

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

901



**FROM:** Department of Public Social Services (DPSS)

**SUBMITTAL DATE:**  
February 18, 2016

**SUBJECT:** Approve Agreement #CS-03158 with International Christian Adoptions, on behalf of DPSS, to provide post-adoption services to individuals and families of Riverside County for five years. [Districts: All] [\$1,750,000 total]; [\$350,000 annually] Federal: 88.60%; County: 11.40%

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve and authorize the Chairman of the Board to sign the attached Agreement #CS-03158 with International Christian Adoptions for post-adoption services in the amount not to exceed \$350,000 annually for five (5) years; for the period of upon execution through June 30, 2018, with two (2) one-year renewal option(s); ending on June 30, 2020.
2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, based on the availability of fiscal funding to: (a) sign amendments that do not change the substantive terms of the agreement; and (b) sign amendments to the compensation provisions that do not exceed 10% annually, as approved by County Counsel.

*Susan von Zabern*

Susan von Zabern  
Director

slh

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 350,000	\$ 350,000	\$ 1,750,000	\$ 1,050,000	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 39,900	\$ 39,900	\$ 199,500	\$ 119,700	

<b>SOURCE OF FUNDS:</b> Federal Funding: 88.6% State Funding:	Budget Adjustment: No
County Funding: 11.4%; Realignment Funding: Other Funding:	
	For Fiscal Year: 15/16 -19/20

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Jennifer L. Sargent*  
Jennifer L. Sargent

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Ashley, seconded by Supervisor Washington and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Benoit and Ashley  
 Nays: None  
 Absent: Tavaglione  
 Date: April 5, 2016  
 xc: DPSS, Purchasing

Kecia Harper-Ihem  
Clerk of the Board  
By: *Kecia Harper-Ihem*  
Deputy

Prev. Agn. Ref.: None | District: All | Agenda Number:

3-11

PURCHASING & FLEET SERVICES: Lisa Brandl, Director  
 FORM APPROVED COUNTY COUNSEL: 3/15/16  
 DATE: 3/15/16  
 BY: GREGORY P. PRAMOS  
 Departmental Concurrence

A-30  
 Positions Added  
 4/5 Vote  
 Change Order

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

**FORM 11:** Approve Agreement #CS-03158 with International Christian Adoptions, on behalf of DPSS, to provide post-adoption services to individuals and families of Riverside County for five years. [Districts: All] [\$1,750,000 total]; [\$350,000 annually] Federal: 88.60%; County: 11.40%

**DATE:** February 18, 2016

**PAGE:** Page 2 of 2

**BACKGROUND:**

**Summary**

The primary goal of post-adoption services is to provide assistance to birth parents/adoptive families to meet the challenges that come after adoption. Post-adoption services are intended to strengthen and stabilize the family unit to prevent any further child welfare involvement by addressing issues that are common among adoptive families, including separation and loss, grief, identity confusion, fear of rejection, and low self-esteem. Many of the aforementioned issues can resurface at different points in a child's life, especially due to traumatic events, such as divorce of parents, death(s) of a family member(s), military deployment(s) and the like.

DPSS anticipates providing adopted youth and/or families of Riverside County with evidence-based practices.

The post-adoption services contract provides adopted youth and/or families of Riverside County with evidenced-based practices; that include but are not limited to counseling and support for mental, behavioral, developmental issues, as well as crisis intervention.

**Impact on Residents and Businesses**

These programs provide much needed assistance to individuals who wish to strengthen and empower their family unit.

**SUPPLEMENTAL:**

**Contract History and Price Reasonableness**

On 06/18/2015, Request for Proposal (RFP) DPARC-458 for post-adoption services was released on the Public Purchase website. Forty-four (44) potential vendors accessed the bid, which resulted in twenty-three (23) vendors downloading the RFP and other attachments. Upon the RFP closing, DPSS received five (5) proposals for DPARC-458.

After thorough consideration, ICA was selected as the lowest responsive/responsible vendor based on the guidelines outlined in the scope of services. ICA proposed a total cost of \$1,750,000 over a five (5) year term. The second most responsible/responsive bidder proposed a cost of \$5,404,185 for the same term.

**Additional Fiscal Information**

Funding for this agreement was budgeted through the normal County budget process, with 100% of funding being allocated from Promoting Safe and Stable Families Program (PSSF-Adoption Promotion and Support Services) funding. Funds for this agreement have been allocated for FY 15/16. Budget adjustments are not necessary.

SvZ:sc

County of Riverside Department of Public Social Services  
Contracts Administration Unit  
10281 Kidd Street  
Riverside, CA 92503

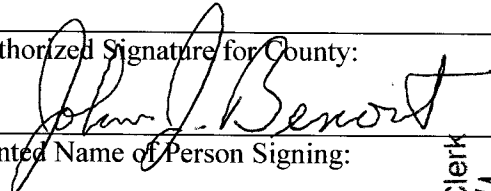
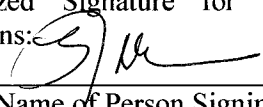
**AGREEMENT:** CS-03158  
**CONTRACTOR:** International Christian Adoptions (ICA)  
**EFFECTIVE:** Upon Execution - June 30, 2018  
**ANNUAL MAXIMUM REIMBURSABLE AMOUNT:** \$350,000.00  
**TOTAL MAXIMUM REIMBURSABLE AMOUNT:** \$1,750,000.00


WHEREAS, the County of Riverside, Department of Public Social Services, (hereinafter referred to as the "County and or "DPSS") desires to provide Post-Adoption Services;


WHEREAS, International Christian Adoptions (hereinafter referred to as the "Contractor") is qualified to provide Post-Adoption Services;

WHEREAS, DPSS desires International Christian Adoptions, to perform these services in accordance with the TERMS and CONDITIONS (T&C) attached hereto and incorporated herein by this reference. The T&C specify the responsibilities of DPSS and the Contractor;

NOW THEREFORE, DPSS and the Contractor do hereby covenant and agree that the Contractor shall provide said services in return for monetary compensation, all in accordance with the TERMS and CONDITIONS contained herein and exhibits attached hereto and incorporated herein (hereinafter referred to as an "Agreement").

Authorized Signature for County: 	Authorized Signature for International Christian Adoptions: 
Printed Name of Person Signing: John J. Benoit	Printed Name of Person Signing: Laura Duke
Title: Chair, Board of Supervisors	Title: President
Address: 4080 Lemon Street Riverside, CA 92501	Address: 41745 Rider Way, #2 Temecula, CA 92590
Date Signed: APR 05 2016	Date Signed: 3.09.16

ATTEST:  
KECIA HARPER-IHEM, Clerk  
  
DEPUTY

FORM APPROVED COUNTY COUNSEL  
BY:   
ERIC STOPHER  
DATE: 3/15/16

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List of Exhibits

Exhibit A- Contractor Payment Request; DPSS 2076A, DPSS 2076B & Instructions

Exhibit B- Assurance of Compliance

Exhibit C-HIPAA Business Associate Agreement

Exhibit D-DPSS CSD Post-Adoption Services Perceived Stress Scale (PSS) Survey

Exhibit E-DPSS CSD Post-Adoption Services Demographics/Services Survey

Exhibit F-DPSS CSD Post-Adoption Services Pre/Post Client Satisfaction Survey

Exhibit G-DPSS CSD Post-Adoption Services Monthly Performance Report; E-document (MS Excel)

## TERMS AND CONDITIONS

## I. DEFINITIONS

- A. "AAP" refers to Adoption Assistant Permanency Number.
- B. "Anger management" refers to the process of learning to recognize signs of anger, and taking necessary action(s) to calm down and deal with situation(s) in a positive way.
- C. "Client(s)" refers to DPSS CSD referred person(s) utilizing post-adoptive services.
- D. "Collateral Professionals" is defined as any group of professional staff whose corroborative participation in a group is intended to strengthen and support the group's efforts in meeting its goal(s).
- E. "Contractor" refers to International Christian Adoptions and its employees, agents and representatives providing services under this Agreement.
- F. "County" shall mean the County of Riverside and its Department of Public Social Services (DPSS). For purposes of this Agreement, DPSS and County are used interchangeably.

"CSD" refers to the Children's Services Division of Riverside County Department of Public Social Services.

- G. "DPSS and/or County" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement.
- H. "Evidence-Based Practice" or "Evidence-Informed Practice" refers to a combination of the best research evidence, the best clinical experience, and is consistent with family and client values.
- I. "Family" or "Families" refers to the following persons:
  - a. Persons related by blood or marriage;
  - b. Persons legally married to one another;
  - c. Persons formerly married to one another regardless of whether they still reside in the same household;
  - d. Persons who have a child in common regardless of whether such persons are married or have lived together at any time;
  - e. Unrelated persons who are continually or at regular intervals living in the same household or who have in the past continually or at regular intervals lived in the same household; or
  - f. Unrelated persons who have had intimate or continuous social contact with one another and who have access to one another's household.
- J. "Individualized Treatment Plan" refers to a written plan that informs the provider and others about the goals, type of services, service intensity and progress indicators that are designed for the child's problems, needs and preferences.
- K. "HIPAA" refers to the Health Insurance Portability Accountability Act.
- L. "Joint Operational Meeting" or "JOM" refers to Joint Operational Meetings. JOMs are typically scheduled every three to six months so that DPSS and the service provider can discuss the partnership, services, successes, challenges, or other items of relevance to the program and service delivery.

- M. "Licensed Clinical Therapist" refers to Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Licensed Educational Psychologist (LEP), Psychologist, or a direct supervised status as a Marriage and Family Therapist Intern (IMF), Associate Clinical Social workers (ASW), or Psychological Assistant. Credentials of all facilitators must be current, active, and in clear status with the State of California Board of Behavioral Science or California Board of Psychology for the entire duration of the contract.
- N. "Mediation Agreement" refers to an agreement between the child(ren) adoptive family and members of the child's birth family or other persons with whom the child has an established relationship, such as a foster parent, after the child's adoption has been finalized. Agreements can range from informal, mutual understandings between the birth and adoptive families to written, formal contracts.
- O. "PSSF" refers to the Promoting Safe and Stable Families allocation. Federal PSSF funds are used primarily to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement.
- P. "Social Skills Development" refers to the building of communicable and interactive skills, both verbally and non-verbally, through gestures, body language and or personal appearance.
- Q. "Subcontract" refers to any contract, purchase order, or other purchase agreement, including modifications and change orders to the foregoing, entered into by the Contractor with a subcontractor to furnish supplies, materials, equipment, and services for the performance of any of the terms and conditions contained in this Agreement.
- R. "Subcontractor" refers to any supplier, vendor, or firm that furnishes supplies, materials, equipment, or services to or for the Contractor or another subcontractor.
- S. "Supervised Intern" refers to a Marriage and Family Therapist Intern (MFTI) or an Associate Clinical Social Worker (ASW) who is gaining experience under the supervision of a licensed mental health professional who meets the requirements to supervise such hours according to the Board of Behavioral Sciences (BBS) regulations. See [www.bbs.ca.gov](http://www.bbs.ca.gov).

