COUNTY OF LOS ANGELES
Public Health

BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

ANISH P. MAHAJAN, M.D., M.S., M.P.H.
Chief Deputy Director

313 North Figueroa Street, Suite 806
Los Angeles, CA 90012
TEL (213) 288-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

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First District

Holly J. Mitchell
Second District

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June 16, 2026

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

Dear Supervisors:

APPROVAL TO EXECUTE CONTRACTS FOR DOMESTIC VIOLENCE SUPPORTIVE SERVICES AND DOMESTIC VIOLENCE SERVICES FOR ALL
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)

SUBJECT

Request approval to execute 39 Domestic Violence Supportive Services contracts (which include 36 contracts for the provision of Domestic Violence Supportive Services and Domestic Violence Services For All and 3 contracts for the provision of Domestic Violence Supportive Services only), effective July 1, 2026, through June 30, 2029, and delegated authority to extend through June 30, 2031.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute 39 Domestic Violence Supportive Service contracts [36 contracts for both Domestic Violence Supportive Service (DVSS) and Domestic Violence Services For All (DVSFA)] and 3 contracts for Domestic Violence Supportive Services (DVSS) only, substantially similar to Exhibit I, with the agencies listed in Attachment A, selected under a solicitation process, for the provision of DVSS and DVSFA Services in Los Angeles County (LAC), effective July 1, 2026, through June 30, 2029, for a total maximum obligation of $62,194,506, not to exceed $18,231,502 annually for DVSS, funded by California Work Opportunity and Responsibility to Kids (CalWORKs) funding from the County of Los Angeles Department of Public Social Services (DPSS) and DPSS net County cost (NCC); and $2,500,000 annually for DVSFA, funded by Public Health NCC.

2. Delegate authority to the Director of Public Health, or designee, to execute amendments to the

contracts that: a) extend the term through June 30, 2031, at amounts to be determined by the Director of Public Health, contingent upon the availability of funds and contractor performance; b) provide an increase or decrease in funding up to 75 percent above or below the annual base maximum obligation effective upon date of execution or beginning of applicable funding period; c) update the statement of work and/or scope of work, as necessary; and d) correct errors in the contract's terms and conditions, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).

3. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contracts to: a) make adjustments to funding distribution between County Supervisorial Districts (SD); b) that authorize modifications to the budget with corresponding modifications to the statement of work and/or scope of work, that are within the same scope of services, as necessary; c) make modifications to Contractor's or County's administration; and d) make changes to hours of operation and/or service locations.

4. Delegate authority to the Director of Public Health, or designee, to immediately suspend or terminate any contract upon issuing a written notice to the contractor if the contractor fails to fully comply with contractual requirements, and terminate contracts for convenience by providing a 30-calendar day advance written notice to the contractor, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Since 2018, Public Health has served as the administrator of the County's DVSS services to victims of domestic violence (DV) and their children. DVSS and DVSFA services support critical case management and legal services essential to facilitating safety, addressing trauma, and working towards long-term stability for domestic violence (DV) survivors. DVSS serves individuals eligible for DPSS programs such as CalWORKs, General Relief, and Skills and Training to Achieve Readiness for Tomorrow, while DVSFA serves individuals who are not eligible for these DPSS programs. Services include confidential support, safety planning, advocacy, connections to community resources, and immigration-related legal assistance.

Approval of Recommendation 1 will allow Public Health to execute 39 Domestic Violence Supportive Service contracts (36 contracts for both DVSS and DVSFA services and 3 contracts for DVSS services only), identified in Attachment A, to provide DVSS or DVSS and DVSFA services to victims of DV and their children in LAC.

Approval of Recommendations 2 and 3 will allow Public Health to execute amendments to the contracts to extend the term; increase or decrease funding up to 75 percent above or below the annual base maximum obligation; update the statement of work and/or scope of work; and/or correct errors in the contract's terms and conditions, as necessary; execute change notices to make adjustments to funding distribution between SDs, modifications to the budget with corresponding modifications to the statement of work and/or scope of work, modify administration and/or changes to hours of operation and/or service locations.

Approval of Recommendation 4 will allow Public Health to immediately suspend or terminate any contract if a contractor fails to perform and/or fully comply with contractual requirements, and to terminate any contract for convenience by providing 30-calendar days' advance written termination notice to contractor.

Implementation of Strategic Plan Goals

The recommended actions support goals North Star 1; Make Investments that Transform Lives: Area Goal D, Support Vulnerable Populations, Strategies: Viii, Interpersonal Violence, and North Star 2; Foster Vibrant and Resilient Communities, Area Goal A, Public Health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total maximum obligation for the recommended contracts is $62,194,506, as detailed in Attachment A, effective July 1, 2026, through June 30, 2029. The annual allocation is $18,231,502 for DVSS, comprised of CalWORKs funding from DPSS and DPSS NCC; and $2,500,000 for DVSFA, comprised of Public Health NCC.

Funding for these contracts is included in Public Health's Budget for FY 2026-27 and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On May 29, 2018, your Board approved the transfer of DVSS contracts from DPSS to Public Health, effective July 1, 2018. Since then, Public Health has been administering the DVSS contracts and later amended some contracts to add DVSFA services. Public Health currently has 38 DVSS contracts, 34 of which include DVSFA services. These contracts are scheduled to expire on June 30, 2026.

As required under Board Policy 5.120, your Board was notified on May 14, 2026, of Public Health's request to increase or decrease funding up to 75 percent above or below each term's annual base maximum obligation. This increased delegated authority will provide Public Health with the flexibility to make necessary adjustments in response to higher-than-anticipated demand for DVSS and DVSFA, as well as accommodate any additional funding that may be received to support these services.

Exhibit I is the contract template reviewed and approved by County Counsel. Attachment A is a list of recommended contractors and sets forth the FY allocation for DVSS and DVSFA services. Attachment B is the contracting opportunity announcement posted on the County of Los Angeles website. Attachment C is the Community Business Enterprise Summary for the recommended contractors.

CONTRACTING PROCESS

On March 5, 2026, Public Health released a Request for Applications (RFA) for DVSS and DVSFA services to solicit qualified contractors to provide DVSS and DVSFA services to survivors of DV and their children residing in LAC.

The contracting opportunity announcement (Attachment B) was posted on the County of Los Angeles website, and a Notice of Intent to release the RFA was also sent by electronic mail to Public

Health's internal list of DVSS and DVSFA contractors.

Public Health received a total of 42 applications (this total includes 5 applications for DVSS services and 37 applications for both DVSS and DVSFA) by the submission deadline. The applications were reviewed by subject matter experts from Public Health and DPSS in accordance with the Evaluation Methodology for Proposals – Policy 5.054, approved by your Board on March 31, 2009, and the RFA solicitation process. Based on this review, Public Health is recommending the award of 39 (i.e., 3 applications for DVSS services and 36 applications for both DVSS and DVSFA) to responsible and responsive applicants.

On May 20, 2026, notifications of the RFA results were sent to the recommended contractors. Public Health obtained a Letter of Intent from each of the recommended contractors.

Community Business Enterprise Program information, as reported by the applicants, is identified in Attachment C. The applicants were selected without regard to gender, race, creed, color, or national origin for award of a contract.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to award contracts to support the delivery of DVSS and DVSFA services to survivors of DV and their children residing in LAC.

Respectfully submitted,

Barbara Ferrer, PhD, MPH, MEd
Director

BF:an
08643

Enclosures

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

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH - DOMESTIC VIOLENCE SUPPORTIVE SERVICES AND DOMESTIC VIOLENCE SERVICES FOR ALL
RECOMMENDED CONTRACTORS

	Contractor	Contract No.	Supervisorial District(s) of Clients To Be Served	DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS)			DOMESTIC VIOLENCE SERVICES FOR ALL (DVSFA)	Total DVSS & DVSFA
				Case Management Services	Legal Services	Total	Total	
1	1736 Family Crisis Center	PH-Pending	1		$ 172,947			
			2	$ 840,196	$ 250,072	$ 1,747,000	$ 179,808	$ 1,926,808
			4	$ 384,457	$ 99,328			
2	Amanecer Community Counseling Service	PH-Pending	1	$ 534,000		$ 534,000	$ 33,200	$ 567,200
3	Antelope Valley Domestic Council	PH-Pending	5	$ 1,051,975	$ 339,458	$ 1,391,433	$ 139,805	$ 1,531,238
4	Asian Americans Advancing Justice Southern California	PH-Pending	1		$ 28,000	$ 28,000	$ 56,700	$ 84,700
5	Cambodian Association of America	PH-Pending	4	$ 349,000		$ 349,000	$ 28,441	$ 377,441
6	Change Lanes Youth Support Services	PH-Pending	5	$ 128,103		$ 128,103	$ 10,570	$ 138,673
7	Child & Family Center	PH-Pending	5	$ 127,062		$ 127,062	$ 20,000	$ 147,062
8	Community Legal Aid SoCal	PH-Pending	2		$ 417,011	$ 969,000	$ 79,843	$ 1,048,843
			4		$ 551,989			
9	East Los Angeles Womens Center	PH-Pending	1	$ 654,000		$ 704,000	$ 74,175	$ 778,175
			4	$ 50,000				
10	Foothill Family Service	PH-Pending	1	$ 281,341		$ 547,608		$ 547,608
			5	$ 266,267				
11	Harriett Buhai Center for Family Law	PH-Pending	2		$ 356,000	$ 356,000	$ 192,202	$ 548,202
12	Haven Hills	PH-Pending	3	$ 134,000		$ 134,000	$ 64,125	$ 198,125
13	Helping Other People Excel	PH-Pending	2	$ 118,000		$ 118,000	$ 21,375	$ 139,375
14	Helpline Youth Counseling, Inc.	PH-Pending	4	$ 116,000		$ 116,000		$ 116,000
15	Homeless Healthcare Los Angeles	PH-Pending	1	$ 100,000		$ 100,000	$ 20,000	$ 120,000
16	House of Ruth	PH-Pending	1	$ 242,000		$ 242,000	$ 37,364	$ 279,364
17	Human Services Association	PH-Pending	4	$ 525,800		$ 548,921	$ 29,672	$ 578,593
			5	$ 23,121				
18	Jenesse Center, Inc.	PH-Pending	2	$ 596,606	$ 134,394	$ 731,000	$ 182,554	$ 913,554
19	Jewish Family Service of Los Angeles	PH-Pending	3	$ 724,000		$ 724,000	$ 145,350	$ 869,350
20	Legal Aid Foundation of Los Angeles	PH-Pending	1		$ 193,960	$ 1,103,000	$ 174,143	$ 1,277,143
			2		$ 308,466			
			3		$ 140,212			
			4		$ 460,362			
21	Los Angeles Center for Law and Justice dba Survivor Justice Center	PH-Pending	1	$ 16,500	$ 632,108	$ 784,000	$ 146,477	$ 930,477
			4	$ 8,500	$ 126,892			
22	Neighborhood Legal Services of Los Angeles County	PH-Pending	1	$ 95,684	$ 224,108	$ 1,571,148	$ 202,270	$ 1,773,418
			3	$ 399,623	$ 421,292			
			5	$ 134,826	$ 295,615			
23	New Hope Drug and Alcohol Treatment Program, Inc.	PH-Pending	2	$ 332,000		$ 332,000	$ 34,928	$ 366,928
24	New Star Family Justice Center	PH-Pending	2	$ 58,000		$ 58,000	$ 20,000	$ 78,000
25	Niswa Association, Inc.	PH-Pending	4	$ 176,000		$ 176,000	$ 15,000	$ 191,000
26	Para Los Niños	PH-Pending	1	$ 238,459		$ 519,000	$ 20,000	$ 539,000
			2	$ 280,541				
27	PCS Family Services	PH-Pending	1	$ 100,000		$ 100,000		$ 100,000
28	Peace Over Violence	PH-Pending	5	$ 229,128		$ 229,128	$ 32,150	$ 261,278
29	Personal Involvement Center, Inc.	PH-Pending	2	$ 104,400		$ 116,481	$ 19,813	$ 136,294
			5	$ 12,081				
30	Project: PeaceMakers, Inc.	PH-Pending	2	$ 1,288,502		$ 1,288,502	$ 154,280	$ 1,442,782
31	Rainbow Services, Ltd.	PH-Pending	4	$ 149,000	$ 50,000	$ 199,000	$ 30,000	$ 229,000
32	South Asian Helpline and Referral Agency	PH-Pending	4	$ 210,000		$ 210,000	$ 19,075	$ 229,075
33	St. John's Community Health	PH-Pending	2	$ 50,000	$ 50,000	$ 100,000	$ 20,000	$ 120,000
34	Su Casa - Ending Domestic Violence	PH-Pending	4	$ 207,000		$ 207,000	$ 19,765	$ 226,765
35	The People Concern	PH-Pending	3		$ 80,000	$ 80,000	$ 20,000	$ 100,000
36	Women's and Children's Crisis Shelter	PH-Pending	4	$ 111,000		$ 111,000	$ 21,496	$ 132,496
37	WomenShelter of Long Beach	PH-Pending	4	$ 432,000		$ 432,000	$ 56,864	$ 488,864
38	YWCA of Glendale and Pasadena	PH-Pending	5	$ 304,116		$ 304,116	$ 108,445	$ 412,561
39	YWCA of San Gabriel Valley	PH-Pending	1	$ 575,000		$ 575,000	$ 70,110	$ 645,110
	Total			**$ 12,758,288**	**$ 5,332,214**	**$ 18,090,502**	**$ 2,500,000**	**$ 20,590,502**
	Unallocated GR & START[a]			141,000		141,000		141,000
				12,899,288	5,332,214	18,231,502	2,500,000	20,731,502

Notes:

[a] $141,000 is reserved for GR and START. Funded agencies to be indentified after Intent Letter sent out to agencies.

Summary of Recommended Contractors by Service Category:

DVSS	
Case Management	27
Legal Services	5
Case Management and Legal Services	7
Total	39

DVSFA	
Case Management	23
Legal Services	6

CONTRACTING OPPORTUNITY *

RFA NUMBER: #DPH-RFA-2026-004

RELEASE/OPEN DATE: 3/5/26
CLOSING/DUE DATE: 4/2/26

RFA TITLE: Request for Applications (RFA) for Domestic Violence Supportive Services and Domestic Violence Services For All.

***Visit websites indicated below for additional information and updates.**

The County of Los Angeles (County) Department of Public Health is pleased to announce the release of a Request for Applications (RFA) to seek qualified organizations to provide **Domestic Violence Supportive Services (DVSS) and Domestic Violence Services for All (DVSFA).**

Minimum Mandatory Qualifications

Interested vendors must meet the following Minimum Mandatory Qualifications to apply:

Interested and qualified Applicants that can demonstrate their ability to successfully provide the required services outlined in Exhibits A-1, A-2, A-3, and A-4, Statements of Work (SOW) of Appendix A (Sample Contract) are invited to submit an application, provided they meet the following minimum mandatory requirements by the date on which applications are due.

Note: The minimum mandatory requirements may not be met through any collaboration or a subcontract relationship between two or more organizations.

Applicant must provide a completed Exhibit 6, (Applicant's Affidavit of Adherence to Minimum Mandatory Requirements), of Appendix B (Application Packet), to validate meeting the minimum mandatory requirements and submit the required documents as part of their application.

DVSS/DVSFA Case Management Services Applicants:

1. Applicant must have provided Case Management Services for a minimum of three years in the past five years.

DVSS/DVSFA Legal Services Applicants:

1. Applicant must have provided Legal Services to low-income individuals, for a minimum of three years in the past five years. Low-income means individuals or households whose gross household income does not exceed 250 percent (250%) of the Federal Poverty Level for the applicable household size, as published by the U.S Department of Health and Human Services at the time of application.

2. Applicant, at a minimum, must employ a managing and/or lead attorney, who is physically located in Los Angeles County (covering their Supervisorial District) and who is licensed to practice law in the State of California, to oversee the Legal Services program for DV

survivors. The attorney must be a direct employee of the Applicant and may not be an independent contractor, private consultant, or a volunteer.

Other Minimum Mandatory Requirements:

3. Applicant must be one of the following:

    - A public entity.
    - a non-profit corporation qualified to do business in the State of California qualified under Internal Revenue Service's Code (IRS) – Section 501(c)(3) Determination Letter. For this option, Applicant must submit a copy of its IRS 501 (c)(3) Determination Letter.

4. Applicant must have provided services to survivors of DV for a minimum of one year in the past three years.

5. Applicant must operate a Walk-in/Drop-in Center that is physically located in the Supervisorial District(s) where DVSS/DVSFA services will be provided and must be open during business hours between 9:00 a.m. and 5:00 p.m., Monday through Friday, except closures due to any Federal/County holidays. Applicants must provide an address(es) of Walk-in/Drop-in Center(s) for either or both service categories to which they are applying (Case Management and/or Legal Services). Applicants may utilize a single Walk-in/Drop-in Center for both DVSS and DVSFA.

6. If an Applicant's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, that Applicant must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County. County will verify that Applicant does not have unresolved disallowed costs.

7. Applicant must not be debarred, suspended, or excluded from securing United States Federal Government (federal), State of California (State) and/or County contracts at the time of the application submission due date.

Please click the link below to review Section 3, Minimum Mandatory Requirements, for additional information.

Next Steps for Interested Vendors

- ✓ Register at http://camisvr.co.la.ca.us/webven
- ✓ Review contracting opportunity solicitation document for additional information, requirements, submission information, and updates at:

    - http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp

DOMESTIC VIOLENCE SUPPORTIVE SERVICES AND DOMESTIC VIOLENCE SERVICES FOR ALL

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

FIRM / ORGANIZATION INFORMATION	Project: PeaceMakers, Inc.	Foothill Family Service	Los Angeles Center for Law and Justic dba Survivor Justice Center	Jewish Family Service of Los Angeles	Child & Family Center	St. John's Community Health	Helping Other People Excel (H.O.P.E)	New Hope Drug and Alcohol Treatment Program, Inc.	Homeless Healthcare Los Angeles	New Star Family Justice Center	YWCA of Glendale and Pasadena	Antelope Valley Domestic Council	Helpline Youth Counseling, Inc.
Total Number of Employees in California	18	290	43	253	148	1207	5	11	318	15	21	104	212
Total Number of Employees (including owners)	19	290		253	148	1207	5	11		15	21	104	214
Business Structure	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit
Owners/Partner/Associate Partners													
Black/African American						2		6					
Hispanic/Latin American				2		8		5				1	
Asian or Pacific Islander						3					1	1	
American Indian													
Filipino													
White				52		1						3	
Total				**54**		**14**		**11**			**1**	**5**	
Female (should be included in counts above and also reported here separately).				28		9		8			1	1	
Managers													
Black/African American													
Hispanic/Latin American													
Asian or Pacific Islander													
Native American													
Subcontinent Asian													
White													
Unspecified													
Total													
Female (should be included in counts above and also reported here separately).													
Staff													
Black/African American													
Hispanic/Latin American													
Asian or Pacific Islander													
Native American													
Subcontinent Asian													
White													
Unspecified													
Total													
Female (should be included in counts above and also reported here separately).													
Percentage of Ownership													
Black/African American						14.28%	60%	54.54%				16.60%	
Hispanic/Latin American				4%		57.15%	40.00%	45.45%				16.60%	
Asian or Pacific Islander						21.43%						16.60%	
American Indian													
Subcontinent Asian													
White				96.00%		7.14%						50%	
Unspecified													
Total				**100%**		**100%**	**100%**	**100%**				**99.80%**	
Female (should be included in counts above and also reported here separately).				48.00%		64.29%	90%	100%				16.60%	
Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran, and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning-Owned (LGBTQQ) Business Enterprise													
Minority													
Women													
Disadvantaged													
Disabled Veteran													
Other													
County Certification													
Local Small Business Enterprise													
Social Enterprise													
Disabled Veteran Business Enterprise													
Other Certifying Agency													

Figures are based on information provided by Applicantss in their applications.

The Children's Center of the Antelope Valley	East Los Angeles Womens Center	1736 Family Crisis Center's	Cambodian Association of America	Human Services Association	Harriett Buhai Center for Family Law	Amancecer Community Counseling Service	Change Lanes Youth Support Services	Jenesse Center, Inc.	Peace Over Violence	Community Legal Aid SoCal	Neighborhood Legal Services of Los Angeles County	Niswa Association, Inc.	Rainbow Services, Ltd.	Su Casa - Ending Domestic Violence	WomenShelter of Long Beach
	70	147	42	249	22	86	8	84	50	43	221	3	34	23	21
	70	154	42	249	22	86	8	87	50	0	221	3	34	23	
Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit
1		3					1	56							1
	5							21					28		5
	1	1						2				8			1
													2		
	3	3						8					4		6
1	**9**	**7**					**1**	**87**				**8**	**34**		**13**
	9	2					1	76				5			7

South Asian Helpline and Referral Agency	Institute For Multicultural Counseling And Education Services (IMCES)	House of Ruth	Para Los Niños	Haven Hills	Asian Americans Advancing Justice Southern California	The People Concern	YWCA of San Gabriel Valley	Women's and Children's Crisis Shelter	PCS Family Services	Personal Involvement Center, Inc	Legal Aid Foundation of Los Angeles
17	68	43	411	32	112	998	94	22	14		N/A
17	68	43	411	32	112	1012	94	22	16		N/A
Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit	Non Profit
		12			1	2	11		2	6	
3		21	2		4		60	20		1	
14			1		87	1	7	1			
						1	2				
					14		6				
	1		4		5	10	8				
17	**1**	**33**	**7**		**111**	**14**	**94**	**21**	**2**	**7**	
16	1	29	3		77	5	78	20	1	3	

Exhibit I

Contract No. PH-____

CONTRACT

BY AND BETWEEN

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

AND

(CONTRACTOR)

FOR

DOMESTIC VIOLENCE SUPPORTIVE SERVICES AND DOMESTIC VIOLENCE SERVICES FOR ALL

Exhibit I

Contract No. PH-_____

DEPARTMENT OF PUBLIC HEALTH

DOMESTIC VIOLENCE SUPPORTIVE SERVICES AND DOMESTIC VIOLENCE SERVICES FOR ALL SERVICES CONTRACT

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Exhibits C-1, C-2, and C-3: Contractor's Annual Budgets
Exhibits C-A-1, C-A-2, C-A-3, and C-A-4: Pricing Schedules
Exhibit D: Contractor Acknowledgement and Confidentiality Agreement
Exhibit E: Charitable Contributions Certification
Exhibit F: County's Administration
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Exhibit H: Domestic Violence Supportive Services and Domestic Violence Services for All Forms
Exhibit I: Business Associate Agreement under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Exhibit I

Contract No._____

DEPARTMENT OF PUBLIC HEALTH
DOMESTIC VIOLENCE SHELTER-BASED PROGRAM SERVICES CONTRACT

THIS CONTRACT "Contract" is made and entered into on (Execution Date),

by and between THE COUNTY OF LOS ANGELES (hereafter "County")

and Click to enter Legal Name of Contractor (hereafter "Contractor").

WHEREAS, California Health and Safety Code Section 101025 places upon County's Board of Supervisors ("Board"), the duty to preserve and protect the public's health; and

WHEREAS, on _____, the Board delegated authority to the County's Director of the Department of Public Health ("Public Health"), or duly authorized designee (hereafter jointly referred to as "Director"), to execute contracts for Domestic Violence Support Services/Domestic Violence Services For All to preserve and protect the public's health; and

WHEREAS, the County is authorized by Government Code Section 31000 to contract for these services; and

WHEREAS, it is the intent of the parties hereto to enter into this Contract to provide Domestic Violence Support Services/Domestic Violence Services For All Services for compensation, as set forth herein; and

WHEREAS, Contractor is willing and able to provide the services described herein, in consideration of the payments under this Contract and under the terms and conditions hereafter set forth; and

WHEREAS, County has been allocated funds from California Work Opportunity and Responsibility to Kids program, Assistance Listing Number 93.558, and Net County Cost, of which a portion has been designated to this Contract; and

WHEREAS, Contractor warrants that it possesses the competence, expertise, and personnel necessary to provide services consistent with the requirements of this Contract and consistent with the professional standard of care for these services.

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for good and valuable consideration, the parties agree to the following:

1. APPLICABLE DOCUMENTS:

Exhibits A-1, A-2, A-3, A-4, C-1, C-2, C-3, C-A-1, C-A-2, C-A-3, D, E, F, G, and H are attached to and form a part of this Contract. In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, budget, or the contents or description of any task, deliverable, goods, service, or other work, or otherwise between the base Contract and the Exhibits, or between Exhibits, such conflict or inconsistency will be resolved by giving precedence first to the terms and conditions of the Contract and then to the Exhibits as listed below:

Standard Exhibits

Exhibits A-1, A-2, A-3, and A-4 – Statements of Work
Exhibit B – Scope of Work (Intentionally Omitted)
Exhibits C-1, C-2, and C-3 – Contractor's Annual Budgets
Exhibits C-A-1, C-A-2, C-A-3, and C-A-4 – Pricing Schedules
Exhibit D – Contractor Acknowledgement and Confidentiality Agreement
Exhibit E – Charitable Contributions Certification
Exhibit F – County's Administration
Exhibit G – Contractor's Administration
Exhibit H – Domestic Violence Supportive Services and Domestic Violence Services for All Forms

2. DEFINITIONS:

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The words as used herein have the following meaning, unless otherwise apparent from the context in which they are used.

2.1 Amendment: Any change which affects the statements of work, contract term, contract sum, payments, or any term or condition included under this Contract.

2.2 Board of Supervisors (Board): The Board of Supervisors of the County, acting as governing body.

2.3 Contract: This agreement executed between the County and Contractor setting forth the terms and conditions for the issuance and performance of all tasks, deliverables, services, and other work including the Statements of Work (Exhibits A-1, A-2, A-3, and A-4).

2.4 Contractor: The person or persons, sole proprietor, partnership, joint venture, corporation or other person or entity that has entered into this

Contract with the County to perform or execute the work covered by this Contract.

2.5 Contractor's Project Manager: The person designated by Contractor to administer the operations under this Contract.

2.6 County's Project Director: Person designated by the County with authority for the County on contractual or administrative matters relating to this Contract that cannot be resolved by the County's Project Manager.

2.7 County's Project Manager: Person designated by the County's Project Director to manage the operations under this Contract.

2.8 County's Project Monitor: Person with responsibility to oversee the day-to-day activities of this Contract, and responsible for inspections of any and all tasks, deliverables, goods, services, and other work provided by Contractor.

2.9 County Observed Holidays: Days on which County departments are closed for business in observance of significant events. A list of County observed holidays may be found here: https://lacounty.gov/government/about-la-county/about/.

2.10 Day(s): Calendar day(s) unless otherwise specified.

2.11 Department: The County of Los Angeles Department of Public Health, which is entering into this Contract on behalf of the County.

2.12 Director: Director of the Department of Public Health, or designee.

2.13 Fiscal Year: The 12-month period beginning July 1st and ending the following June 30th.

2.14 Statement of Work: A written description of the work to be performed by Contractor to meet the needs of the County, including special provisions pertaining to the method, frequency, manner, and place of performing Contract services.

2.15 Subcontract: An agreement by Contractor to employ a subcontractor to provide services to fulfill requirements of this Contract.

2.16 Subcontractor: Any individual, person(s), sole proprietor, firm, partnership, joint venture, corporation, or other legal entity furnishing supplies, services of any nature, equipment, and/or materials to Contractor in furtherance of

Contractor's performance of this Contract, at any tier, under oral or written agreement.

3. DESCRIPTION OF SERVICES:

3.1 Contractor will provide services in the manner described in Exhibits A-1, A-2, A-3, and A-4 (Statements of Work).

3.2 Contractor acknowledges that the quality of service(s) provided under this Contract will be at least equivalent to that which Contractor provides to all other clients it serves.

3.3 If Contractor provides any tasks, deliverables, goods, services, or other work, other than as specified in this Contract, the same will be deemed to be a gratuitous effort on the part of Contractor, and Contractor will have no claim whatsoever against the County.

4. TERM OF CONTRACT:

This Contract is effective July 1, 2026, and will continue in full force and effect through June 30, 2029, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

Contractor must notify Public Health when this Contract is within six months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, Contractor must send written notification to Public Health at the address provided in Exhibit F (County's Administration).

5. MAXIMUM OBLIGATION OF COUNTY:

5.1 The maximum contract amount is _____ dollars ($_____). The County will not be liable in any event for payment in excess of this maximum amount. Should the funds available for the DVSS/DVSFA change, the County may change the annual maximum contract amount. The annual maximum for such years will be set forth by amendment. In determining the amount, the Director will take into consideration the number of Contracts participating in DVSS and DVSFA, the total funds available for DVSS and DVSFA for the year, and any other relevant factors in determining the annual contract amount.

5.1.1 For the period of July 1, 2026, through June 30, 2027, _____ ($_____), as set forth in Exhibit C-1.

5.1.2 For the period of July 1, 2027, through June 30, 2028, _____ ($_____), as set forth in Exhibit C-2.

5.1.3 For the period of July 1, 2028, through June 30, 2029, _____ ($_____) as set forth in Exhibit C-3.

5.2 Contractor is not entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein. Assumption or takeover of any of Contractor's duties, responsibilities, or obligations, or performance of same by a person or entity other than Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever, must not occur except with the County's express prior written approval.

5.3 Contractor must maintain a system of record keeping that will allow it to determine when it has incurred 75% of the total maximum obligation under this Contract. Upon occurrence of this event, Contractor must send written notification to Public Health at the address provided in Exhibit F (County's Administration).

5.4 No Payment for Services Provided Following Expiration/Termination of Contract: Contractor will have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Contract. Should Contractor receive any such payment, it must immediately notify County and must immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Contract does not constitute a waiver of County's right to recover such payment from Contractor. This provision will survive the expiration or other termination of this Contract.

6. STANDARD PROVISIONS:

6.1 INVOICES AND PAYMENTS:

6.1.1 Contractor must invoice the County only for providing the tasks, deliverables, goods, services, and other work specified in Exhibits A-1, A-2, A-3, and A-4 and in accordance with Exhibits C-1, C-2, and C-3, Budgets, and Exhibits C-A-1, C-A-2, C-A-3, and C-A-4, Pricing Schedules.

6.1.2 Contractor must invoice the County monthly in arrears. All invoices must include all required reports and/or data, and must clearly reflect all required information as specified on forms provided by the County regarding the services for which claims are to be made and any and all prior payments made to Contractor.

6.1.3 Invoices must be submitted to County within 15 Days after the close of each calendar month. County will make a reasonable effort to make payment within 30 Days following receipt of a complete and correct monthly invoice. and will make payment in accordance with Exhibits C-1, C-2, and C-3, Budgets and Exhibits C-A-1, C-A-2, C-A-3, and C-A-4, Pricing Schedules.

6.1.4 Invoices must be submitted directly to Public Health's, Office of Women's Health, Domestic Violence Housing and Support Services Unit, at DPH-OWHinvoice@ph.lacounty.gov.

6.1.5 While payments will be made in accordance with the fee-for-service rate(s) set out in the Budget(s) attached hereto, Contractor, if requested by County, State, or federal representatives, must be able to produce proof of actual costs incurred in the provision of units of service hereunder. If the actual allowable and documented costs are less than the fee-for-service rate(s) set in the Budget(s), Contractor will be paid only for the actual costs. In no event will County be required to pay Contractor for units of service that are not supported by actual allowable and documented costs. Regardless of the amount of costs incurred by Contractor, in no event will the County pay or is obligated to pay Contractor more than the fees for the units of service provided up to the Contract maximum obligation.

6.1.6 For each annual period, or portion thereof, that this Contract is in effect, Contractor must provide an annual cost report within 45 calendar Days following the close of that period. Such cost report must be prepared in accordance with generally accepted accounting principles and clearly reflect all required information as specified in instructions and forms provided by the County.

If this Contract is terminated prior to the close of the Contract period, the cost report must be for that Contract period which ends on the termination date. The report must be submitted within 45 calendar Days after such termination date.

The primary objective of the annual cost report is to provide the County with actual expenditure data for the Contract period that will serve as the basis for determining final amounts due to/from Contractor.

If the annual cost report is not delivered by Contractor to County within the specified time, Director may withhold all payments to Contractor under all service agreements between County and

Contractor until such report is delivered to County and/or, at the Director's sole discretion, a final determination of amounts due to/from Contractor is determined on the basis of the last monthly invoice received.

Failure to provide the annual cost report may constitute a material breach of this Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.

6.1.7 Upon expiration or prior termination of this Contract, Contractor must submit, within 45 calendar Days, any outstanding and/or final invoice(s) for processing and payment. Contractor's failure to submit any outstanding and/or final invoice(s) within the specified period constitutes Contractor's waiver to receive payment for any outstanding and/or final invoice(s).

6.1.8 Withholding Payment:

(1) Subject to the reporting and data requirements of this Contract and the Exhibit(s) attached hereto, Director may withhold any payment to Contractor if any report or data is not delivered by Contractor to County within the time limits of submission as set forth in this Contract, or if such report or data is incomplete in accordance with requirements set forth in this Contract. This withholding may be invoked for the current month and any succeeding month(s) for reports or data not delivered in a complete and correct form.

(2) Subject to the Record Retention and Audits provision of this Contract, Director may withhold any claim for payment by Contractor if Contractor has been given at least 30 calendar Days' notice of deficiency(ies) in compliance with the terms of this Contract and has failed to correct such deficiency(ies). This withholding may be invoked for any month(s) for deficiency(ies) not corrected.

(3) Upon acceptance by County of all report(s) and data previously not accepted under this provision and/or upon correction of the deficiency(ies) noted above, Director will reimburse all withheld payments on the next regular monthly claim for payment by Contractor.

(4) Subject to the provisions of this Contract and its Exhibit(s), if the services are not completed by Contractor within the specified time, Director may withhold all payments to

Contractor under this Contract until proof of such service(s) is/are delivered to County.

(5) In addition to Subparagraphs (1) through (4) immediately above, Director may withhold payments due to Contractor for amounts due to County as determined by any cost report settlement, audit report, audit report settlement, or financial evaluation report resulting from this or any current year's Contract(s) or any prior year's Contract(s) between the County and Contractor. The withheld payments will be used to pay all amounts due to the County. Any remaining withheld payment will be paid to Contractor accordingly.

(6) Director may withhold any payment to Contractor if Contractor, in the judgment of the County, is in material breach of this Contract or has failed to fulfill its obligations under this Contract, until Contractor has cured said breaches and/or failures. Director will provide written notice of its intention to withhold payment specifying said breaches and/or failures to Contractor.

6.1.9 Fiscal Viability: Contractor must be able to carry the costs of its program without reimbursement under this Contract for at least 60 Calendar Days at any point during the term of this Contract.

6.1.10 Preference Program Enterprises – Prompt Payment Program: Certified Preference Program Enterprises will receive prompt payment for services they provide to County departments. Prompt payment is defined as 15 Calendar Days after receipt of an approved, undisputed invoice which has been properly matched against documents such as a receiving, shipping, or services delivered report, or any other validation of receipt document consistent with Board Policy 3.035 (Preference Program Payment Liaison and Prompt Payment Program).

6.2 FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS:

County and Contractor will review Contractor's expenditures and commitments to utilize any funds which are specified in this Contract for the services hereunder and which are subject to time limitations as determined by Director, midway through each County fiscal year during the term of this Contract, midway through the applicable time limitation period for such funds if such period is less than a County fiscal year, and/or at any other time(s) during each County fiscal year as determined by Director. At least 15 Calendar Days prior to each such review, Contractor must provide Director with a current update of all of

Contractor's expenditures and commitments of such funds during such fiscal year or other applicable time period.

6.3 ALTERATION OF TERMS/AMENDMENTS:

6.3.1 The body of this Contract and any Exhibit(s) or Attachments attached hereto, fully expresses all understandings of the parties concerning all matters covered and constitutes the total Contract. No addition to, or alteration of, the terms of this Contract, whether by written or verbal understanding of the parties, their officers, employees, or agents, will be valid and effective unless made in the form of a written amendment to this Contract which is formally approved and executed by the parties in the same manner as this Contract.

6.3.2 The Board, the County's Chief Executive Officer or designee, or applicable State and/or federal entities, laws, or regulations may require the addition and/or modification of certain terms and conditions of this Contract during the term of this Contract to comply with changes in law or County policy. The County reserves the right to add and/or change such provisions as required by the Board, the County's Chief Executive Officer, or State or federal entity, law, or regulation. To implement such changes, an amendment to this Contract will be prepared by Director and executed by Contractor and Director, as authorized by the Board.

6.3.3 In instances where the Board has delegated authority to the Director to amend this Contract to permit extensions or adjustments of the Contract term, the rollover of unspent Contract funds, and/or an internal reallocation of funds between budgets and/or an increase or decrease in funding up to 75% above or below each period's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable budget period, and make changes to the Statement of Work, as necessary, an amendment will be prepared by Director and executed by Contractor and Director, as authorized by the Board, and will be incorporated into and become part of this Contract.

6.3.4 Notwithstanding Paragraph 6.3.1, in instances where the Board has delegated authority to the Director to amend this Contract to permit modifications to or within budget categories within each budget, as reflected in Exhibits C-1, C-2, and C-3, and corresponding modifications to the Statement of Work, as necessary, allow for changes to hours of operation, and/or changes to service locations, a written Change Notice must be signed by the Director and

Contractor, as authorized by the Board, and will be incorporated into and become part of this Contract.

6.4 CONFIDENTIALITY:

6.4.1 Contractor must maintain the confidentiality of all records and information in accordance with all applicable federal, State, and local laws, rules, regulations, ordinances, directives, guidelines, policies, and procedures relating to confidentiality, including, without limitation, County policies concerning information technology security and the protection of confidential records and information. In the event of a breach, suspected breach, or unlawful use or disclosure of confidential records, Contractor must immediately, no later than 24 hours after discovery, notify the County's Project Manager.

6.4.2 Contractor must indemnify, defend, and hold harmless County, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, without limitation, defense costs and legal, accounting, and other expert, consulting, or professional fees arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors to comply with this CONFIDENTIALITY Paragraph, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this CONFIDENTIALITY Paragraph will be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County will have the right to participate in any such defense at its sole costs and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County will be entitled to retain its own counsel, including, without limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor will not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

6.4.3 Contractor must inform all of its officers, employees, agents, and subcontractors providing services hereunder of the confidentiality provisions of this Contract.

6.4.4 Contractor must sign and adhere to the provisions of Exhibit D, Contractor Acknowledgement and Confidentiality Agreement.

6.5 CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFFS OR WHO ARE ON A COUNTY RE-EMPLOYMENT LIST:

Should Contractor require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, Contractor will give first consideration for such employment openings to qualified, permanent County employees who are targeted for layoff, or qualified former County employees who are on a re-employment list, during the life of this Contract.

6.6 INDEMNIFICATION:

Contractor must indemnify, defend, and hold harmless the County, its Special Districts, elected and appointed officers, employees, agents, and volunteers (County Indemnitees) from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from and/or relating to this Contract, except for such loss or damage arising from the sole negligence or willful misconduct of the County indemnitees.

6.7 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGES:

Without limiting Contractor's indemnification of County, in the performance of this Contract and until all of its obligations pursuant to this Contract have been met, Contractor must provide and maintain at its own expense, insurance coverage satisfying the requirements specified in this Paragraph and in the INSURANCE COVERAGE REQUIREMENTS Paragraph of this Contract. These minimum insurance coverage terms, types, and limits (the "Required Insurance") are in addition to, and separate from any other contractual obligation imposed upon Contractor pursuant to this Contract. The County in no way warrants that the Required Insurance is sufficient to protect Contractor for liabilities which may arise from or relate to this Contract.

6.7.1 Evidence of Coverage and Notice to County: Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming the County, its Special Districts, elected and appointed officers, employees, agents, and volunteers (collectively County and its Agents) have been given insured status under Contractor's General Liability policy must be delivered to the County at the address shown below and provided prior to commencing services under this Contract.

Renewal Certificates must be provided to County not less than 10 calendar Days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any

required Contractor and/or subcontractor insurance policies at any time.

Certificates must identify all Required Insurance coverage types and limits specified herein, reference this Contract by name or number, and be signed by an authorized representative of the insurer(s). The Insured Party named on the Certificate must match Contractor's name identified as the contracting party in this Contract. Certificates must provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand dollars ($50,000), and list any County required endorsement forms.

Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by Contractor, its insurance broker(s) and/or insurer(s), will be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements must be sent to:

County of Los Angeles
Department of Public Health – Contract Monitoring Section
Email to: CMD-Monitoring@ph.lacounty.gov

Contractor must promptly report to County any injury or property damage, accident, or incident, including any injury to any Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies, or securities entrusted to Contractor. Contractor also must promptly notify County of any third-party claim or suit filed against Contractor or any of its subcontractors which arises from or relates to this Contract and could result in the filing of a claim or lawsuit against Contractor and/or County.

6.7.2 Additional Insured Status and Scope of Coverage: The County and its Agents must be provided additional insured status under Contractor's General Liability policy, with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents' additional insured status must apply with respect to liability and defense of suits arising out of Contractor's acts or omissions, whether such liability

is attributable to Contractor or to the County. The full policy limits and scope of protection also must apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable, provided it satisfies the Required Provisions herein.

6.7.3 Cancellation of or Changes in Insurance: Contractor must provide County with, or Contractor's insurance policies must contain a provision that County will receive, written notice of cancellation or any change in Required Insurance, including name of insurer, limits of coverage, term of coverage or policy period. The written notice must be provided to County at least 10 Calendar Days in advance of cancellation for non-payment of premium and 30 Calendar Days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of this Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.

6.7.4 Failure to Maintain Insurance: Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance constitutes a material breach of this Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor, or pursue Contractor reimbursement.

6.7.5 Insurer Financial Ratings: Coverage must be placed with insurers acceptable to the County with an A.M. Best ratings of not less than A:VII unless otherwise approved by County.

6.7.6 Contractor's Insurance Must Be Primary: Contractor's insurance policies, with respect to any claims related to this Contract, must be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage must be in excess of and not contribute to any Contractor coverage.

6.7.7 Waivers of Subrogation: To the fullest extent permitted by law, Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Contract. Contractor must

require its insurers to execute any waiver of subrogation endorsements which may be necessary to effectuate such waiver.

6.7.8 Compensation for County Costs: In the event that Contractor fails to comply with any of the indemnification or insurance requirements of this Contract, and such failure to comply results in any costs to County, Contractor must pay full compensation for all costs incurred by County.

6.7.9 Subcontractor Insurance Coverage Requirements: Contractor must include all subcontractors as insureds under Contractor's own policies or must provide County with each subcontractor's separate evidence of insurance coverage. Contractor is responsible for verifying each subcontractor complies with the Required Insurance provisions herein and must require that each subcontractor name the County and Contractor as Additional Insureds on the subcontractor's General Liability policy. Contractor must obtain County's prior review and approval of any subcontractor request for modification of the Required Insurance.

6.7.10 Deductibles and Self-Insured Retentions (SIR): Contractor's policies must not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs with respect to the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration, and defense expenses. Such bond must be executed by a corporate surety licensed to transact business in the State of California.

6.7.11 Claims Made Coverage: If any part of the Required Insurance is written on a claim made basis, any policy retroactive date must precede the effective date of this Contract. Contractor understands and agrees it will maintain such coverage for a period of not less than three years following Contract expiration, termination, or cancellation.

6.7.12 Application of Excess Liability Coverage: Contractor may use a combination of primary and excess insurance policies which provide coverage as broad as the underlying primary policies to satisfy the Required Insurance provisions.

6.7.13 Separation of Insureds: All liability policies must provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision, with no insured versus insured exclusions or limitations.

6.7.14 Alternative Risk Financing Programs: The County reserves the right to review and approve Contractor's use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements, and captive insurance to satisfy the Required Insurance provisions. The County and its Agents must be designated as an Additional Covered Party under any approved program.

6.7.15 County Review and Approval of Insurance Requirements: The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

6.8 INSURANCE COVERAGE REQUIREMENTS:

6.8.1 Commercial General Liability. Contractor must maintain insurance (providing scope of coverage equivalent to ISO policy form "CG 00 01") naming County and its Agents as an additional insured, with limits of not less than the following:

General Aggregate:	$2 Million
Products/Completed Operations Aggregate:	$1 Million
Personal and Advertising Injury:	$1 Million
Each Occurrence:	$1 Million

6.8.2 Automobile Liability. Contractor must maintain insurance (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than $1 Million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance must cover liability arising out of Contractor's use of autos pursuant to this Contract, including "owned," "leased," "hired," and/or non-owned autos, as each may be applicable.

6.8.3 Workers Compensation and Employers' Liability. Contractor must maintain insurance, or qualified self-insurance, satisfying statutory requirements, including Employers' Liability coverage with limits of not less than $1 Million per accident. If Contractor will provide leased employees, or is: (1) an employee leasing temporary staffing firm; or (2) a professional employer organization (PEO), coverage also must include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer. Written notice must be provided to the County at least 10 Days in advance of cancellation for non-payment of premium and 30 Days in advance for any other cancellation or policy change. If applicable to Contractor's operations, coverage must be arranged to satisfy

the requirements of any federal workers or workmen's compensation law or any federal occupational disease law.

6.8.4 Sexual Misconduct Liability. Contractor must maintain insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than $2 Million per claim and $2 Million aggregate, and claims for negligent employment, investigation, supervision, training, or retention of, or failure to report to proper authorities, a person(s) who is alleged to have committed any act of abuse, molestation, harassment, mistreatment, or maltreatment of a sexual nature.

6.8.5 Professional Liability/Errors and Omissions. Contractor must maintain insurance covering Contractor's liability arising from or related to this Contract, with limits of not less than $1 Million per claim and $3 Million aggregate. Further, Contractor understands and agrees it must maintain such coverage for a period of not less than three years following this Contract's expiration, termination, or cancellation.

6.9 OWNERSHIP OF MATERIALS, SOFTWARE AND COPYRIGHT:

6.9.1 Contractor agrees that all public announcements, literature, audiovisuals, and printed material developed or acquired by Contractor or otherwise, in whole or in part, under this Contract, and all works based thereon, incorporated therein, or derived therefrom, will be the sole property of County.

6.9.2 Contractor hereby assigns and transfers to County in perpetuity for all purposes all of Contractors' rights, title, and interest in and to all such items including, but not limited to, all unrestricted and exclusive copyrights and all renewals and extensions thereof.

6.9.3 With respect to any such items which come into existence after the commencement date of this Contract, Contractor must assign and transfer to County in perpetuity for all purposes, without any additional consideration, all of Contractor's rights, title, and interest in and to all items, including, but not limited to, all unrestricted and exclusive copyrights and all renewals and extensions thereof.

6.9.4 During the term of this Contract and for seven years thereafter, Contractor must maintain and provide security for all of Contractor's working papers prepared under this Contract. County will have the right to inspect, copy, and use at any time during and subsequent to the term of this Contract, any and all such working papers and all information contained therein.

6.9.5 Any and all materials, software, and tools which are developed or were originally acquired by Contractor outside the scope of this Contract, which Contractor desires to use hereunder, and which Contractor considers to be proprietary or confidential, must be specifically identified by Contractor to the County's Project Manager as proprietary or confidential, and must be plainly and prominently marked by Contractor as "Proprietary" or "Confidential" on each appropriate page of any document containing such material.

6.9.6 If directed to do so by County, Contractor will place the County name, its department names and/or its marks and logos on all items developed under this Contract. If also directed to do so by County, Contractor must affix the following notice to all items developed under this Contract: "© Copyright 20XX (or such other appropriate date of first publication), County of Los Angeles. All Rights Reserved." Contractor agrees that it will not use the County name, its department names, its program names, and/or its marks and logos on any materials, documents, advertising, or promotional pieces, whether associated with work performed under this Contract or for unrelated purposes, without first obtaining the express written consent of County.

For the purposes of this Contract, all such items include, but are not limited to, written materials (e.g., curricula, text for vignettes, press releases, advertisements, text for public service announcements for any and all media types, pamphlets, brochures, fliers), software, audiovisual materials (e.g., films, videotapes, websites), and pictorials (e.g., posters and similar promotional and educational materials using photographs, slides, drawings, or paintings).

6.10 PUBLICITY:

Contractor agrees that all materials, public announcements, literature, audiovisuals, and printed materials utilized in association with this Contract, must have written approval from the Director prior to publication, printing, duplication, and/or implementation under this Contract. All such materials, public announcements, literature, audiovisuals, and printed material must include an acknowledgement that funding for such public announcements, literature, audiovisuals, and printed materials was made possible by the County of Los Angeles, Department of Public Health, and other applicable funding sources.

For the purposes of this Contract, all such items include, but are not limited to, written materials (e.g., curricula, text for vignettes, text for public service announcements for any and all media types, pamphlets,

brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar promotional and educational materials using photographs, slides, drawings, or paintings).

6.11 RECORD RETENTION AND AUDITS:

6.11.1 Service Records: Contractor must maintain all service records related to this Contract for a minimum period of seven years following the expiration or prior termination of this Contract. Contractor must provide upon request by County, accurate and complete records of its activities and operations as they relate to the provision of services hereunder. Records must be accessible as detailed in the subsequent Subparagraph(s).

6.11.2 Financial Records: Contractor must prepare and maintain on a current basis, complete financial records in accordance with generally accepted accounting principles; written guidelines, standards, and procedures which may from time to time be promulgated by Director; and requirements set forth in the Los Angeles County Auditor-Controller's Contract Accounting and Administration Handbook. The handbook is available on the internet at: AC Contract Accounting and Administration Handbook - Revised July 2025.

If this Contract is federally funded, Contractor must adhere to strict fiscal and accounting standards and must comply with Title 2 of the Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and related Office of Management and Budget Guidance.

Such records must clearly reflect the actual cost of the type of service for which payment is claimed and include, but not be limited to:

(1) Books of original entry which identify all designated donations, grants, and other revenues, including County, federal, and State revenues, and all costs by type of service.

(2) General Ledger.

(3) A written cost allocation plan which includes reports, studies, statistical surveys, and all other information Contractor used to identify and allocate indirect costs among Contractor's various services. Indirect Costs mean those costs incurred

for a common or joint objective which cannot be identified specifically with a particular project or program.

(4) Personnel records which show the percentage of time worked providing services claimed under this Contract. Such records must be corroborated by payroll timekeeping records signed by the employee and approved by the employee's supervisor, which show time distribution by programs and the accounting for total work time on a daily basis. This requirement applies to all program personnel, including the person functioning as the executive director of the program, if such executive director provides services claimed under this Contract.

(5) Personnel records which account for the total work time of personnel identified as indirect costs in the approved Contract budget. Such records must be corroborated by payroll timekeeping records signed by the employee and approved by the employee's supervisor. This requirement applies to all such personnel, including the executive director of the program, if such executive director provides services claimed under this Contract.

The entries in all of the aforementioned accounting and statistical records must be readily traceable to applicable source documentation (e.g., employee timecards, remittance advice, vendor invoices, appointment logs, client/patient ledgers). The client/patient eligibility determination and fees charged to, and collected from clients/patients must also be reflected therein. All financial records must be retained by Contractor at a location within Los Angeles County during the term of this Contract and for a minimum of seven years following expiration or earlier termination of this Contract, or until federal, State, and/or County audit findings are resolved, whichever is later. During such retention period, all such records must be made available during normal business hours within 10 calendar Days, to authorized representatives of federal, State, or County governments for purposes of inspection and audit. In the event records are located outside Los Angeles County and Contractor is unable to move such records to Los Angeles County, Contractor must permit such inspection or audit to take place at an agreed to outside location, and Contractor must pay County for all travel, per diem, and other costs incurred by County for any inspection and audit at such other location. Contractor further agrees to provide such records, when

possible, immediately to County by facsimile (fax), electronic mail (e-mail), or file transfer protocol, upon Director's request. Director's request will include appropriate County fax number(s) and/or e-mail address(es) for Contractor to provide such records to County. In any event, Contractor agrees to make available the original documents of such fax and e-mail records when requested by Director for review as described hereinabove.

6.11.3 Preservation of Records: If, following termination of this Contract, Contractor's facility is closed or if ownership of Contractor changes, within 48 hours thereafter, the Director is to be notified thereof by Contractor in writing and arrangements are to be made by Contractor for preservation of the client/patient and financial records referred to hereinabove.

6.11.4 Audit Reports: In the event that an audit of any or all aspects of this Contract is conducted by any federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, Contractor must file a copy of each such audit report(s) with the Chief of the Public Health Contract Monitoring Division, and with the County's Auditor-Controller (Audit Branch) within 30 Days of Contractor's receipt thereof, unless otherwise provided for under this Contract, or under applicable federal or State regulations. To the extent permitted by law, County will maintain the confidentiality of such audit report(s).

6.11.5 Independent Audit: Contractor's financial records must be audited by an independent auditor for every year that this Contract is in effect. The audit must be in compliance with 2 CFR 200.501. The audit must be made by an independent auditor in accordance with Governmental Financial Auditing Standards developed by the Comptroller General of the United States, and any other applicable federal, State, or County statutes, policies, or guidelines. Contractor must complete and file such audit report(s) with the County's Public Health Contract Monitoring Division no later than the earlier of 30 Days after receipt of the auditor's report(s) or nine months after the end of the audit period.

