

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



ITEM
3.26
(ID # 6840)

MEETING DATE:
Tuesday, June 5, 2018

FROM : PUBLIC SOCIAL SERVICES:

SUBJECT: DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS): First Amended and Restated Agreement with California Family Life Center to provide Kinship Support Services through June 30, 2022. [All Districts]; [Total Cost \$1,250,000, \$250,000 Annually - Previously Budgeted Realignment Funds]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Board Chairman to execute the first amended and restated agreement with California Family Life Center (#CS-03494-01) for the Kinship Support Services Program, updating Schedule B, Scope of Services, through June 30, 2022.
2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459 and based on availability of funding and as approved by County Counsel, to sign amendments that do not change the substantive terms of the agreement and sign amendments to the compensation provisions that do not exceed 10% annually.

ACTION: Policy


Susan Von Zabern, Director of Public Social Services 5/16/2018

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: June 5, 2018
xc: DPSS, Purchasing

Kecia Harper-Ihem
Clerk of the Board

By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 250,000	\$ 250,000	\$ 1,250,000	\$ -
NET COUNTY COST	\$ -	\$ -	\$ -	\$ -
SOURCE OF FUNDS: 100% Realignment - previously budgeted			Budget Adjustment:	No
			For Fiscal Year:	17/18-21/22

C.E.O. RECOMMENDATION: Approve.

BACKGROUND:

Summary

California Family Life Center (CFLC) provides community-based family support services to relative caregivers and the children placed in their homes. Kinship Support Services Program (KSSP) services include: aftercare support to families entering legal guardianship to prevent Juvenile Court involvement; assisting with completion of court documents; parenting education opportunities; kinship support groups; counseling and referral services aimed at promoting permanency, including kinship adoption and guardianship; individual and group counseling in the areas of parent/child relationships and conflict resolution; childcare; respite care services; tutoring and homework assistance. The amendment will update Schedule B, Scope of Service, to identify KSSP reporting and data evaluation revisions and incorporate Joint Operational Meetings (JOMs) between the DPSS Children's Services Division and CFLC as a new requirement to the Agreement. All other terms of the agreement remain unchanged, including cost.

Impact on Residents and Businesses

These programs provide much needed assistance to Riverside County relative caregivers and the children placed in their homes.

Additional Fiscal Information

Funding for this agreement was budgeted through the normal County budget process from realignment. Funds for this agreement have been budgeted through fiscal year 21/22; budget adjustments are not necessary.

Contract History and Price Reasonableness

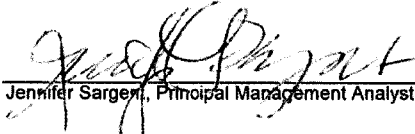
On March 7, 2017, the Board of Supervisors approved and executed Professional Service Agreement #CS-03494, with CFLC, in the amount of \$250,000 annually, from July 1, 2017 through June 30, 2022.

The first amended and restated agreement will update Schedule B, Scope of Service, to identify KSSP reporting and data evaluation revisions and incorporate Joint Operational Meetings (JOMs) between the DPSS Children's Services Division and CFLC as a new requirement to the agreement. All other terms of the agreement remain unchanged.

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

ATTACHMENTS:

Attachment A: First Amended and Restated Agreement #CS-03494-01 (3 copies)


Jennifer Sargent, Principal Management Analyst

5/29/2018


Teresa Summers, Director of Purchasing

5/10/2018


Gregory V. Priapos, Director County Counsel

5/16/2018

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

and

**California Family Life Center
Kinship Support Services Program
CS-03494-01**

First Amended and Restated Agreement



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List of Schedules

Schedule A – “Schedule, Terms, and Method of Payment”

Schedule B – “Scope of Services”