## II. BACKGROUND

The primary goal of Post-Adoption Services is to provide assistance to adoptive families to meet the challenges that come after adoption. Post-Adoption services are intended to strengthen and stabilize the family unit to prevent any further child welfare involvement by addressing issues that are common among adoptive families, including separation and loss, grief, identity confusion, fear of rejection, and low self-esteem. Many of the aforementioned issues can resurface at different points in a child's life, especially due to traumatic events, such as divorce of parents, death(s) of a family member(s), military deployment(s) and the like. The Department of Public Social Services, Children's Services Division, Permanency Region County hopes to provide adopted youth and/or families of Riverside County with evidence-based practice(s), that include but are not limited to counseling and support for mental, behavioral, and/or developmental issues, as well as crisis intervention.

## III. OBJECTIVES

- A. Strengthen individual(s) and/or families coping abilities, through offering post adoption services, which will include mediation, support groups, family/conjoint and individual therapy, referrals to resources, and other services as needed, including respite care and other post adoption requests such as locating birth certificates or social security cards.

## IV. OUTCOMES

- A. Provide preventative, supportive, and therapeutic services to post-adoptive individual(s) and/or families of DPSS CSD and address the following outcomes:
  - 1. Reduce the number of adoption disruptions within Riverside County.
  - 2. Increase the number of successful adoptions within Riverside County.
  - 3. Improve the day-to-day functioning of post-adoptive families
  - 4. Maintain adoptive placements
- B. All services must be evidenced-based or evidence-informed.
- C. All services must be outcome-based and measurable.

## V. DPSS RESPONSIBILITIES

- A. Assign staff to be a liaison between DPSS and the Contractor.
- B. DPSS may monitor the performance of the Contractor in meeting the terms, conditions and services in this Agreement. DPSS, at its sole discretion, may monitor the performance of the Contractor through any combination of the following methods: periodic on-site visits, annual inspections, evaluations and Contractor self-monitoring.
- C. DPSS CSD shall work with the Contractor to ensure efforts are coordinated with the Permanency Region and not duplicated.

## VI. CONTRACTOR RESPONSIBILITIES

- A. GENERAL RESPONSIBILITIES



1. Adhere to all stipulations contained in Request for Proposal DPARC-458 Post-Adoption Services and Contractor's proposal response to Request for Proposal DPARC-458 Post-Adoption Services and any related documents.
2. Assign staff to be a liaison between the Contractor and DPSS.
3. The Contractor shall maintain a neat and organized case file for each client served that ensures client confidentiality and HIPAA compliance. Case files must be available for DPSS to review upon request, and must contain:
  - a. Client's name (or unique identifier) and date of birth;
  - b. Basic demographic data;
  - c. A copy of the referral from the County of Riverside;
  - d. Intake/Referral Form;
  - e. An assessment of each client's service needs;
  - f. A copy of the service/treatment plan, including written narratives of contacts, progress reports and observations, a record of other services to which the client was referred, and a closing assessment and summary of the services that have been provided to the client;
  - g. Client contact log;
  - h. Client Written Agreement;
  - i. Satisfaction Survey/Exit Form;
  - j. Sign-in sheet for all Groups and/or Parenting Education services provided, including date, starting and ending time, facilitator name, and topics reviewed.
4. Supervising therapeutic program staff must have a minimum of two (2) years of clinical experience with children and families involved in the Child Welfare system. Work experience shall not be limited to Post-Adoption services.

#### B. GEOGRAPHIC SERVICE AREA

Contractor shall serve all Riverside County post-adoptive individual(s) and/or families, regardless of the County where individual(s) and/or families presently reside within the state of California. Contractor shall provide services to families and individuals up to and including the Riverside County Arizona/California (Blythe) state line.

#### C. ACCESS TO SERVICES

##### 1. REFERRAL AND INTAKE/EXIT PROCESS

- a. Contractor shall ensure access to service, providing transportation assistance to post-adopted children and/or families as needed, to and from service location(s) Monday – Friday, 8:00 AM-5:00 PM.
- b. Extended service hours must be available during evenings Monday – Friday from 5:00 PM until 8:00 PM.
- c. Contractor shall provide weekend service on Saturdays from 8:00 AM – 12:00 PM.
- d. Contractor shall provide live person-to-person after-hours support via an answering service from the hours of 5:00PM-8:00AM on weekdays.
- e. Contractor shall provide services in English and Spanish.
- f. Contractor shall maintain, at a minimum, (1) Spanish speaking Clinical Therapist or Supervised Intern.

- g. Contractor must return phone messages within one (1) business day and provide written progress reports (when requested by assigned social worker) within three (3) business days of the request.
- h. Services shall be provided only to Riverside County DPSS CSD recommended clients or self-referred clients with an AAP number on an appointment or walk-in basis only; walk-in being defined as a client who has made contact with a DPSS CSD social worker.
- i. Contractor shall utilize the Adoptions Assistant Permanency Number (AAP) to render services to Riverside County DPSS CSD clients.
- j. Contractor shall obtain at least (1) one form of proof of adoption prior to rendering services. Document based evidence of adoption may include but shall not be limited to the following:
  - i. Adoption decree
  - ii. Riverside County DPSS CSD issued AAP
- k. Contractor shall make initial contact with post-adoptive families seeking services via phone and/or e-mail within two (2) business days. Contractor shall assess the needs of each child and/or family and prepare the appropriate resources.
- l. Contractor shall initiate and coordinate at least one (1) face-to-face meeting within two (2) weeks following initial contact.
- m. During the initial home visit, Contractor shall review all resources available to post-adoptive children and/or family.
- n. Contractor shall collaborate with children or family to create post-adoption case plans on child safety, family connectedness and stabilization.

#### D. POST-ADOPTIVE SERVICE REQUIREMENTS

##### 1. SUPPORT GROUPS

- a. Contractor shall offer support groups for adoptive parents as needed, to include, but not be limited to addressing experiences in overcoming post-adoptive challenges not apparent at the time of adoption, and any other needed resources.
- b. Contractor shall provide materials and educational information for post-adoptive families in the adoption process (i.e. books, articles, pamphlets, etc.) during the initial support group meeting.
- c. Support group sessions shall be limited to a maximum of twelve (16) sessions per client/family. Contractor must obtain prior approval by the DPSS CSD Social Worker for any client(s) needing more than twelve (12) support group sessions. All approvals must be documented in writing and maintained in the client's case file.

##### 2. FAMILY/PARENT-CHILD CONFLICT RESOLUTION TERMS

- a. Contractor shall engage client(s) in family/conjoint, individual, and/or group therapy sessions, which may incorporate life skill curriculum(s) and acceptable therapeutic methods as outlined by the California Board of Behavioral Sciences (BBS). Contractor shall utilize any of the following acceptable therapy practices, which may include but shall not be limited to:
  - i. Expressive or Creative Arts Therapy
  - ii. Play Therapy
  - iii. Cognitive Behavioral Therapy
  - iv. Interpersonal Therapy

- v. Family-focused Therapy
  - vi. Psychodynamic Therapy
- b. The Contractor shall assess and document the needs of the client and/or family and develop an Individualized Treatment Plan (ITP) for each client or family unit. The service plan will identify strengths, present problems, interventions, support system(s), family origin, education/employment, health, mental health, multi-provider involvement, interviewers' impressions, conclusions, recommendations, and referrals, if applicable. The plan shall include measureable goals, objectives, and methods of achieving set objectives.
  - c. Individual, conjoint/family, and/or group therapy sessions are limited to fifty (50) hours of direct service per client and/or family at a maximum of three (3) hours per week. Contractor must obtain prior approval by DPSS for any client(s) needing more than fifty (50) hours of direct service. All approvals must be documented in writing and maintained in the client's case file.
  - d. Clients may receive a combination of weekly individual/conjoint/family and/or group therapeutic services spanning up to twenty-four (24) weeks, not to exceed an aggregate of fifty (50) hours of service during this period of time. The precise number of hours per week per client, or the type of services combined shall be determined by the Contractor on a case-by-case basis for each client.

### 3. INDIVIDUAL/CONJOINT/FAMILY THERAPY

- a. Contractor shall provide DPSS clients with family/conjoint therapy sessions as needed, which must include a minimum of fifty (50) minutes of face-to-face contact between one client, at least one (1) family member, the Licensed Clinical Therapist, or Supervised Intern as defined in "Section 1—Definitions" of this Agreement.
- b. Contractor shall provide individual therapy sessions for DPSS CSD clients as needed, which must include a minimum of fifty (50) minutes of face-to-face contact between the Licensed Clinical Therapist or Supervised Intern and one client, as defined in "Section 1—Definitions" of this Agreement.
- c. Contractor shall provide individual, conjoint, and family therapy, traveling to and from client homes within Riverside County when necessary.

### 4. GROUP THERAPY

- a. Contractor shall provide group therapy for DPSS clients as needed. Services shall include anger management and social skills development, and must:
  - i. Be a minimum of ninety (90) minutes of face-to-face contact between the Licensed Clinical Therapist or Supervised Intern and a group of clients; AND
  - ii. Ratio of group clients must be a minimum of six (6) clients, and a maximum of fifteen (15) clients to one (1) facilitator (Licensed Clinical Therapist or Supervised Intern); AND
  - iii. Groups exceeding fifteen (15) clients shall have a group facilitator (Licensed Clinical Therapist or Supervised Intern) and co-facilitator (Licensed Clinical Therapist or Supervised Intern).

- iv. Group therapy sessions are limited to a maximum of twelve (12) sessions per client.
- v. Contractor must obtain prior approval by DPSS for any client(s) needing more than twelve (12) therapy sessions. All approvals must be documented in writing and maintained in the client's case file.

#### 5. COORDINATION OF SERVICES

- a. Contractor shall coordinate additional support from community-based professionals and provide referrals to resources and services, including respite care as needed.
- b. Contractor shall provide support in accomplishing Individual Education Plans (IEP), which includes but is not limited to:
  - i. Serve as a liaison between the family and school when needed for support.
  - ii. Focus on school attendance and academic achievement.
  - iii. When necessary request a Student Study Team (SST) or Individualized Educational Plan (IEP).
  - iv. Attend School Attendance and Review Board (SARB) meetings as requested.
  - v. Develop an educational improvement plan and/or a school attendance improvement plan as needed.
  - vi. Educational Support Services (ESS) and/or IEP sessions shall be 30 – 50 minutes in length.

#### 6. COLLABORATION(S)

- a. Contractor shall collaborate with CSD's Permanency Region to ensure efforts are coordinated and not duplicated.
- b. Contractor shall participate in quarterly Joint Operational Meetings (JOMs) to discuss program implementation and service delivery.

#### 7. STAFFING REQUIREMENTS

- a. Therapy must be provided by a licensed clinician or supervised registered intern who is current, active, and in clear status with the California Board of Behavioral Science.
  - i. Licensed Marriage and Family Therapists (LMFT)
  - ii. Licensed Clinical Social Workers (LCSW)
  - iii. Licensed Professional Clinical Counselor (PCCI/LPCC)
  - iv. Master's Level Licensed Board Certified Behavior Analyst (BCBA) (used specifically for special needs and autistic clients)
  - v. Licensed Psychologists, or
  - vi. In direct supervised status as an MFT Intern (Supervised Intern), LCSW Associate, LPCC Intern, or Psychological Assistant.