If the audit report(s) is/are not delivered by Contractor to County within the specified time, Director may withhold all payments to Contractor under all service agreements between County and Contractor until such report(s) is/are delivered to County.

The independent auditor's work papers must be retained for a minimum of three years from the date of the report, unless the

auditor is notified in writing by County to extend the retention period. Audit work papers must be made available for review by federal, State, or County representatives upon request.

6.11.6 Federal Access to Records: If, and to the extent that, Section 1861 (v) (1) (I) of the Social Security Act [42 United States Code ("U.S.C.") Section 1395x(v) (1) (I)] is applicable, Contractor agrees that for a period of seven years following the furnishing of services under this Contract, Contractor must maintain and make available, upon written request, to the Secretary of the United States Department of Health and Human Services or the Comptroller General of the United States, or to any of their duly authorized representatives, the contracts, books, documents, and records of Contractor which are necessary to verify the nature and extent of the cost of services provided hereunder. Furthermore, if Contractor carries out any of the services provided hereunder through any subcontract with a value or cost of ten thousand dollars ($10,000) or more over a 12-month period with a related organization (as that term is defined under federal law), Contractor agrees that each such subcontract must provide for such access to the subcontract, books, documents, and records of the subcontractor.

6.11.7 Program and Audit/Compliance Review: In the event County representatives conduct a program review and/or an audit/compliance review of Contractor, Contractor must fully cooperate with County's representatives. Contractor must allow County representatives access to all records of services rendered and all financial records and reports pertaining to this Contract and must allow photocopies to be made of these documents utilizing Contractor's photocopier, for which County will reimburse Contractor its customary charge for record copying services, if requested. Director will provide Contractor with at least 10 business days' prior written notice of any audit/compliance review, unless otherwise waived by Contractor.

County may conduct a statistical sample audit/compliance review of all claims paid by County during a specified period. The sample will be determined in accordance with generally accepted auditing standards. An exit conference will be held following the performance of such audit/compliance review at which time the result will be discussed with Contractor. Contractor will be provided with a copy of any written evaluation reports.

Contractor will have the opportunity to review County's findings on Contractor, and Contractor will have 30 calendar Days after receipt of County's audit/compliance review results to provide

documentation to County representatives to resolve the audit exceptions. If, at the end of the 30-Day period, there remains audit exceptions which have not been resolved to the satisfaction of County's representatives, then the exception rate found in the audit, or sample, will be applied to the total County payment made to Contractor for all claims paid during the audit/compliance review period to determine Contractor's liability to County. County may withhold any claim for payment by Contractor for any month(s) for any deficiency(ies) not corrected.

6.11.8 Audit Settlements:

(1) If an audit conducted by federal, State, and/or County representatives finds that units of service, actual reimbursable net costs for any services, and/or combinations thereof furnished hereunder are lower than units of service and/or reimbursement for stated actual net costs for any services for which payments were made to Contractor by County, then payment for the unsubstantiated units of service and/or unsubstantiated reimbursement of stated actual net costs for any services must be repaid by Contractor to County. For the purpose of this Paragraph an "unsubstantiated unit of service" means a unit of service for which Contractor is unable to adduce proof of performance of that unit of service and "unsubstantiated reimbursement of stated actual net costs" means stated actual net costs for which Contractor is unable to adduce proof of performance and/or receipt of the actual net cost for any service.

(2) If an audit conducted by federal, State, and/or County representatives finds that actual allowable and documented costs for a unit of service provided hereunder are less than the County's payment for those units of service, Contractor must repay County the difference immediately upon request, or County has the right to withhold and/or offset that repayment obligation against future payments.

(3) If within 30 calendar Days of termination of this Contract, such audit finds that the units of service, allowable costs of services, and/or any combination thereof furnished hereunder are higher than the units of service, allowable costs of services and/or payments made by County, then the difference may be paid to Contractor, not to exceed the County maximum contract obligation.

(4) In no event will County be required to pay Contractor for units of service that are not supported by actual allowable and documented costs.

(5) In the event that Contractor's actual allowable and documented cost for a unit of service is less than fee-for-service rate(s) set out in the budget(s), Contractor will only be reimbursed for its actual allowable and documented costs.

6.11.9 Failure to Comply: Failure of Contractor to comply with the terms of this Paragraph will constitute a material breach of this Contract upon which Director may suspend or County may immediately terminate this Contract.

6.12 TERMINATION FOR NON-ADHERENCE OF COUNTY LOBBYIST ORDINANCE OR RESTRICTIONS ON LOBBYING:

6.12.1 Contractor, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by Contractor, must fully comply with the County's Lobbyist Ordinance, County Code Chapter 2.160. Failure on the part of Contractor or any County Lobbyist or County Lobbying firm retained by Contractor to fully comply with the County's Lobbyist Ordinance will constitute a material breach of this Contract, upon which the County may, in its sole discretion, immediately terminate or suspend this Contract.

6.12.2 Federal Certification and Disclosure Requirement: Because federal monies are to be used to pay for Contractor's services under this Contract, Contractor must comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (31 U.S.C. 1352) and any implementing regulations, and must ensure that each of its subcontractors receiving funds provided under this Contract also fully comply with all such certification and disclosure requirements.

6.13 CONFLICT OF TERMS:

To the extent that there exists any conflict or inconsistency between the language of this Contract and that of any Exhibit(s), Attachment(s), and/or any documents incorporated herein by reference, the language found within this Contract will govern and prevail.

6.14 CONTRACTOR'S OFFICES:

Contractor's office is located at _____.
Contractor's business telephone number is (____) _____, fax number is (____) _____, and e-mail address is _____.
Contractor must notify County in writing of any changes made to its business address, business telephone number, fax number and/or e-mail address as listed herein, or any other business address, business telephone number, fax number and/or e-mail address used in the provision of services herein, at least 10 business days prior to the effective date(s) thereof.

6.15 NOTICES:

All notices or demands required or permitted to be given or made under this Contract must be in writing and will be hand delivered with signed receipt or mailed by first class registered or certified mail, postage prepaid, addressed to the parties as identified in Exhibits F (County's Administration) and G (Contractor's Administration). Addresses may be changed by either party by giving 10 business days' prior written notice thereof to the other party. The Director has the authority to issue all notices or demands required or permitted by the County under this Contract.

6.16 ADMINISTRATION OF CONTRACT:

6.16.1 The Director has the authority to administer this Contract on behalf of County. Contractor agrees to extend to Director the right to review and monitor Contractor's programs, policies, procedures, and financial and/or other records, and to inspect its facilities for contractual compliance at any reasonable time.

6.16.2 Approval of Contractor's Staff: County has the absolute right to approve or disapprove all of Contractor's staff performing work hereunder and any proposed changes in Contractor's staff, including, but not limited to, Contractor's Project Manager.

6.16.3 Contractor's Staff Identification: All of Contractor's employees assigned to County facilities are required to have a County Identification (ID) badge on their person and visible at all times. Contractor bears all expense related to badges.

6.16.4 Background and Security Investigations: Each of Contractor's staff and any subcontractor(s) performing services under this Contract who is in a designated sensitive position, as determined by County in County's sole discretion, must undergo and pass a background investigation to the satisfaction of County as a condition of beginning and continuing to perform services under this Contract. Such background investigation must be obtained through

fingerprints submitted to the California Department of Justice to include local, State, and federal-level review, which may include, but will not be limited to, criminal conviction information. Contractor is responsible for the fees associated with the background investigation, regardless of whether the member of Contractor's staff passes or fails the background investigation.

If a member of Contractor's staff who is in a designated sensitive position does not obtain work clearance through the criminal history background review, they may not perform services under this Contract or be placed and/or assigned within the Department of Public Health. During the term of this Contract, the Department may receive subsequent criminal information about a member(s) of Contractor's staff. If this subsequent information constitutes a job nexus, Contractor must immediately remove that staff member from performing services under this Contract and replace such staff within 15 business days of removal, or within an agreed upon time with the County. Pursuant to an agreement with the Federal Department of Justice, the County will not provide to Contractor, nor to Contractor's staff, any information obtained through the criminal history review.

Disqualification of any member of Contractor's staff pursuant to this section will not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

6.17 ASSIGNMENT AND DELEGATION, MERGER, OR ACQUISITION:

6.17.1 Contractor must notify the County of any pending acquisition/merger of its company unless otherwise legally prohibited from doing so. If Contractor is restricted from legally notifying the County of pending acquisition/merger, then it should notify the County of the actual acquisition/merger as soon as the law allows and provide to the County the legal framework that restricted it from notifying the County prior to the actual acquisition/merger.

6.17.2 Contractor must not assign, exchange, transfer, or delegate its rights or duties under this Contract, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment, delegation, or otherwise transfer of its rights or duties, without such consent will be null and void. For purposes of this Paragraph, County consent requires a written amendment to this Contract which is formally approved and executed by the parties. Any payments by the County to any approved delegate or assignee on any claim under this Contract will be deductible, at

County's sole discretion, against the claims, which Contractor may have against the County.

6.17.3 Any assumption, assignment, delegation, or takeover of any of Contractor's duties, responsibilities, obligations, or performance of same by any person or entity other than Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, will be a material breach of this Contract which may result in the termination of this Contract. In the event of such termination, County will be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

6.18 AUTHORIZATION WARRANTY:

Contractor represents and warrants that the person executing this Contract for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation of this Contract and that all requirements of Contractor have been fulfilled to provide such actual authority.

6.19 BUDGET REDUCTION:

In the event that the Board adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees, and imposes similar reductions with respect to County contracts, the County reserves the right to reduce its payment obligation under this Contract correspondingly for that fiscal year and any subsequent fiscal year during the term of this Contract (including any extensions), and the services to be provided by Contractor under this Contract will also be reduced correspondingly. The County's notice to Contractor regarding said reduction in payment obligation will be provided within 30 Calendar Days of the Board's approval of such actions. Except as set forth in the preceding sentence, Contractor will continue to provide all of the services set forth in this Contract.

6.20 CONTRACTOR BUDGET AND EXPENDITURES REDUCTION FLEXIBILITY:

In order for the County to maintain flexibility with regard to budget and expenditure reductions, Contractor agrees that Director may cancel this Contract, without cause, upon the giving of 10 calendar Days' written notice to Contractor. In the alternative to cancellation, Director may, consistent with federal, State, and/or County budget reductions,

renegotiate the scope/description of work, maximum obligation, and budget of this Contract via a written amendment to this Contract.

6.21 COMPLAINTS:

Contractor must develop, maintain, and operate procedures for receiving, investigating, and responding to complaints.

6.21.1 Within 30 business days after execution of this Contract, Contractor must provide the County with Contractor's policy for receiving, investigating, and responding to user complaints.

6.21.2 The policy must include, but not be limited to, when and how new clients, as well as current and recurring clients, are to be informed of the procedures to file a complaint.

6.21.3 The client and/or his/her authorized representative must receive a copy of the procedure.

6.21.4 The County will review Contractor's policy and provide Contractor with approval of said policy or with requested changes.

6.21.5 If the County requests changes in Contractor's policy, Contractor must make such changes and resubmit the policy within 30 business days for County approval.

6.21.6 If, at any time, Contractor wishes to change its policy, Contractor must submit proposed changes to the County for approval before implementation.

6.21.7 Contractor must preliminarily investigate all complaints and notify the County's Project Manager of the status of the investigation within 15 business days of receiving the complaint.

6.21.8 When complaints cannot be resolved informally, a system of follow-through will be instituted which adheres to formal plans for specific actions and strict time deadlines.

6.21.9 Copies of all written responses must be sent to the County's Project Manager within 3 business days of mailing to the complainant.

6.22 COMPLIANCE WITH APPLICABLE LAW:

6.22.1 In the performance of this Contract, Contractor must comply with all applicable federal, State, and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures, and all

provisions required thereby to be included in this Contract are hereby incorporated herein by reference.

6.22.2 Contractor must indemnify, defend, and hold harmless County, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, or agents, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this Paragraph will be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County will have the right to participate in any such defense at its sole costs and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County will be entitled to retain its own counsel, including without limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor does not have the right to enter into settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.

6.23 COMPLIANCE WITH CIVIL RIGHTS LAW:

Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC 2000 (e) (1)-(17), to the end that no person will, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.

Additionally, Contractor certifies to the County:

1. That Contractor has a written policy statement prohibiting discrimination in all phases of employment.

2. That Contractor periodically conducts a self-analysis or utilization analysis of its work force.

3. That Contractor has a system for determining if its employment practices are discriminatory against protected groups.

4. Where problem areas are identified in employment practices, Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables.

6.24 COMPLIANCE WITH THE COUNTY'S JURY SERVICE PROGRAM:

6.24.1 Jury Service Program: This Contract is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

6.24.2 Written Employee Jury Service Policy:

(1) Unless Contractor has demonstrated to the County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.020 of the County Code), Contractor must have and adhere to a written policy that provides that its Employees will receive from Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with Contractor or that Contractor deducts from the Employee's regular pay the fees received for jury service.

(2) For purposes of this Subparagraph, "Contractor" means a person, partnership, corporation, or other entity which has a contract with the County or a subcontract with a County Contractor and has received or will receive an aggregate sum of fifty thousand dollars ($50,000) or more in any 12-month period under one or more County contracts or subcontracts. "Employee" means any California resident who is a full-time employee of Contractor. "Full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If Contractor uses any subcontractor to perform services for the County under this Contract, the

subcontractor is also subject to the provisions of this Subparagraph. The provisions of this Subparagraph must be inserted into any such subcontract agreement and a copy of the Jury Service Program must be attached to that contract.

(3) If Contractor is not required to comply with the Jury Service Program when this Contract commences, Contractor will have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor must immediately notify the County if Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor must immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during this Contract and at its sole discretion, that Contractor demonstrate, to the County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that Contractor continues to qualify for an exception to the Program.

(4) Contractor's violation of this Subparagraph of this Contract may constitute a material breach of this Contract. In the event of such material breach, County may, at its sole discretion, terminate this Contract and/or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

6.25 COMPLIANCE WITH COUNTY'S ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING:

6.25.1 Contractor acknowledges that the County has established a Zero Tolerance Human Trafficking Policy prohibiting contractors from engaging in human trafficking.

6.25.2 If Contractor or a member of Contractor's staff is convicted of a human trafficking offense, the County will require that Contractor or member of Contractor's staff be removed immediately from performing services under this Contract. County will not be under any obligation to disclose confidential information regarding the offenses other than those required by law.

6.25.3 Disqualification of any member of Contractor's staff pursuant to this Paragraph will not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

6.26 COMPLIANCE WITH FAIR CHANCE EMPLOYMENT PRACTICES:

Contractor, and any subcontractor(s), must comply with the fair chance employment hiring practices set forth in California Government Code Section 12952 and Chapter 8.300 of the Los Angeles County Code (Fair Chance Ordinance for Employers). Contractor's violation of this Paragraph may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, terminate this Contract.

6.27 COMPLIANCE WITH THE COUNTY'S POLICY OF EQUITY:

Contractor acknowledges that the County takes its commitment to preserving the dignity and professionalism of the workplace very seriously, as set forth in the County Policy of Equity (CPOE) (https://ceop.lacounty.gov/). Contractor further acknowledges that the County strives to provide a workplace free from discrimination, harassment, retaliation, and inappropriate conduct based on a protected characteristic, and which may violate the CPOE. Contractor, its employees, and subcontractors acknowledge and certify receipt and understanding of the CPOE. Failure of Contractor, its employees, or its subcontractors to uphold the County's expectations of a workplace free from harassment and discrimination, including inappropriate conduct based on a protected characteristic, may subject Contractor to termination of contractual agreements as well as civil liability.

6.28 CONFLICT OF INTEREST:

6.28.1 No County employee whose position with the County enables such employee to influence the award of this Contract or any competing contract, and no spouse or economic dependent of such employee, may be employed in any capacity by Contractor or have any other direct or indirect financial interest in this Contract. No officer or employee of Contractor who may financially benefit from the performance of work hereunder will in any way participate in the County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence the County's approval or ongoing evaluation of such work.

6.28.2 Contractor must comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. Contractor warrants that it is not now aware of any facts that create a conflict of interest. If Contractor hereafter

becomes aware of any facts that might reasonably be expected to create a conflict of interest, it must immediately make full written disclosure of such facts to the County. Full written disclosure includes, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of this Subparagraph will be a material breach of this Contract.

6.29 CONSIDERATION OF HIRING GAIN/START PARTICIPANTS:

6.29.1 Should Contractor require additional or replacement personnel after the effective date of this Contract, Contractor will give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or Skills and Training to Achieve Readiness for Tomorrow (START) Program who meet Contractor's minimum qualifications for the open position(s). For this purpose, consideration means that Contractor will interview qualified candidates. The County will refer GAIN/START participants by job category to Contractor. Contractor must report all job openings with job requirements to: gainstart@dpss.lacounty.gov and bservices@opportunity.lacounty.gov and DPSS will refer qualified GAIN/START job candidates.

6.29.2 In the event that both laid-off County employees and GAIN/START participants are available for hiring, County employees must be given first priority.

6.30 CONTRACTOR RESPONSIBILITY AND DEBARMENT

6.30.1 Responsible Contractor: A responsible contractor is a contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the contract. It is the County's policy to conduct business only with responsible contractors.

6.30.2 Chapter 2.202 of the County Code: Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code , if the County acquires information concerning Contractor's performance on this or other contracts which indicates that Contractor is not responsible, the County may, in addition to other remedies provided in this Contract, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five years but may exceed five years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with the County.

6.30.3 Non-Responsible Contractor: The County may debar a contractor if the Board finds, in its discretion, that the contractor has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County, (2) committed an act or omission which negatively reflects on the contractor's quality, fitness, or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.

6.30.4 Contractor Hearing Board: If there is evidence that Contractor may be subject to debarment, the Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

6.30.5 The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative will be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board will prepare a proposed decision, which will contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. Contractor and the Department will be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board.

6.30.6 After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board will be presented to the Board. The Board has the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

6.30.7 If a contractor has been debarred for a period longer than five years, that contractor may, after the debarment has been in effect for at least five years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management;

(3) material evidence discovered after debarment was imposed; or
(4) any other reason that is in the best interest of the County.

6.30.8 The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the contractor has been debarred for a period longer than five years; (2) the debarment has been in effect for at least five years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board will consider evidence on the proposed reduction of debarment period or termination of debarment. This hearing will be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

6.30.9 The Contractor Hearing Board's proposed decision will contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board will present its proposed decision and recommendation to the Board. The Board has the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

6.30.10 Subcontractors of Contractors: These terms will also apply to subcontractors of County contractors.

6.31 CONTRACTOR'S ACKNOWLEDGEMENT AND NOTICE TO ITS EMPLOYEES OF SAFELY SURRENDERED BABY LA W:

Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. Contractor must notify and provide to its employees, and will require each subcontractor to notify and provide to its employees, a Fact Sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County and information on where and how to safely surrender a baby. Additionally, Contractor understands that it is County's policy to encourage all County contractors, including Contractor, to voluntarily post County's "Safely Surrendered Baby Law Poster" (available in English, Spanish, Chinese and) in a prominent position at Contractor's place of business. Contractor will also encourage its subcontractors, if any, to post this poster in a prominent position in the subcontractors' place of business. Information and posters for printing are available at www.babysafela.org.

6.32 CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM:

6.32.1 Contractor acknowledges that the County has established a goal of ensuring that all individuals who benefit financially from the County through contracts are in compliance with their court-ordered child, family, and spousal support obligations in order to mitigate the economic burden otherwise imposed upon the County and its taxpayers.

6.32.2 As required by the County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting Contractor's duty under this Contract to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and will during the term of this Contract, maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC 653(a)) and California Unemployment Insurance Code Section 1088.5, and will implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child, Family, or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

6.33 COUNTY'S QUALITY ASSURANCE PLAN:

County or its agent(s) will monitor Contractor's performance under this Contract on not less than an annual basis. Such monitoring will include assessing Contractor's compliance with all Contract terms and performance standards. Contractor deficiencies which County determines are significant, or continuing, and that may place performance of the Contract in jeopardy if not corrected, will be reported to the Board and listed in the appropriate contractor performance database. The report to the Board will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate this Contract or impose other penalties as specified in this Contract.

6.34 SERVICE DELIVERY SITE - MAINTENANCE STANDARDS:

Contractor will assure that the locations where services are provided under provisions of this Contract are operated at all times in accordance with County community standards with regard to property maintenance and repair, graffiti abatement, refuse removal, fire safety, landscaping, and in full compliance with all applicable local laws, ordinances, and regulations relating to the property. County's periodic monitoring visits to Contractor's facilities will include a review of compliance with the provisions of this Paragraph.

6.35 RULES AND REGULATIONS:

During the time that Contractor's personnel are at County Facilities, such persons are subject to the rules and regulations of such County Facility. It is Contractor's responsibility to acquaint persons who are to provide services hereunder with such rules and regulations. Contractor must immediately and permanently withdraw any of its personnel from the provision of services hereunder upon receipt of oral or written notice from Director, that: (1) such person has violated said rules or regulations, or (2) such person's actions while on County premises indicate that such person may do harm to County patients, staff, or other individuals.

6.36 DAMAGE TO COUNTY FACILITIES, BUILDINGS OR GROUNDS:

6.36.1 Contractor will repair, or cause to be repaired, at its own cost, any and all damage to County facilities, buildings, or grounds caused by Contractor or Contractor's employees or agents. Such repairs must be made immediately after Contractor has become aware of such damage, but in no event later than 30 calendar Days after the occurrence.

6.36.2 If Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County, as determined by County, for such repairs must be repaid by Contractor by cash payment upon demand.

6.37 EMPLOYMENT ELIGIBILITY VERIFICATION:

6.37.1 Contractor warrants that it fully complies with all federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirements set forth in federal and State statutes and regulations. Contractor must obtain from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, (P.L. 99-603), as they currently exist or as they may be hereafter amended. Contractor must retain all such documentation for all covered employees for the period prescribed by law.

6.37.2 Contractor must indemnify, defend, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against Contractor or the County or both in connection with any alleged violation of any federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

6.38 DEFAULT METHOD OF PAYMENT: DIRECT DEPOSIT OR ELECTRONIC FUNDS TRANSFER:

The County, at its sole discretion, has determined that the most efficient and secure default form of payment for goods and/or services provided under an agreement/contract with the County is Electronic Funds Transfer (EFT) or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).

Contractor must submit a direct deposit authorization request via the following website https://directdeposit.lacounty.gov with banking and vendor information, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, record keeping, and tax reporting requirements.

Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit will supersede this requirement with respect to those payments.

At any time during this Contract, Contractor may submit a written request for an exemption to this requirement. Such request must be based on specific legal, business, or operational needs and explain why the payment method designated by the A-C is not feasible and an alternative is necessary. The A-C, in consultation with Public Health, will decide whether to approve exemption requests.

6.39 COUNTERPARTS AND ELECTRONIC SIGNATURES AND REPRESENTATIONS:

This Contract may be executed in two or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same Contract. The facsimile or electronic signature of the Parties will be deemed to constitute original signatures, and facsimile or electronic copies will be deemed to constitute duplicate originals. The County and Contractor hereby agree to regard electronic representations of original signatures of authorized officers of each party, when appearing in appropriate places on amendments prepared pursuant to the ALTERATIONS OF TERMS/AMENDMENTS Paragraph and received via communications facilities (e.g., fax or e-mail), as legally sufficient evidence that such legally binding signatures have been affixed to amendments to this Contract.

6.40 FAIR LABOR STANDARDS:

Contractor must comply with all applicable provisions of the Federal Fair Labor Standards Act and must indemnify, defend, and hold harmless the

County and its agents, officers, and employees from any and all liability, including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law, including, but not limited to, the Federal Fair Labor Standards Act, for work performed by Contractor's employees for which the County may be found jointly or solely liable.

6.41 FISCAL DISCLOSURE:

Contractor must prepare and submit to Director, within 10 Days following execution of this Contract, a statement executed by Contractor's duly constituted officer(s), containing the following information: a detailed statement listing all sources of funding to Contractor including private contributions, nature of the funding, services to be provided, total dollar amount, and period of time of such funding.

If, during the term of this Contract, the source(s) of Contractor's funding changes, Contractor must promptly notify Director in writing, detailing such changes.

6.42 FORCE MAJEURE:

6.42.1 Neither party will be liable for such party's failure to perform its obligations under and in accordance with this Contract, if such failure arises out of fires, floods, other natural occurrences, strikes, lockouts (other than a lockout by such party or any of such party's subcontractors), freight embargoes, or other similar events to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault or negligence of such party (such events are referred to in this Paragraph "as "force majeure events").

6.42.2 Notwithstanding the foregoing, a default by a subcontractor of Contractor will not constitute a force majeure event, unless such default arises out of causes beyond the control of both Contractor and such subcontractor, and without any fault or negligence of either of them. In such case, Contractor will not be liable for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit contractor to meet the required performance schedule. As used in this Subparagraph, the term "subcontractor" and "subcontractors" mean subcontractors at any tier.

6.42.3 In the event Contractor's failure to perform arises out of a force majeure event, Contractor agrees to use commercially reasonable best efforts to obtain goods or services from other sources, if

applicable, and to otherwise mitigate the damages and reduce the delay caused by such force majeure event.

6.43 GOVERNING LAW, JURISDICTION, AND VENUE:

This Contract will be governed by, and construed in accordance with, the laws of the State of California. Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Contract and further agrees and consents that venue of any action brought hereunder will be exclusively in the County of Los Angeles.

6.44 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):

The County is subject to the Administrative Simplification requirements and prohibitions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), and regulations promulgated thereunder, including the Privacy, Security, Breach Notification, and Enforcement Rules at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164 (collectively, the "HIPAA Rules"). Under this Contract, Contractor provides services to the County and creates, has access to, receives, maintains, or transmits Protected Health Information as defined in Exhibit H (Business Associate Under Health Insurance Portability and Accountability Act of 1996 ("HIPAA")) in order to provide those services. The County and Contractor therefore agree to the terms of Exhibit H (Business Associate Under Health Insurance Portability and Accountability Act of 1996 ("HIPAA")).

6.45 INDEPENDENT CONTRACTOR STATUS:

6.45.1 This Contract is by and between the County and Contractor and is not intended, and will not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between the County and Contractor. The employees and agents of one party are not, and will not be construed to be, the employees or agents of the other party for any purpose whatsoever.

6.45.2 Contractor is solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Contract all compensation and benefits. The County will have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of Contractor.

6.45.3 Contractor understands and agrees that all persons performing work pursuant to this Contract are, for purposes of Workers' Compensation liability, solely employees of Contractor and not employees of the County. Contractor is solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of Contractor pursuant to this Contract.

6.45.4 Contractor must adhere to the provisions stated in the CONFIDENTIALITY Paragraph of this Contract.

6.46 LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES:

Contractor will obtain and maintain during the term of this Contract, all appropriate licenses, permits, registrations, accreditations, and certificates required by federal, State, and local law for the operation of its business and for the provision of services hereunder. Contractor will ensure that all of its officers, employees, and agents who perform services hereunder obtain and maintain in effect during the term of this Contract, all licenses, permits, registrations, accreditations, and certificates required by federal, State, and local law which are applicable to its performance hereunder. Contractor will provide a copy of each license, permit, registration, accreditation, and certificate upon request of Public Health at any time during the term of this Contract.

6.47 LIQUIDATED DAMAGES

If, in the judgment of the Director, Contractor is deemed to be non-compliant with the terms and obligations assumed hereby, the Director, in addition to, or in lieu of, other remedies provided herein, may withhold the entire monthly payment or deduct pro rata from Contractor's invoice for work not performed. A description of the work not performed and the amount to be withheld or deducted from payments to Contractor from the County, will be forwarded to Contractor by the Director in a written notice describing the reasons for said action.

If the Director determines that there are deficiencies in the performance of this Contract that the Director deems are correctable by Contractor over a certain time span, the Director will provide a written notice to Contractor to correct the deficiency within specified time frames. Should Contractor fail to correct deficiencies within said time frame, the Director may: (a) deduct from Contractor's payment, pro rata, those applicable portions of the Monthly Contract Sum; and/or (b) deduct liquidated damages. The parties agree that it will be impracticable or extremely difficult to fix the extent of

actual damages resulting from Contractor's failure to correct a deficiency within the specified time frame. The parties hereby agree that under the current circumstances, a reasonable estimate of such damages is one hundred dollars ($100) per day per infraction, and that Contractor will be liable to the County for liquidated damages in said amount, which will be deducted from the County's payment to Contractor; and/or (c) upon giving five days' notice to Contractor for failure to correct the deficiencies, the County may correct any and all deficiencies and the total costs incurred by the County for completion of the work by an alternate source, whether it be County forces or separate private contractor, will be deducted and forfeited from the payment to Contractor from the County, as determined by the County.

The action noted above will not be construed as a penalty, but as adjustment of payment to Contractor to recover the County cost due to Contractor's failure to complete or comply with the provisions of this Contract.

This Subparagraph may not, in any manner, restrict or limit the County's right to damages for any breach of this Contract provided by law or as specified above, and may not, in any manner, restrict or limit the County's right to terminate this Contract as agreed to herein.

6.48 NONDISCRIMINATION AND AFFIRMATIVE ACTION:

6.48.1 Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and will be treated equally without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable federal and State anti-discrimination laws and regulations.

6.48.2 Contractor certifies to the County each of the following:

1. Contractor has a written policy statement prohibiting discrimination in all phases of employment.

2. That Contractor periodically conducts a self-analysis or utilization analysis of its work force.

3. That Contractor has a system for determining if its employment practices are discriminatory against protected groups.

4. Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables.

6.48.3 Contractor must take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable federal and State anti-discrimination laws and regulations. Such action includes, but is not limited to: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

6.48.4 Contractor certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation.

6.48.5 Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies will comply with all applicable federal and State laws and regulations to the end that no person will, on the grounds of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.

6.48.6 Contractor will allow County representatives access to Contractor's employment records during regular business hours to verify compliance with the provisions of this Nondiscrimination and Affirmative Action Paragraph when so requested by the County.

6.48.7 If the County finds that any provisions of this Nondiscrimination and Affirmative Action Paragraph have been violated, such violation will constitute a material breach of this Contract upon which the County may terminate or suspend this Contract. While the County reserves the right to determine independently that the anti-discrimination provisions of this Contract have been violated, in addition, a determination by the California Civil Rights Department or the Federal Equal Employment Opportunity Commission that Contractor has violated federal or State anti-discrimination laws or regulations will constitute a finding by the County that Contractor has violated the anti-discrimination provisions of this Contract.

6.48.8 The parties agree that in the event Contractor violates any of the anti-discrimination provisions of this Contract, the County will, at its sole option, be entitled to the sum of five hundred dollars ($500) for each such violation pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Contract.

6.49 NON-EXCLUSIVITY:

Nothing herein is intended nor will be construed as creating any exclusive arrangement with Contractor. This Contract does not restrict the County from acquiring similar, equal, or like goods and/or services from other entities or sources.

6.50 NOTICE OF DELAYS:

Except as otherwise provided under this Contract, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party must, within one business day, give notice thereof, including all relevant information with respect thereto, to the other party.

6.51 NOTICE OF DISPUTES:

Contractor must bring to the attention of the County's Project Manager and/or County's Project Director any dispute between the County and Contractor regarding the performance of services as stated in this Contract. If the County's Project Manager or County's Project Director is not able to resolve the dispute, the Director will resolve it.

6.52 NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT:

Contractor must notify its employees, and require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice must be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015.

6.53 PROHIBITION AGAINST INDUCEMENT OR PERSUASION:

Contractor and the County agree that, during the term of this Contract and for a period of one year thereafter, neither party will in any way intentionally induce or persuade any employee of one party to become an employee or agent of the other party. No bar exists against any hiring action initiated through a public announcement.

6.54 PROHIBITION AGAINST PERFORMANCE OF SERVICES WHILE UNDER THE INFLUENCE:

Contractor will ensure that no employee or physician performs services while under the influence of any alcoholic beverage, medication, narcotic, or other substance that might impair his/her physical or mental performance.

6.55 PUBLIC RECORDS ACT:

6.55.1 Any documents submitted by Contractor; all information obtained in connection with the County's right to audit and inspect the Contractor's documents, books, and accounting records pursuant to the RECORD RETENTION AND AUDITS Paragraph of this Contract; as well as those documents which were required to be submitted in response to the solicitation process for this Contract, become the exclusive property of the County. All such documents become a matter of public record and will be regarded as public records. except for those documents determined to be non-disclosable or exempt pursuant to California Government Code sections 7921.000 et seq. and which are marked "trade secret," "confidential," or "proprietary." The County will not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

6.55.2 In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "trade secret," "confidential," or "proprietary," Contractor agrees to defend and indemnify the County from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

6.56 PURCHASES:

6.56.1 Purchase Practices: Contractor must fully comply with all federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives in acquiring all furniture, fixtures, equipment, materials, and supplies. Such items must be acquired at the lowest possible price or cost if funding is provided for such purposes hereunder. Contractor must attach identifying labels on all such property indicating the proprietary interest of County.

6.56.2 Proprietary Interest of County: In accordance with all applicable federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives, County will retain all

proprietary interest, except for use during the term of this Contract, in all furniture, fixtures, equipment, materials, and supplies, purchased or obtained by Contractor using any Contract funds designated for such purpose. Upon the expiration or earlier termination of this Contract, the discontinuance of the business of Contractor, the failure of Contractor to comply with any of the provisions of this Contract, the bankruptcy of Contractor or its giving an assignment for the benefit of creditors, or the failure of Contractor to satisfy any judgment against it within 30 Calendar Days of filing, County will have the right to take immediate possession of all such furniture, fixtures, equipment, materials, and supplies, without any claim for reimbursement whatsoever on Contractor's part.

6.56.3 Inventory Records, Controls, and Reports: Contractor must maintain accurate and complete inventory records and controls for all furniture, fixtures, equipment, materials, and supplies purchased or obtained using any Contract funds designated for such purpose. Annually, Contractor must provide Director with an accurate and complete inventory report of all furniture, fixtures, equipment, materials, and supplies purchased or obtained using any County funds designated for such purpose.

6.56.4 Protection of Property in Contractor's Custody: Contractor must maintain vigilance and take all reasonable precautions to protect all furniture, fixtures, equipment, materials, and supplies purchased or obtained using any Contract funds designated for such purpose, against any damage or loss by fire, burglary, theft, disappearance, vandalism, or misuse. Contractor must contact Director for instructions for disposition of any such property which is worn out or unusable.

6.56.5 Disposition of Property in Contractor's Custody: Upon the termination of the funding of any program covered by this Contract, or upon the expiration or early termination of this Contract, or at any other time that County may request, Contractor must: (1) provide access to and render all necessary assistance for physical removal by Director or authorized representatives, of any or all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose, in the same condition as such property was received by Contractor, reasonable wear and tear expected; or (2) at Director's option, deliver any or all items of such property to a location designated by Director. Any disposition, settlement, or adjustment connected with such property must be in accordance with all applicable federal, State, and

County laws, ordinances, rules, regulations, manuals, guidelines, and directives.

6.57 REAL PROPERTY AND BUSINESS OWNERSHIP DISCLOSURE:

6.57.1 Real Property Disclosure: If Contractor is renting, leasing, or subleasing, or is planning to rent, lease, or sublease, any real property where persons are to receive services hereunder, Contractor must prepare and submit to Director within 10 Calendar Days following execution of this Contract, an affidavit sworn to and executed by Contractor's duly constituted officer(s) containing the following information:

(1) The location by street address and city of any such real property.

(2) The fair market value of any such real property as such value is reflected on the most recently issued County Tax Collector's tax bill.

(3) A detailed description of all existing and pending rental agreements, leases, and subleases with respect to any such real property, with such description to include: the term (duration) of such rental agreement, lease or sublease; the amount of monetary consideration to be paid to the lessor or sublessor over the term of the rental agreement, lease, or sublease; the type and dollar value of any other consideration to be paid to the lessor or sublessor over the term of the rental agreement, lease, or sublease; the full names and addresses of all parties who stand in the position of lessor or sublessor; if the lessor or sublessor is a private corporation and its shares are not publicly traded (on a stock exchange or over-the-counter), a listing by full names of all officers, directors, and stockholders thereof; and if the lessor or sublessor is a partnership, a listing by full names of all general and limited partners thereof.

(4) A listing by full names of all Contractor's officers, directors, members of its advisory boards, members of its staff and consultants, who have any family relationships by marriage or blood with a lessor or sublessor referred to in Subparagraph 3 immediately above, or who have any financial interest in such lessor's or sublessor's business, or both. If such lessor or sublessor is a corporation or partnership, such listing must also include the full names of all Contractor's officers, members of its advisory boards, members of its staff and consultants who have any family

relationship, by marriage or blood, to an officer, director, or stockholder of the corporation, or to any partner of the partnership. In preparing the latter listing, Contractor must also indicate the names(s) of the officer(s), director(s), stockholder(s), or partner(s), as appropriate, and the family relationship which exists between such person(s) and Contractor's representatives listed.

(5) If a facility of Contractor is rented or leased from a parent organization or individual who is a common owner, Contractor may only charge the program for costs of ownership. Costs of ownership include depreciation, interest, and applicable taxes.

True and correct copies of all written rental agreements, leases, and subleases with respect to any such real property must be appended to such affidavit and made a part thereof.

6.57.2 Business Ownership Disclosure: Contractor must prepare and submit to Director, upon request, a detailed statement, executed by Contractor's duly constituted officers, indicating whether Contractor totally or partially owns any other business organization that will be providing services, supplies, materials, or equipment to Contractor or in any manner does business with Contractor under this Contract. If, during the term of this Contract, Contractor's ownership of other businesses dealing with Contractor under this Contract changes, Contractor must notify Director in writing of such changes within 30 calendar Days prior to the effective date thereof.

6.58 REPORTS:

Contractor must make reports as required by County concerning Contractor's activities and operations as they relate to this Contract and the provision of services hereunder. However, in no event may County require such reports unless Director has provided Contractor with at least 30 Days' prior written notification thereof. Director's notification will provide Contractor with a written explanation of the procedures for reporting the information required.

6.59 RECYCLED BOND PAPER:

Consistent with the Board policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content bond paper to the maximum extent possible in connection with services to be performed by Contractor under this Contract.

6.60 PROHIBITION FROM PARTICIPATION IN FUTURE SOLICITATION(S):

Proposers, contractors, or a subsidiary or subcontractor ("Proposer/Contractor") are prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has provided advice or consultation for the solicitation. A Proposer/Contractor is also prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has developed or prepared any of the solicitation materials on behalf of the County. Violation of this provision will result in the disqualification of the Contractor/Proposer from participation in the County solicitation or the termination or cancellation of any resultant County contract. This provision survives the expiration or other termination of this Contract.

6.61 STAFFING AND TRAINING/STAFF DEVELOPMENT:

Contractor must operate continuously throughout the term of this Contract with at least the minimum number of staff required by County. Such personnel must be qualified in accordance with standards established by County. In addition, Contractor must comply with any additional staffing requirements which may be included in the Exhibits attached hereto.

During the term of this Contract, Contractor must have available and must provide upon request to authorized representatives of County, a list of persons by name, title, professional degree, salary, and experience who are providing services hereunder. Contractor must also indicate on such list which persons are appropriately qualified to perform services hereunder. If an executive director, program director, or supervisorial position becomes vacant during the term of this Contract, Contractor must, prior to filling said vacancy, notify County's Director and provide the above set forth required information to County's Director regarding any candidate prior to any appointment. Contractor must institute and maintain appropriate supervision of all persons providing services pursuant to this Contract.

Contractor must institute and maintain a training/staff development program pertaining to those services described in the Exhibit(s) attached hereto. Appropriate training/staff development must be provided for treatment, administrative, and support personnel. Participation of treatment and support personnel in training/staff development should include in-service activities. Such activities must be planned and scheduled in advance and conducted on a continuing basis. Contractor must develop and institute a plan for an annual evaluation of such training/staff development program.

6.62 SUBCONTRACTING:

6.62.1 For purposes of this Contract, subcontracts must be approved in advance in writing by Director. Contractor's request to Director for approval of a subcontract must include:

(1) Identification of the proposed subcontractor (who must be licensed as appropriate for provision of subcontract services), and an explanation of why and how the proposed subcontractor was selected, including the degree of competition involved.

(2) A detailed description of the services to be provided by the subcontractor.

(3) The proposed subcontract amount and manner of compensation, if any, together with Contractor's cost or price analysis thereof.

(4) A copy of the proposed subcontract. (Any later modification of such subcontract must take the form of a formally written subcontract amendment which also must be approved in writing by the Director in the same manner as described above, before such amendment is effective.)

(5) Any other information and/or certification(s) requested by Director.

6.62.2 Director will review Contractor's request to subcontract and determine, in his/her sole discretion, whether or not to consent to such a request on a case-by-case basis.

6.62.3 Subcontracts must be made in the name of Contractor and may not bind nor purport to bind County. The making of subcontracts hereunder does not relieve Contractor of any requirement under this Contract, including, but not limited to, the duty to properly supervise and coordinate the work of employees and subcontractor(s). Further, Director's approval of any subcontract must not be construed to limit in any way, any of County's rights or remedies contained in this Contract.

6.62.4 In the event that Director consents to any subcontracting, Contractor is solely liable and responsible for any and all payments or other compensation to any subcontractor(s), and their officers, employees, and agents.

6.62.5 In the event that Director consents to any subcontracting, such consent is provisional, and does not waive the County's right to later withdraw that consent when such action is deemed by County

to be in its best interest. County is not liable or responsible in any way to Contractor, or any subcontractor, for any liability, damages, costs, or expenses arising from or related to County's exercising of such a right.

6.62.6 The County's consent to subcontract does not waive the County's right to prior and continuing approval of any and all personnel, including subcontractor employees providing services under this Contract. Contractor must notify its subcontractors of this County right.

6.62.7 Subcontracts must contain the following provision: "This contract is a subcontract under the terms of a prime contract with the County of Los Angeles and is subject to all of the provisions of such prime contract." Further, Contractor must also reflect as subcontractor requirements in the subcontract form all of the requirements of the INDEMNIFICATION, GENERAL PROVISIONS FOR ALL INSURANCE COVERAGES, INSURANCE COVERAGE REQUIREMENTS, COMPLIANCE WITH APPLICABLE LAW, CONFLICT OF TERMS and ALTERATION OF TERMS Paragraphs.

Contractor must deliver to Director a fully executed copy of each subcontract entered into by Contractor, as it pertains to the provision of services under this Contract, on or immediately after the effective date of the subcontract, but in no event, later than the date any services are to be performed under the subcontract.

6.62.8 Contractor must obtain certificates of insurance which establish that the subcontractor maintains all the programs of insurance required by the County from each approved subcontractor.

6.62.9 Director is hereby authorized to act for and on behalf of County pursuant to this Paragraph, including but not limited to, consenting to any subcontracting.

6.62.10 Contractor must indemnify, defend, and hold the County harmless with respect to the activities of each and every subcontractor in the same manner and to the same degree as if such subcontractor(s) were a Contractor employee.

6.62.11 Contractor remains fully responsible for all performances required of it under this Contract, including those that Contractor has determined to subcontract, notwithstanding the County's approval of Contractor's proposed subcontract.

6.63 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM:

Contractor's failure to maintain compliance with the requirements set forth in the Paragraph entitled CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM, herein, will constitute default under this Contract. Without limiting the rights and remedies available to the County under any other provision of this Contract, Contractor's failure to cure such default within 90 Days of written notice will be grounds upon which the County may terminate this Contract pursuant to the Paragraph entitled TERMINATION FOR DEFAULT, herein, and pursue Contractor debarment, pursuant to County Code Chapter 2.202.

6.64 TERMINATION FOR CONVENIENCE:

6.64.1 This Contract may be terminated, in whole or in part, from time to time, when such action is deemed by County, in its sole discretion, to be in its best interest. Termination of services hereunder will be effectuated by a Notice of Termination to Contractor specifying the extent to which performance of work is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective will be no less than 30 calendar Days after the Notice is sent.

6.64.2 After receipt of a Notice of Termination and except as otherwise directed by County, Contractor must stop work under this Contract on the date and to the extent specified in such Notice of Termination.

6.64.3 Further, after receipt of a Notice of Termination, Contractor will submit to County, in the form and with the certifications as may be prescribed by County, its termination claim and invoice. Such claim and invoice must be submitted promptly, but not later than 60 calendar Days from the effective date of termination. Upon failure of Contractor to submit its termination claim and invoice within the time allowed, County may determine on the basis of information available to County, the amount, if any, due to Contractor in respect to the termination, and such determination will be final. After such determination is made, County will pay Contractor the amount so determined.

6.64.4 Contractor, for a period of seven years after final settlement under this Contract, in accordance with the Paragraph entitled RECORD RETENTION AND AUDITS, herein, must retain and make available all its books, documents, records, or other evidence bearing on

Contractor's costs and expenses under this Contract in respect to the provision of services hereunder. All such books, records, documents, or other evidence must be retained by Contractor at a location in Los Angeles County and must be made available within 10 calendar Days of written notice by County for purposes of inspection or audit by representatives of County during normal business hours.

6.65 TERMINATION FOR DEFAULT:

6.65.1 The County may, by written notice to Contractor, terminate the whole or any part of this Contract, if, in the judgement of County's Project Director:

- Contractor has materially breached this Contract; or
- Contractor fails to timely provide and/or satisfactorily perform any task, deliverable, service, or other work required either under this Contract; or
- Contractor fails to demonstrate a high probability of timely fulfillment of performance requirements under this Contract, or of any obligations of this Contract and in either case, fails to demonstrate convincing progress toward a cure within five working days (or such longer period as the County may authorize in writing) after receipt of written notice from the County specifying such failure.

6.65.2 In the event that the County terminates this Contract in whole or in part as provided hereinabove, the County may procure, upon such terms and in such manner as the County may deem appropriate, goods and services similar to those so terminated. Contractor will be liable to the County for such similar goods and services. Contractor will continue the performance of this Contract to the extent not terminated under the provisions of this Paragraph.

6.65.3 Except with respect to defaults of any subcontractor, Contractor will not be liable for any such excess costs of the type identified in the Paragraph above if its failure to perform this Contract arises out of causes beyond the control and without the fault or negligence of Contractor. Such causes may include, but are not limited to: acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity; acts of federal or State governments in their sovereign capacities; or fires, floods, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without

the fault or negligence of Contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both Contractor and any subcontractor, and without the fault or negligence of either of them, Contractor will not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this Paragraph, the term "subcontractor(s)" means subcontractor(s) at any tier.

6.65.4 If, after the County has given notice of termination under the provisions of this Paragraph, it is determined by the County that Contractor was not in default under the provisions of this Paragraph or that the default was excusable under the provisions hereinabove, the rights and obligations of the parties will be the same as if the notice of termination had been issued pursuant to the Paragraph entitled TERMINATION FOR CONVENIENCE, herein.

6.65.5 The rights and remedies of County provided in this Paragraph are not exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

6.66 TERMINATION FOR IMPROPER CONSIDERATION:

6.66.1 County may, by written notice to Contractor, immediately terminate Contractor's right to proceed under this Contract if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent, with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment, or extension of this Contract, or the making of any determinations with respect to Contractor's performance pursuant to this Contract. In the event of such termination, the County will be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

6.66.2 Contractor must immediately report any attempt by a County officer or employee to solicit such improper consideration. The report must be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at: (800) 544-6861 or, https://fraud.lacounty.gov/.

6.66.3 Among other items, such improper consideration may take the form of cash, discounts, services, the provision of travel or entertainment, or other tangible gifts.

6.67 TERMINATION FOR INSOLVENCY:

6.67.1 The County may terminate this Contract forthwith in the event of the occurrence of any of the following:

- Insolvency of Contractor. Contractor will be deemed to be insolvent if it has ceased to pay its debts at least 60 Calendar Days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code and whether or not Contractor is insolvent within the meaning of the Federal Bankruptcy Code;

- The filing of a voluntary or involuntary petition regarding Contractor under the federal Bankruptcy Code;

- The appointment of a Receiver or Trustee for Contractor;

- The execution by Contractor of a general assignment for the benefit of creditors.

6.67.2 The rights and remedies of the County provided in this Paragraph are not exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

6.68 TERMINATION FOR NON-APPROPRIATION OF FUNDS:

Notwithstanding any other provision of this Contract, the County will not be obligated for Contractor's performance hereunder, or by any provision of this Contract during any of the County's future fiscal years, unless and until the Board appropriates funds for this Contract in the County's Budget for each such future fiscal year. In the event that funds are not appropriated for this Contract, then this Contract will terminate as of June 30th of the last fiscal year for which funds were appropriated. The County will notify Contractor in writing of any such non-allocation of funds at the earliest possible date.

6.69 NO INTENT TO CREATE A THIRD-PARTY BENEFICIARY CONTRACT:

Notwithstanding any other provision of this Contract, the parties do not in any way intend that any person acquire any rights as a third-party beneficiary under this Contract.

6.70 TIME OFF FOR VOTING:

Contractor must notify and provide to its employees, and must require each subcontractor to notify and provide to its employees, information regarding the time off for voting law (Elections Code Section 14000). Not less than 10 calendar Days before every Statewide election, Contractor and any subcontractor(s) must keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Section 14000.

6.71 VALIDITY:

If any provision of this Contract or the application thereof to any person or circumstance is held invalid, the remainder of this Contract and the application of such provision to other persons or circumstances will not be affected thereby.

6.72 WAIVER:

No waiver by the County of any breach of any provision of this Contract will constitute a waiver of any other breach or of such provision. Failure of the County to enforce at any time, or from time to time, any provision of this Contract will not be construed as a waiver thereof. The rights and remedies set forth in this Paragraph are not exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

6.73 WARRANTY AGAINST CONTINGENT FEES:

6.73.1 Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon any contract or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by Contractor for the purpose of securing business.

6.73.2 For breach of this warranty, the County will have the right to terminate this Contract and, at its sole discretion, deduct from the Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

6.74 WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM:

Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County

through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this Contract will maintain compliance, with Los Angeles County Code Chapter 2.206, the County's Defaulted Property Tax Reduction Program.

6.75 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM:

Contractor's failure to maintain compliance with the requirements set forth in the Paragraph entitled WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM, herein, will constitute default under this Contract. Without limiting the rights and remedies available to County under any other provision of this Contract, failure of Contractor to cure such default within 10 Calendar Days of notice will be grounds upon which County may terminate this Contract and/or pursue Contractor debarment pursuant to Los Angeles County Code Chapter 2.206.

6.76 INJURY AND ILLNESS PREVENTION PROGRAM:

Contractor is required to comply with the State of California's Division of Occupational Safety and Health (Cal OSHA) regulations. California Code of Regulations Title 8 Section 3203 requires all California employers to have a written, effective Injury and Illness Prevention Program (IIPP) that addresses hazards pertaining to the particular workplace covered by the program.

6.77 CAMPAIGN CONTRIBUTION PROHIBITION FOLLOWING FINAL DECISION IN CONTRACT PROCEEDING:

Pursuant to Government Code Section 84308, Contractor and its subcontractors, are prohibited from making a contribution of more than $250 to a County officer for 12 months after the date of the final decision in the proceeding involving this Contract. Failure to comply with the provisions of Government Code Section 84308 and of this paragraph, may be a material breach of this Contract as determined in the sole discretion of the County.

7. UNIQUE PROVISIONS:

7.1 CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE:

The County seeks to ensure that all County Contractors which receive or raise charitable contributions comply with California law, including the "Nonprofit Integrity Act of 2004," as approved and codified in California Government Code, Sections 12580-12599.10, in order to protect the County and its taxpayers. If Contractor receives or raises charitable contributions without complying with its obligations under California law, it commits a material breach subjecting it to either Contract termination or debarment proceedings or both (County Code Chapter 2.202).

7.2 CONTRACTOR'S EXCLUSION FROM PARTICIPATION IN A FEDERALLY FUNDED PROGRAM:

Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the federal government, directly or indirectly, in whole or in part, and that Contractor will notify Director within 30 Days in writing of: (1) any event that would require Contractor or a staff member's mandatory exclusion from participation in a federally funded health care program; and (2) any exclusionary action taken by any agency of the federal government against Contractor or one or more staff members barring it or the staff members from participation in a federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Contractor must indemnify and hold County harmless against any and all loss or damage County may suffer arising from any federal exclusion of Contractor or its staff members from such participation in a federally funded health care program.

Contractor's failure to meet the requirements of this Paragraph will constitute a material breach of contract upon which County may immediately terminate or suspend this Contract.

7.3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION–- LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76):

Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible or excluded from securing federally funded contracts. By executing this Contract, Contractor certifies that neither it, nor any of its owners, officers, partners, directors, or principals are currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Contract, Contractor certifies that, to its

knowledge, none of its subcontractors, at any tier, or any owner, officer, partner director, or other principal of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor must immediately notify County in writing during the term of this Contract, should it or any of its subcontractors or any principals of either being suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor's failure to comply with this provision will constitute a material breach of this Contract upon which the County may immediately terminate or suspend this Contract.

7.4. WHISTLEBLOWER PROTECTIONS:

7.4.1 Per federal statute, 41 USC 4712, all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts are subject to whistleblower rights, remedies, and protections and may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing. In addition, whistleblowing protections cannot be waived by any agreement, policy, form, or condition of employment.