List of Attachments

Attachment I – HIPAA Business Associate Agreement

Attachment II – PII Privacy and Security Standards

Attachment III – Assurance of Compliance

Attachment IV – DPSS 2076A, DPSS 2076B & Instructions

- Attachment V—Line Item Budget
- Attachment VI – County of Riverside/DPSS/Children’s Services Division Regions Listing
- Attachment VII – KSSP Case Management Work Plan
- Attachment VIII – KSSP Mentoring Work Plan
- Attachment IX – KSSP Support Group Work Plan
- Attachment X – Welfare & Institutions Code, section 16507.7
- Attachment XI – KSSP Education Work Plan
- Attachment XII – KSSP Outreach and Recruitment Work Plan
- Attachment XIII – KSSP Transportation Log
- Attachment XIV – KSSP Evaluation Tools Pre-Test
- Attachment XV – KSSP Evaluation Tools Post-Test
- Attachment XVI – KSSP Client Services Tracking Log

This First Amended and Restated Agreement, CS-03494-01, effective upon signature of both parties, is made and entered into by and between California Family Life Center, a California nonprofit corporation, (herein referred to as "CONTRACTOR"), and the County of Riverside, a political subdivision of the State of California, on behalf of its Department of Public Social Services (herein referred to as "COUNTY"). Upon the effectiveness of this Agreement, the prior Agreement CS-03494, shall be superseded and replaced in its entirety by this Agreement. The parties agree as follows:

1. DEFINITIONS

- A. "CONTRACTOR" refers to California Family Life Center including its employees, agents, representatives, subcontractors and suppliers.
- B. "DPSS" or "COUNTY" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement. DPSS and COUNTY are used interchangeably in this Agreement.
- C. "CSD" refers to the Children's Services Division.
- D. "Evidence-Based Practice" refers to a combination of the best research evidence, the best clinical experience, and is consistent with family and client values.
- E. "HIPAA" refers to the Health Insurance Portability Accountability Act.
- F. "JOM" refers to Joint Operational Meeting
- G. "Kin-Care" refers to Legislative Bill A.B. 109 which allows employees within California to use up to half of their accrued sick leave balance to care for a sick relative.
- H. "Kin-GAP" refers to the Kinship Guardian Assistance Payment.
- I. "KSSP" refers to Kinship Support Services Program.
- J. "Licensed Clinician" 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 (MFTI), 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.
- K. "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.
- L. "Subcontractor" means any supplier, vendor, or firm that furnishes supplies, materials, equipment, or services to or for the CONTRACTOR or another subcontractor.
- M. "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.

2. DESCRIPTION OF SERVICES

CONTRACTOR shall provide all services at the prices stated in Schedule A, Schedule, Terms, and Method of Payment and as outlined and specified in Schedule B, Scope of Services and Attachment I HIPAA Business Associate Agreement, Attachment II PII Privacy and Security Standards, Attachment III Assurance of Compliance, and Attachment IV DPSS 2076A, DPSS 2076B & Instructions.

3. PERIOD OF PERFORMANCE

The period of performance shall commence on July 1, 2017 and continue through June 30, 2022, unless terminated earlier. The CONTRACTOR shall commence performance upon the effective date and shall diligently and continuously perform thereafter.

4. COMPENSATION

The COUNTY shall pay the CONTRACTOR for services performed, products provided or expenses incurred in accordance with Schedule A, Schedule, Terms, and Method of Payment. The COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or product. Unless otherwise specifically stated in Schedule A, COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to this Agreement. At the expiration of the term of this Agreement, or upon termination prior to the expiration of the Agreement, any funds paid to CONTRACTOR, but not used for purposes of this Agreement shall revert to the COUNTY within thirty (30) calendar days of the expiration or termination.

5. AVAILABILITY OF FUNDS/NON-APPROPRIATION OF FUNDS

The obligation of COUNTY or DPSS for payment of this Agreement beyond the current fiscal year end is contingent upon and limited by the availability of COUNTY funding from which payment can be made. There shall be no legal liability for payment on the part of the COUNTY or DPSS beyond June 30 of each year unless funds are made available for such payment by the COUNTY Board of Supervisors. In the event such funds are not forthcoming for any reason, COUNTY shall immediately notify CONTRACTOR in writing and this Agreement shall be deemed terminated and be of no further force or effect. DPSS shall make all payments to the CONTRACTOR that were properly earned prior to the unavailability of funding.