E. REPORTING & ASSESSMENTS

1. CLIENT ASSESSMENT(S)

- a. Contractor shall have all client(s) receiving post-adoption services complete the following assessments as outlined in Exhibit(s) D-F:
  - i. DPSS CSD Post-Adoption Services Pre/Post Client Satisfaction Survey
  - ii. DPSS CSD Post-Adoption Services Perceived Stress Scale (PSS) Survey
  - iii. DPSS CSD Post-Adoption Services Demographics/Services Survey
- b. Contractor shall e-mail all pre-survey data within five (5) business days of completion. Contractor shall e-mail all post-survey data as encrypted files within five (5) business days of completion. Data shall be submitted directly to the DPSS CSD liaison.

2. POST-ADOPTION SERVICES PERFORMANCE REPORT

- a. Contractor shall e-mail an encrypted DPSS CSD Post-Adoption Services Performance Report on a monthly basis (Exhibit G) to the DPSS CSD liaison no later than the 5<sup>th</sup> business day following the month services were provided. Contractor shall utilize the spreadsheet (Exhibit G) provided to deliver all monthly data to DPSS CSD. The report shall include, but may not be limited to the following demographic data:
  - i. Adoption Assistance Permanency (AAP) Number
  - ii. Client Name
  - iii. Service Type(s) Rendered
  - iv. Duration of Service(s)
  - v. Outside Services Referral(s) (type of service, name and location of agency referred to)

F. FISCAL

1. MAXIMUM REIMBURSABLE AMOUNT

Total payment under this Agreement shall not exceed \$350,000 annually.

2. UNIT OF SERVICE COST RATE

<i>Services</i>	<b>Unit of Service Cost</b> Units are defined in each Section
<p><b>Post-Adoption Support Groups</b></p> <p><i>A facilitated group wherein Adoptive Parent(s) meet in order to provide emotional help, advice, and encouragement.</i></p>	<p style="text-align: center;"><del>\$0.00</del></p> <p>No cost (if seeking all other support services)</p> <p style="text-align: center;"><del>\$65.00</del></p> <p>(Cost if <i>not</i> seeking all other support services)</p>

<p><b>Individual Therapy</b></p> <p><i>A single unit of individual counseling and/or assessment must include a minimum of fifty (50) minutes of face-to-face contact between the Licensed Clinical Therapist and one client.</i></p>	<p style="text-align: right;"><b>\$70.00</b></p>
<p><b>Conjoint/Family Therapy</b></p> <p><i>A single unit of conjoint/family therapy must include a minimum of fifty (50) minutes of face-to-face contact between the Licensed Clinical Therapist, client and at least one (1) family member.</i></p>	<p style="text-align: right;"><b>\$70.00</b></p>
<p><b>Group Therapy</b></p> <p><i>A single unit of group counseling must include the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Must be a minimum of ninety (90) minutes of face-to-face contact between the Licensed Clinical Therapist and a group of clients; AND</i></li> <li>• <i>Group client ratio is a minimum of six (6) clients, and a maximum of fifteen (15) clients to one (1) facilitator; AND</i></li> <li>• <i>Groups exceeding fifteen (15) clients shall have a group facilitator and co-facilitator.</i></li> <li>• <i>The cost for groups with fewer than six (6) clients will be prorated per client at a rate of \$10.83.)</i></li> </ul>	<p style="text-align: right;"><b>\$65.00</b></p>
<p><b>Coordination of Services</b></p> <p><i>Contractor shall only be reimbursed up to a maximum of \$700 per AAP number for Coordinated Services as described in the unit of service cost table.</i></p>	<p style="text-align: right;"><b>\$700.00</b></p>
<p><b>Respite Services</b></p> <p><i>Contractor shall charge \$66.56 for Respite Services, with approved increases no higher than ten (10) percent of the daily Foster Care rate per the California Department of Social Services for the term of the contract.</i></p>	<p style="text-align: right;"><b>\$66.56</b></p>
<p><b>Individual Education Plan Assistance/Educational Support Services</b></p> <p><i>Contractor shall charge \$40 per session for Educational Support Services and/or Individual Educational Planning Assistance.</i></p>	<p style="text-align: right;"><b>\$40.00</b></p>

### 3. BILLING

- a. Contractor shall be paid the actual amount of each monthly invoice for payment that is accompanied by a copy of counseling session sign-in sheets and Monthly Client Log which shall include, but is not limited to the following:

- i. First Name/Last Name
- ii. Client AAP number
- iii. Type of service
- iv. Date of service
- v. Duration of service
- vi. Counselor/Provider's name

- b. Contractor shall charge to one (1) AAP number for conjoint/family therapy sessions.

### 4. TRAVEL/MILEAGE

- a. Contractor shall be reimbursed at the approved Internal Revenue Service (IRS) mileage rate.

- b. All requests for travel/mileage reimbursement must include, but is not limited to, the following information:

- i. Mileage report
- ii. Copies of invoice and/or receipts
- iii. Mileage Activity Log

- c. Mileage Activity Log must capture the following information:

- i. First Name/Last Name
- ii. Client AAP number
- iii. Date of travel
- iv. To and from destination(s) and miles traveled

## 5. COMPENSATION

- a. No price increases will be permitted during the first year of the award. All price decreases (for example, if the Contractor offers lower prices to another governmental entity) will automatically be extended to the County. The County requires written proof of cost increases prior to any approved price adjustment. After the first year of the award, a minimum of thirty (30) days advance written notice is required for consideration and approval by County. No retroactive price adjustments will be considered. The net dollar amount of profit will remain firm during the period of the Agreement. Annual increases shall not exceed the Consumer Price Index- All Consumers, All Items - Greater Los Angeles, Riverside and Orange County areas and be subject to satisfactory performance review by the County and approved (if needed) for budget funding by the Board of Supervisors.

## 6. METHOD, TIME AND SCHEDULE CONDITIONS OF PAYMENT

- a. The Contractor will be paid the actual amount of each monthly invoice for payment. If the required supporting documentation is not provided, DPSS may delay payment until the information is received by DPSS.
- b. All completed claims must be submitted on a monthly basis no later than 30 days after the end of each month in which the services were provided. All complete claims submitted in a timely manner shall be processed within forty-five (45) calendar days.
- c. The Contractor shall submit DPSS Forms 2076A, 2076B (if applicable) (Exhibit A), following the instructions set forth. Exhibit A is attached hereto and incorporated herein by this reference for request of all payments.
- d. Each claiming period shall consist of a calendar month claiming period. Contractor Invoice estimates for May and June are due no later than the 5th of June. Actual Contractor invoices for May and June are due no later than the 30th of July.

## 7. FINANCIAL RESOURCES

The Contractor warrants that during the term of this Agreement, the Contractor shall retain sufficient financial resources necessary to perform all aspects of its obligations, as described under this Agreement. Further, the Contractor warrants that there has been no adverse material change in the Contractor, Parent, or Subsidiary business entities, resulting in negative impact to the financial condition and circumstances of the Contractor since the date of the most recent financial statements.

## 8. RECORDS, INSPECTIONS AND AUDITS

- a. The Contractor shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Contractor shall maintain these records for three (3) years after final payment has been made or until all pending County, State, and Federal audits, if any, are completed, whichever is later.
- b. Any authorized representative of the County of Riverside, the State of California, and the Federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement, for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right at all



reasonable times to inspect or otherwise evaluate the work performed, or being performed, under this Agreement and the premises in which it is being performed.

- c. This access to records includes, but is not limited to, service delivery, referral, financial, and administrative documents for three (3) years after final payment is made, or until all pending County, State, and Federal audits are completed, whichever is later.
- d. Should the Contractor disagree with any audit conducted by DPSS, the Contractor shall have the right to employ a licensed, Certified Public Accountant (CPA) to prepare and file with DPSS a certified financial and compliance audit that is in compliance with generally-accepted government accounting standards of related services provided during the term of this Agreement. The Contractor shall not be reimbursed by DPSS for such an audit.
- e. In the event the Contractor does not make available its books and financial records at the location where they are normally maintained, the Contractor agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting such an audit.
- f. Contractors that expend \$750,000 or more in a year in Federal funding shall obtain an audit performed by an independent auditor in accordance with generally accepted governmental auditing standards covering financial and compliance audits as per the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996, as per OMB Circular A-133. However, records must be available for review and audit by appropriate officials of Federal, State and County agencies.

#### 9. SUPPLANTATION

The Contractor shall not supplant any federal, state, or County funds intended for the purpose of this Agreement with any funds made available under any other Agreement. The Contractor shall not claim reimbursement from DPSS for, or apply any sums received from DPSS, with respect to the portion of its obligations, which have been paid by another source of revenue. The Contractor agrees that it will not use funds received pursuant to this Agreement, either directly or indirectly, as a contribution or compensation for purposes of obtaining state funds under any state program or County funds under any County programs without prior approval of DPSS.

#### 10. DISALLOWANCE

In the event the Contractor receives payment for services under this Agreement which is later disallowed for nonconformance with the terms and conditions herein by DPSS, the Contractor shall promptly refund the disallowed amount to DPSS on request, or at its option, DPSS may offset the amount disallowed from any payment due to the Contractor under any agreement with DPSS.

#### G. ADMINISTRATIVE

##### 1. CONFLICT OF INTEREST

The Contractor, Contractor's employees, and agents shall have no interest, and shall not acquire any interest, direct or indirect, which shall conflict in any manner or degree with the performance of services required under this Agreement.

##### 2. CONFIDENTIALITY

The Contractor shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

Each party shall ensure that case record information is kept confidential when it identifies an individual by name, address, or other information. Confidential information requires special

precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

The parties to this Agreement shall keep all information that is exchanged between them in the strictest confidence, in accordance with Section 10850 of the Welfare and Institutions Code. All records and information concerning any and all persons referred to the Contractor shall be considered and kept confidential by the Contractor, its staff, agents, employees and volunteers. The Contractor shall require all of its employees, agents, subcontractors and volunteer staff who may provide services under this Agreement with the Contractor before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all participants referred to the Contractor by Riverside County.

The confidentiality of juvenile records is established under section 827 and 828 of the Welfare and Institutions Code, California Rules of Court, Rule 5.552 and case law. The Juvenile Court has exclusive jurisdiction over juvenile records and information and has the responsibility to protect the interests of minors and their families in the confidentiality of any records and information concerning minors involved in the justice system and to provide a reasonable method for release of these records and information in appropriate circumstances.

Contractor shall ensure that no person will publish, disclose, use, permit, or cause to be published, disclosed, or used, any confidential information pertaining to any applicant or recipient of services under this Agreement. The Contractor agrees to inform all persons directly or indirectly involved in administration of services provided under this Agreement of the above provisions and that any person deliberately violating these provisions is guilty of a misdemeanor.

### 3. HOLD HARMLESS/INDEMNIFICATION

Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Addendum, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Addendum. Contractor shall defend, at its sole expense, all costs and fees, including but not limited to attorney fees, cost of investigation, defense and settlements or awards, of County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Addendum shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims arising from issues of this Addendum.

In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Addendum, this indemnification shall only apply to the subject issues included within this Addendum.

