of education or professional development (e.g., tuition and fees + access stipends + completion bonuses) 4. The level of direct financial workforce supports should be associated with the amount of time/effort needed to complete the workforce development pathway (e.g., direct financial workforce supports for completing a BA degree should be considerably higher than direct financial workforce supports for completing a topic-specific training) 5. Local consortia or consortia partnerships should look to effective models when setting meaningful workforce support (e.g., the T.E.A.C.H. program, etc.)

Term/Acronym	Explanation
Diversity	Diversity refers to the various characteristics and ways in which individuals or groups differ from one another. Diversity encompasses different races, ethnicities, sexual orientations, etc., as well as belief systems, ideas, and values. Diversity is necessary but not sufficient to achieve equity, which demands an ongoing commitment not just to include, but to value and empower, all people.
Dual Language Learners	The Office of Head State defines Dual Language Learners as children who “acquire two or more languages simultaneously, and learn a second language while continuing to develop their first language. The term “dual language learners” encompasses other terms frequently used, as Limited English Proficient (LEP), bilingual, English language learners (ELL), English learners, and children who speak a Language Other Than English (LOTE).”
Educational expenses	Tutoring, homework assistance, books, transportation.
ELC Professionals/ELC Workforce	Early Learning and Care caregivers and staff that work (teach) directly with children birth to age 13.
Equity for the ELC Workforce	Each member of the workforce, regardless of race, gender, culture, primary language, geographic location, and setting in which one works, has access to professional learning opportunities that meets one’s needs; receives fair compensation and benefits based on one’s qualifications; and has authentic, unbiased, and straightforward pathways to career advancement.

Term/Acronym	Explanation
Family Child Care Homes (FCCH)	Family child care homes are homes licensed by CDSS to provide care to infants, toddlers, preschool, and school-age children, organized into two categories: small FCCHs for up to eight children, including the early educator's own children under age ten, and large FCCHs, serving up to 14 children, including the early educator's own children under the age of ten. Large FCCHs must have two adults (the provider and an assistant) available to provide care.
Family Child Care Home Education Networks (FCCHEN)	The networks established pursuant to the <i>EC</i> Section 8245 that provide direct CSPP contract services (i.e., using CSPP funds to pay for services provided to preschool-aged children and who are reported electronically on the CDD-801 to the CDE).
Family, Friend, and Neighbor Care (FFN)	Family, Friend, and Neighbor Care refers to legally license-exempt child care in a home-based setting to which licensing standards do not apply. This includes providers who care only for their relatives and providers who only care for the children of one other family (other than the provider's own children, if he or she has any children).
Infrastructure/ system supports	<p>Workforce Pathways grant supports that facilitate access to training and credit-baring classes that help participants acquire necessary skills to obtain a Child Development Permit, Degree, CDSS child care license, or move along the California Early Learning Career Lattice according to their professional development. This may include, but is not limited to:</p> <ol style="list-style-type: none"> 1. Professional Growth or Academic Plan Advisors 2. Translators for bilingual classes and trainings 3. Provision of child care during training 4. Funding professional development/training opportunities

Term/Acronym	Explanation
	<ol style="list-style-type: none"> 5. Program infrastructure related to cohort models, apprenticeships, pipeline programs, and/or leadership development programs infrastructure 6. Costs associated with co-locating classes/training in convenient locations 7. Substitutes 8. Supports for English language learners 9. Laptops or computers on loan to members of the workforce participating in cohorts or other specialized higher education activities
Non-financial workforce supports	<p>Workforce Pathways Grant supports that may include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Technical assistance 2. Application assistance 3. Hiring/funding a local or regional ELC Workforce Development Plan Coordinator 4. Building partnerships between community-based organizations, providers, and institutes of higher education to ensure coursework and professional development meets the needs of current and aspiring educators working in state-subsidized direct contract and voucher programs
Qualifications	Early Childhood Education (ECE) /Child Development Units, Permit, and/or degree.
Quality	<p>Quality exists across a variety of programs and settings. Quality will align with the Quality Continuum Framework, but may look different based on the child care funding source, type of setting, and specific child and family needs. Quality programs exhibit positive and goal-oriented relationships with children and families, are equitable, inclusive, and culturally and linguistically responsive to support children, families and the workforce.</p>
School-Age Care	Before and After School Care for children ages from TK through age 13

