



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

December 17, 2024

32 December 17, 2024

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

EDWARD YEN
EXECUTIVE OFFICER

Dear Supervisors:

**DELEGATED AUTHORITY TO ACCEPT CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM
GRANT AWARD FROM THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES IN SUPPORT
OF CRISIS STABILIZATION SERVICES**

(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

The Department of Children and Family Services (DCFS) seeks delegated authority to accept a grant award, Grant Agreement Number ALLOC-23-0003, for 10 million dollars (\$10,000,000) from the California Department of Social Services (CDSS) to implement a Children's Crisis Continuum Pilot Program (CCCPP).

IT IS RECOMMENDED THAT THE BOARD:

- 1) Delegate authority to the Director of DCFS, or designee, to execute Grant Agreement Number ALLOC-23-0003 with CDSS, substantially similar to the attached, to accept \$10,000,000 to provide a highly integrated continuum of services for foster youth in crisis. The Grant Agreement is effective July 1, 2023 through June 30, 2028.
- 2) Delegate authority to the Director of DCFS, or designee, to execute amendments to the Grant Agreement Number ALLOC-23-0003 in alignment with any changes to meet program needs under the grant or as approved by CDSS, provided that: (a) County Counsel approval is obtained prior to execution of such amendments; and (b) DCFS notifies the Board and the Chief Executive Office (CEO), in writing, within 10 business days of executing such amendments.
- 3) Delegate authority to the Director of DCFS, or designee, to execute amendments to Foster Care Placement Services contracts in alignment with any changes to meet program needs under the grant

or as approved by CDSS, provided that: (a) applicable Federal, State and County contracting regulations are observed; (b) sufficient funding is available; (c) County Counsel approval is obtained prior to execution of such amendments; and (d) DCFS notifies the Board and the CEO, in writing, within 10 business days of executing such amendments.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The System of Care (SOC) provides the statutory and policy framework to ensure that services and supports provided to foster youth and their families are tailored towards the goal of achieving permanency in a stable, nurturing, and permanent family. In the years since implementing the Continuum of Care Reform through Assembly Bill (AB) 403 (Chapter 773, Statutes of 2015) and Senate Bill (SB) 794 (Chapter 425, Statutes of 2015), California has made clear and impactful progress in developing alternative, therapeutic, family-based placement options for foster youth. AB 2083 (Chapter 815, Statutes of 2018) built upon SOC efforts by promoting a coordinated, timely, and trauma-informed system-of-care approach for children and youth in foster care who have experienced severe trauma.

Despite these advancements, some child welfare and probation child welfare involved youth may have urgent and complex needs that are not immediately able to be met in a family setting and require short-term intensive stabilization and transition support in a trauma focused residential treatment setting. To support California's commitment to keeping youth in families to the greatest extent practicable based on the best interests of the youth, and to provide for innovative and constructive approaches to therapeutic treatments, AB 153 (Chapter 86, Statutes of 2021) requires the CDSS to establish the CCCPP (Welfare and Institutions Code (WIC) section 16550 et seq.). The CCCPP shall be implemented through June 30, 2028.

The purpose of the CCCPP is to allow counties, or regional collaborative of counties, to develop a highly integrated continuum of services designed to serve foster youth who are in crisis. CCCPP's intention is to address gaps in crisis stabilization services and to ensure behavioral, mental health, substance use disorders, developmental, and physical health needs of foster youth are better met and that there are no gaps in the continuum of care.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the Countywide Strategic Plan Goal North Star 1, Make Investments That Transform Lives, Focus Area Goal D, Support Vulnerable Populations and North Star 2, Foster Vibrant and Resilient Communities, Focus Area Goal F, Community Connections.

FISCAL IMPACT/FINANCING

There is no impact to the County, as the CDSS will award \$10,000,000 to DCFS for the grant period of July 1, 2023 through June 30, 2028. A portion of the CCCPP grant funds will be allocated to the Department of Mental Health (DMH) to fund Specialty Mental Health Services. The remaining balance will be used by DCFS and the Probation Department to fund bed hold services, peer support and start-up costs, such as staff recruitment and hiring activities, facility modifications, and software and hardware enhancements.

This Grant Agreement is funded using 100 percent State funds.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The CDSS and DCFS will enter into a Grant Agreement to provide a CCCPP, which is a continuum of services, including crisis stabilization, therapeutic interventions, and specialized programming to permit the seamless transition between placement settings and programs for the appropriate treatment of foster youth.

DMH, DCFS, and Probation Department will execute a Memorandum of Understanding to provide a highly integrated continuum of services for foster youth in crisis. In addition, DCFS, Probation Department, and DMH shall develop a crisis continuum system of care that is designed to permit seamless transitions between treatment settings and programs for the appropriate treatment of foster youth, in accordance with all applicable state and Federal laws. Funding received from the CDSS pursuant to CCCPP may be used to supplement but will not be used to supplant existing funding.

Annually, DCFS will establish a Departmental Service Order to pay DMH for this project. DMH will utilize delegated authority granted by the Board on May 7, 2024, Approval to Extend Existing Legal Entity Contracts for the Continued Provision of Specialty Mental Health Services, effective July 1, 2024, to amend their Legal Entity Contracts as necessitated by the grant requirements.

The CEO and County Counsel reviewed and approved the Board letter and the Grant Agreement with CDSS.

CONTRACTING PROCESS

On July 13, 2022, CDSS released a Request for Proposal for a grant to participate in the CCCPP. The goal of the CCCPP is to develop and implement a crisis continuum system of care.

On December 1, 2022, DCFS submitted the proposal to respond to the CDSS' Request for Proposal for the CCCPP, and CDSS accepted and approved the proposal on February 24, 2023, through a Tentative Award Letter.

On April 15, 2024, CDSS approved the award of \$10,000,000 to DCFS and provided the Agreement for DCFS' approval and signature.

Upon Board approval, DCFS will enter into the CCCPP Grant Agreement with CDSS.

CONTRACTOR PERFORMANCE

DCFS, Probation Department and DMH will monitor the performance and spending of the grant funds to ensure the Terms and Conditions on Grant Agreement Number ALLOC-23-0003 are met.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The recommended actions will allow Los Angeles County to develop a crisis continuum system of care to provide on-site crisis response to deescalate circumstances in which youth are experiencing mental health crisis causing distress, with the goal of preventing hospitalizations and unnecessary

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interactions with law enforcement.

CONCLUSION

Upon approval by the Board of Supervisors, it is requested that the Executive Officer of the Board send an adopted stamped copy of the Board letter and attachments to the Department of Children and Family Services.

Respectfully submitted,



BRANDON T. NICHOLS

Director

BRANDON T. NICHOLS Director,
Department of Children and Family
ServicesBTN:LM:CMM RW:LTI:js

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

STANDARD AGREEMENT

GRANT AGREEMENT NUMBER

GRANT (NEW) (AMENDED)

1. This Agreement is entered between the State Agency and the Grantee named below:

State Agency's Name

Grantee's Name

2. The term of this Agreement is:

Start Date	Through End Date
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3. The maximum amount of this Agreement is:

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibits	Title	Pages
Exhibit A		
Exhibit A-1		
Exhibit A-2		
Exhibit A-3		
Exhibit A-4		
Exhibit B		
Exhibit B-1		
Exhibit B-2		
Exhibit B-3		
Exhibit B-4		
Exhibit C		
Exhibit C-1		
Exhibit C-2		
Exhibit D		
Exhibit D-1		
Exhibit D-2		
Exhibit E		
Exhibit E-1		
Exhibit E-2		

Exhibits	Title	Pages
Exhibit F		
Exhibit F-1		
Exhibit F-2		
Exhibit G		
Exhibit G-1		
Exhibit G-2		
Exhibit H		
Exhibit H-1		
Exhibit H-2		
Exhibit I		
Exhibit I-1		
Exhibit I-2		

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

GRANTEE

Grantee’s Name (if other than an individual, state whether a corporation, partnership, etc.)

Grantee’s Business Address	City	State	Zip
Printed Name Of Person Signing	Title		
Grantee Authorized Signature	Date Signed		

STATE OF CALIFORNIA

Agency Name

Agency Business Address	City	State	Zip
Printed Name Of Person Signing	Title		
Agency Authorized Signature	Date Signed		

Exemption or Other (If applicable)

EXHIBIT A
(Grant Agreement)

SCOPE OF WORK**A. BACKGROUND AND PURPOSE**

The System of Care (SOC) provides the statutory and policy framework to ensure that services and supports provided to foster youth and their families are tailored towards the goal of achieving permanency in a stable, nurturing, and permanent family. In the years since implementing the Continuum of Care Reform through Assembly Bill (AB) 403 (Chapter 773, Statutes of 2015) and Senate Bill (SB) 794 (Chapter 425, Statutes of 2015), California has made clear and impactful progress in developing alternative, therapeutic, family-based placement options for foster youth. Assembly Bill (AB) 2083 (Chapter 815, Statutes of 2018) built upon SOC efforts by promoting a coordinated, timely, and trauma-informed system-of-care approach for children and youth in foster care who have experienced severe trauma.

Despite these advancements, some child welfare and/or probation involved youth may have urgent and complex needs that are not immediately able to be met in a family setting and require short-term intensive stabilization and transition support in a trauma-focused residential treatment setting. To support California's commitment to keep youth in families to the greatest extent practicable based on the best interests of the youth, and to provide for innovative and constructive approaches to therapeutic treatments, Assembly Bill (AB) 153 (Chapter 86, Statutes of 2021) requires the California Department of Social Services (CDSS), jointly with the State Department of Health Care Services (DHCS), to establish the Children's Crisis Continuum Pilot Program (Welfare and Institutions Code (WIC) section 16550 et seq.). The pilot program shall be implemented until June 30, 2028.

The purpose of the pilot program is to allow counties, or regional collaboratives of counties, to develop a highly integrated continuum of services designed to serve foster youth who are in crisis. The pilot program's intention is to address perceived gaps in the continuum of care, including services and placements, so that behavioral (including mental health and substance use disorders), developmental, and physical health needs of foster youth are better met and that there are no gaps in the continuum of care.

The main goals of the pilot include:

1. The development of a trauma-focused system of care through which intensive care, qualified supervision, and behavioral health services are provided in a home environment including on-site crisis response to respond to and de-escalate circumstances in which foster youth are experiencing behavioral health symptoms/conditions causing distress, with the goal of preventing hospitalizations and unnecessary interactions with law enforcement; and,

CDSS/County of Los Angeles, Department of Children and Family Services

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2. The implementation of a network of services so that when a youth requires a higher or lower level of intervention, the movement within the levels of services and between levels of care is not disrupted or delayed by the need to arrange for provision of services and care or locate appropriate placements that include or can accommodate the provision of services and care.

B. TERMS AND CONDITIONS

The CDSS and County of Los Angeles, Department of Children and Family Services (Grantee) enter into this Grant Agreement (Agreement) for the Grantee to provide a Children's Crisis Continuum Pilot Program ("the pilot" or "the pilot program"), which is a continuum of services, including crisis stabilization, therapeutic interventions, and specialized programming to permit the seamless transition between placement settings and programs for the appropriate treatment of foster youth. Grantee shall ensure that all the necessary services and supports are available and provided within the continuum.

The CDSS shall award the amount of \$10,000,000 to County of Los Angeles, Department of Children and Family Services for the grant period of July 1, 2023 through June 30, 2028.

The funds provided for services pursuant to this Agreement shall be for the sole purpose of providing a highly integrated continuum of care¹ for the foster youth served in the pilot program. The Grantee shall develop a continuum of care that is designed in compliance with all applicable state and federal laws to permit seamless transitions between treatment settings and programs for the appropriate treatment of foster youth. Funding received from the CDSS pursuant to the pilot may be used to supplement but shall not be used to supplant existing funding. Except as otherwise provided, the Grantee shall provide a Children's Crisis Continuum Pilot Program, which shall include, at a minimum:

Crisis Stabilization Units² which must provide service activities that include but are not limited to assessment, collateral, therapy, and referral for up to 23 hours and 59 minutes for youth experiencing a mental health crisis, serve no more than eight foster youth, be licensed as a 24-hour health care facility or hospital-based outpatient program or provider site and be co-located with, or within 30 miles of, a psychiatric health facility or other secure hospital alternative setting that is capable of meeting the needs of youth experiencing a mental health crisis. If the youth's exhibiting symptoms have not subsided within 23 hours and 59 minutes, youth shall be transitioned to a setting that is able to meet the needs of the youth. Grantee must comply with all

¹ For the purposes of the Children's Crisis Continuum Pilot Program, the California Department of Social Services defines "continuum of care" as an integrated system of care that guides and tracks foster youth over time through a comprehensive array of foster care placements and behavioral health supports and services spanning all levels of intensity of care.

² Although the California Department of Social Services would like to see a full continuum, per WIC Section 16553(b)(2), the Department may award a county whose Children's Crisis Continuum Pilot Program does not include a psychiatric health facility and a crisis stabilization unit, or a psychiatric health facility on its own.

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regulations contained in Chapter 11 (commencing with Section 1810.100) of Division 1 of Title 9 of the California Code of Regulations that are applicable to the provision of crisis stabilization, and specifically including Section 1810.210. Relevant regulations include, but are not limited to, the following: 9 CCR 1840.338 and 1840.348.