#### 4. INSURANCE

a. Without limiting or diminishing the Contractor's obligation to indemnify or hold the County harmless, Contractor shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. As respects to the insurance section only, the County herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

(1) Worker's Compensation:

If the Contractor has employees as defined by the State of California, the Contractor shall maintain statutory Worker's Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside, and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

(2) Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of Contractor's performance of its obligations hereunder. Policy shall name the County as additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

(3) Vehicle Liability:

If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then Contractor shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit. Policy shall name the County as additional Insured.

(4) Professional Liability:

If, at any time during the duration of this Agreement and any renewal or extension thereof, the Contractor, its employees, agents or subcontractors provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to maintain Professional Liability Insurance, the Contractor shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for performance of work included within this Agreement, with a limit of liability of not less

than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Contractor's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy Contractor shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that Contractor has maintained continuous coverage with the same or original insurer. Coverage provided under items 1), 2) or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

b. General Insurance Provisions – All lines:

- (1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
- (2) The Contractor's insurance carrier(s) must declare its insurance self-insured retentions. If such self-insured retentions exceed \$750,000 per occurrence such retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self insured retention unacceptable to the County, and at the election of the County's Risk Manager, Contractor's carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with the County, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
- (3) Contractor shall cause Contractor's insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. Contractor shall not commence operations until the County has been furnished original Certificate(s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on it's behalf shall sign the original endorsements for each policy and the Certificate of Insurance.
- (4) It is understood and agreed to by the parties hereto that the Contractor's insurance shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.

- (5) If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add additional exposures (such as the use of aircraft, watercraft, cranes, etc.); or, the term of this Agreement, including any extensions thereof, exceeds five (5) years the County reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverages currently required herein, if, in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the Contractor has become inadequate.
- (6) Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- (7) The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.
- (8) Contractor agrees to notify County of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

#### 5. LICENSES AND PERMITS

In accordance with the provisions of the Business and Professions Code concerning the licensing of Contractors, all Contractors shall be licensed, if required, in accordance with the laws of this State and any Contractor not so licensed is subject to the penalties imposed by such laws.

The Contractor warrants that it has all necessary permits, approvals, certificates, waivers, and exemptions necessary for the provision of services hereunder and required by the laws and regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and shall maintain these throughout the term of this Agreement.

#### 6. INDEPENDENT CONTRACTOR

It is understood and agreed that the Contractor is an independent Contractor and that no relationship of employer-employee exists between the parties hereto. Contractor and/or Contractor's employees shall not be entitled to any benefits payable to employees of the County including, but not limited to, County Worker's Compensation benefits. County shall not be required to make any deductions for employees of Contractor from the compensation payable to Contractor under the provision of this Agreement.

As an independent Contractor, Contractor hereby holds County harmless from any and all claims that may be made against County based upon any contention by any third party that an employer-employee relationship exists by reason of this Agreement. As part of the foregoing indemnity, the Contractor agrees to protect and defend at its own expense, including attorney's fees, the County, its officers, agents and employees in any legal action based upon any such alleged existence of an employer-employee relationship by reason of this Agreement.

#### 7. ASSIGNMENT

The Contractor shall not assign any interest in this Agreement, and shall not transfer any interest in the same, whether by assignment or novation, without the prior written consent of DPSS. Any attempt to assign or delegate any interest without written consent of DPSS shall be deemed void and of no force or effect.

#### 8. PERSONNEL

- a. Upon request by DPSS, the Contractor agrees to make available to DPSS a current list of personnel that are providing services under this Agreement who have contact with children or adult clients. The list shall include:

- (1) All staff who work full or part-time positions by title, including volunteer positions; and
- (2) A brief description of the functions of each position and hours each position worked; and
- (3) The professional degree, if applicable and experience required for each position.

DPSS has the sole discretion to approve or not approve any person on the Contractor's list that has been convicted of any crimes involving sex, drugs or violence, or who is known to have a substantiated report of child abuse, as defined in Penal Code Section 11165.12, who occupy positions with supervisory or disciplinary power over minors, or who occupies supervisory or teaching positions over adult clients. DPSS shall notify the Contractor in writing of any person not approved, but to protect client confidentiality, may not be able to disclose the reason(s) for non-approval. Upon notification, the Contractor shall immediately remove that person from providing services under this Agreement.

b. Background Checks

Conduct criminal background records checks on all employees, subcontractors, and volunteers providing services under this Agreement. Prior to these individuals providing services to clients, the Contractor shall have received a criminal records clearance from the State of California Department of Justice (DOJ). A signed certification of such clearance shall be retained in each individual's personnel file.

c. Required Licenses or Certifications

d. Alcohol and Drug Use Prohibited

As a material condition of this Agreement, the Contractor agrees that the Contractor and its employees, while performing services for DPSS:

Shall not be in any way impaired because of being under the influence of alcohol or drugs.

- (1) Shall not possess an open container of alcohol or consumer alcohol or possess or be under the influence of an illegal drug.
- (2) Shall not sell, offer, or provide alcohol or an illegal drug to another person. This provision shall not be applicable to the Contractor or its employee who, as part of the performance of normal job duties and responsibilities, prescribes or administers medically prescribed drugs.

DPSS may terminate for default or breach of this Agreement, if the Contractor or its employees are determined by DPSS not to be in compliance with the conditions in this section.

9. SUBCONTRACT FOR SERVICES

- a. The Contractor shall not enter into any subcontract with any Subcontractor who:

- (1) is presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by a federal department or agency.
- (2) has within a 3-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in

connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (3) is presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the paragraph above; and
  - (4) has within a 3-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
- b. The Contractor shall be as fully responsible for the acts or omissions of its subcontractors, and of persons either directly or indirectly employed by them as for the acts or omissions of persons directly employed by the Contractor.
  - c. The Contractor shall insert appropriate clauses in all subcontracts to bind subcontractors to the terms and conditions of this Agreement insofar as they are applicable to the work of subcontractors.
  - d. Nothing contained in this Agreement shall create any contractual relationship between any subcontractor and the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

#### 10. DEBARMENT AND SUSPENSION

As a sub-grantee of federal funds under this Agreement, the Contractor certifies that it, and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by a federal department or agency.
- b. Have not within a 3-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the paragraph above; and
- d. Have not within a 3-year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

#### 11. COMPLIANCE WITH RULES, REGULATIONS AND DIRECTIVES

The Contractor shall comply with all rules, regulations, requirements, and directives of the California Department of Social Services, other applicable state agencies, and funding sources which impose duties and regulations upon DPSS, which are equally applicable and made binding upon the Contractor as though made with the Contractor directly.

#### 12. EMPLOYMENT PRACTICES

- a. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the Fair Employment and Housing Act (FEHA), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
- b. In the provision of benefits, the Contractor shall certify and comply with Public Agreement Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.
- c. For the purpose of this section Domestic Partner means one of two persons who have filed a declaration of domestic partnership with the Secretary of State pursuant to Division 2.5 (commencing with Section 297) of the Family Code.

### 13. EQUAL EMPLOYMENT OPPORTUNITY

By signing this Agreement or accepting funds under this Agreement, the Contractor shall comply with Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity", as amended by Department of Labor regulations (41 CFR Chapter 60).

### 14. CLIENT CIVIL RIGHTS COMPLIANCE

#### a. Assurance of Compliance

The Contractor shall complete the Vendor Assurance of Compliance with Riverside County Department of Public Social Services Non-Discrimination in State and Federally Assisted Programs, attached hereto as Exhibit B and incorporated herein by this reference. The Contractor will sign and date Exhibit B and return it to DPSS along with the executed Agreement. The Contractor shall ensure that the administration of public assistance and social service programs are non-discriminatory. To the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance.

#### b. Client Complaints

The Contractor shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from Riverside County DPSS Civil Rights Coordinator of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel. The Contractor must distribute to social service clients that apply for and receive services, "Your Rights Under California Welfare Programs" brochure (Publication 13). For a copy of this brochure, visit the following website at:

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/pub13.pdf>



**Civil Rights Complaints should be referred to:**

Civil Rights Coordinator  
 Riverside County Department of Public Social Services  
 10281 Kidd Street  
 Riverside, CA 92503  
 (951) 358-6841

## c. Services, Benefits and Facilities

Contractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, sex, age, sexual preference, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.

For the purpose of this Section, discrimination means denying a participant or potential participant any service, benefit, or accommodation that would be provided to another and includes, but is not limited to, the following:

- (1) Denying a participant any service or benefit or availability of a facility.
- (2) Providing any service or benefit to a participant which is different, or is provided in a different manner, or at a different time or place from that provided to other participants on the basis of race, color, creed or national origin.
- (3) Restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit. Treating a participant differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.

## d. Cultural Competency

Contractor shall cause to be available bilingual professional staff or qualified interpreter to ensure adequate communication between clients and staff. Any individual with limited English language capability or other communicative barriers shall have equal access to services.

For the purpose of this Section, a qualified interpreter is defined as someone who is fluent in English and in the necessary second language, can accurately speak, read and readily interpret the necessary second language and/or accurately sign and read sign language. A qualified interpreter must be able to translate in linguistically appropriate terminology necessary to convey information such as symptoms or instructions to the client in both languages.

## 15. PROCEDURE TO RESOLVE CLIENT GRIEVANCE

Contractor shall establish a Client grievance policy and procedure that describes the system by which clients of service shall have the opportunity to express and have considered their views, grievance, and complaints regarding the Contractor's delivery of services. This system shall not negate the rights of a client for a State hearing.

## 16. HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA)

Under the Health Insurance Portability and Accountability Act (IHPAA), 42 U.S.C. 1320d et seq. and its 162, and 164 ("Privacy Rule and Security Rule"), the Contractor must comply with the Security Rule as a Business Associate, if under this Agreement, it receives, maintains or transmits

any health information in electronic form in connection with a transaction covered by part 162 of Title 45 of the Code of Federal Regulations.

The County and Contractor acknowledge that HIPAA mandates them to comply as business associates in order to safeguard protected health information that may be accessed during the performance of this Agreement. The parties agree to the terms and conditions set forth from the County of Riverside Board of Supervisors Policy No. B-23 and the HIPAA Business Associated Agreement with County of Riverside DPSS as attached hereto as Exhibit C.

All social service privacy complaints should be referred to:

Department of Public Social Services  
HR/Administrative Compliance Services Unit  
10281 Kidd Street  
Riverside, CA 92503  
(951) 358-3030

17. CHILD ABUSE REPORTING

If Contractor is a mandated reporter under Penal Code Sections 11165 -11174.3, the Contractor shall establish a procedure acceptable to the County and in accordance with applicable laws to ensure that all employees, volunteers, consultants, subcontractors or agents performing services under this Agreement report child abuse or neglect to a child protective agency as defined in the Penal Code.

18. TRANSITION PERIOD

The Contractor agrees:

- a. To provide in a timely manner all information deemed necessary by DPSS for use in subsequent contracting activities upon termination of this Agreement for any reason;
- b. To cooperate with DPSS during a transition period to ensure an orderly and seamless delivery of service; and
- c. To make available to DPSS in a timely manner all file information regarding the clients served, without additional cost to DPSS or the new vendor, to ensure an orderly and seamless delivery of service.