6. TERMINATION

- A. COUNTY may terminate this Agreement without cause upon giving thirty (30) calendar days written notice served on the CONTRACTOR stating the extent and effective date of termination.
- B. COUNTY may, upon five (5) calendar days written notice terminate this Agreement for CONTRACTOR's default, if CONTRACTOR refuses or fails to comply with the terms of this Agreement, or fails to make progress that may endanger performance and does not immediately cure such failure. In the event of such termination, the COUNTY may proceed with the work in any manner deemed proper by the COUNTY.
- C. After receipt of the notice of termination, CONTRACTOR shall:
 - (1) Stop all work under this Agreement on the date specified in the notice of termination; and
 - (2) Transfer to COUNTY and deliver in the manner directed by COUNTY any materials, reports or other products, which, if the Agreement had been completed or continued, would be required to be furnished to COUNTY.
- D. After termination, COUNTY shall make payment only for CONTRACTOR's performance up to the date of termination in accordance with this Agreement.

E. CONTRACTOR's rights under this Agreement shall terminate (except for fees accrued prior to the date of termination) upon dishonestly or willful and material breach of this Agreement by CONTRACTOR; or in the event of CONTRACTOR's unwillingness or inability, for any reason whatsoever, to perform the terms of this Agreement. In such an event the CONTRACTOR shall not be entitled to any further compensation under this Agreement.

F. The rights and remedies of COUNTY provided in this section shall not be exclusive and are in addition to any other rights or remedies provided by law or this Agreement.

7. REQUEST FOR WAIVER AND WAIVER OF BREACH

Waivers of any provision of this Agreement must be in writing and signed by authorized representatives of the parties. No waiver or breach of any provision of the terms and conditions herein shall be deemed, for any purpose, to be a waiver or a breach of any other provision hereof, or of a continuing or subsequent waiver or breach. Failure of the COUNTY to require exact, full compliance with any terms of this Agreement shall not be construed as making any changes to the terms of this Agreement and does not prevent the COUNTY from enforcing the terms of this Agreement.

8. TRANSITION PERIOD

The CONTRACTOR recognizes that the services under this Agreement are vital to DPSS and must be continued without interruption and that, upon expiration, COUNTY or another contractor, may continue the services outlined herein. The CONTRACTOR agrees to exercise its best efforts and cooperation to effect an orderly and efficient transition of clients or services to a successor.

9. CONDUCT OF CONTRACTOR/ CONFLICT OF INTEREST

A. The CONTRACTOR covenants that it presently has no interest, including but not limited to other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with CONTRACTOR's performance under this Agreement. The CONTRACTOR further covenants that no person or subcontractor having any such interest shall be employed or retained by CONTRACTOR under this Agreement. The CONTRACTOR agrees to inform the COUNTY of all the CONTRACTOR's interest, if any, which are or may be perceived as incompatible with the COUNTY's interests.

B. The CONTRACTOR shall not, under any circumstances which could be perceived as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor from individuals or firms with whom the CONTRACTOR is doing business or proposing to do business, in fulfilling this Agreement.

10. RECORDS, INSPECTIONS, AND AUDITS

A. All performance, including services, workmanship, materials, facilities or equipment utilized in the performance of this Agreement shall be subject to inspection and test by the COUNTY or any other regulatory agencies at all times. This may include, but is not limited to, monitoring or inspecting CONTRACTOR performance through any combination of on-site visits, inspections, evaluations and CONTRACTOR self-monitoring. CONTRACTOR shall cooperate with any inspector or COUNTY representative reviewing compliance with this Agreement and permit him/her access to all necessary locations, equipment, materials or other requested items.