7.4.2 Whistleblowing is defined as making a disclosure "that the employee reasonably believes" is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee's disclosure must be made to: a member of Congress or a representative of a Congressional committee; an Inspector General; the Government Accountability Office; a federal employee responsible for contract or grant oversight or management at the relevant agency; an official from the Department of Justice or other law enforcement agency; a court or grand jury; or a management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

7.4.3 The National Defense Authorization Act for fiscal year 2013, enacted January 2, 2013, mandates a Pilot Program for Enhancement of Contractor Employee Whistleblower Protections that requires that all grantees, their subgrantees, and subcontractors inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the pilot program; inform their employees in writing of the employee whistleblower protections under 41 USC 4712 in the predominant native language of the workforce; and include such

requirements in any agreement made with a subcontractor or subgrantee.

7.5. MOST FAVORED PUBLIC ENTITY:

If Contractor's prices decline or should Contractor at any time during the term of this Contract provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Contract, then such lower prices must be immediately extended to the County.

7.6 COMPLIANCE WITH COUNTY'S CHILD WELLNESS POLICY:

This Contract is subject to Board Policy Manual, Chapter 3, Administration and Government, 3.116 Los Angeles County Child Wellness Policy. As required by the Child Wellness Policy, Contractor must make every effort to provide current nutrition and physical activity information to parents, caregivers, and staff as recommended by the Centers for Disease Control and Prevention, and the American Academy of Pediatrics; ensure that age appropriate nutritional and physical activity guidelines for children both in out-of-home care and in child care settings are promoted and adhered to; and provide opportunities for public education and training.

7.7 CHILD/ELDER ABUSE/FRAUD REPORT:

7.7.1 Contractor's mandated reporting staff working on this Contract that are subject to California Penal Code (PC) Section 11164 et seq. must comply with the reporting requirements described in PC Section 11164 et seq. and must report all known or suspected instances of child abuse to an appropriate child protective agency, as mandated by the aforementioned Code sections. Contractor's mandated reporting staff working on this Contract must make the report on such abuse, and must submit all required information, in accordance with PC Sections 11166 and 11167.

7.7.2 Child abuse reports must be made by telephone to the Department of Children and Family Services hotline at: (800) 540-4000, within 24 hours of suspicion of instances of child abuse.

7.7.3 Contractor's mandated reporting staff working on this Contract that are subject to California Welfare and Institutions Code (WIC) Section 15600 et seq. must comply with the reporting requirements described in WIC Section 15600 et seq., and must report all known or suspected instances of physical abuse of elders and dependent adults either to an appropriate County adult protective services

agency or to a local law enforcement agency, as mandated by these Code sections. Contractor's mandated reporting staff working on this Contract must make the report on such abuse, and must submit all required information, in accordance with WIC Sections 15630, 15633 and 15633.5.

7.7.4 Elder abuse reports must be made by telephone to the Department of Workforce Development, Aging, and Community Services hotline at (800) 992-1660 within one business day from the date Contractor became aware of the suspected instance of elder abuse.

7.7.5 Contractor staff working on this Contract must also immediately report all suspected fraud situations within three business days to the County's Department of Public Social Services (DPSS) Central Fraud Reporting Line at: (800) 349-9970 unless otherwise restricted by law from disclosing such information.

8. SURVIVAL:

In addition to any terms and conditions of this Contract that expressly survive expiration or termination of this Contract by their terms, the following provisions will survive the expiration or termination of this Contract for any reason:

Paragraph 6.4	Confidentiality
Paragraph 6.6	Indemnification
Paragraph 6.7	General Provisions for all Insurance Coverage
Paragraph 6.8	Insurance Coverage
Paragraph 6.9	Ownership of Materials, Software and Copyright
Paragraph 6.11	Record Retention and Audits
Paragraph 6.22	Compliance with Applicable Law
Paragraph 6.43	Governing Law, Jurisdiction, and Venue
Paragraph 6.71	Validity
Paragraph 6.72	Waiver

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IN WITNESS WHEREOF, the Board has caused this Contract to be subscribed by its Director of Public Health, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officer, the month, day, and year first above written.

COUNTY OF LOS ANGELES

By _____
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

_____
Contractor

By _____
Signature

_____
Printed Name

Title_____

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
DAWYN R. HARRISON
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By_____
Contracts and Grants Division Management

#08534:an

DOMESTIC VIOLENCE SUPPORTIVE SERVICES

CASE MANAGEMENT SERVICES STATEMENT OF WORK

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Attachment A – Case Management Services Performance Requirements Summary Chart

DOMESTIC VIOLENCE SUPPORTIVE SERVICES

CASE MANAGEMENT SERVICES STATEMENT OF WORK

INTRODUCTION

The California Work Opportunity and Responsibility to Kids (CalWORKs) is a welfare program that provides temporary financial assistance and employment services to families with minor children. The Welfare-to-Work (WtW) Program is the employment segment of CalWORKs designed to assist individuals who are receiving assistance to transition from dependence on public assistance into self-sufficiency. CalWORKs WtW program Greater Avenues for Independence (GAIN), and Refugee Employment Program (REP) aided adults or caretakers of families on welfare, unless exempt, are required to meet the WtW requirements. CalWORKs-eligible, battered non-citizens, (which includes individuals with approved Violence Against Women Act (VAWA) and I-130 petitioners), and/or those eligible under Senate Bill 1569, (U-Visa petition), for whom CalWORKs benefits have been issued or approved, (at the individual level), is a sub-category of the CalWORKs eligible population.

CalWORKs regulations provide considerations for domestic violence (DV) survivors to ensure that clients (CalWORKs recipients or participants) who are past or present survivors are not placed at further risk or unfairly penalized by CalWORKs program requirements.

Domestic abuse is defined as assaultive or coercive behavior, including threats or attempts at abuse, that occurs within a domestic relationship. Domestic abuse is an overarching term that includes, but is not limited to, physical abuse, sexual abuse, psychological abuse, economic control, domestic violence, stalking, isolation, threats, or other types of coercive behaviors. Additionally, neglect or deprivation of medical care is domestic abuse when the person being neglected is a dependent, e.g., a child, adult with a disability, or an older adult, per the California Department of Social Services' (CDSS) All County Letter, (ACL) NO. 23-109.

Domestic relationships are relationships that can include, but are not limited to, adults or minors who live together or have lived together, (including family and non-family members), adults or minors who have dated, adults or minors who have engaged in a sexual relationship, those who share a child in common, adults or minors who are related by blood or adoption, and adults or minors related by marriage.

DV may be a barrier to employment and participation in WtW activities for the survivor. Domestic Violence Supportive Services (DVSS) are provided under this Contract to assist CalWORKs WtW DV survivors in achieving a network of safe supports so that they can overcome barriers to employment and become self-sufficient.

DVSS consists of a series of activities designed to provide the necessary support for DV survivors to achieve the desired outcome of obtaining unsubsidized employment and move toward self-sufficiency. Contractor is required to deliver coordinated and

comprehensive DV supportive services to participants, and their minor children, that will lead them to a safer and more stable environment, while providing the adult with the skills to become employed.

1.0 PROGRAM OVERVIEW

1.1 DOMESTIC VIOLENCE CASE MANAGEMENT SERVICES

1.1.1 Domestic Violence Case Management Services includes: assessment/reassessment of client need, safety plan, service plan, counseling services, support group services, life skills education services, case management, child focused educational sessions, DV education classes, hotel and shelter bed night service for CalWORKs participants, language assistance services, childcare/youth activities, translator/translation services, GAIN Focus 360, (formerly Job Club), Orientation Presentation and outreach.

1.1.2 Other services that may be provided to clients wishing to participate include mental health licensed therapy, court support and restraining order support services.

1.1.3 Contractor must provide DVSS Case Management Services to CalWORKs GAIN/REP participants and their minor children, and when funded, General Relief (GR) and Skills & Training to Achieve Readiness for Tomorrow (START) participants, who have a DV barrier to employment.

1.1.4 Contractor must provide intensive individual, group, and if appropriate, family-focused case management services to participants and families that remove barriers to employment, meet service plan objectives, and achieve successful outcomes to move toward self-sufficiency. The type and duration of services is based upon the needs of the participant, as documented in the service plan.

1.1.5 Contractor must provide services to non-English and limited English proficient participants using bilingual staff or language assistance services. Contractor must not require participants to provide their own interpreter at any time. The most common non-English languages are: Armenian, Cambodian, Chinese, (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

2.0 PARTICIPANT ELIGIBILITY

To be eligible for services funded under this Statement of Work (SOW), participants must be enrolled in the CalWORKs GAIN/REP, including CalWORKs

eligible battered non-citizens for whom a U-Visa/VAWA petition has been filed, GR and/or START programs. Participants must reside in Los Angeles County (LAC). Participant cannot receive case management services from more than one DVSS Contractor at the same time.

2.1 ELIGIBILITY DETERMINATION

2.1.1 Prior to the provision of DVSS services, Contractor must determine each CalWORKs GAIN/REP, GR, and START participants' initial and ongoing eligibility for the DVSS program by adhering to the procedures outlined throughout this SOW, which includes verification of participants enrollment and participation in the WtW program, and completion and submission of required Department of Public Social Services (DPSS) forms and documentation, which must be maintained in each participant's file. Individuals who are not eligible for CalWORKs GAIN/REP, GR, or START programs are not eligible for DVSS Case Management services.

2.1.2 Contractor may not be reimbursed for services provided until DVSS eligibility for an individual has been established and maintained in accordance with this SOW.

2.1.3 Additionally, Contractor must confirm that each participant is a current/past survivor of DV, where the abuse occurred within a domestic relationship; such confirmation can be satisfied by participant's verbal self-report.

2.1.4 For Battered non-citizens, Contractor must ensure U-Visa or VAWA petitioners establish CalWORKs or GR eligibility by directing them to DPSS CalWORKs or GR Eligibility staff to provide the required documentation and verification as appropriate, for reevaluation of CalWORKs or GR benefits and services. The following conditions must be met:

- The U-VISA/VAWA petitions must be filed; and
- Evidence of that filing must be submitted to the DPSS Eligibility Worker; and
- The DPSS Eligibility Worker must determine that a participant is CalWORKs or GR eligible.

2.2 NO CLIENT FEES

2.2.1 Contractor must not charge a DVSS participant any fees/costs for any services provided under this SOW.

2.3 NO MANDATORY PARTICIPANT DUTIES

2.3.1 Contractor must not mandate participant to perform labor to receive services. This includes work related to the upkeep and/or maintenance of Contractor's facilities, office work or clerical duties, and childcare.

2.4 OBTAINING PARTICIPANT'S CASE NUMBER

2.4.1 During intake, Contractor must request and obtain the participant's CalWORKs or GR/START case number. Most participants carry their Electronic Benefits Card (EBT) with them, which includes the participant's case number.

2.4.2 Contractor must obtain the name, DPSS office location, and phone number of the participant's GAIN Services Worker (GSW) Contracted Case Manager (CCM)/REP CCM or START Case Managers (SCM) from the participant. If the participant is only able to provide the name of the GSW CCM or SCM and CalWORKs or GR case number, the participant must be directed to obtain the necessary information by accessing the BenefitsCal website or by contacting the DPSS Customer Service Center at (866) 613-3777.

2.5 PARTICIPANTS RESIDING OUTSIDE LOS ANGELES COUNTY

2.5.1 If a CalWORKs WtW or GR/START participant who resides in another county moves to LAC, the participant is not eligible for DVSS under this SOW until the participant's CalWORKs case has been transferred to LAC and approved by a LAC DPSS office.

2.5.2 After participant's case has transferred to a DPSS office, all eligibility and verification procedures along with documentation requirements detailed in this SOW will apply.

3.0 REFERRALS

3.1 DPSS DIRECT REFERRALS

Contractor must receive participant referrals directly from DPSS for the provision of DV supportive services. DPSS staff must initiate a call to the Contractor to schedule an appointment for the participant. Contractor must coordinate scheduling appointments and must implement the following steps when receiving participant referrals from DPSS.

3.1.1 CalWORKs Participants Directly Referred by DPSS

3.1.1.1 Obtain a copy of CalWORKs Specialized Supportive Services Provider Referral, GN 6006B (Exhibit H, Form 4), from the participant or DPSS GSW/CCM.

3.1.1.2 Complete Page 2, Section B of GN 6006B, and fax or transmit the completed form via County-approved encrypted email to the DPSS GSW/CCM within five business days of participant's intake.

3.1.1.3 Contractor must retain a copy of the completed GN 6006B form in the participant's case file.

3.1.1.4 Contractor must ensure that the DV component is open in California Statewide Automated Welfare System (CalSAWS) for at least one day of a service month to establish eligibility for entire month prior to providing services. To verify eligibility, Contractor must verify based on ongoing receipt and submission of GN 6008 (Exhibit H, Form 7), Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Services Provider Progress Report which is requested every 90 calendar days. Eligibility verification is contingent upon confirmation that the GN 6011 (Exhibit H, Form 9), Service Provider Cancellation/Stop Notice to Contractor (indicating of DV activity on CalSAWS) has not been sent to the Contractor. Contractor must contact the GAIN Services Worker/CCM for inquiries on status of DV regarding the DV activity.

3.1.2 GR/START Participants Directly Referred by DPSS

3.1.2.1 Contractor must obtain a copy of General Relief Domestic Violence Services Referral, ABP 1467 Domestic Violence Services (DVS) (Exhibit H, Form 10) from the START Case Manager via:

a) A confidential fax must include a transmittal page containing a disclaimer with the following footnote:

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be Protected Health Information (PHI) as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or

entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law.

If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

b) U.S. mail.

3.1.2.2 Contractor must complete the ABP 1467 DVS form and send it via County-approved encrypted email to the SCM within five business days of the participant's intake.

3.1.2.3 Contractor will retain a copy of the completed ABP 1467 DVS form in the participant's file.

3.2 REVERSE REFERRALS

Reverse Referral is a process in which a Contractor may refer a potentially eligible participant to DPSS with the goal of establishing eligibility for the DVSS program. **Prior to providing any services** for which a Contractor intends to seek reimbursement through the Reverse Referral process, Contractor must receive confirmation from DPSS in the form of an accepted PA 1923 or ABP 127DVS from DPSS.

The Reverse Referral process assists Contractors in identifying potential participants who may be eligible to receive DV services without directly being referred by DPSS or scheduled for an appointment by DPSS. The Reverse Referral process includes all of the following steps a Contractor must follow to in order to determine whether a participant is eligible for services under this Contract.

Contractor may identify a participant as potentially eligible to CalWORKs, GR, or START and may inquire on eligibility for CalWORKs, GR, or START DVSS programs using the Reverse Referral process outlined below. However, Contractor may not provide services to, nor bill for services rendered to, participants referred to DPSS through the Reverse Referral process until an accepted PA 1923 or ABP 127DVS, confirming eligibility for service provision, has been received from DPSS.

3.2.1 CalWORKs Participants

3.2.1.1 Contractor must administer the **Screening for Potential CalWORKs Eligibility form**, PA 1206 (Exhibit H, Form 2) to screen each potential CalWORKs eligibility. If the participant is determined to be potentially eligible for CalWORKs, Contractor must have the participant apply for CalWORKs to expedite CalWORKs approval. The PA 1206 is not to be submitted to the Centralized PA 1923 Unit; it is for internal use only.

3.2.1.2 Once a participant is deemed potentially eligible AND has applied for and subsequently been approved for CalWORKs, Contractor must complete and submit the CalWORKs Treatment/Services Verification form, PA 1923, (Exhibit H, Form 3), to the Centralized PA 1923 Unit within 10 business days of participant's signature date and must not exceed thirty days. A copy of the completed PA 1923 must be retained by the Contractor. The PA 1923 must be completed at the start of services and requires the participant's authorized signature.

If the PA 1923 is not submitted within the time frame identified above, the effective date of eligibility for services must not exceed 30 calendar days prior to the submission date of the PA 1923 or the participant's signature date, whichever is later. This is contingent upon confirmation of established CalWORKs eligibility and acceptance of the PA 1923. **Contractors may not submit Reverse Referrals until the participants CalWORKs eligibility has been established.** PA 1923 forms submitted for individuals whose CalWORKs eligibility has not been established at the individual level will not be accepted.

3.2.1.3 Contractor must receive an acceptance/approval or rejection of the PA 1923 submission, via the Provider Notification Letter (Exhibit H, Form 21), within five business days via fax, Managed File Transfer (MFT), or other secured channel as specified by DPSS. If the Contractor does not receive the Notification letter within five business days of faxing or uploading onto MFT or submitting by other secured channel as specified by DPSS, Contractor may contact the Centralized PA 1923 Unit for follow-up and resolution. **Contractor must not re-fax or re-upload the form**. If approved, the effective date of eligibility is the date the PA 1923 was signed by the participant or the effective date CalWORKs eligibility is established for the named individual, whichever is later. If the PA 1923 is not received within the time frame described in Section 3.2.1.2, the effective date of eligibility for services must not exceed 30 calendar days prior to the submission date of the PA 1923 or the participant's signature date, whichever is

later, upon confirmation of established CalWORKs eligibility and acceptance of the PA 1923. Contractors may not submit Reverse Referrals until the participant's CalWORKs eligibility has been established. PA 1923 forms submitted for individuals who do not have CalWORKs eligibility established at the individual level will not be accepted.

3.2.1.3.1 Contractor must **not** send the PA 1923 for persons who have not yet applied for or not yet been approved for CalWORKs.

3.2.1.3.2 Contractor must **not** send the PA 1923 if the CalWORKs Specialized Supportive Services Provider Referral, GN 6006B (Exhibit H, Form 4) is received.

3.2.1.4 If the Notification letter states that the PA 1923 is accepted for a participant that is receiving CalWORKs, Contractor may provide services to participant and request payment pursuant to the Contract, Paragraph 5, Maximum Obligation of County, and Paragraph 6, Invoices and Payment.

3.2.1.5 If the Notification letter states that the PA 1923 is rejected, the participant is not eligible for services and the Contractor may not request payment pursuant to the Contract, Paragraph 5, Maximum Obligation of County, and Paragraph 6, Invoices and Payment.

3.2.1.6 If the Notification letter states that the PA 1923 was accepted but indicates that participant is ineligible due to being sanctioned by GAIN/CalWORKs REP, Child Support Enforcement, or timed-off, as indicated by notifications sent via GN 6149 (Exhibit H, Form 8), Contractor may continue to provide services to the participant for a period not to exceed 30 calendar days from the date on the Notification Letter. Contractor must ensure that participant resolves the issue, reengages in GAIN/CalWORKs REP, and agrees to participate in WtW activities.

3.2.1.7 Contractor must receive the CalWORKs Eligibility Worker/GAIN Services Worker Notification to Service Providers, PA 1132 (Exhibit H, Form 19) within 60 days from the date of the accepted Notification letter.

3.2.1.8 Contractor must develop a tracking mechanism for receipt of the PA 1132 within 60 days from the date of the accepted Notification letter. If Contractor does not receive the PA 1132 within the specified time frame, Contractor must contact the

Centralized PA 1923 Unit as indicated in the Notification Letter.

3.2.2 GR and START Participants

Contractor must complete the General Relief Domestic Violence Services Verification form, ABP 127 DVS (Exhibit H, Form 11) legibly, with participant's signature, and fax or transmit the form via County-approved encrypted email within five business days of the intake appointment/initial contact with the participant to the START Program Section.

3.2.2.1 Within five business days, Contractor must receive a response to the General Relief Domestic Violence Services Verification Form ABP 127 DVS submission from either the GR Program (unemployables) or START Program (employables).

3.2.2.2 If a participant is in START, Contractor must receive a General Relief Domestic Violence Services Referral, ABP 1467 DVS (Exhibit H, Form 10) to complete and return to the START Case Manager within 10 business days of receipt.

4.0 SERVICES TO BE PROVIDED

4.1 CASE MANAGEMENT SERVICES

Contractor must provide case management services, (in-person, remotely, or hybrid on a case-by-case basis), to eligible participants as determined by the agency and participant. Contractor must conduct ongoing follow-up to determine whether Service Plan goals are being met, require revision, and/or requires additional resources to ensure that each participant is making progress towards meeting their service plan goals. Case managers must assist clients in completing necessary DPSS paperwork to ensure that each participant remains CalWORKs or GR eligible and safer from continued and/or resulting additional DV harm.

4.1.1 Case Management Services may include the following:

- Assist eligible individuals in gaining access to housing and supportive services;
- Help DV survivors and their children navigate social service systems;
- Provide referrals, linkages, and follow-up activities
- Ensure participants meet their WtW service plan goals, that services are consistent with participant needs, and determine what changes to goals, if any, are necessary
- Conduct follow-up activities to ensure referrals are linked and services are obtained in a timely and coordinated manner

- Conduct wellness check-ins twice per day (i.e., morning and evening) for CalWORKs participants staying in shelters.

4.1.2 Contractor must maintain documentation with the following information to verify that the Case Management Services were provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of the case management services provided by case managers.
- "CM" noted for Case Management.
- Specific "start and end" time spent providing the service, which must match the time billed on contractor invoice.
- Participant's information
  - CalWORKs or START Case Number
- Progress and/or barriers to safety and/or changes. How participant responded to services provided.

4.1.3 Contractor must provide and bill for Case Management Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Case Management session.

4.1.4 Case Management Services must not be billed as conducting assessments, Service Plan, and/or a Safety Plan.

4.1.5 If unpaid interns and/or volunteers are utilized to support Case Management Services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for Case Management Services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Case Management Services.

4.2 REQUIRED SERVICES

4.2.1 Intake

Prior to the start of any services, Contractor must conduct an interview and complete a Client Intake form for all participants to obtain information and determine participant's immediate needs.

4.2.1.1 Contractor must ask every new participant whether they are involved in multiple DV services, (i.e., receiving services from other DVSS Contractor(s), from other sources, and/or County departments). DVSS must be coordinated with other agencies to assure that DV families are not subjected to conflicting service goals. Contractor must inform participant that they will not be eligible for DVSS Case Management services until they notify the other DVSS Contractor of the proposed change in service providers and until DPSS receives the CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B (Exhibit H, Form 6), or the Skills & Training to Achieve Readiness for Tomorrow Progress Report DVS, ABP 1469 DVS (Exhibit H, Form 13).

4.2.2 Assessment

Contractor must conduct one comprehensive assessment of each new participant to identify the participant's DV situation, service need(s), level of capacity to participate in WtW, including all necessary referrals to assist the participant in overcoming DV barriers to move toward self-sufficiency by using the DV Assessment Tool developed by Contractor. This tool must include the information needed to develop a Service Plan tailored to the participant's needs and circumstances that may impair the participant's ability to be regularly employed or to participate in WtW activities, or that may prevent the participant from participating at all in WtW. The assessment must include narrative information supporting the selected goals and objectives for the participant.

4.2.2.1 Contractor must ensure that all participants receiving services for longer than 180 days receive a comprehensive reassessment, at minimum every 180 days or six months.

4.2.2.2 Assessment must not be billed in conjunction with other services, such as Case Management, counseling, (i.e., individual, family, or group), and life skills, etc.

4.2.2.3 When situations arise while conducting the assessments that require additional services such as, Case Management, counseling, (i.e., individual, family, or group), and life skills services, Contractor must set a separate time for those services, documenting start and end times, for such service to avoid overlapping services and duplicated billing.

4.2.3 Safety Plan

A Safety Plan is a personalized and practical plan designed to help individuals experiencing DV to identify actions they can take to remain safe during and/or after a relationship. As part of safety planning, Contractors must discuss safety considerations participants should be aware of, including court attendance, discussions with children, and legal considerations when removing children out of the area. Contractor must ensure that an individualized Safety Plan is developed in collaboration with each participant based on the participant's assessed needs.

Safety plans are intended to optimize survivor safety at every stage and should minimally include the following:

- Detailed plans in case of dangerous situations or changes in the relationship, (e.g., ending the relationship).
- Identify safe friends and safe places.
- Identify the essential items to take should one need or decide to leave home. If leaving, include a method on how exit safely.
- Include information about local DV resources and legal rights.
- Build on what a survivor is already doing to survive.
- The Safety Plans should be adapted as needed.

4.2.3.1 Contractor must ensure that all participants receiving services longer than 180 days receive an updated Safety Plan, at minimum every 180 days or six months.

4.2.3.2 Safety Plan must not be billed in conjunction with other services, such as Case Management, counseling services i.e., (individual, family, or group), and or life skills, etc.

4.2.4 Service Plan

A Service Plan must be developed to empower the participant to engage in services to accomplish the desired goals to assist in overcoming barriers to employment and obtaining self-sufficiency. A thorough Service Plan incorporates the results of the assessment.

4.2.4.1 A Service Plan must include the type of services, number of sessions, duration of services provided (e.g., Counseling, DV education, life skills, support group), and

the monitoring of services. A Service Plan must also indicate the other services/referrals, such as Legal Services, etc.

4.2.4.2 Contractor must ensure that all participants receiving services longer than 180 days receive an updated Service Plan, at minimum every 180 days or six months.

4.2.4.3 Service Plans must not be billed in conjunction with other services, such as Case Management, counseling services (i.e., individual, family, or group), and or life skills, etc.

4.2.5 Follow- Up

Follow up is the process of conducting ongoing contact with participants to ensure that services provided are adequate and assist participant in achieving their goals. Contractor's staff must evaluate whether services are consistent with the needs in the service plan and determine if any changes to goals are necessary. Contractors must follow-up with participants, at a minimum, once every 90 days. Follow-up activities must ensure that referrals are linked, and services are obtained in a timely and coordinated manner. Contractor must ensure that clients participate in WtW activities as required by DPSS, unless waived.

4.2.5.1 CalWORKs Participant Follow-Up

Contractor must monitor the progress of participants and note the progress of CalWORKs participants on the Mental Health/Substance Abuse/ Domestic Violence/ Family Preservation Program Service Provider Progress Report, GN 6008 (Exhibit H, Form 7). This report must be submitted via fax or County-approved encrypted email, within 15 calendar days of report, and retain a signed copy of the form and fax confirmation in the participant's file.

4.2.5.2 START Participant Follow-up

At a minimum, START Progress Reports must be completed once every 90 days from the date services begin. Contractor must monitor for receipt of DVS and complete START Progress Report DVS, ABP 1469 DVS (Exhibit H, Form 13), which will be mailed directly to the Contractor by DPSS monthly. Contractor must fax or send the completed ABP 1469 DVS to the START Case Manager via County-approved encrypted email within five business days of report.

4.2.5.3 GR Participant Follow-up

Form ABP 1469 DVS is not required and will not be sent for GR unemployable participants.

4.3 SERVICES PROVIDED BASED ON SERVICE PLAN

The Service Plan must document the participant's need for the below services and the number and duration of such services, regular review, including the tracking of participant's progress. All group services must include sign-in sheets.

4.3.1 Counseling Services

Counseling Services are participant centered individual (i.e., adult participant), family (i.e., participant and child/adolescent), or group counseling (i.e., servicing two or more) and education. Counseling Services must be provided by a licensed, or non-licensed clinician, or a para-professional trained specifically in DV counseling. Counseling Services must be focused on methods for enhancing, empowering, and motivating DVSS participant to build positive behaviors (i.e., increase safety; address emotional, social, vocational, educational, and health needs; promote the recovery of the adult survivor/children from the immediate and long-term effects of domestic violence; identify and achieve personal and emotional well-being). A "group" for purposes of payment, is defined as two or more eligible participants as described in Paragraph 2.0, Participant Eligibility. Contractor will be reimbursed for groups as per participant/per hour.

4.3.1.1 Contractor must maintain documentation with the following information to verify that the Counseling Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of counseling format, (i.e., "group," "individual," "family").
- Description of subject or topic discussed.
- How participant responded to the session.
- "CS" noted for Counseling Service.
- Specific "start and end" time spent providing the service.
- Participant's Information

- CalWORKs or GR/START Case Number.

- Progress and/or barriers to safety and/or changes.

4.3.1.2 If unpaid interns or volunteers are utilized to provide counseling services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for counseling services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing counseling services.

4.3.1.3 Contractor must bill Counseling Services provided by a licensed therapist as follows:

- Individual Therapy – as Licensed Therapy
- Family Therapy – as Family Counseling
- Group Therapy – as Licensed Group Therapy

4.3.1.4 Contractor must provide and bill for Counseling Services in 15-minute increments of time. Contractor may include up to 15-minutes of documentation time towards a Counseling Services session.

4.3.1.5 Counseling Services must not be billed as conducting assessments, Service Plan, and/or a Safety Plan.

4.3.2 Support Group Services

Support Group Services are meetings with participants which cover group discussion topics, activities, and special events that address myths associated with abuse and to affirm each participant's positive image, (i.e., share their domestic violence experiences, listen and learn from other participants, and offer confidential support and encouragement to women in similar situations). A "group" for purposes of payment, is defined two or more eligible participants as described in Paragraph 2.0, Participant Eligibility. Contractor will be reimbursed for groups as per participant/per hour.

4.3.2.1 If unpaid interns and/or volunteers are utilized to provide Support Group Services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for Support Group Services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern

providing Support Group Services.

4.3.2.2 Contractor must maintain documentation with the following information to verify that the Support Group Service was provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided service
- Description of subject or topic discussed
- How participant responded to the support group.
- "SG" noted for "Support Group"
- Specific "start and end" time spent providing the service.
- Participants' information
  - CalWORKs or GR/START Case Number
- Progress and/or referrals that are aligned with the participant's individual Service Plan, goals, and objectives

4.3.2.3 Contractor will provide and bill for Support Group Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Support Group session.

4.3.2.4 Support Group Services must not be billed as conducting assessments, Service Plan, and/or a Safety Plan.

4.3.3 Childcare/Youth Activity Services (CalWORKs Participants Only)

Childcare/Youth Activity Services is an on-site (CalWORKs Child Care Program) activity of the CalWORKs participant's minor child(ren), which may include leading or overseeing the minors in any educational or recreational activities.

4.3.3.1 Contractor must not utilize other participants to provide Childcare or Youth Activity Services under any circumstances. If unpaid interns and/or volunteers are utilized to provide Childcare/Youth Activity Services, they must be appropriately trained and supervised by staff budgeted under the Contract.

4.3.3.2 Contractor must not bill or be reimbursed for Childcare/Youth Activity Services that are provided

directly by volunteers and/or non-paid interns. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Childcare/Youth Activity Services.

4.3.3.3 Contractor must maintain documentation with the following information to verify that the Childcare/Youth Activity Service was provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided the service
- Description of specific services provided (e.g., "daycare," "homework lab," "organized sports," etc.)
- "CYA" noted for Childcare/Youth Activities
- Specific "start and end" time spent providing the service.
- Participant's information
  - CalWORKs Case Number
  - Participant's Case Number

4.3.3.4 Contractor must provide and bill for Childcare/Youth Activity Services in 15-minute increments of time. Contractor may include up to 15-minutes of documentation time towards a Childcare/Youth Activity Services.

4.3.3.5 Childcare/Youth must not be billed in conjunction with other services, such as Case Management, counseling (i.e., individual, family, or group) and life skills, etc.

4.3.4 Life Skills Education Services

Life Skills Education Services are intended to help participants increase self-reliance, self-confidence, independence, and accountability by acquiring skills necessary to live free from violence. Life Skills Education Services includes: 1) parenting education; 2) independent living skills; and 3) household establishment skills. These skills are taught to participants on an individual basis or in a group/classroom setting. A "group" for purposes of payment is defined as two or more eligible participants as described in Paragraph 2.0, Participant Eligibility. Contractor will be reimbursed for groups as per participant/per hour.

4.3.4.1 If unpaid interns and/or volunteers are utilized to provide

Life Skill Education Services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for Life Skill Education Services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Life Skill Education Services.

4.3.4.2 Contractor must discuss available Life Skills Education options with the participant and provide the Life Skills Education services selected by the participant. Life Skills Education options include the following:

- **Parenting education:**
  - Non-violent parenting skills
  - Child development, teaching children about home and personal safety, e.g., dialing 911
  - Assisting children with homework
  - Encouraging educational family activities
  - Communication
  - Positive discipline
  - Nutritional feeding techniques
  - Empathy
  - Conflict resolution skills
- **Independent Living Skills:**
  - Healthy relationship building skills, including birth control and safe-sex practices
  - Healthy coping skills, exercise, reading, utilizing crisis hotlines
  - Accessing counseling services as needed
  - Assist in obtaining educational credentials, e.g., GED, driver education, and other work-related activities
  - Assist in obtaining school loans, scholarships and/or other funding for educational purposes
  - Appropriate professional attire
  - Communication
  - Problem solving skills
  - Increasing the participant's ability to access vital

resources through role-playing and direct advocacy, so they can access social services, healthcare, education, housing, transportation, etc.

- **Household establishment skills education:**
  - Assist in household budgeting, planning, purchasing, and preparation of nutritional meals
  - Financial assistance for housing
  - Safety planning at place of work and attending school/job
  - Information/referrals for obtaining home-safety devices, e.g., locks, alarm system, unlisted phone number and addresses, safety deposit boxes for important documents
  - Develop a family budget
  - Develop a long-term financial plan through banking leading towards self-sufficiency, e.g., keeping a savings and checking account
  - Coordinate housing needs, Section 8 housing, apartments, other independent living or family housing
- **Life Coaching and Job development:**
  - Setting goals and action planning
  - Assist in overcoming obstacles
  - Assist in developing coping skills and fostering self-control to handle stress and challenges
  - Teaching practical skills (e.g., managing daily routines, improving communication, and building self-awareness)
  - Empowering participants to become self-sufficient
- **Anger Management:**
  - Learning about what is anger and the effects of anger on the body and mind
  - Taking steps to control anger and manage negative reactions and situations
  - Conflict resolution skills and problem-solving solutions
  - Building self-esteem and encouraging positive communication

- **Culturally Specific Healing Practices:**
  - Empowering participants to take control over their healing journey through self-care and cultural practices

4.3.4.3 Contractor must work closely with participants to help them learn the skills necessary to become self-sufficient by providing Life Skills Education Services individually or in group settings (e.g. client advocacy or referrals, life coaching, etc.).

4.3.4.4 Contractor must submit a written Life Skills Education services curriculum to Public Health within 30 calendar days of the Contract start date. The curriculum must be developed by the Contractor and include detailed descriptions of the Life Skills Education services to be provided.

4.2.4.5 Contractor must maintain documentation with the following information to verify that the Life Skills Education Service was provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided the service
- Description of topics covered and participant's response to session
- "LSE" noted for Life Skills Education–Individual and "LSG" noted for Life Skills Education–Group.
- Specific "start and end" time
- Participant's information
  - CalWORKs or GR/START Case Number
- Progress and/or barriers to safety and/or changes. How participant responded to services provided

4.3.4.6 Contractor must provide and bill for Life Skills Education Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Life Skills Education Services.

4.3.4.7 Life Skill Education Services must not be billed as conducting assessments, as a Service Plan, and/or a Safety Plan.

4.3.5 Child Educational Activities

Child Educational Activities will consist of educating children about DV as it pertains to their specific situation. Topics for education, include, but are not limited to, definition of DV, cycle of violence, DV myths, dynamics of DV, etc., which aim to help children understand the family dynamics in developmentally appropriate sessions. Child Education Activities are for children of eligible CalWORKs participants who meet DVSS program eligibility requirements as defined throughout this SOW.

4.3.5.1 If unpaid interns and/or volunteers are utilized to provide Child Educational Activities, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for Child Educational Activities provided directly by a volunteer and/or unpaid intern. Billing and/or reimbursement are limited to services by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Child Educational Activities.

4.3.5.2 Contractor must maintain documentation with the following information to verify that the Child Educational Activity was provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided the service
- Description of subject or topic discussed, (e.g., "definition of DV, cycle of violence, DV myths," etc.)
- How the child responded to services provided
- "CEA" noted for Child Education Activity
- Specific "start and end" time for each class session
- Participant's information
  - CalWORKs Case Number

4.3.5.3 Contractor must provide and bill for Child Educational Activities in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Child Educational Activity session.

4.3.6 DV Education Sessions

DV Education Sessions consist of educating participants about DV, in either an individual or group setting specific to DV survivors. Topics for education class sessions, (e.g., definition of DV, cycle of violence, DV myths, dynamics of DV, etc.) aim to empower them. A group, for purposes of payment, is defined as

a total of two or more individuals and includes domestic violence survivors. Contractor will be reimbursed for groups as per participant/per hour.

4.3.6.1 If unpaid interns and/or volunteers are utilized to provide DV Education Sessions, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for DV Education Sessions provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing DV Education Sessions.

4.3.6.2 Contractor must maintain documentation with the following information to verify that the DV Education Sessions were provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided the service
- Description of subject or topic discussed (e.g., "definition of DV, cycle of violence, DV myths," etc.)
- How participant responded to services provided
- "DVES" noted for DV Education - Individual
  "DVEG" noted for DV Education - Group
- Specific "start and end" time for each class session
- Participant's Information
  - CalWORKs or GR/START Case Number

4.3.6.3 Contractor must provide and bill for DV Education Sessions in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a DV Education session.

4.3.7 Shelter Bed Night Services (CalWORKs Participants Only)

Shelter Bed Night Service is a service only available to CalWORKs participants and their minor children at a DV emergency shelter operated by a Public Health Contractor. GR/ START Participants **are not eligible** to receive Hotel and/or Shelter Bed Night Services provided under this SOW. NOTE: reimbursement for Shelter Bed Night must be made only in instances where Contractor is not reimbursed through alternate funding sources.

4.3.7.1 Contractor must maintain documentation with the following information to verify that the Shelter Bed Night Service was provided:

- Date(s) night(s) service was provided
- Signature and name of budgeted individual(s) who provided, arranged or oversaw the service (e.g., conducted check-in and check-out or sign-in and sign-out)
- "SBN" noted for Shelter Bed Night
- Participant's information
  - CalWORKs Case Number

4.3.7.2 Contractor is limited to billing a maximum of 30 total nights for this service provided to each participant during a consecutive 12-month period aligned with the County fiscal year (July through June). Should unforeseen circumstances exist (e.g., the family/participant is still in crisis), Contractor may bill up to an additional 15 shelter nights, for a combined total maximum of 45 nights.

4.3.8 Hotel Shelter Bed Night Service (CalWORKs Participants Only)

Hotel Shelter Bed Night Service is a service only available to CalWORKs participants and their minor children at a licensed commercial lodging establishment (Hotel or Motel), that operates with security precautions (e.g., security guard, video, surveillance, etc.). GR/ START Participants **are not eligible** to receive Hotel and/or Shelter Bed Night Services provided under this SOW. NOTE: reimbursement for Shelter Bed Night must be made only in instances where Contractor is not reimbursed through alternate funding sources.

4.3.8.1 Contractor will be limited to billing a maximum of 30 total nights for this service provided to each participant during a consecutive 12-month period aligned with the County fiscal year (July through June). Should unforeseen circumstances exist (e.g., the family/participant is still in crisis), contractor(s) may bill for up to an additional 15 shelter nights, for a combined total maximum of 45 nights.

4.3.8.2 Contractors must submit a receipt from the commercial lodging establishment within LAC boundaries to receive reimbursement.

4.3.8.3 Contractor must maintain documentation with the

following information to verify that the Hotel Shelter Bed Night Service was provided:

- Date(s) night(s) service was provided
- Signature and name of budgeted individual(s) who provided, arranged or oversaw the service
- Detailed receipt for commercial lodging. Address may be blocked out
- Participant's information
  - CalWORKs Case Number

4.3.9 Translator/Translation Services

4.3.9.1 Translation/Translator Services are provided by the Contractor through the use of translators, interpreters, or other translation services (e.g., Tele-Interpreter or Open Communications International, TDD device, tele braille equipment, or American Sign Language interpretation), directly to a participant in threshold languages in addition to English. Translation can be written and/or interpreted orally.

4.3.9.2 Contractor must provide Translation/Translator Services to non-English and limited English proficient participants using bilingual staff, or an interpreter/interpretation service.

4.3.9.3 Contractor must not require participant to provide their own interpreter at any time. The most common non-English languages required by participants are: Armenian, Cambodian, Chinese (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

4.3.9.4 Contractor must only bill for interpreter/translation services if a budgeted bilingual staff member is not available, in which case a receipt will be required.

4.3.9.5 Contractor must maintain documentation with the following information to verify that the Interpreter/Interpretation Service was provided:

- Date service was provided
- Language interpreted
- Name and Affiliation of the budgeted individual who provided the interpretation service

- Service unit that was interpreted or translated in writing (e.g., "Case Management Services," "Counseling," etc.)
- Text-to-Speech "TTS" noted for Interpretation/Translation Services
- Specific "start and end" time spent providing the language assistance service
- Detailed Receipt of the actual cost of the services provided
- Participant's Information
  - CalWORKs or START Case Number

4.4 OPTIONAL SERVICES

4.4.1 Court Accompaniment and Restraining Order Supportive Services

4.4.1.1 Court Accompaniment and Restraining Order Supportive Services ensure that participants do not have to go through the court process alone. This service is one in which Contractor's staff accompanies the participant to court appointments to help the survivor navigate the legal process. Contractor provides these services to help participants become less intimidated and overwhelmed due to the close relationship between the survivor and the defendant and the complex impact of the abuse. Court Accompaniment and Restraining Order Supportive Services do not include dropping a participant off at court, rather, the Contractor's staff accompanies the participant throughout the court appointment.

4.4.1.2 Contractor's staff must accompany participants to DV related court appointments and assist participants in understanding what to expect and what information to bring to court.

4.4.1.3 Court Accompaniment and Restraining Order Support Services are not legal services and are not provided by a California-licensed attorney. These services do not include providing legal advice, legal information or legal representation. Services include the following:

- Provision of emotional support throughout legal proceedings.
- Accompanying participants to court proceedings and assisting the with safety planning to support safe

arrival and departure from the courtroom;

- Facilitating referrals to services that address the impacts of abuse, including counseling, safe housing and advocacy programs.

4.4.1.4 Contractor must maintain documentation with the following information to verify that Court Accompaniment and Support Services were provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided the service
- Description of specific services provided (e.g., "accompanied to court," "discussed safety plan for court appearance," "explained general court process," etc.)
- "CAS" noted for Court Accompaniment and Support
- Specific "start and end" time spent providing the service.
- Participants Information
  - CalWORKs or START Case Number

4.4.1.5 Contractor will provide and bill for Court Accompaniment and Restraining Order Supportive Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Court Accompaniment and Restraining Order Support services session.

4.4.2 Licensed Mental Health Therapy Services including Child Therapy (Art, Music, Dance, etc.)

Licensed Mental Health Therapy Services are provided for the adult participant or their minor child. Licensed Mental Health Therapy Services (including Child Art/Music/Dance, etc.) are intended to help individuals find relief from emotional distress and trauma, seek solutions to problems in their lives, and modify patterns of thinking and behavior that prevent them from working productively and enjoying personal relationships.

Licensed Mental Health Therapy Services must be provided by a licensed therapist approved to practice in the State of California and regulated by the California Board of Behavioral Sciences (BBS). Licensed Mental Health Therapy Services can be provided as Individual Therapy, with the intent of improving or maintaining the mental health status of the client; as Family Therapy, delivered to

a family unit with the intent of improving or maintaining the mental health status of the client; and/or as Group Therapy, delivered simultaneously to more than one non-family client. Child Therapy services must be age-appropriate and developmentally appropriate. Child Therapy services are for children of eligible CalWORKs participants who meet DVSS program eligibility requirements as defined throughout this SOW.

4.4.2.1 If unpaid interns and/or volunteers are utilized to provide Licensed Mental Health Therapy Services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for Licensed Mental Health Therapy Services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Licensed Mental Health Therapy Services.

4.4.2.2 Contractor must maintain documentation with the following information to verify that the Licensed Therapy Service was provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided the service
- Description counseling format (e.g., "group," "individual," "family," "child/adolescent")
- "LT" noted for Licensed Therapy
- Specific "start and end" time spent providing the service
- Participant's Information
  - CalWORKs or START Case Number

4.4.2.3 Contractor will provide and bill for Licensed Mental Health Therapy Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Licensed Mental Health Therapy Services.

4.5 OUTREACH SERVICES

4.5.1 Outreach Services are provided to groups or individuals to educate and increase awareness of domestic violence.

4.5.2 Contractor must provide community outreach services to the community at large including faith-based organizations and

community gatherings, community colleges, social and health services agencies, and human services agencies, that include target population groups, and individuals and families who are not current DVSS participants.

4.5.3 Contractor must complete and maintain the Event Services Report Form documentation, (i.e., event flyer, event confirmation, meeting agenda, or sign in sheets), to verify that Outreach Services were provided and submit with the monthly invoice.

4.5.4 Outreach Events:

4.5.4.1. Must be DV-related.

4.5.4.2. Must be conducted by staff budgeted under the Contract.

4.5.4.3. Must not have an overlapping event or meeting time (services must be provided by a different staff budgeted under the Contract).

4.5.4.4. Must be held within LAC boundaries.

4.6 GAIN ORIENTATION/ FOCUS 360 (FORMERLY JOB CLUB) PRESENTATION

4.6.1 Contractor must participate in CalWORKs GAIN/REP Orientation/Focus 360 Presentations and must provide information on the availability of DVSS during the presentations to assist survivors of DV.

4.6.2 Public Health must provide a schedule of the CalWORKs GAIN/REP Orientation/Focus 360 Presentations that Contractor must present per year. The schedule must include the location, date and time of the presentations. In the event there are schedule changes, a copy of the schedule change must be retained on file by the Contractor and provided to Public Health upon request.

4.6.3 Contractor must maintain the following documentation to verify that the CalWORKs GAIN/REP Orientation Presentation was provided:

4.6.3.1 The Event Services Report Form must be completed in its entirety and submitted with the monthly invoice.

4.6.3.2 A copy of the Event Services Report Form(s) and the sign in sheets must be retained on file and provided to Public Health upon request.

4.7 SERVICES WITHOUT UNDUE DELAY

4.7.1 Upon commencement of the Contract, Contractor must have systems and policies in place to assure that no participant or potential participant waits more than five business days to receive an intake, and no more than two business days or immediately in emergency situations. Contractor's policy must indicate that DPSS must be notified if Contractor cannot assess the participant within that time frame. Contractor must maintain a copy of all systems and policies on file and make these available for monitoring purposes.

4.7.2 Contractor must return all telephone calls received from participants within two business days.

4.8 SERVICE DELIVERY SITES

Contractor must continuously manage and operate the publicly accessible, drop-in center site(s) at the location(s) contracted to provide services set forth in this SOW.

Contractor must obtain required inspection certificates, (e.g., health, fire, etc.), and written consent of the Director of Public Health or authorized designee before modifying or terminating services, revising hours of service delivered at such location(s), and/or before commencing such services at any other location.

Contractor must maintain the building and surrounding areas in a manner consistent with applicable local, State, and federal occupational safety and sanitation regulations. The premises must be free of any accumulation of garbage, rubbish, stagnant water, and/or filthy or offensive matter of any kind to ensure that the premises are maintained in a clean and wholesome condition.

4.8.1 Walk-In/Drop-In Center

4.8.1.1 Contractor must operate a publicly accessible Walk-In/Drop-In Center that is physically located in the Supervisorial District(s) where Case Management Services are provided and must be open during business hours between 9:00 a.m. and 5:00 p.m., Monday through Friday, except closures due to federal/county holidays. The Walk-In/Drop-In Center must provide participants with the services detailed in this SOW.

4.8.1.2 Contractor must post the Stop Human Trafficking Poster (Exhibit H, Form 1) provided by the County in a publicly visible location in the lobby.

4.8.2 Hours of Operation

4.8.2.1 Contractor's site must be open and available to provide the required services to participants Monday through Friday from 9:00 a.m. to 5:00 p.m., Pacific Time, at the service site within the Supervisorial District(s) where Case Management services are provided.

4.8.2.2 Contractor must ensure that staff responds to any calls and inquiries received between agency's operating hours. In addition, Contractor must make good faith efforts to provide services on weekends and evenings, as needed, in cases where it will increase accessibility to program services and enhance the likelihood of a participant achieving their goals.

4.9.3 Staff

Contractor must operate continuously throughout the entire term of the Contract with at least the minimum number of staff required under this SOW and any other applicable staffing requirements that are necessary to provide services hereunder.

Contractor's staff must meet the following requirements:

4.9.3.1 Mandatory 40-hour DV Training

Contractor must ensure that all staff providing **direct** services to participants have successfully completed 40 hours of Domestic Violence training as defined in California Evidence Code 1037.1. Contractor must maintain staff's individual certificates of completion in staff's personnel file and be made readily available for review at County's requests.

4.9.3.2 Contractor providing Case Management Services must have a Project Manager with a minimum of two years' experience supervising and overseeing DV Case Management, who must supervise and oversee all staff and services provided under this service category.

4.9.3.3 Contractor must also have at least one staff providing Case Management Services directly to participants, who is physically based at Contractor's program site(s) within the Supervisorial District(s) in which Case Management Services are provided.

4.9.3.4 The Contractor's Project Manager or designated alternate, and a direct provider staff member must be

available during business hours.

4.9.3.5 Contractor must notify Public Health in writing on official agency letterhead within five business days of leadership changes. The notification must be signed and emailed to the County's Project Monitor.

4.9.3.6 Contractor must notify Public Health in writing on official agency letterhead within five business days of staff exits/replacements (e.g. new hires, termination, leadership changes, etc.) so that Public Health and DPSS can maintain an updated MFT access list, the DVSS provider contact list for the GAIN Regions, and budgeted staff list. The notification must be signed and emailed to the County's Project Monitor, identified in Exhibit F, County's Administration.

4.10 CLIENT RECORDS

4.10.1 Contractor must maintain a current and comprehensive case file for each participant interviewed and serviced. Each case file must display the participant's CalWORKs case number and the Contractor ID number on the outside of the file and on all documentation contained within the file. All participant's case file, at minimum, must contain the following documents:

A. ALL PARTICIPANTS

1. Client Intake form (created by the Contractor),
2. Assessment (created by the Contractor),
3. Service Plan (created by the Contractor),
4. Safety Plan (created by the Contractor),
5. Progress notes with service delivery dates,
6. Program evaluation measures,
7. Discharge summary, if appropriate, and
8. Client satisfaction survey.

B. CALWORKS GAIN/REP PARTICIPANTS

1. Screening for Potential CalWORKs Eligibility, PA 1206. (Exhibit H, Form 2),
2. CalWORKs Treatment/Services Verification, PA 1923,

(Exhibit H, Form 3),

3. CalWORKs Specialized Supportive Services Provider Referral, GN 6006B (Exhibit H, Form 4),

4. Notification of Change from Specialized Supportive Services Provider, GN 6007A (Exhibit H, Form 5), (If applicable).

5. CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B (Exhibit H, Form 6),

6. Mental Health/Substance Abuse/Domestic Violence/ Family Preservation Program Service Provider Progress Report, GN 6008 (Exhibit H, Form 7).

7. CalWORKs Welfare-to-Work Notification, GN 6149 (Exhibit H, Form 8).

C. GR PARTICIPANTS

1. General Relief Domestic Violence Services Verification Form, ABP 127 DVS (Exhibit H, Form 11).

D. START PARTICIPANTS

1. General Relief Domestic Violence Services Referral, ABP 1467 DVS (Exhibit H, Form 10), and

2. Skills & Training to Achieve Readiness for Tomorrow Progress Report DVS, ABP 1469 DVS (Exhibit H, Form 13).

4.10.2 In addition to other confidentiality requirements set forth in this SOW, Contractor must maintain DV Participant's case file in either a locked file cabinet or in a secure room to ensure confidentiality.

4.10.3 Contractor must ensure confidentiality and provide secure storage, access, and disposal of participant records for five years after the contact has terminated.

4.11 PARTICIPANTS ENGAGE IN CONCURRENT WtW ACTIVITIES OR START ACTIVITIES

4.11.1 Contractor must develop a protocol for evaluating participant's progress, completion of services, barriers, and referrals to other WtW activities. Contractor must recommend participation in concurrent WtW activities using the Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Service

Provider Progress Report, GN 6008 (Exhibit H, Form 7). The completed progress report must be submitted to the GAIN Services Worker/CCM/SCM on a quarterly basis.

4.11.2 Participation in a concurrent START activity includes the participant having completed Pre-Employment- related services such as job readiness training, job search or job placement during the service period but before exiting DVSS.

4.11.3 Participation in a concurrent WtW activity includes the participant having completed one or more of the following activities during the service period but before exiting DVSS:

1. Vocational assessment
2. Specific vocational training classes or higher education classes for a degree program
3. Educational training such as literacy, educational testing, English as a Second Language classes, or GED classes
4. Volunteer or participate in an internship program
5. Pre-Employment-related services such as job readiness training, job search or job placement
6. Subsidized or unsubsidized (salaried) employment

4.11.4 Contractor must ensure participant's file contains documentation that includes notes of the participant's progress in the given activity and gauge the overall success towards reaching the goals or barriers that may prevent the participant from completing or progressing in DV services. In addition, the documentation must include specifics such as date, time, and name the type of concurrent activity, including number of hours of participation in concurrent activities, as appropriate.