V. GENERAL

A. EFFECTIVE PERIOD

This Agreement is effective upon execution through June 30, 2018, with two (2) one-year renewal option(s); ending on June 30, 2020.

B. NOTICES

All notices, claims, correspondence, and/or statements authorized or required by this Agreement shall be addressed as follows:

DPSS: Department of Public Social Services  
Contracts Administration Unit  
P.O. Box 7789  
Riverside, CA 92513

Invoices and other financial documents:  
 Department of Public Social Services  
 Fiscal/Management Reporting Unit  
 4060 County Circle Drive  
 Riverside, CA 92503

CONTRACTOR: International Christian Adoptions  
 41745 Rider Way, #2  
 Temecula, CA 92590

Contractor "Remit To" address:

International Christian Adoptions  
 41745 Rider Way, #2  
 Temecula, CA 92590

All notices shall be deemed effective when they are made in writing, addressed as indicated above, and deposited in the United States mail. Any notices, correspondence, reports and/or statements authorized or required by this Agreement, addressed in any other fashion will not be acceptable.

C. AVAILABILITY OF FUNDING

DPSS' obligation for payment of any Agreement is contingent upon the availability of funds from which payment can be made.

D. DISPUTES

Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement, which is not disposed by agreement, shall be disposed by DPSS which shall furnish the decision in writing. The decision of DPSS shall be final and conclusive until determined by a court of competent jurisdiction to have been fraudulent or capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The Contractor shall proceed diligently with the performance of the Agreement pending DPSS' decision.

E. SANCTIONS

Failure by the Contractor to comply with any of the provisions covenants, requirements, or conditions of this Agreement including, but not limited to, reporting and evaluation requirements, shall be a material breach of this Agreement. In such event, DPSS may immediately terminate this Agreement and may take other remedies available by law, or otherwise specified in this Agreement. DPSS may also:

1. Afford the Contractor a time period within which to cure the breach, the period of which shall be established at the sole discretion of DPSS; and/or
2. Discontinue reimbursement to the Contractor for, and during the period in which the Contractor is in breach, the reimbursement of which the Contractor shall not be entitled to recover later; and/or
3. Withhold funds pending a cure of the breach; and/or

4. Offset against any monies billed by the Contractor but yet unpaid by DPSS. DPSS shall give the Contractor notice of any action pursuant to this paragraph, the notice of which shall be effective when given.

F. GOVERNING LAW

This Agreement shall be construed and interpreted according to the laws of the State of California. Any legal action related to the interpretation or performance of this Agreement shall be filed only in the appropriate courts located in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of the Agreement, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief are granted.

G. MODIFICATION OF TERMS

No addition to or alteration of the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents, or employees shall be valid unless made in writing and formally approved and executed by both parties. Requests to modify fiscal provisions shall be submitted no later than April 1.

H. TERMINATION

This Agreement may be terminated without cause by either party by giving thirty (30) days written notification to the other party. In the event DPSS elects to abandon, indefinitely postpone, or terminate the Agreement, DPSS shall make payments for all services performed up to the date that written notice was given in a prorated amount.

I. ENTIRE AGREEMENT

This Agreement constitutes the entire Agreement between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous agreements of any kind or nature relating to the same shall be deemed to be merged herein.

COUNTY OF RIVERSIDE  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

Exhibit A

To: Riverside County  
Department of Public Social Services  
Attn: Management Reporting Unit  
4060 County Circle Drive  
Riverside, CA 92503

From: Unassigned  
Remit to Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Contractor Name  
\_\_\_\_\_  
Contract Number

Total amount requested \_\_\_\_\_ for the period of \_\_\_\_\_ 20 \_\_\_\_\_

Select Payment Type(s) Below:

Advance Payment \$ \_\_\_\_\_  
(if allowed by Contract/MOU)

Actual Payment \$ \_\_\_\_\_  
(Same amount as 2076B if needed)

Unit of Service Payment \$ \_\_\_\_\_  
\_\_\_\_\_ # of Units) X (\$) \_\_\_\_\_  
\_\_\_\_\_ # of Units) X (\$) \_\_\_\_\_  
\_\_\_\_\_ # of Units) X (\$) \_\_\_\_\_

\_\_\_\_\_ # of Units) X \_\_\_\_\_ (\$) \_\_\_\_\_  
\_\_\_\_\_ # of Units) X \_\_\_\_\_ (\$) \_\_\_\_\_  
\_\_\_\_\_ # of Units) X \_\_\_\_\_ (\$) \_\_\_\_\_

Any questions regarding this request should be directed to: \_\_\_\_\_  
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

\_\_\_\_\_  
Authorized Signature Title Date

**FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)**

\_\_\_\_\_  
Business Unit (5)

\_\_\_\_\_  
Purchase Order # (10)

\_\_\_\_\_  
Invoice #

\_\_\_\_\_  
Account (6)

\_\_\_\_\_  
Amount Authorized

\_\_\_\_\_  
Fund (5)

If amount authorized is different from amount request, please explain:

\_\_\_\_\_  
Dept ID (10)



TOTAL MATCH	IN-KIND/CASH			

CLIENT FEES COLLECTED	CURRENT PERIOD	YEAR TO DATE
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DPSS 2076B (8/03) Contract Expenditure Report

**Exhibit A**

## DEPARTMENT OF PUBLIC SOCIAL SERVICES FORMS

Mailing Instructions: When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include DPSS 2076A, 2076B (if required), invoices, payroll verification, and copies of canceled checks attached, receipts, bank statements, sign-in sheets, daily logs, mileage logs, and other back-up documentation needed to comply with Contract/MOU.

Mail Claims Packet to address shown on upper left corner of DPSS 2076A.  
[see method, time, and schedule/condition of payments].  
(Please type or print information on all DPSS Forms.)

DPSS 2076A  
CONTRACTOR PAYMENT REQUEST**"Remit to Name"**

The legal name of your agency.

**"Address"**

The remit to address used when this contract was established for your agency. All address changes must be submitted for processing prior to use.

**"Contractor Name"**

Business name, if different than legal name (if not leave blank).

**"Contract Number"**

Can be found on the first page of your contract.

**"Amount Requested"**

Fill in the total amount and billing period you are requesting payment for.

**"Payment Type"**

Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

**"Any questions regarding..."**

Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

**"Authorized Signature, Title, and Date (Contractor's)"**

Self-explanatory (required). Original Signature needed for payment.

EVERYTHING BELOW THE THICK SOLID LINE IS FOR DPSS USE ONLY AND SHOULD BE LEFT BLANK.



**ASSURANCE OF COMPLIANCE WITH  
THE RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

International Christian Adoptions  
NAME OF ORGANIZATION

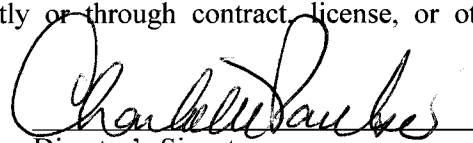
HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code section 11135-11139.5, as amended; California Government Code section 12940 (c), (h) (1), (i), and (j); California Government Code section 4450; Title 22, California Code of Regulations section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE VENDOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the vendor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code section 10605, or Government Code section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

3-9-2016  
Date

  
Director's Signature

4745 Rider Way #2 Temecula CA 92590  
Address of Vendor/Recipient

**Attachment I**

HIPAA Business Associate Agreement  
Addendum to Contract

Between the County of Riverside and International Christian Adoptions

**Attachment I**

HIPAA Business Associate Agreement  
Addendum to Contract

Between the County of Riverside and International Christian Adoptions

This HIPAA Business Associate Agreement (the "Addendum") supplements, and is made part of the Underlying Agreement between the County of Riverside ("County") and Contractor and shall be effective as of the date the Underlying Agreement approved by both Parties (the "Effective Date").

**RECITALS**

WHEREAS, County and Contractor entered into the Underlying Agreement pursuant to which the Contractor provides services to County, and in conjunction with the provision of such services certain protected health information ("PHI") and/or certain electronic protected health information ("ePHI") may be created by or made available to Contractor for the purposes of carrying out its obligations under the Underlying Agreement; and,

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191 enacted August 21, 1996, and the Health Information Technology for Economic and Clinical Health Act ("HITECH") of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 enacted February 17, 2009, and the laws and regulations promulgated subsequent thereto, as may be amended from time to time, are applicable to the protection of any use or disclosure of PHI and/or ePHI pursuant to the Underlying Agreement; and,

WHEREAS, County is a covered entity, as defined in the Privacy Rule; and,

WHEREAS, to the extent County discloses PHI and/or ePHI to Contractor or Contractor creates, receives, maintains, transmits, or has access to PHI and/or ePHI of County, Contractor is a business associate, as defined in the Privacy Rule; and,

WHEREAS, pursuant to 42 USC §17931 and §17934, certain provisions of the Security Rule and Privacy Rule apply to a business associate of a covered entity in the same manner that they apply to the covered entity, the additional security and privacy requirements of HITECH are applicable to business associates and must be incorporated into the business associate agreement, and a business associate is liable for civil and criminal penalties for failure to comply with these security and/or privacy provisions; and,

WHEREAS, the parties mutually agree that any use or disclosure of PHI and/or ePHI must be in compliance with the Privacy Rule, Security Rule, HIPAA, HITECH and any other applicable law; and,

WHEREAS, the parties intend to enter into this Addendum to address the requirements and obligations set forth in the Privacy Rule, Security Rule, HITECH and HIPAA as they apply to Contractor as a business associate of County, including the establishment of permitted and required uses and disclosures of PHI and/or ePHI created or received by Contractor during the course of performing functions, services and activities on behalf of County, and appropriate limitations and conditions on such uses and disclosures;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in HITECH, HIPAA, Security Rule and/or Privacy Rule, as may be amended from time to time.

- A. "Breach" when used in connection with PHI means the acquisition, access, use or disclosure of PHI in a manner not permitted under subpart E of the Privacy Rule which compromises the security or privacy of the PHI, and shall have the meaning given such term in 45 CFR §164.402.
- (1) Except as provided below in Paragraph (2) of this definition, acquisition, access, use, or disclosure of PHI in a manner not permitted by subpart E of the Privacy Rule is presumed to be a breach unless Contractor demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following four factors:
- (a) The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
  - (b) The unauthorized person who used the PHI or to whom the disclosure was made;
  - (c) Whether the PHI was actually acquired or viewed; and
  - (d) The extent to which the risk to the PHI has been mitigated.
- (2) Breach excludes:
- (a) Any unintentional acquisition, access or use of PHI by a workforce member or person acting under the authority of a covered entity or business associate, if such acquisition, access or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of the Privacy Rule.
  - (b) Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity, business associate, or organized health care arrangement in which County participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by subpart E of the Privacy Rule.
  - (c) A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
- B. "Business associate" has the meaning given such term in 45 CFR §164.501, including but not limited to a subcontractor that creates, receives, maintains, transmits or accesses PHI on behalf of the business associate.
- C. "Data aggregation" has the meaning given such term in 45 CFR §164.501.
- D. "Designated record set" as defined in 45 CFR §164.501 means a group of records maintained by or for a covered entity that may include: the medical records and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or, used, in whole or in part, by or for the covered entity to make decisions about individuals.
- E. "Electronic protected health information" ("ePHI") as defined in 45 CFR §160.103 means protected health information transmitted by or maintained in electronic media.
- F. "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, and shall have the meaning given such term in 42 USC §17921(5).
- G. "Health care operations" has the meaning given such term in 45 CFR §164.501.
- H. "Individual" as defined in 45 CFR §160.103 means the person who is the subject of protected health information.
- I. "Person" as defined in 45 CFR §160.103 means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.
- J. "Privacy Rule" means the HIPAA regulations codified at 45 CFR Parts 160 and 164, Subparts A and E.
- K. "Protected health information" ("PHI") has the meaning given such term in 45 CFR §160.103, which includes ePHI.