2. Psychiatric Health Facilities³ which must provide a secure, highly individualized, therapeutic, hospital-like setting for foster youth who require inpatient treatment and serve no more than four youth at a time. The psychiatric health facility shall be integrated with community-based supports and tiered placement settings, including Intensive Services Foster Care (ISFC) and Enhanced ISFC homes. The psychiatric health facility shall be licensed by DHCS and shall be operated in accordance with Chapter 9 (commencing with Section 77001) of Division 5 of Title 22 of the California Code of Regulations. Additional relevant citations include but are not limited to:
 - 9 CCR 1810.237 and 1840.370.
 - Welfare and Institutions Code (WIC) section 16553(b)(1)(C)(iii)
3. Crisis Residential Programs which must provide short-term, highly individualized stabilization and support for foster youth who do not require inpatient treatment, but are experiencing acute mental health crisis, serve no more than four youth at a time, and shall be designed to reduce the reliance for care in emergency rooms and psychiatric hospitals. The crisis residential program shall be operated in accordance with all statutes and regulations governing the placements of foster youth, including the California Community Care Facilities Act (Article 1 (commencing with Section 1500) of Chapter 3 of Division 2 of the Health and Safety Code). The crisis residential program shall be operated in accordance with all statutes and regulations governing its licensure category, including, for short-term residential therapeutic programs, the interagency placement committee process established pursuant to WIC section 4096. Additional relevant citations include but are not limited to, 9 CCR 1840.356 and 1840.364.
4. Intensive Services Foster Care Homes which must be designed to step youth down to a less restrictive placement, have the capacity to maintain at least two times the amount of homes as the number of beds in the residential treatment setting used in the pilot, and have in-home staff available 24 hours a day, 7 days week to provide care, behavioral support, permanency services, specialty mental health services and educational services.

³ Although the California Department of Social Services would like to see a full continuum, per WIC Section 16553(b)(2), the Department may award a county whose Children's Crisis Continuum Pilot Program does not include a psychiatric health facility and a crisis stabilization unit, or a psychiatric health facility on its own.

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5. Community-based Supportive Services which must provide intensive transition planning and aftercare services using a team approach; provide integrated transition services and supports prior to and after transitions between levels of care; provide an intensive transition planning team consisting of, at a minimum, a mental health professional with a master's degree who is either licensed or license-eligible, a support counselor with a bachelor's degree, and a peer partner, that may serve up to four foster youth at a time and shall have the ability to support foster youth in any out-of-home treatment setting in the continuum of care;⁴ work in collaboration with county child welfare agency, probation department, and mental health plan to provide at least six months of aftercare services; provide mobile crisis response and/or crisis response teams that are available 24 hours a day, 7 days a week to respond to foster youth experiencing crisis in the community; provide access to non-clinical services, including, but not limited to the following:
- Mentoring programs
 - Faith-based/cultural activities
 - Volunteer opportunities
6. Term:
- a. The term of this Agreement shall be July 1, 2023 through June 30, 2028.
7. Grantee Final Work Plan and Budget:
- a. Grantee shall prepare and submit to the CDSS a Final Work Plan and Budget prior to the execution of this Agreement, which shall describe how the Grantee will provide the services in the Scope of Work and shall include key dates addressing the implementation of the following:
- 1) Existing capacity and program sustainability.
 - 2) A plan to leverage existing infrastructure.
 - 3) A plan to implement service components and ensure staff capacity.
 - 4) A plan to fill identified existing gaps in both staff and services capacity.
 - 5) Ability to administer the program, in full.
 - 6) Ability to oversee all levels of the continuum of care.

⁴ Although the California Department of Social Services would like participants to implement the intensive transition planning team as described above, per WIC Section 16553(b)(1)(E)(iv), the Department may award a county whose Children's Crisis Continuum Pilot Program has an alternate proposal for transition planning services, including modified standards.

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- 7) A detailed program plan budget including budget line items, a budget narrative, and a subcontractor table for the Children's Crisis Continuum Pilot Program.
 - 8) Ability to partner and collaborate with county child welfare, behavioral health (including both mental health and substance use disorder prevention, treatment, and recovery services), probation, regional centers, and education departments in the design, delivery, and evaluation of the pilot program.
- b. Grantee may modify the Final Work Plan only with prior written consent from the CDSS. Approved modifications to the Final Work Plan shall not require a formal amendment to the Agreement.
 - c. The CDSS may share the Final Work Plan and Budget with the DHCS.

C. GRANTEE RESPONSIBILITIES

In addition to the requirements set forth above, the Grantee shall:

1. Undertake, carry out, and complete, in a competent and satisfactory manner, all the work and services set forth in this Agreement.
2. Acquire prior written approval from the CDSS before utilizing the services of a subcontractor. The subcontractor must be an individual or non-profit organization. Entering into this Agreement with the CDSS does not constitute written approval of any proposed subcontractor.
3. Grantees approved to subcontract shall:
 - a. Ensure that at all times during the term of this Agreement, subcontractors maintain the qualifications required to provide the services for which the Grantee receives funding.
 - b. Provide to CDSS a signed agreement between Grantee and each subcontractor within 90 days of the final execution of the agreement that describes the services to be provided by the subcontractor pursuant to this Agreement, and the compensation to be received by the subcontractor for performing said services.
 - c. Assume responsibility for all work performed under this Agreement. If any subcontractor fails to perform any work in a manner satisfactory to the CDSS, the Grantee shall remove the subcontractor immediately upon written request of the CDSS and the subcontractor shall not be re-employed in the work of the Grantee required under this Agreement.
 - d. Verify status and/or satisfactory completion of the activities by subcontractor before submitting an Invoice Claim Form or report, which includes the subcontractor activities.
 - e. Not substitute any subcontractor without advance written consent of the CDSS.

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- f. Ensure that the subcontractor complies with all applicable state and federal laws and regulations, and any other relevant guidance set forth by the CDSS or the DHCS.
- g. Ensure that if multiple subcontractors are involved with performance of activities described in the Agreement, that such subcontractors will develop and enter into Memorandum of Understanding or other business agreements between themselves that defines the processes and procedures for provision of services to foster youth, including, but not limited to the :
 - Case Planning
 - Care Coordination
 - Intensive Transition Planning
 - Assessment
 - Transportation between service settings
 - Information sharing
 - Data collection and dissemination
4. Maintain records of any and all services performed for a period not less than three (3) years after final payment or a longer retention period, if applicable.
5. Provide the CDSS with unrestricted access to all documents, files, reports, materials, and data developed by the Grantee or their subcontractor within five (5) business days of request.
6. Certify the eligibility of Children's Crisis Continuum Pilot Program participants and maintain certification documents.
7. Collaborate with relevant county departments including child welfare, mental health plan, Substance Use Disorder (SUD) treatment plan (either Drug Medi-Cal or Drug Medi-Cal Organized Delivery System), behavioral health, probation, regional center, and education in the design, delivery, and evaluation of the pilot program.
8. Submit Children's Crisis Continuum Pilot Program Quarterly Progress Reports in the format and within the time frames specified by the CDSS. Reports must address how the Grantee is meeting the objectives of the Children's Crisis Continuum Pilot Program and shall include, but not be limited to, qualitative and quantitative youth-specific information and data, and information that may pertain to the overall continuum pilot, consistent with the evaluation criteria set forth in WIC section 16555, and any other outcomes reporting that the CDSS and the DHCS requires.

NOTE: Grantee's Quarterly Progress Reports are an integral part of the State's ability to meet Children's Crisis Continuum Pilot Program reporting requirements.

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9. To the extent that Medi-Cal services are provided through the pilot program, ensure that service providers comply with all relevant state and federal Medi-Cal (Medicaid) laws, including applicable subregulatory guidance, contracts, and state plan provisions. Nothing in this Agreement shall be construed as an exemption for compliance with these state and federal Medi-Cal (Medicaid) laws.
10. To the extent that services are provided through licensed or certified mental health facilities and/or substance use disorder treatment facilities, ensure that all services are provided in compliance with relevant licensing laws and subregulatory guidance. Nothing in this Agreement shall be construed as an exemption for compliance with state and federal laws pertaining the provision of services in licensed or certified mental health facilities or substance use disorder treatment facilities.
11. Submit Children's Crisis Continuum Pilot Program Final Progress Report in the format and within the time frame specified by the CDSS. Report must address how the Grantee met the objectives of the Children's Crisis Continuum Pilot Program and shall include, but shall not be limited to, qualitative and quantitative youth-specific information and data, and information that may pertain to the overall pilot program, consistent with the evaluation criteria set forth in WIC section 16555, and any other outcomes reporting that the CDSS and the DHCS requires.
12. Provide Children's Crisis Continuum Pilot Program proposed budget narrative for the FY 2023-28 project period that shows the correlation between the proposed budget, project activities, and the pilot program components and supporting documentation in the format specified and within the time frames specified by the CDSS.
13. Meet with CDSS and DHCS staff upon request and/or as necessary regarding the operation of the Children's Crisis Continuum Pilot Program. Such meetings shall include any technical assistance sessions, learning sessions, or webinars related to the pilot provided by the CDSS or any of its subcontractors.
14. Reimburse the CDSS and/or the DHCS for any disallowed costs as determined by a state and/or federal audit or review.
15. Participate and present at conferences and workshops, at the request of the CDSS, in order to disseminate and share Children's Crisis Continuum Pilot Program activities, program knowledge, and best practices; and network and exchange information with other organizations regarding the Children's Crisis Continuum Pilot Program.
16. Meet, collaborate to develop procedures for data collection and dissemination, disseminate data to, and collaborate with any subcontractors hired by the CDSS to conduct evaluation(s) of the Children's Crisis Continuum Pilot Program, including the Interim Report as described in WIC section 16555.

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D. CDSS RESPONSIBILITIES

1. Provide program consultation and technical assistance to the Grantee upon request. A CDSS Grant Manager will be assigned to assist the Grantee. The Grant Manager will be the primary contact responsible for consultation and assistance to the program.
2. Monitor and evaluate the Grantee's performance, expenditures, and service levels for compliance with Grant requirements. The CDSS and any of its subcontractors may review data, materials, and publications used by the Children's Crisis Continuum Pilot Program, etc., and all fiscal records related to the Children's Crisis Continuum Pilot Program. Grant monitoring shall be accomplished in a manner, location, and time at the sole discretion of the CDSS.
3. Provide the Grantee with reporting time frames for submission of reports.
4. Evaluate Grantee's Quarterly Progress Report and Final Work Plan for compliance and provide a written response within 30 business days of receipt if the report is determined inconsistent with reporting requirements.
5. Review the proposed budget narrative that shows the correlation between the proposed budget, project activities, and the pilot program components submitted by Grantee for allowable costs and approve as appropriate, as determined in the CDSS' sole discretion, and conditioned on the availability of funds. In the event an audit or a review establishes the costs were not allowable, the CDSS will work with the Grantee to ensure the return of any improper payment or overpayment.
6. Retain the right to modify the program and this Scope of Work based on the results of its evaluation and review. The CDSS may use the results of monitoring reviews in future grant decisions. The evaluation shall include, but is not limited to, Grant compliance, effectiveness of planning, and program outcomes.

E. MUTUAL RESPONSIBILITIES

1. Amendments to the Scope of Work must be initiated in writing by either the CDSS or the Grantee and must be approved in writing by the CDSS before any changes can be implemented.
2. Each party shall give to the other party ten (10) days prior written notice of a change in the Program Representative.

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F. ALLOWABLE ACTIVITIES

Allowable activities shall support the Grantee's capacity to provide short-term crisis stabilization, therapeutic intervention, and specialized programming in an unlocked, staff-secured setting with a high degree of supervision and structure and the goal of supporting the rapid and successful transition of the child back to the community. The activities must include treatment options that are needed to support California's commitment to keep youth in families to the greatest extent possible based on the best interest of the youth. Allowable activities may include, but are not limited to:

1. Maintenance of a case management system or strategy to ensure continuity of care for youth throughout the continuum;
2. Implementation of family supports and services to keep youth in family settings from escalating to more restrictive settings;
3. Services to conduct intensive family finding and engagement to support permanency and foster connections;
4. Providing medically necessary behavioral health supports and services, including specialty mental health services, consistent with all state and federal Medicaid requirements;
5. Services to ensure access to educational services, permanency services, behavioral support services, intellectual/developmental delay services, and other community-based services;
6. Services to support implementation of culturally and linguistically responsive and competent treatment across all programs in the pilot.

G. ADDITIONAL TERMS AND CONDITIONS

In addition to the requirements set forth above, the Grantee shall:

1. Expend funds as described in the Scope of Work and Exhibit B – Budget Detail, the Payment Provisions of this Agreement, and Grantee's Final Work Plan and Budget, unless prior written permission is granted by the CDSS.
2. Ensure that any amendments to the Scope of Work be initiated in writing by either the CDSS or the Grantee, and be approved in writing by CDSS, before any changes can be implemented.
3. Maintain and manage records of Children's Crisis Continuum Pilot Program activities and expenditures in accordance with all applicable state and federal privacy laws.

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4. Comply with any written response from the CDSS to the Grantee's reports, including requested due dates for any additional information or required reports.
5. Return any improper payment or overpayment upon request and within the timeframe specified by the CDSS and/or the DHCS.

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H. PROGRAM REPRESENTATIVES

The Program Representatives during the term of the Agreement shall be:

CDSS

John Gugino
Associate Governmental Program Analyst
Policy and Technical Assistance Bureau

744 P Street, MS 8-3-570

Sacramento, CA 95814

(916) 261-0339

ChildrensCrisisContinuumPilot@dss.ca.gov

Grantee

Andrya Markham-Moguel, MSW
Division Chief Out-of-Home Care Management
Division
Dept. of Children and Family Services
County of Los Angeles

9320 Telstar Ave. #216

El Monte, CA 91731

Phone: 626-569-6801/Mobile: 213-840-0270

Email: markha@dcss.lacounty.gov

Either party may change the Program Representative but is required to provide written notification of the change to the other party within ten (10) business days. Approved changes shall not require an amendment to this Agreement.

I. Children's Crisis Continuum Pilot Overview

The County of Los Angeles (LA County), along with San Bernardino, Sacramento, and San Francisco Counties participated in the AB 1453, Residentially Based Services (RBS) Demonstration Project Pilot from 2010 through 2018. The purpose of the RBS program was to shorten timeframes to durable permanency for children who face a residential stay. The intent was to infuse Residential care with Wraparound principles (active family voice and choice, facilitated planning process, care coordination, and family finding). As a result of the RBS program, on January 1, 2007, the Short-Term Residential Therapeutic Program (STRTP) was developed and implemented through the Continuum of Care Reform (CCR) to model the RBS program. Although many components of the RBS program were captured within the Group Home (GH) to the STRTP conversion, not all have been implemented or funded. LA County plans to use this opportunity to apply lessons learned from the RBS program, strengthen partnership relationships, build on our existing continuum of care to close service gaps, and more importantly to improve service delivery for foster youth with complex care needs.