4.12 REPORTING

4.12.1 DVSS Monthly Management Report

Contractor must submit to Public Health a Monthly Management Report, Exhibit H, Form 15a, with their billing invoice no later than 15 calendar days after the month services were rendered. Invoices submitted without the Monthly Management Report will not be paid. Additionally, participant data reported in the Monthly Management Report must match the number of participants billed. Invoices with discrepancies, notified via the Contract Discrepancy Report (Exhibit H, Form 14) between the number of participants billed and reported will not be paid until discrepancies are

remedied.

4.12.2 DVSS Ad-Hoc Reports

County may request data or other information from Contractor on an Ad-Hoc basis, as needed by Public Health, County agencies or entities for budgetary or other purposes. Contractor must provide the requested data to County in a mutually agreeable time period.

5.0 CUSTOMER SERVICE QUESTIONNAIRE

Contractor must provide the Customer Service Questionnaire (Exhibit H, Form 12) to each participant by providing access to the questionnaire via a QR code within 90 days of initial intake and discharge. The Customer Service Questionnaire is available at: *http://www.publichealth.lacounty.gov/owh/OWHContracts/InvoiceReportForms/OWHcontracts-InvoicesReports.htm*

For participants who are unable to access the online survey using a personal or agency device, Contractor must provide a paper copy of the questionnaire along with a self-addressed stamped envelope for submission of the completed questionnaire to Public Health.

The Customer Service Questionnaire must consist of an evaluation of the participant's satisfaction with the program. Contractor must note in the participant's file the date in which the Customer Service Questionnaire was provided.

6.0 LEGAL REFERRALS

Contractors must have a written protocol to notify participants of the availability of Legal Services, refer participants upon request, or refer when the Contractor determines a Legal Services assessment is advisable.

7.0 DISCHARGE, TERMINATION AND CHANGES

7.1 CALWORKS

7.1.1 Contractor must establish a protocol for the discharge/termination of participants from DV services. This protocol must include a face-to-face contact (when possible) to complete a discharge summary. Documentation of the discharge summary must include: reason for completion/termination; summary of services provided; participant's progress while assigned to the Contractor; and goals attained/not attained along with recommendations for further services/treatment/other WtW activity, including other referrals, if necessary.

7.1.2 Contractor must complete/update the DV assessment tool and the CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B (Exhibit H, Form 6) for all participants at discharge, termination, completion or drop-out, within five working days, if the change occurs in between the progress report period.

7.1.3 Contractor must complete the Notification of Change from Specialized Supportive Services Provider, GN 6007A (Exhibit H, Form 5) for all changes such as, an increase/decrease to the number of hours of participation, participation in concurrent activities, and/or receipt of additional supportive services, within five working days of the actual change, if the change occurs in between the progress report period.

7.1.4 Fax or transmit via County-approved encrypted email a copy of GN 6007A and/or GN 6007B to the GAIN Services Worker/CCM, if the change occurs in between the progress report period.

7.1.5 Contractor must retain a copy of the completed GN 6007A and/or GN 6007B and a copy of the fax/email confirmation in the participant's case file.

7.1.6 Contractor must develop a tracking mechanism for participants who complete, who fail to comply, and who return for services.

7.1.6.1 Contractor may bill for services provided to a terminated CalWORKs GAIN/REP participant for a period not to exceed 30 days after notification of termination of CalWORKs GAIN/REP eligibility has been received from DPSS. Contractor will not be reimbursed for services provided to terminated CalWORKs GAIN/REP participants that exceed the **30-calendar day period.**

7.2 GR AND START

7.2.1 Contractor must utilize the START Progress Report DVS, (ABP 1469 DVS (Exhibit H, Form 13) to report participant discharge, termination or changes.

7.2.2 Contractor may bill for services provided to a terminated GR/START participant for a period not to exceed 30 calendar days after notification of termination of GR/START eligibility has been received from DPSS. Contractor will not be reimbursed for services provided to terminated GR/START participants that exceed the 30-day limit.

7.3 CLIENT CHOICE TO DISCONTINUE SERVICES

7.3.1 Under this SOW, it is the participant's choice when to stop accessing services. There is no "completion of program" or a point at which the participant is told services are no longer available, unless the participant is no longer eligible for such services.

7.3.2 Contractor must not impose maximum time limits on how long a participant may remain in the program or dictate the type or frequency of services a participant must access.

7.3.3 Contractor may establish written rules designed to maximize the safety and respect of staff and participants. If a participant violates such rules, this will serve as reason for no longer allowing a participant to access DVSS.

7.3.4 Contractor must retain a copy of the rules in each participant's case file and document any rule violations in the case file for monitoring purposes.

8.0 OTHER REQUIREMENTS

8.1 Contractor Organization Capacity/Waiting Lists

If, at any time, the Contractor reaches its contractual or organizational capacity for the number of participants served, the Contractor must notify Public Health in writing within five business days. Prior written approval is required if Contractor: (1) is unable to serve additional participants; (2) must limit or modify the quantity and/or quality of services; or (3) requires a participant to wait more than five business days to access any non-emergency services after intake.

8.2 County Domestic Violence Council Meetings

8.2.1 Contractor must attend a minimum of **four** County Domestic Violence Council meetings per year.

8.2.2 Contractor must attend all Quarterly Public Health DV providers' meetings.

8.3 Public Statements

Contractor must indicate in any and all press release(s) and any statement to the public related to the Program the following statement:

"This project is funded, in whole or in part, by Los Angeles County, Department of Public Health, CalWORKs GAIN/CalWORKs REP/GR/START Domestic Violence Supportive Services Program."

The Contractor must be, and all job announcements must indicate that Contractor is, an Equal Employment Opportunity Employer.

8.4 Equipment and Equipment Inventory

8.4.1 Contractor must provide necessary space, furniture, utilities, telephones, printers, scanners, and computer equipment necessary to provide services.

8.4.2 Contractor must provide staff with internet access.

8.4.3 Contractor must provide all supplies that are necessary to perform the services required under the Contract.

8.4.4 Contractor must establish and maintain an inventory of equipment funded under this Contract to include the following:

- Name and phone number of Contractor's contact person where equipment is located;
- Address where equipment is located;
- Type of equipment;
- Brand and model number of equipment;
- County bar-code number on equipment, if applicable; and
- Cost of equipment, funding source(s), and amount of County funds used in the purchase, as appropriate.

8.4.5 Contractor must submit a Final Property Inventory Certification with Financial Closeout Report to Public Health no later than 45 calendar days after each fiscal year ends.

8.4.6 Contractor must request and receive prior authorization from County to purchase any piece of equipment in excess of $5,000, furnished by County that is necessary to perform all services required under this Statement of Work.

8.4.7 Unless applicable federal or State law requires otherwise, County must be the sole owner of all rights, title, and interest in any and all equipment purchased by Contractor with County funds and any equipment furnished by County to Contractor, under the Contract.

8.4.8 Upon termination or expiration of the Contract, all equipment purchased with County funds and all equipment provided by County must be retrieved by County following appropriate notice to the Contractor.

8.5 Civil Rights Training

Contractor must ensure its direct service staff, unpaid interns and volunteers participate in Civil Rights Training provided either in-person by DPSS or via approved web training and provide certifications to Public Health verifying completion or attendance of such. Contractor's direct service staff must be paid to attend the training, which must be completed at least once every two years.

8.6 Civil Rights Complaints and Procedures

Contractor must comply with Civil Rights policy and procedures, which include the following:

8.6.1 Ensure notices and correspondence sent to participants are in their designated primary language and provide interpreters to ensure meaningful access to services to all participants.

8.6.2 Develop and operate procedures for receiving, forwarding, and responding to Civil Rights complaints as follows:

8.6.2.1 Provide and assist CalWORKs and GR participants with completing a Complaint of Discriminatory Treatment, PA 607 (Exhibit H, Form 16) in the participant's primary language, as necessary.

8.6.2.2 Forward all PA 607 forms to DPSS within two business days of incident and maintain a copy.

9.0 PERFORMANCE OUTCOMES

Contractor must adhere to the performance outcomes and service standards for DVSS provided under this Exhibit A-1, Case Management (DVSS) SOW, Exhibit A-1 Attachment A, Case Management Services Performance Requirements Summary Chart, and Exhibit H, Domestic Violence Supportive Services and Domestic Violence Services For All Forms. The performance outcomes must be utilized to monitor the Contractor's support of DV survivors in increasing safety, lessening harm, and enrolling participants into intervention services tailored to their specific needs. Public Health will monitor the Contractor's performance outcomes with the goal of advancing participant safety, empowerment and economic self-sufficiency.

Contract must ensure the following:

a) At a minimum, 90% of new participants have a Service Plan based on their unique needs and circumstances.

b) At a minimum, 75% of continuing participants that are receiving case management will receive a comprehensive reassessment of their DV situation, Service Plan, and Safety Plan at minimum, every 180 days (six months).

c) At a minimum, 90% of participants in need of legal services are notified of the availability of legal services and receive a referral (if appropriate) to a DVSS legal service provider.

d) At a minimum, 75% of participants have Service Plan goals to remove barriers that keep them from obtaining employment.

10.0 COUNTY DATA MANAGEMENT SYSTEM

Contractor must utilize County's data management system to register patient's eligibility data, demographic/resource data, enter service utilization data and service outcomes for services provided. County's system will be used to invoice for all delivered services, standardize reporting, import efficiency of billing, and support program evaluation processes. Contractor must ensure data quality and compliance with all data submission requirements.

DOMESTIC VIOLENCE SUPPORTIVE SERVICES
CASE MANAGEMENT SERVICES
PERFORMANCE REQUIREMENTS SUMMARY CHART

CASE MANAGEMENT PERFORMANCE OUTCOMES		
SERVICE STANDARD	**INDICATOR**	**MEASUREMENT METHOD**
a) At a minimum, 90% of new participants have a Service Plan based on their unique needs and circumstances.	**Chart Review**	Conduct chart review and check for a service plan documented in the chart **Denominator** = All participants served and billed for the month(s) **Numerator** = Participants that received a Service Plan in the same month(s)
b) At a minimum, 75% of continuing participants that are receiving case management will receive a comprehensive reassessment of their DV situation, Service Plan, and Safety Plan at minimum, every 180 days (six months).	**Chart Review**	Review participant charts and check if they had a reassessment noted in the chart every 180 days (six months). **Denominator** = All participants that were billed for at least six months of the fiscal year **Numerator** = Participants that received a reassessment every 180 days (six months) in the fiscal year
c) At a minimum, 90% of participants in need of legal services are notified of the availability of legal services and receive a referral (if appropriate) to a DVSS legal service provider.	**Chart Review**	The Chart Review will capture (1) The number of participants that were identified as needing legal services, and the (2) The number of participants that were provided referrals to DVSS Legal Services. **Denominator** = All participants identified as needing legal services **Numerator** = Participants that received a legal service referral in the fiscal year
d) At a minimum, 75% of participants have Service Plan goals to remove barriers that keep them from obtaining employment.	**Chart Review**	Review participant chart and check if they had Service Plan goals **Denominator** = All participants billed during the year **Numerator** = Participants that received a Service Plan goal in the year

DOMESTIC VIOLENCE SERVICES FOR ALL

CASE MANAGEMENT SERVICES

STATEMENT OF WORK

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Attachment A – Case Management Services Performance Requirements Summary Chart

DOMESTIC VIOLENCE SERVICES FOR ALL

CASE MANAGEMENT SERVICES STATEMENT OF WORK

INTRODUCTION

Domestic abuse is when assaultive or coercive behavior, including threats or attempts at abuse, occurs within a domestic relationship. Domestic abuse is an overarching term that includes, but is not limited to, physical abuse, sexual abuse, psychological abuse, economic control, domestic violence, stalking, isolation, threats, or other types of coercive behaviors. Additionally, neglect or deprivation of medical care is domestic abuse when the person being neglected is a dependent, (e.g., a child, adult with a disability, or an older adult), per the California Department of Social Services' (CDSS') All County Letter (ACL) NO. 23-109.

Domestic relationships are relationships that can include, but are not limited to, adults or minors who live together or have lived together, (including family and non-family members), adults or minors who have dated, adults or minors who have engaged in a sexual relationship, those who share a child in common, adults or minors who are related by blood or adoption, and adults or minors related by marriage.

Domestic Violence Services for All (DVSFA) is a program that provides DV supportive services such as Case Management for all Los Angeles County (LAC) residents experiencing DV who are not eligible for services under the County of Los Angeles (County) Department of Public Social Services (DPSS) California Work Opportunity and Responsibility to Kids (CalWORKs) funded programs. DVSFA services include case management, individual and group counseling, safety and financial planning, confidential temporary shelter and/or hotel/motel, independent living and life skills education, parenting education, transportation, and court accompaniment, and legal services. DVSFA provides necessary care for DV survivors to move towards empowerment, safety, preventing homelessness, building healthy relationships, and job skills. DVSFA services will be provided by a network of DV service providers across LAC who already serve eligible CalWORKs DV survivors. DVSFA provides necessary care for DV survivors to achieve the desired outcome of obtaining immediate resources to move towards safety, and self-sufficiency while managing/leaving abusive and dangerous relationships.

DVSFA serves to address this critical gap in DV supportive services, eligibility, and access for those that reside in LAC. DVSFA is open to DV survivors of all ages, genders, and immigration status. The only requirement is that a participant must reside within LAC and not be eligible for DV services under CalWORKs. DVSFA will assist individuals not covered by other funding sources, for example, unaccompanied individuals without dependent children, those with older children, older adults, and undocumented DV survivors who may also have (undocumented) dependent children, not receiving and/or eligible for current DV programs through DVSS.

1.0 PROGRAM OVERVIEW

1.1 DOMESTIC VIOLENCE CASE MANAGEMENT SERVICES

1.1.1 Domestic Violence Case Management Services includes

- A comprehensive intake along with an assessment/ reassessment of participant's needs.
- An individualized Safety Plan.
- Short-term and long-term goals and a service plan.
- Individual and group Counseling Services.
- Licensed therapy.
- Support group services.
- Life skills and financial education services, (i.e., client advocacy, court accompaniment, etc.).
- Child development and parenting classes (i.e., focused educational sessions).
- DV education classes.
- Confidential and emergency hotel and shelter bed night service.
- Language assistance services.
- Childcare services and child/youth activities, translator/translation services.
- Transportation services.
- An exit plan and aftercare.

1.1.2 Other services that may be provided under **DVSFA** to clients wishing to participate include:

- Referrals to legal services for restraining orders, immigration, family law, including divorce, custody, and eviction prevention or housing prolongment services.

1.1.3 Contractor will provide Case Management Services to DVSFA participants and their minor children, (as applicable), who are fleeing from DV and/or are currently experiencing or have experienced DV.

1.1.4 Contractor will provide intensive individual, group, and if appropriate, family-focused Case Management Services to participants and families that remove barriers to employment, meet service plan objectives, and achieve successful outcomes to move toward self-sufficiency. The type and duration of services is based upon the needs of a participant as

documented in the Service Plan.

1.1.5 Contractor will provide services to non-English and limited English proficient participants using bilingual staff or language assistance services. Contractor must not require participants to provide their own interpreter at any time. The most common non-English languages spoken in LAC are: Armenian, Cambodian, Chinese, (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

2.0 PARTICIPANT ELIGIBILITY

To be eligible for Case Management services funded under this Statement of Work (SOW), all participants must reside in LAC and must not be enrolled in CalWORKs, General Relief (GR), or Skills and Training to Achieve Readiness for Tomorrow (START) programs. The only exception is for Hotel/Motel Shelter Bed Night services as mentioned below in sub-section 2.0.4.

2.1 ELIGIBILITY DETERMINATION

2.1.1 Prior to the provision of supportive services, Contractor must verify through the Intake/Assessment process that each client is not receiving or otherwise eligible to receive benefits under the CalWORKs, GR and START programs. For DVSFA benefits, Contractors must adhere to the procedures outlined throughout this SOW.

2.1.2 Contractor may only bill and be reimbursed for services provided to DVSFA eligible clients, (not receiving services under CalWORKs GAIN/REP, GR or START, see exception below in 2.0.4).

2.1.3 Additionally, via the Intake/Assessment process, Contractor must ensure that each participant is a current/past survivor of DV, where the abuse occurred within a domestic relationship; such confirmation can be satisfied by participant's verbal self-report. Eligibility includes DV survivors of all ages, (emancipated youth and older adults), those without minor or dependent children, male, female, transgender, and gender non-conforming, as well as undocumented survivors, (non-citizens, for whom a U-Visa/VAWA petition has or has not been filed).

2.1.4 Since GR and START participants **are not eligible** to receive Hotel and/or Shelter Bed Night Services through DVSS funding, they would be eligible for such services under DVSFA.

2.2 NO CLIENT FEES

2.2.1 Contractor must not charge DVSFA participant any fees/costs for any services provided under this SOW.

2.3 NO MANDATORY PARTICIPANT DUTIES

2.3.1 Contractor must not mandate participant to perform duties to receive services. This includes work related to the upkeep and/or maintenance of Contractor's facilities, office work or clerical duties, and childcare.

2.4 PARTICIPANTS RESIDING OUTSIDE LOS ANGELES COUNTY

2.4.1 A DV survivor residing outside LAC is not eligible for DVSFA under this SOW.

2.5 CREATING A PARTICIPANT'S CASE NUMBER

During intake, Contractor must create a client case number to be maintained throughout participant's case file and tenure with the DV agency providing services.

The case number must be randomly selected, non-sequential and unique to each client, and must not include any Protected Health Information (PHI) or other Personally Identifiable Information (PII), including date-of-birth, address, any portion of the client's social security number.

3.0 SERVICES TO BE PROVIDED

3.1 CASE MANAGEMENT SERVICES: Contractor must provide case management services, (in-person, remotely, or hybrid on a case-by-case basis), to eligible DVSFA participants as determined by the Contractor and participant. Contractor must conduct ongoing follow-up to determine whether Service Plan goals are being met, goals require revision, and/or requires additional resources to ensure that each participant is making progress towards meeting their Service Plan goals.

3.1.1 Contractor must provide Case Management Services to each participant, which may include the following:

- Assist eligible individuals in gaining access to housing and supportive services.
- Help DV survivors and their children navigate social service systems.
- Provide referrals, linkages, and follow-up activities.
- Ensure participants meet their WtW service plan goals,

services are consistent with participant needs, and determine what changes to goals, if any, are necessary.

- Conduct follow-up activities to ensure referrals are linked and services are obtained in a timely and coordinated manner
- Conduct wellness check-ins twice per day (i.e., morning and evening) for CalWORKs participants staying in shelters.

3.1.2 Contractor must maintain documentation with the following information to verify that the Case Management Services were provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of type of case management services provided by case managers.
- "CM" noted for Case Management.
- Specific "start and end" time spent providing the service, which must match the time billed on contractor invoice.
- Participant's information
  - Agency assigned DVSFA Case Number
- Progress and/or barriers to safety and/or change. How participant responded to services provided

3.1.3 Contractor must provide and bill for Case Management Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Case Management session.

3.1.4 Case Management Services must not be billed as conducting assessments, Service Plan, or a Safety Plan.

3.1.5 If unpaid interns and/or volunteers are utilized to support Case Management Services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for Case Management Services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by staff budgeted under the Contract who oversee or supervise the volunteer or unpaid intern providing Case Management Services.

4.0 CASE MANAGEMENT PROCESS

4.1 Intake

Prior to the start of any services, Contractor must ask each new participant whether he/she/they are involved in multiple DV services, (i.e., receiving services from other DVSFA Contractor(s), from other sources, and/or County departments).

Contractor may not provide services to a participant who is receiving Case Management Services from another provider.

4.2 Assessment

Contractor must conduct one comprehensive assessment of each new participant to identify the participant's DV situation, service need(s), current participation in any other DV program, including DV CalWORKs eligibility; and their level of capacity to participate in DVSFA program services. The DV assessment tool is developed by Contractor. This tool must include the information needed to develop a Service Plan tailored to the participant's needs and circumstances. The assessment must include narrative information supporting the selected goals and objectives for the participant.

4.2.1 Contractor must ensure that all participants receiving services for longer than 180 days receive a comprehensive reassessment, at minimum every 180 days.

4.2.2 Assessment must not be billed in conjunction with other services, such as Case Management, counseling, (i.e., individual, family, or group), and life skills, etc.

4.2.3 When situations arise while conducting the assessments that require additional services, such as Case Management, counseling, (i.e., individual, family, or group), and life skills services, Contractor must set a separate time for those services, documenting start and end time for such service to avoid overlapping services and duplicated billing.

4.3 Safety Plan

A Safety Plan is a personalized and practical plan designed to help individuals experiencing DV identify actions they can take to remain safe during and/or after a relationship. As part of safety planning, Contractors must discuss safety considerations participants should be aware of, including court attendance, discussions with children, and legal considerations when removing children out of the area. Contractor must ensure that an individualized Safety Plan is developed in collaboration with each participant based on the participant's assessed needs.

Safety Plans are intended to optimize survivor safety at every stage and must minimally include the following:

- Detail plans in case of dangerous situations or changes in the relationship, such as breaking up.
- Identify safe friends and safe places.
- Identify the essential items to take should one need or decide to leave home.
- Include information about local dv resources and legal rights.
- Build on what a survivor is already doing to survive.
- The Safety Plans should be adapted as needed.

4.3.1 Contractor must ensure that all participants receiving services longer than 180 days receive an updated Safety Plan, at minimum every 180 days or six months.

4.3.2 Safety Plan must not be billed in conjunction with other services, such as Case management, counseling, (individual family or group), and life skills, etc.

4.4 Service Plan

A Service Plan must be developed to empower the participant to engage in services to accomplish the desired goals to assist in overcoming barriers to employment and obtaining self-sufficiency. A thorough Service Plan incorporates the results of the assessment.

4.4.1 Contractor must develop a Service Plan that includes the type of services, number of sessions, duration of services provided, (e.g., Counseling, DV Education, Life Skills, Support Group), and the monitoring of services. A Service Plan must also indicate the other services/referrals, such as Legal Services, etc.

4.4.2 Contractor must ensure that all participants receiving services longer than 180 days receive an updated service plan, at minimum every 180 days or six months.

4.4.3 Service Plans must not be billed in conjunction with other services, such as Case Management, counseling, (i.e., individual, family, or group), and life skills, etc.

4.5 Follow- Up

Follow up is the process of conducting ongoing contact with participants to ensure that services provided are adequate and assist participant in achieving their goals. Contractor's staff must evaluate whether services are consistent with the needs in the service plan and determine if any changes to goals are necessary. Contractors must follow-up with participants at a

minimum of once every 90 days. Additionally, follow-up activities must ensure that referrals are linked, and services are obtained in a timely and coordinated manner.

4.6 SERVICES PROVIDED BASED ON SERVICE PLAN

The Service Plan must document the participant's need for the below services and the number and duration of such services, regular review, including the tracking of participant's progress. All group services must include sign-in sheets.

4.6.1 Counseling Services

Counseling Services are participant centered individual (adult participant), family, (i.e., participant and child/adolescent), or group counseling, (i.e., servicing two or more) and education. Counseling Services must be provided by a licensed, or non-licensed clinician, or a para-professional trained specifically in DV counseling. Counseling Services are focused on methods for enhancing, empowering, and motivating DVSFA participant to build positive behaviors, (i.e., increase safety; address emotional, social, vocational, educational, and health needs; promote the recovery of the adult survivor/children from the immediate and long-term effects of domestic violence; identify and achieve personal and emotional well-being). A "group" for purposes of payment, is defined as two or more eligible participants as described in Paragraph 2.0, Participant Eligibility. Contractor will be reimbursed for groups as per participant/per hour.

4.6.1.1 Contractor must maintain documentation with the following information to verify that the Counseling Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of counseling format, (i.e., "group", "individual", "family).
- Description of subject or topic discussed.
- How participant responded to the session.
- "CS" noted for Counseling Service.
- Specific "start and end" time spent providing the service.
- Participant's information

- Agency assigned DVSFA Case Number.
- Progress and/or barriers to safety and/or changes.

4.6.1.2 If unpaid interns or volunteers are utilized to provide counseling services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for counseling services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing counseling services.

4.6.1.3 Contractor must bill Counseling Services provided by a licensed therapist as follows:

- Individual Therapy – as Licensed Therapy.
- Family Therapy – as Family Counseling.
- Group Therapy – as Licensed Group Therapy.

4.6.1.4 Contractor must provide and bill for Counseling Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Counseling Services session.

4.6.1.5 Counseling Services must not be billed as conducting assessments, Service Plan, and/or a Safety Plan.

4.6.2 Support Group Services

Support Group Services are meetings with multiple participants which cover group discussion topics, activities, and special events that address myths associated with abuse and to affirm each participant's positive image, (i.e., share their domestic violence experiences, listen, and learn from other participants, and offer confidential support and encouragement to women in similar situations). A "group", for purposes of payment, is defined as two or more eligible participants as described in Paragraph 2.0, Participant Eligibility. Contractor will be reimbursed for groups as per participant/per hour.

4.6.2.1 If unpaid interns and/or volunteers are utilized to provide Support Group Services, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be

reimbursed for Support Group Services provided directly by a volunteer and/or unpaid intern. Billing and/or reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Support Group Services.

4.6.2.2 Contractor must maintain documentation with the following information to verify that the Support Group Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided service.
- Description of subject or topic discussed.
- How participant responded to the support group
- "SG" noted for "Support Group".
- Specific "start and end" time of the group session.
- Participants' information
  - Agency assigned DVSFA Case Number.
  - Progress and/or referrals that are aligned with the participant's individual Service Plan, goals, and objectives.

4.6.2.3 Contractor will provide and bill for Support Group Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Support Group session.

4.6.2.4 Support Group Services must not be billed as conducting assessments, Service Plan, and/or a Safety Plan.

4.6.3 Childcare/Youth Activity Services

Childcare/Youth Activity Services is an on-site activity of DVSFA participant's minor child(ren). This may include leading or overseeing minors in any educational or recreational activities.

4.6.3.1 Contractor must not utilize other participants to provide Childcare or Youth Activity Services under any circumstances. If unpaid interns and/or volunteers are utilized to provide Childcare Youth Activity Services, they must be appropriately trained and supervised by a budgeted staff under the Contract.

4.6.3.2 Contractor must not bill or be reimbursed for Childcare/Youth Activity Services that are provided directly by volunteers and/or non-paid interns. Billing and/or reimbursement are limited to services provided by budgeted staff who oversee supervise the volunteer or unpaid intern providing Childcare/Youth Activity Services.

4.6.3.3 Contractor must maintain documentation with the following information to verify that the Childcare/Youth Activity Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of specific services provided (e.g., "daycare," "homework lab, "organized sports," etc.).
- "CYA" noted for Childcare/Youth Activities.
- Specific "start and end" time spent providing the service.
- Participant's Information
  - Agency assigned DVFSA Case Number.

4.6.3.4 Contractor must provide and bill for Childcare/Youth Activity Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards Childcare/Youth Activity Services.

4.6.3.5 Childcare/Youth must not be billed in conjunction with other services, such as Case Management, counseling (i.e., individual, family, or group) and life skills, etc.

4.6.4 Life Skills Education Services

Life Skills Education Services are intended to help participants increase self-reliance, self-confidence, independence, and accountability by acquiring skills necessary to live free from violence. Life Skills Education Services includes: 1) parenting education; 2) independent living skills; and 3) household establishment skills. These skills are taught to participants on an individual basis or in a group/classroom setting. A group for purposes of payment is defined as two or more DV survivors, (whether two DV survivors alone or two embedded in a larger setting), who meet DVSFA program

eligibility requirements as defined throughout this SOW. Contractor will be reimbursed for groups as per participant/per hour.

4.6.4.1 If unpaid interns and/or volunteers are utilized to provide Life Skills Education Services, they must be appropriately trained and supervised by a budgeted staff under the Contract.

4.6.4.2 Contractor must not bill or be reimbursed for Life Skill Education Services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Life Skills Education Services.

4.6.4.3 Contractor must discuss available Life Skills Education options with the participant and provide the Life Skills Education services selected by the participant. Life Skills Education includes the following:

- **Parenting education:**
  - Non-violent parenting skills.
  - Child development, teaching children about home and personal safety, (e.g., dialing 911).
  - Assisting children with homework.
  - Encouraging educational family activities.
  - Communication.
  - Positive discipline.
  - Nutritional feeding techniques.
  - Empathy.
  - Conflict resolution skills.
- **Independent Living Skills:**
  - Healthy relationship building skills, including birth control and safe-sex practices.
  - Healthy coping skills, exercise, reading, utilizing crisis hotlines.
  - Accessing counseling services as needed.
  - Assist in obtaining educational credentials, e.g., GED, driver education, and other work-related assistance activities.

- Assist in obtaining school loans, scholarships and/or other funding for educational purposes.
- Appropriate professional attire.
- Communication.
- Problem solving skills.
- Increasing the participant's ability to access vital resources through role-playing and direct advocacy, so they can access social services, healthcare, education, housing, transportation, etc.

- **Household establishment skills education:**
  - Assist in household budgeting, planning, purchasing, and preparing of nutritional meals.
  - Financial assistance for housing.
  - Safety planning at place of work and attending school/job.
  - Information/referrals for obtaining home-safety devices, (e.g., locks, alarm system, unlisted phone number and addresses, safety deposit boxes), for important documents.
  - Develop a family budget.
  - Develop a long-term financial plan through banking leading towards self-sufficiency, (e.g., keeping a savings and checking account).
  - Coordinate housing needs, Section 8 housing, apartments, other independent living, or family housing
- **Life Coaching and Job development:**
  - Setting goals and action planning.
  - Assist in overcoming obstacles.
  - Assist in developing coping skills and fostering self-control to handle stress and challenges.
  - Teaching practical skills, (e.g., managing daily routines, improving communication, and building self-awareness).
  - Empowering participants to become self-sufficient.
- **Anger Management**

- Learning about what is anger and the effects of anger on the body and mind.
- Taking steps to control anger and manage negative reactions and situations.
- Conflict resolution and skills/problem-solving solutions.
- Building self-esteem and encouraging positive communication.

- **Culturally Specific Healing Practices:**
  - Empowering participants to take control over their healing journey through self-care and cultural practices.

4.6.4.3 Contractor must provide Client Advocacy at the Life Skills Education services individually or in group settings. Contractor must work closely with participants to help them learn the skills necessary to become self-sufficient.

4.6.4.4 Contractor must submit a written Life Skills Education services curriculum to Public Health within 30 days of the Contract start date. The curriculum must be developed by the Contractor and include detailed descriptions of the Life Skills Education services to be provided.

4.6.4.5 Contractor must maintain documentation with the following information to verify that the Life Skills Education Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of topics covered and participant's response to session.
- "LSE" noted for Life Skills Education-Individual and "LSG" noted for Life Skills Education-Group.
- Specific "start and end" time spent providing the service.
- Participant's Information
  - Agency assigned DVSFA Case Number.
  - Progress and/or barriers to safety and/or

changes. How participant responded to services provided.

4.6.4.6 Contractor must provide and bill for Life Skills Education Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Life Skills Education session.

4.6.4.7 Life Skill Education Services must not be billed as conducting assessments, as a Service Plan, and/or a Safety Plan.

4.6.5 Child Educational Activities

Child Educational Activities will consist of classes to educate children about DV as it pertains to their specific situation. Topics for education include, but are not limited to, the definition of DV, cycle of violence, DV myths, dynamics of DV, etc., which aim to help children understand the family dynamics in developmentally appropriate sessions. Child Education Activities are for children of eligible DVSFA participants who meet DVSFA program eligibility requirements as defined throughout this SOW.

4.6.5.1 If unpaid interns and/or volunteers are utilized to provide Child Educational Activities, they must be appropriately trained and supervised by staff budgeted under the Contract. Contractor must not bill or be reimbursed for Child Educational Activities provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Child Educational Activities.

4.6.5.2 Contractor must maintain documentation with the following information to verify that the Child Educational Activity was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of subject or topic discussed (e.g., "definition of DV, cycle of violence, DV myths," etc.).
- How the child responded to services provided.
- "CEA" noted for Child Education Activity.

- Specific" start and end" time for the class session.
- Participant's information
  - Agency assigned DVSFA Case Number.

4.6.5.3 Contractor must provide and bill for Child Educational Activities in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Child Educational Activity session.

4.6.6 DV Education Sessions

DV Education Sessions consist of educating participants about DV in either an individual or group setting specific to DV Survivors. Topics for education class sessions, (e.g., definition of DV, cycle of violence, DV myths, and dynamics of DV, etc.), aim to empower them. A group, for purposes of payment, is defined as two or more eligible participants as described in Paragraph 2.0, Participant Eligibility. Contractor will be reimbursed for groups as per participant/per hour.

4.6.6.1 If unpaid interns and/or volunteers are utilized to provide DV Education Services, they must be appropriately trained and supervised by a budgeted staff under the Contract.

4.6.6.2 Contractor must not bill or be reimbursed for DV Education Sessions provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing DV Education Sessions.

4.6.6.3 Contractor must maintain documentation with the following information to verify that the DV Education Session was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of subject or topic discussed (e.g., "definition of DV, cycle of violence, DV myths," etc.).
- How participant responded to services provided.
- "DVES" noted for DV Education – Individual. "DVEG" noted for DV Education – Group.

- Specific "start and end" time for the class session.
- Participant's information
  - Agency assigned DVSFA Case Number.

4.6.6.4 Contractor must provide and bill for DV Education Sessions in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a DV Education session.

4.6.7 Shelter Bed Night Services

Shelter Bed Night Service is a service available to all DVSFA participants and their minor children at a DV emergency shelter operated by Public Health Contractors. NOTE: reimbursement for Shelter Bed Night must be made only in instances where Contractor is not reimbursed through alternate funding sources.

4.6.7.1 Contractor must maintain documentation with the following information to verify that the Shelter Bed Night Service was provided:

- Date(s) night(s) service was provided.
- Signature and name of budgeted individual(s) who provided, arranged, or oversaw the service (e.g., conducted check-in and check-out or sign-in and sign-out).
- "SBN" noted for Shelter Bed Night.
- Participant's information
  - Agency assigned DVSFA Case Number.

4.6.7.2 Contractor is limited to billing a maximum of 30 total nights for this service provided to each participant during a consecutive 12-month period aligned with the County fiscal year. (July through June). Should unforeseen circumstances exist (e.g., the family/participant is still in crisis), Contractor may bill up to an additional 15 shelter nights, for a combined total maximum of 45 nights.

4.6.8 Hotel Shelter Bed Night Service

Hotel Shelter Bed Night Service is a service available to DVSFA participants and their minor children at a licensed commercial lodging establishment (Hotel or Motel), that operates with security precautions, (e.g., security guard, video, surveillance, etc.).

NOTE: reimbursement for Shelter Bed Night must be made only in instances where Contractor is not reimbursed through alternate funding sources.

4.6.8.1 Contractor must be limited to billing a maximum of 30 total nights for this service provided to each participant during a consecutive 12-month period aligned with the County fiscal year (July through June). Should unforeseen circumstances exist, (e.g., the family/participant is still in crisis), contractor(s) may bill for up to an additional 15 shelter nights, for a combined total maximum of 45 nights.

4.6.8.2 Contractors must submit a receipt from the commercial lodging establishment within LAC boundaries to receive reimbursement.

4.6.8.3 Contractor must maintain documentation with the following information to verify that the Hotel Shelter Bed Night Service was provided:

- Date(s) night(s) service was provided.
- Signature and name of budgeted individual(s) who provided, arranged, or oversaw the service.
- Detailed receipt for commercial lodging. Address may be blocked out.
- Participant's information
  - Agency Assigned DVSFA Case Number.

4.6.9 Transportation Services

Transportation services are provided by Contractor through the use of licensed, certified, and insured transportation providers, such as Lyft, Uber, Taxi service for DV health, wellness, and resource referrals only.

4.6.9.1 Contractor must submit a receipt from the licensed, certified, and insured transportation provider utilized to receive reimbursement.

4.6.9.2 Reimbursement for Case Management Services transportation provided under this SOW excludes tips or gratuities.

4.6.9.3 Contractor must maintain documentation with the following information to verify that the Transportation Services was provided:

- Date service was provided.
- Destination and purpose of trip.
- Signature and name of budgeted individual(s) who provided, arranged, or oversaw the service.
- Detailed receipt for services provided.
- Participant's information
  - Agency Assigned DVSFA Case Number.

4.6.10 Translator/Translation Services

4.6.10.1 Translation/Translator Services are provided by Contractor through the use of translators, interpreters, or other translation services, (e.g., Tele-Interpreter or Open Communications International, TDD device, tele-braille equipment, or American Sign Language interpretation), directly to a participant in threshold languages in addition to English. Translation can be written and/or interpreted verbally.

4.6.10.2 Contractor must provide Translation/translator Services to non-English and limited English proficient participants using bilingual staff, or an interpreter/interpretation service.

4.6.10.3 Contractor must not require participant to provide their own interpreter at any time. The most common non-English languages spoken in LA County by participants are: Armenian, Cambodian, Chinese, (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

4.6.10.4 Contractor must only bill for interpreter/translation services if a budgeted bilingual staff member is not available, in which case a receipt will be required.

4.6.10.5 Contractor must maintain documentation with the following information to verify that the Interpreter/Interpretation Service was provided:

- Date service was provided.
- Language interpreted.

- Detailed Receipt of the actual cost of the services provided.
- Service unit that was interpreted or translated in writing (e.g., "Case Management Services," "Counseling," etc.).
- Text-to-Speech "TTS" noted for Interpretation/Translation Services.
- Specific "start and end" time spent providing the language assistance service.
- Participant's Information
  - Agency Assigned DVSFA Case Number.

4.7 OPTIONAL SERVICES

4.7.1 Court Accompaniment and Restraining Order Supportive Services

4.7.1.1 Court Accompaniment and Restraining Order Supportive Services ensure that a participant do not have to go through the court process alone. This service is one in which Contractor's staff accompanies the participant to court appointments to help the survivor navigate the legal process. Contractor provides these services to help participants become less intimidated and overwhelmed due of the close relationship between the survivor and the defendant, and the complex impact of the abuse. Court Accompaniment and Restraining Order Supportive Services do not include dropping a participant off at court, rather the Contractor's staff accompanies the participant throughout the court appointment.

4.7.1.2 Contractor's staff must accompany participants to DV related court appointments and help participants understand what to expect, and what information to bring to court.

4.7.1.3 Court Accompaniment and Restraining Order Support Services are not legal services and are not provided by a California-licensed attorney. These services do not include providing legal advice, or legal representation. Services include the following:

- Provision of emotional support throughout the legal proceedings;

- Accompanying participants to court proceedings and assisting with safety planning to support safe arrival and departure from the courtroom;
- Facilitating referrals to services that address the impacts of abuse, including counseling, safe housing and/or advocacy programs.

4.7.1.4 Contractor must maintain documentation with the following information to verify that Court Accompaniment and Restraining Order Support Services were provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description of specific services provided (e.g., "accompanied to court," "Discussed safety plan for court appearance," "explained general court process," etc.).
- "CAS" noted for Court Accompaniment and Support
- Specific "start and end" time spent providing the service
- Participants information
  - Agency Assigned DVSFA Case Number.

4.7.1.5 Contractor will provide and bill for Court Accompaniment and Restraining Order Support Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Court Accompaniment and Restraining Order Support services session.

4.7.2 Licensed Mental Health Therapy Services including Child Therapy (Art, Music, Dance, etc.)

Licensed Mental Health Therapy Services are provided for the adult participant or their child. Licensed Mental Health Therapy Services, (including Child Art/Music/Dance, etc.), are intended to help individuals find relief from emotional distress and trauma, seek solutions to problems in their lives, and modify patterns of thinking and behavior that prevent them from working productively and enjoying personal relationships.

Licensed Mental Health Therapy Services must be provided by a licensed therapist approved to practice in the State of California and

regulated by the California Board of Behavioral Sciences (BBS). Licensed Mental Health Therapy Services can be provided as Individual Therapy, with the intent of improving or maintaining the mental health status of the client; as Family Therapy, delivered to a family unit with the intent of improving or maintaining the mental health status of the client; and/or as Group Therapy, delivered simultaneously to more than one non-family client. Child Therapy services must be age-appropriate and developmentally appropriate. Child Therapy services are for children of eligible DVSFA participants.

4.7.2.1 Contractor must provide Licensed Therapy Service by individuals who are licensed by the California (BBS). If unpaid interns and/or volunteers are utilized to provide Licensed Mental Health Therapy Services, they must be appropriately trained and supervised by a budgeted staff under the Contract.

4.7.2.2 Contractor must not bill or be reimbursed for Licensed Mental Health Therapy Services provided directly by a volunteer and/or unpaid intern. Billing and reimbursement are limited to services provided by budgeted staff who oversee or supervise the volunteer or unpaid intern providing Licensed Therapy Services.

4.7.2.3 Contractor must maintain documentation with the following information to verify that the Licensed Therapy Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description counseling format (e.g., "group," "individual," "family," "child/adolescent").
- "LT" noted for Licensed Therapy.
- Specific "start and end" time spent providing the service.
- Participant's information
  - Agency Assigned DVSFA Case Number.

4.7.2.4 Contractor will provide and bill for Licensed Mental Health Therapy Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Licensed Mental Health

Therapy Services.

4.8 SERVICES WITHOUT UNDUE DELAY

4.8.1 Upon commencement of the Contract, Contractor will have systems and policies in place to assure that no participant or potential participant waits more than five business days to receive an intake, and no more than two business days or immediately in emergency situations. Contractor must maintain a copy of all systems and policies on file and make these available for monitoring purposes.

4.8.2 Contractor will return all telephone calls received from participants within two business days.

4.9 SERVICE DELIVERY SITES

Contractor must continuously manage and operate the publicly accessible, drop-in center site(s) at the location(s) contracted to provide services set forth in this SOW.

Contractor must obtain required inspection certificates, (i.e., health, fire, etc.), and written consent of the Director of Public Health or authorized designee before modifying or terminating services, revising hours of service delivered at such location(s), and/or before commencing such services at any other location.

Contractor must maintain the building and surrounding areas in a manner consistent with applicable local, State, and federal occupational safety and sanitation regulations. The premises must be free of any accumulation of garbage, rubbish, stagnant water, and/or filthy or offensive matter of any kind to ensure that the premises are maintained in a clean and wholesome condition.

4.9.1 Walk-In/Drop-In Center

4.9.1.1 Contractor must operate a publicly accessible Walk-In/Drop-In Center that is physically located in the Supervisorial District(s) where Case Management Services are provided and must be open during business hours between 9:00 a.m. and 5:00 p.m., Monday through Friday, except closures due to federal/county holidays. The Walk-In/Drop-In Center will provide participants with the services detailed in this SOW.

4.9.1.2 Contractor must post the Stop Human Trafficking Poster, (Exhibit, H, Form 1), provided by the County in a visible location in the lobby.

4.9.2 Hours of Operation

4.9.2.1 Contractor's site must be open during business hours between 9:00 a.m. and 5:00 p.m., Monday through Friday and available to provide the required services to participants within the Supervisorial District(s) where Case Management services are provided.

4.9.2.2 Contractor must ensure that staff responds to any calls and inquiries received between agency's operating hours. In addition, Contractor will make good faith efforts to provide services on weekends and evenings, as needed, in cases where it will increase accessibility to program services and enhance the likelihood of a participant achieving his/her goals.

4.9.3 Staff

Contractor must operate continuously throughout the entire term of the Contract with at least the minimum number of staff required under this SOW and any other applicable staffing requirements that are necessary to provide DVSFA services hereunder. Contractor's staff must meet the following requirements:

4.9.3.1 Mandatory 40-hour DV Training

Contractor must ensure that all staff providing **direct** services to participants have successfully completed 40 hours of Domestic Violence training as defined in California Evidence Code 1037.1. Contractor must maintain staff's individual certificates of completion in staff's personnel file and be made readily available for review at County's requests.

4.9.3.2 Contractor providing DVSFA Case Management Services must have a Project Manager with a minimum of two years' experience supervising and overseeing DV Case Management, who must supervise and oversee all staff and services provided under this service category.

4.9.3.3 Contractor must also have at least one staff providing

Case Management Services directly to participants, who is physically based at Contractor's program site(s) within the Supervisorial District(s) in which Case Management services are provided.

4.9.3.4 The Contractor's Project Manager or designated alternate, and a direct provider staff member must be available during business hours.

4.9.3.5 Contractor must notify Public Health in writing on official agency letterhead within five business days of leadership changes. The notification must be signed and emailed to the County's Project Monitor.

4.9.3.6 Contractor must notify Public Health in writing on official agency letterhead within five business days of staff exits/replacements, (e.g., new hires, termination, leadership changes, etc.), so that Public Health and DPSS can maintain an updated MFT access list, the DVSS provider contact list for the GAIN Regions, and budgeted staff list. The notification must be signed and emailed to the County's Project Monitor, identified in Exhibit F, County's Administration.

4.10 CLIENT RECORDS

4.10.1 Contractor must maintain a current and comprehensive case file for each participant interviewed and serviced. Each case file must display the participant's DVSFA ID number and the Contractor ID number on the outside of the file and on all documentation contained withing the file. All participant's case file, at minimum, must contain the following documents:

A. ALL PARTICIPANTS

1. Client Intake form (created by the Contractor);
2. Assessment (created by the Contractor);
3. Service Plan (created by the Contractor);
4. Safety Plan (created by the Contractor);
5. Progress notes with service delivery dates;
6. Program evaluation measures;
7. Discharge summary, if appropriate, and

8. Client satisfaction survey.

4.10.2 In addition to other confidentiality requirements set forth in this SOW, Contractor must maintain DV Participant's case file in either a locked file cabinet or in a secure room to ensure confidentiality.

4.10.3 Contractor must ensure confidentiality and provide secure storage, access, and disposal of participant records for seven years after the contact has terminated.

4.11 REPORTING

4.11.1 DVSFA Monthly Management Report

Contractor must submit to Public Health a Monthly Management Report, Exhibit H, Form 15b, with their billing invoice no later than 15 calendar days after the month services were rendered. Invoices submitted without the Monthly Management Report will not be paid. Additionally, participant data reported in the Monthly Management Report must match the number of participants billed. Invoices with discrepancies, notified via the Contract Discrepancy Report, (Exhibit H, Form 14), between the number of participants billed and reported will not be paid until discrepancies are remedied.

4.11.2 DVSFA Ad-Hoc Reports

County may request data or other information from Contractor on an Ad-Hoc basis, as needed by Public Health, County agencies or entities for budgetary or other purposes. Contractor will provide the requested data to County in a mutually agreeable time period.

5.0 CUSTOMER SERVICE QUESTIONNAIRE

Contractor must provide the Customer Service Questionnaire, (Exhibit H, Form 12), to each participant and provide access to the questionnaire via a QR code within 90 days of initial intake and discharge. The Customer Service Questionnaire is available at:
http://www.publichealth.lacounty.gov/owh/OWHContracts/DVSFA/DVSFA.htm

For participants who are unable to access the online survey using a personal or agency device, Contractor must provide participants with a paper copy of the questionnaire along with a self-addressed stamped envelope for submission of the completed questionnaire to Public Health.

The Customer Service Questionnaire must consist of an evaluation of the participant's satisfaction with the program. Contractor must note in the participant's

file the date when the Customer Service Questionnaire was provided.

6.0 LEGAL REFERRALS

Contractor must have a written protocol to notify participants of the availability of Legal Services, refer participants upon request, or refer when the Contractor determines a Legal Services assessment is advisable.

7.0 DISCHARGE, TERMINATION AND CHANGES

7.1 DVSFA

7.1.1 Contractor must establish a protocol for the discharge/termination of participants from DVSFA services. This protocol must include a face-to-face contact, (when possible), to complete a discharge summary. Documentation of the discharge summary must include reason for completion/termination; summary of services provided; participant's progress while assigned to the Contractor; and goals attained/not attained along with recommendations for further services/treatment activity, including other referrals, if necessary.

7.1.2 Contractor must complete/update the DV assessment tool for all participants at discharge, termination, completion or drop-out, within five business days, if the change occurs in between the progress report period.

7.1.3 Contractor must develop and maintain a tracking mechanism to identify participants who complete services, fail to comply with services, or who return for DVSFA services.

7.1.4 Contractor may bill for DVSFA services provided to a terminated CalWORKs, or GAIN/REP Program Participant.

7.2 CLIENT CHOICE TO DISCONTINUE SERVICES

7.2.1 Under this SOW, it is the participant's choice when to stop accessing services. There is no "completion of program" or point at which the participant is told services are no longer available, unless the participant is no longer eligible for such services.

7.2.2 Contractor must not impose maximum time limits on how long a participant may remain in the program or dictate the type or frequency of services a participant must access.

7.2.3 Contractor may establish written rules designed to maximize the safety and respect of staff and participants. If a participant violates such rules, this shall serve as reason for no longer allowing a participant to access DVSFA services.

7.2.4 Contractor must retain a copy of the rules in each participant's case file and document any rule violations in the case file for monitoring purposes.

8.0 OTHER REQUIREMENTS

8.1 Contractor Organization Capacity/Waiting Lists

If at any time, the Contractor reaches its contractual or organizational capacity in number of participants being served, the Contractor will notify Public Health in writing within five business days. Prior written approval is required if Contractor: (1) is unable to serve additional participants; (2) must limit or modify the quantity and/or quality of services; or (3) requires a participant to wait more than five business days to access any non-emergency services after intake.

8.2 County Domestic Violence Council Meetings

8.2.1 Contractor must attend a minimum of **four** County DV Council meetings per year.

8.2.2 Contractor must also attend all Quarterly Public Health DV providers' meetings.

8.3 Public Statements

Contractor must indicate in any and all press release(s) and any statement to the public related to the Program the following statement:

"This project is funded, in whole or in part, by Los Angeles County, Department of Public Health, Domestic Violence Support Services for All Program."

The Contractor must indicate that Contractor is, an Equal Employment Opportunity Employer in all job announcements.

8.4 Equipment and Equipment Inventory

8.4.1 Contractor must provide necessary space, furniture, utilities, telephones, printers, scanners, and computer equipment necessary to provide services.

8.4.2 Contractor must provide staff with internet access.

8.4.3 Contractor must provide all supplies that are necessary to perform the services required under the Contract.

8.4.4 Contractor must establish and maintain an inventory of equipment

funded under this Contract to include the following:

- Name and phone number of Contractor's contact person where equipment is located;
- Address where equipment is located;
- Type of equipment;
- Brand and model number of equipment;
- County bar-code number on equipment, if applicable; and

Cost of equipment, funding source(s), and amount of County funds used in the purchase, as appropriate.

8.4.5 Contractor must submit a Final Property Inventory Certification with Financial Closeout Report to Public Health no later than 45 calendar days after each fiscal year ends.

8.4.6 Contractor must request and receive prior authorization from County to purchase any piece of equipment in excess of $5,000, furnished by County that is necessary to perform all services required under this Statement of Work.

8.4.7 Unless applicable federal or state law requires otherwise, County must be the sole owner of all rights, title, and interest in any and all equipment purchased by Contractor with County funds and any equipment furnished by County to Contractor, under the Contract.

8.4.8 Upon termination or expiration of the Contract, all equipment purchased with County funds and all equipment provided by County must be retrieved by County following appropriate notice to Contractor.

8.5 Civil Rights Training

Contractor must ensure that direct service staff, unpaid interns, and volunteers participate in Civil Rights Training provided either in-person by Public Health or via approved web training and provide certification to Public Health verifying completion or attendance of such. Contractor's staff must be paid to attend the training, which must be completed at least once every two years.

8.6 Civil Rights Complaints and Procedures

Contractor must comply with Civil Rights policy and procedures, which include but are not limited to the following:

8.6.1 Ensure notices and correspondence sent to participants are in

their designated primary language and provide interpreters to ensure meaningful access to services to all participants.

8.6.2 Develop and operate procedures for receiving, forwarding, and responding to Civil Rights complaints as follows:

9.0 PERFORMANCE OUTCOMES

Contractor must adhere to the performance outcomes and service standards for DVSFA provided under this Exhibit A-2, Case Management (DVSFA) SOW, Exhibit A-2 Attachment A, Case Management Services Performance Requirements Summary Chart, and Exhibit H, Domestic Violence Supportive Services and Domestic Violence Services For All Forms. The performance outcomes will be utilized to monitor the Contractor's support of DV survivors to increasing safety, lessening harm, and enrolling participants into intervention services tailored to their specific needs. Public Health will monitor the Contractor's performance outcomes with the goal of advancing participants safety, empowerment and economic self-sufficiency.

Contractor must ensure the following:

a) At a minimum, 90% of new participants have a Service Plan based on their unique needs and circumstances.

b) At a minimum, 75% of continuing participants receiving case management will receive a comprehensive reassessment of their DV situation, Service Plan, and Safety Plan at minimum, every 180 days (six months).

c) At a minimum, 90% of participants in need of legal services are notified of the availability of legal services and receive a referral (if appropriate) to a DVSFA legal service provider.

d) At a minimum, 75% of participants have Service Plan goals to remove barriers that keep them from obtaining safety and service goals.

10.0 COUNTY DATA MANAGEMENT SYSTEM

Contractor will utilize County's data management system to register patient's eligibility data, demographic/resource data, enter service utilization data and service outcomes for services provided. County's system will be used to invoice for all delivered services, standardize reporting, import efficiency of billing, and support program evaluation processes. Contractor will ensure data quality and compliance with all data submission requirements.