- L. "Required by law" has the meaning given such term in 45 CFR §164.103.
- M. "Secretary" means the Secretary of the U.S. Department of Health and Human Services ("HHS").
- N. "Security incident" as defined in 45 CFR §164.304 means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- O. "Security Rule" means the HIPAA Regulations codified at 45 CFR Parts 160 and 164, Subparts A and C.
- P. "Subcontractor" as defined in 45 CFR §160.103 means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.
- Q. "Unsecured protected health information" and "unsecured PHI" as defined in 45 CFR §164.402 means PHI not rendered unusable, unreadable, or indecipherable to unauthorized persons through use of a technology or methodology specified by the Secretary in the guidance issued under 42 USC §17932(h)(2).

**2. Scope of Use and Disclosure by Contractor of County's PHI and/or ePHI.**

- A. Except as otherwise provided in this Addendum, Contractor may use, disclose, or access PHI and/or ePHI as necessary to perform any and all obligations of Contractor under the Underlying Agreement or to perform functions, activities or services for, or on behalf of, County as specified in this Addendum, if such use or disclosure does not violate HIPAA, HITECH, the Privacy Rule and/or Security Rule.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Addendum or required by law, in accordance with 45 CFR §164.504(e)(2), Contractor may:
  - 1) Use PHI and/or ePHI if necessary for Contractor's proper management and administration and to carry out its legal responsibilities; and,
  - 2) Disclose PHI and/or ePHI for the purpose of Contractor's proper management and administration or to carry out its legal responsibilities, only if:
    - a) The disclosure is required by law; or,
    - b) Contractor obtains reasonable assurances, in writing, from the person to whom Contractor will disclose such PHI and/or ePHI that the person will:
      - i. Hold such PHI and/or ePHI in confidence and use or further disclose it only for the purpose for which Contractor disclosed it to the person, or as required by law; and,
      - ii. Notify County of any instances of which it becomes aware in which the confidentiality of the information has been breached; and,
  - 3) Use PHI to provide data aggregation services relating to the health care operations of County pursuant to the Underlying Agreement or as requested by County; and,
  - 4) De-identify all PHI and/or ePHI of County received by Contractor under this Addendum provided that the de-identification conforms to the requirements of the Privacy Rule and/or Security Rule and does not preclude timely payment and/or claims processing and receipt.
- C. Notwithstanding the foregoing, in any instance where applicable state and/or federal laws and/or regulations are more stringent in their requirements than the provisions of HIPAA, including, but not limited to, prohibiting disclosure of mental health and/or substance abuse records, the applicable state and/or federal laws and/or regulations shall control the disclosure of records.

3. **Prohibited Uses and Disclosures.**

- A. Contractor may neither use, disclose, nor access PHI and/or ePHI in a manner not authorized by the Underlying Agreement or this Addendum without patient authorization or de-identification of the PHI and/or ePHI and as authorized in writing from County.
- B. Contractor may neither use, disclose, nor access PHI and/or ePHI it receives from County or from another business associate of County, except as permitted or required by this Addendum, or as required by law.
- C. Contractor agrees not to make any disclosure of PHI and/or ePHI that County would be prohibited from making.
- D. Contractor shall not use or disclose PHI for any purpose prohibited by the Privacy Rule, Security Rule, HIPAA and/or HITECH, including, but not limited to 42 USC §17935 and §17936. Contractor agrees:
  - 1) Not to use or disclose PHI for fundraising , unless pursuant to the Underlying Agreement and only if permitted by and in compliance with the requirements of 45 CFR §164.514(f) or 45 CFR §164.508;
  - 2) Not to use or disclose PHI for marketing, as defined in 45 CFR §164.501, unless pursuant to the Underlying Agreement and only if permitted by and in compliance with the requirements of 45 CFR §164.508(a)(3);
  - 3) Not to disclose PHI, except as otherwise required by law, to a health plan for purposes of carrying out payment or health care operations, if the individual has requested this restriction pursuant to 42 USC §17935(a) and 45 CFR §164.522, and has paid out of pocket in full for the health care item or service to which the PHI solely relates; and,
  - 4) Not to receive, directly or indirectly, remuneration in exchange for PHI, or engage in any act that would constitute a sale of PHI, as defined in 45 CFR §164.502(a)(5)(ii), unless permitted by the Underlying Agreement and in compliance with the requirements of a valid authorization under 45 CFR §164.508(a)(4). This prohibition shall not apply to payment by County to Contractor for services provided pursuant to the Underlying Agreement.

4. **Obligations of County.**

- A. County agrees to make its best efforts to notify Contractor promptly in writing of any restrictions on the use or disclosure of PHI and/or ePHI agreed to by County that may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- B. County agrees to make its best efforts to promptly notify Contractor in writing of any changes in, or revocation of, permission by any individual to use or disclose PHI and/or ePHI, if such changes or revocation may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- C. County agrees to make its best efforts to promptly notify Contractor in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect Contractor's use or disclosure of PHI and/or ePHI.
- D. County agrees not to request Contractor to use or disclose PHI and/or ePHI in any manner that would not be permissible under HITECH, HIPAA, the Privacy Rule, and/or Security Rule.
- E. County agrees to obtain any authorizations necessary for the use or disclosure of PHI and/or ePHI, so that Contractor can perform its obligations under this Addendum and/or Underlying Agreement.

5. **Obligations of Contractor.** In connection with the use or disclosure of PHI and/or ePHI, Contractor agrees to:

- A. Use or disclose PHI only if such use or disclosure complies with each applicable requirement of 45 CFR §164.504(e). Contractor shall also comply with the additional privacy requirements that are applicable to covered entities in HITECH, as may be amended from time to time.
- B. Not use or further disclose PHI and/or ePHI other than as permitted or required by this Addendum or as required by law. Contractor shall promptly notify County if Contractor is required by law to disclose PHI and/or ePHI.

- C. Use appropriate safeguards and comply, where applicable, with the Security Rule with respect to ePHI, to prevent use or disclosure of PHI and/or ePHI other than as provided for by this Addendum.
- D. Mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI and/or ePHI by Contractor in violation of this Addendum.
- E. Report to County any use or disclosure of PHI and/or ePHI not provided for by this Addendum or otherwise in violation of HITECH, HIPAA, the Privacy Rule, and/or Security Rule of which Contractor becomes aware, including breaches of unsecured PHI as required by 45 CFR §164.410.
- F. In accordance with 45 CFR §164.502(e)(1)(ii), require that any subcontractors that create, receive, maintain, transmit or access PHI on behalf of the Contractor agree through contract to the same restrictions and conditions that apply to Contractor with respect to such PHI and/or ePHI, including the restrictions and conditions pursuant to this Addendum.
- G. Make available to County or the Secretary, in the time and manner designated by County or Secretary, Contractor's internal practices, books and records relating to the use, disclosure and privacy protection of PHI received from County, or created or received by Contractor on behalf of County, for purposes of determining, investigating or auditing Contractor's and/or County's compliance with the Privacy Rule.
- H. Request, use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the request, use or disclosure in accordance with 42 USC §17935(b) and 45 CFR §164.502(b)(1).
- I. Comply with requirements of satisfactory assurances under 45 CFR §164.512 relating to notice or qualified protective order in response to a third party's subpoena, discovery request, or other lawful process for the disclosure of PHI, which Contractor shall promptly notify County upon Contractor's receipt of such request from a third party.
- J. Not require an individual to provide patient authorization for use or disclosure of PHI as a condition for treatment, payment, enrollment in any health plan (including the health plan administered by County), or eligibility of benefits, unless otherwise excepted under 45 CFR §164.508(b)(4) and authorized in writing by County.
- K. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use, disclosure, or access of PHI and/or ePHI.
- L. Obtain and maintain knowledge of applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
- M. Comply with the requirements of the Privacy Rule that apply to the County to the extent Contractor is to carry out County's obligations under the Privacy Rule.
- N. Take reasonable steps to cure or end any pattern of activity or practice of its subcontractor of which Contractor becomes aware that constitute a material breach or violation of the subcontractor's obligations under the business associate contract with Contractor, and if such steps are unsuccessful, Contractor agrees to terminate its contract with the subcontractor if feasible.

6. **Access to PHI, Amendment and Disclosure Accounting.** Contractor agrees to:

- A. **Access to PHI, including ePHI.** Provide access to PHI, including ePHI if maintained electronically, in a designated record set to County or an individual as directed by County, within five (5) days of request from County, to satisfy the requirements of 45 CFR §164.524.
- B. **Amendment of PHI.** Make PHI available for amendment and incorporate amendments to PHI in a designated record set County directs or agrees to at the request of an individual, within fifteen (15) days of receiving a written request from County, in accordance with 45 CFR §164.526.
- C. **Accounting of disclosures of PHI and electronic health record.** Assist County to fulfill its obligations to provide accounting of disclosures of PHI under 45 CFR §164.528 and, where applicable, electronic health records under 42 USC §17935(c) if Contractor uses or maintains electronic health records. Contractor shall:

- 1) Document such disclosures of PHI and/or electronic health records, and information related to such disclosures, as would be required for County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record in accordance with 45 CFR §164.528.
  - 2) Within fifteen (15) days of receiving a written request from County, provide to County or any individual as directed by County information collected in accordance with this section to permit County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record.
  - 3) Make available for County information required by this Section 6.C for six (6) years preceding the individual's request for accounting of disclosures of PHI, and for three (3) years preceding the individual's request for accounting of disclosures of electronic health record.
7. **Security of ePHI.** In the event County discloses ePHI to Contractor or Contractor needs to create, receive, maintain, transmit or have access to County ePHI, in accordance with 42 USC §17931 and 45 CFR §164.314(a)(2)(i), and §164.306, Contractor shall:
- A. Comply with the applicable requirements of the Security Rule, and implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of ePHI that Contractor creates, receives, maintains, or transmits on behalf of County in accordance with 45 CFR §164.308, §164.310, and §164.312;
  - B. Comply with each of the requirements of 45 CFR §164.316 relating to the implementation of policies, procedures and documentation requirements with respect to ePHI;
  - C. Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI;
  - D. Protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted or required under the Privacy Rule;
  - E. Ensure compliance with the Security Rule by Contractor's workforce;
  - F. In accordance with 45 CFR §164.308(b)(2), require that any subcontractors that create, receive, maintain, transmit, or access ePHI on behalf of Contractor agree through contract to the same restrictions and requirements contained in this Addendum and comply with the applicable requirements of the Security Rule;
  - G. Report to County any security incident of which Contractor becomes aware, including breaches of unsecured PHI as required by 45 CFR §164.410; and,
  - H. Comply with any additional security requirements that are applicable to covered entities in Title 42 (Public Health and Welfare) of the United States Code, as may be amended from time to time, including but not limited to HITECH.
8. **Breach of Unsecured PHI.** In the case of breach of unsecured PHI, Contractor shall comply with the applicable provisions of 42 USC §17932 and 45 CFR Part 164, Subpart D, including but not limited to 45 CFR §164.410.
- A. **Discovery and notification.** Following the discovery of a breach of unsecured PHI, Contractor shall notify County in writing of such breach without unreasonable delay and in no case later than 60 calendar days after discovery of a breach, except as provided in 45 CFR §164.412.
    - 1) **Breaches treated as discovered.** A breach is treated as discovered by Contractor as of the first day on which such breach is known to Contractor or, by exercising reasonable diligence, would have been known to Contractor, which includes any person, other than the person committing the breach, who is an employee, officer, or other agent of Contractor (determined in accordance with the federal common law of agency).
    - 2) **Content of notification.** The written notification to County relating to breach of unsecured PHI shall include, to the extent possible, the following information if known (or can be reasonably obtained) by Contractor:
      - a) The identification of each individual whose unsecured PHI has been, or is reasonably believed by Contractor to have been accessed, acquired, used or disclosed during the breach;

- b) A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
- c) A description of the types of unsecured PHI 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;
- d) Any steps individuals should take to protect themselves from potential harm resulting from the breach;
- e) A brief description of what Contractor is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and,
- f) Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.