Term/Acronym	Explanation
Tribes/Tribal organizations	<p>Indian tribe means any Indian tribe band, nation, or other organized group, or community, including pueblos, rancherias, colonies, and any Alaska Native Village, or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Alaska native claims settlement act), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; provided that in any case in which an Indian tribe has authorized another Indian tribe, an inter-Tribal consortium, or a Tribal organization to plan for or carry out programs, services, functions, or activities (or portions thereof) on its behalf under Title V, the authorized Indian tribe, inter-Tribal consortium or Tribal organization shall have the rights and responsibilities of the authorizing Indian tribe (except as otherwise provided in the authorizing resolution or in this part). In such event, the term “Indian Tribe” as used in this part includes such other authorized Indian tribe, inter-Tribal consortium, or Tribal organization.</p> <p>42 CFR § 136a.10 Indian Health Service - Tribal Self-Governance</p>

Appendix G: CCDF CCDBG Health and Safety Training Requirements

Requirement	Health and Safety Code Training Requirement Citation
Prevention and control of infectious diseases (including immunization)	<ol style="list-style-type: none"> 1. Required under HSC 1596.866(a)(2)(C) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the Emergency Medical Services Authority (EMSA) pursuant to 22 CCR Section 100000.30(b)(1)
Prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices	<ol style="list-style-type: none"> 1. Required under HSC 1596.866(d)(1) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(b)(2)(C) 3. Training augmented to include Safe Sleep Practices to be implemented by CDSS January 1, 2018
Administration of medication, consistent with standards for parental consent	<ol style="list-style-type: none"> 1. Required under 1596.866(a)(2)(C)(i) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(b)(1)(E)
Prevention of and response to emergencies due to food and allergic reactions	<ol style="list-style-type: none"> 1. Required under 1596.866(a)(2)(A) for response and (a)(2)(C)(ii) for prevention as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(b)(1)(E) and (a)(3)
Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, and	<ol style="list-style-type: none"> 1. Required under 1596.866(d)(1) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(b)(2)(B) and (E)

Requirement	Health and Safety Code Training Requirement Citation
bodies of water, and vehicular traffic	

Requirement	Training Citation
Prevention of shaken baby syndrome and abusive head trauma	<ol style="list-style-type: none"> 1. Required under 1596.866(a)(2)(C)(i) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(b)(2)(C) 3. Additional training augmented to include dangers of shaking a child will be implemented by CDSS January 1, 2018
Emergency preparedness and response planning for emergencies resulting from a natural disaster, or man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))	<ol style="list-style-type: none"> 1. Required under 1596.866(a)(3) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(a)(5) and (a)(8)-(9)
Handling and storage of hazardous materials and the appropriate disposal of bio contaminants	<ol style="list-style-type: none"> 1. Required under 1596.866(d)(1) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(b)(1)(A)—(B), (b)(2)(B), and (b)(2)(E)
Precautions in transporting children (if applicable)	<ol style="list-style-type: none"> 1. Required under 156.866(d)(1) as part of the preservice Health and Safety Practices Training 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(b)(2)(F)

Requirement	Training Citation
Recognition and reporting of child abuse and neglect	1. Required under 1596.8662 as part of the preservice Health and Safety Practices Training and required every two years
First aid and cardiopulmonary resuscitation (CPR) certification	1. Required under 1596.866(a)(2)(A as part of the preservice Health and Safety Practices Training and required every two years 2. Required course content is outlined and approved by the EMSA pursuant to 22 CCR Section 100000.30(a)

Appendix H: Resources

Agency for Toxic Substances and Disease Registry - [Agency for Toxic Substances and Disease Registry](#)

California Community Colleges Guided Pathways - [California Community Colleges Guided Pathways](#)

California Department of Social Services (CDSS) Audit Guide- [CDSS Audit Guide](#)

California Department of Social Services (CDSS) Community Care Licensing- [Community Care Licensing Information](#)

California Department of Social Services (CDSS) – Child Care and Development Division Quality Improvement Initiatives - [California Department of Social Services \(CDSS\) – Child Care and Development Division Quality Improvement Initiatives](#)

California Department of Social Services (CDSS) 2024-25 General Assurances- [General Assurances and Certifications 2024-25 - Funding Tools & Materials](#).