DOMESTIC VIOLENCE SERVICES FOR ALL
CASE MANAGEMENT SERVICES
PERFORMANCE REQUIREMENTS SUMMARY CHART

CASE MANAGEMENT PERFORMANCE OUTCOMES		
SERVICE STANDARD	**INDICATOR**	**MEASUREMENT METHOD**
a) At a minimum, 90% of new participants must have a service plan based on their unique needs and circumstances.	**Chart Review**	Conduct chart review and check for a service plan documented in the chart **Denominator** = All participants served and billed for the month(s). **Numerator** = Participants that received a Service Plan in the same month(s).
b) At a minimum, 75% of continuing participants receiving case management will receive a comprehensive reassessment of their DV situation, Service Plan, and Safety Plan at minimum, every 180 days (six months).	**Chart Review**	Review participant charts and check if they had a reassessment noted in the chart every 180 days (six months). **Denominator** = All participants that were billed for at least six months of the fiscal year. **Numerator** = Participants that received a reassessment every 180 days (six months) in the fiscal year.
c) At a minimum, 90% of participants in need of legal services are notified of the availability of legal services and receive a referral (if appropriate) to a DVSFA legal service provider.	**Chart Review**	The Chart Review will capture (1) The number of participants that were identified as needing legal services, and the (2) The number of participants that were provided referrals to DVSS Legal Services. **Denominator** = All participants identified as needing legal services. **Numerator** = Participants that received a legal service referral in the fiscal year.

d) At a minimum, 75% of participants have service plan goals to remove barriers that keep them from obtaining safety and service goals.	**Chart Review**	Review participant chart and check if they had service plan goals. **Denominator** = All participants billed during the year. **Numerator** = Participants that received a Service Plan goal in the year.

Domestic Violence Supportive Services

LEGAL SERVICES STATEMENT OF WORK

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Attachment A – Legal Services Performance Requirements Summary Chart

Domestic Violence Supportive Services

LEGAL SERVICES STATEMENT OF WORK

INTRODUCTION

The California Work Opportunity and Responsibility to Kids (CalWORKs) is a welfare program that provides temporary financial assistance and employment services to families with minor children. The Welfare-to-Work (WtW) Program is the employment segment of CalWORKs designed to assist individuals who are receiving assistance to transition from dependence on public assistance into self-sufficiency. CalWORKs WtW program Greater Avenues for Independence (GAIN), and Refugee Employment Program (REP) aided adults or caretakers of families on welfare, unless exempt, are required to meet the WtW requirements. CalWorks-eligible battered non-citizens, which include individuals with approved Violence Against Women Act, (VAWA), and I-130 petitioners, and/or those eligible under Senate Bill 1569, (U-Visa petition), for whom CalWORKs benefits have been issued or approved, (at the individual level), is a sub-category of the CalWORKs eligible population.

CalWORKs regulations provide considerations for domestic violence (DV) survivors to ensure that clients, (CalWORKs recipients or participants), who are past or present survivors are not placed at further risk or unfairly penalized by CalWORKs program requirements.

Domestic abuse is when assaultive or coercive behavior, including threats or attempts at abuse, occurs within a domestic relationship. Domestic abuse is an overarching term that includes, but is not limited to, physical abuse, sexual abuse, psychological abuse, economic control, domestic violence, stalking, isolation, threats, or other types of coercive behaviors. Additionally, neglect or deprivation of medical care is domestic abuse when the person being neglected is a dependent, (e.g., a child, adult with a disability, or an older adult, per the California Department of Social Services' (CDSS') All County Letter (ACL) NO. 23-109).

Domestic relationships are relationships that can include but are not limited to adults or minors who live together or have lived together, (including family and non-family members), adults or minors who have dated, adults or minors who have engaged in a sexual relationship, those who share a child in common, adults or minors who are related by blood or adoption, and adults or minors related by marriage.

DV may be a barrier to employment and participation in WtW activities for the survivor. DVSS are provided under this agreement to assist CalWORKs WtW or GR/STARTDV survivors in establishing a network of safe supports so that they can overcome barriers to employment and become self-sufficient.

Contractor will provide Domestic Violence Supportive Services (DVSS) Legal Services to CalWORKs participants, including CalWORKs participants who have filed a U-Visa or VAWA petitions, CalWORKs REP participants and their minor children, General Relief

(GR) participants, Skills & Training to Achieve Readiness for Tomorrow (START) participants, and battered non-citizens for whom a U-Visa petition has been filed. CalWORKs regulations provide considerations for domestic violence survivors to ensure that clients (CalWORKs recipients or participants) who are past or present survivors are not placed at further risk or unfairly penalized by CalWORKs requirements.

1.0 PROGRAM OVERVIEW

1.1 DOMESTIC VIOLENCE LEGAL SERVICES

1.1.1 Legal Services includes family law, immigration services for eligible battered non-citizens described above in the Introduction paragraph, translator/translation services, restraining order, benefits advocacy, other legal services and legal services workshops.

1.1.2 Legal Services must be offered and provided to participants upon request during their participation in DVSS, as described in this Statement of Work (SOW). Contractor must serve a maximum number of eligible participants with Legal Services based on agency's capacity and allocated funding within each fiscal year which includes formal legal representation (by Staff Attorneys) to ensure that participant's rights are preserved and that issues are resolved with participant's best interest and safety in mind. Contractor must also ensure services assist participants in removing barriers to employment, meeting service plan objectives, and achieving successful outcomes.

1.1.3 Contractor must provide services to non-English and limited English proficient participants using bilingual staff or translator/translation services. Contractor must not require participants to provide their own interpreter at any time. The most common non-English languages are: Armenian, Cambodian, Chinese, (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

1.1.4 Contractors must have a written protocol to refer participants to Case Management Services upon the request of the participant or if the Contractor determines that Case Management assessment is advisable. Contractor must notify the participant of the availability of Case Management Services and recommend these services as needed.

2.0 PARTICIPANT ELIGIBILITY

To be eligible for the Legal Services funded under this SOW, participants must be enrolled in CalWORKs GAIN/REP, including CalWORKs eligible battered non-citizens for whom a U-Visa or VAWA petition has been filed, GR and/or START.

Participants must reside in Los Angeles County (LAC). Participants may not receive Legal Services from more than one DVSS Contractor at the same time.

2.1 ELIGIBILITY DETERMINATION

2.1.1 Prior to the provision of Legal Services, Contractor must determine each CalWORKs GAIN/REP, GR, and START participants' initial and ongoing eligibility for the DVSS program by adhering to the procedures outlined throughout this SOW, which includes verification of participants enrollment and participation in the WtW program, and completion and submission of required County of Los Angeles (County) Department of Public Social Services (DPSS) forms and documentation. All documentation must be maintained in each participant's files. Individuals who are not eligible for the CalWORKs GAIN/REP, GR, or START programs are not eligible for DVSS Legal services.

2.1.2 Contractor may not be reimbursed for services provided until DVSS eligibility for an individual has been established and maintained in accordance with this SOW.

2.1.3 Additionally, Contractor must ensure that each participant is a current/past survivor of DV, where the abuse occurred within a domestic relationship; such confirmation can be satisfied by participant's verbal self-report. The eligible populations are CalWORKs GAIN/REP and GR/START, including CalWORKs aided battered non-citizens, for whom a U-Visa/VAWA has been filed.

2.1.4 For Battered non-citizens, Contractor must ensure U-Visa or VAWA petitioners establish CalWORKs or GR eligibility by directing them to DPSS CalWORKs or GR Eligibility staff to provide the required documentation and verification, as appropriate, for reevaluation of CalWORKs benefits and services. The following conditions must be met:

- The U-VISA or VAWA petitions must be filed, AND
- Evidence of that filing must be submitted to the DPSS Eligibility Worker, AND
- The DPSS Eligibility Worker must determine that a participant is CalWORKs or GR eligible.

2.2 NO CLIENT FEES

2.2.1 Contractor must not charge a DVSS participant any fees/costs for any services provided under this SOW.

2.3 NO MANDATORY PARTICIPANT DUTIES

2.3.1 Contractor must not mandate participant to perform labor to receive services. This includes work related to the upkeep and/or maintenance of Contractor's facilities, office work or clerical duties, and childcare.

2.4 OBTAINING PARTICIPANT'S CASE NUMBER

2.4.1 During intake, Contractor must request and obtain the participant's CalWORKs or GR/START case number. Most participants carry their Electronic Benefits Card (EBT) with them, which includes the participant's case number.

2.4.2 Contractor must obtain the name, DPSS office location, and phone number of the participant's GAIN Services Worker (GSW), Contracted Case Manager (CCM), REP CCM or START Case Managers (SCM) from the participant. If the participant is only able to provide the name of the GSW, CCM, or SCM and the CalWORKs or GR case number, the participant must be directed to obtain the necessary information by accessing the BenefitsCal website or by contacting the DPSS Customer Service Center at: (866) 613-3777.

2.5 PARTICIPANTS RESIDING OUTSIDE LAC

2.5.1 If a CalWORKs WtW or GR/START participant who resides in another county moves to LAC, the participant is not eligible for DVSS under this SOW until the participant's CalWORKs case has been transferred to LAC and approved by a LAC DPSS office.

2.5.2 After participant's case has transferred to a LAC DPSS office, all eligibility and verification procedures and documentation requirements detailed in this SOW will apply.

3.0 REFERRALS

3.1 DPSS DIRECT REFERRALS

Contractor will receive participant referrals directly from DPSS for the provision of DV supportive services. DPSS staff must initiate a call to the Contractor to schedule an appointment for the participant. Contractor must coordinate scheduling appointments and must implement the following steps when receiving participant referrals from DPSS.

3.1.1 <u>CalWORKs Participants Directly Referred by DPSS</u>

3.1.1.1 Contractor will obtain a copy of CalWORKs Specialized Supportive Services Provider Referral, GN 6006B, (Exhibit H, Form 4), from the participant or DPSS

GSW/CCM.

3.1.1.2 Contractor will complete Page 2, Section B of GN 6006B, and fax or email the completed form via County-approved encrypted email to the DPSS GSW/CCM within five business days of participant's intake.

3.1.1.3 Contractor must retain a copy of the completed GN 6006B form in the participant's case file.

3.1.1.4 Contractor will ensure that the DV component is open in California Statewide Automated Welfare System (CalSAWS) for at least one day of a service month to establish eligibility for entire month prior to providing services. To verify eligibility, Contractor must confirm ongoing DV activity in CalSAWS through receipt and submission of GN 6008, (Exhibit H, Form 7), Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Services Provider Progress Report, which is requested every 90 calendar days. Eligibility verification is contingent upon confirmation that the GN 6011, (Exhibit H, Form 9), Service Provider Cancellation/Stop Notice to Contractor, (indicating closure of DV activity on CalSAWS), has not been sent to the Contractor. Contractor must contact the GAIN Services Worker/CCM for any inquiries regarding the status of DV activity.

3.1.2 GR/START Participants Directly Referred by DPSS

3.1.2.1 Contractor will obtain a copy of General Relief Domestic Violence Services Referral, ABP 1467 Domestic Violence Services (DVS) (Exhibit H, Form 10), from the SCM via:

- A confidential fax must include a transmittal page containing a disclaimer with the following footnote: IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be Protected Health Information (PHI) as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law.

- If you are not the intended recipient, (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

- U.S. mail.

3.1.2.2 Contractor must complete the ABP 1467 DVS form and send via County-approved encrypted email to the SCM within five business days of the participant's intake.

3.1.2.3 Contractor must retain a copy of the completed ABP 1467 DVS form in the participant's file.

3.2 REVERSE REFERRALS

Reverse Referral is a process in which a Contractor may refer a potentially eligible participant to DPSS with the goal of establishing eligibility for the DVSS program. **Prior to providing any services** for which a Contractor intends to seek reimbursement through the Reverse Referral process, the Contractor must receive confirmation from DPSS in the form of an accepted PA 1923 or ABP 127 DVS from DPSS.

The Reverse Referral process assists Contractors in identifying potential participants who may be eligible to receive DV services without directly referred by DPSS or scheduled for an appointment by DPSS. The Reverse Referral process includes all of the following steps a Contractor must follow to determine whether a participant is eligible for services under this agreement.

Contractor may identify a participant as potentially eligible to CalWORKs, GR, or START and may inquire on eligibility for CalWORKs, GR, or START DVSS programs using the Reverse Referral process outlined below. However, Contractor may not provide services to, nor bill for services rendered to, participants referred to DPSS through the Reverse Referral process unless and until an accepted PA 1923 OR ABP 127 DVS confirming eligibility for service provision has been received from DPSS.

3.2.1 <u>CalWORKs Participants</u>

3.2.1.1 Contractor must use Screening **for Potential CalWORKs Eligibility form**, PA 1206 (Exhibit H, Form

2) to screen each potential CalWORKs eligibility. If the participant is determined to be potentially eligible for CalWORKs, Contractor must have the participant apply for CalWORKs to expedite CalWORKs approval. The PA 1206 is not to be submitted to the Centralized PA 1923 Unit, it is for internal use only.

3.2.1.2 Once a participant is deemed potentially eligible AND has applied for and subsequently been approved for CalWORKs, Contractor must complete and submit the CalWORKs Treatment/Services Verification form, PA 1923 (Exhibit I, Form 3), to the Centralized PA 1923 Unit within 10 business days of participant's signature date and must not exceed thirty days. A copy of the completed PA 1923 must be retained by the Contractor. The PA 1923 must be completed at the start of services and requires the participant's authorized signature.

If the PA 1923 is not submitted within the timeframe identified above, the effective date of eligibility for services may not exceed 30 calendar days prior to the submission date of the PA 1923 or the participant's signature date, whichever is later. This is contingent upon confirmation of established CalWORKs eligibility and acceptance of the PA 1923. **Contractors may not submit Reverse Referrals until the participants CalWORKs eligibility has been established.** PA 1923 forms submitted for individuals whose CalWORKs eligibility has not been established at the individual level will not be accepted.

3.2.1.3 Contractor must receive an acceptance/approval or rejection of the PA 1923 submission, via the Provider Notification Letter, (Exhibit H, Form 21), within five business days via fax, the Managed File Transfer (MFT) portal, or other secured channel as specified by DPSS. If the Contractor does not receive the Notification letter within five business days of faxing or uploading onto the MFT or submitting by other secured channel as specified by DPSS, Contractor may contact the Centralized PA 1923 Unit for follow-up and resolution. **Contractor may not re-fax or re-upload the form**. If approved, the effective date of eligibility is the date the PA 1923 was signed by the participant or the effective date CalWORKs eligibility is established for the named individual, whichever is later. If the PA 1923 is not received within the timeframe described in Section

3.2.1.2, the effective date of eligibility for services may not exceed 30 calendar days prior to the submission date of the PA 1923 or the participant's signature date, whichever is later, upon confirmation of established CalWORKs eligibility and acceptance of the PA 1923. Contractors may not submit Reverse Referrals until the participant's CalWORKs eligibility has been established. PA 1923 forms submitted for individuals whose CalWORKs eligibility has not been established at the individual level will not be accepted.

3.2.1.3.1 Contractor must **not** send the PA 1923 for persons who have not yet applied for or been approved for CalWORKs.

3.2.1.3.2 Contractor must **not** send the PA 1923 if the CalWORKs Specialized Supportive Services Provider Referral, GN 6006B (Exhibit H, Form 4) is received.

3.2.1.4 If the Notification letter states that the PA 1923 is accepted for a participant that is receiving CalWORKs, Contractor may provide services to participant and request payment pursuant to the Contract, Paragraph 5, Maximum Obligation of County, and Paragraph 6, Invoices and Payment.

3.2.1.5 If the Notification letter states that the PA 1923 is rejected, the participant is not eligible for services and the Contractor may not request payment pursuant to the Contract, Paragraph 5, Maximum Obligation of County, and Paragraph 6, Invoices and Payment.

3.2.1.6 If the Notification letter states that the PA 1923 was accepted but indicates that participant is ineligible due to being sanctioned by GAIN/CalWORKs REP or Child Support Enforcement, or timed-off, as indicated by notifications sent via GN 6149, (Exhibit H, Form 8), Contractor may continue to provide services to the participant for a period not to exceed 30 calendar days from the date on the Notification letter. Contractor must ensure that participant resolves the issue, reengages in GAIN/CalWORKs REP, and agrees to participate in WtW activities.

3.2.1.7 Contractor must receive the CalWORKs Eligibility Worker/GAIN Services Worker Notification to Service Providers, PA 1132, (Exhibit H, Form 19), within 60 days

from the date of the accepted Notification letter.

3.2.1.8 Contractor must develop a tracking mechanism for receipt of the PA 1132 within 60 days from the date of the accepted Notification letter. If Contractor does not receive the PA 1132 within the specified time frame, Contractor must contact the Centralized PA 1923 Unit as indicated in the Notification Letter.

3.2.2 GR and START Participants

Contractor must complete the General Relief Domestic Violence Services Verification form, ABP 127 DVS, (Exhibit H, Form 11), legibly with participant's signature and fax or transmit the form via County-approved encrypted email within five business days of the intake appointment/initial contact with the participant to the START Program Section.

3.2.2.1 Within five business days, Contractor must receive a response to the General Relief Domestic Violence Services Verification Form ABP 127 DVS submission from either the GR Program (unemployables) or START Program (employables).

3.2.2.2 If a participant is in START, Contractor must receive a General Relief Domestic Violence Services Referral, ABP 1467 DVS (Exhibit H, Form 10) to complete and return to the START Case Manager within 10 business days of receipt.

4.0 SERVICES TO BE PROVIDED

4.1 LEGAL SERVICES

Contractor must provide legal services, (in-person, remotely, or hybrid on a case-by-case basis as determined by the agency and participant), to eligible participants as determined by the agency and participant. Contractor will serve a maximum number of eligible participants with Legal Services based on agency's capacity and allocated funding within each fiscal year which includes formal legal representation (by Staff Attorneys) to ensure that participant's rights are preserved and that issues are resolved with the best interest and safety in mind.

4.1.1 Contractor must provide clear documentation of each participant's DV situation, whether past or current, from the initial intake to DVSS through discharge. Documentation must include ongoing interaction to evaluate the effectiveness of the Service Plan, the projected length of service, start date, time and

duration, name of staff providing the services, contact number or type of legal service provided, including the participant's level of capacity to participate safely in WtW.

4.1.2 Contractor must provide Legal Services under the supervision of an attorney, licensed to practice in the State of California.

4.1.3 Contractor must not permit participants to provide services to other participants under this SOW or as part of any other services the Contractor provides.

4.1.4 Contractor must ensure that written documentation requirements are not in conflict with the relevant California State laws regarding Attorney-Client confidentiality and the Attorney-Client and Attorney-Work Product privileges.

4.2 REQUIRED SERVICES

4.2.1 Intake

Prior to the start of any services, Contractor must conduct an interview and complete a Client Intake form for all participants to obtain information and determine immediate needs.

4.2.1.1 Contractor must ask each new participant whether they are involved in multiple services, (i.e., receiving services from other DVSS Contractor(s), from other sources, and/or County departments). DVSS services must be coordinated with other agencies to assure that DV families are not subjected to conflicting service goals. Contractor must contact the other DVSS Contractor within three business days to inform them they are now servicing the participant, to confirm notification of other DVSS Contractor by participant and should follow-up with a written correspondence summarizing the communication, documenting the participant's identification, and agreed upon date services began or are expected to begin. Contractor must inform participant that they will not be eligible for services in the same component until they notify the other DVSS Contractor of the change so that the CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B, (Exhibit H, Form 6), is submitted to the DPSS GSW/CCM or the START Progress Report DVS, ABP 1469 DVS (Exhibit H, Form 13), to the GR/SCM within five (5) business days of notification.

4.2.2 Assessment

4.2.2.1 Contractor must conduct one overall comprehensive assessment of each new participant to identify the participant's DV situation, legal problem(s), need(s), type of legal services needed to develop the Service Plan, goals, and objectives, other referrals for successful outcomes to assist the participant to overcome barriers to employment, including the participant's level of participation in WtW.

4.2.2.2 Contractor must assess whether participant is engaged in Case Management activities. Participants determined not to be engaged in Case Management at the time of assessment must be referred for those services.

4.2.2.3 Contractor must ensure that all participants receiving services longer than 180 days receive one comprehensive reassessment, every 180 days, at minimum.

4.2.3. Safety Plan

A Safety Plan is a personalized and practical plan designed to help individuals experiencing DV identify actions they can take to remain safe during and/or after a relationship. For Legal Services, a Restraining Order may be part of a Safety Plan. As part of safety planning, Legal Services providers must discuss safety considerations that participants should be aware of such as safety when attending court, discussions with children, and legal considerations when taking children out of the area. Contractor must inform participant of legal developments in advance, particularly when a batterer is about to be served or when a hearing is approaching, so that participant may take extra safety precautions.

Safety plans are intended to optimize survivor safety at every stage and should minimally include the following:

- Detailed plans in case of dangerous situations or changes in the relationship, (e.g., breaking up).
- Identify safe friends and safe places.
- Identify the essential items to take should one need or decide to leave home. If leaving, include a method on how to exit safely.
- Include information about local DV resources and legal rights
- Build on what a survivor is already doing to survive

Survivors are the experts in their own situation and some of the information or suggested steps provided in the plan may not be

relevant to an individual survivor. The Safety Plans should be adapted as needed.

4.2.4 Legal Service Plan

A Legal Service Plan must be developed to empower the participant to engage in services to accomplish the desired goals to assist in overcoming barriers to employment and obtaining self-sufficiency. A thorough Service Plan incorporates the results of the assessment.

4.2.4.1 The Legal Service Plan must specify the goals and objectives to be met (e.g., restraining order in place, child support order obtained), and duration of services. The Legal Service Plan must also document the participant's needs, the type of legal services, regular reviews, and other services/referrals, such as Case Management, etc. Legal Services Contractor must update the Legal Service Plan, as deemed necessary.

4.2.5 Follow-Up

Follow-up is a process of conducting ongoing contact with participants to ensure that services provided are adequate and assist participant in achieving their goals. Contractor's staff must evaluate whether services are consistent with the needs in the Legal Service Plan and determine if any changes to goals are necessary. Contractors must follow-up with participants, at a minimum once every 90 days. Follow-up activities must ensure that referrals are linked, and services are obtained in a timely and coordinated manner. Contractor must ensure that clients participate in WtW activities as required by DPSS, unless waived.

4.2.5.1 CalWORKs Participant Follow-Up

Contractor must monitor the progress of participants and note that progress of CalWORKs participants on the Progress Report Mental Health/Substance Abuse/ Domestic Violence/ Family Preservation/Reunification Programs, GN 6008 (Exhibit H, Form 7). This report must be submitted via fax or County-approved encrypted email, within 15 calendar days of receipt, and retain a signed copy of the form and fax confirmation in the participant's file.

4.2.5.2 START Participant Follow-Up

At a minimum, START Progress Reports must be

completed once every 90 days from the date services begin. Contractor must monitor for receipt of DVS and Contractor START Progress Report DVS, ABP 1469 DVS (Exhibit H, Form 13), which will be mailed directly to the Contractor by DPSS monthly. Contractor must fax or send the completed ABP 1469 DVS form to the START Case Manager via County-approved encrypted email within five business days of receipt.

4.2.5.3 GR Participants Follow-Ups

Form ABP 1469 is not required, nor will one be sent, for GR unemployable participants.

4.3 LEGAL SERVICES TO BE PROVIDED BASED ON PARTICIPANT NEED

4.3.1 Family Law Services (Divorce and Child Custody)

Family Law Services may include, but are not limited to divorce, marital property division, spousal support, paternity establishment, child custody and visitation orders, child support, and the filing of a restraining order, etc. Contractor must:

- Clearly document the initial consultation(s), legal advice, and legal/related research.
- Prepare/file court documents/forms.
- Provide Court/alternative dispute resolution representation.
- Prepare participant for testimony at trial by explaining the basic background of the American Court system procedures.
- Conduct/prepare communications with other involved parties.
- Provide court accompaniment of participant to family law, and/or civil courts to offer support and information, as needed.

4.3.1.1 Contractor must maintain documentation with the following information to verify that the Family Law Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided service.
- Description of service(s) provided, (e.g., “represented in court,” “prepared court documents,” “researched legal/related issues,” etc.).
- “FL” noted for “Family Law”.
- Specific “Start and End” time spent providing the service.

- Name of Attorney and Paralegal providing services to participant.
- Name of Attorney on Record for the services or "Pro Per" noted.
- Participant's Information
  - CalWORKs or GR/START Case Number.

4.3.1.2 Contractor must provide and bill for Family Law Services in 15 minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Family Law Services session.

4.3.2 Restraining Order Services

Restraining Order Services are legal services provided to DVSS participants that are associated with obtaining a DV restraining order, (e.g., Emergency Protective Order, Temporary Restraining Order), or otherwise.

4.3.2.1 Contractor will provide Restraining Order Services, which may include any combination of the following:

- Initial consultation and legal advice
- Preparation of court documents/forms including filing fees
- Court representation

4.3.2.2 Contractor must maintain documentation with the following information to verify that the Restraining Order Service was provided:

- Date service was provided.
- Signature or initials or name of budgeted individual(s) who provided service.
- Description of service(s) provided (e.g., "represented in court," "prepared court documents," "researched legal/related issues," etc.). Note: copies of all related court documents and restraining orders must be maintained on file and noted as such in the description.
- "RO" noted for "Restraining Orders".
- Specific "start and end" time spent providing the service.
- Name of attorney and paralegal providing services to participant.

- Name of attorney on record for the services or "Pro Per" noted.
- Participant's information
  - CalWORKs or GR/START Case Number

4.3.2.3 Contractor must provide and bill for restraining order Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Restraining Order Services session.

4.3.3 Benefits Access Assistance Services

Benefits Access Assistance (BAA) Services are legal services provided by Contractor to help DVSS participants access government benefits to which they are entitled. These BAA services include, but are not limited to, helping participants understand their rights, appealing any administrative law decisions, compensation for medical bills, court fees, troubleshooting, and any services substantially similar to the aforementioned services.

4.3.3.1 Contractor will provide BAA Services.

4.3.3.2 Contractor must maintain documentation with the following information to verify that BAA Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided service.
- Description of specific services provided (e.g., "represented on phone/in person to agency," "prepared appeal letter," "researched legal/related issues," etc.)".
- "BAA" noted for Benefits Access Assistance.
- Specific "start and end" time" spent providing the service.
- Name of Attorney and Paralegal providing services to participant, or "Pro Per" noted.
- Participant's Information
  - CalWORKs or GR/START Case Number.

4.3.3.3 Contractor must provide and bill for Benefits Access Assistance Services in 15-minute increments of time.

Contractor may include up to 15 minutes of documentation time towards a Benefit Access Assistance Services session.

4.3.4 Immigration Law Services

Immigration Law Services are legal services in connection with participant's access to services from the United States Citizenship and Immigration Services (USCIS). These are services that are available to CalWORKs-eligible battered non-citizens, which includes individuals with VAWA or I-130 petitioners, and/or those eligible under Senate Bill 1569 for whom a U-Visa petition/application has been filed, and for whom CalWORKs benefits have been **issued or approved** at the individual level.

Immigration law services are legal services in connection with participant's **maintenance of a previously filed U-VISA or VAWA petition(s)**. These are services that assist participants in stabilizing their immigration status and may include filing appeals and obtaining work authorization.

4.3.4.1 Contractor will provide Immigration Law Services, which may include any combination of the following:

- Initial consultations or legal advice.
- Legal or related research.
- Assist with appeals, and court documents, etc.
- Represent parties in court and contact with USCIS for appeals or work authorizations.

4.3.4.2 Contractor must maintain documentation with the following information to verify that the Immigration Service was provided:

- Date service was provided
- Signature and name of budgeted individual(s) who provided service
- Description of specific services provided (e.g., "represented in CIS hearing/interview," "prepared court documents," "researched legal/related issues," etc.), Note: copies of all documents and USCIS forms must be maintained on file and noted as such in the description.
- "IL" noted for Immigration Law Services
- Specific "start and end" time" spent providing the

service

- Name of attorney and paralegal providing services to participant
- Name of Attorney on Record for the services or "Pro Per" noted
- Participant's information
  - CalWORKs GR/START Case Number

4.3.4.3 Contractor must provide and bill for Immigration Law Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards an Immigration Law Services session.

4.3.5 Other Legal Services

Other Legal Assistance Services are legal services provided by a Contractor to assist DVSS participants in other legal matters which are limited to the areas of employment law, landlord/tenant issues, and consumer law.

4.3.5.1 Contractor must maintain documentation with the following information to verify that Other Legal Assistance Service(s) were provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided the service.
- Description topics covered (e.g., "household budgeting," "nutrition," child discipline," "client advocacy", etc.).
- "OLS" noted for Other Legal Services.
- Specific "start and end" time" spent providing the service.
- Participant's information
  - CalWORKs or GR/START Case Number.
- Other progress and/or barriers to safety and/or changes.

4.3.5.2 Contractor must provide and bill for Other Legal Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards an Other Legal Services session.

4.3.6 Translator/Translation Services

4.3.6.1 Translator/Translation Services are provided by the Contractor through the use of translators, interpreters, or other translation services, (e.g., Tele-Interpreter or Open Communications International, TDD device, tele braille equipment, or American Sign Language interpretation), directly to participants in threshold languages in addition to English. Translation can be written and/or interpreted orally.

4.3.6.2 Contractor must provide translation services to non-English and limited English proficient participants using bilingual staff, or a translator/translation service.

4.3.6.3 Contractor must not require participant to provide their own interpreter at any time. The most common non-English languages required by participants are: Armenian, Cambodian, Chinese, (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

4.3.6.4 Contractor must only bill for interpreter/translation services if a budgeted bilingual staff member is not available, in which case a receipt is required.

4.3.6.5 Contractor must maintain documentation with the following information to verify that the Translator/ Translation Service was provided:

- Date service was provided.
- Language translated.
- Name and affiliation of the budgeted individual who provided the service.
- Service unit that was translated (e.g., “Family Law,” “Immigration Law,” etc.).
- Text-to-Speech “TTS” noted for Interpretation/Translation Services.
- Specific “start and end” time spent providing the language assistance service.
- Detailed Receipt of the actual cost of the services provided.
- Participant’s information
  - CalWORKs or GR/START Case Number.

4.3.7 Legal Services Workshop Services

Legal Services Workshop services are provided to groups to assist in completing the required legal paperwork to avoid paperwork returns from the court. Legal Services Workshops are facilitated by the Family Law or Staff Attorney. Legal Services Workshops provide information on the legal aspects of family law matters, (e.g., divorce, paternity establishment, child custody, child support, and visitation); step-by-step instructions on completing required legal forms. Client confidentiality must be maintained by providing an opportunity for participants to privately ask questions on a one-on-one basis. Staff attorney, or paralegal under supervision by attorney, must review all legal forms to identify mistakes, missing items/documents, and to avoid paperwork being returned from the court. All group services must include sign-in sheets.

4.3.7.1 Contractor must maintain documentation with the following information to verify that the Legal Services Workshop was provided to participants:

- Date service was provided.
- Specific "start and end" time service was provided.
- Signature or initials or name of budgeted individual(s) who provided service.
- Description of service(s) provided (e.g., "review of paperwork," "prepared court documents," etc.
- "LSWS" noted for Legal Services Workshop Services.
- Name of attorney and paralegal providing services to participant.
- Name of Attorney on Record for the services or "Pro Per" noted.
- Participant's information
  - CalWORKs or START Case Number.

4.3.7.2 Contractor must complete the DVSS Event Services Report (Exhibit H, Form 17) in its entirety and submit it with the monthly invoice. A copy must be retained on file and provided to Department of Public Health (Public Health) upon request.

4.3.7.3 Legal workshop supporting documentation (i.e., event flyer, event confirmation, meeting agenda, or sign-in sheets) must be submitted with the DVSS Event Services Report (Exhibit H, Form 17) and the monthly invoice.

4.4 SERVICES WITHOUT UNDUE DELAY

4.4.1 Upon commencement of the Contract, Contractor must have systems and policies in place to assure that no participant or potential participant waits more than five business days to receive an intake, and no more than two business days or immediately in emergency situations. Contractor's policy should indicate that DPSS must be notified if Contractor cannot access the participant within that time frame. Contractor must maintain a copy of all systems and policies on file and make these available for monitoring purposes.

4.4.2 Contractor must return all telephone calls received from participants within two business days.

4.5 SERVICE DELIVERY SITES

Contractor must continuously manage and operate the publicly accessible drop-in center site(s) at the location(s) contracted to provide services set forth in this SOW.

Contractor must obtain required inspection certificates, (i.e., health, fire, etc.), and written consent of the Director of Public Health or authorized designee before modifying or terminating services, revising hours of service delivered at such location(s), and/or before commencing such services at any other location.

Contractor must maintain the building and surrounding areas in a manner consistent with applicable local, State, and federal occupational safety and sanitation regulations. The premises must be free of any accumulation of garbage, rubbish, stagnant water, and/or filthy or offensive matter of any kind to ensure that the premises are maintained in a clean and wholesome condition.

4.5.1 Walk-In/Drop-In Center

4.5.1.1 Contractor must operate a publicly accessible Walk-In/Drop-In Center that is physically located in the Supervisorial District(s) where Legal Services are provided, that must be open during business hours between 9:00 a.m. and 5:00 p.m., Monday through Friday, except closures due to Federal/County holidays. The Walk-In/Drop-In Center must provide participants with the services detailed in this SOW.

4.5.1.2 Contractor must post the Stop Human Trafficking Poster (Exhibit H, Form 1) provided by the County in a visible location in the lobby.

4.5.2 Hours of Operation

4.5.2.1 Contractor's site must be open and available to provide the required services to participants Monday through Friday, between 9:00 a.m. and 5:00 p.m., except closures due to Federal/County holidays, within the Supervisorial District(s) where Legal Services are provided.

4.5.2.2 Contractor must ensure that staff responds to any calls and inquiries received between agency's operating hours. In addition, Contractor will make good faith efforts to provide services on weekends and evenings, as needed, in cases where it will increase accessibility to program services and enhance the likelihood of a participant achieving their goals.

4.6 STAFF

Contractor must operate continuously throughout the entire term of the Contract with at least the minimum number of staff required under this SOW and any other applicable staffing requirements which are necessary to provide services hereunder in the State of California. Contractor's staff must meet the requirements listed below.

4.6.1 Mandatory 40-hour DV Training

Contractor must ensure that all staff providing **direct** services to participants have successfully completed 40 hours of Domestic Violence training as defined in California Evidence Code 1037.1. Contractor must maintain staff's individual certificates of completion in staff's personnel file and be made readily available for review at County's requests.

4.6.2 Contractor Attorney-Employee

Contractor providing DVSS Legal Services must have at a minimum on staff, an attorney licensed to practice law within the State of California who supervises and oversees lay staff and provides Legal Services under the Contract. The attorney must visit the Contractor's service site(s) within the Supervisorial District in which it receives funding to provide Legal Services at least once per week to provide direct oversight and supervision to Legal Services staff. Such attorney is bound by the same legal and confidentiality requirements of contractor's staff. Additionally, contractor must inform each participant at such time that an independent contractor or volunteer who provides services are not staff of the contractor.

4.6.3 The Contractor's Project Manager or designated alternate, and a direct provider staff member must be available during business hours.

4.6.4 Contractor must notify Public Health in writing on official agency letterhead within five business day of leadership changes. The notification must be signed and emailed to the County's Project Monitor

4.6.5 Contractor must notify Public Health in writing on official agency letterhead within five business days of staff exits/replacements, (e.g., new hires, termination, leadership changes, etc.) so that Public Health and DPSS can maintain an updated MFT access list, the DVSS provider contact list for the GAIN Regions, and budgeted staff list. The notification must be signed and emailed to the County's Project Monitor, as identified in Exhibit F, County's Administration.

4.7 CLIENT RECORDS

4.7.1 Contractor must maintain a current and comprehensive case file for each participant interviewed and serviced. Each case file must display the participant's CalWORKs case number and the Contractor ID number on the outside of the file and on all documentation contained within the file. The participant case files, at minimum, must contain the following documents:

A. ALL PARTICIPANTS

1. Client Intake form (created by the Contractor),
2. Assessment (created by the Contractor),
3. Service Plan (created by the Contractor),
4. Safety Plan (created by the Contractor),
5. Progress notes with service delivery dates,
6. Program evaluation measures,
7. Discharge summary, if appropriate, to include an after action/follow-up plan and
8. Client satisfaction survey.

B. CALWORKS GAIN/REP PARTICIPANTS

1. Screening for Potential CalWORKs Eligibility, PA 1206

(Exhibit H, Form 2),

2. CalWORKs Treatment/Services Verification, PA 1923 (Exhibit H, Form 3),

3. CalWORKs Specialized Supportive Services Provider Referral, GN 6006B (Exhibit H, Form 4),

4. Notification of Change from Specialized Supportive Services Provider, GN 6007A (Exhibit H, Form 5), (if applicable),

5. CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B (Exhibit H, Form 6),

6. Mental Health/Substance Abuse/Domestic Violence/ Family Preservation Program Service Provider Progress Report, GN 6008 (Exhibit H, Form 7), and

7. CalWORKs Welfare-to-Work Notification, GN 6149 (Exhibit H, Form 8).

C. GR PARTICIPANTS

1. General Relief Domestic Violence Services Verification Form, ABP 127 DVS (Exhibit H, Form 11).

D. START PARTICIPANTS

1. General Relief Domestic Violence Services Referral, ABP 1467 DVS (Exhibit H, Form 10), and

2. START Progress Report DVS, ABP 1469 DVS (Exhibit H, Form 13).

4.7.2 In addition to other confidentiality requirements set forth in this SOW, Contractor must maintain DV participant's case file in either a locked file cabinet or in a secure room to ensure confidentiality.

4.7.3 Contractor must ensure confidentiality and provide secure storage, access, and disposal of participant records for five years after the contact has terminated.

4.8 PARTICIPANTS ENGAGE IN CONCURRENT WtW ACTIVITIES OR START ACTIVITIES

4.8.1 Contractor must develop a protocol for evaluating participant's progress, completion of services, barriers, and referrals to other

WtW activities. Contractor must recommend participation in concurrent WtW activities using the Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Service Provider Progress Report, GN 6008 (Exhibit H, Form 7) or START Progress Report DVS, ABP 1469 DVS. The completed progress report must be submitted to the GAIN Services Worker/CCM/SCM on a quarterly basis.

4.8.2 Participation in a concurrent START activity includes the participant having completed Pre-Employment- related services such as job readiness training, job search or job placement during the service period but before exiting the DVSS' program.

4.8.3 Participation in a concurrent WtW activity includes the participant having completed **one or more of the following activities** during the service period but before exiting the DVSS' program:

1. Vocational assessment
2. Specific vocational training classes or higher education classes for a degree program
3. Educational training such as literacy, educational testing, English as a Second Language (ESL) classes, or GED classes
4. Volunteer or participate in an internship program
5. Pre-Employment-related services such as job readiness training, job search or job placement
6. Subsidized or unsubsidized (salaried) employment

4.8.4 Contractor must ensure that the participant's file contains documentation detailing the participant's progress in the assigned activity. In addition, Contractor must assess the participants overall success towards reaching the goals or any barriers that may prevent the participant from completing or progressing in DV services. All documentation must specify the date, time (specific start and end time), and the name of the concurrent activity, including number of hours of participation in concurrent activities, as appropriate.

4.9 REPORTING

4.9.1 DVSS Monthly Management Report

Contractor must submit to Public Health a Monthly Management Report (Exhibit H, Form 15a) with their billing invoice no later than

15 calendar days after the month services were rendered. Invoices submitted without the Monthly Management Report will not be paid. Additionally, participant data reported in the Monthly Management Report must match the number of participants billed. Invoices with discrepancies, notified via the Contract Discrepancy Report (Exhibit H, Form 14) between the number of participants billed and reported will not be paid until discrepancies are remedied.

4.9.2 DVSS Ad-Hoc Reports

County may request data or other information from Contractor on an Ad-Hoc basis, as needed by Public Health, County agencies or entities for budgetary or other purposes. Contractor must provide the requested data to County as instructed.

5.0 CUSTOMER SERVICE QUESTIONNAIRE

Contractor must provide the Customer Service Questionnaire, (Exhibit H, Form 12), to each participant by providing access to the questionnaire via a QR code within 90 days of initial intake and discharge. The Costumer Service Questionnaire is available at: *http://www.publichealth.lacounty.gov/owh/OWHContracts/InvoiceReportForms/OWHcontracts-InvoicesReports.htm*.

For participants who are unable to access the online survey using a personal or agency device, Contractor must provide a paper copy of the questionnaire along with a self-addressed stamped envelope for submission of the completed questionnaire to Public Health.

The Customer Service Questionnaire must consist of an evaluation of the participant's satisfaction with the program. Contractor must note in the participant's file the date when the Customer Service Questionnaire was provided.

6.0 DISCHARGE, TERMINATION AND CHANGES

6.1 CalWORKs

6.1.1 Contractor must establish a protocol for the discharge/termination of participants from DV services. This protocol must include in person contact (when possible) to complete a discharge summary. Documentation of the discharge summary must include: reason for completion/termination; summary of services provided; participant's progress while assigned to the Contractor; and goals attained/not attained along with recommendations for further services/treatment/other WtW activity, including other referrals, if necessary.

6.1.2 Contractor must complete/update the DV assessment tool, the

Client Satisfactory Survey, and the CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B (Exhibit H, Form 6) for all participants at discharge, termination, completion or drop-out, within five business days, if the change occurs in between the progress report period.

6.1.3 Contractor must complete the Notification of Change from Specialized Supportive Services Provider, GN 6007A (Exhibit H, Form 5) for all changes such as, an increase/decrease to the number of hours of participation, participation in concurrent activities, and/or receipt of additional supportive services, within five working days of the actual change, if the change occurs in between the progress report period.

6.1.4 Fax or transmit via County-approved encrypted email a copy of GN 6007A and/or GN 6007B to the GAIN Services Worker/CCM, if the change occurs in between the progress report period.

6.1.5 Contractor must retain a copy of the completed GN 6007A and/or GN 6007B and a copy of the fax/email confirmation in the participant's case file.

6.1.6 Contractor must develop a tracking mechanism for participants who complete treatment, who fail to comply with treatment, and who return for services.

6.1.6.1 Contractor may bill for services provided to a terminated CalWORKs GAIN/REP participant for a period not to exceed 30 calendar days after notification of termination of CalWORKs GAIN/REP eligibility has been received from DPSS. Contractor may not be reimbursed for services provided to terminated CalWORKs GAIN/REP participants that exceed the **30-day period.**

6.2 GR AND START

6.2.1 Contractor must utilize the START Progress Report DVS, ABP 1469 DVS (Exhibit H, Form 13) to report participant discharge, termination or changes.

6.2.2 Contractor may bill for services provided to a terminated GR/START participant for a period not to exceed 30 calendar days after notification of termination of GR/START eligibility has been received from DPSS. Contractor may not be reimbursed for services provided to terminated GR/START participants that exceed the 30-day limit.

6.3 CLIENT CHOICE TO DISCONTINUE SERVICES

6.3.1 Under this SOW, it is the participant's choice when to stop accessing services. There is no "completion of program" or point at which the participant is told services are no longer available, unless the participant is no longer eligible for such services.

6.3.2 Contractor must not impose maximum time limits on how long a participant may remain in the program or dictate the type or frequency of services a participant must access.

6.3.3 Contractor must establish written rules designed to maximize the safety and respect of staff and participants. If a participant violates such rules this may serve as reason for no longer allowing a participant to access DVSS.

6.3.4 Contractor must retain a copy of the rules in each participant's case file and document any rule violations in the case file for monitoring purposes.

7.0 OTHER REQUIREMENTS

7.1 Contractor Organization Capacity/Waiting Lists

If at any time, the Contractor reaches its contractual or organizational capacity for the number of participants served, the Contractor must notify Public Health in writing within five business days. Prior written approval is required if Contractor: (1) is unable to serve additional participants; (2) must limit or modify the quantity and/or quality of services; or (3) requires a participant to wait more than five business days to access any non-emergency services after intake.

7.2 County Domestic Violence Council Meetings

7.2.1 Contractor must attend a minimum of **four** County Domestic Violence Council meetings per year.

7.2.2 Contractor must attend **all** Quarterly Public Health DV providers' meeting.

7.3 Public Statements

Contractor must indicate in any and all press release(s) and any statement to the public related to the Program the following statement:

"This project is funded, in whole or in part, by County, Department of Public Health, CalWORKs GAIN/CalWORKs REP/GR/START Domestic Violence Supportive Services Program."

Contractor must be, and all job announcements must indicate that Contractor is, an Equal Employment Opportunity Employer.

7.4 Equipment and Equipment Inventory

7.4.1 Contractor must provide necessary space, furniture, utilities, telephones, printers, scanners, and computer equipment necessary to provide services.

7.4.2 Contractor must provide staff with internet access.

7.4.3 Contractor must provide all supplies that are necessary to perform the services required under the Contract.

7.4.4 Contractor must establish and maintain an inventory of equipment funded under this Contract to include the following:

- Name and phone number of Contractor's contact person where equipment is located;
- Address where equipment is located;
- Type of equipment;
- Brand and model number of equipment;
- County bar-code number on equipment, if applicable; and
- Cost of equipment, funding source(s), and amount of County funds used in the purchase, as appropriate.

7.4.5 Contractor must submit a Final Property Inventory Certification with Financial Closeout Report to Public Health no later than 45 calendar days after each fiscal year ends.

7.4.6 Contractor must request and receive prior authorization from County to purchase any piece of equipment in excess of $5,000, not furnished by County, that is necessary to perform all services required under this SOW.

7.4.7 Unless applicable federal or State law requires otherwise, County must be the sole owner of all rights, title, and interest of any and all equipment purchased by Contractor with County funds and any equipment furnished by County to Contractor, under the Contract.

7.4.8 Upon termination or expiration of the Contract, all equipment purchased with County funds and all equipment provided by County must be retrieved by County following appropriate notice to the Contractor.

7.5 Civil Rights Training

Contractor must ensure its direct staff attend Civil Rights Training, understand their federal civil rights obligations, and provide certification to Public Health verifying completion of the training. Contractor's staff must be paid to attend the training, which must be completed at least once every two years.

7.6 Civil Rights Complaints and Procedures

Contractor must comply with Civil Rights policy and procedures, which include the following:

7.6.1 Ensure notices and correspondence sent to participants are in their designated primary language and provide interpreters to ensure meaningful access to services to all participants.

7.6.2 Develop and operate procedures for receiving, forwarding, and responding to Civil Rights complaints as follows:

7.6.2.1 Provide and assist CalWORKs and GR participants with completing a Complaint of Discriminatory Treatment, PA 607 form (Exhibit H, Form 16) in the participant's primary language, as necessary.

7.6.2.2 Forward all PA 607 forms to DPSS within two business days and maintain a copy.

8.0 PERFORMANCE GOALS AND OUTCOMES

Contractor must adhere to the performance outcomes and service standards for DVSS provided under this Exhibit A-3, Legal Services (DVSS) SOW, Exhibit A-3 Attachment A, Legal Services Performance Requirements Summary Chart, and Exhibit H, Domestic Violence Supportive Services and Domestic Violence Services For All Forms. The performance outcomes must be utilized to monitor the Contractors support of DV survivors in increasing safety, lessening harm, and enrolling participants into intervention services tailored to their specific needs. Public Health will monitor the Contractor's performance outcomes with the goal of advancing participant safety, empowerment and economic self-sufficiency.

8.1 Legal Services Performance Outcomes are as follows:

a. At a minimum, 80% of DVSS-Legal Services participants must have a Legal Service Plan based on their unique needs and circumstances.

b. At a minimum, 80% of participants needing benefit access assistance services and advocacy are receiving the necessary services tailored for their unique situation.

c. At a minimum, 75% of participants must have Service Plan goals to remove barriers that keep them from obtaining employment.

d. At a minimum, 90% participants in need of case management services must be referred to a contracted DVSS case management service provider.

e. At a minimum, 50% of participants must have at least one Legal Services Objective met within 180 days (six months).

9.0 COUNTY DATA MANAGEMENT SYSTEM

Contractor must utilize County's data management system to register patient's eligibility data, demographic/resource data, enter service utilization data and service outcomes, for services provided. County's system must be used to invoice for all delivered services, standardize reporting, import efficiency of billing, support program evaluation processes. Contractor must ensure data quality and compliance with all data submission requirements.

DVSS LEGAL SERVICES PERFORMANCE REQUIREMENTS SUMMARY CHART

LEGAL SERVICES PERFORMANCE OUTCOMES		
SERVICE STANDARD	**INDICATOR**	**MEASUREMENT METHOD**
a) At a minimum, 80% of DVSS-Legal Services participants must have a Legal Service Plan based on their unique needs and circumstances.	**Chart Review**	Review participants during chart review and check for a Service Plan billed for them during the month(s). **Denominator** = All participants billed during the month(s) **Numerator** = Participants that received a Service Plan in the same billing month(s).
b) At a minimum, 80% of participants needing benefit access assistance services and advocacy are receiving the necessary services tailored for their unique situation.	**Chart Review**	Chart Review will note: (1) The number of participants identified in need of benefit access assistance and advocacy, (2) The number of participants provided benefit access assistance and advocacy. **Denominator** = All participants identified as needing benefits access assistance and/or advocacy **Numerator** = Participants that received assistance and/or advocacy in the same billing month.
c) At a minimum, 75% of participants must have Service Plan goals to remove barriers that keep them from obtaining employment.	**Chart Review**	Review all participants and check if they had a Service Plan goal. **Denominator** = All participants billed during the year. **Numerator** = Participants that received a Service Plan in the year.
d) At a minimum, 90% participants in need of case management services will be referred to a contracted DVSS case management service provider.	**Chart Review**	The chart review will capture (1) what services the client is receiving and (2) what services the client was referred to. **Denominator** = All participants in need of case management services. **Numerator** = Participants that are referred to a DVSS Case Management contractor in the same fiscal year.
e) At a minimum, 50% of participants must have at least one Legal Services Objective met within 180 calendar days (six months).	**Chart Review**	The chart review will capture (1) what legal services the client is receiving and (2) progress on these services. **Denominator** = All participants that are receiving legal services for at least 180 calendar days (six months).

		Numerator = Participants that have had at least one legal objective met in the first 180 calendar days of their services during the fiscal year.

DOMESTIC VIOLENCE SERVICES FOR ALL

LEGAL SERVICES STATEMENT OF WORK

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Attachment A – Legal Services Performance Requirements Summary Chart

DOMESTIC VIOLENCE SERVICES FOR ALL

LEGAL SERVICES STATEMENT OF WORK

INTRODUCTION

Domestic Violence (DV), is a pattern of abusive behavior in a relationship used by one partner (over another) to gain or maintain power and control over another partner when assaultive or coercive behaviors, including threats or attempts at abuse, occur within a domestic relationship. Domestic relationships are relationships that can include but are not limited to, adults or minors who live together or have lived together, (including family and non-family members), adults or minors who have dated, adults or minors who have engaged in a sexual relationship, those who share a child in common, adults or minors who are related by blood or adoption, and adults or minors related by marriage. Domestic violence can take many forms including physical, sexual, psychological, financial, and spiritual, per the California Department of Social Services' (CDSS') All County Letter (ACL) NO. 23-109.

The Domestic Violence Services for All (DVSFA) program provides DV supportive services, including Legal Services, to persons residing in Los Angeles County (LAC) who are experiencing DV and who are not eligible for services under the County of Los Angeles (County) Department of Public Social Services (DPSS) California Work Opportunity and Responsibility to Kids (CalWORKs) funded program. DVSFA Legal Services provide necessary support for DV survivors to move towards empowerment, safety, preventing homelessness, building healthy relationships, and job skills, (if applicable). DVSFA services will be provided by a network of DV service providers across LAC who are already serving eligible CalWORKs survivors. DVSFA provides necessary care for DV survivors to achieve the desired outcome of obtaining immediate resources to move towards safety, and self-sufficiency while managing/leaving abusive and dangerous relationships.

DVSFA serves to address this critical gap in DV supportive services, eligibility, and access for those experiencing DV. DVSFA is available to DV survivors of all ages, genders, and immigration status. The only requirement is that a participant must reside within LAC and not be eligible to receive DV services under CalWORKs, GR and START. DVSFA services are also available to individuals not covered by any other funding source, including unaccompanied individuals without dependent children, individuals with older children, older adults, and undocumented DV survivors who may also have dependent children.

The DVSFA program provides DV Legal Services to non-CalWORKs participants regardless of their citizenship status. Net County cost funding for DVSFA allows for the expansion of legal services offered to DV survivors, including immigration assistance to non-citizen DV survivors in matters related to evictions, U-Visa, Violence Against Women Act (VAWA), and I-130 application. Contractor will be reimbursed for the work associated with preparing and completing U-Visa, VAWA and I-130 applications, and for assisting in

the removal of legal barriers that may place DV survivors at further risk of harm. All appropriate legal services, as described below, are reimbursable under DVSFA regardless of citizenship status.