The service gaps that were not carried over from the RBS program and not addressed through the CCR and STRTP implementation were: quality care coordination; crisis beds, including respite care and vacant beds; family finding and engagement, including Parent Partners; extracurricular activities and social supports, and alternative therapy. Although some of these services are expected to be delivered and are being met by some of the STRTPs, they are not properly funded through Medi-Cal or the STRTP AFDC-FC rate. Furthermore, the flexible funding component of the RBS pilot was also not included in the STRTP AFDC-FC rate or payment structure. LA County plans to meet these service gaps through the Children's Crisis Continuum Pilot Program (CCCPP). Through the implementation of the Children's Crisis Residential Program (CCRP), LA County expects to address the crisis beds, which consist of crisis stabilization, respite care, and vacant beds. LA County also expects to better support quality care coordination (intensive case management and continuity of care) through family finding and engagement, including Parent Partners, extracurricular activities and social supports, and alternative therapy through the overall pilot funding.

For this pilot, LA County is planning to partner with The Sycamores (Sycamores), one of the experienced RBS Pilot providers who is proposing to operate three of the five components associated with the CCCPP. The full crisis continuum operated by Sycamores includes a four-bed CCRP, 8-bed Intensive Services Foster Care (ISFC) program, and a Community-Based Supportive Services Program (CBSS).

Sycamores has more than 120 years of experience working with the community and with children and families in foster care and/or dealing with mental health challenges. The agency works with a diverse, multi-ethnic population to treat children, youth, and young adults and to support family members struggling to remain together. Their mental health services and programs include STRTP, Treatment Foster Care (TFC) & Adoptions, Intensive Services Foster Care (ISFC), Intensive In Home Family Services (IIHFS), Full-Service Partnerships (FSP) Child/Transition Age Youth (TAY)/Adult, Intensive Field

Capable Crisis Services (IFCCS), Multidisciplinary Assessment Team (MAT), school-based mental health services (early head start and head start partnerships), psychological assessment, Transitional Housing and Homeless Services for TAY, outpatient mental health services, Mobil Crisis Outreach Teams (MCOT), and a Co-Occurring Disorders Department. Sycamores provides a continuum of services and support within every Service Planning Area in LA County and Riverside County and has ten service locations throughout LA County and in the communities and neighborhoods where the children, youth, families, and young adults reside. Sycamores' experience and dedication that relates more directly to the pilot's five components are detailed below.

Sycamores has provided residential treatment services to child welfare involved youth for the past 55 years and has shown outstanding commitment to serving the complex needs of the most vulnerable youth. Sycamores expanded into foster care services in 1997 and, beginning in 2000, was one of the first Wraparound providers in LA County. Once trained in the Wraparound principals, Sycamores leadership felt compelled to do a blended Residential Treatment and Wraparound program (Res-Wrap) pilot project bringing the Wraparound Child and Family Team (CFT) approach and principals along with Family Search and Engagement to its Altadena El Nido campus.

LA County has overseen residential-based and community-based contracted programs for over several decades. Some of the current programs relevant to this proposal are Resource Family Home (RFH), Foster Family Agency (FFA), FFA-ISFC, RBS, STRTP, Individualized STRTP, Community Treatment Facility (CTF), Crisis Stabilization Unit (CSU)/Urgent Care Centers (UCC), psychiatric hospitals, Wraparound, IFCCS, FSP, and MCOT. These programs provide services including, but are not limited to, Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC) and Therapeutic Behavioral Services (TBS).

LA County continues to contract multiple mental health and social service providers specializing in various child-welfare foster care programs. LA County already has contracts that can be leveraged to implement the CCCPP; ISFC, STRTP, psychiatric hospitals, Wraparound, FSP and IFCCS, Substance Abuse Prevention and Control (SAPC), Family Preservation (FP), and Prevention and Aftercare (P&A). Additionally, DCFS has a Placement Stabilization Team (PST) to assist with the youth identified in this pilot. This pilot will allow the County to more closely collaborate with current contractors to strengthen the youth's transitions and add requirements to ensure that the Child and Family Team (CFT) that starts with the youth at initial placement in the crisis continuum, will stay with the youth until they are ready to transition from the intensive mental health teams to a less intensive team. DCFS also operates an American Indian Child Welfare Unit (AI/AN) to provide culturally-appropriate services to American Indian children and families under the Indian Child Welfare Act (ICWA), and contracts with the United American Indian Involvement, Incorporated (UAI) where all services provided integrate traditions, practices, and beliefs, ensure culturally sensitive and respectful of American Indian/Alaska Native tribal affiliation. The aforementioned services are integral to the pilot's success.

In response to Assembly Bill (AB) 2083, All County Letter (ACL) 19-116, and Behavioral Health Notice (BHN) 19-053, LA County developed an Interagency System of Care (SOC) and a Memorandum of Understanding (MOU) outlining the roles and responsibilities of each County agency involved in their SOC. The focus of this MOU is to address the impact of trauma through the services provided by the SOC and establishes a systems integrated approach, maximizing collaboration, and shared accountability. By jointly focusing on children having trauma-related and developmental needs identified by CFT members, children and their families can be linked to individualized services that are tailored to both the child and caregiver needs.

LA County's long history of partnership with Sycamores demonstrates our ability to collaborate and partner across all County systems. Such partnerships and collaborations have been a staple of our work and have allowed us to fulfill our commitment to serving foster youth and families, and their communities in a manner they deserve. These partnerships have allowed us to have blended expertise across systems to create and innovate services and programs dedicated to increasing the well-being of all foster youth and their families. Through LA County's ability to effectively partner with contracted providers, education, and regional center systems, we have collaboratively created new innovative programs and services through pilot programming efforts to bridge the gaps recognized in the continuum of care.

CCCPP Facilities, Program Need/Description, and Services

Referral, Admission Determination, and Assessment Process:

Foster youth referred to the pilot program, will enter through the interagency Placement Planning and Intervention Meeting (PPIM) and will be assigned a Placement Stability Team (PST) Case Coordinator. The PPIM, is a meeting designed to assist the case-carrying Children's Social Worker (CSW) with exploring appropriate placement options and identifying additional needed supports and services, such as a specialized program for youth with complex care needs. After the case is presented, the PPIM team will determine if the youth is a potential candidate for the CCCPP. When appropriate, the PST Case Coordinator will work with the CSW to submit the referral to the CCCPP. In some cases, a youth may be in crisis and is currently receiving inpatient treatment at a psychiatric hospital, CSU/UCC or other acute inpatient setting when their case is presented at the PPIM. If this is the case, the PST Case Coordinator will facilitate the CCCPP referral, transition to lower level of care, and the intensive case management.

Upon receipt of CCCPP referral, Sycamores will conduct their admission process and determine the appropriate level of care. Once the appropriate admission determination is made, Sycamores will begin the mental health assessment process in accordance to the specific CCCPP program component requirements. This assessment process will include the review of any previous assessments and any information shared with previous providers that may be needed to complete a comprehensive assessment with the goal to minimize the number of youth involved evaluations. The CSW and PST Case Coordinator will support the assessment process as needed.

Placement Stabilization Team (PST):

The PST program is designed to advocate for the youth and allows the youth the opportunity to get the support they may need to successfully reduce placement disruptions; preserve relationships between youth and their caregiver; lessen the need for law enforcement, reducing unnecessary criminalization of youth; decrease the rate of psychiatric hospitalizations; reduce placements into congregate care, and ultimately reduce further trauma to current youth and their support systems. The PST consists of one Supervising Children's Social Worker (SCSW) and three CSWs, who serve as the PST Case Coordinators. The PST SCSW provides the oversight and support to the PST Case Coordinators.

Foster youth entering the pilot program will be matched and assigned a DCFS PST Case Coordinator, based on the youth's background, culture and personality. Matching the foster youth with the most appropriate PST Case Coordinator, has been proven to improve permanency outcomes. The PST Case Coordinator serves as a secondary CSW and will partner with the primary CSW to manage the youth's care as the youth moves through the continuum.

The PST Case Coordinator is a highly qualified, strength-based CSW who will work to foster great relationships between children/youth, caregivers, their community, and DCFS while elevating the youth and family's voice and choice. The PST Case Coordinators engage the foster youth by creating positive rapport, having open interactions, actively listening, being culturally sensitive, facilitating dialogue, seeking information, observing interactions, and promoting shared understanding about the barriers in navigating through obstacles preventing instability. The PST Case Coordinators, in coordination with the CFT, also provide linkages to as many supportive services that may better manage the foster youth and placement needs, provide referrals to mental health support services, and assist families with identifying both extended formal and informal supports while coaching to minimize the stressors. The family and extended formal or informal support members will also be engaged across the continuum as partners to improve outcomes. The PST Case Coordinator will respond to each FURS call if the client requests an in-person response. The PST Case Coordinator will assess the youth's needs and if the youth is having a mental health crisis, the youth will be referred to Psychiatric Mobile Response Team (PMRT). If the youth is not having a mental health crisis, the PST Case Coordinator will provide referrals and services in an effort to stabilize the placement. Additionally, the PST Case Coordinator will collaborate, as needed, with the Coordinated Services Action Team (CSAT) to ensure linkage to traditional and non-traditional mental health and wellness opportunities and to ensure continuity of well-coordinated services across placement settings, including CSU/UCC, psychiatric hospitals, and other mental health programs and placement settings. For youth who identify as AI/AN, the CFT may explore Full Service Partnership with the American Indian Counseling Center.

The PST Case Coordinator will partner with Sycamores in the transition process between the various levels of care. This relationship, along with the relationship with the youth, will be primary to the efficacy of the model and will increase the overall success rate, positive outcomes, and reduce the rates of recidivism. The PST Case Coordinator will also partner

with the Sycamores' mobile crisis support team with the goal to keep the youth in a family-based setting from escalating to a more restrictive setting. In a crisis situation, the PST Case Coordinator will work with the agency's team and caregivers to address, de-escalate, and stabilize the crisis and identify immediate solutions such as providing a 24/7, 1:1 aide until a more permanent solution is identified and implemented. To the greatest extent possible, coordination throughout the transition between levels of care will be seamless, since the same team (PST Case Coordinator and Sycamore's team) will follow the youth through the continuum.

The primary case management services that will be provided by the PST Case Coordinator are:

- Weekly visits at the very least with youth to emphasize relationship building and life skills teaching;
- Active advocacy for all the client needs including educational, legal, family ties, unconditional connections, and lasting relationships;
- Engagement and support of youth's participation in services;
- Initiation of frequent connections with all the youth's teams including Probation Child Welfare (PCW);
- Attendance at all Juvenile Court and Delinquency Hearings;
- After-hours support when there is a behavioral and/or mental health crisis;
- Coordination with teams to preserve family connections through assessing and assisting with family needs;
- Facilitate connections between youth and community-based organizations; and,
- Contributions to youth's social-cultural experience and growth.

The PST is currently tracking outcome data prior to and after PST intervention, which DCFS plans to expand to include pre and post pilot participation. These data captures the youth's duration in residential care and in family-based care. These data will be assessed to inform any needed deeper reviews and modifications to the pilot program.

Permanency Planning (Transition, Discharge, and Aftercare Plan):

Transition and discharge planning will begin upon intake at any level of care placement and will be discussed at each treatment team and CFT meeting. The CFT and the treatment team will share the treatment progress or lack of progress to modify the needs and services plan regularly.

The treatment team will serve as the intensive transition planning team, which consists of a Facilitator, Child and Family Specialist (CFS), Parent Partner, CSW, PST Case Coordinator, Mental Health Clinician, Probation Officer (if dually supervised), and a Psychiatrist (as needed). The facilitator will organize meetings and ensure that the transition plan is working. This person will help assess the family's strengths, goals, and needs to develop an initial safety and crisis plan with the family. The facilitator will be required to have a Bachelor's degree. The CFS will work with the youth to improve behaviors, supporting positive life changes and raising youth voice. In addition, the team will identify appropriate resources for the youth's healthy development.

When youth transition back to their community after stepping down from a psychiatric hospital, CSU/UCC, CCRP, STRTP or ISFC, they still require intensive supportive services and stability from their treatment team. The treatment team will continue to provide services until the youth is stable.

Children's Crisis Residential Program:

LA County is partnering with Sycamores to develop the CCRP, consisting of one facility with four beds at their Altadena El Nido campus and will be housed in the Rowland Cottage west wing. The CCRP is needed to properly care for youth in mental health crisis to reduce reliance on hospital stays, preserve placement in less restrictive settings, and to reduce further trauma. The CCRP will provide crisis beds to provide crisis stabilization and respite care for instances when youth have transitioned to lower-level of care and experience a crisis episode, needing stabilization. This will be accomplished through funding and securing vacant beds for youth who participate in the CCCPP until permanency is achieved.

Upon receipt of the CCRP referral, Sycamores' licensed mental health professional will affirm that the child meets the admission requirements in accordance to the mental health program interim standards. Sycamores will adopt the "No Reject, No Eject" policy once eligibility criteria has been met.

Upon CCRP admission, the Sycamores will assign the youth a clinician who will begin their assessment process. This includes gathering information from the youth, parents, former caregivers and treatment providers, child welfare, Regional Center, juvenile justice, and schools to ensure a complete and thorough clinical picture. The Child and Adolescent Needs and Strength Assessment (CANS) will help guide additional assessments, screenings, and referrals that may be needed. The clinician will make recommendations to the youth, family, and team and may need to provide psychoeducation and motivational interviewing to help the youth see the benefits of these various services or find alternate ways to address the concerns that are more culturally appropriate or fitting with the youth and family's preferences.

Sycamores with the support from the intensive transition planning team will provide intensive mental health, transition, discharge, and aftercare services to stabilize the youth and to transition them back to a less restrictive placement setting and whenever possible preserve the current placement.