B. The CONTRACTOR shall maintain auditable books, records, documents, and other evidence relating to costs and expenses for this Agreement. The CONTRACTOR shall maintain these records for at least three (3) years after final payment has been made or until pending COUNTY, State and Federal audits are completed, whichever is later.

- C. Any authorized COUNTY, State or the Federal representative shall have access to all books, documents, papers, electronic data and other records they determine are necessary to perform an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts and copies as they deem necessary; and shall have the same right to monitor or inspect the work or services as the COUNTY.
- D. If the CONTRACTOR disagrees with an audit, the CONTRACTOR may employ a Certified Public Accountant (CPA) to prepare, according to generally-accepted government accounting standards, and file with COUNTY its own certified financial and compliance audit. The CONTRACTOR shall not be reimbursed by COUNTY for such an audit regardless of the audit outcome.
- E. CONTRACTOR shall establish sufficient proceeds to self-monitor quality of services/products under this Agreement and shall permit COUNTY representative or other inspector, to assess and evaluate CONTRACTOR's performance at any time, upon reasonable notice to the CONTRACTOR.

11. CONFIDENTIALITY

- A. As required by applicable law, COUNTY and the CONTRACTOR shall maintain the privacy and confidentiality of all information and records, regardless of format, received pursuant to the Agreement ("Confidential Information"). Confidential Information includes, but is not limited to: unpublished or sensitive technological or scientific information; medical, personnel, or security records; material requirements or pricing/purchasing actions; COUNTY information or data which is not subject to public disclosure, COUNTY operational procedures; and knowledge of sections of contractors, subcontractors or suppliers in advance of official announcement. The CONTRACTOR shall ensure that no person will publish, disclose, use or cause to be disclosed such confidential information pertaining to any applicant or recipient of services. The CONTRACTOR shall keep all Confidential Information received from COUNTY in the strictest confidence. The CONTRACTOR shall comply with Welfare and Institutions Code Section 10850.
- B. The CONTRACTOR shall take special precautions, including but not limited to sufficient training of CONTRACTOR staff before they begin work, to protect such Confidential Information from loss or unauthorized use, access, disclosure, modification or destruction.
- C. The CONTRACTOR shall ensure case record or personal information is kept confidential when it identifies an individual by name, address, or other specific information. The CONTRACTOR shall not use such information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement.
- D. CONTRACTOR shall promptly transmit to the COUNTY all third party requests for disclosure of Confidential Information. The CONTRACTOR shall not disclose such information to anyone other than the COUNTY except when disclosure is specifically permitted by this Agreement or as authorized in writing in advance by the COUNTY.

12. HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT

The CONTRACTOR is subject to and shall operate in compliance with all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the related laws and regulations promulgated subsequent thereto. Please refer to Attachment I of this Agreement.

13. PERSONALLY IDENTIFIABLE INFORMATION

- A. Personally Identifiable Information (PII) refers to personally identifiable information that can be used alone or in conjunction with any other reasonably available information, to identify a specific individual. PII includes, but is not limited to, an individual's name, social security number, driver's license number, identification number, biometric records, date of birth, place of birth, or mother's maiden name. The PII may

be electronic, paper, verbal, or recorded. PII may be collected performing administrative functions on behalf of programs, such as determining eligibility for, or enrollment in, and collecting PII for such purposes, to the extent such activities are authorized by law.

- B. CONTRACTOR may use or disclose PII only to perform functions, activities or services directly related to the administration of programs in accordance with Welfare and Institutions Code sections 10850 and 14100.2, 42 Code of Federal Regulations (CFR) section 431.300 et seq, and 45 CFR 205.50 et seq, or as required by law. Disclosures which are required by law, such as a court order, or which are made with the explicit written authorization of the client, are allowable. Any other use or disclosure of PII requires the express approval in writing of COUNTY. CONTRACTOR shall not duplicate, disseminate or disclose PII except as allowed in this Agreement.
- C. CONTRACTOR agrees to the PII Privacy and Security Standards attached as Attachment II. When applicable, CONTRACTOR shall incorporate the relevant provisions of Attachment II into each subcontract or sub-award to subcontractors.