California Early Care & Education Workforce Registry - [California Early Care & Education Workforce Registry](#)

California Early Childhood Educator Competencies - [California Early Childhood Educator Competencies](#)

California Early Childhood Online (CECO) - [California Early Childhood Online \(CECO\)](#)

California Early Learning Career Lattice - [California Early Learning Career Lattice](#)

California Early Learning Needs Assessment Reports (CELNAR)- [CA Early Learning Needs Assessment Reports](#)

California School Accounting Manual- [2019 California School Accounting Manual](#)

California Strong Start Index - [California Strong Start Index](#)

California Workforce Registry Toolkit - [California Workforce Registry Toolkit](#)

Center for the Study of Child Care Employment (CSCCE) - [Center for the Study of Child Care Employment \(CSCCE\)](#)

Child Care Alliance Los Angeles – Gateways for Early Educators - [Child Care Alliance Los Angeles – Gateways for Early Educators](#)

Child Care WAGE\$® Program: An Evidence-Informed Initiative - [Child Care WAGE\\$ Program](#)

Child Development Training Consortium - [Child Development Training Consortium](#)

Coaching Companion - [Coaching Companion](#)

Code of Federal Regulations, Title 2 (2 CFR) Part 200 (the Uniform Guidance)- Uniform Guidance for Federal Awards | U.S. Department of Labor (dol.gov)

CompSAT - [CompSAT - About \(cacompsat.org\)](#)**Counsel for Professional Recognition/CDA Council-** [CDA Council](#)

Early Development Instrument (EDI) - [Early Development Instrument \(EDI\)](#)

Early Learning Needs Assessment Tool (ELNAT) - [Early Learning Needs Assessment Tool \(ELNAT\)](#)

Government Alliance on Race and Equity (GARE) Toolkit [Race and Equity Toolkit](#)

Government Code for Payments- [Government Code, Part 3, and Chapter 4.5, commencing with section 927](#)

Information from the Center of the Study of Child Care Employment- [Information from the Center of the Study of Child Care Employment](#)

Local and Regional Government Alliance on Race & Equity Racial Equity Toolkit - [Local and Regional Government Alliance on Race & Equity Racial Equity Toolkit](#)

Minnesota's R.E.E.T.A.I.N. (Retaining Early Educators Through Attaining Incentives Now) - [Minnesota's R.E.E.T.A.I.N. \(Retaining Early Educators Through Attaining Incentives Now\)](#)

Pennsylvania's Early Childhood Education Apprenticeship Program - [Pennsylvania's Early Childhood Education Apprenticeship Program](#)

PDG-R Needs Assessment- Early Learning and Care Equity Landscape - [PDG-R Needs Assessment- Early Learning and Care Equity Landscape](#)

Quality Counts California Community Equity Report- [Re-imagining a More Equitable QRIS: The Quality Counts California \(QCC\) Equity Project – Quality Counts California](#)

Quality Counts California (QCC) Quality Continuum Framework - [Quality Counts California \(QCC\) Quality Continuum Framework](#)

Quality Counts California Reporting Portal- [QCC Reporting Portal](#)

Quality Counts California (QCC) Statewide - [Quality Counts California \(QCC\) Statewide](#)

Quality Initiatives - [Quality Initiatives](#)

Riverside County Office of Education – Passport Professional Development Program - [Riverside County Office of Education – Passport Professional Development Program](#)

T.E.A.C.H. (Teacher Education and Compensation Helps) Program - [T.E.A.C.H. \(Teacher Education and Compensation Helps\) Program](#)

State Administrative Manual- [State Administrative Manual](#)

State Contracting Manual- [State Contracting Manual](#)

Strong Start Index- [Strong Start Index](#)

Appendix I: Application Checklist

This checklist has been created to assist applicants in ensuring that the submitted QCC Grant application is both accurate and complete.

Except for the components and forms described below, applications should not include any additional attachments or appendices. All budget amounts on all forms must agree. An application with incomplete or conflicting amounts in the Budget Forms will be considered incomplete.