The CFT, including the PST Case Coordinator, will be working actively with the parent, Non-Relative Extended Family Member (NREFM), caregiver, or other prior placement team about what they need in regards to supports, resources, or skills to manage the foster youth's behaviors upon returning from the CCRP. The CFT will also discuss how to use that time in the CCRP to address any relational issues that triggered the youth's escalation or need repair from the crisis preceding placement at the CCRP.

If a new placement setting is identified, the CFT will work with the foster youth, family,

and community-based support program providers while the foster youth is in the CCRP to start building those relationships and start planning for what is needed to support the transition to the new placement.

After stepping down from the CCRP, the youth will continue to receive mental health services with their original team to ensure continuation of care.

Community-Based Services:

An intensive mental health provider such as Wraparound, FSP, IFCC, or STRTP may provide aftercare services for the youth. A wraparound model will allow for one plan for the youth with one CFT across all settings and assist with intensive transition planning. For youth who identify as AI/AN, the CFT may explore FSP with the American Indian Counseling Center. The CFT will explore Family Preservation, Prevention or Aftercare, and other community-based programs as ancillary supports when the youth is stable and the program criteria are met.

Sycamores clinicians will provide all medically necessary mental health services while the youth is in the crisis continuum. When the youth is ready to transition out of the crisis continuum, Sycamores will be required to provide or connect youth with all medically necessary Substance Use Disorder (SUD) services, including but not limited, to DPH's SAPC. For youth who identify as AI/AN, Sycamores will explore referring to agencies that provide cultural and traditional practices to engage and sustain youth in treatment, including but not limited, to Child Abuse Prevention and Intervention Treatment (CAPIT)'s United American Indian Involvement Center.

Intensive Services Foster Care:

Los Angeles County's will partner with Sycamores to provide all sub-services within the ISFC service component of the CCCPP. Sycamores will be required to provide a rate of two times the amount of ISFC homes as the number of beds in the residential treatment setting. Four beds have been identified for the Crisis Residential Program, thus Sycamores will be required to provide eight CCCPP ISFC homes with one bed each throughout the pilot term.

The CCCPP ISFC services are critical to support the goal of continuum of care, as it provides the highest level of in-home placement services for children and youth with serious emotional and behavioral issues. This placement will allow the child/youth to reside in a home-based setting with CCCPP ISFC trained Resource Parents, overseen by The Sycamore's social work case managers, in-home support counselors, and mental health clinician, and DCFS case carrying team and the PST case coordinator. Upon entry to ISFC, The Sycamores will assign the child/youth a clinician who will begin their assessment process. The clinician will make recommendations to the youth, family, and team or find alternate ways to address the concerns that are more culturally appropriate or fitting with the youth and family's preferences. Each child/youth will have a personalized intensive mental health services treatment plan that meets the needs of the child/youth, whether is placement is a step-down from CCRP or directly into CCCPP ISFC service component. This plan will be an addendum to the original mental health

assessment developed during the admission process, and any addenda developed during the participant's placement in other CCCPP service components (CCRP, Community-Based Services).

Each child/youth plan shall include outcomes of behavior and/or emotional stabilization and transition to lower level of placement and care. If applicable, the youth's plan shall include achievement to successfully transition to adulthood, and/or achieve permanency. The tentative time frame for the child/youth participation is no longer 18 months.

Currently, many programs face transition continuity as a uniform plan has been missing due to legislative and regulation constraints of each placement program. In terms of ISFC, recruitment and retention of Resource Parents have been the main barriers to having a successful program. Under this pilot, data will be collected to analyze the issues, and determine best strategies for future recruitments. The program will have eight homes with one bed minimum in each home. The goal is to increase, but due to the recruitment barriers, such increase will take time for prospective Resource Parents to learn and understand the CCCPP and its support.

Under CCCPP, the CCCPP ISFC service component would address both the gaps and barriers child/youth faces during the transition to a different level of care by having a dedicated PST case coordinator assist with the oversight of the child/youth with all levels of care. The PST case coordinator shall ensure continuum of services whether the child/youth's service needs increase or decrease. This constant oversight shall ensure that the child/youth is not simply being "placed" but rather the most appropriate placement and services are available to the child/youth. Without this "key" PST personnel, ensuring the continuity of services as well as the level and appropriateness of services would not exist, as care and plans change every time the child/youth transitions to next level of care.

Psychiatric Hospitals and Crisis Stabilization Unit:

In the original submission for the CCCPP in LA County, Sycamores proposed to stand up all five components of the continuum. Upon further evaluation, it became apparent that the cost to develop, build and maintain a PHF and the CSU/UCC was prohibitively expensive and outside the limits available through this grant.

Because Sycamores does intend to proceed with the development and implementation of the CCRP, ISFC and aftercare components, it will be necessary to leverage existing bed/chair space in nearby psychiatric hospitals and CSUs/UCCs in order to maintain a viable continuum. Youth who are placed at the Crisis Residential Program in Altadena, or in an ISFC home overseen by Sycamores, may temporarily require the higher level of care and support available at the psychiatric hospitals and CSU/UCC facilities.

To ensure effective communication and consultation with the DMH ACCESS Help Line regarding the handling of youth in need of a psychiatrist hold, Sycamores' CCCPP will develop a crisis policy. The closest psychiatric hospitals to Altadena are Aurora Las

Encinas in Pasadena and BHC Alhambra in Rosemead. The closest CSUs/UCCs to Altadena are in the City of Industry, Long Beach, Los Angeles and Sylmar.

Gap Analysis: Need for the Pilot (Service Gap), Objectives for the Pilot (Eliminate Barriers), and How the Pilot Will Achieve Objectives (Close Service Gap)

Quality Care Coordination	Not having an adequate continuum of care through single providers, including the necessary intensive case management to implement a seamless transition between service components.	Establish and fund Intensive Case Management between County PST and Sycamores through the CCCPP
Crisis Beds	No existing funding to fund the CCRP component of the STRTP. Therefore, no STRTPs have implemented the CCRP.	Fund the CCRP, including crisis stabilization, respite care, vacant beds through the CCCPP
Family Finding and Engagement	Although Family Finding and Engagement funding has become available through the Family First Prevention and Services Act (FFPSA), it is still under implementation and is not currently available to Community Based Organizations (CBOs).	Fund family finding and engagement activities, including parent partners through the CCCPP
Extracurricular Activities and Social Supports	Although complex care and level up funding is available, the funding opportunities have their limitations to accessibility and timeframes, including direct access by CBOs.	Fund extracurricular activities and social supports through the CCCPP
Alternative Therapy	Medi-Cal does not fund alternative therapies. Although complex care and level up funding is available, the funding opportunities have their	Fund alternative therapies through the CCCPP

	<p>limitations to accessibility and timeframes, including direct access by CBOs.</p>	
<p>Recruitment of Qualified Resource Parents</p>	<p>Difficulty with recruiting Resource Parents for higher level care children and youth. Prospective RFA Resource Parents are not interested working under an FFA and would prefer to work as a County RFA Resource Parent. Recruiting new Resource Parents are difficult as they are new to the child welfare and are not knowledgeable about the various processes and programs. Many lack the experience with living with higher level needs children and youth.</p> <p>Supporting qualified Resource Parents</p>	<p>Target prospective Resource Parents with educational background in behavioral, mental health with experience in advocacy of children.</p> <p>Significant funding will be needed to support the high skill sets required to support the needs of the children and youth in ISFC placement. Updating fee schedule to include “service bonus/incentives” for education, experience, and retention/longevity as an ISFC Resource Parent would assist with recruitment and retention.</p> <p>Permanent behavioral assistant per Resource Parent home. Original grant funds of \$1.8 M (Prevention Disruption Services) were redirected to CCRP and County does not have full funding to continue plan as original submitted.</p>

II. Personnel and Material Resources

The PST Team consists of County employees from DCFS. There is no projected need for material resources.

The Intensive Transition Planning team, will consist of staff from DCFS, DMH, Probation, and Sycamores. There is no projected need for material resources.

The CCRP service component of the CCCPP shall consist of County employees from DCFS, Probation, Los Angeles County Office of Education (LACOE), United American Indian Involvement Homeboy Industries, CSEC Advocacy Providers, Mentorship Program Providers, Painted Brain and California Arts Council and The Sycamores (please see below for all components). Material resources include both DCFS' and The Sycamores' data collection system and The Sycamore's Rowland Cottage facility.

The Aftercare service component shall consists of DCFS employees, Substance Use Disorder service providers and the United American Indian Involvement Center. The Material Resources needed is the DCFS Family Centered Referral Portal.

The ISFC service component of the CCCPP shall consist of County employees from DCFS, DMH and Probation, and Sycamores. There are no projected County subcontractors at this time, as negotiation with Sycamores is pending. The sites where services will be provided shall be the homes of the CCCPP ISFC Resource Parents that have yet to be identified.

SUBCONTRACTOR TABLE

Subcontractor	Role (Description)	Subcontractor Point of Contact	Contact Information
The Sycamores	Provider for ISFC, CCRP, and various Community Based Supportive Services including: <ul style="list-style-type: none"> All Mobile Crisis Response 	Samuel Gonzalez, LMFT Chief Business Development Officer	Email: sagonalez@sycamores.org Office Phone #: 626-395-7100 Mobile Phone # 818-324-5969

KEY PERSONNEL TABLE

Subcontractor/Agency	Role (Description)	County Point of Contact/Key Personnel	Contact Information
DMH	DMH Emergency Outreach and Triage Team (all crisis mobile response teams)	Miriam Brown, LCSW	mbrown@dmh.lacounty.gov; 213-738-4112

DMH	Intensive Care Division, including <ul style="list-style-type: none"> • Psychiatric Hospitals • CSU/UCC 	Amanda Ruiz, MD	amaruiz@dmh.lacounty.gov, 213-943-8745
DMH	Children's Crisis Residential Program	Kathryn Stroupe, LCSW	kstroupe@dmh.lacounty.gov, 213-943-9607
DMH	Intensive Services Foster Care	Renee Thompson, LMFT	rthompson@dmh.lacounty.gov, 213-943-9611
DMH	Community Mental Health Program including: <ul style="list-style-type: none"> • Mental Health Outpatient Clinics • Wraparound • IFCCS 	Anabel Rodriguez, LCSW	anrodriguez@dmh.lacounty.gov 213-947-6589
PST			
DCFS PST	The SCSW will oversee and support the 3 CSWs. The 3 CSWs will serve as PST Case Coordinators. The Case Coordinators will be responsible for case coordination and intensive case management	Michael Ross, Division Chief, Placement Stabilization Team	RossM@dcfs.lacounty.gov, 909-219-2282
Intensive Transition Planning Team			
DCFS PST DCFS Region Probation The Sycamores	Facilitator, Child and Family Specialist, Parent Partner, CSW, PST Case Coordinator, Mental Health Clinician, Probation Officer (if dually supervised), Psychiatrist (as needed) and MH Program Manager will team to provide intensive transition planning.	PST Case Coordinator CSW Probation Officer Facilitator Child and Family Specialist Parent Partner Mental Health Clinician Psychiatrist	DCFS Division Chief Michael Ross RossM@dcfs.lacounty.gov 909-219-2282 Probation Manager Lisa Campbell-Motton LISA.Campbell@probation.lacounty.gov ; 323-357-5536 Samuel Gonzalez, LMFT. sagonzalez@sycamores.org ; 626-395-7100
CCRP			
The Sycamores	Staff will provide case management, services referrals,	• Direct Care and Clinical Staff:	Samuel Gonzalez, LMFT. sagonzalez@sycamores.org ; 626-395-7100

	and direct supervision.	<ul style="list-style-type: none"> • Mental Health Clinician • Psych Tech/Crisis Rehab. Specialist • Community Wellness Specialist • Licensed Vocational Nurse 	
DCFS Education Unit The Sycamores Los Angeles County Office of Education (LACOE)	The Education Specialist, School Liaison, and Foster Youth Services Coordinator will collaborate to conduct in-depth education reviews and provide any necessary educational service linkages.	<ul style="list-style-type: none"> • Education Specialist • School Liaison • Foster Youth Services Coordinator 	<p>Education Specialist – DCFS Jennifer Higuchi, CSA II, hwangi@dcfs.lacounty.gov; 626-261-5857</p> <p>Samuel Gonzalez, LMFT. sagonzalez@sycamores.org; 626-395-7100</p> <p>Foster Youth Specialist – LACOE La Shona Jenkins, DSW, LCSW, Project Director II Jenkins_LaShona@lacoed.edu</p>
DCFS CSEC Unit	CSA III and CSEC/Survivor Advocate will partner to provide CSEC advocacy and service linkages, including lived experience mentoring.	DCFS CSEC Unit including: <ul style="list-style-type: none"> • Saving Innocence • ZOE International 	CSEC Program Manager – DCFS Adela Estrada, CSA III ESTRAA@dcfs.lacounty.gov ; 213-763-1530
DCFS Office of Equity	LGBTQ+ tailored services through community providers: <ul style="list-style-type: none"> • Coalition to Abolish Slavery and Trafficking • LA LGBT Center • Penny Lane • Center One in Long Beach • The Help Group 	Jamie Estrada, CSA III LGBTQ+ Program Manager	estraja@dcfs.lacounty.gov 323-821-3578
DCFS Office of Equity	Eradicating Racial Disproportionality and Disparity (ERDD) programs including: <ul style="list-style-type: none"> • FOTC Los Angeles • Mentorship Services • Forever Friends 	Kimala Lewis, CSA III ERDD Program Manager	lewiska@dcfs.lacounty.gov 626-691-1691
Probation	Program Liaison will partner with	Lisa Campbell-Motton	LISA.Campbell@probation.lacounty.gov 323-357-5536