1.0 PROGRAM OVERVIEW

1.1 DOMESTIC VIOLENCE LEGAL SERVICES

1.1.1 Legal Services under DVSFA are available to all DV survivors, including minor/dependent children living with them. Non-citizen DV survivors who wish to apply for a U-Visa, VAWA self-petition, or I-130 application may receive assistance throughout the application process. Legal Services also include restraining orders, benefits advocacy, access to legal workshops, and other legal services, such as green cards, evictions, and tenant rights, as well as translator and translation services.

1.1.2 Legal Services must be offered and provided to participants upon request during their participation in DVSFA, as described in this Statement of Work (SOW). Contractor must serve a maximum number of eligible participants with Legal Services based on agency's capacity and allocated funding within each fiscal year, which includes formal legal representation (by Staff Attorneys) to ensure that participants' rights are preserved and that issues are resolved with participant's best interest and safety in mind. Contractor must also ensure that services are provided to assist participants in removing barriers to employment, if applicable, and housing, meeting Service Plan objectives, and achieving successful outcomes.

1.1.3 Contractor must provide clear documentation of each participant's DV situation, whether past or current, from the initial intake of DVSFA through discharge. Documentation must include ongoing interaction to evaluate the effectiveness of the legal service plan, the projected length of service, start date, time and duration of service, name of staff providing the services, contact information, and type of legal service provided.

1.1.4 Contractor must provide Legal Services under the supervision of an attorney licensed to practice in the State of California.

1.1.5 Contractor may not permit participants to provide services to other participants under this SOW or as part of any other services the Contractor provides.

1.1.6 Contractor must ensure that written documentation requirements are not in conflict with the relevant California State laws regarding

Attorney-Client confidentiality, and the Attorney-Client and Attorney-Work Product privileges.

1.1.7 Contractor must provide services to non-English and limited English proficient participants using bilingual staff or translator/translation services. Contractor must not require participants to provide their own interpreter at any time. The most common non-English languages spoken are: Armenian, Cambodian, Chinese, (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

1.1.8 Contractors must have a written protocol to refer participants to Case Management Services upon the request of the participant or if the Contractor determines that Case Management assessment is advisable. Contractor must notify the participant of the availability of Case Management Services and recommend these services as needed.

2.0 PARTICIPANT ELIGIBILITY

To be eligible for the Legal Services funded under this SOW, participants must reside in LAC and must not be enrolled in or eligible for CalWORKs, Greater Avenues for Independence (GAIN)/Refugee Employment Program (REP) programs. Participants must also not be enrolled in General Relief (GR) or Skills and Training to Achieve Readiness for Tomorrow (START) programs.

2.1 ELIGIBILITY DETERMINATION

2.1.1 Prior to the provision of legal services, Contractor must verify through the Intake/Assessment process that each client is not receiving or eligible to receive benefits under the CalWORKs GAIN/REP, GR or START programs.

2.1.2 Contractor may not be reimbursed for services provided until DVSFA for an individual has been established and maintained as in accordance with this SOW.

2.1.3 Additionally, via the Intake/Assessment process, Contractor must ensure that each participant is a current/past survivor of DV, where the abuse occurred within a domestic relationship; such confirmation can be satisfied by participant's verbal self-report.

2.2 NO CLIENT FEES

Contractor must not charge a DVSFA participant any fees/costs for legal services provided under this SOW.

2.3 NO MANDATORY PARTICIPANT DUTIES

Contractor must not mandate participant to perform labor to receive services. This includes work related to the upkeep and/or maintenance of Contractor's facilities, office work or clerical duties, and childcare.

2.4 PARTICIPANTS RESIDING OUTSIDE OF LOS ANGELES COUNTY

2.4.1 A DV survivor who resides outside LAC is not eligible for DVFSA services under this SOW.

2.4.2 Contractor must ask each participant during the intake where they reside to confirm whether they are residing in LAC or are experiencing homelessness.

2.4.3 If a participant presents as experiencing homelessness, it is presumed that the individual is residing in LAC.

2.5 CREATING A PARTICIPANT'S CASE NUMBER

During intake, Contractor must create a client case number to be maintained throughout participant's case file and tenure with the DV agency providing services.

The case number must be randomly selected, non-sequential and unique to each client, and must not include any Protected Health Information (PHI) or other Personally Identifiable Information (PII), including date-of-birth, address, any portion of the client's social security number.

3.0 REFERRALS

A referral occurs when a DVSFA provider refers a client to another DVSFA or Domestic Violence Supportive Services (DVSS) provider. For example, if an agency provides only case management, and a client requires legal services for family law or immigration assistance, the client will be referred to a provider specializing in family law and another provider specializing in immigration. In addition, DPSS provides the Contractor with participant referrals directly for DV supportive services when DPSS determines that potential participants are in need but not eligible for CalWORKs. DPSS staff will receive a continually updated list of DVSFA providers for DV service referrals.

4.0 SERVICES TO BE PROVIDED

4.1 Intake/Assessment

Prior to the start of any services, Contractor must conduct a comprehensive Legal Services intake, assessment, and consultation, which may be provided in-person, remotely or in a hybrid format on a case-by-case basis as

determined by the Contractor and the participant. The intake and assessment process are used to determine DVSFA eligibility, understand the participation situation, identify legal issue(s), determine the type of legal services needed, and develop the Service Plan, including goals, and objectives. The process may also identify the need for referrals, such as case management or other legal services, including family law or immigration services, depending upon the Contractor's scope of practice and ability to retain the participant.

4.1.1 Contractor must ask each new participant whether they are involved in multiple services, (e.g., receiving services from other DVSS or DVSFA Contractor(s), and/or County Departments). DVSFA must be coordinated with other agencies to assure that DV families are not subjected to conflicting service goals. Once it is determined that a participant is not receiving DVSS, the Contractor must confirm DVSFA eligibility by verifying the participant is not eligible for CalWORKs, GR and START.

If the Contractor becomes aware that a participant is receiving services from another DVSFA provider, the Contractor must contact the other provider within three business days to notify them that the participant has transferred services, and that the Contractor will assume responsibility for providing DVSFA services. Contractor must follow-up with written correspondence summarizing the communication, documenting the participant's identification, and agreed upon date services began or are expected to begin, whether the transfer is full or partial.

4.1.2 Contractor must assess whether the participant is engaged in DVSFA Case Management activities. Participants determined not to be engaged in Case Management, but identified as needing such services, must be referred to Case Management services within the DVSFA network.

4.1.3 Contractor must notify participant, if applicable, that they are not eligible for DVSFA services if eligibility for DVSS under CalWORKs, GR, or START is confirmed.

4.2 Safety Plan

A Safety Plan is a personalized and practical plan designed to help individuals experiencing DV identify actions they can take to remain safe during and/or after a relationship. For Legal Services, a restraining order may be part of a Safety Plan. As part of safety planning, Legal Services providers must discuss safety considerations that participants should be aware of such as safety when attending court, discussions with children if applicable, and legal considerations when taking children out of the area. Contractor must inform participant of legal developments in advance, particularly when a

batterer is about to be served or when a hearing is approaching, so that participants may take extra safety precautions.

4.2.1 A Safety Plan is a personalized and practice Safety Plans are intended to optimize survivor safety at every stage and must minimally include the following:

- Detailed plans in case of dangerous situations or changes in the relationship, (e.g., breaking up).
- Identify safe friends and safe places.
- Identify the essential items to take should one need or decide to leave home. If leaving, include a method on how to exit safely.
- Include information about local DV resources and legal rights.
- Build on what a survivor is already doing to survive.

Survivors are the experts in their own situation and some of the information or suggested steps provided in the plan may not be relevant to an individual survivor. The Safety Plans may be adapted as needed.

4.3 Legal Service Plan

4.3.1 A Legal Service Plan must be developed to empower the participant to engage in services to accomplish the desired goals to assist in overcoming barriers to employment, if applicable, housing, and obtaining self-sufficiency. A thorough Legal Service Plan incorporates the results of the assessment. The Legal Service Plan must specify the goals and objectives to be met, (e.g., obtaining a restraining order, child support order obtained), and duration of services. The Legal Service Plan must also document the participant's needs, the specific legal services, regular reviews, and other services or referrals, such as Case Management, etc. The Legal Services Contractor must update the plan as needed.

4.4 Follow-up

. Follow-up is a process of conducting ongoing contact with participants to ensure that services provided are adequate and assist participant in achieving their goals. Contractor's staff must evaluate whether services are consistent with the needs in the service plan and determine if any changes to goals are necessary. Contractors must follow-up with participants, at a minimum every 90 days. Follow-up activities must ensure that referrals are linked, and services are obtained in a timely and coordinated manner.

4.5 LEGAL SERVICES TO BE PROVIDED BASED ON PARTICIPANT NEED

4.5.1 Family Law Services (Divorce and Child Custody)

Family Law Services may include, but are not limited to: divorce, marital property division, spousal support, paternity establishment, child custody and visitation orders, child support, and the filing of a restraining order, etc. The Contractor must:

- Clearly document the initial consultation(s), legal advice, and legal/related research.
- Prepare/file court documents/forms.
- Provide Court/alternative dispute resolution representation.
- Prepare participant for testimony. at trial by explaining the basic background of the American Court system procedures.
- Conduct/prepare communications with other involved parties.
- Provide court accompaniment of participant to family law, and/or civil courts to offer support and information, as needed.

4.5.1.1 Contractor must maintain documentation with the following information to verify that the Family Law Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided service.
- Description of service(s) provided (e.g., "represented in court," "prepared court documents," "researched legal/related issues," etc.).
- "FL" noted for "Family Law".
- Specific "Start and End time" spent providing the service.
- Name of attorney and paralegal providing services to participant.
- Name of attorney on record for the services or "Pro Per" noted.
- Participant's Information
  - DVSFA Case Number.

4.5.1.2 Contractor must provide and bill for Family Law Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Family Law Services session.

4.5.2 Restraining Order Services

Restraining Order Services are legal services provided to DVSFA participants that are associated with obtaining a Domestic Violence Restraining Order, Emergency Protective Order, Temporary Restraining Order, or otherwise.

4.5.2.1 Contractor must provide Restraining Order Services, which may include any combination of the following:

- Initial consultation and legal advice.
- Preparation of court documents/forms including filing fees.
- Court representation.

4.5.2.2 Contractor must maintain documentation with the following information to verify that the Restraining Order Service was provided:

- Date service was provided.
- Signature or initials or name of budgeted individual(s) who provided service.
- Description of service(s) provided, (e.g., "represented in court," "prepared court documents," "researched legal/related issues," etc.). Note: copies of all related court documents and restraining orders must be maintained on file and noted as such in the description.
- "RO" noted for "Restraining Orders", along with the type of restraining order granted.
- Specific "start and end time" spent providing the service.
- Name of attorney and paralegal providing services to participant.
- Name of Attorney on Record for the services or "Pro Per" noted.
- Participant's information
  - DVSFA Case Number.

4.5.2.3 Contractor must provide and bill for Restraining Order Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Restraining Order Services session.

4.5.3 Benefits Access Assistance Services

Benefits Access Assistance (BAA) Services are legal service provided by Contractor to help DVSFA participants access government benefits to which they are entitled. These BAA services include, but are not limited to, helping participants understand their rights, appealing any administrative law decisions, compensation for medical bills, court fees, troubleshooting, and any services substantially similar to the aforementioned services.

4.5.3.1 Contractor must provide BAA Service.

4.5.3.2 Contractor must maintain documentation with the following information to verify that BAA Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided service.
- Description of specific services provided (e.g., "represented on phone/in person to agency," "prepared appeal letter," "researched legal/related issues," etc.).
- "BAA" noted for Benefits Access Assistance.
- Specific "start and end time" spent providing the service.
- Name of attorney and paralegal providing services to participant, or "Pro Per" noted.
- Participant's information
  - DVSFA Case Number.

4.5.3.3 Contractor must provide and bill for Benefits Access Assistance Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards a Benefit Access Assistance Services session.

4.5.4 Immigration Law Services

Immigration Law Services are legal services in connection with participant's access to services from the United States Citizenship and Immigration Services (USCIS). These are services that are available to DVSFA-eligible battered non-citizen survivors, which includes assistance with filing for benefits under the VAWA and I-130 petitioners.

Immigration law services are legal services in connection with participant's maintenance of previously filed U-VISA or VAWA petitions. These are services that assist participants in stabilizing their immigration status and may include filing appeals and obtaining work authorization.

4.5.4.1 Contractor must provide Immigration Law Services, which may include, but not limited to, any combination of the following:

- Initial consultations or legal advice.
- Legal or related research.
- Prepare/file USCIC forms, with appeals, and court documents, etc.
- Represent parties in court and contact with the United States Citizenship and Immigration Services (USCIS) agency for appeals or work authorizations.

4.5.4.2 Contractor must maintain documentation with the following information to verify that the Immigration Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided service.
- Description of specific services provided (e.g., "represented in USCIS hearing/interview," "prepared court documents," "researched legal/related issues," etc.)," Note: copies of all documents and USCIS forms must be maintained on file and noted as such in the description.
- "IL" noted for Immigration Law Services.
- Specific "start and end time" spent providing the service.
- Name of attorney and paralegal providing services to participant.
- Name of Attorney on Record for the services or "Pro Per" noted.
- Participant's Information
  - DVSFA Case Number.

4.5.4.3 Contractor must provide and bill for Immigration Law Services in 15-minute increments of time. Contractor

may include up to 15 minutes of documentation time towards an Immigration Law Services session.

4.5.5 Other Legal Services

Other Legal Assistance Services are services provided by a Contractor to assist DVSFA participants in other legal matters which are limited to the areas of employment law, landlord/tenant issues, and consumer law.

4.5.5.1 Contractor must maintain documentation with the following information to verify that the Other Legal Assistance Service was provided:

- Date service was provided.
- Signature and name of budgeted individual(s) who provided service.
- Description topics covered (e.g., "household budgeting," "nutrition," child discipline" (if applicable), and "client advocacy", etc.).
- "OLS" noted for Other Legal Services.
- Specific "start and end" time spent providing the service.
- Participant's information
  - DVSFA Case Number.
- Other progress and/or barriers to safety and/or changes.

4.5.5.2 Contractor must provide and bill for Other Legal Services in 15-minute increments of time. Contractor may include up to 15 minutes of documentation time towards an Other Legal Services session.

4.5.6 Translator/Translation Services

4.5.6.1 Translator/Translation Services are provided by the Contractor through the use of translators, interpreters, or other translation services, (e.g., Tele-Interpreter or Open Communications International, TDD device, tele braille equipment, or American Sign Language Interpretation), directly to participants in threshold languages in addition to English. Translation can be written and/or interpreted orally.

4.5.6.2 Contractor must provide translation services to non-

English and limited English proficient participants using bilingual staff, or a translator/translation service.

4.5.6.3 Contractor must never require a participant to provide their own interpreter. The most common non-English languages required by participants are: Armenian, Cambodian, Chinese (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

4.5.6.4 Contractor must maintain documentation with the following information to verify that the Translator/ Translation Service was provided:

- Date service was provided.
- Language translated.
- Name and Affiliation of the budgeted individual who provided the service.
- Service unit that was translated (e.g., "Legal Services," "Counseling," etc.).
- "TTS" noted for Translator/Translation Services.
- Specific "Start and End time" spent providing the service.
- Participant's Information
  - Agency Assigned DVSFA Case Number.

4.5.6.5 Contractor must only bill for interpreter/translation services if a budgeted bilingual staff member is not available, in which case a receipt is required.

4.5.7 Transportation

For DVSFA DV and resource referrals only, transportation services within LAC, must be provided through the Legal Services Contractor. Contractor must employ licensed, certified, and insured transportation providers, such as Uber, Lyft or a Taxi service.

4.5.7.1 Contractor must submit a receipt from the licensed, certified, and insured transportation provider utilized to receive reimbursement.

4.5.7.2 Reimbursement for Legal Services transportation provided under this SOW excludes tips or gratuities.

4.5.7.3 Contractor must maintain documentation with the

following information to verify that the Transportation Services was provided:

- Date service was provided (should be found on receipt).
- Destination and purpose of trip
- Signature and name of budgeted individual(s) who provided, arranged, or oversaw the service.
- Detailed receipt for services provided.
- Participant's information
  - Agency Assigned DVSFA Case Number.

4.5.8 Legal Services Workshop Services

Legal Services Workshop services are provided to groups to assist in completing the required legal paperwork to avoid returns or rejections from the court. Legal Services Workshops are facilitated by the Family Law or Staff Attorney. Legal Services Workshops provide information on the legal aspects of family law matters, (e.g., divorce, paternity establishment, child custody, child support, and visitation); step-by-step instructions on completing required legal forms. Client confidentiality must be maintained by providing opportunity for participants to privately ask questions on a one-on-one basis. Staff attorney, or paralegal under supervision by attorney, must review all legal forms to identify mistakes, missing items/documents, and to avoid paperwork being returned from the court. All group services must include sign-in sheets.

4.5.8.1 Contractor must maintain documentation with the following information to verify that the Legal Services Workshop was provided to participants:

- Date service was provided.
- Specific "start and end" time service was provided.
- Signature or initials or name of budgeted individual(s) who provided service.
- Description of service(s) provided (e.g., "review of paperwork," "prepared court documents," etc.).
- "LSWS" noted for Legal Services Workshop Services.
- Name of attorney and paralegal providing services to participant.

- Name of Attorney on Record for the services or "Pro Per" noted.
- Participant's Information
  - Agency Assigned DVSFA Case Number.

4.5.8.2 Contractor must complete DVSFA Event Services Report (Exhibit H, Form 18) in its entirety and submit it with the monthly invoice. A copy must be retained on file and provided to Department of Public Health (Public Health) upon request.

4.5.8.3 Legal workshop supporting documentation (i.e., event flyer, event confirmation, meeting agenda, or sign-in sheets) must be submitted with the DVSFA Event Services Report (Exhibit H, Form 18) and the monthly invoice.

4.6 SERVICES WITHOUT UNDUE DELAY

4.6.1 Upon commencement of the Contract, Contractor must have systems and policies in place to assure that no participant or potential participant waits more than five business days to receive an intake and no more than two business days or immediately in emergency situations. Contractor must maintain a copy of all systems and policies on file and make these available for monitoring purposes.

4.6.2 Contractor must return all telephone calls received from participants within two business days.

4.7 SERVICE DELIVERY SITES

Contractor must continuously manage and operate the publicly accessible drop-in center site(s) at the location(s) contracted to provide services set forth in this SOW.

Contractor must obtain required inspection certificates, (health, fire, etc.), and written consent of the Director of Public Health or authorized designee before modifying or terminating services, revising hours of service delivered at such location(s), and/or before commencing such services at any other location.

Contractor must maintain the building and surrounding areas in a manner consistent with applicable local, State, and federal occupational safety and sanitation regulations. The premises must be free of any accumulation of garbage, rubbish, stagnant water, and/or filthy or offensive matter of any kind to ensure that the premises are maintained in a clean and wholesome condition.

4.7.1 Walk-In/Drop-In Center

4.7.1.1 Contractor must operate a publicly accessible Walk-In/Drop-In Center that is physically located in the Supervisorial District(s) where Legal Services are provided, that must be open during business hours between 9:00 a.m. and 5:00 p.m., Monday through Friday, except closures due to Federal/County holidays. The Walk-In/Drop-In Center must provide participants with the services detailed in this SOW.

4.7.1.2 Contractor must post the Stop Human Trafficking Poster (Exhibit H, Form 1) provide by the County in a visible location in the lobby.

4.7.2 Hours of Operation

4.7.2.1 Contractor's site must be open and available to provide the required services to participants Monday through Friday, between 9:00 a.m. and 5:00 p.m., except closures due to Federal/County holidays, within the Supervisorial District(s) where Legal Services are provided.

4.7.2.2 Contractor must ensure that staff responds to any calls and inquiries received during agency's operating hours. In addition, Contractor must make good faith efforts to provide services on weekends and evenings, as needed, in cases where it will increase accessibility to program services and enhance the likelihood of a participant achieving their goals.

4.8 STAFF

Contractor must operate continuously throughout the entire term of the Contract with at least the minimum number of staff required under this SOW and any other applicable staffing requirements which are necessary to provide services hereunder in the State of California. Contractor's staff must meet the requirements listed below.

4.8.1 Mandatory 40-hour DV Training

Contractor must ensure that all staff providing direct services to participants have successfully completed 40 hours of supervised DV training as defined in California Evidence Code 1037.1. Contractor must maintain staff's individual certificates of completion in staff's personnel file and be made readily available for review at County's requests.

4.8.2 Contractor Attorney-Employee

Contractor providing DVSFA Legal Services must, at a minimum on staff, have an attorney licensed to practice law within the State of California who supervises and oversees legal service staff and provides Legal Services under this Contract. The attorney must visit the Contractor's service site(s) within the SD in which it receives funding to provide Legal Services at least once per week to provide direct oversight and supervision to Legal Services staff. Such attorney is bound by the same legal and confidentiality requirements of contractor's staff. Additionally, Contractor must inform each participant at such time that an independent contractor or volunteer who provide services are not staff of the Contractor.

4.8.3 The Contractor's Project Manager or designated alternate, and a direct provider staff member must be available during business hours.

4.8.4 Contractor must notify Public Health in writing on official agency letterhead within five business day of leadership changes. The notification must be signed and emailed to the County's Project Monitor.

4.8.5 Contractor must notify Public Health in writing on official agency letterhead within five business days of staff exits/replacements (e.g., new hires, termination, leadership changes, etc.) so that Public Health can maintain an updated contact list and budgeted staff list. The notification must be signed and emailed to the County's Project Monitor, identified in Exhibit F, County's Administration.

4.9 CLIENT RECORDS

4.9.1 Contractor must maintain a current and comprehensive case file for each participant interviewed and serviced. Each case file must display that clients DVSFA ID number on the outside of the file and on all documentation contained within the file. The participant's case file, at minimum, must contain the following documents:

A. ALL PARTICIPANTS

1. Client Intake (created by the Contractor),

2. Assessment form (created by the Contractor),
3. Confidential Client ID Number (created/maintained by the Contractor),
4. Service Plan (created by the Contractor),
5. Safety Plan (created by the Contractor),
6. Progress notes with service delivery dates,
7. Program evaluation measures,
8. Discharge summary, if appropriate, and
9. Client satisfaction survey.

4.9.2 In addition to other confidentiality requirements set forth in this SOW, Contractor must maintain DV participant's case file in either a locked file cabinet or in a secure room to ensure confidentiality.

4.9.3 Contractor must ensure confidentiality and provide secure storage, access, and disposal of participant records for seven years, after the contract has terminated.

4.10 REPORTING

4.10.1 DVSFA Monthly Management Report

Contractor must submit to Public Health a Monthly Management Report (Exhibit H, Form 15b) with their billing invoice no later than 15 calendar days after the month services were rendered. Invoices submitted without the Monthly Management Report will not be paid. Additionally, participant data reported in the Monthly Management Report must match the number of participants billed. Invoices with discrepancies, notified via the Contract Discrepancy Report (Exhibit H, Form 14) between the number of participants billed and reported will not be paid until discrepancies are remedied.

4.10.2 DVSFA Ad-Hoc Reports

County may request data or other information from Contractor on an Ad-Hoc basis, as needed by Public Health, County agencies or entities for budgetary or other purposes. Contractor will provide the requested data to County in a mutually agreeable time period.

5.0 CUSTOMER SERVICE QUESTIONNAIRE

Contractor must provide the Customer Service Questionnaire (Exhibit H, Form 12) to each participant and provide access to the questionnaire via the QR code within 90 days of initial intake and discharge. The Costumer Service questionnaire is available at: http://www.publichealth.lacounty.gov/owh/OWHContracts/DVSFA/DVSFA%20CS_questionnaires_QR%20Codes_En_Sp.pdf

For participants who are unable to access the online survey using a personal or agency device, Contractor must provide a paper copy of the questionnaire along with a self-addressed stamped envelope, for submission of the completed questionnaire to Public Health.

The Customer Service Questionnaire must consist of an evaluation of the participant's satisfaction with the program. Contractor must note in the participant's file the date in which the Customer Service Questionnaire was provided.

6.0 DISCHARGE, TERMINATION AND CHANGES

6.1 For all participants

6.1.1 Contractor must establish a protocol for the discharge/termination of participants from DVSFA services. This protocol must include in person contact (when possible) to complete a discharge summary. Documentation of the discharge summary must include reason for completion/termination; summary of services provided; participant's progress while assigned to the Contractor; and goals attained/not attained along with recommendations for further service/ treatment/ including other referrals, if necessary.

6.1.2 Contractor must complete/update the DV assessment tool and provide the Client Satisfactory Survey for all participants at discharge, termination, completion or drop-out, within five business days, if the change occurs in between the progress report period.

6.1.3 As part of client documentation, Contractor must develop and maintain a tracking mechanism to identify participants who complete services, fail to comply with services, or who return for services.

6.1.4 Contractor may bill for services provided to a participant previously enrolled in CalWORKs, GAIN/REP after notification of termination of CalWORKs eligibility has been received from DPSS.

6.2 CLIENT CHOICE TO DISCONTINUE SERVICES

6.2.1 Under this SOW, it is the participant's choice when to stop accessing services. However, under no circumstances shall the participant be told that they may no longer access services, unless the participant is no longer eligible for such services.

6.2.2 Contractor must not impose maximum time limits on how long a participant may remain in the program or dictate the type or frequency of services a participant must access.

6.2.3 Contractor must establish written rules designed to maximize the safety and respect of staff and participants. If a participant violates such rules this may serve as a reason for no longer allowing a participant to access DVSFA services.

6.2.4 Contractor must retain a copy of the rules in each participant's case file and document any rule violations in the case file for monitoring purposes.

7.0 OTHER REQUIREMENTS

7.1 Contractor Organization Capacity/Waiting Lists

If at any time, the Contractor reaches its contractual or organizational capacity for the number of participants served, the Contractor may notify County Public Health in writing within five business days. Prior written approval is required if Contractor: (1) is unable to serve or refer additional participants; (2) must limit or modify the quantity and/or quality of services; or (3) requires a participant to wait more than five (5) business days to access any non-emergency services after intake.

7.2 County Domestic Violence Council Meetings

7.2.1 Contractor must attend a minimum of **four** County Domestic Violence Council meetings per year.

7.2.2 Contractor must also attend all Quarterly Public Health DV providers' meetings.

7.3 Public Statements

Contractor must indicate in any and all press release(s) and any statement to the public related to DVSFA Program the following statement:

"This project is funded, in whole or in part, by County, Department of Public Health, Domestic Violence Services For All Program."

Contractor must be, and all job announcements must indicate that

Contractor is, an Equal Employment Opportunity Employer.

7.4 Equipment and Equipment Inventory

7.4.1 Contractor must provide necessary space, furniture, utilities, telephones, printers, scanners, and computer equipment necessary to provide services.

7.4.2 Contractor must provide staff with internet access.

7.4.3 Contractor must provide all supplies that are necessary to perform the services required under the Contract.

7.4.4 Contractor must establish and maintain an inventory of equipment funded under this Contract to include the following:

- Name and phone number of Contractor's contact person where equipment is located;
- Address where equipment is located;
- Type of equipment;
- Brand and model number of equipment;
- County bar-code number on equipment, if applicable; and
- Cost of equipment, funding source(s), and amount of County funds used in the purchase, as appropriate.

7.4.5 Contractor must submit a Final Property Inventory Certification with Financial Closeout Report to Public Health no later than 45 calendar days after each fiscal year ends.

7.4.6 Contractor must request and receive prior authorization from County to purchase any piece of equipment more than $5,000, not furnished by County that is necessary to perform all services required under this SOW.

7.4.7 Unless applicable federal or State law requires otherwise, County must be the sole owner of all rights, title, and interest of any and all equipment purchased by Contractor with County funds and any equipment furnished by County to Contractor, under the Contract.

7.4.8 Upon termination or expiration of the Contract, all equipment purchased with County funds and all equipment provided by County must be retrieved by County following appropriate notice to the Contractor.

7.5 Civil Rights Training

Contractor must ensure its direct service staff attend a Civil Rights Training, understand their federal civil rights obligations, and provide certification to Public Health verifying completion of training. Contractor's staff must be paid to attend the training, which must be completed at least once every two years.

7.6 Civil Rights Complaints and Procedures

Contractor must comply with Civil Rights (CR) policy and procedures, which include, but are not limited to, the following:

7.6.1 Ensure notices and correspondence sent to participants are in their designated primary language and provide interpreters to ensure meaningful access to services to all participants.

7.6.2 Develop and operate procedures for receiving, forwarding, and responding to Civil Rights complaints. These procedures must remain in place and documented to provide clear instruction on how Civil Rights complaints are filed, processed, and responded to.

8.0 PERFORMANCE GOALS AND OUTCOMES

Contractor must adhere to the performance outcomes and service standards for DVSFA under this Exhibit A-4, Legal Services SOW, Exhibit A-4 Attachment A Legal Services Performance Requirements Summary Chart, and Exhibit H, Domestic Violence Supportive Services and Domestic Violence Services For All Forms. The performance outcomes must be utilized to monitor the contractors support of DV survivors in increasing safety, lessening harm, and enrolling participants into intervention services tailored to their specific needs. Public Health will monitor the Contractor's performance outcomes with the goal of advancing participants safety, empowerment and economic self-sufficiency.

8.1 Legal Services Performance Outcomes are as follows:

a. At a minimum, 80% of DVSFA-Legal Services participants must have a Legal Service Plan based on their unique needs and circumstances.

b. At a minimum, 80% of participants who need benefit access assistance services and advocacy must receive the necessary services tailored to their unique situation.

c. At a minimum, 75% of participants must have a Service Plan goal to remove barriers that keep them from obtaining safety, housing, self-sufficiency, and work (if applicable).

d. At a minimum, 90% participants in need of case management services must be referred to a contracted DVSFA case management service

provider.

e. At a minimum, 50% of participants shall have met at least one Legal Services Objective within 180 calendar days (six months).

9.0 COUNTY DATA MANAGEMENT SYSTEM

Contractor must utilize County's data management system to register patient's eligibility data, demographic/resource data, enter service utilization data and service outcomes, for services provided. County's system will be used to invoice for all delivered services, standardize reporting, import efficiency of billing, and support program evaluation processes. Contractor must ensure data quality and compliance with all data submission requirements.

DVSFA LEGAL SERVICES PERFORMANCE REQUIREMENTS SUMMARY CHART

LEGAL SERVICES PERFORMANCE OUTCOMES		
SERVICE STANDARD	**INDICATOR**	**MEASUREMENT METHOD**
a) A minimum, 80% of DVSFA-Legal Services participants must have a Legal Service Plan based on their unique needs and circumstances.	**Chart Review**	Review participants during chart review and check for a Service Plan billed for them during the month(s). **Denominator** = All participants billed during the month(s). **Numerator** = Participants that received a Service Plan in the same billing month(s).
b) A minimum, 80% of participants needing benefit access assistance services and advocacy are receiving the necessary services tailored for their unique situation.	**Chart Review**	Monthly Management Report & Chart Review will note: (1) The number of participants identified in need of benefit access assistance and advocacy; (2) The number of participants provided benefit access assistance and advocacy. **Denominator** = All participants identified as needing benefits access assistance and/or advocacy. **Numerator** = Participants that received assistance and/or advocacy in the same billing month.
c) A minimum, 75% of participants must have Service Plan goals to remove barriers that keep them from obtaining safety, housing, self-sufficiency, or employment.	**Chart Review**	Review all participants and check if they had a Service Plan goal. **Denominator** = All participants billed during the year. **Numerator** = Participants that received a Service Plan in the year.

d) A minimum, 90% participants in need of case management services will be referred to a contracted DVSFA case management service provider.	**Chart Review**	The chart review will capture: (1) what services the client is receiving; and (2) what services the client was referred to. **Denominator** = All participants in need of case management services. **Numerator** = Participants that are referred to a DVSFA Case Management contractor in the same fiscal year.
e) A minimum,50% of participants must have at least one Legal Services Objective met within 180 calendar days (six months).	**Chart Review**	The chart review will capture: (1) what legal services the client is receiving and, (2) progress on these services. **Denominator** = All participants that are receiving legal services for at least 180 calendar days (six months). **Numerator** = Participants that have had at least one legal objective met in the first 180 calendar days of their services during the fiscal year.

Exhibit C

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS) & DOMESTIC VIOLENCE SERVICES FOR ALL (DVSFA)
ESTIMATED ANNUAL COST

Contractor: _____

Term: July 1, 2026 - June 30, 2027

DVSS

Case Management Services				
Supervisorial District	**CalWORKs**	**GR**	**START**	**Case Management Services Annual Cost**
1				$ -
2				$ -
3				$ -
4				$ -
5				$ -
Total	$ -	$ -	$ -	$ -

Legal Services				
Supervisorial District	**CalWORKs**	**GR**	**START**	**Legal Services Annual Cost**
1				$ -
2				$ -
3				$ -
4				$ -
5				$ -
Total	$ -	$ -	$ -	$ -

Total DVSS Allocation	$ -

DVSFA*

Supervisorial District	**Case Management**	**Legal Services**	**Total**
1			$ -
2			$ -
3			$ -
4			$ -
5			$ -
Total	$ -	$ -	$ -

Total DVSFA Allocation	$ -

Total Estimated Maximum Obligation for DVSS & DVSFA for This Term	$ -

* Contractors are allowed to make adjustments or shift funds from one service type to another one and/or from one Supervisorial District to another one on the budgets within their total DVSFA allocation.

Exhibit C

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS) & DOMESTIC VIOLENCE SERVICES FOR ALL (DVSFA)
ESTIMATED ANNUAL COST

Contractor:
Term: July 1, 2027 - June 30, 2028

DVSS

Case Management Services				
Supervisorial District	**CalWORKs**	**GR**	**START**	**Case Management Services Annual Cost**
1				$ -
2				$ -
3				$ -
4				$ -
5				$ -
Total	$ -	$ -	$ -	$ -

Legal Services				
Supervisorial District	**CalWORKs**	**GR**	**START**	**Legal Services Annual Cost**
1				$ -
2				$ -
3				$ -
4				$ -
5				$ -
Total	$ -	$ -	$ -	$ -

Total DVSS Allocation	$ -

DVSFA*

Supervisorial District	**Case Management**	**Legal Services**	**Total**
1			$ -
2			$ -
3			$ -
4			$ -
5			$ -
Total	$ -	$ -	$ -

Total DVSFA Allocation	$ -

Total Estimated Maximum Obligation for DVSS & DVSFA for This Term	$ -

* Contractors are allowed to make adjustments or shift funds from one service type to another one and/or from one Supervisorial District to another one on the budgets within their total DVSFA allocation.

Exhibit C

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS) & DOMESTIC VIOLENCE SERVICES FOR ALL (DVSFA)
ESTIMATED ANNUAL COST

Contractor:
Term: July 1, 2028 - June 30, 2029

DVSS

Case Management Services				
Supervisorial District	CalWORKs	GR	START	Case Management Services Annual Cost
1				$ -
2				$ -
3				$ -
4				$ -
5				$ -
Total	$ -	$ -	$ -	$ -

Legal Services				
Supervisorial District	CalWORKs	GR	START	Legal Services Annual Cost
1				$ -
2				$ -
3				$ -
4				$ -
5				$ -
Total	$ -	$ -	$ -	$ -

Total DVSS Allocation	$ -

DVSFA*

Supervisorial District	Case Management	Legal Services	Total
1			$ -
2			$ -
3			$ -
4			$ -
5			$ -
Total	$ -	$ -	$ -

Total DVSFA Allocation	$ -

Total Estimated Maximum Obligation for DVSS & DVSFA for This Term	$ -

* Contractors are allowed to make adjustments or shift funds from one service type to another one and/or from one Supervisorial District to another one on the budgets within their total DVSFA allocation.

Exhibit C-A-1

Domestic Violence Supportive Services (DVSS)
Case Management Services Pricing Schedule

Below are the rates of domestic violence case management services by service type.

Service Description	Service Unit	*Rates
Assessment/Reassessment	Per Assessment	$133.00
Service Plan	Per Plan	$97.00
Safety Plan	Per Plan	$87.00
Case Management **excludes Assessment, Service and Safety plans*	Per Hour	$91.00
Counseling Services (Individual)	Per Hour	$120.00
Counseling Services (Family)	Per Hour	$134.00
Licensed Therapy Services – Including Child Therapy	Per Hour	$150.00
Licensed Group Therapy Services	Per Participant / Per Hour	$58.00
Support Group Services	Per Participant / Per Hour	$55.00
Life Skills Education – Individual	Per Hour	$91.00
Life Skills Education – Group	Per Participant / Per Hour	$55.00
Child Focused Educational Sessions	Per Child / Per Hour	$55.00
DV Educational Class	Per Participant / Per Hour	$55.00
DV Education Individual Session	Per Participant / Per Hour	$91.00
Court Accompaniment & Restraining Order Support Services	Per Hour	$84.00
Shelter Bed Night (DV Shelter)** **for CalWORKs participants only**	Per Night (max 45 nights per client/FY)	$103.00
Shelter Bed Night (DV Shelter) – Additional Family Member **for CalWORKs participants only**	Per Night per Family Member (max 45 nights per client/FY)	$23.00
Hotel Shelter Bed Night Services **for CalWORKs participants only**	Per Actual Cost Per Night (max 45 nights per client/FY) and **up to $203 including taxes**	$203.00
Hotel Shelter Bed – Additional Family Member **for CalWORKs participants only**	Per Night per Family Member (max 45 nights per client/FY) and **up to $44 including taxes**	$44.00
Childcare / Youth Activity Services	Per Child / Per Hour	$27.00
Translator / Translation Services	Per Hour	Actual Cost
GAIN Orientation/Job Club Presentation	Per Presentation	$91.00
Outreach Services	Per Session / Event	$91.00

*Service rates are shown as per hour. However, billings of Case Management Services must be billed in 15-minute increments of time.
** Per the 2025 Rate Study evaluator, the Shelter Bed Night Rate is defined as a "market-aggregated rate," calculated based on multiple data points, including the Consumer Price Index (CPI), as well as "Benchmark" rates gathered from peer agencies and government data. This Rate does not include wrap-around services.

Exhibit C-A-2

Domestic Violence Services For All (DVSFA)
Case Management Services Pricing Schedule

Below are the rates of domestic violence case management services by service type.

Service Description	Service Unit	*Rates
Assessment/Reassessment	Per Assessment	$133.00
Service Plan	Per Plan	$97.00
Safety Plan	Per Plan	$87.00
Case Management **excludes Assessment, Service, and Safety Plans*	Per Hour	$91.00
Counseling Services (Individual)	Per Hour	$120.00
Counseling Services (Family)	Per Hour	$134.00
Licensed Therapy Services – Including Child Therapy	Per Hour	$150.00
Licensed Group Therapy Services	Per Participant / Per Hour	$58.00
Support Group Services	Per Participant / Per Hour	$55.00
Life Skills Education – Individual	Per Hour	$91.00
Life Skills Education – Group	Per Participant / Per Hour	$55.00
Child Focused Educational Sessions	Per Child / Per Hour	$55.00
DV Educational Class	Per Participant / Per Hour	$55.00
DV Education Individual Session	Per Participant / Per Hour	$91.00
Court Accompaniment & Restraining Order Support Services	Per Hour	$84.00
Shelter Bed Night (DV Shelter)**	Per Night (max 45 nights per client/FY)	$103.00
Shelter Bed Night (DV Shelter) – Additional Family Member	Per Night per Family Member (max 45 nights per client/FY)	$23.00
Hotel Shelter Bed Night Services	Per Actual Cost Per Night (max 45 nights per client/FY) and **up to $203 including taxes**	$203.00
Hotel Shelter Bed – Additional Family Member	Per Night per Family Member (max 45 nights per client/FY) and **up to $44 including taxes**	$44.00
Childcare / Youth Activity Services	Per Child / Per Hour	$27.00
Translator / Translation Services	Per Hour	Actual Cost
Transportation	Per Trip	Actual Cost

*Service rates are shown as per hour. However, billings of Case Management Services must be billed in 15-minute increments of time.
** Per the 2025 Rate Study evaluator, the Shelter Bed Night Rate is defined as a "market-aggregated rate," calculated based on multiple data points, including the Consumer Price Index (CPI), as well as "Benchmark" rates gathered from peer agencies and government data. This Rate does not include wrap-around services.

Exhibit C-A-3

Domestic Violence Supportive Services (DVSS)
Legal Services Pricing Schedule

Below are the rates for domestic violence legal services by service type and by personnel.

Service Description	Service Unit	Paraprofessional Hourly *Rates	Attorney Hourly *Rates	Flat Rate
Assessment and Development of Service Plan and Safety Plan	Per Participant	- - -	- - -	$243.00
Family Law	Per Hour	$98.00	$184.00	- - -
Restraining Order	Per Hour	$98.00	$184.00	- - -
Immigration Law	Per Hour	$98.00	$184.00	- - -
Benefits Access Assistance / Advocacy	Per Hour	$98.00	$184.00	- - -
Other Legal Assistance	Per Hour	$98.00	$184.00	- - -
Legal Services Workshop	Per Hour	- - -	- - -	$78.00
Translator / Translation Services	Per Participant	- - -	- - -	Actual Cost

*Service rates are shown as per hour. However, billings of Legal Services must be billed in 15-minute increments of time.

Exhibit C-A-4

Domestic Violence Services For All (DVSFA)
Legal Services Pricing Schedule

Below are the rates for domestic violence legal services by service type and by personnel.

Service Description	Service Unit	Paraprofessional Hourly *Rates	Attorney Hourly *Rates	Flat Rate
Assessment and Development of Service Plan and Safety Plan	Per Participant	- - -	- - -	$243.00
Family Law	Per Hour	$98.00	$184.00	- - -
Restraining Order	Per Hour	$98.00	$184.00	- - -
Immigration Law	Per Hour	$98.00	$184.00	- - -
Benefits Access Assistance / Advocacy	Per Hour	$98.00	$184.00	- - -
Other Legal Assistance	Per Hour	$98.00	$184.00	- - -
Legal Services Workshop	Per Hour	- - -	- - -	$78.00
Translator / Translation Services	Per Participant	- - -	- - -	Actual Cost
Transportation	Per Trip	- - -	- - -	Actual Cost

*Service rates are shown as per hour. However, billings of Legal Services must be billed in 15-minute increments of time.

EXHIBIT D

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

Contractor Name: _____ Contract No _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced contract.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced contract. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff must keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

POSITION: _____

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

☐ Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Bidder engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

☐ Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

COUNTY'S ADMINISTRATION

CONTRACT NO.

COUNTY'S PROJECT DIRECTOR:

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-mail Address: _____

COUNTY'S PROJECT MANAGER:

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-mail Address: _____

COUNTY'S PROJECT MONITOR:

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-mail Address: _____

CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NAME:
CONTRACT NO.

CONTRACTOR'S PROJECT MANAGER:

Name: _____
Title: _____
Address: _____
_____
Telephone: _____
Facsimile: _____
E-mail Address: _____

CONTRACTOR'S AUTHORIZED OFFICIAL(S):

Name: _____
Title: _____
Address: _____
_____
Telephone: _____
Facsimile: _____
E-mail Address: _____

Name: _____
Title: _____
Address: _____
_____
Telephone: _____
Facsimile: _____
E-mail Address: _____

NOTICES TO CONTRACTOR:

Name: _____
Title: _____
Address: _____
_____
Telephone: _____

Facsimile: _____

E-mail Address: _____

If you or someone you know is being forced to engage in any activity and cannot leave -- whether it is commercial sex, housework, farm work, construction, factory, retail, or restaurant work, or any other activity - call the **National Human Trafficking Resource Center** at **1-888-373-7888** or the California Coalition to Abolish Slavery and Trafficking (CAST) at **1-888-KEY-2-FRE(EDOM)** or

Si a usted, o a alguien que conoce, lo están forzando a hacer algo y no lo dejan ir -- ya sea sexo por dinero, trabajo de casa, campo agrícola, construcción, fábrica, en una tienda minorista o restaurante, o cualquier otra actividad -- llame al **Centro Nacional de Recursos para la Trata de Personas** al **1-888-373-7888** o a la Coalición de California para Abolir la Esclavitud y la Trata de Personas (California Coalition to Abolish Slavery and Trafficking, CAST) al **1-888-KEY-2-FRE(EDOM)** o

如果您本人或您认识的人被迫从事任何活动且无法脱身 — 无论是商业性交易、家务劳动、农场工作、建筑、工厂、零售、餐馆工作还是任何其他活动 — 请打**电话给全美反人口贩运资源中心**，电话号码 **1-888-373-7888** 或打电话给加州废除奴役和人口贩运联盟 (California Coalition to Abolish Slavery and Trafficking, CAST) ，电话号码 **1-888-KEY-2-FRE(EDOM)** 或，

1-888-539-2373

to access help and services. Victims of slavery and human trafficking are protected under United States and California law.

The hotlines are:

- Available 24 hours a day, 7 days a week.
- Toll-free.
- Operated by nonprofit, nongovernmental organizations.
- Anonymous and confidential.
- Accessible in more than 160 languages.
- Able to provide help, referral to services, training, and general information.

For more information:
www.atty.lacity.org
Los Angeles City Attorney's Office

para obtener ayuda y servicios. Las víctimas de esclavitud y trata de personas están protegidas bajo las leyes de California y los Estados Unidos.

Las líneas de ayuda:

- Están disponibles las 24 del día, 7 días por semana.
- Son gratis.
- Están operadas por organizaciones no de gobierno y sin fines de lucro.
- Son anónimas y confidenciales.
- Prestan servicio en más de 160 idiomas.
- Pueden brindarle ayuda, remisión a servicios, capacitación e información general.

获得帮助和服务。

奴役和人口贩运受害者受美国和加州法律的保护。

热线电话：

- 每周七天、每天二十四小时开通；
- 免费；
- 由非营利、非政府组织运营；
- 匿名和保密；
- 可用160多种语言拨打；
- 能够提供帮助、转介服务、培训和一般信息。

Report Human Trafficking. Text BeFree (233-733).

Los Angeles County District Attorney's Office - http://da.lacounty.gov

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SCREENING FOR POTENTIAL CalWORKs ELIGIBILITY

This form is only a tool to screen for potential CalWORKs eligibility and **is not** intended to exclude anyone from applying for CalWORKs. Persons should apply at a local district office to find out whether or not they and their family are eligible for CalWORKs or other types of benefits such as General Relief, Food Stamps, or Medi-Cal.

IDENTIFYING INFORMATION

Name: _____ SSN: ___-___-___ DOB: ___/___/___
(Last, First, Middle)

Address: _____ City and Zip: _____

Telephone No.: (___) _____ Primary Language: _____

A. EXISTING CalWORKs CASE

Do you or your unmarried minor child(ren) receive welfare benefits? ☐ Yes ☐ No
(CalWORKs cash aid, Food Stamps, Medi-Cal)

If Yes, complete the following:

Child's Name: _____ Child's Birth date: _____

Mother's Name: _____ SS # (if known): _____

Type of Aid/Benefits: _____ County/State: _____

☐ Yes ☐ No
If Yes, (the individual is receiving CalWORKs cash benefits), **do not continue.**

B. CUSTODIAL/NON-CUSTODIAL RELATIONSHIP

Does your unmarried minor child(ren) live with you? ☐ Yes ☐ No

If No, you are a Non-Custodial Parent*, and you may still be eligible for domestic violence, mental health services, and/or substance abuse.

☐ Yes ☐ No
***Non-Custodial parents** (NCPs) are not CalWORKs eligible, but may be eligible for domestic violence, substance abuse and/or mental health services.

C. POTENTIAL ELIGIBILITY

1. Does your household include either a pregnant woman with no other minor child(ren) **or** a parent/caretaker with a minor child (under 19 years of age)? ☐ Yes ☐ No

   If the only child living in the household is not your child, is the child related to you by blood or marriage. ☐ Yes ☐ No

☐ Yes ☐ No
If No, the individual is not eligible to CalWORKs. However, pregnant women with no other minor child(ren), must be in her 3rd trimester of her pregnancy to be CalWORKs eligible.

2. **Is at least one** of the household members a United States citizen/national or legal non-citizen? ☐ Yes ☐ No

   If No, what is your current residence (immigrant) status?

☐ Yes ☐ No
If No, depending on the individual's residence (immigrant) status, he/she may be eligible to CalWORKs. DPSS staff will determine eligibility based on the current residence status at time of application.

3. Is your household: ☐ One-Parent Household ☐ Two-Parent Household ☐ Yes ☐ No

   In a two-parent household, are either of the two parents working?

   If yes, how many hours a week: _____

   (**Note**: This does not apply to caretakers).

☐ Yes ☐ No
If Yes, advise the parent to provide work history at the time of the CalWORKs application.

4. Does anyone in the household have resources/property (cash, uncashed checks/money orders, checking/savings account, stocks/saving bonds, or other real property)? ☐ Yes ☐ No

   If Yes, what is the total amount of all the resources/property? $_____

☐ Yes ☐ No
If Yes, and the amount is over $2,000 (over $3,000 if 60 yrs. of age or older), the individual may not be eligible for CalWORKs.

Completed By: _____ Date: _____ Phone No.: (___) _____

Service Provider/Agency: _____

NOTE: *For NCPs only: This form should be completed and sent to DPSS PA 1923 Centralized Unit within 2 weeks of the start of services. DPSS will Verify whether or not the individual qualifies as an NCP.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs TREATMENT/SERVICES VERIFICATION

[To: **PA 1923 (SSS RR) Centralized Unit**
West Valley GAIN Region II
21415 Plummer Street, Suite B
Chatsworth, CA 91311
FAX Number: (818) 775-6969
]

[From:]

[ ]

[ ]

A. PROVIDER CERTIFICATION

As an authorized employee of the treatment service provider agency named above, I certify that the individual named below is receiving CalWORKs Specialized Supportive Services (**DOMESTIC VIOLENCE, SUBSTANCE ABUSE, OR MENTAL HEALTH**) to help him/her overcome a barrier to employment. I understand that payment to contracted service provider is contingent on the CalWORKs participant maintaining eligibility to CalWORKs and complying with all requirements, assuming that the provider has been notified of the non-compliance by DPSS. In instances of substance abuse/mental health problems, includes the appropriate treatment services and signing a Welfare-to-Work (WtW) plan. For victims of domestic violence, certain requirements can be waived, including a WtW plan. In addition, the service provider must have received the GN 6008, Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Services Provider Progress Report, 90-days from service start date/assignment date, to confirm participant's continued eligibility to CalWORKs. This form must be submitted within 10 workdays of client's signature (not to exceed 30 days).

Print Name/Title of Authorized Person:	Date Signed:	Telephone No:	Fax No:

B. PARTICIPANT IDENTIFICATION

Name (First/Last):			CalWORKs Case No.:
Social Security No. : - -	Date of Birth:	Primary Language:	Telephone No.: (Confidential for DV) ( )

C. TYPE OF TREATMENT SERVICES (Complete as applicable) ☐ Residential ☐ Non-Residential

I. ☐ **MENTAL HEALTH** ☐ **SUBSTANCE ABUSE**

Participant began treatment services on _____/_____/_____for_____hours per week.*

Expected duration of needed treatment services:_____months.

☐ Participant is able to participate in another WtW activity in addition to treatment services for_____hours per week.

☐ Participant is Exempt from GAIN and will participate in GAIN as an Exempt Volunteer.

Note: *MH/SA participants may participate less than 32/35 hours-per-week with Good Cause for a 90-day period.

II. **DOMESTIC VIOLENCE CASE MANAGEMENT** ☐ **DV FAMILY LAW** ☐ **DV IMMIGRATION LAW** ☐ VAWA ☐ Uvisa

Participant began treatment services on _____/_____/_____for_____hours per week.

Expected duration of needed treatment services:_____months.

☐ Participant is able to participate in another WtW activity in addition to treatment services for_____hours per week.

☐ Participant is Exempt from GAIN and will participate in GAIN as an Exempt Volunteer.

Note: Participant shall be granted a DV waiver from the mandatory WtW Program rules with a clock stopper/extender.

D. OTHER SUPPORTIVE SERVICE NEEDS (Complete as applicable)

Participant needs the following supportive services: ☐ Child care ☐ Public Transportation ☐ Mileage:_____per month
Work Related/Ancillary Expenses such as: ☐ Books ☐ Fees ☐ Uniforms or ☐ Other: _____

E. OTHER Court-ordered treatment services : ☐ DV Counseling ☐ Substance Abuse ☐ Mental Health

F. PARTICIPANT AUTHORIZATION (Complete as applicable)

I authorize the Department of Public Social Services and the above services provider to verify information regarding the status of my CalWORKs /GAIN case status and/or continuing eligibility to receive CalWORKs Specialized Supportive Services.

☐ I am aware that my Mental Health or Substance Abuse treatment/services will be incorporated in my Welfare-to-Work plan.

☐ I am aware that my Domestic Violence services may be incorporated now or eventually in my Welfare-to-Work plan.

The determination will be made by my GAIN Services Worker/Contracted/REP Case Manager in consultation with the service provider.