Applications must include the following components in their online submission:

1. QCC Workforce Development Plan and/or Quality Improvement Plan (uploaded in survey)
2. Budget (budget template, uploaded in survey)
3. Budget Narrative (uploaded in survey)
4. Applicant Signature and Partnership Declaration (uploaded in survey)

California Department of Social Services

Quality Counts California (QCC) Quality Improvement Grant 2024-25

Lead Agency Name: **First 5 San Bernardino**

Grant Award Amount: \$ **739,163.00**

BUDGET CATEGORY	QUALITY IMPROVEMENT ACTIVITIES	TOTAL
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PERSONNEL

Salaries	\$ 55,490.00	\$ 55,490.00
Benefits	\$ 22,373.00	\$ 22,373.00
Total Personnel	\$ 77,863.00	\$ 77,863.00

OPERATIONS

Materials and Supplies		\$ -
Travel		\$ -
Equipment		\$ -
Incentives		\$ -
Contractual	\$ 651,995.00	\$ 651,995.00
Other	\$ 9,305.00	\$ 9,305.00
Total Operations	\$ 661,300.00	\$ 661,300.00
TOTAL DIRECT COSTS	\$ 739,163.00	\$ 739,163.00

INDIRECT COSTS

Amount/Percentage to Calculate Indirect		
TOTAL INDIRECT COSTS	\$ -	\$ -
TOTAL FUNDS	\$ 739,163.00	\$ 739,163.00

Grant Award Amount (C5) and Total Funds (C23) **must** match.

Save budget spreadsheet with your County's Name and upload with your RFA survey submission due no later than April 5, 2024.



AGENDA ITEM 9
May 8, 2024

Subject	Employment Contracts: Mary Curtis Santoyo, Office Assistant III and Victor Valenzuela, Office Assistant III
Recommendations	<p>Receive information on approval of employment contract entered into by San Bernardino County upon request of the Children and Families Commission with Mary Curtis Santoyo as an Office Assistant III, and Victor Valenzuela as an Office Assistant III.</p> <p>(Presenter: Karen E. Scott, Executive Director, 386-7706)</p>
Financial Impact	<p>This item does not impact Discretionary General Funding (Net County Cost). The estimated annual cost of the employment contract is \$53,991 and will be reimbursed by the Children and Families Commission's (Commission) Trust Fund. Adequate appropriation and revenue have been included in the 2024-2025 Commission budget and will be included in future recommended budgets.</p>
Background Information	<p>On March 12, 2024, (Item No. 22), the San Bernardino Board of Supervisors (Board) approved Contract No. 24-202 between the Commission and Mary Curtis Santoyo, Office Assistant III, for an estimated annual cost of \$53,991 (\$37,461 Salary, \$16,530 Benefits), for the period of March 23, 2024 through March 19, 2027, with the option to extend the contract a maximum of three consecutive one-year periods.</p> <p>On April 23, 2024, (Item No. 30), the San Bernardino Board of Supervisors (Board) approved Contract No. 24-331 between the Commission and Victor Valenzuela, Office Assistant III, for an estimated annual cost of \$53,991 (\$37,461 Salary, \$16,530 Benefits), for the period of May 4, 2024 through April 30, 2027, with the option to extend the contract a maximum of three consecutive one-year periods.</p> <p>The Office Assistant III position provides front desk reception coverage, typing, filing, and ordering of office supplies.</p> <p>At the request of the Commission, Human Resources provided a certification list of 57 eligible candidates for the Office Assistant III position. Of the 57 eligible candidates, 15 were contacted to interview. Three had already accepted positions within San Bernardino County, one waived, four never replied, and one did not appear for the scheduled interview. On January 26, 2024, and January 29, 2024, the Commission's Chief Financial Officer and Business Support Manager interviewed the remaining six candidates. The employment contracts with Mary Curtis Santoyo as an Office Assistant III, and Victor Valenzuela as an Office Assistant III has a starting salary of \$18.01 per hour.</p>
Review	Dawn Martin, Commission Counsel

Report on Action as taken	
Action:	
Moved: _____	Second: _____
In Favor:	
Opposed:	
Abstained:	
Comments: _____	
Witnessed:	