	Program Service Coordinator to enroll youth, as needed to a non-contracted Gang Diversion Program, including Homeboy Industries (lived experience mentors) to provide mentoring services.		
DCFS The Sycamores	PST Case Coordinators and Peer Partners will provide youth advocacy.	Michael Ross, Division Chief, Placement Stabilization Team	RossM@dcfs.lacounty.gov 909-219-2282
The Sycamores	Parent Partners (lived experience mentors) will provide mentorship services.	Samuel Gonzalez, LMFT Chief Business Development Officer	sagonalez@sycamores.org Office Phone #: 626-395-7100 Mobile Phone # 818-324-5969
DCFS PST DCFS Youth Development Services The Sycamores	PST Case Coordinator, Direct Care Staff, and Independent Living Program Coordinator will partner, coordinate, and provide life skills.	PST Michael Ross, Division Chief YDS Erika Pollard, CSA III Direct Care Staff	RossM@dcfs.lacounty.gov 909-219-2282 POLLAE@dcfs.lacounty.gov ; 213-763-1531 Samuel Gonzalez, LMFT. sagonalez@sycamores.org ; 626-395-7100 TBD
The Sycamores	Staff will provide alternative therapy (art, music, equine, sports, etc.) linkages and/or services.	Samuel Gonzalez, LMFT Chief Business Development Officer Clinician Psych Tech/Crisis Rehab. Specialist Community Wellness Specialist	sagonalez@sycamores.org Office Phone: 626-395-7100 Mobile Phone:818-324-5969
DMH	• Community Mental Health Program	Anabel Rodriguez, LCSW	anrodriguez@dmh.lacounty.gov 213-947-6589
The Sycamores	Staff will provide assessment, crisis stabilization, intensive mental health, and transition and discharge planning services.	Direct Care and Clinical Staff: Clinician Psych Tech/Crisis Rehab. Specialist Community Wellness Specialist Licensed Vocational Nurse	sagonalez@sycamores.org Office Phone: 626-395-7100 Mobile Phone:818-324-5969 TBD

DCFS OHCMD DCFS BIS DCFS PST The Sycamores	CSA I, Systems Analyst, SCSW, and Research Analyst will collaborate to implement a Data Collection, Tracking and Reporting system.	DCFS OHCMD CSA I Systems Analyst PST, Michael Ross, Division Chief Research Analyst	Patricia Barquera, CSA II barqup@dcfs.lacounty.gov 213-269-5072 TBD PST RossM@dcfs.lacounty.gov 909-219-2282 Samuel Gonzalez, LMFT. sagonzalez@sycamores.org ; 626-395-7100 TBD
Aftercare			
DCFS Community Based Services Section	Service Referrals	DCFS CAPIT Manager United American Indian Involvement, Inc. (UAI) DCFS Community Based Liaisons The Sycamores Substance Use Disorder Providers	Marcela Pizarro, CSA II, Prevention and Aftercare Manger pizarm@dcfs.lacounty.gov 213-431-3879 sagonalez@sycamores.org Office Phone: 626-395-7100 Mobile Phone: 818-324-5969
ISFC			
DCFS Probation The Sycamores	Service Transition Process to ISFC	DCFS Case Carrying CSW PCW PO DCFS PST Case Coordinator DCFS Health Services Management Division (HMSD) ISFC Lead Sycamores ISFC Caregiver Sycamores Mental Health Specialist Sycamores CCCPP Team	TBD
The Sycamores	Service Coordination	Sycamores	sagonalez@sycamores.org Office Phone: 626-395-7100 Mobile Phone: 818-324-5969
DCFS Programs	Overall Program Management	Jennifer Hottenroth, Division Chief	(310) 972-3204 hottje@dcfs.lacounty.gov

DCFS Programs	Program Liaison – Oversees ISFC program and CCCPP ISFC program to ensure service deliverables are met	Lisa-Marie Kaye, CSA III, DCFS HMSD Section Manager	kayeli@dcfs.lacounty.gov (213) 332-1359
DCFS Programs	Program Lead – Collaborate with PST to ensure services are being provided, address any barriers, and continuum of services to the next level of care.	DCFS HMSD Children's Services Administrator I	Nadia Yudiet, CSA I yudien@dcfs.lacounty.gov 213-364-3736 Sheena Martin, CSA I Martin2@dcfs.lacounty.gov ; 310-735-2382
DMH	Oversees DMH ISFC Program	Renee Thompson, LMFT, DMH Mental Health Program Manager	Rthompson@dmh.lacounty.gov (213) 943-9611
DMH	Monitors DMH ISFC Program Mental Health Operations	Dr. Sarah Savage, Psy.D., DMH Supervising Psychologist	ssavage@dmh.lacounty.gov 424-369-4034
DMH	Oversees Mental Health Services to each participant.	DMH Mental Health Psychiatric Social Worker II/Clinical Psychologist II	ssavage@dmh.lacounty.gov 424-369-4034

FACILITIES TABLE

Program Component	No. of Beds	Location
CCRP	4	Altadena El Nido Rowland Cottage West Wing 2933 North El Nido Drive Altadena, CA 91001
ISFC	8	Eight various locations (to be determined)
Community Based Support Services	N/A	UAll 1453 W. Temple St. Los Angeles CA 90026 (213) 203-3970 Homeboy Industries 130 W. Bruno St., Los Angeles CA 90002 Painted Brain 777 S Alameda St, 2nd Floor Los Angeles, CA 90021

CSU/UCC*	N/A	<p>MLK UCC by Exodus 12021 S. Wilmington Ave. Los Angeles, CA 90059</p> <p>Pacifica Hospital of the Valley UCC 14228 Saranac Lane Sylmar, CA 91342</p> <p>Stars Behavioral Health UCC 3210 Long Beach Blvd. Long Beach, CA 90807</p> <p>Stars Behavioral Health UCC 18501 Gale Ave., Ste.100 City of Industry, CA 91748</p>
Psychiatric Hospitals*	N/A	<p>Aurora Las Encinas 2900 E. Del Mar Blvd. Pasadena, CA 91107</p> <p>BHC Alhambra Hospital 4619 Rosemead Blvd. Rosemead, CA 91770</p>

*These facilities are not subcontractors and LA County will be utilizing existing contracts if the need arises.

III. Methodology Table

ID	Activity	Description	Date	Responsible Party
ID-1 – Pilot Oversight and Integration of Existing Services and Supports				
POI-1.1	Deliverable: DCFS to Hire Key Personnel	DCFS Placement Support Division to expand their Placement Stabilization Team (PST) by adding a new unit to support the youth who participate in the pilot program and overall complex care youth. One new Supervisor Children's Social Worker (SCSW) will lead the new unit and three Children's Social Workers (CSWs) will serve as Case Coordinators (secondary CSWs). This team will manage the youth as they move through the continuum.	Q1 FY 2023-24 to Q2 FY 2023-24	DCFS
	Task 1.1.1: Staffing Request			
	Task 1.1.2: Bulletin the Position			
	Task 1.1.3: Selection Process			
	Task 1.1.4: Onboard and Train			
	Task 1.1.5: Identify, transfer, or hire			
	Task 1.1.6: Conduct background checks, interviews, and training			
POI-1.2	Deliverable: Establish Referral Process	Establish the referral process to include the PST and Placement Planning and Intervention Meeting (PPIM) interchange. Youth's case will be presented at the PPIM (interagency meeting), assigned a secondary CSW, and referred to the CCCPP for clinical evaluation and admittance. Develop and post an FYI to inform DCFS staff of referral process.	Q1 FY 2023-24 to Q2 FY 2023-24	DCFS, PCW, DMH and The Sycamores
	Task 1.2.1: Workgroup meeting with County and Sycamores			
	Task 1.2.2: Develop Workflow Chart			
	Task 1.2.3: Develop a For Your Information			
	Task 1.2.4: Obtain CCCPP leadership approval			
	Task 1.2.5: STRTP Plan of Operation & Program Statement CCRP Addendum (Separate Program Description)			
	Task 1.2.6: MHPA / DHCS/ BOD Approvals			
	Task 1.2.7: CCL Inspection, approval			
	Task 1.2.8: OHCMD/PCW Facility Approval			
ID-2 - Intensive Services Foster Care				
ISFC-2.1	Deliverable: Program Development			
	Task 2.1.1 Manual of Policies and Procedures and Tracking Tool	Develop draft policies and procedures, and data tracking tool for CCCPP ISFC Participants.	Q1 FY 2023-24	DCFS
	Task 2.1.2: Contracting Requirements	Meet with DMH to discuss increase of 8 beds for CCCPP ISFC	Q1 FY 2023-24 to Q3 FY 2023-24	DCFS and DMH
ISFC-2.2	Deliverable: Contract	Modification to Existing ISFC Contract		
	Task 2. 2.1: Negotiate	Negotiate with The Sycamore to modify existing ISFC Contract for dedicating eight beds for CCCPP ISFC; Increase bed allocation	Q3 FY 2023-24	DCFS
	Task 2.2.2: Change Notice Request	Submit Change Notice Request	Q3 FY 2023-24	DCFS
	Task 2. 2.3 Execute Change Notice	Execute Change Notice to start service delivery.	Q4 FY 2023-24 to Q1 FY 2024-25	DCFS
ISFC-2.3	Deliverable: Governance Policies and Tracking Development	Finalize draft of policies and procedures		
	Task 2.3.1: Develop Manual of Policies and Procedures	Finalize tracking tools, and service assessment tools	Q2 FY 2023-24 to Q3 FY 2024-25	DCFS
	Task 2.3.2: Develop Data Tracking Matrix	Develop monitoring/compliance tool	Q2 FY 2023-24 to Q3 FY 2024-25	DCFS

	Tool			
	Task 2.3.3: Develop Monitoring/Compliance Tool	Update policies and procedures, and tools based on outcomes and lessons learned during the service implementation period.	Q2 FY 2023-24 to Q3 FY 2024-25	DCFS
	Task 2.3.4: Updates to Governance Policies, Procedures, and all Tools	Finalize draft of policies and procedures	Q4 FY 2024-25 to Q3 FY 2027-28	DCFS
ISFC-2.4	Start-Up of Program	Pre-Placement Services Start-Up		
	Task 2.4.1: Recruiting Plans	Develop recruitment plans to meet the needs to the CCCPP Participants.	Q3 FY 2023-24 to Q2 FY 2024-25	The Sycamores
	Task 2.4.2: Training Curriculum	Develop or modify an existing ISFC comprehensive Manual of Policies and Procedures.	Q3 FY 2023-24 to Q2 2024-25	The Sycamores
	Task 2.4.3: Manual of Policies and Procedures including Safety, and Transition	Develop or modify a comprehensive Manual of Policies and Procedures with specific areas addressing retention, placement preservation, safety, transition other placements, etc.	Q3 FY 2023-24 to Q2 2024-25	The Sycamores
	Task 2.4.4: Data Tracking System/Tool	Develop a data metric tracking system to track on-going performance, issues, training, qualifications and services of Resource Parents.	Q3 FY 2023-24 to Q2 2024-25	The Sycamores
	Task 2.4.5: Securing CCCPP ISFC Resource Parents (8)	Secure Resource Parents (8 beds) within this pilot program term. Resource Parents shall be dedicated specifically for this program and cannot participate in the original on-going ISFC Program.	Q3 FY 2023-24 to Q2 2024-25	The Sycamores
	Task 2.4.6: On-boarding and Training	Ensure all CCCPP Resource Parents receive and pass the mandatory 40 hours of ISFC Training.	Q1 FY 2024-25 to Q2 FY 2024-25	The Sycamores
ISFC-2.5	Deliverable: Delivery of CCCPP ISFC Services	ISFC Services to CCCPP Participant		
	Task 2.5.1: Review and schedule meeting for transition to ISFC	Contractor staff to receive CCCPP Participants that are transitioning to the ISFC placement; review case files, identify Contractor Mental Health team if Mental Health Team from higher level of care is not continuing to provide services, update and coordinate service action plan.	Q3 FY 2024-25 to Q2 FY 27-28	DCFS, DMH, Probation and The Sycamores
	Task 2.5.2: Identify CCCPP ISFC Resource Parent for placement	Contractor to identify and secure CCCPP ISFC Resource Parent(s) to ensure seamless transition to home, ensure their training is updated to meet current requirements, and coordinate meeting with County staff.	Q3 FY 2024-25 to Q2 FY 2027-28	DCFS, DMH, Probation and The Sycamores
	Task 2.5.3: Placement of CCCPP ISFC Participant	Contractor to assist DCFS after Participant has been placed with Resource Parent. Conduct monthly assessments and as needed/prescribed in the Statement of Work.	Q2 FY 2024-25 to Q2 FY 2027-28	DCFS, DMH, Probation and The Sycamores
	Task 2.5.4: Transition to Lower Level of Care	Contractor to assist the Participant to transition to Lower Level of Care.	Q3 FY 2024-25 to Q2 FY 2027-28	DCFS, DMH, Probation and The Sycamores
ISFC-2.6	Deliverable: Evaluate and Revise:	Evaluate and Measure Outcomes of Pilot Program		
	Task: 2.6.1: Ongoing Data Collection	1 st Initial Evaluation of Program Structure, Procedures, Deficiencies in transition and coordination, appropriateness of services, staffing needs, and revise as needed.	Q3 FY 2025-26	The Sycamores
	Task: 2.6.2: Ongoing Evaluation	2 nd Ongoing Evaluation of Program Structure, Procedures, Deficiencies in transition and coordination, appropriateness of services, staffing needs, and revise as needed.	Q2 FY 2026-27	The Sycamores
	Task: 2.6.3: Revisions as needed.	Last Evaluation of Program Structure, Procedures, Deficiencies in transition and coordination, appropriateness of services, staffing needs, and provide final Assessment and Outcomes Report	Q3 FY 2027-28	The Sycamores
ID-3 – Children’s Crisis Residential Program				
CCRP-3.1	Deliverable: Draft Contract Change Notice and Verbal Agreement	DCFS, PCW, and DMH will engage in conversations with Sycamores to discuss agreement on how to develop the CCRP. Upon agreement, Sycamores will draft the updates to the plan of operation and program statement for the CCRP addendum (separate program description) for County review; OHC Development will	Q1 FY 2023-24 to Q4 FY 2023-24	DCFS, PCW, DMH and The Sycamores
	Task 3.1.1: Verbal Agreement to partner to develop the CCRP			