Participant's Signature:	Date:

G. COUNTY ACTION: ☐ **ACCEPTED** ☐ **REJECTED** **DATE:**

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs SPECIALIZED SUPPORTIVE SERVICES PROVIDER REFERRAL

[(GAIN Regional/REP Office)] [(Participant's Name and Address)]

[ ] [ ]

IMPORTANT APPOINTMENT NOTICE

You have been scheduled to attend the following appointment for:

☐ Mental Health Services ☐ Substance Use Disorder

☐ Domestic Violence (DV) Case Management ☐ DV Family Law ☐ DV Immigration Law

(For Mental Health: Immediate Need/Urgent within 2 workdays, Less Urgent within 5-10 workdays and Non-emergent within 10-15 workdays)

On: ____/____/____ at _____
Date Time

Address: _____

_____

_____

Telephone No.: _____

Fax No.: _____

Contact Person: _____

It is important for you to keep this appointment. Take this notice with you.

If for any reason you cannot keep this appointment or have a problem, please call me immediately.

GSW/CCM/RCM Making Referral:	Worker ID:	Telephone No.:	Fax No.:

I understand that I am being referred to an appointment to begin specialized supportive services as indicated above. If I fail to attend this appointment, I understand that I may be called by the clinical assessor and/or service provider. If additional contact is unsuccessful, a compliance process may follow, which may result in the lowering of my cash aid.

GAIN Participant's Signature: Date:

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs SPECIALIZED SUPPORTIVE SERVICES RESULTS

[To: (GAIN Regional/REP Office)] [From: Name & Address of Facility/Provider]

Attention:_____
GSW/CCM/RCM Name/ID

[Fax No.: _____] [ ]

A - Completed by GSW/CCM/RCM

Participant Name:			CalWORKs Case No.:	
Residence Address **(Do not use for DV if confidential address requested)**:			Mailing Address: (DV only)	
Primary Language:	Birth Date:	Sex: ☐ M ☐ F	Is there an existing exemption? ☐ Y ☐ N	Telephone No. (Confidential for DV)

B - Completed by Service Provider (Complete as applicable and return to the GSW/CCM/RCM within 5 work days from the appointment date)

I. TYPE OF SERVICE ☐ Residential ☐ Non-Residential

☐ **SUBSTANCE USE DISORDER** ☐ **MENTAL HEALTH**

☐ **DOMESTIC VIOLENCE CASE MANAGEMENT** ☐ **DV FAMILY LAW** ☐ **DV IMMIGRATION LAW** ☐VAWA ☐U VISA

1. ☐ Participant *failed* to appear for treatment services. Reschedule an appointment on: ____/_____/_____
2. ☐ Participant *began* treatment services on: _____/___/_____for_____hours per week. Expected duration___ months.
3. ☐ Participant is able to participate in *another* Welfare-to-Work (WtW) activity in addition to treatment services for ___ hours per week.

Note: ***MH/SUD*** participants may participate less than 20/30/35 hours-per-week during the evaluation period.
DV participants may be granted a waiver of any CalWORKs and/or /WtW requirement with a clock stopper/extender. Review the CW 2199-LA, CalWORKs/Welfare-to-Work Domestic Violence Waiver Request.

II. ☐ DOMESTIC VIOLENCE ASSESSMENT

1. ☐ Participant *failed* to appear for Assessment appointment. Rescheduled Assessment appointment on: ___/___/_____.
2. ☐ Participant's DV situation impairs his/her ability to participate in WtW, he/she shall be granted DV *good cause* for not participating in WtW.
3. ☐ Participant began receiving DV services (complete Section B.I accordingly).
4. ☐ Participant *declined* DV services at this time; however, is *able* to participate in WtW activities.

III. OTHER SUPPORTIVE SERVICES NEEDS

Participant needs the following supportive services: ☐ Child care ☐ Public Transportation ☐ Mileage: _____per month
☐ Work Related/Ancillary Expenses such as: ☐ Books ☐ Fees ☐ Uniforms or ☐ Other:

IV. OTHER – Court ordered treatment services: ☐ DV Counseling ☐Substance Use Disorder ☐ Mental Health

V. Name of Person Completing this form: (Print Name)	Title:	Telephone No.:	Date:

C - Completed by GAIN Participant: (Complete as applicable)

I authorize the Department of Public Social Services and the above service provider to verify information regarding the status of my CalWORKs, GAIN case and/or continuing eligibility to receive CalWORKs Specialized Supportive Services.

☐ I am aware that my Mental Health or Substance Use Disorder treatment will be incorporated in my CalWORKs Welfare-to-Work plan, and my Domestic Violence services may be incorporated now, or eventually, in a CalWORKs Welfare-to-Work plan. *The determination will be made by my GAIN Services Worker/Contracted/REP Case Manager in consultation with the service provider.*

Participant's Signature:	Date:

County of Los Angeles

Department of Public Social Services

NOTIFICATION OF CHANGE FROM SPECIALIZED SUPPORTIVE SERVICES PROVIDER

TO:	**GSW/CCM/RCM:**	**File Number:**	**GAIN Regional/REP Office:**
	Address:		
FROM:	**Treatment Services Provider:**		
	Address:		
	Provider Staff Person:	**Telephone Number:**	**Date:**

PARTICIPANT INFORMATION

Participant Name:	**Case Number:**	**GAIN Activity:**

SECTION A – PARTICIPANT ABILITY TO PARTICIPATE IN WtW ACTIVITIES/EMPLOYMENT

☐ Number of participation hours per week has increased to _____hrs per week.

☐ Number of participation hours per week has decreased to _____hrs per week.

SECTION B – CONCURRENT PARTICIPATION IN OTHER WtW ACTIVITIES/EMPLOYMENT

☐ Participant is now able to participate in other WtW activities in addition to treatment services for _____hrs per week.

☐ Participant is no longer able to participate in other WtW activities in addition to treatment services.

SECTION C - SUPPORTIVE SERVICES NEEDS

Participant needs assistance with: ☐ Child Care ☐ Transportation

☐ Work Related/Ancillary Expenses. Explain: _____

SECTION D - COMMENTS

_____

_____

_____

_____

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs SUPPORTIVE SERVICES ENROLLMENT TERMINATION NOTICE

[To: (GAIN Regional/REP Office)] [From: Service Provider Name & Address]

Attention: _____
[GSW/CCM/RCM Name/Number] [ ]

Provider Certification

Participant Name:	Participant Address:
Case No.:	
GAIN Activity:	

This is to inform you that the above-named participant has:

☐ Successfully completed his/her services/treatment activity on: _____

☐ Dropped-out of services with good cause on: _____

☐ Dropped-out of services without good cause on: _____

Reason: _____

☐ Services not completed; participant entered employment on: _____

☐ Services not completed; participant transferred to other WtW activity: _____

☐ Terminated his/her services; participant transferred to another provider on: _____

☐ Other: _____

_____

_____

Service Provider Representative:	Title:	Phone No.: ( )	Date:

GN 6007B (Rev. 04/10)

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

MENTAL HEALTH/SUBSTANCE ABUSE/DOMESTIC VIOLENCE/FAMILY PRESERVATION PROGRAM SERVICE PROVIDER PROGRESS REPORT

[ ]

[ ]

Reply To:

Attention: _____

OUR RECORDS INDICATE THAT THE FOLLOWING PARTICIPANT IS RECEIVING SERVICES IN YOUR PROGRAM. VERIFICATION OF PROGRESS IS NEEDED FOR HIS/HER CONTINUING ELIGIBILITY TO CalWORKs. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ABOVE ADDRESS WITHIN FIVE (5) CALENDAR DAYS FROM THE POST DATE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GAIN SERVICES WORKER AT THE PHONE NUMBER POSTED IN SECTION A BELOW.

A - Completed by GAIN SERVICES WORKER (GSW)/CONTRACTED CASE MANAGER (CCM)/REFUGEE EMPLOYMENT PROGRAM CASE MANAGER (RCM)

Participant:		Case No.:		
Social Security No.:		Date of Birth:	Exempt Volunteer Status:	
GSW/CCM/RCM:	File No.:	Telephone No.: ( )	Fax No.: ( )	Date:

B - Completed by Service Provider (Complete and return to the GSW/CCM/RCM within five (5) calendar days from the post date)

I. TYPE OF SERVICE

☐ Mental Health ☐ Substance Abuse ☐ Family Preservation

☐ Domestic Violence (DV) Case Management ☐ Domestic Violence (DV) Legal Services

II. DUAL DIAGNOSIS/CONCURRENT SERVICES (if applicable)

☐ Mental Health ☐ Substance Abuse ☐ DV Case Management ☐ DV Legal Services

III. PROGRESS (Complete as applicable) The above-referenced CalWORKs participant:

1. ☐ is participating and maintaining progress consistent with the above Specialized Supportive Services/Family Preservation activity for _____ hrs/week and _____ days/week.
2. ☐ is enrolled in Life Skills Support Group. Start Date _____/ _____ /_____ Completion Date_____/_____/_____.
3. ☐ is no longer receiving treatment/services effective _____/ _____ /_____ for:
   ☐ Mental Health ☐ Substance Abuse ☐ DV Case Management ☐ DV Legal Services ☐ Family Preservation
4. ☐ is expected to complete treatment/services on _____/ _____ /_____ (if less than 90 days).
   ☐ Mental Health ☐ Substance Abuse ☐ DV Case Management ☐ DV Legal Services ☐ Family Preservation
5. ☐ has dropped-out of treatment/services effective _____/ _____ /_____ .
6. ☐ has completed treatment/services on _____/ _____ /_____ .
7. ☐ is recommended for an extension of the Specialized Supportive Services/Family Preservation activity until _____/_____ /_____ (more than 90 days).

VI. **CONCURRENT ACTIVITY** **Evaluate participant's ability to participate in a concurrent activity every three (3) months from start date of services. (Does not apply to Family Preservation Agency)** The above referenced CalWORKs participant:

☐ **(DV only)** is able to participate in another WtW activity: _____ for hours/week_____ , days/week _____.
☐ outside of a WtW Plan ☐ within a WtW plan

☐ is able to participate in another WtW activity: _____ for hours/week _____, days/week _____.
☐ within the WtW plan ☐ as an exempt volunteer ☐ within Post Time Limit Services

If the participant is not able to participate for a total of 32/35 hrs/week in WtW activities, the participant may be eligible for a medical exemption via the CW 61 and receive services as an Exempt Volunteer.

Service Provider/Staff Person's Name:	Title:	Phone No.:	Date:

COUNTY OF LOS ANGELES

STATE OF CALIFORNIA
Exhibit H Form 8

CalWORKs WELFARE-TO-WORK NOTIFICATION

[Provider's Name and Address]

[GAIN Regional Office]

Participant Name:	CalWORKs Case No:
Residence Address:	Mailing Address:
Birthdate:	Social Security Number:

Dear Provider:

This is to confirm the following information regarding the participant listed above for whom you began providing CalWORKs Supportive Services prior to entry into GAIN and have submitted a PA 1923 for verification.

I. GAIN Activity

1. ☐ Participant signed a Welfare-to-Work (WtW) plan as of ___ / ___ / _____ . The plan includes services for:
   ☐ Mental Health ☐ Substance Abuse ☐ DV Case Managemet ☐ DV Legal Services
2. ☐ Participant signed a WtW plan as of ___ / ___ / _____ However, the participant elected not to include the below services in his/her plan:
   ☐ Mental Health ☐ Substance Abuse ☐ DV Case Managemet ☐ DV Legal Services _____
3. ☐ Participant was granted DV Waiver, decided to access DV services outside of a WtW plan as of: ___ / ___ / _____
4. ☐ Participant has not signed a WtW plan as of ___ / ___ / _____ and the following applies:
   ☐ Participant requested and qualified for an exemption effective: / /
   ☐ Participant requested to discontinue services and was deregistered.
   ☐ Participant is an exempt volunteer..
   ☐ Participant has been granted a DV Waiver.
5. ☐ Participant was granted Good Cause and a DV Waiver, for not participating in GAIN, decided not to access DV services. (Please discontinue CalWORKs Domestic Violence services.)
6. ☐ Participant's time clock has been adjusted and months of aid have been added back. Participant is now in his/her _____ month on aid.
7. ☐ Other: _____

II. GAIN Activity Has Not Been Opened Because:

☐ The participant did not attend his/her GAIN appointment. I contacted the participant, but was unsuccessful, and therefore, he/she is in non-compliance for failure to sign a WtW plan. The participant must contact me by:

___ / ___ / _____ to avoid further action (i.e. compliance, sanction, deregistration).

III. Subsequent Notification:

1. ☐ The participant did not attend his/her GAIN appointment. I attempted to contact the participant , but was unsuccessful, The participant did not contacted me by the date indicated above. I will begin the non-compliance process effective ___ / ___ / _____ . (Please discontinue CalWORKs DV services.)
2. ☐ We previously reported that the participant did not sign the WtW plan. As of ___ / ___ / _____ , the paricipant has signed the WtW plan. The plan includes services for:
   ☐ Mental Health ☐ Substance Abuse ☐ DV Case Managemet ☐ DV Legal Services
3. ☐ Participant has been granted a DV Waiver, decided to access DV services outside of the WtW Plan.
4. ☐ Participant's time clock has been adjusted and months of aid have been added back. Participant is now in his/her _____ month on aid.
5. ☐ Participant has been granted Good Cause for not participating in GAIN, decided not to access DV services. (Please discontinue CalWORKs DV services.)
6. ☐ Other: _____

GAIN Services Worker	File No.:	Phone No.:	Date.:

Exhibit H Form 8

_____
_____
_____
_____

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

SERVICE PROVIDER CANCELLATION/STOP NOTICE

_____
_____
_____
_____

_____
_____
_____
_____

PARTICIPANT'S NAME:

CHILD NAME:

DEAR SERVICE PROVIDER:

EFFECTIVE , THE ABOVE-NAMED GAIN PARTICIPANT IS NO LONGER ELIGIBLE TO RECEIVE THE FOLLOWING GAIN ACTIVITY /SUPPORTIVE SERVICE WHICH YOU HAVE BEEN PROVIDING TO HIM/HER. PLEASE STOP YOUR PROVISION OF

THE REASON FOR THIS REQUEST FOR CANCELLATION OF SERVICES TO THE PARTICIPANT IS DUE TO HIS/HER:

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

_____ AT _____
GAIN CASE MANAGER TELEPHONE NUMBER

GN 6011

COUNTY OF LOS ANGELES

Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:

SKILLS AND TRAINING TO ACHIEVE READINESS FOR TOMORROW (START) DOMESTIC VIOLENCE SERVICES REFERRAL

Year Of Birth:

You have been scheduled for a supportive services appointment for:

☐ Domestic Violence Services

Please report to the facility at the date and time listed below.

DATE	TIME	FACILITY NAME/LOCATION

TO BE COMPLETED BY SERVICE PROVIDER FOR START PARTICIPANTS ONLY

(Complete and return by mail to START Case Manager within 5 business days)

	Domestic Violence Only Service Type (circle)		
☐ PARTICIPANT FAILED TO SHOW FOR APPOINTMENT			
☐ PARTICIPANT SHOWED FOR APPOINTMENT	A = Case Management	@	hrs per wk
☐ FURTHER SERVICES ARE NOT REQUIRED	B = Counseling	@	hrs per wk
☐ TREATMENT BEGAN ON	C = Legal Advocacy	@	hrs per wk
☐ EXPECTED DURATION	D = Legal Services	@	hrs per wk
☐ REQUIRED HOURS PER WEEK	E = Transitional Services	@	hrs per wk

OTHER INFORMATION:

CERTIFICATION: I CERTIFY THAT A RELEASE OF CONFIDENTIALITY FORM HAS BEEN SIGNED BY THE PARTICIPANT AND A COPY IS ON FILE.

SIGNED

NAME OF PERSON COMPLETING FORM	TITLE	TELEPHONE NUMBER	DATE

START CASE MANAGER	TELEPHONE NUMBER	DATE

Please fill the following form.

COUNTY OF LOS ANGELES

Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SE

GENERAL RELIEF DOMESTIC VIOLENCE SERVICES VERIFICATION

To: _____ From: _____

GROW Site: _____

GCM/EW NAME: _____

A. PROVIDER CERTIFICATION

As an authorized employee of the agency named above, I certify that the individual named below is receiving **Domestic Violence** services to assist him/her overcome barriers to employment. I understand that payment to contracted service providers is contingent on the participant's eligibility for General Relief assistance, and compliance with all GROW Welfare-to-Work requirements during the period service was provided.

Signature of Authorized Person/Title	Date Signed	Phone Number	Fax Number

B. PARTICIPANT IDENTIFICATION

1. First Name: _____
2. Year of Birth: _____
3. DPSS Case #: _____
4. Start Date of Services: _____

C. DOMESTIC VIOLENCE (TO BE COMPLETED BY SERVICE PROVIDER)

GR EMPLOYABLE PARTICIPANTS (GR-E)	GR UNEMPLOYABLE PARTICIPANTS (GR-U)
5. Is participant receiving Domestic Violence and participating 20 hours or more per week? Yes ☐ No ☐ 6. If no, enter the number of hours of Domestic Violence participation per week: _____	5. Is participant receiving Domestic Violence services? Yes ☐ No ☐

D. DPSS USE ONLY (CHECK ONLY APPLICABLE BOXES)

GROW Eligibility Determination:	**General Relief (GR) Eligibility Determination:**
7. Participant currently enrolled in GROW: Yes ☐ No ☐ 8. If participant is no longer enrolled in GROW, provide disenrollment effective date: _____ 9. Contact the Supportive ServiceLiaison listed below for more information about this participant's current and continuing GROW eligibility:	6. Participant is currently receiving GR benefits: Yes ☐ No ☐ 7. Participant may be eligible to receive GR benefits: Yes ☐ No ☐ 8. Participant is not eligible to receive GR benefits: Yes ☐ No ☐
SUPPORTIVE SERVICES LIAISON (NAME AND PHONE NUMBER)	**DESIGNATED DV LIAISON (NAME AND PHONE NUMBER)**

DPSS AUTHORIZED REPRESENTATIVE	DATE	PHONE NUMBER

E. PARTICIPANT AUTHORIZATION

I authorize the Department of Public Social Services to release information to the above treatment or services provider regarding the status of my GROW case, as it applies to my participation in Domestic Violence services.

Participant's Signature _____ Date _____

Customer Service Questionnaire

AGENCY: _____ Date:_____

We value your feedback. Please mark the box (✔ or ×) that best fits your experience at our agency.

OUR SERVICES - How would you rate your experience coming to our agency?

	Excellent	Very Good	Good	Fair	Poor
The service I received was					
The time it took to get the service I needed was					
The office hours and appointment I was given were					
The location of the office where I received services was					

OUR STAFF - How would you rate your experience with our staff?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The staff was polite during my visit.					
The staff was helpful during my visit.					
The staff was attentive to my needs during my visit.					

OUR COMMUNICATION WITH YOU - How would you rate our communication with you?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The staff spoke to me in my preferred language.					
The staff answered my questions to my satisfaction.					
When I called the agency, the staff answered the phone promptly.					
The educational material I was given was in my preferred language.					

Did you receive the help you needed? Yes_____No_____If No, please explain:

_____

How could our program improve? Please explain:

_____

If you have questions about this survey or want to talk to a representative of the County of Los Angeles, Department of Public Health, Office of Women's Health, Domestic Violence Housing and Support Services Unit, please call us at **(626) 293-2607**.

Mail this form directly to: Department of Public Health, Office of Women's Health
1000 S. Fremont Avenue, Bldg. A-9 East, 5th Floor, Mail Unit #105, Alhambra, CA 91803

Encuesta de Satisfacción al Cliente

AGENCIA:_____

Fecha:_____

Valoramos sus comentarios. Por favor marque la casilla (✔ or ×) que mejor se adapte a su experiencia en nuestra agencia.

NUESTROS SERVICIOS ¿Cómo calificaría su experiencia en nuestra agencia?

	Excelente	Muy bueno	Bueno	Regular	Mal
El servicio que recibí en la agencia fue					
El tiempo que tomó para obtener el servicio que necesitaba fueron					
El horario de oficina y la cita que me dieron fue					
La ubicación de la oficina donde recibí servicios fue					

NUESTRO PERSONAL - ¿Cómo calificaría su experiencia con nuestro personal?

	Muy de acuerdo	De acuerdo	Neutral	En des acuerdo	Muy en desacuerdo
El personal que me asistió fue cortés durante mi visita.					
El personal que me asistió fue servicial durante mi visita.					
El personal que me asistió fue atento a mis necesidades durante mi visita.					

NUESTRA COMUNICACION CON USTED - ¿Cómo calificaría nuestra comunicación con usted?

	Muy de acuerdo	De acuerdo	Neutral	En des acuerdo	Muy en desacuerdo
El personal me habló en mi idioma preferido.					
El personal respondió a mis preguntas a mi satisfacción.					
Cuando llamé a la agencia, el personal contesto el teléfono de inmediato.					
El material educativo que me dieron estaba en mi idioma preferido.					

¿Siente que recibió la ayuda que necesitaba? Si_____No_____si su respuesta es No, por favor explíquenos porque:_

_____

¿Cree que nuestro programa puede ser mejorado? Si_____No_____si su respuesta es Si, por favor explíquenos como:

_____

_____

Si usted tiene alguna pregunta sobre esta encuesta o quiere comunicarse directamente con un representante del Condado de Los Ángeles, Departamento de Salud Pública, Oficina de Salud para Mujeres, por favor llámenos al **(626) 293-2607**.

Envié esta forma directamente por correo a: Department of Public Health, Office of Women's Health
1000 S. Fremont Avenue, Bldg. A-9, 5th Floor, Mail Unit #105, Alhambra, CA 91803

COUNTY OF LOS ANGELES

Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:

Skills and Training to Achieve Readiness for Tomorrow (START) Progress Report - DVS

Please have your Service Provider sign and date the bottom of this form. Bring or mail the required documentation to your START Case Manager on or before the due date and location listed below.

DUE DATE	TIME	LOCATION

It is important that you provide your verifications to your START Case Manager timely. Submitting your verifications timely will keep you in compliance with work requirements and help you maintain your benefits.

DOMESTIC VIOLENCE PROGRESS REPORT (Completed by the Service Provider)

☐ The participant is progressing satisfactorily in their current assignment.

☐ The participant is **NOT** progressing satisfactorily in their current assignment.

PERSON COMPLETING FORM	TITLE	DATE

START CASE MANAGER	WORKER ID	PHONE NUMBER	FAX NUMBER

CONTRACT DISCREPANCY REPORT

TO: _____

FROM: _____

DATES: Prepared: _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS: _____

_____

_____

_____ _____

Signature of County Contract Administrator Date

CONTRACTOR RESPONSE (Cause and Corrective Action)**:** _____

_____

_____

_____

_____ _____

Contractor Project Director Signature Date

DPSS EVALUATION OF CONTRACTOR RESPONSE: _____

_____

_____

_____ _____

Signature of County Contract Administrator Date

DPSS ACTIONS: _____

_____

CONTRACTOR NOTIFIED OF ACTION: _____

_____

DPH Representative Signature and Date

_____

Contractor Representative Signature and Date

DVSS - Support Services MMR Instructions

Below is information related to the Monthly Management Report (MMR) template provided. To ensure that fields are properly calculated, do not duplicate this template file.
The data you input will represent monthly counts (i.e. **one column should be completed per month**).
For any questions, please contact your Contract Administrator or send inquiries to OWHTraining@ph.lacounty.gov.

Invoice Field		Input Format	Brief Description
I. PARTICIPANTS			
1.	Number of New Participants (never been reported)	Type in	Number of participants new to your agency during the report month
2	Number of Continuing Participants (reported in previous months)	Type in	Number of continuing participants whose agency has reported demographics in previous months **(Do not provide demographics for these participants)**
	Total Participants served (per month):	**Locked cell; auto-calculation**	**Total number of participants served for the month**
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS			
A.	**PARTICIPANT GENDER**		
1.	Female	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Male	Type in	
3.	Transgender (Male to Female)	Type in	
4.	Transgender (Female to Male)	Type in	
5.	Other	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
B.	**PARTICIPANT AGE**		
1.	ages 0-9	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	ages 10-17	Type in	
3.	ages 18-24	Type in	
4.	ages 25-44	Type in	
5.	ages 44-64	Type in	
6.	ages 65+	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
C.	**PARTICIPANT SEXUAL ORIENTATION**		
1.	Heterosexual	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Bisexual	Type in	
3.	Lesbian	Type in	
4.	Gay	Type in	
5.	Other	Type in	
6.	Unknown	Type in	
7.	UnknownDeclined to state	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
D.	**PARTICIPANT RELATIONSHIP STATUS**		
1.	Single	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Divorced	Type in	
3.	Married	Type in	
4.	Separated	Type in	
5.	Domestic Partnership	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
E.	**ESTIMATED ANNUAL INCOME OF PARTICIPANT**		
1.	$0-$24,999	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	$25,000-$49,999	Type in	
3.	$50,000 and above	Type in	
4.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
F.	**SELF-IDENTIFIED DISABILITY OF PARTICIPANT**		
1.	No Disability	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Physical	Type in	
3.	Mental/Emotional	Type in	
4.	Vision	Type in	
5.	Hearing	Type in	
6.	Other	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
G.	**SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT**		
1.	White	Type in	

2.	Black/ of African Descent	Type in	
3.	American Indian and Alaska Native	Type in	
	4. Asian (subcategories below)		
	a. Asian Indian	Type in	
	b. Cambodian	Type in	
	c. Chinese	Type in	
	d. Filipino	Type in	
	e. Japanese	Type in	
	f. Korean	Type in	
	g. Thai	Type in	
	h. Vietnamese	Type in	
	i. Asian - Other	Type in	
	Total Asian	**Locked cell; auto-calculation**	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
	5. Native Hawaiian and other Pacific Islander (subcategories below)		
	a. Pacific Islander	Type in	
	b. Native Hawaiian	Type in	
	c. Samoan	Type in	
	d. Other	Type in	
	Total Native Hawaiian and other Pacific Islander	**Locked cell; auto-calculation**	
	6. Hispanic or Latina/o/Latinx (subcategories below)		
	a. Latino - Central-American	Type in	
	b. Latino - Mexican-American	Type in	
	c. Latino - Other	Type in	
	Total Hispanic or Latina/o/Latinx	**Locked cell; auto-calculation**	
	7. Mixed Race or Mixed Heritage	Type in	
	8. Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
H	**PRIMARY LANGUAGE OF PARTICIPANT**		
1.	English	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Spanish	Type in	
3.	American Sign Language	Type in	
4.	Arabic	Type in	
5.	Armenian	Type in	
6.	Chinese - Cantonese	Type in	
7.	Chinese - Mandarin	Type in	
8.	Farsi	Type in	
9.	Khmer (Cambodian)	Type in	
10.	Korean	Type in	
11.	Russian	Type in	
12.	Tagalog	Type in	
13.	Vietnamese	Type in	
14.	Other	Type in	
15.	Unknown/Declined to State	Type In	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
III	**SELECTED SERVICES**		
A.	Number of Participants **obtained by Direct Referral from DPSS**	Type in	Number of participants that are obtained by direct referral from DPSS during the report month (FY20-23 Contract, Exhibit A, Section 9.3) ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
B.	Number of Participants **obtained by Reverse Referral (Accepted PA1923)**	Type in	Number of participants that were obtained by reverse referral (accepted PA1923) during the report month (FY20-23 Contract, Exhibit A, Section 9.3) ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
C.	Number of Participants **identified in need of legal services**	Type in	Number of participants that request or are identified by staff as needing legal services during the report month (FY20-23 Contract, Exhibit A, Section 9.3) ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*

D. Number of Participants **referred to DVSS Legal Services**	Type in	Number of participants that received a referral/linkage to DVSS Legal Services (FY20-23 Contract, Exhibit A, Section 9.3) ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months.
E. Number of Participants **referred to mental health services**	Type in	Number of participants referred to mental health services during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
Number of Participants **referred to substance use disorder (SUD) treatment services** **F.**	Type in	Number of participants referred to SUD treatment services during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*

CASE MANAGEMENT SERVICES MONTHLY MANAGEMENT REPORT

CONTRACTOR:		CONTRACT #:		SUPERVISORIAL DISTRICT:	
NAME OF STAFF COMPLETING REPORT:		DPSS PROGRAM:		SUBMISSION DATE:	

I. PARTICIPANTS	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD
1. Number of New Participants (never been reported)													0
2. Number of Continuing Participants (reported in previous months)													
Total Participants served:	0	0	0	0	0	0	0	0	0	0	0	0	
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS													
A. PARTICIPANT GENDER													
1. Female													0
2. Male													0
3. Transgender (Male to Female)													0
4. Transgender (Female to Male)													0
5. Other													0
6. Unknown/Declined to State													0
Total number of participants by gender:	0	0	0	0	0	0	0	0	0	0	0	0	0
B. PARTICIPANT AGE													
1. ages 0-9													0
2. ages 10-17													0
3. ages 18-24													0
4. ages 25-44													0
5. ages 45-64													0
6. ages 65+													0
7. Unknown/Declined to State													0
Total number of participants by age range:	0	0	0	0	0	0	0	0	0	0	0	0	0
C. PARTICIPANT SEXUAL ORIENTATION													
1. Heterosexual													0
2. Bisexual													0
3. Lesbian													0
4. Gay													0
5. Other													0
6. Unknown													0
7. Declined to State													0
Total number of participants by sexual orientation:	0	0	0	0	0	0	0	0	0	0	0	0	0
D. PARTICIPANT RELATIONSHIP STATUS													
1. Single													0
2. Married													0
3. Divorced													0
4. Separated													0
5. Domestic Partnership													0

6. Unknown/Declined to State													**0**
Total number of participants by relationship status:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
E. ESTIMATED ANNUAL INCOME OF PARTICIPANT													
1. $0-$24,999													**0**
2. $25,000-$49,999													**0**
3. $50,000 and above													**0**
4. Unknown/Declined to State													**0**
Total number of participants by income:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
F. SELF-IDENTIFIED DISABILITY OF PARTICIPANT													
1. No Disability													**0**
2. Physical													**0**
3. Mental/Emotional													**0**
4. Vision													**0**
5. Hearing													**0**
6. Other													**0**
7. Unknown/Declined to State													**0**
Total number of participants by disability:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
G. SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT													
1. White													**0**
2. Black/of African Descent													**0**
3. American Indian and Alaska Native													**0**
4. *Asian* *(subcategories below)*	**Subcategories below: Enter the participants served by ethnic breakdown below**												
a. Asian Indian													**0**
b. Cambodian													**0**
c. Chinese													**0**
d. Filipino													**0**
e. Japanese													**0**
f. Korean													**0**
g. Thai													**0**
h. Vietnamese													**0**
i. Asian - Other													**0**
Total Asian	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
5. *Native Hawai'ian/Pacific Islander*	**Subcategories below: Enter the participants served by ethnic breakdown below**												
a. Pacific Islander													**0**
b. Native Hawai'ian													**0**
c. Samoan													**0**
d. Other													**0**
Total Native Hawai'ian/Pacific Islander	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6. *Hispanic or Latina/o/Latinx*	**Subcategories below: Enter the participants served by ethnic breakdown below**												
a. Latino - Central-American													**0**
b. Latino - Mexican-American													**0**
c. Latino - Other													**0**
Total Hispanic or Latina/o/Latinx	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7. Mixed Race - Mixed Heritage													**0**
8. Unknown/Declined to State													**0**
Total number of participants by race/ethnicity:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

H. PRIMARY LANGUAGE OF PARTICIPANT													
1. English													0
2. Spanish													0
3. American Sign Language													0
4. Arabic													0
5. Armenian													0
6. Chinese - Cantonese													0
7. Chinese - Mandarin													0
8. Farsi													0
9. Khmer (Cambodian)													0
10. Korean													0
11. Russian													0
12. Tagalog													0
13. Vietnamese													0
14. Other													0
15. Unknown/Declined to State													0
Total number of participants by language:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
III. SELECTED SERVICES													
A. Number of Participants **obtained by Direct Referral from DPSS**													0
B. Number of Participants **obtained by Reverse Referral (Accepted PA1923)**													0
C. Number of Participants **identified in need of legal services**													0
D. Number of Participants **referred to DVSS Legal Services**													0
E. Number of Participants **referred to mental health services**													0
F. Number of Participants **referred to substance use disorder (SUD) treatment**													0

Exhibit H Form 15a

DVSS - Legal Services MMR Instructions

Below is information related to the Monthly Management Report (MMR) template provided. To ensure that fields are properly calculated, do not duplicate this template file.
The data you input will represent monthly counts (i.e. **one column should be completed per month**).
For any questions, please contact your Contract Administrator or send inquiries to OWHTraining@ph.lacounty.gov.

Invoice Field		Input Format	Brief Description
I. PARTICIPANTS			
1.	Number of New Participants (never been reported)	Type in	Number of participants new to your agency during the report month
2	Number of Continuing Participants (reported in previous months)	Type in	Number of continuing participants whose agency has reported demographics in previous months **(Do not provide demographics for these participants)**
	Total Participants served (per month):	**Locked cell; auto-calculation**	**Total number of participants served for the month**
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS			
A.	**PARTICIPANT GENDER**		
1.	Female	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Male	Type in	
3.	Transgender (Male to Female)	Type in	
4.	Transgender (Female to Male)	Type in	
5.	Other:	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
B.	**PARTICIPANT AGE**		
1.	ages 0-9	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	ages 10-17	Type in	
3.	ages 18-24	Type in	
4.	ages 25-44	Type in	
5.	ages 44-64	Type in	
6.	ages 65+	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
C.	**PARTICIPANT SEXUAL ORIENTATION**		
1.	Heterosexual	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Bisexual	Type in	
3.	Lesbian	Type in	
4.	Gay	Type in	
5.	Other	Type in	
6.	Unknown	Type in	
7.	Declined to state	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
D.	**PARTICIPANT RELATIONSHIP STATUS**		
1.	Single	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Divorced	Type in	
3.	Married	Type in	
4.	Separated	Type in	
5.	Domestic Partnership	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
E.	**ESTIMATED ANNUAL INCOME OF PARTICIPANT**		
1.	$0-$24,999	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	$25,000-$49,999	Type in	
3.	$50,000 and above	Type in	
4.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
F.	**SELF-IDENTIFIED DISABILITY OF PARTICIPANT**		
1.	No Disability	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Physical	Type in	
3.	Mental/Emotional	Type in	
4.	Vision	Type in	
5.	Hearing	Type in	
6.	Other:	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**

Exhibit H Form 15a

G.	**SELECTED RACE/ETHNICITY OF PARTICIPANT**		
1.	White	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Black/ of African Descent	Type in	
3.	American Indian and Alaska Native	Type in	
	4. Asian (subcategories below)		
	a. Asian Indian	Type in	
	b. Cambodian	Type in	
	c. Chinese	Type in	
	d. Filipino	Type in	
	e. Japanese	Type in	
	f. Korean	Type in	
	g. Thai	Type in	
	h. Vietnamese	Type in	
	i. Asian - Other	Type in	
	Total Asian	**Locked cell; auto-calculation**	
	5. Native Hawaiian and other Pacific Islander (subcategories below)		
	a. Pacific Islander	Type in	
	b. Native Hawaiian	Type in	
	c. Samoan	Type in	
	d. Other	Type in	
	Total Native Hawaiian and other Pacific Islander	**Locked cell; auto-calculation**	
	6. Hispanic or Latina/o/Latinx (subcategories below)		
	a. Latino - Central-American	Type in	
	b. Latino - Mexican-American	Type in	
	c. Latino - Other	Type in	
	Total Hispanic or Latina/o/Latinx	**Locked cell; auto-calculation**	
	7. Mixed Race or Mixed Heritage	Type in	
	8. Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
H	**PRIMARY LANGUAGE OF PARTICIPANT**		
1.	English	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Spanish	Type in	
3.	American Sign Language	Type in	
4.	Arabic	Type in	
5.	Armenian	Type in	
6.	Chinese - Cantonese	Type in	
7.	Chinese - Mandarin	Type in	
8.	Farsi	Type in	
9.	Khmer (Cambodian)	Type in	
10.	Korean	Type in	
11.	Russian	Type in	
12.	Tagalog	Type in	
13.	Vietnamese	Type in	
14.	Other	Type in	
15.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
III	**SELECTED SERVICES**		
A.	Number of Participants **obtained through Direct Referral from DPSS**	Type in	Number of new participants obtained through direct referral from DPSS during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported &** **2. Number of Continuing Participants NOT reported in previous months.** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
B.	Number of Participants **obtained by Reverse Referral (Accepted PA 1923)**	Type in	Number of new participants obtained by reverse referral (accepted PA1923) during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported &** **2. Number of Continuing Participants NOT reported in previous months.** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*

Exhibit H Form 15a

C.	Number of Participants **referred to DVSS case management services**	Type in	Number of new participants referred to DVSS case management during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported &** **2. Number of Continuing Participants NOT reported in previous months.** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
D.	Number of Individuals **reached through outreach activities**	Type in	Number of individuals reached during outreach activities of the report month

LEGAL SERVICES MONTHLY MANAGEMENT REPORT (MMR)

CONTRACTOR:		CONTRACT #:		SUPERVISORIAL DISTRICT:	
NAME OF STAFF COMPLETING REPORT:		DPSS PROGRAM:		SUBMISSION DATE:	

I. PARTICIPANTS	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
1. Number of New Participants (never been reported)													0
2. Number of Continuing Participants (reported in previous months)	X												
Total Participants served (per month):	0	0	0	0	0	0	0	0	0	0	0	0	
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS													
A. PARTICIPANT GENDER													
1. Female													0
2. Male													0
3. Transgender (Male to Female)													0
4. Transgender (Female to Male)													0
5. Other													0
6. Unknown/Declined to State													0
Total number of participants by gender:	0	0	0	0	0	0	0	0	0	0	0	0	0
B. PARTICIPANT AGE													
1. ages 0-9													0
2. ages 10-17													0
3. ages 18-24													0
4. ages 25-44													0
5. ages 45-64													0
6. ages 65+													0
7. Unknown/Declined to State													0
Total number of participants by age range:	0	0	0	0	0	0	0	0	0	0	0	0	0
C. PARTICIPANT SEXUAL ORIENTATION													
1. Heterosexual													0
2. Bisexual													0
3. Lesbian													0
4. Gay													0
5. Other													0
6. Unknown													0
7. Declined to State													0
Total number of participants by sexual orientation:	0	0	0	0	0	0	0	0	0	0	0	0	0
D. PARTICIPANT RELATIONSHIP STATUS													
1. Single													0
2. Married													0
3. Divorced													0
4. Separated													0
5. Domestic Partnership													0
6. Unknown/Declined to State													0
Total number of participants by relationship status:	0	0	0	0	0	0	0	0	0	0	0	0	0
E. ESTIMATED ANNUAL INCOME OF PARTICIPANT													

1.	$0-$24,999												**0**
2.	$25,000-$49,999												**0**
3.	$50,000 and above												**0**
4.	Unknown/Declined to State												**0**
Total number of participants by income:		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
F. SELF-IDENTIFIED DISABILITY OF PARTICIPANT													
1.	No Disability												**0**
2.	Physical												**0**
3.	Mental/Emotional												**0**
4.	Vision												**0**
5.	Hearing												**0**
6.	Other												**0**
7.	Unknown/Declined to State												**0**
Total number of participants by disability:		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
G. SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT													
1. White													**0**
2. Black/of African Descent													**0**
3. American Indian and Alaska Native													**0**
4. *Asian* *(subcategories below)*		**Subcategories below: Enter the participants served by ethnic breakdown below**											
a.	Asian Indian												**0**
b.	Cambodian												**0**
c.	Chinese												**0**
d.	Filipino												**0**
e.	Japanese												**0**
f.	Korean												**0**
g.	Thai												**0**
h.	Vietnamese												**0**
i.	Asian - Other												**0**
Total Asian		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
5. *Native Hawai'ian/Pacific Islander*		**Subcategories below: Enter the participants served by ethnic breakdown below**											
a.	Pacific Islander												**0**
b.	Native Hawai'ian												**0**
c.	Samoan												**0**
d.	Other												**0**
Total Native Hawai'ian/Pacific Islander		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6. *Hispanic or Latina/o/Latinx*		**Subcategories below: Enter the participants served by ethnic breakdown below**											
a.	Latino - Central-American												**0**
b.	Latino - Mexican-American												**0**
c.	Latino - Other												**0**
Total Hispanic or Latina/o/Latinx		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7. Mixed Race - Mixed Heritage													**0**
8. Unknown/Declined to State													**0**
Total number of participants by race/ethnicity:		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
H. PRIMARY LANGUAGE OF PARTICIPANT													
1.	English												**0**
2.	Spanish												**0**
3.	American Sign Language												**0**
4.	Arabic												**0**
5.	Armenian												**0**
6.	Chinese - Cantonese												**0**
7.	Chinese - Mandarin												**0**
8.	Farsi												**0**

9.	Khmer (Cambodian)													**0**
10.	Korean													**0**
11.	Russian													**0**
12.	Tagalog													**0**
13.	Vietnamese													**0**
14.	Other													**0**
15.	Unknown/Declined to State													**0**
Total number of participants by language:		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
III. SELECTED SERVICES														
A.	Number of Participants **obtained through Direct Referral from DPSS**													**0**
B.	Number of Participants **obtained by Reverse Referral (Accepted PA 1923)**													**0**
C.	Number of Participants **referred to DVSS case management services**													**0**
D.	Number of Individuals **reached through outreach activities**													**0**
E.	Number of Participants **identified in need of restraining order services**													**0**
F.	Number of Participants **that received restraining order assistance**													**0**
G.	Number of Participants **identified in need of benefit access assistance services**													**0**
H.	Number of Participants **that received benefit access assistance**													**0**

DVSFA - Case Management MMR Instructions

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Invoice Field		Input Format	Brief Description
I. PARTICIPANTS			
1.	Number of New Participants (never been reported)	Type in	Number of participants new to your agency during the report month
2	Number of Continuing Participants (reported in previous months)	Type in	Number of continuing participants whose agency has reported demographics in previous months **(Do not provide demographics for these participants)**
	Total Participants served (per month):	**Locked cell; auto-calculation**	**Total number of participants served for the month**
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS			
A.	**PARTICIPANT GENDER**		
1.	Female	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Male	Type in	
3.	Transgender (Male to Female)	Type in	
4.	Transgender (Female to Male)	Type in	
5.	Other	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
B.	**PARTICIPANT AGE**		
1.	ages 0-9	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	ages 10-17	Type in	
3.	ages 18-24	Type in	
4.	ages 25-44	Type in	
5.	ages 44-64	Type in	
6.	ages 65+	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
C.	**PARTICIPANT SEXUAL ORIENTATION**		
1.	Heterosexual	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Bisexual	Type in	
3.	Lesbian	Type in	
4.	Gay	Type in	
5.	Other	Type in	
6.	Unknown	Type in	
7.	UnknownDeclined to state	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
D.	**PARTICIPANT RELATIONSHIP STATUS**		
1.	Single	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Divorced	Type in	
3.	Married	Type in	
4.	Separated	Type in	
5.	Domestic Partnership	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
E.	**ESTIMATED ANNUAL INCOME OF PARTICIPANT**		
1.	$0-$24,999	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	$25,000-$49,999	Type in	
3.	$50,000 and above	Type in	
4.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
F.	**SELF-IDENTIFIED DISABILITY OF PARTICIPANT**		
1.	No Disability	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Physical	Type in	
3.	Mental/Emotional	Type in	
4.	Vision	Type in	
5.	Hearing	Type in	
6.	Other	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
G.	**SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT**		
1.	White	Type in	

2.	Black/ of African Descent	Type in	
3.	American Indian and Alaska Native	Type in	
	4. Asian (subcategories below)		
	a. Asian Indian	Type in	
	b. Cambodian	Type in	
	c. Chinese	Type in	
	d. Filipino	Type in	
	e. Japanese	Type in	
	f. Korean	Type in	
	g. Thai	Type in	
	h. Vietnamese	Type in	
	i. Asian - Other	Type in	
	Total Asian	**Locked cell; auto-calculation**	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
	5. Native Hawaiian and other Pacific Islander (subcategories below)		
	a. Pacific Islander	Type in	
	b. Native Hawaiian	Type in	
	c. Samoan	Type in	
	d. Other	Type in	
	Total Native Hawaiian and other Pacific Islander	**Locked cell; auto-calculation**	
	6. Hispanic or Latina/o/Latinx (subcategories below)		
	a. Latino - Central-American	Type in	
	b. Latino - Mexican-American	Type in	
	c. Latino - Other	Type in	
	Total Hispanic or Latina/o/Latinx	**Locked cell; auto-calculation**	
	7. Mixed Race or Mixed Heritage	Type in	
	8. Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
H	**PRIMARY LANGUAGE OF PARTICIPANT**		
1.	English	Type in	
2.	Spanish	Type in	
3.	American Sign Language	Type in	
4.	Arabic	Type in	
5.	Armenian	Type in	
6.	Chinese - Cantonese	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
7.	Chinese - Mandarin	Type in	
8.	Farsi	Type in	
9.	Khmer (Cambodian)	Type in	
10.	Korean	Type in	
11.	Russian	Type in	
12.	Tagalog	Type in	
13.	Vietnamese	Type in	
14.	Other	Type in	
15.	Unknown/Declined to State	Type In	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
III	**SELECTED SERVICES**		
A..	Number of Participants **identified in need of legal services**	Type in	Number of participants that request or are identified by staff as needing legal services during the report month (FY20-23 Contract, Exhibit A, Section 9.3) ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
B.	Number of Participants **referred to DVSFA Legal Services**	Type in	Number of participants that received a referral/linkage to DVSS Legal Services (FY20-23 Contract, Exhibit A, Section 9.3) ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months.
C.	Number of Participants **referred to mental health services**	Type in	Number of participants referred to mental health services during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*

Number of Participants **referred to substance use disorder (SUD) treatment services** **D.**	Type in	Number of participants referred to SUD treatment services during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT 1. Number of New Participants never been reported & 2. Number of Continuing Participants NOT reported in previous months. *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*

LA County Department of Public Health, Office of Women's Health

Domestic Violence Services for All

CASE MANAGEMENT SERVICES MONTHLY MANAGEMENT REPORT

CONTRACTOR:		CONTRACT #:		SUPERVISORIAL DISTRICT:	
NAME OF STAFF COMPLETING REPORT:		DVSFA PROGRAM:		SUBMISSION DATE:	

I. PARTICIPANTS	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD
1. Number of New Participants (never been reported)													0
2. Number of Continuing Participants (reported in previous months)													
Total Participants served:	0	0	0	0	0	0	0	0	0	0	0	0	
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS													
A. PARTICIPANT GENDER													
1. Female													0
2. Male													0
3. Transgender (Male to Female)													0
4. Transgender (Female to Male)													0
5. Other													0
6. Unknown/Declined to State													0
Total number of participants by gender:	0	0	0	0	0	0	0	0	0	0	0	0	0
B. PARTICIPANT AGE													
1. ages 0-9													0
2. ages 10-17													0
3. ages 18-24													0
4. ages 25-44													0
5. ages 45-64													0
6. ages 65+													0
7. Unknown/Declined to State													0
Total number of participants by age range:	0	0	0	0	0	0	0	0	0	0	0	0	0
C. PARTICIPANT SEXUAL ORIENTATION													
1. Heterosexual													0
2. Bisexual													0
3. Lesbian													0
4. Gay													0
5. Other													0
6. Unknown													0
7. Declined to State													0
Total number of participants by sexual orientation:	0	0	0	0	0	0	0	0	0	0	0	0	0
D. PARTICIPANT RELATIONSHIP STATUS													
1. Single													0
2. Married													0
3. Divorced													0
4. Separated													0
5. Domestic Partnership													0

6. Unknown/Declined to State													**0**
Total number of participants by relationship status:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
E. ESTIMATED ANNUAL INCOME OF PARTICIPANT													
1. $0-$24,999													**0**
2. $25,000-$49,999													**0**
3. $50,000 and above													**0**
4. Unknown/Declined to State													**0**
Total number of participants by income:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
F. SELF-IDENTIFIED DISABILITY OF PARTICIPANT													
1. No Disability													**0**
2. Physical													**0**
3. Mental/Emotional													**0**
4. Vision													**0**
5. Hearing													**0**
6. Other													**0**
7. Unknown/Declined to State													**0**
Total number of participants by disability:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
G. SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT													
1. White													**0**
2. Black/of African Descent													**0**
3. American Indian and Alaska Native													**0**
4. *Asian* *(subcategories below)*	**Subcategories below: Enter the participants served by ethnic breakdown below**												
a. Asian Indian													**0**
b. Cambodian													**0**
c. Chinese													**0**
d. Filipino													**0**
e. Japanese													**0**
f. Korean													**0**
g. Thai													**0**
h. Vietnamese													**0**
i. Asian - Other													**0**
Total Asian	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
5. *Native Hawai'ian/Pacific Islander*	**Subcategories below: Enter the participants served by ethnic breakdown below**												
a. Pacific Islander													**0**
b. Native Hawai'ian													**0**
c. Samoan													**0**
d. Other													**0**
Total Native Hawai'ian/Pacific Islander	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6. *Hispanic or Latina/o/Latinx*	**Subcategories below: Enter the participants served by ethnic breakdown below**												
a. Latino - Central-American													**0**
b. Latino - Mexican-American													**0**
c. Latino - Other													**0**
Total Hispanic or Latina/o/Latinx	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7. Mixed Race - Mixed Heritage													**0**
8. Unknown/Declined to State													**0**
Total number of participants by race/ethnicity:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

LA County Department of Public Health, Office of Women's Health

Domestic Violence Services for All

H. PRIMARY LANGUAGE OF PARTICIPANT													
1. English													0
2. Spanish													0
3. American Sign Language													0
4. Arabic													0
5. Armenian													0
6. Chinese - Cantonese													0
7. Chinese - Mandarin													0
8. Farsi													0
9. Khmer (Cambodian)													0
10. Korean													0
11. Russian													0
12. Tagalog													0
13. Vietnamese													0
14. Other													0
15. Unknown/Declined to State													0
Total number of participants by language:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
III. SELECTED SERVICES													
A. Number of Participants **identified in need of legal services**													0
B. Number of Participants **referred to DVSFA Legal Services**													0
C. Number of Participants **referred to mental health services**													0
D. Number of Participants **referred to substance use disorder (SUD) treatment**													0

DVSFA - Legal Services MMR Instructions

Below is information related to the Monthly Management Report (MMR) template provided. To ensure that fields are properly calculated, do not duplicate this template file.
The data you input will represent monthly counts (i.e. **one column should be completed per month**).
For any questions, please contact your Contract Administrator or send inquiries to OWHTraining@ph.lacounty.gov.