- B. **Cooperation.** With respect to any breach of unsecured PHI reported by Contractor, Contractor shall cooperate with County and shall provide County with any information requested by County to enable County to fulfill in a timely manner its own reporting and notification obligations, including but not limited to providing notice to individuals, prominent media outlets and the Secretary in accordance with 42 USC §17932 and 45 CFR §164.404, §164.406 and §164.408.
- C. **Breach log.** To the extent breach of unsecured PHI involves less than 500 individuals, Contractor shall maintain a log or other documentation of such breaches and provide such log or other documentation on an annual basis to County not later than fifteen (15) days after the end of each calendar year for submission to the Secretary.
- D. **Delay of notification authorized by law enforcement.** If Contractor delays notification of breach of unsecured PHI pursuant to a law enforcement official's statement that required notification, notice or posting would impede a criminal investigation or cause damage to national security, Contractor shall maintain documentation sufficient to demonstrate its compliance with the requirements of 45 CFR §164.412.
- E. **Payment of costs.** With respect to any breach of unsecured PHI caused solely by the Contractor's failure to comply with one or more of its obligations under this Addendum and/or the provisions of HITECH, HIPAA, the Privacy Rule or the Security Rule, Contractor agrees to pay any and all costs associated with providing all legally required notifications to individuals, media outlets, and the Secretary. This provision shall not be construed to limit or diminish Contractor's obligations to indemnify, defend and hold harmless County under Section 9 of this Addendum.
- F. **Documentation.** Pursuant to 45 CFR §164.414(b), in the event Contractor's use or disclosure of PHI and/or ePHI violates the Privacy Rule, Contractor shall maintain documentation sufficient to demonstrate that all notifications were made by Contractor as required by 45 CFR Part 164, Subpart D, or that such use or disclosure did not constitute a breach, including Contractor's completed risk assessment and investigation documentation.
- G. **Additional State Reporting Requirements.** The parties agree that this Section 8.G applies only if and/or when County, in its capacity as a licensed clinic, health facility, home health agency, or hospice, is required to report unlawful or unauthorized access, use, or disclosure of medical information under the more stringent requirements of California Health & Safety Code §1280.15. For purposes of this Section 8.G, "unauthorized" has the meaning given such term in California Health & Safety Code §1280.15(j)(2).
  - 1) Contractor agrees to assist County to fulfill its reporting obligations to affected patients and to the California Department of Public Health ("CDPH") in a timely manner under the California Health & Safety Code §1280.15.
  - 2) Contractor agrees to report to County any unlawful or unauthorized access, use, or disclosure of patient's medical information without unreasonable delay and no later than two (2) business days after Contractor detects such incident. Contractor further agrees such report shall be made in writing, and shall include substantially the same types of information listed above in Section 8.A.2 (Content of Notification) as applicable to the unlawful or unauthorized access, use, or disclosure as defined above in this section, understanding and acknowledging that the term "breach" as used in Section 8.A.2 does not apply to California Health & Safety Code §1280.15.



9. **Hold Harmless/Indemnification.**

- A. Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Addendum, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Addendum. Contractor shall defend, at its sole expense, all costs and fees, including but not limited to attorney fees, cost of investigation, defense and settlements or awards, of County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives in any claim or action based upon such alleged acts or omissions.
- B. With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved.
- C. The specified insurance limits required in the Underlying Agreement of this Addendum shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims arising from issues of this Addendum.
- D. In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.
- E. In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Addendum, this indemnification shall only apply to the subject issues included within this Addendum.

10. **Term.** This Addendum shall commence upon the Effective Date and shall terminate when all PHI and/or ePHI provided by County to Contractor, or created or received by Contractor on behalf of County, is destroyed or returned to County, or, if it is infeasible to return or destroy PHI and/ePHI, protections are extended to such information, in accordance with section 11.B of this Addendum.

11. **Termination.**

- A. **Termination for Breach of Contract.** A breach of any provision of this Addendum by either party shall constitute a material breach of the Underlying Agreement and will provide grounds for terminating this Addendum and the Underlying Agreement with or without an opportunity to cure the breach, notwithstanding any provision in the Underlying Agreement to the contrary. Either party, upon written notice to the other party describing the breach, may take any of the following actions:
  - 1) Terminate the Underlying Agreement and this Addendum, effective immediately, if the other party breaches a material provision of this Addendum.
  - 2) Provide the other party with an opportunity to cure the alleged material breach and in the event the other party fails to cure the breach to the satisfaction of the non-breaching party in a timely manner, the non-breaching party has the right to immediately terminate the Underlying Agreement and this Addendum.
  - 3) If termination of the Underlying Agreement is not feasible, the breaching party, upon the request of the non-breaching party, shall implement, at its own expense, a plan to cure the breach and report regularly on its compliance with such plan to the non-breaching party.

**B. Effect of Termination.**

- 1) Upon termination of this Addendum, for any reason, Contractor shall return or, if agreed to in writing by County, destroy all PHI and/or ePHI received from County, or created or received by the Contractor on behalf of County, and, in the event of destruction, Contractor shall certify such destruction, in writing, to County. This provision shall apply to all PHI and/or ePHI which are in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of PHI and/or ePHI, except as provided below in paragraph (2) of this section.
- 2) In the event that Contractor determines that returning or destroying the PHI and/or ePHI is not feasible, Contractor shall provide written notification to County of the conditions that make such return or destruction not feasible. Upon determination by Contractor that return or destruction of PHI and/or ePHI is not feasible, Contractor shall extend the protections of this Addendum to such PHI and/or ePHI and limit further uses and disclosures of such PHI and/or ePHI to those purposes which make the return or destruction not feasible, for so long as Contractor maintains such PHI and/or ePHI.

**12. General Provisions.**

- A. **Retention Period.** Whenever Contractor is required to document or maintain documentation pursuant to the terms of this Addendum, Contractor shall retain such documentation for 6 years from the date of its creation or as otherwise prescribed by law, whichever is later.
- B. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for County to comply with HITECH, the Privacy Rule, Security Rule, and HIPAA generally.
- C. **Survival.** The obligations of Contractor under Sections 3, 5, 6, 7, 8, 9, 11.B and 12.A of this Addendum shall survive the termination or expiration of this Addendum.
- D. **Regulatory and Statutory References.** A reference in this Addendum to a section in HITECH, HIPAA, the Privacy Rule and/or Security Rule means the section(s) as in effect or as amended.
- E. **Conflicts.** The provisions of this Addendum shall prevail over any provisions in the Underlying Agreement that conflict or appear inconsistent with any provision in this Addendum.
- F. **Interpretation of Addendum.**
  - 1) This Addendum shall be construed to be part of the Underlying Agreement as one document. The purpose is to supplement the Underlying Agreement to include the requirements of the Privacy Rule, Security Rule, HIPAA and HITECH.
  - 2) Any ambiguity between this Addendum and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule, Security Rule, HIPAA and HITECH generally.
- G. **Notices to County.** All notifications required to be given by Contractor to County pursuant to the terms of this Addendum shall be made in writing and delivered to the County both by fax and to both of the addresses listed below by either registered or certified mail return receipt requested or guaranteed overnight mail with tracing capability, or at such other address as County may hereafter designate. All notices to County provided by Contractor pursuant to this Section shall be deemed given or made when received by County.

County HIPAA Privacy Officer:HIPAA Privacy Manager

County HIPAA Privacy Officer Address: 26520 Cactus Avenue,  
Moreno Valley, CA 92555

County HIPAA Privacy Officer Phone Number: (951) 486-6471

**Exhibit D**

**DPSS CSD Post-Adoption Services Perceived Stress Scale (PSS) Survey**

- **Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)
- **Client's AAP Number:** \_\_\_\_\_  
(Adoption Assistance Permanency Number)
- **Adopting Parent's Gender:**
  - <sup>1</sup> Male
  - <sup>2</sup> Female
- **Survey Type:**
  - <sup>1</sup> Pre- Services Survey
  - <sup>2</sup> Post-Services Survey

**Instruction to Client:**

- The questions in this survey ask you about your feelings and thoughts during **THE LAST MONTH**. In each case, please indicate your response by checking the boxes representing **HOW OFTEN** you felt or thought a certain way.

**This survey is intended for program evaluation purposes and is used to improve the services provided. Thank you for your participation.**

In the last month, how often have you...	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. Been upset because of something that happened unexpectedly?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
2. Felt that you were unable to control the important things in your life?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
3. Felt nervous and "stressed"?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
4. Felt confident about your ability to handle your personal problems?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
5. Felt that things were going your way?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
6. Found that you could not cope with all the things that you had to do?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
7. Been able to control irritations in your life?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
8. Felt that you were on top of things?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
9. Felt angered because things seemed outside your control?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
10. Felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>

# DPSS CSD Post-Adoption Services Demographics/Services Survey

**Directions to Provider:**

- *Welcome:* Please complete **one** DPSS CSD Post-Adoption Services Demographics/Services Survey for each client receiving Post Adoption Services regardless if two clients are within the same family.
- *During Intake:* With the help of the client's family complete the general demographic information located in Sections I, II, and III. These three sections include questions 1 through 19.
- *After Services are Completed:* Using information collected during the services provided please complete Sections IV. This section includes questions 20 through 22.