	Task 3.1.2: Engage in CCRP Planning	draft the Contract Change Notice along with any applicable updated SOW and SOW exhibits. DMH will draft the CCRP SOW for the DMH contract.		
	Task 3.1.3: Draft Contract Change Notice			
CCRP-3.2	Deliverable: Sycamores to Hire Key Personnel	Sycamores to hire or interagency transfer qualified and trained staff who have experience working with children in crisis, including licensed therapists, social workers, nurses, and childcare staff.	Q1 FY 2023-24 to Q4 FY 2023-24	The Sycamores
	Task 3.2.1: Identify, transfer, or hire			
	Task 3.2.2: Conduct background checks, interviews, and training			
CCRP-3.3	Deliverable: Establish Referral Process	Establish the referral process to include the PST and Placement Planning and Intervention Meeting (PPIM) interchange. Youth's case will be presented at the PPIM (interagency meeting), assigned a secondary CSW, and referred to the Sycamores CCRP or other DMH programs, based on need of youth and other CCCPP placement setting for clinical evaluation and admittance. Develop and post an FYI to inform DCFS staff of referral process.	Q1 FY 2023-24 to Q2 FY 2023-24	DCFS, PCW, DMH and The Sycamores
	Task 3.3.1: CCRP workgroup meeting with County and Sycamores			
	Task 3.3.2: Develop Workflow Chart			
	Task 3.3.3: Develop a For Your Information			
	Task 3.3.4: Obtain CCCPP leadership approval			
CCRP-3.4	Deliverable: Establish Data Collection and Reporting	Establish data collection and reporting process to include the identification of data elements, metrics, reporting needs, tracking of outcomes, and key personnel involved. Data will inform the CCRP and other program service components and overall impact on each youth and crisis levels within the CCCPP and will be aligned with CDSS data requirements.	Q1 FY 2023-24 to Q4 FY 2023-24	DCFS, PCW, DMH and The Sycamores
	Task 3.4.1: Identify Data Elements and Metrics			
	Task 3.4.2: Identify Data interchange between DCFS, DMH and Sycamores			
	Task 3.4.3: Identify report intervals			
CCRP-3.5	Deliverable: Build CCRP Facility	Sycamores to prepare for the remodel and set-up of the Rowland Cottage west wing for the new CCRP. The existing STRTP programming will transfer from the west wing unit to the east wing unit in the Rowland Cottage to accommodate the facility modifications (remodel and set-up). Then Sycamores to remodel and set-up the CCRP through Crux Studios Architects. Most of the furnishings and facility needs are in place within the Rowland Cottage for the CCRP but any small furniture or replacement needs will be established and purchased for the CCRP set-up. All cosmetic needs i.e., wall paint and any small repairs will be ascertained and completed throughout the facility.	Q1 FY 2023-24 to Q2 FY 2023-24	The Sycamores
	Task 3.5.1: Transfer Consumers			
	Task 3.5.2: Clear out facility to prepare for small repairs/paint			
	Task 3.5.3: Cosmetic updates			
	Task 3.5.4: Furniture reconfiguration/ rooms			
CCRP-3.6	Deliverable: Sycamores to Review and/or Develop Sycamores Policies and Procedures Specifically for the CCRP	Sycamores, in collaboration with DCFS, PCW and DMH, will review and or develop Sycamores policies and procedures that will guide the day-to-day operations of the CCRP program, including admission criteria, discharge criteria, and safety protocols.	Q1 FY 2023-24 to Q4 FY 2023-24	DCFS, PCW, DMH and The Sycamores
	Task 3.6.1: Establish guidelines with DCFS/Probation/DMH			
	Task 3.6.2: Implement procedures/guidelines			
CCRP-3.7	Deliverable: CCRP Program Development Completion	Completion and final formulation of the CCRP in collaboration with County DMH and DCFS. Solidify Plan of Operation and Program Statement CCRP Addendum (Separate Program Description), including defining outcomes and to ensure it meets both, DHCS and CDSS CCRP requirements.	Q1 FY 2023-24 to Q2 FY 2023-24	DCFS, PCW, DMH and The Sycamores
	Task 3.7.1: STRTP Plan of Operation & Program Statement CCRP Addendum (Separate Program Description)			

<p>CCRP-3.8</p>	<p>Deliverable: IMC Rate Request</p> <p>Task 3.8.1: Sycamores to submit draft documents</p> <p>Task 3.8.2: OHC Development to review documents and obtain feedback from interagency team</p> <p>Task 3.8.3: OHC Development to schedule interagency meeting with Sycamores, as needed</p> <p>Task 3.8.4: OHC Development to work with Sycamores to finalize documents</p> <p>Task 3.8.5: OHC Development to submit request to CDSS and coordinate meetings with CDSS as needed to obtain approval</p>	<p>Develop the IMC Rate Request packet to supplement the standard STRTP rate and to fund increased "Care and Supervision", such as services not covered by Medi-Cal reimbursement or other funding sources. Services may include, but are not limited to increased staffing ratios, single-occupancy rooms, peer support, and family search and engagement services.</p>	<p>Q1 FY 2023-24 to Q3 FY 2023-24</p>	<p>DCFS, PCW, DMH and The Sycamores</p>
<p>CCRP-3.9</p>	<p>Deliverable: Facility Approval, Licensing, and Certifications</p> <p>Task 3.9.1: Medi-Cal Cert</p> <p>Task 3.9.2: NPI Number</p> <p>Task 3.9.3: MHPA / DHCS/ BOD Approvals</p> <p>Task 3.9.4: CCL Inspection, approval</p> <p>Task 3.9.5: OHCMD/PCW Facility Approval</p>	<p>Sycamores will apply and obtain any necessary licenses and certifications required by state and local regulations to operate a CCRP (Medi-Cal Cert, NPI#, MHPA/DHCS). Sycamores' proposed CCRP facility is already licensed as an STRTP. Any other requirements will be reviewed with DMH/DCFS/PCW and DHCS. BOD approvals and CCL inspection and approval process will start immediately after.</p>	<p>Q1 FY 2023-24 to Q4 FY 2023-24</p>	<p>DCFS, PCW, DMH and The Sycamores</p>
<p>CCRP-3.10</p>	<p>Deliverable: DCFS STRTP Contract Change Notice</p> <p>Task 3.10.1: OHCMD to submit Change Notice Request to DCFS Contracts Admission Division (CAD)</p> <p>Task 3.10.2: OHCMD to work with CAD to finalize, approve and distribute to Sycamores</p>	<p>Upon approval of the plan of operation and program statement CCRP addendum (separate program description); facility approval; and receipt of new/updated license, rate letter, and service delivery site form, as applicable, OHC Development will work with CAD on the Contract Change Notice Request, along with the applicable updated SOW exhibits.</p>	<p>Q4 FY 2023-24</p>	<p>DCFS</p>
<p>CCRP-3.11</p>	<p>Deliverable: DMH Legal Entity Contract Amendment</p> <p>Task 3.11.1: DMH Program Staff to work with DMH Contracts Division to execute contract amendment</p>	<p>Upon Medi-Cal certification, DMH Program Staff will work with the DMH Contracts Division to amend the legal entity contract to add the CCRP SOW and funding.</p>	<p>Q4 FY 2023-24</p>	<p>DMH</p>
<p>CCRP-3.12</p>	<p>Deliverable: Sycamores' Programmatic Implementation Process</p> <p>Task 3.12.1: Human Resources: Job Description, Policies, Training. Marketing needs</p> <p>Task 3.12.2: Research/Development: Logic Model and objectives identification</p> <p>Task 3.12.3: QM: EHR, Admissions, Ref, Documentation</p>	<p>Sycamores will leverage their existing internal and external organizational process for implementation of new programming to implement the CCRP Component of the CCCPP. This process will take place for every CCCPP component, and all agency program leads will be responsible for the tasks corresponding to this deliverable. This process is extensive and detailed to ensure that all levels of support, internally and externally, are assessed and organized.</p>	<p>Q1 FY 2023-24 to Q4 FY 2023-24</p>	<p>DCFS, PCW, DMH and The Sycamores</p>

	<p>Task 3.12.4: IT: Data, Soft/Hard, Tech Needs</p> <p>Task 3.12.5: Finance/Accounting: Percentage of Full Time Employee, Analysis, Metrics</p> <p>Task 3.12.6: Billing/Claiming: Cost Center, System needs</p> <p>Task 3.12.7: Training Needs: internal/external needs.</p> <p>Task 3.12.8: Compliance Needs: Risk Management</p> <p>Task 3.12.9: Marketing: internal/external communications</p>			
CCRP-3.13	<p>Deliverable: Connect, Coordinate and/or Develop New Partnerships</p> <p>Task 3.13.1: CCRP Assessment/ Stakeholders Connect</p>	Sycamores will work with DMH, DCFS and PCW to identify potential partners and stakeholders who can provide input and support the CCRP. Sycamores will then connect, coordinate and/or develop new partnerships within the community and stakeholders necessary to successfully operate the CCRP. Partnerships will include organizations, healthcare providers, and mental health agencies to help support the program.	Q4 FY2023-24 to Q4 FY 2027-28	DCFS, PCW, DMH and The Sycamores
CCRP-3.14	<p>Deliverable: Review and Develop the CCRP Evaluation Plan</p> <p>Task 3.14.1: Establish the evaluation metrics</p> <p>Task 3.14.2: Implement the evaluation metrics</p>	Develop the CCRP evaluation and quality assurance plan to measure the program's effectiveness and identify areas for improvement. Plan will also include the CCRP connection with the overall CCCPP.	Q3 FY 2023-24 to Q4 FY 2023-24	DCFS, PCW, DMH and The Sycamores
CCRP-3.15	<p>Deliverable: Start-up Operation of CCRP and Services</p> <p>Task 3.15.1: Referral process initiated</p> <p>Task 3.15.2: Full operation of facility and services</p>	Sycamores to organize referrals and intakes ahead of time to fill beds as needed to ensure full facility and service operation.	Q3 FY 2023-24 to Q4 FY 2023-24	DCFS, PCW, DMH and The Sycamores
CCRP-3.16	<p>Deliverable: Track and Adapt</p> <p>Task 3.16.1: Ongoing Data Collection</p> <p>Task 3.16.2: Ongoing Evaluation of Program Outcomes</p> <p>Task 3.16.3: Modifications to the program as needed throughout the pilot</p>	Regular evaluation of the CCRP program to identify areas for improvement and make necessary modifications to the program plan, policies, and procedures, as needed. Sycamores will conduct monthly evaluations based on program and consumer data. This information will provide necessary information to quickly adjust program operations, services etc. Sycamores will have weekly internal programmatic meetings to explore data and evaluations; and monthly meetings with DCFS, PCW, and DMH to review data and adjust the program as needed. This will ensure the program continues to meet the needs of the children and families it serves.	Q4 FY 2023-24 to Q4 FY 2027-28	DCFS, PCW, DMH and The Sycamores
CCRP-3.17	<p>Deliverable: Establish MOU and DSO</p> <p>Task 3.17.1 DCFS, PCW and DMH Meeting</p> <p>Task 3.17.2 Execute MOU</p> <p>Task 3.17.3 Set-up DSO</p>	Establish a MOU to address the roles and responsibilities of each department, specifically to what DMH will provide through the DSO, which will be funded by the CCCPP grant. Then sign MOU and set-up DSO.	Q1 FY 2023-24 to Q3 FY 2023-24	DCFS DMH
ID-4 – Community Based Support Services				
CBSS-4.1	<p>Deliverable: Programmatic Implementation Process</p> <p>Task 4.1.1: Human Resources: Job Description, Policies, Training.</p>	This is our organizational process for implementation of new programming and will be executed for the Aftercare Services Component of the CCCPP. This process will take place for every CCCPP component, and all agency program leads will be responsible for the tasks corresponding to this deliverable. This process is extensive and detailed to ensure that all	Q1 FY 2023-24 to Q4 FY 2023-24	DCFS, DMH, Probation and The Sycamores

	<p>Marketing needs</p> <p>Task 4.1.2 Research/Development: Logic Model and objectives identification</p> <p>Task 4.1.3: Selection process</p> <p>Task 4.1.4: Onboard and train</p> <p>Task: 4.1.5: Finance/Accounting: Percentage of Full Time Employee, Analysis, Metrics.</p> <p>Task: 4.1.6: Billing/Claiming: Cost Center, System needs</p> <p>Task: 4.1.7: Training Needs: internal/external needs.</p> <p>Task: 4.1.8: Facility Needs</p> <p>Task: 4.1.9: Contracts, Insurance documents and needs.</p> <p>Task: 4.1.10: Compliance Needs: Risk management</p> <p>Task: 4.1.11: Marketing: Internal/External communications</p>	<p>levels of support, internally and externally, are assessed and organized.</p>		
CBSS-4.2	<p>Deliverable: Review and/or develop policies and procedures specifically for the CCCPP Aftercare Services</p> <p>Task: 4.2.1: Establish guidelines</p> <p>Task: 4.2.2: Implement procedures and guidelines</p>	<p>Review and/or develop policies and procedures that will guide the day-to-day operations of the CCCPP Aftercare services program, including admission criteria, discharge criteria, and safety protocols.</p>	<p>Q2 FY2023-24 to Q4 FY 2023-24</p>	<p>DCFS, DMH, Probation and The Sycamores</p>
CBSS-4.3	<p>Deliverable: Assess and develop data tracking metrics</p> <p>Task: 4.3.1: Formulate metrics for program</p>	<p>Assess and develop extensive data metrics for the CCCPP Aftercare Services that will inform the program service components and overall impact on each youth and crisis levels within the CCCPP Aftercare Services Programming.</p>	<p>Q3 FY 2023-24 to Q4 FY 2023-24</p>	<p>DCFS, DMH, Probation and The Sycamores</p>
CBSS-4.4	<p>Deliverable: Review and develop CCCPP Aftercare Services Evaluation Plan</p> <p>Task: 4.4.1: Evaluation Metrics Established</p> <p>Task: 4.4.2: Evaluation metrics Implementation</p>	<p>Review and or develop a CCCPP Aftercare Services evaluation plan: Develop an evaluation plan to measure the program's effectiveness and identify areas for improvement. Plan will also include the CCCPP Aftercare Services connection with the overall Childrens Crisis Continuum Pilot Program.</p>	<p>Q3 FY 2023-24 to Q4 FY 2023-24</p>	<p>DCFS, DMH, Probation and The Sycamores</p>
CBSS-4.5	<p>Deliverable: Hiring of Key Personnel</p> <p>Task: 4.5.1: Identify, transfer, or hire</p> <p>Task: 4.5.2: Conduct background checks, interviews, and training.</p> <p>Task: 4.5.3: Develop a projected hiring plan of when staffing needs to increase based on increased census</p>	<p>Hire or interagency transfer qualified and trained staff who have experience working with children in crisis, including licensed therapists, social workers, nurses, and childcare staff. 2 to 4 months: Develop a progressive hiring plan, projecting out when additional staff need to be hired for Aftercare service based on an average caseload size of 10-15 consumers and keeping in mind the current average time it takes to fill a new position. Positions to be hired for expansion of Aftercare services include Facilitator, Parent Partner, Clinician, Community Wellness Specialist and Supervisor for every 8 staff hired.</p>	<p>Q1 FY 2023-24 to Q4 FY 2027-28</p>	<p>The Sycamores</p>