Invoice Field		Input Format	Brief Description
I. PARTICIPANTS			
1.	Number of New Participants (never been reported)	Type in	Number of participants new to your agency during the report month
2	Number of Continuing Participants (reported in previous months)	Type in	Number of continuing participants whose agency has reported demographics in previous months **(Do not provide demographics for these participants)**
	Total Participants served (per month):	**Locked cell; auto-calculation**	**Total number of participants served for the month**
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS			
A.	**PARTICIPANT GENDER**		
1.	Female	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Male	Type in	
3.	Transgender (Male to Female)	Type in	
4.	Transgender (Female to Male)	Type in	
5.	Other:	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
B.	**PARTICIPANT AGE**		
1.	ages 0-9	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	ages 10-17	Type in	
3.	ages 18-24	Type in	
4.	ages 25-44	Type in	
5.	ages 45-64	Type in	
6.	ages 65+	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
C.	**PARTICIPANT SEXUAL ORIENTATION**		
1.	Heterosexual	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Bisexual	Type in	
3.	Lesbian	Type in	
4.	Gay	Type in	
5.	Other	Type in	
6.	Unknown	Type in	
7.	Declined to state	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
D.	**PARTICIPANT RELATIONSHIP STATUS**		
1.	Single	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Divorced	Type in	
3.	Married	Type in	
4.	Separated	Type in	
5.	Domestic Partnership	Type in	
6.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
E.	**ESTIMATED ANNUAL INCOME OF PARTICIPANT**		
1.	$0-$24,999	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	$25,000-$49,999	Type in	
3.	$50,000 and above	Type in	
4.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
F.			
1.	No Disability	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
2.	Physical	Type in	
3.	Mental/Emotional	Type in	
4.	Vision	Type in	
5.	Hearing	Type in	
6.	Other:	Type in	
7.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**

G.	**SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT**		
1.	White	Type in	
2.	Black/ of African Descent	Type in	
3.	American Indian and Alaska Native	Type in	
	4. Asian (subcategories below)		
	a. Asian Indian	Type in	
	b. Cambodian	Type in	
	c. Chinese	Type in	
	d. Filipino	Type in	
	e. Japanese	Type in	
	f. Korean	Type in	
	g. Thai	Type in	
	h. Vietnamese	Type in	
	i. Asian - Other	Type in	
	Total Asian	**Locked cell; auto-calculation**	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
	5. Native Hawaiian and other Pacific Islander (subcategories below)		
	a. Pacific Islander	Type in	
	b. Native Hawaiian	Type in	
	c. Samoan	Type in	
	d. Other	Type in	
	Total Native Hawaiian and other Pacific Islander	**Locked cell; auto-calculation**	
	6. Hispanic or Latina/o/Latinx (subcategories below)		
	a. Latino - Central-American	Type in	
	b. Latino - Mexican-American	Type in	
	c. Latino - Other	Type in	
	Total Hispanic or Latina/o/Latinx	**Locked cell; auto-calculation**	
	7. Mixed Race or Mixed Heritage	Type in	
	8. Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
H	**PRIMARY LANGUAGE OF PARTICIPANT**		
1.	English	Type in	
2.	Spanish	Type in	
3.	American Sign Language	Type in	
4.	Arabic	Type in	
5.	Armenian	Type in	
6.	Chinese - Cantonese	Type in	
7.	Chinese - Mandarin	Type in	ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
8.	Farsi	Type in	
9.	Khmer (Cambodian)	Type in	
10.	Korean	Type in	
11.	Russian	Type in	
12.	Tagalog	Type in	
13.	Vietnamese	Type in	
14.	Other	Type in	
15.	Unknown/Declined to State	Type in	
	Total number of Participants served (per month):	**Locked cell; auto-calculation**	**Yellow fields should add up to the total number of items in each column for the report month**
III	**SELECTED SERVICES**		
A.	Number of Participants **referred to DVSFA case management services**	Type in	Number of new participants referred to DV support services case management during the report month ONLY PROVIDE DATA FOR PARTICIPANTS COUNTED IN: SECTION I. PARTICIPANT **1. Number of New Participants never been reported &** **2. Number of Continuing Participants NOT reported in previous months.** *DO NOT include data for Section I, 2. *Number of Continuing Participants (reported in previous months)*
B.	Number of Individuals **reached through outreach activities**	Type in	Number of individuals reached during outreach activities of the report month

LEGAL SERVICES MONTHLY MANAGEMENT REPORT (MMR)

CONTRACTOR:		CONTRACT #:		SUPERVISORIAL DISTRICT:	
NAME OF STAFF COMPLETING REPORT:		DVSFA PROG:		SUBMISSION DATE:	

I. PARTICIPANTS	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
1. Number of New Participants (never been reported)													0
2. Number of Continuing Participants (reported in previous months)													
Total Participants served (per month):	0	0	0	0	0	0	0	0	0	0	0	0	
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS													
A. PARTICIPANT GENDER													
1. Female													0
2. Male													0
3. Transgender (Male to Female)													0
4. Transgender (Female to Male)													0
5. Other													0
6. Unknown/Declined to State													0
Total number of participants by gender:	0	0	0	0	0	0	0	0	0	0	0	0	0
B. PARTICIPANT AGE													
1. ages 0-9													0
2. ages 10-17													0
3. ages 18-24													0
4. ages 25-44													0
5. ages 45-64													0
6. ages 65+													0
7. Unknown/Declined to State													0
Total number of participants by age range:	0	0	0	0	0	0	0	0	0	0	0	0	0
C. PARTICIPANT SEXUAL ORIENTATION													
1. Heterosexual													0
2. Bisexual													0
3. Lesbian													0
4. Gay													0
5. Other													0
6. Unknown													0
7. Declined to State													0
Total number of participants by sexual orientation:	0	0	0	0	0	0	0	0	0	0	0	0	0
D. PARTICIPANT RELATIONSHIP STATUS													
1. Single													0
2. Married													0
3. Divorced													0
4. Separated													0
5. Domestic Partnership													0
6. Unknown/Declined to State													0
Total number of participants by relationship status:	0	0	0	0	0	0	0	0	0	0	0	0	0
E. ESTIMATED ANNUAL INCOME OF PARTICIPANT													

1.	$0-$24,999												**0**
2.	$25,000-$49,999												**0**
3.	$50,000 and above												**0**
4.	Unknown/Declined to State												**0**
	Total number of participants by income:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	F. SELF-IDENTIFIED DISABILITY OF PARTICIPANT (OR PARTICIPANT'S DEPENDENT)													
1.	No Disability												**0**
2.	Physical												**0**
3.	Mental/Emotional												**0**
4.	Vision												**0**
5.	Hearing												**0**
6.	Other												**0**
7.	Unknown/Declined to State												**0**
	Total number of participants by disability:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	G. SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT													
1.	**White**												**0**
2.	**Black/of African Descent**												**0**
3.	**American Indian and Alaska Native**												**0**
4.	***Asian*** *(subcategories below)*	**Subcategories below: Enter the participants served by ethnic breakdown below**												
	a. Asian Indian												**0**
	b. Cambodian												**0**
	c. Chinese												**0**
	d. Filipino												**0**
	e. Japanese												**0**
	f. Korean												**0**
	g. Thai												**0**
	h. Vietnamese												**0**
	i. Asian - Other												**0**
	Total Asian	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
5.	***Native Hawai'ian/Pacific Islander***	**Subcategories below: Enter the participants served by ethnic breakdown below**												
	a. Pacific Islander												**0**
	b. Native Hawai'ian												**0**
	c. Samoan												**0**
	d. Other												**0**
	Total Native Hawai'ian/Pacific Islander	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6.	***Hispanic or Latina/o/Latinx***	**Subcategories below: Enter the participants served by ethnic breakdown below**												
	a. Latino - Central-American												**0**
	b. Latino - Mexican-American												**0**
	c. Latino - Other												**0**
	Total Hispanic or Latina/o/Latinx	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7.	**Mixed Race - Mixed Heritage**												**0**
8.	**Unknown/Declined to State**												**0**
	Total number of participants by race/ethnicity:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	H. PRIMARY LANGUAGE OF PARTICIPANT													
1.	English												**0**
2.	Spanish												**0**
3.	American Sign Language												**0**
4.	Arabic												**0**
5.	Armenian												**0**
6.	Chinese - Cantonese												**0**
7.	Chinese - Mandarin												**0**
8.	Farsi												**0**

9.	Khmer (Cambodian)													**0**
10.	Korean													**0**
11.	Russian													**0**
12.	Tagalog													**0**
13.	Vietnamese													**0**
14.	Other													**0**
15.	Unknown/Declined to State													**0**
	Total number of participants by language:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
III. SELECTED SERVICES														
A.	Number of Participants **referred to DVSFA case management services**													**0**
B.	Number of Individuals **reached through outreach activities**													**0**
C.	Number of Participants **identified in need of restraining order services**													**0**
D.	Number of Participants **that received restraining order assistance**													**0**
E.	Number of Participants **identified in need of benefit access assistance services**													**0**
F.	Number of Participants **that received benefit access assistance**													**0**

County of Los Angeles Department of Public Social Services

COMPLAINT OF DISCRIMINATORY TREATMENT FORM

This form is to be used to file a DPSS complaint of discriminatory treatment for violations against any of the protected classes covered under California Department of Social Services Division 21. According to the Los Angeles County DPSS Civil Rights Handbook, this form is not required to formally submit a discrimination complaint.

You may file a complaint if you feel that you have been discriminated against due to your:

- National Origin (Includes Language)
- Race
- Ethnic Group Identification
- Sex
- Gender Identity
- Marital Status
- Medical Condition
- Religion
- Disability (Physical or Mental)
- Immigration Status
- Color
- Ancestry
- Age
- Gender Expression
- Sexual Orientation
- Domestic Partnership
- Genetic Information
- Political Affiliation
- Citizenship
- Any other applicable basis

Instructions:

1. Complete the attached PA 607 form, Complaint of Discriminatory Treatment. Be sure to include your name, telephone number, mailing address, case number, and a description of the alleged discrimination (attach additional pages, if necessary). To submit your complaint anonymously, you may leave the name section blank and write "Anonymous" in the signature section.
2. Provide the corrective action being requested to resolve the alleged discrimination.
3. Sign the form.
4. Submit the complaint form in-person at any DPSS office, by phone, fax, email, or by U.S. mail to:

Department of Public Social Services
Civil Rights Section
12860 Crossroads Parkway South
City of Industry, CA 91746
Telephone: (562) 908-8501
Fax: (562) 692-2240
Email: DPSSCivilRights@dpss.lacounty.gov

Please Note:

- DPSS Civil Rights Section will assign an investigator who will acknowledge receipt of your complaint in writing.
- Submitting a PA 607 is not a requirement to submit a report of discrimination; you may file a written complaint by email, a verbal complaint by telephone, or by informing any DPSS employee to initiate a complaint of discrimination.
- Retaliation is included as a protected activity under CDSS Division 21 and is prohibited. A retaliation complaint is described as any form of intimidation, threatening, coercing, or discriminating against any individual engaging in a protected activity, such as filing a complaint, testifying, or participating in any manner in any investigation, proceeding, or hearing. This is not the same as a discrimination complaint, however, it is prohibited under CDSS Division 21.

County of Los Angeles | Department of Public Social Services

COMPLAINT OF DISCRIMINATORY TREATMENT

Please return completed form to:
Department of Public Social Services Civil Rights Section
12860 Crossroads Parkway South
City of Industry, CA 91746
E-mail: DPSSCivilRights@dpss.lacounty.gov
Phone: (562) 908-8501
Fax: (562) 692-2240

CASE NAME:

CASE NUMBER:

I, _____, hereby file this complaint of discriminatory treatment and request that an investigation be conducted.
(Please print your name)

I believe I was discriminated against because of my (check at least one box):

- ☐ NATIONAL ORIGIN (including language)
- ☐ COLOR
- ☐ RACE
- ☐ ANCESTRY
- ☐ ETHNIC GROUP IDENTIFICATION
- ☐ PHYSICAL OR MENTAL DISABILITY
- ☐ AGE
- ☐ SEX
- ☐ GENDER EXPRESSION
- ☐ GENDER IDENTITY
- ☐ SEXUAL ORIENTATION
- ☐ MARITAL STATUS
- ☐ DOMESTIC PARTNERSHIP
- ☐ MEDICAL CONDITION
- ☐ GENETIC INFORMATION
- ☐ RELIGION
- ☐ POLITICAL AFFILIATION
- ☐ CITIZENSHIP
- ☐ IMMIGRATION STATUS
- ☐ ANY OTHER APPLICABLE BASIS: _____

I BELIEVE I WAS RETALIATED AGAINST BECAUSE: _____

DATE OF OCCURRENCE: _____

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED/RETALIATED AGAINST ME:

THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS:

I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN:

_____ Initial on the line above if you give consent.

CONSENT GRANTED – By initialing this option, I am authorizing the Department of Public Social Services, Civil Rights Section (CRS) to reveal my identity and other personal information to persons at the organization or institution under investigation and to other Federal and State agencies in accordance with applicable Federal and State laws and regulations. I hereby authorize CRS to receive material and information including, but not limited to applications, case files, personal records, and medical records. The material and information shall be used for authorized civil rights compliance and enforcement activities. I understand that I am not required to authorize this release and I do so voluntarily.

_____ Initial on the line above if you do not give consent.

CONSENT DENIED – I do not give my consent for the release of my name or other personally identifying information. I understand that this complaint may not be investigated as a result of my refusal to give my consent for the release of information.

_____ (SIGNATURE) _____ (DATE)

ADDRESS: _____

TELEPHONE: _____

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES
DVSS EVENT SERVICES REPORT

Agency:		**Contract #:**		**Month:**	
Staff Name:		**Phone:**		**Year:**	

Use this form to report the following event types: Legal Services Outreach, Case Management Outreach, Legal Services Workshop, Case Management Workshop, and GR/GAIN/GROW Job Club Presentation. ***Submit completed form with your agency's invoice.***

#	Event Date	Type of Event	Time duration of Event	Location/Address	# of Attendees
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

_____ _____

Signature Date

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SERVICES FOR ALL
DVSFA EVENT SERVICES REPORT

Agency:		**Contract #:**		**Month:**	
Staff Name:		**Phone:**		**Year:**	

Use this form to report the following event types: Legal Services Workshop. ***Submit completed form with your agency's invoice.***

#	Event Date	Type of Event	Time duration of Event	Location/Address	# of Attendees
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

_____ _____

Signature Date

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs Eligibility Worker/GAIN Services Worker
Notification to Service Providers

[Provider's Name and Address] [CalWORKs District or GAIN Regional Office]

[ ] [ ]

Date: _____

This is to confirm receipt of form PA 1923, CalWORKs Treatment/Services Verification, and to provide worker information for the participant listed below for whom you are providing services at your facility.

I. PARTICIPANT INFORMATION

Case Name: _____

Participant Name (if different): _____

LEADER Case Number: __ __ __ __ __ __ __ - __ - __ __ and/or

Social Security Number: __ __ __ - __ __ - __ __ __ __

The above-named participant has been assigned to a specialized supportive services file. The specialized supportive services worker information is as follows:

II. ELIGIBILITY/GAIN SERVICES WORKER INFORMATION

Eligibility/GAIN Services Worker Name: _____

Worker File Number: _____
Eligibility/GAIN Services Worker (circle one)

Phone Number: (_____)_____

Fax Number: (_____)_____

III. APPOINTMENT INFORMATION

The above-named participant has an appointment on _____/_____/_____ to discuss his/her supportive services activity/need at the above location. If he/she is unable to attend, please call me by _____/_____/_____ to reschedule.

Please see above for CalWORKs District or GAIN Region location.

Please note that unless previously notified, you should receive this form from both the Specialized Supportive Services Eligibility Worker and the Specialized Supportive Services GAIN Services Worker.

DEPARTMENT OF PUBLIC HEALTH OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS)
CASE MANAGEMENT INVOICE

CONTRACTOR NAME:

ADDRESS:

CONTRACT NUMBER:

DATE SUBMITTED:

MONTHLY EXPENDITURE: $ -

SERVICE MONTH/YEAR:

ANNUAL ALLOCATION:

CONTRACTOR'S AUTHORIZED REPRESENTATIVE'S SIGNATURE:

NAME AND TITLE OF STAFF COMPLETING THIS FORM:

PHONE NUMBER:

| | DPSS CASE NUMBER | CONTRACTOR CASE NUMBER | SUPERVISORIAL DISTRICT | DPSS PROGRAM | ASSESSMENT/ REASSESSMENT (per assessment) | | SERVICE PLAN (per plan) | | SAFETY PLAN (per plan) | | CASE MANAGEMENT (per hour) Excludes Assessment, Service & Safety Plans | | INDIVIDUAL COUNSELING (per hour) | | FAMILY COUNSELING (per hour) | | LICENSED THERAPY SERVICES INCLUDING CHILD ACTIVITY THERAPY (Individual) (per hour) | | GROUP COUNSELING, SUPPORT GROUP AND EVIDENCE BASED GROUP THERAPY (Licensed or Paraprofessional) (per participant per hour) | | LIFE SKILLS ED INDIVIDUAL (per hour) | | LIFE SKILLS EDUCATION GROUP CLASS (per participant/ per hour) | | CHILD FOCUSED EDUCATION SESSIONS (per participant per hour) | | DV EDUCATION GROUP CLASS (per participant/ per hour) | | DV ED INDIVIDUAL SESSION (per participant/ per hour) | | COURT ACCOMPANIMENT AND RESTRAINING ORDER SUPPORTIVE SERVICES (per hour) | | SHELTER BED NIGHT (DV Shelter - CalWORKs only) Maximum of 45 nights per client per fiscal year | | SHELTER BED NIGHT ADDITIONAL FAMILY (DV Shelter - CalWORKs only) Maximum of 45 nights per client per fiscal year | | HOTEL SHELTER BED NIGHT (CalWORKs only) Maximum of 45 nights per client per fiscal year | | HOTEL SHELTER BED NIGHT ADDITIONAL FAMILY (CalWORKs only) Maximum of 45 nights per client per fiscal year | | CHILDCARE/ YOUTH ACTIVITY per hour (Actual Cost) | | TRANSLATOR/ TRANSLATION SERVICES (Actual Cost) | TOTAL INVOICE AMOUNT |
|---|---|---

DEPARTMENT OF PUBLIC HEALTH OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SERVICES FOR ALL (DVSFA)
CASE MANAGEMENT INVOICE

CONTRACTOR NAME: _____

ADDRESS: _____

_____

CONTRACT NUMBER: _____

DATE SUBMITTED: _____

MONTHLY EXPENDITURE: $ -

SERVICE MONTH/YEAR: _____

ANNUAL ALLOCATION: _____

CONTRACTOR'S AUTHORIZED REPRESENTATIVE'S SIGNATURE: _____

NAME AND TITLE OF STAFF COMPLETING THIS FORM: _____

PHONE NUMBER: _____

	CONTRACTOR CASE NUMBER	SUPERVISORIAL DISTRICT	ASSESSMENT/ REASSESSMENT (per assessment)		SERVICE PLAN (per plan)		SAFETY PLAN (per plan)		CASE MANAGEMENT (per hour) Excludes Assessment, Services & Safety Plans		INDIVIDUAL COUNSELING (per hour)		FAMILY COUNSELING (per hour)		LICENSED THERAPY SERVICES INCLUDING CHILD ART THERAPY (per hour)		GROUP COUNSELING, SUPPORT GROUP, SHORT-TERM GROUP THERAPY (Licensed or Paraprofessional) (per participant per hour)		LIFE SKILLS ED INDIVIDUAL (per hour)		LIFE SKILLS EDUCATION GROUP (per participant per hour)		CHILD FOCUSED EDUCATION SESSIONS (per child per hour)		DV EDUCATION GROUP CLASS (per participant per hour)		DV ED INDIVIDUAL SESSION (per participant per hour)		COURT ACCOMPANIMENT AND RESTRAINING ORDER SUPPORTIVE SERVICES (per hour)		SHELTER BED NIGHT (DV Shelter) Maximum of 45 nights per client per fiscal year		SHELTER BED NIGHT ADDITIONAL FAMILY (DV Shelter) Maximum of 45 nights per client per fiscal year		HOTEL SHELTER BED NIGHT Maximum of 45 nights per client per fiscal year		HOTEL SHELTER BED NIGHT ADDITIONAL FAMILY Maximum of 45 nights per client per fiscal year		CHILDCARE/ YOUTH ACTIVITY per hour		TRANSLATOR/ TRANSLATION SERVICES (Actual Cost)	TRANSPORTATION SERVICES (Actual Cost)	TOTAL INVOICE AMOUNT
			#	$ 120.03	#	$ 87.30	#	$ 74.14	#	$ 81.84	#	$92.75	#	$120.03	#	$136.40	#	$54.56	#	$81.84	#	$54.56	#	$54.56	#	$54.56	#	$81.84	#	$75.00	#	$ 81.84	#	$16.37	#	$160.00	#	$35.00	#	$19.64	Actual Cost	Actual Cost	
1				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
2				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
3				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
4				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
5				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
6				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
7				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
8				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
9				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
10				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
11				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
12				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
13				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
14				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
15				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
16				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
17				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
18				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
19				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
20				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
21				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
22				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
23				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
24				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
25				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
26				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
27				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
28				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
29				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
30				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
		-		$ -	-	$ -		$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	$ -	$ -	$ -

INVOICE TOTAL FOR THIS SERVICE PERIOD: $ -

SAMPLE

DPH USE ONLY: APPROVED BY:

County Contract Administrator Date

Financial Specialist Date

Summary		
SD	Total Costs	Total Participants
1	$0.00	0
2	$0.00	0
3	$0.00	0
4	$0.00	0
5	$0.00	0
	$0.00	0

* The above cost is not automatically calculated if "Supervisorial District" column is incomplete.

Service	ASSESSMENT/ REASSESSMENT	SERVICE PLAN	SAFETY PLAN	CASE MANAGEMENT	INDIVIDUAL COUNSELING	FAMILY COUNSELING	LICENSED THERAPY	SUPPORT GROUP	LIFE SKILLS ED INDIVIDUAL	LIFE SKILLS ED GROUP	CHILD FOCUSED ED SESSIONS	DV ED CLASS	DV ED INDIVIDUAL SESSION	COURT SUPPORT/ RESTRAINING ORDER	SHELTER BED NIGHT	SHELTER BED NIGHT ADDITIONAL FAMILY	HOTEL SHELTER BED NIGHT	HOTEL SHELTER BED NIGHT ADDITIONAL FAMILY	CHILDCARE/ YOUTH ACTIVITY	TRANSLATION SERVICES	TRANSPORTATION SERVICES
Number of Clients	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SD	ASSESSMENT/ REASSESSMENT	SERVICE PLAN	SAFETY PLAN	CASE MANAGEMENT	INDIVIDUAL COUNSELING	FAMILY COUNSELING	LICENSED THERAPY	SUPPORT GROUP	LIFE SKILLS ED INDIVIDUAL	LIFE SKILLS ED GROUP	CHILD FOCUSED ED SESSIONS	DV ED CLASS	DV ED INDIVIDUAL SESSION	COURT SUPPORT/ RESTRAINING ORDER	SHELTER BED NIGHT	SHELTER BED NIGHT ADDITIONAL FAMILY	HOTEL SHELTER BED NIGHT	HOTEL SHELTER BED NIGHT ADDITIONAL FAMILY	CHILDCARE/ YOUTH ACTIVITY	TRANSLATION SERVICES	TRANSPORTATION SERVICES	TOTAL
1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

DEPARTMENT OF PUBLIC HEALTH OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS)
LEGAL SERVICES INVOICE

CONTRACTOR NAME: _____

ADDRESS: _____

_____

CONTRACT NUMBER: _____

DATE SUBMITTED: _____

MONTHLY EXPENDITURES: $ -

SERVICE MONTH/YEAR: _____

ANNUAL ALLOCATION: _____

CONTRACTOR'S AUTHORIZED REPRESENTATIVE'S SIGNATURE: _____

NAME AND TITLE OF STAFF COMPLETING THIS FORM: _____

PHONE NUMBER: _____

	DPSS CASE NUMBER	CONTRACTOR CASE NUMBER	SUPERVISORIAL DISTRICT	DPSS PROGRAM	ASSESSMENT & DEVT OF SERVICE PLAN ATTORNEY OR PARA PROFESSIONAL (per participant)		FAMILY LAW BY ATTORNEY (per hour)		FAMILY LAW BY PARA PROFESSIONAL (per hour)		RESTRAINING ORDER BY ATTORNEY (per hour)		RESTRAINING ORDER BY PARA PROFESSIONAL (per hour)		IMMIGRATION LAW BY ATTORNEY (per hour)		IMMIGRATION LAW BY PARA PROFESSIONAL (per hour)		BENEFITS ACCESS / ADVOCACY BY ATTORNEY (per hour)		BENEFITS ACCESS / ADVOCACY BY PARA PROFESSIONAL (per hour)		OTHER LEGAL ASSISTANCE BY ATTORNEY (per hour)		OTHER LEGAL SERVICES BY PARA PROFESSIONAL (per hour)		TRANSLATOR/ TRANSLATION SERVICES (Actual Cost)	TOTAL INVOICE AMOUNT
					# (Whole Number)	$218.24	#	$147.31	#	$87.30	#	$147.31	#	$87.30	#	$147.31	#	$87.30	#	$147.31	#	$87.30	#	$147.31	#	$87.30	Actual Cost	
1						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
2						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
3						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
4						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
5						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
6						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
7						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
8						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
9						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
10						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
11						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
12						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
13						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
14						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
15						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
16						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
17						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
18						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
19						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
20						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
21						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
22						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
23						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
24						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
25						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
26						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
27						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
28						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
29						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
30						$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	$ -	$ -
					0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	$ -	$ -

SAMPLE

CLIENT SERVICES TOTAL FOR THIS SERVICE PERIOD:	$ -
LEGAL WORKSHOP TOTAL FOR THIS SERVICE PERIOD:	$ -
INVOICE TOTAL FOR THIS SERVICE PERIOD:	$ -

DPH USE ONLY: APPROVED BY:

County Contract Administrator Date

Financial Specialist Date

Enter billings for number of workshops in the box below and total cost billed will calculate.

Service Description	# of Hours	Price per Hour	Total
Legal Services Workshops	0	$54.56	$0.00
Total	0		$0.00

Cost Summary*

SD	CalWORKs	GR	START	Total
1	$0.00	$0.00	$0.00	$0.00
2	$0.00	$0.00	$0.00	$0.00
3	$0.00	$0.00	$0.00	$0.00
4	$0.00	$0.00	$0.00	$0.00
5	$0.00	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00	$0.00

* The above cost is not automatically calculated if "Supervisorial District" or "DPSS Program" column is incomplete.

Number of Participants Served**

CalWORKs	GR	START	Total
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

** The number of participants is not automatically calculated if one of these columns "Contractor Case Number," "Supervisorial District," or "DPSS Program" is incomplete.

Service	ASSESSMENT & DEVT OF SERVICE PLAN ATTORNEY OR PARA PROFESSIONAL	FAMILY LAW BY ATTORNEY	FAMILY LAW BY PARA PROFESSIONAL	RESTRAINING ORDER BY ATTORNEY	RESTRAINING ORDER BY PARA PROFESSIONAL	IMMIGRATION LAW BY ATTORNEY	IMMIGRATION LAW BY PARA PROFESSIONAL	BENEFITS ACCESS / ADVOCACY BY ATTORNEY	BENEFITS ACCESS / ADVOCACY BY PARA PROFESSIONAL	OTHER LEGAL ASSISTANCE BY ATTORNEY	OTHER LEGAL SERVICES BY PARA PROFESSIONAL
Number of Clients	0	0	0	0	0	0	0	0	0	0	0

DEPARTMENT OF PUBLIC HEALTH OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SERVICES FOR ALL (DVSFA)
LEGAL SERVICES INVOICE

CONTRACTOR NAME:
ADDRESS:
CONTRACT NUMBER:
DATE SUBMITTED:

MONTHLY EXPENDITURES: $ -
SERVICE MONTH/YEAR:
ANNUAL ALLOCATION:

CONTRACTOR'S AUTHORIZED REPRESENTATIVE'S SIGNATURE:
NAME AND TITLE OF STAFF COMPLETING THIS FORM:
PHONE NUMBER:

	CONTRACTOR CASE NUMBER	SUPERVISORIAL DISTRICT	ASSESSMENT & DEVT OF SERVICE/SAFETY PLAN ATTORNEY OR PARA PROFESSIONAL (per participant)		FAMILY LAW BY ATTORNEY (per hour)		FAMILY LAW BY PARA PROFESSIONAL (per hour)		RESTRAINING ORDER BY ATTORNEY (per hour)		RESTRAINING ORDER BY PARA PROFESSIONAL (per hour)		IMMIGRATION LAW BY ATTORNEY (per hour)		IMMIGRATION LAW BY PARA PROFESSIONAL (per hour)		BENEFITS ACCESS / ADVOCACY BY ATTORNEY (per hour)		BENEFITS ACCESS / ADVOCACY BY PARA PROFESSIONAL (per hour)		OTHER LEGAL ASSISTANCE BY ATTORNEY (per hour)		OTHER LEGAL SERVICES BY PARA PROFESSIONAL (per hour)		TRANSLATOR/ TRANSLATION SERVICES (Actual Cost)	TRANSPORTATION SERVICES (Actual Cost)	TOTAL INVOICE AMOUNT
			# (Whole Number)	$218.24	#	$147.31	#	$87.30	#	$147.31	#	$87.30	#	$147.31	#	$87.30	#	$147.31	#	$87.30	#	$147.31	#	$87.30	Actual Cost	Actual Cost	
1				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
2				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
3				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
4				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
5				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
6				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
7				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
8				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
9				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
10				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
11				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
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13				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
14				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
15				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
16				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
17				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
18				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
19				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
20				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
21				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
22				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
23				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
24				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
25				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
26				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
27				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
28				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
29				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
30				$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -			$ -
			0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	0,00	$ -	$ -	$ -	$ -

CLIENT SERVICES TOTAL FOR THIS SERVICE PERIOD: $ -
LEGAL WORKSHOP TOTAL FOR THIS SERVICE PERIOD: $ -
INVOICE TOTAL FOR THIS SERVICE PERIOD: $ -

SAMPLE

DPH USE ONLY: APPROVED BY:

County Contract Administrator Date

Financial Specialist Date

Enter billings for number of workshops in the box below and total cost billed will calculate.

Service Description	# of Hours	Price per Hour	Total
Legal Services Workshops	0	$54.56	$0.00
Total	0		$0.00

Cost Summary*

SD	Total Costs	Total Participants
1	$0.00	0
2	$0.00	0
3	$0.00	0
4	$0.00	0
5	$0.00	0
	$0.00	0

* The above cost is not automatically calculated if "Supervisorial District" column is incomplete.

Service	ASSESSMENT & DEVT OF SERVICE PLAN ATTORNEY OR PARA PROFESSIONAL	FAMILY LAW BY ATTORNEY	FAMILY LAW BY PARA PROFESSIONAL	RESTRAINING ORDER BY ATTORNEY	RESTRAINING ORDER BY PARA PROFESSIONAL	IMMIGRATION LAW BY ATTORNEY	IMMIGRATION LAW BY PARA PROFESSIONAL	BENEFITS ACCESS / ADVOCACY BY ATTORNEY	BENEFITS ACCESS / ADVOCACY BY PARA PROFESSIONAL	OTHER LEGAL ASSISTANCE BY ATTORNEY	OTHER LEGAL SERVICES BY PARA PROFESSIONAL	TRANSLATOR/ TRANSLATION SERVICES	TRANSPORTATION SERVICES
Number of Clients	0	0	0	0	0	0	0	0	0	0	0	0	0

SD	ASSESSMENT & DEVT OF SERVICE PLAN ATTORNEY OR PARA PROFESSIONAL	FAMILY LAW BY ATTORNEY	FAMILY LAW BY PARA PROFESSIONAL	RESTRAINING ORDER BY ATTORNEY	RESTRAINING ORDER BY PARA PROFESSIONAL	IMMIGRATION LAW BY ATTORNEY	IMMIGRATION LAW BY PARA PROFESSIONAL	BENEFITS ACCESS / ADVOCACY BY ATTORNEY	BENEFITS ACCESS / ADVOCACY BY PARA PROFESSIONAL	OTHER LEGAL ASSISTANCE BY ATTORNEY	OTHER LEGAL SERVICES BY PARA PROFESSIONAL	TRANSLATOR/ TRANSLATION SERVICES	TRANSPORTATION SERVICES	TOTAL
1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Exhibit H Form 21

County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES
12860 CROSSROADS PARKWAY SOUTH • CITY OF INDUSTRY, CALIFORNIA 91746
Tel (562) 908-8400 • Fax (562) 695-4801

JACKIE CONTRERAS, Ph.D.
Acting Director

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

Date

LEGAL AID FOUNDATION OF LA
601 PACIFIC AVENUE
LONG BEACH, CA 90802
ATTN:

Reference: ☐ PA 1923 ☐ PA 1206
RE:
Case No.:

Dear Provider:

This is to inform you that the above referenced form:

A. is ***accepted***, ☐the participant is receiving CalWORKs
☐the participant is part of the CalWORKs assistance unit.

B. is ***rejected*** for the following reason(s):

☐ **PA 1923 - CalWORKs Treatment/Services Verification**
- ☐ The individual is not eligible and/or not in the household.
- ☐ Information is incomplete and/or illegible, unable to verify.
- ☐ No active case and/or no case record found.
- ☐ Case terminated effective: ____/____/_____; denied effective: ___/____/_____.
- ☐ Other: _____

☐ **PA 1206 - Screening for Potential CalWORKs Eligibility** (Use with Non-Custodial Parents only)
- ☐ Individual has no CalWORKs-eligible child(ren) in Los Angeles County.
- ☐ The individual is not participating in the Family Reunification/Preservation Program.
- ☐ The individual is receiving CalWORKs (a PA 1923 should be sent instead).
- ☐ Information is incomplete, unable to verify and/or no record found.

Please note, although the PA 1923 has been accepted for participants who are part of the assistance unit, but not CalWORKS-eligible due to a GAIN or Child Support Enforcement Sanction, or Timed-Off, or Exempt from GAIN, they **must** resolve the issue to restore their CalWORKs/WtW eligibility, and **agree** to comply with the Welfare-to-Work program requirements

Any questions regarding this letter should be directed to Rossana Batchley at (818) 718-4330 or via email at: RossanaBatchley@dpss.lacounty.gov or you can contact my staff Ann Codron at (818)718-4334 AnnCodron@dpss.lacounty.gov or Silvia Melendez at (818)718-5013 SilviaMelendez2@dpss.lacounty.gov
.

Very truly yours,

Rossana Batchley
RB:RB

"To Enrich Lives Through Effective And Caring Service"

Attachment(s)

BUSINESS ASSOCIATE AGREEMENT UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA")

County is a Covered Entity as defined by, and subject to the requirements and prohibitions of, the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), and regulations promulgated thereunder, including the Privacy, Security, Breach Notification, and Enforcement Rules at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164 (collectively, the "HIPAA Rules").

Contractor performs or provides functions, activities or services to County that require Contractor in order to provide such functions, activities or services to create, access, receive, maintain, and/or transmit information that includes or that may include Protected Health Information, as defined by the HIPAA Rules. As such, Contractor is a Business Associate, as defined by the HIPAA Rules, and is therefore subject to those provisions of the HIPAA Rules that are applicable to Business Associates.

The HIPAA Rules require a written agreement ("Business Associate Agreement") between County and Contractor in order to mandate certain protections for the privacy and security of Protected Health Information, and these HIPAA Rules prohibit the disclosure to or use of Protected Health Information by Contractor if such an agreement is not in place.

This Business Associate Agreement and its provisions are intended to protect the privacy and provide for the security of Protected Health Information disclosed to or used by Contractor in compliance with the HIPAA Rules.

Therefore, the parties agree as follows:

1. DEFINITIONS

1.1 "Breach" has the same meaning as the term "breach" at 45 C.F.R. § 164.402.

1.2 "Business Associate" has the same meaning as the term "business associate" at 45 C.F.R. § 160.103. For the convenience of the parties, a "business associate" is a person or entity, other than a member of the workforce of covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to Protected Health Information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of another business associate. And in reference to the party to this

Business Associate Agreement "Business Associate" will mean Contractor.

1.3 "Covered Entity" has the same meaning as the term “covered entity” at 45 C.F.R. § 160.103, and in reference to the party to this Business Associate Agreement, "Covered Entity" will mean County.

1.4 "Data Aggregation" has the same meaning as the term "data aggregation" at 45 C.F.R. § 164.501.

1.5 "De-identification" refers to the de-identification standard at 45 C.F.R. § 164.514.

1.6 "Designated Record Set" has the same meaning as the term "designated record set" at 45 C.F.R. § 164.501.

1.7 "Disclose” and “Disclosure” mean, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Business Associate’s internal operations or to other than its workforce. (See 45 C.F.R. § 160.103.)

1.8 "Electronic Health Record” means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. (See 42 U.S. C. § 17921.)

1.9 “Electronic Media” has the same meaning as the term “electronic media” at 45 C.F.R. § 160.103. For the convenience of the parties, electronic media means (1) Electronic storage material on which data is or may be recorded electronically, including, for example, devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the Internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.

1.10 "Electronic Protected Health Information” has the same meaning as the term “electronic protected health information” at 45 C.F.R. § 160.103, limited to Protected Health Information created or received by Business Associate from or on behalf of Covered Entity. For the

convenience of the parties, Electronic Protected Health Information means Protected Health Information that is (i) transmitted by electronic media; (ii) maintained in electronic media.

1.11 "Health Care Operations" has the same meaning as the term "health care operations" at 45 C.F.R. § 164.501.

1.12 "Individual" has the same meaning as the term "individual" at 45 C.F.R. § 160.103. For the convenience of the parties, Individual means the person who is the subject of Protected Health Information and will include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502 (g).

1.13 "Law Enforcement Official" has the same meaning as the term "law enforcement official" at 45 C.F.R. § 164.103.

1.14 "Minimum Necessary" refers to the minimum necessary standard at 45 C.F.R. § 164.502 (b).

1.15 "Protected Health Information" has the same meaning as the term "protected health information" at 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Protected Health Information includes information that (i) relates to the past, present or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual; (ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is created, received, maintained, or transmitted by Business Associate from or on behalf of Covered Entity, and includes Protected Health Information that is made accessible to Business Associate by Covered Entity. "Protected Health Information" includes Electronic Protected Health Information.

1.16 "Required by Law" " has the same meaning as the term "required by law" at 45 C.F.R. § 164.103.

1.17 "Secretary" has the same meaning as the term "secretary" at 45 C.F.R. § 160.103

1.18 "Security Incident" has the same meaning as the term "security incident" at 45 C.F.R. § 164.304.

1.19 "Services" means, unless otherwise specified, those functions, activities, or services in the applicable underlying Agreement, Contract, Master Agreement, Work Order, or Purchase Order or other

service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

1.20 "Subcontractor" has the same meaning as the term "subcontractor" at 45 C.F.R. § 160.103.

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

1.22 “Use” or “Uses” means, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such Information within Business Associate’s internal operations. (See 45 C.F.R § 164.103.)

1.23 Terms used, but not otherwise defined in this Business Associate Agreement, have the same meaning as those terms in the HIPAA Rules.

2. PERMITTED AND REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

2.1 Business Associate may only Use and/or Disclose Protected Health Information as necessary to perform Services, and/or as necessary to comply with the obligations of this Business Associate Agreement.

2.2 Business Associate may Use Protected Health Information for de-identification of the information if de-identification of the information is required to provide Services.

2.3 Business Associate may Use or Disclose Protected Health Information as Required by Law.

2.4 Business Associate will make Uses and Disclosures and requests for Protected Health Information consistent with the Covered Entity’s applicable Minimum Necessary policies and procedures.

2.5 Business Associate may Use Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities.

2.6 Business Associate may Disclose Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities, provided the Disclosure is Required by Law or Business Associate obtains reasonable assurances from the person to whom the Protected Health Information is disclosed (i.e., the recipient) that it will be held

confidentially and Used or further Disclosed only as Required by Law or for the purposes for which it was disclosed to the recipient and the recipient notifies Business Associate of any instances of which it is aware in which the confidentiality of the Protected Health Information has been breached.

2.7 Business Associate may provide Data Aggregation services relating to Covered Entity's Health Care Operations if such Data Aggregation services are necessary in order to provide Services.

3. PROHIBITED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

3.1 Business Associate must not Use or Disclose Protected Health Information other than as permitted or required by this Business Associate Agreement or as Required by Law.

3.2 Business Associate must not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific Uses and Disclosures set forth in Sections 2.5 and 2.6.

3.3 Business Associate must not Use or Disclose Protected Health Information for de-identification of the information except as set forth in section 2.2.

4. OBLIGATIONS TO SAFEGUARD PROTECTED HEALTH INFORMATION

4.1 Business Associate must implement, use, and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information other than as provided for by this Business Associate Agreement.

4.2 Business Associate must comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for by this Business Associate Agreement.

5. REPORTING NON-PERMITTED USES OR DISCLOSURES, SECURITY INCIDENTS, AND BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION

5.1 Business Associate must report to Covered Entity any Use or Disclosure of Protected Health Information not permitted by this Business Associate Agreement, any Security Incident, and/ or any Breach of Unsecured Protected Health Information as further described in Sections 5.1.1, 5.1.2, and 5.1.3.

5.1.1 Business Associate must report to Covered Entity any Use or Disclosure of Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors not provided for by this Agreement of which Business Associate becomes aware.

5.1.2 Business Associate must report to Covered Entity any Security Incident of which Business Associate becomes aware.

5.1.3. Business Associate must report to Covered Entity any Breach by Business Associate, its employees, representatives, agents, workforce members, or Subcontractors of Unsecured Protected Health Information that is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate will be deemed to have knowledge of a Breach of Unsecured Protected Health Information if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Business Associate, including a Subcontractor, as determined in accordance with the federal common law of agency.

5.2 Except as provided in Section 5.3, for any reporting required by Section 5.1, Business Associate must provide, to the extent available, all information required by, and within the times frames specified in, Sections 5.2.1 and 5.2.2.

5.2.1 Business Associate must make an immediate telephonic report upon discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident or Breach of Unsecured Protected Health Information to **(562) 940-3335** that minimally includes:

(a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth,

home address, account number, diagnosis, disability code or other types of information were involved);

(d) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach

5.2.2 Business Associate must make a written report without unreasonable delay and in no event later than three (3) business days from the date of discovery by Business Associate of the non-permitted Use or Disclosure of Protected Health Information, Security Incident, or Breach of Unsecured Protected Health Information and to the **HIPAA Compliance Officer at: Hall of Records, County of Los Angeles, Chief Executive Office, Risk Management Branch-Office of Privacy, 320 W. Temple Street, 7th Floor, Los Angeles, California 90012, PRIVACY@ceo.lacounty.gov,** that includes, to the extent possible:

(a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);

(d) The identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, Used, or Disclosed;

(e) Any other information necessary to conduct an assessment of whether notification to the Individual(s) under 45 C.F.R. § 164.404 is required;

(f) Any steps Business Associate believes that the Individual(s) could take to protect themselves from

potential harm from the non-permitted Use or Disclosure, Security Incident, or Breach;

(g) A brief description of what Business Associate is doing to investigate, to mitigate harm to the Individual(s), and to protect against any further similar occurrences; and

(h) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach.

5.2.3 If Business Associate is not able to provide the information specified in Section 5.2.1 or 5.2.2 at the time of the required report, Business Associate must provide such information promptly thereafter as such information becomes available.

5.3 Business Associate may delay the notification required by Section 5.1.3, if a law enforcement official states to Business Associate that notification would impede a criminal investigation or cause damage to national security.

5.3.1 If the law enforcement official's statement is in writing and specifies the time for which a delay is required, Business Associate must delay its reporting and/or notification obligation(s) for the time period specified by the official.

5.3.2 If the statement is made orally, Business Associate must document the statement, including the identity of the official making the statement, and delay its reporting and/or notification obligation(s) temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in Section 5.3.1 is submitted during that time.

6. WRITTEN ASSURANCES OF SUBCONTRACTORS

6.1 In accordance with 45 C.F.R. § 164.502 (e)(1)(ii) and § 164.308 (b)(2), if applicable, Business Associate must ensure that any Subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate is made aware of its status as a Business Associate with respect to such information and that Subcontractor agrees in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

6.2 Business Associate must take reasonable steps to cure any material breach or violation by Subcontractor of the agreement required by Section 6.1.

6.3 If the steps required by Section 6.2 do not cure the breach or end the violation, Contractor must terminate, if feasible, any arrangement with Subcontractor by which Subcontractor creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate.

6.4 If neither cure nor termination as set forth in Sections 6.2 and 6.3 is feasible, Business Associate must immediately notify County.

6.5 Without limiting the requirements of Section 6.1, the agreement required by Section 6.1 (Subcontractor Business Associate Agreement) must require Subcontractor to contemporaneously notify Covered Entity in the event of a Breach of Unsecured Protected Health Information.

6.6 Without limiting the requirements of Section 6.1, agreement required by Section 6.1 (Subcontractor Business Associate Agreement) must include a provision requiring Subcontractor to destroy, or in the alternative to return to Business Associate, any Protected Health Information created, received, maintained, or transmitted by Subcontractor on behalf of Business Associate so as to enable Business Associate to comply with the provisions of Section 18.4.

6.7 Business Associate must provide to Covered Entity, at Covered Entity's request, a copy of any and all Subcontractor Business Associate Agreements required by Section 6.1.

6.8 Sections 6.1 and 6.7 are not intended by the parties to limit in any way the scope of Business Associate's obligations related to Subcontracts or Subcontracting in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

7. ACCESS TO PROTECTED HEALTH INFORMATION

7.1 To the extent Covered Entity determines that Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate must, within two (2) business days after receipt of a request from Covered Entity, make the Protected Health Information specified by Covered Entity available to the Individual(s) identified by Covered Entity as being entitled to access and must provide such Individuals(s) or other

person(s) designated by Covered Entity with a copy the specified Protected Health Information, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.524.

7.2 If any Individual requests access to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate must notify Covered Entity in writing within two (2) days of the receipt of the request. Whether access will be provided or denied will be determined by Covered Entity.

7.3 To the extent that Business Associate maintains Protected Health Information that is subject to access as set forth above in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such information, Business Associate must provide the Individual with access to the Protected Health Information in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to by Covered Entity and the Individual.

8. AMENDMENT OF PROTECTED HEALTH INFORMATION

8.1 To the extent Covered Entity determines that any Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate must, within ten (10) business days after receipt of a written request from Covered Entity, make any amendments to such Protected Health Information that are requested by Covered Entity, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.526.

8.2 If any Individual requests an amendment to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate must notify Covered Entity in writing within five (5) days of the receipt of the request. Whether an amendment will be granted or denied will be determined by Covered Entity.

9. ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

9.1 Business Associate must maintain an accounting of each Disclosure of Protected Health Information made by Business Associate or its employees, agents, representatives or Subcontractors, as is determined by Covered Entity to be necessary in order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

9.1.1 Any accounting of disclosures provided by Business Associate under Section 9.1 must include:

(a) The date of the Disclosure;

(b) The name, and address if known, of the entity or person who received the Protected Health Information;

(c) A brief description of the Protected Health Information Disclosed; and

(d) A brief statement of the purpose of the Disclosure.

9.1.2 For each Disclosure that could require an accounting under Section 9.1, Business Associate must document the information specified in Section 9.1.1, and must maintain the information for six (6) years from the date of the Disclosure.

9.2 Business Associate must provide to Covered Entity, within ten (10) business days after receipt of a written request from Covered Entity, information collected in accordance with Section 9.1.1 to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528

9.3 If any Individual requests an accounting of disclosures directly from Business Associate or its agents or Subcontractors, Business Associate must notify Covered Entity in writing within five (5) days of the receipt of the request, and must provide the requested accounting of disclosures to the Individual(s) within 30 days. The information provided in the accounting must be in accordance with 45 C.F.R. § 164.528.

10. COMPLIANCE WITH APPLICABLE HIPAA RULES

10.1 To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate must comply with the requirements of Subpart E that apply to Covered Entity's performance of such obligation(s).

10.2 Business Associate must comply with all HIPAA Rules applicable to Business Associate in the performance of Services.

11. AVAILABILITY OF RECORDS

11.1 Business Associate must make its internal practices, books, and records relating to the Use and Disclosure of Protected Health

Information received from, or created or received by Business Associate on behalf of Covered Entity available to the Secretary for purposes of determining Covered Entity's compliance with the Privacy and Security Regulations.

11.2 Unless prohibited by the Secretary, Business Associate must immediately notify Covered Entity of any requests made by the Secretary and provide Covered Entity with copies of any documents produced in response to such request.

12. MITIGATION OF HARMFUL EFFECTS

12.1 Business Associate must mitigate, to the extent practicable, any harmful effect of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Business Associate Agreement that is known to Business Associate.

13. BREACH NOTIFICATION TO INDIVIDUALS

13.1 Business Associate must, to the extent Covered Entity determines that there has been a Breach of Unsecured Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors, provide breach notification to the Individual in a manner that permits Covered Entity to comply with its obligations under 45 C.F.R. § 164.404.

13.1.1 Business Associate must notify, subject to the review and approval of Covered Entity, each Individual whose Unsecured Protected Health Information has been, or is reasonably believed to have been, accessed, acquired, Used, or Disclosed as a result of any such Breach.

13.1.2 The notification provided by Business Associate must be written in plain language, will be subject to review and approval by Covered Entity, and must include, to the extent possible:

(a) A brief description of what happened, including the date of the Breach and the date of the Discovery of the Breach, if known;

(b) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(c) Any steps the Individual should take to protect themselves from potential harm resulting from the Breach;

(d) A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to Individual(s), and to protect against any further Breaches; and

(e) Contact procedures for Individual(s) to ask questions or learn additional information, including a toll-free telephone number, an e-mail address, Web site, or postal address.

13.2 Covered Entity, in its sole discretion, may elect to provide the notification required by Section 13.1 and/or to establish the contact procedures described in Section 13.1.2.

13.3 Business Associate must reimburse Covered Entity any and all costs incurred by Covered Entity, in complying with Subpart D of 45 C.F.R. Part 164, including but not limited to costs of notification, internet posting, or media publication, as a result of Business Associate's Breach of Unsecured Protected Health Information; Covered Entity will not be responsible for any costs incurred by Business Associate in providing the notification required by 13.1 or in establishing the contact procedures required by Section 13.1.2.

14. INDEMNIFICATION

14.1 Business Associate must indemnify, defend, and hold harmless Covered Entity, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, expenses (including attorney and expert witness fees), and penalties and/or fines (including regulatory penalties and/or fines), arising from or connected with Business Associate's acts and/or omissions arising from and/or relating to this Business Associate Agreement, including, but not limited to, compliance and/or enforcement actions and/or activities, whether formal or informal, by the Secretary or by the Attorney General of the State of California.

14.2 Section 14.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Insurance and/or Indemnification in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

15. OBLIGATIONS OF COVERED ENTITY

15.1 Covered Entity will notify Business Associate of any current or future restrictions or limitations on the Use or Disclosure of Protected Health Information that would affect Business Associate's performance of the Services, and Business Associate must thereafter restrict or limit its own Uses and Disclosures accordingly.

15.2 Covered Entity will not request Business Associate to Use or Disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except to the extent that Business Associate may Use or Disclose Protected Health Information as provided in Sections 2.3, 2.5, and 2.6.

16. TERM

16.1 Unless sooner terminated as set forth in Section 17, the term of this Business Associate Agreement will be the same as the term of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

16.2 Notwithstanding Section 16.1, Business Associate's obligations under Sections 11, 14, and 18 will survive the termination or expiration of this Business Associate Agreement.

17. TERMINATION FOR CAUSE

17.1 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and the breaching party has not cured the breach or ended the violation within the time specified by the non-breaching party, which must be reasonable given the nature of the breach and/or violation, the non-breaching party may terminate this Business Associate Agreement.

17.2 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and cure is not

feasible, the non-breaching party may terminate this Business Associate Agreement immediately.

18. DISPOSITION OF PROTECTED HEALTH INFORMATION UPON TERMINATION OR EXPIRATION

18.1 Except as provided in Section 18.3, upon termination for any reason or expiration of this Business Associate Agreement, Business Associate must return or, if agreed to by Covered entity, must destroy as provided for in Section 18.2, all Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that Business Associate, including any Subcontractor, still maintains in any form. Business Associate will retain no copies of the Protected Health Information.

18.2 Destruction for purposes of Section 18.2 and Section 6.6 will mean that media on which the Protected Health Information is stored or recorded has been destroyed and/or electronic media have been cleared, purged, or destroyed in accordance with the use of a technology or methodology specified by the Secretary in guidance for rendering Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals.

18.3 Notwithstanding Section 18.1, in the event that return or destruction of Protected Health Information is not feasible or Business Associate determines that any such Protected Health Information is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities, Business Associate may retain that Protected Health Information for which destruction or return is infeasible or that Protected Health Information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities and must return or destroy all other Protected Health Information.

18.3.1 Business Associate must extend the protections of this Business Associate Agreement to such Protected Health Information, including continuing to use appropriate safeguards and continuing to comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for in Sections 2.5 and 2.6 for so long as such Protected Health Information is retained, and Business Associate must not Use or Disclose such Protected Health Information other than for the purposes for which such Protected Health Information was retained.

18.3.2 Business Associate must return or, if agreed to by Covered entity, destroy the Protected Health Information retained by Business Associate when it is no longer needed by Business Associate for Business Associate's proper management and administration or to carry out its legal responsibilities.

18.4 Business Associate must ensure that all Protected Health Information created, maintained, or received by Subcontractors is returned or, if agreed to by Covered entity, destroyed as provided for in Section 18.2.

19. AUDIT, INSPECTION, AND EXAMINATION

19.1 Covered Entity reserves the right to conduct a reasonable inspection of the facilities, systems, information systems, books, records, agreements, and policies and procedures relating to the Use or Disclosure of Protected Health Information for the purpose determining whether Business Associate is in compliance with the terms of this Business Associate Agreement and any non-compliance may be a basis for termination of this Business Associate Agreement and the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, as provided for in section 17.

19.2 Covered Entity and Business Associate will mutually agree in advance upon the scope, timing, and location of any such inspection.

19.3 At Business Associate's request, and to the extent permitted by law, Covered Entity will execute a nondisclosure agreement, upon terms and conditions mutually agreed to by the parties.

19.4 That Covered Entity inspects, fails to inspect, or has the right to inspect as provided for in Section 19.1 does not relieve Business Associate of its responsibility to comply with this Business Associate Agreement and/or the HIPAA Rules or impose on Covered Entity any responsibility for Business Associate's compliance with any applicable HIPAA Rules.

19.5 Covered Entity's failure to detect, its detection but failure to notify Business Associate, or its detection but failure to require remediation by Business Associate of an unsatisfactory practice by Business Associate, will not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under this Business Associate Agreement or the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

19.6 Section 19.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Inspection and/or Audit and/or similar review in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

20. MISCELLANEOUS PROVISIONS

20.1 Disclaimer. Covered Entity makes no warranty or representation that compliance by Business Associate with the terms and conditions of this Business Associate Agreement will be adequate or satisfactory to meet the business needs or legal obligations of Business Associate.

20.2 HIPAA Requirements. The Parties agree that the provisions under HIPAA Rules that are required by law to be incorporated into this Amendment are hereby incorporated into this Agreement.

20.3 No Third Party Beneficiaries. Nothing in this Business Associate Agreement will confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

20.4 Construction. In the event that a provision of this Business Associate Agreement is contrary to a provision of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, the provision of this Business Associate Agreement will control. Otherwise, this Business Associate Agreement will be construed under, and in accordance with, the terms of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

20.5 Regulatory References. A reference in this Business Associate Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

20.6 Interpretation. Any ambiguity in this Business Associate Agreement will be resolved in favor of a meaning that permits the parties to comply with the HIPAA Rules.

20.7 Amendment. The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Covered Entity or Business Associate to comply with the

requirements of the HIPAA Rules and any other privacy laws governing Protected Health Information.