**SECTION I: CHILD INFORMATION**

1. AAP Number: \_\_\_\_\_  
(Adoption Assistance Permanency Number)

2. Age: \_\_\_\_\_

3. Gender:  
<sup>1</sup> Male  
<sup>2</sup> Female

4. Race:  
<sup>1</sup> American Indian or Alaska Native  
<sup>2</sup> Asian  
<sup>3</sup> African American  
<sup>4</sup> Hispanic/Latino  
<sup>5</sup> Native Hawaiian or Other Pacific Islander  
<sup>6</sup> Caucasian  
<sup>7</sup> Mixed  
<sup>8</sup> Other (Please Specify) \_\_\_\_\_

5. Current school grade: \_\_\_\_\_

6. Date child was placed in adoptive home: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MM DD YYYY

7. Date child's adoption was finalized: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MM DD YYYY

8. Number of placement homes before adoption:  
<sup>1</sup> None  
<sup>2</sup> 1 placement  
<sup>3</sup> 2 to 3 placements  
<sup>4</sup> 4 to 5 placements  
<sup>5</sup> 6 or more placements  
<sup>6</sup> Do not know

9. Current home address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION II: ADOPTIVE PARENT(S) INFORMATION**

10. If no second parent, please check N/A box.

	Adoptive Parent 1	Adoptive Parent 2 <input type="checkbox"/> N/A
<b>Age</b>		
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Race</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify)
<b>Primary Language Spoken</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please Specify)
<b>Employed</b>	<input type="checkbox"/> Yes, Full Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No	<input type="checkbox"/> Yes, Full Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No
<b>Level of Education</b>	<input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School/Junior High <input type="checkbox"/> Some High School (No Diploma) <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College (No Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Unknown	<input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School/Junior High <input type="checkbox"/> Some High School (No Diploma) <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College (No Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Unknown
<b>Marital Status</b>	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

**SECTION III: FAMILY INFORMATION**

**11.** Annual household income:

- <sup>1</sup> Less than \$10,000
- <sup>2</sup> \$10,001 to \$20,000
- <sup>3</sup> \$20,001 to \$30,000
- <sup>4</sup> \$30,001 to \$40,000
- <sup>5</sup> \$40,001 to \$50,000
- <sup>6</sup> \$50,001 to \$60,000
- <sup>7</sup> \$60,001 to \$70,000
- <sup>8</sup> \$70,001 to \$80,000
- <sup>9</sup> \$80,001 to \$90,000
- <sup>10</sup> Greater than \$90,001

**12.** What is the number of adult children that are now independent:

- <sup>1</sup> None
- <sup>2</sup> 1 child
- <sup>3</sup> 2 to 3 children
- <sup>4</sup> 4 to 5 children
- <sup>5</sup> 6 or more children

**13.** How long has your family resided at your current residence?

Year(s): \_\_\_\_\_ Month(s): \_\_\_\_\_

**14.** Do you rent or own your current residence?

- <sup>1</sup> Rent
- <sup>2</sup> Own
- <sup>3</sup> Other (Please Specify): \_\_\_\_\_

**15.** How many times has your family moved to a new residence in the past 5 years?

- <sup>1</sup> None
- <sup>2</sup> 1 time
- <sup>3</sup> 2 to 3 times
- <sup>4</sup> 4 to 5 times
- <sup>5</sup> 6 or more times

**16.** How many languages are spoken in your home?

- <sup>1</sup> 1
- <sup>2</sup> 2 to 3
- <sup>3</sup> 3 to 5
- <sup>4</sup> 6 or more

**17.** What is your primary means of transportation?

- <sup>1</sup> Walk
- <sup>2</sup> Bicycle
- <sup>3</sup> Bus
- <sup>4</sup> Train
- <sup>5</sup> Car
- <sup>6</sup> Other (Please specify): \_\_\_\_\_

**18.** Do you receive any of the following government assistance? (Check all that apply)

- <sup>1</sup> EBT
- <sup>1</sup> TANF
- <sup>1</sup> EDD
- <sup>1</sup> SSA
- <sup>1</sup> CSU
- <sup>1</sup> Pension
- <sup>1</sup> SSI
- <sup>1</sup> None

19. If no other children, please check N/A box.

Information about Other Children in the Home							
	Child 1 <input type="checkbox"/> 1 N/A	Child 2 <input type="checkbox"/> 1 N/A	Child 3 <input type="checkbox"/> 1 N/A	Child 4 <input type="checkbox"/> 1 N/A	Child 5 <input type="checkbox"/> 1 N/A	Child 6 <input type="checkbox"/> 1 N/A	
<b>Parent's Relation to Child</b>	<input type="checkbox"/> Biological Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Biological Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Biological Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Biological Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Biological Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Biological Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Other (Please Specify): _____	
<b>Age</b>							
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Race</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other (Please Specify): _____

**SECTION IV: SERVICES**

20. Reason for initial service referral given: \_\_\_\_\_

21. \*If no services, please check N/A box.

Types of Services Provided						
	Adoption Mediation <input type="checkbox"/> <sup>1</sup> N/A <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	Post Adoption Support Group <input type="checkbox"/> <sup>1</sup> N/A <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	Individual Therapy <input type="checkbox"/> <sup>1</sup> N/A <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	Family Therapy <input type="checkbox"/> <sup>1</sup> N/A <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	Group Therapy <input type="checkbox"/> <sup>1</sup> N/A <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	Respite Care (Case Management) <input type="checkbox"/> <sup>1</sup> N/A <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)
Was client referred to another location by provider	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City)
Date service was first provided	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
City where service are provided (If "yes" to referral, skip)						
Frequency of service provided (If "yes" to referral, skip)	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week
Duration of service provided (If "yes" to referral, skip)	<input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours
Date of final service provided (If "yes" to referral, skip)	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY



22. \*If no other services, please check N/A box.

**Types of Services Provided**

	<b>Other Post Adoption Services 1</b> □ <sup>1</sup> N/A (Please Specify) _____	<b>Other Post Adoption Services 2</b> □ <sup>1</sup> N/A (Please Specify) _____	<b>Other Post Adoption Services 3</b> □ <sup>1</sup> N/A (Please Specify) _____	<b>Other Post Adoption Services 4</b> □ <sup>1</sup> N/A (Please Specify) _____	<b>Other Post Adoption Services 5</b> □ <sup>1</sup> N/A (Please Specify) _____	<b>Other Post Adoption Services 6</b> □ <sup>1</sup> N/A (Please Specify) _____
<b>Was client referred to another location by provider</b>	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City) _____	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City) _____	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City) _____	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City) _____	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City) _____	<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>1</sup> Yes (Provide City) _____
<b>Date service was first provided</b>	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
<b>City where service are provided</b> (If "yes" to referral, skip)						
<b>Frequency of service provided</b> (If "yes" to referral, skip)	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours
<b>Duration of service provided</b> (If "yes" to referral, skip)	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours	<input type="checkbox"/> <sup>1</sup> Not at all <input type="checkbox"/> <sup>2</sup> Only once <input type="checkbox"/> <sup>3</sup> 1 time per week <input type="checkbox"/> <sup>4</sup> 2 to 3 times per week <input type="checkbox"/> <sup>5</sup> 4 to 5 times per week <input type="checkbox"/> <sup>6</sup> 7 days a week <input type="checkbox"/> <sup>1</sup> Less than 30 minutes <input type="checkbox"/> <sup>2</sup> 1 to 2 hours <input type="checkbox"/> <sup>3</sup> 3 to 4 hours <input type="checkbox"/> <sup>4</sup> 5 to 6 hours <input type="checkbox"/> <sup>5</sup> More than 7 hours
<b>Date of final service provided</b> (If "yes" to referral, skip)	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY

# DPSS CSD Post-Adoption Services Pre/Post Client Satisfaction Survey

- **Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)
- **Client's AAP Number(s)** (Adoption Assistance Permanency Number):  
 Child 1: \_\_\_\_\_  
 Child 2: \_\_\_\_\_  
 Child 3: \_\_\_\_\_
- **Adopting Parent's Gender:**  
<sup>1</sup> Male  
<sup>2</sup> Female

- **Survey Type:**  
<sup>1</sup> Pre- Services Survey  
<sup>2</sup> Post-Services Survey

**Instruction to Client:**

- The questions in this survey ask you about your satisfaction with your adoption. In each case, please indicate your response by checking the boxes representing how you feel at this moment.

This survey is intended for program evaluation purposes and is used to improve the services provided. Thank you for your participation.

1. How difficult would you say your life is at this moment?

- <sup>1</sup> Very easy
- <sup>2</sup> Somewhat easy
- <sup>3</sup> Neither easy nor difficult
- <sup>4</sup> Somewhat difficult
- <sup>5</sup> Very difficult

2. How satisfied are you with your adoption at this moment?

- <sup>1</sup> Completely dissatisfied
- <sup>2</sup> Somewhat dissatisfied
- <sup>3</sup> Neither Satisfied nor Dissatisfied
- <sup>4</sup> Somewhat Satisfied
- <sup>5</sup> Completely Satisfied

3. Would you consider adopting again at this moment?

- <sup>1</sup> Yes (If "Yes," please continue to question 4)
- <sup>2</sup> No

3a. If "No," could you explain why? (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_

4. Would you recommend adoption to your family and friends at this moment?

- <sup>1</sup> Yes (If "Yes," please continue to question 5)
- <sup>2</sup> No

4a. If "No," could you explain why? (Please be specific):

\_\_\_\_\_

5. Please list 1 to 2 goals you hope to accomplish/or have accomplished through this program:

Goal 1:

\_\_\_\_\_

Goal 2:

\_\_\_\_\_

6. Please list 1 to 2 expectations you have before/or after participating in the program:

Expectation 1:

\_\_\_\_\_

Expectation 2:

\_\_\_\_\_

# DPSS CSD Post-Adoption Services Monthly Performance Report

## Post-Adoption Services Monthly Performance Report

<b>Name of Contractor:</b>	ABC Corporation
<b>Contact Preparing Report:</b>	John Doe
<b>Report Period:</b>	From: 1/1/2016 To: 1/31/2016
<b>Date Submitted:</b>	25-Jan-16

Adoption Assistance Permanency Number AAP #	Client Name			Services Rendered		Duration		Services Rendered		Duration		Services Rendered		Duration		Services Rendered		Duration		Outside Referral(s)				
	First	Middle	Last	Individual Therapy	Minutes	Date - MM/DD/YY	Conjoint / Family Therapy	Minutes	MM/DD/YY	Group Therapy	Minutes	MM/DD/YY	Coordination of Services	Minutes	MM/DD/YY	Type of Referral	Agency Name							
1234567891234567890	Sample	Jane	Doe	1	50	1/1/2016																		
1234567891234567891	S.	Ample	Smith	1	50	1/2/2016																		
1234567891234567892	Sam	ple	Test	1	50	1/3/2016																		
1234567891234567893	Sample	T.	Est				1	50	1/19/2016															
1234567891234567894	Jane	T.	Est																					
1234567891234567895	Jon	Te	Ste	1	50	1/5/2016														1	15	1/5/2016	Parenting Class	DEF House
1234567891234567896	Sample	Jane	Doe	1	50	1/8/2016														1	15	1/7/2016	Anger Mgmt	DEF House
1234567891234567897	S.	Ample	Smith	1	50	1/9/2016																		
1234567891234567898	Sam	ple	Test	1	50	1/3/2016																		

**CONFIDENTIALITY RESTRICTION:**

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It is intended for the purposes of Research and Analysis.

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