<p>CCBS-4.6</p>	<p>Deliverable: Evaluate and Revise:</p> <p>Task: 4.6.1: Ongoing data collection</p> <p>Task: 4.6.2: Ongoing evaluation</p> <p>Task: 4.6.3: Revisions as needed.</p>	<p>Regular evaluation of the CCCPP Aftercare Services to identify areas for improvement and make necessary revisions to the program plan, policies, and procedures. This will help to ensure that the program continues to meet the needs of the children and families it serves. DCFS/DMH/Probation Team will have monthly evaluation based on program and consumer data. This information will provide necessary information to quickly adjust program operations, services etc. Weekly programmatic meetings and exploring data and evaluations and monthly meetings with DCFS/DMH/Probation Team to review data and adjust as needed.</p>	<p>Q1 FY 2024-25 to Q4 FY 2027-28</p>	<p>DCFS, DMH, Probation Team and The Sycamores</p>
<p>CBSS-4.7</p>	<p>Deliverable: Aftercare Program Start Up</p> <p>Task: 4.7.1: Begin Aftercare Services for the first cohort of consumers in the pilot</p> <p>Task: 4.7.2: Continue Aftercare Services for all consumers as they transition out of CCRP, CSU or a psychiatric hospital</p>	<p>Provider to begin providing Aftercare services for all consumers as they step down in care from the CCRP, CSU or a psychiatric hospital.</p>	<p>Q4 2023-2024 to Q4 FY 2027-28</p>	<p>DCFS, DMH, Probation and The Sycamores</p>
<p>ID-5 – Data Collection and Reporting</p>				
<p>DCR-5.1</p>	<p>Deliverable: Establish Data Collection and Reporting</p> <p>Task 5.1.1: Identify Data Elements and Metrics</p> <p>Task 5.1.2: Identify Data Interchange between DCFS, DMH and Sycamores</p> <p>Task 5.1.3: Identify Report Intervals</p>	<p>Establish data collection and reporting process to include the identification of data elements, metrics, reporting needs, tracking of outcomes, and key personnel involved. Data will inform the CCCPP and overall impact on each youth and crisis levels within the CCCPP and will be aligned with CDSS data requirements.</p>	<p>Q1 FY 2023-24 to Q4 FY 2023-24</p>	<p>DCFS, PCW, DMH and The Sycamores</p>
<p>DCR-5.2</p>	<p>Deliverable: Review and Develop the CCCPP Evaluation Plan</p> <p>Task 5.2.1: Establish the evaluation metrics</p> <p>Task 5.2.2: Implement the evaluation metrics</p>	<p>Develop the CCCPP evaluation and quality assurance plan to measure the program's effectiveness and identify areas for improvement.</p>	<p>Q3 FY 2023-24 to Q4 FY 2023-24</p>	<p>DCFS, PCW, DMH and The Sycamores</p>
<p>DCR-5.3</p>	<p>Deliverable: Track and Adapt</p> <p>Task 5.3.1: Ongoing Data Collection</p> <p>Task 5.3.2: Ongoing Evaluation of Program Outcomes</p> <p>Task 5.3.3: Modifications to the program as needed throughout the pilot</p>	<p>Regular evaluation of the CCCPP program to identify areas for improvement and make necessary modifications to the program plan, policies, and procedures, as needed. Sycamores will conduct monthly evaluations based on program and consumer data. This information will provide necessary information to quickly adjust program operations, services etc. Sycamores will have weekly internal programmatic meetings to explore data and evaluations; and monthly meetings with DCFS, PCW, and DMH to review data and adjust the program as needed. This will ensure the program continues to meet the needs of the children and families it serves.</p>	<p>Q4 FY 2023-24 to Q4 FY 2027-28</p>	<p>DCFS, PCW, DMH and The Sycamores</p>

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

A. Term:

1. The term of this Agreement shall be July 1, 2023 through June 30, 2028.

B. Invoicing and Payment

1. The maximum amount payable under this Agreement shall not exceed \$10,000,000.00.
2. For services satisfactorily rendered, and upon receipt and approval of the invoice(s), CDSS agrees to pay the Grantee for said services in accordance with the Final Work Plan and Budget.
3. Funding for necessary travel expenses and per diem are included in this Agreement and will be reimbursed at rates established by the California Department of Human Resources for comparable classes. (See <http://www.calhr.ca.gov/employees/Pages/travel-rules-excluded.aspx>). Grantee will itemize travel expenses, including receipts, and submit to CDSS Program Grant Manager for approval. This approval, including itemization and receipts must be attached to the invoice submitted for payment.
No travel outside the State of California by Grantee shall be reimbursed unless there is prior written authorization from CDSS.
4. Grantee shall submit the request for payment using an invoice and supporting documentation on a quarterly basis as specified by the CDSS.
5. Invoices shall include the Agreement Number ALLOC-23-0006 and Index code 9990 and shall be electronically submitted on Grantee's letterhead as specified by the CDSS. Any invoices submitted without the above referenced information may be returned to the Grantee for further re-processing.
6. Invoice payment will be conditioned upon the timely receipt by the CDSS of the quarterly progress reports and final report from the Grantee within the specified due dates and in the manner acceptable by the CDSS. If acceptable reports are not received or a request for an extension of a due date has not been granted by the CDSS, invoices will not be processed and will be returned to the Grantee.

C. State Budget Contingency Clause

1. 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, CDSS shall have no liability to pay any funds whatsoever to Grantee

EXHIBIT B

or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDSS shall have the option to either cancel this Agreement with no liability occurring to the State or offer an agreement amendment to Grantee to reflect the reduced amount.

D. Budget Modification Without Written Amendment

Line item shifts of up to fifteen percent (15%) of the grant total are allowable, subject to the prior review and approval of the CDSS Project Manager. Line item shifts that meet these criteria do not require a formal grant amendment. Any line item shift exceeding this amount must be executed through a formal grant amendment. All requests for line item shifts must be submitted in writing and include a substantial justification for the shift. If the Agreement is formally amended for any other purpose, all line item shifts agreed to by the parties and not previously included in an amendment must be included in the amendment.

E. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified by Government Code Chapter 4.5, commencing with Section 927.

F. Review

CDSS reserves the right to review service levels and billing procedures as they impact charges against this agreement.

G. Final Billing

Invoices for services must be received by CDSS within 90 days following each state fiscal year (July 1 through the following June 30), or 90 days following the end of the grant term, whichever comes first. The final invoice must include the statement "Final Billing."

H. Nonresident Tax Withholdings

Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have seven percent of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.

EXHIBIT B

I. **Advance Payment**

Upon execution of this Agreement, Grantee may request an advance payment, not to exceed twenty five percent (25%) of the total award amount, contingent upon CDSS approval. The advance payment request must include a detailed justification for the need and the purpose of the advance. The advance payment amount shall be deducted by CDSS from invoices submitted during the grant term. CDSS shall ascertain that sufficient funds remain to be claimed by Grantee to fully liquidate the advance payment.

Children's Crisis Continuum Pilot Program - County of Los Angeles - Exhibit B (Attachment I)

County of Los Angeles - Line Item Expenses by Fiscal Year (FY)						
Line Item	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	TOTAL (All FYs)
Subcontractor (Sycamores) Personnel	\$7,316,840.00	0	0	0	0	\$7,316,840.00
Subcontractor (Sycamores) Operating Expenses	\$1,790,221.00	0	0	0	0	\$1,790,221.00
Subcontractor (Sycamores) Administrative Overhead	\$892,492.00	0	0	0	0	\$892,492.00

County of Los Angeles - Total Grant Expenses by FY	
FY	Total Grant Expenses (All Line Items)
FY 2023-24	\$9,999,553.00
FY 2024-25	0
FY 2025-26	0
FY 2026-27	0
FY 2027-28	0

County of Los Angeles - Total Grant Expenses by Line Item	
Line Item	Total Grant Expenses (All FYs)
Subcontractor (Sycamores) Personnel	\$7,316,840.00
Subcontractor (Sycamores) Operating Expenses	\$1,790,221.00
Subcontractor (Sycamores) Administrative Overhead	\$892,492.00
TOTAL	\$9,999,553.00

Los Angeles County - Children's Crisis Continuum Pilot Program - Expense Breakdown by Line Item FY 2023-24

Los Angeles County - Children's Crisis Continuum Pilot Program - Expense Breakdown by Line Item FY 2023-24

Line Item	Allocation for FY 23-24
Subcontractor (Sycamores) Personnel Expenses	\$7,316,840.00
Subcontractor (Sycamores) Operating Expenses	\$1,790,221.00
Subcontractor (Sycamores) Administrative Overhead Expenses	\$892,492.00
TOTAL (ALL Line Items)	\$9,999,553.00

Los Angeles County - Expense Breakdown for Subcontractor Personnel - FY 2023-24

Line Item	Allocation for FY 23-24	Psych Tech/Crisis Rehabilitation Specialist	Peer Support	Clinician	Community Wellness Specialist	Facilitator	Licensed Vocational Nurse	Other Direct Care Staff	Supervisors	Administration	Fringe Benefits	Total Subcontractor Personnel Costs (Sum of Columns D through M)	Non-Pilot Funding for Subcontractor Personnel	Pilot Funding Needed to Cover Total Projected Costs (See Page 4)
Subcontractor (Sycamores) Personnel Expenses for CCRP	\$7,316,840.00	\$3,949,140	\$234,106	\$289,156	\$202,469	\$243,896	\$1,670,864	\$289,928	\$1,238,079.0	\$658,401.00	\$2,062,369.0	\$10,838,408	\$3,521,569.00	\$7,316,839.00

Los Angeles County - Expense Breakdown for Subcontractor Operating Expenses - FY 2023-24

Line Item	Allocation for FY 23-24	Consumer Expenses	Facilities	Technology	Insurance	Program Support	Bed Holds	Total Subcontractor Operating Expenses (Sum of Columns D through H)	Non-Pilot Funding for Subcontractor Operating Expenses	Pilot Funding Needed for Subcontractor Operating Expenses
Subcontractor (Sycamores) Operating Expenses for CCRP	\$1,790,221.00	\$479,284	\$729,634	\$704,826	\$95,675	\$446,404	\$222,000	\$2,677,823	\$887,602	\$1,790,221

Los Angeles County - Expense Breakdown for Subcontractor Administrative Overhead - FY 2023-24

Line Item	Allocation for FY 23-24	Subcontractor Personnel Costs	Subcontractor Operating Expenses	Total Subcontractor Expenses	Subcontractor Indirect Cost Rate	Administrative Overhead TOTAL	Non-Pilot Funding for Subcontractor Administrative Overhead	Pilot Funding Needed to Cover Total Administrative Overhead
Subcontractor (Sycamores) Administrative Overhead Expenses for CCRP	\$892,492	\$7,316,840.00	\$1,790,221.00	\$9,107,061.00	9.80%	\$892,492	\$0.00	\$892,491.98

Los Angeles County - Children's Crisis Continuum Pilot Program - Expense Breakdown by Line Item FY 2024-25

Line Item	Allocation for FY 23-24	Expense Breakdown
Subcontractor (Sycamores) Personnel Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Operating Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Administrative Overhead Expenses for CCRP	\$0.00	N/A
TOTAL	\$0.00	N/A

Los Angeles County - Children's Crisis Continuum Pilot Program - Expense Breakdown by Line Item FY 2025-26

Line Item	Allocation for FY 23-24	Expense Breakdown
Subcontractor (Sycamores) Personnel Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Operating Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Administrative Overhead Expenses for CCRP	\$0.00	N/A
TOTAL	\$0.00	N/A

Los Angeles County - Children's Crisis Continuum Pilot Program - Expense Breakdown by Line Item FY 2026-27

Line Item	Allocation for FY 23-24	Expense Breakdown
Subcontractor (Sycamores) Personnel Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Operating Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Administrative Overhead Expenses for CCRP	\$0.00	N/A
TOTAL	\$0.00	N/A

Los Angeles County - Children's Crisis Continuum Pilot Program - Expense Breakdown by Line Item FY 2027-28

Line Item	Allocation for FY 23-24	Expense Breakdown
Subcontractor (Sycamores) Personnel Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Operating Expenses for CCRP	\$0.00	N/A
Subcontractor (Sycamores) Administrative Overhead Expenses for CCRP	\$0.00	N/A
TOTAL	\$0.00	N/A

Children’s Crisis Continuum Pilot Program – County of Los Angeles – Exhibit B (Attachment II)

Exhibit B (Attachment II) – Budget Narrative – FY 2023-24

Item	Workplan WBS ID	Pilot Expenditure (Total)	Justification/Breakdown
Subcontractor Personnel (CCRP)	6.2 & 6.3	\$7,316,840	Personnel will provide direct services and supervision of consumers during their placement. Services include assessment, crisis stabilization, peer support/family engagement, transition and aftercare services. Psych Tech/Crisis Rehab Specialist: \$3,949,140 Peer Support: \$234,106 Clinician: \$289,156 Community Wellness Specialist \$202,469 Facilitator \$243,896 Licensed Vocational Nurse \$1,670,864 Other Direct Care Staff \$289,928 Supervisors \$1,238,079 Administration \$658,401 Fringe Benefits \$2,062,369 Total: \$10,838,408
Subcontractor Operating Expenses (CCRP)	4.5	\$1,790,221	Operating Expenses for initial start-up, on-going facility maintenance, and the everyday operations of the CCRP. Consumer Expenses \$479,284 Facilities \$729,634 Technology \$704,826 Insurance \$95,675 Program Support \$446,404 Bed Hold \$222,000 (\$18,500 rate x 12 months) Total: \$2,677,823 Pilot Total: \$1,790,221
Subcontractor Administrative Overhead	3.2	\$892,492	Subcontractor opted to use an indirect cost rate of 9.8%. Personnel \$7,316,840 + Other (Operating Expenses) \$1,790,221 = \$9,107,061 X 9.8% = \$892,492
TOTAL		\$9,999,553	

**EXHIBIT C
GENERAL TERMS AND CONDITIONS**

1. **APPROVAL**: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
2. **AMENDMENT**: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.
3. **ASSIGNMENT**: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
4. **AUDIT**: Grantee agrees that the awarding Department, the State, the California State Auditor, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment or end of the grant term, whichever is later, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subgrant related to performance of this Agreement. (Gov. Code § 8546.7, Pub. Contract Code § 10115 et seq., Cal. Code Regs., tit. 2, § 1896.)
5. **INDEMNIFICATION**: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all grantees, subgrantees, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.
6. **DISPUTES**: Grantee shall continue with the responsibilities under this Agreement during any dispute.
7. **TERMINATION FOR CAUSE**: The State may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Grantee under this Agreement and the balance, if any, shall be paid to the Grantee upon demand.
8. **INDEPENDENT CONTRACTOR**: Grantee, and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

9. RECYCLING CERTIFICATION: The Grantee shall certify in writing, under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code section 12209. With respect to printer or duplication cartridges that comply with the requirements of section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply. (Pub. Contract Code § 12205.)
10. NON-DISCRIMINATION CLAUSE: During the performance of this Agreement, Grantee and its subgrantees shall not deny the grant's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Grantee and subgrantees shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code § 12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, § 11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§ 11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Grantee shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Grantee and its subgrantees shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, § 11105.)

Grantee shall include the nondiscrimination and compliance provisions of this clause in all subgrants to perform work under the Agreement.

11. CERTIFICATION CLAUSES: Grantee shall complete the GRANTEE CERTIFICATION CLAUSES contained in Exhibit C – Attachment 1 of this Agreement.
12. TIMELINESS: Time is of the essence in this Agreement.
13. COMPENSATION: The consideration to be paid Grantee, as provided herein, shall be in compensation for all of Grantee's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.
14. GOVERNING LAW: This grant is governed by and shall be interpreted in accordance with the laws of the State of California.

15. ANTITRUST CLAIMS: The Grantee by signing this Agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Grantee shall comply with the requirements of the Government Code sections set out below.
- a. The Government Code chapter on antitrust claims contains the following definitions:
 - 1) "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of section 16750 of the Business and Professions Code.
 - 2) "Public purchasing body" means the State or the subdivision or agency making a public purchase. (Gov. Code § 4550.)
 - b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under section 4 of the Clayton Act (15 U.S.C. § 15) or under the Cartwright Act (Chapter 2 (commencing with section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. (Gov. Code § 4552.)
 - c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. (Gov. Code § 4553.)
 - d. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. (Gov. Code § 4554.)
16. CHILD SUPPORT COMPLIANCE ACT: For any Agreement in excess of \$100,000, the Grantee acknowledges in accordance with Public Contract Code section 7110, that:

- a. The Grantee recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
 - b. The Grantee, to the best of its knowledge, is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.
17. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
18. PRIORITY HIRING CONSIDERATIONS: If this Grant includes services in excess of \$200,000, the Grantee shall give priority consideration in filling vacancies in positions funded by the Grant to qualified recipients of aid under Welfare and Institutions Code section 11200 in accordance with Public Contract Code section 10353.
19. SMALL BUSINESS PARTICIPATION AND DVBE PARTICIPATION REPORTING REQUIREMENTS:
 - a. If for this Agreement Grantee made a commitment to achieve small business participation, then Grantee must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) report to the awarding department the actual percentage of small business participation that was achieved. (Gov. Code § 14841.)
 - b. If for this Agreement Grantee made a commitment to achieve disabled veteran business enterprise (DVBE) participation, then Grantee must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) certify in a report to the awarding department: (1) the total amount the prime Grantee received under the Agreement; (2) the name and address of the DVBE(s) that participated in the performance of the Agreement; (3) the amount each DVBE received from the prime Grantee; (4) that all payments under the Grant have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vet. Code § 999.5(d); Gov. Code § 14841.)
20. LOSS LEADER: If this Agreement involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in section 17030 of the Business and Professions Code. (Pub. Contract Code § 10344(e).)

**EXHIBIT C – ATTACHMENT 1
GRANTEE CERTIFICATION CLAUSES**

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Grantee to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Grantee Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

GRANTEE CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Grantee has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code § 12990 (a-f) and Cal. Code Regs., tit. 2, § 11102.) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Grantee will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 1. the dangers of drug abuse in the workplace;
 2. the person's or organization's policy of maintaining a drug-free workplace;
 3. any available counseling, rehabilitation and employee assistance programs; and,
 4. penalties that may be imposed upon employees for drug abuse violations.
 - c. Every employee who works on the proposed Agreement will:

1. receive a copy of the company's drug-free workplace policy statement; and,
2. agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Grantee may be ineligible for award of any future State agreements if the Department determines that any of the following has occurred: the Grantee has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code § 8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Grantee certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Grantee within the immediately preceding two-year period because of Grantee's failure to comply with an order of a Federal court, which orders Grantee to comply with an order of the National Labor Relations Board. (Pub. Contract Code § 10296.) (Not applicable to public entities.)
4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE – PRO BONO REQUIREMENT: Grantee hereby certifies that Grantee will comply with the requirements of section 6072 of the Business and Professions Code, effective January 1, 2003.

Grantee agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the grant equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any grant period of less than a full year or 10 percent of its grant with the State.

Failure to make a good faith effort may be cause for non-renewal of a state grant for legal services and may be taken into account when determining the award of future grants with the State for legal services.

5. EXPATRIATE CORPORATIONS: Grantee hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code sections 10286 and 10286.1 and is eligible to contract with the State of California.
6. SWEATFREE CODE OF CONDUCT:
 - a. All contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the State pursuant to

the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code section 6108.

- b. The Grantee agrees to cooperate fully in providing reasonable access to the Grantee's records, documents, agents or employees, or premises if reasonably required by authorized officials of the granting agency, the Department of Industrial Relations, or the Department of Justice to determine the Grantee's compliance with the requirements under paragraph (a).
7. **DOMESTIC PARTNERS:** For agreements of \$100,000 or more, Grantee certifies that Grantee is in compliance with Public Contract Code section 10295.3.
8. **GENDER IDENTITY:** For agreements of \$100,000 or more, Grantee certifies that Grantee is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. **CONFLICT OF INTEREST:** Grantee needs to be aware of the following provisions regarding current or former state employees. If Grantee has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code § 10410):

- 1) No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2) No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code § 10411):

- 1) For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2) For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Grantee violates any provisions of above paragraphs, such action by Grantee shall render this Agreement void. (Pub. Contract Code § 10420.)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code § 10430(e).)

2. LABOR CODE/WORKERS' COMPENSATION: Grantee needs to be aware of the provisions which require every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions, and Grantee affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code § 3700.)
3. AMERICANS WITH DISABILITIES ACT: Grantee assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. § 12101 et seq.)
4. GRANTEE NAME CHANGE: An amendment is required to change the Grantee's name as listed on this Agreement. Upon receipt of legal documentation of the name change, the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

- a. When agreements are to be performed in the State by corporations, the Department will be verifying that the Grantee is currently qualified to do business in California in order to ensure that all obligations due to the State are fulfilled.
- b. "Doing business" is defined in Revenue and Taxation Code section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the State not be subject to the franchise tax.
- c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. The Department will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the Agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under State law, the Grantee shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to a cease and desist order not subject to review issued pursuant to section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all grantees that are not another state agency or other governmental entity.

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SPECIAL TERMS AND CONDITIONS

A. Dispute Provisions

1. If the Grantee disputes a decision of the State's designated representative regarding the performance of this Agreement or on other issues for which the representative is authorized by this Agreement to make a binding decision, Grantee shall provide written dispute notice to the State's representative within 15 calendar days after the date of the action. The written dispute notice shall contain the following information:
 - a. the decision under dispute;
 - b. the reason(s) Grantee believes the decision of the State representative to have been in error (if applicable, reference pertinent grant provisions);
 - c. identification of all documents and substance of all oral communication which support Grantee's position; and
 - d. the dollar amount in dispute, if applicable.
2. Upon receipt of the written dispute notice, the State program management will examine the matter and issue a written decision to the Grantee within 15 calendar days. The decision of the representative shall contain the following information:
 - a. a description of the dispute;
 - b. a reference to pertinent grant provisions, if applicable;
 - c. a statement of the factual areas of agreement or disagreement; and
 - d. a statement of the representative's decision with supporting rationale.
3. The decision of the representative shall be final unless, within 30 days from the date of receipt of the representative's decision, Grantee files with the California Department of Social Services a notice of appeal addressed to:

California Department of Social Services
744 P Street, M.S. 9-6-646
Sacramento, CA 95814

Attention: Bureau Chief, Policy and Technical Assistance Bureau

Pending resolution of any dispute, Grantee shall diligently continue all grant work and comply with all of the representative's orders and directions.

B. Termination of the Agreement

1. This Agreement may be terminated without cause by the State upon 30 days written notice to the Grantee.

C. Debarment and Suspension

For federally funded agreements, **Grantee certifies** that to the best of his/her knowledge and belief that he/she and their principals or affiliates or any subgrantee utilized under this agreement, are not debarred or suspended from federal financial assistance programs and activities nor proposed for debarment, declared ineligible, or voluntarily excluded from

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participation in covered transactions by any federal department or agency. The Grantee also certifies that it or any of its subgrantees are not listed with any active exclusions on the [System for Award Management](#) (Executive Order 12549, 2 CFR Parts 180, 376, 417 and 2336).

D. Certification Regarding Lobbying

Applicable to Grants, Subgrants, Cooperative Agreements, and Grants Exceeding \$100,000 in Federal Funds.

1. For Agreements with Grantees who are State entities not under the authority of the Governor, or cities, private firms or agencies which are receiving in excess of \$100,000 in federal funds from CDSS to perform services. By signing this Agreement, the Grantee certifies that to the best of his or her knowledge and belief, that:
 - a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal grant, the making of a Federal grant, the making of a Federal loan, the entering into of a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal grant, grant, loan, or cooperative agreement.
 - b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal Grant or agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
 - c. The Grantee shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.
2. This certification is a prerequisite for making or entering into this transaction and is imposed by Section 1352, Title 31, U. S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of no less than \$10,000 and not more than \$100,000 for each such failure.

DI. Computer Software Copyrights

Grantee certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this grant for the acquisition, operation or maintenance of computer software in violation of copyright

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F. OMB Audit

Pursuant to Office of Management and Budget (OMB) audit requirement regulations (2 C.F.R. § 200.501), non-federal entities that expend \$750,000 or more in a year in Federal awards from all sources combined shall have a single or program-specific audit conducted for that year in accordance with the provisions of 2 C.F.R. § 200.514 (previously OMB Circular A-133). All OMB audit reports shall meet the report submission requirements established in 2 C.F.R. § 200.512 and a copy shall be forwarded to CDSS.

G. Subgrantees

(Applicable to agreements in which the Grantee subgrants out a portion of the work.) Nothing contained in this Agreement or otherwise shall create any contractual relationship between CDSS and any subgrantees, and no subgrantee shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be fully responsible to CDSS for the acts and omissions of its subgrantees and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Grantee. The Grantee's obligation to pay its subgrantees is an independent obligation from the obligation of CDSS to make payments to the Grantee. As a result, CDSS shall have no obligation to pay or to enforce the payment of any moneys to any subgrantee.

H. Indirect Costs/Administrative Overhead

For agreements with other governmental entities and public universities, indirect costs are

expenses incurred for administrative services such as, but not limited to, accounting; personnel and payroll administration; accounts payable services; general and specialized insurance coverage; compliance and regulatory monitoring; independent audit services; and legal services. Indirect costs are applied to personnel, operating expenses, supplies, equipment, and travel expenses. Per State Contracting Manual, Section 3.06.B, agencies shall assure that all administrative fees are reasonable considering the services being provided. Agencies may only pay overhead charges on the first \$25,000 of each subgrant. Any subgrantee receiving \$25,000 or more must be clearly identified in the budget display and excluded when the total indirect costs are calculated.

I. Accessibility Requirements

Contractor shall comply with California Government Code sections 7405 and 11135 which requires, among other things, that Contractor shall comply with the accessibility requirements of Section 508 of the Federal Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations. All Contractor deliverables shall meet the requirements of the Web Content Accessibility Guidelines 2.0, or a subsequent version, published by the Web Accessibility Initiative of the World Wide Web Consortium at minimum Level AA success criteria. Contractor shall respond to and resolve any complaint regarding accessibility of its products or services that is brought to its attention.

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J. **Russia - Ukraine Conflict Economic Sanctions**

Contractor shall ensure compliance with economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law (collectively, economic sanctions). Economic sanctions include, but are not limited to, refraining from new investments in, and financial transactions with, Russian institutions or companies that are headquartered or have their principal place of business in Russia (Russian entities), and not transferring technology to Russia or Russian entities. Contractor(s) are further notified that they will be subject to pursuant to Executive Order (N-6-22) issued March 4, 2022, and any other subsequently issued orders.