14. HOLD HARMLESS/INDEMNIFICATION

CONTRACTOR agrees to indemnify and hold harmless the COUNTY, its departments (including DPSS), agencies and districts, including their officers, employees and agents (collectively "County Indemnitees"), from any liability, damage, claim or action based upon or related to any services or work of the CONTRACTOR (including its officers, employees, agents, subcontractors or suppliers) arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury or death. CONTRACTOR shall, at its sole expense and cost (including but not limited to attorney fees, cost of investigation, defense and settlements or awards), defend County Indemnitees in any such claim or action. 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 claim or action so long as that does not compromise CONTRACTOR's indemnification obligation. The CONTRACTOR's obligation hereunder shall be satisfied when CONTRACTOR has provided COUNTY the appropriate form of dismissal relieving the COUNTY from any liability for the action to claim made. The insurance requirements stated in this Agreement shall in no way limit or circumscribe CONTRACTOR's obligations to indemnify and hold harmless COUNTY.

15. 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.
- B. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an AM 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.
- C. The CONTRACTOR's insurance carrier(s) must declare its insurance self-insured retentions. If such self-insured retentions exceed \$500,000 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.

- D. 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) calendar 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 its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.
- E. 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.
- F. 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.
- G. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- H. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the COUNTY.
- I. 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.

16. 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.

17. 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.

18. **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.
19. **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.
20. **INDEPENDENT CONTRACTOR**
It is agreed that the CONTRACTOR is an independent CONTRACTOR and that no relationship of employer-employee exists between the parties. The CONTRACTOR and its employees shall not be entitled to any benefits payable to employees of the COUNTY including but not limited to workers' compensation, retirement or health benefits. The COUNTY shall not be required to make any deductions for CONTRACTOR employees from the compensation payable to CONTRACTOR under this Agreement. The CONTRACTOR agrees to hold the COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by any person or other party that an employer-employee relationship exists by reason of this Agreement. The CONTRACTOR agrees to indemnify and defend, at its sole expense and cost (including but not limited to attorney fees, cost of investigation, defense and settlements or awards), the COUNTY, its officers, agents and employees in any legal action based upon such alleged existence of an employer-employee relationship by reason of this Agreement.
21. **USE BY POLITICAL ENTITIES**
The CONTRACTOR agrees to extend the same pricing, terms and conditions as stated in this Agreement to each and every political entity, special district, and related non-profit entity in Riverside COUNTY and under certain circumstances entities located in the State of California. It is understood that other entities shall make purchases in their own name, make direct payment, and be liable directly to the CONTRACTOR; and COUNTY shall in no way be responsible to CONTRACTOR for other entities' purchases.
22. **LICENSES AND PERMITS**

If applicable, the CONTRACTOR shall be licensed and have all permits as required by Federal, State, COUNTY or other regulatory authorities at the time the proposal are submitted to COUNTY and throughout the term of this Agreement. CONTRACTOR warrants that it has all necessary permits, approvals, certificates, waivers and exceptions necessary for performance of this Agreement.

23. **NO DEBARMENT OR SUSPENSION**
 The CONTRACTOR certifies that it is not presently debarred, suspended, proposed for debarment, or declared ineligible or voluntarily excluded from covered transactions by a Federal department or agency; has not within a three-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; is 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 has not within a three-year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause or default.
24. **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 or Federal agencies, funding sources and other governing regulatory authorities which impose duties and regulations upon COUNTY related to this Agreement. These shall be equally applicable to and binding upon the CONTRACTOR to the same extent as they are upon COUNTY.
25. **EMPLOYMENT PRACTICES**
- A. The CONTRACTOR shall comply with all federal and state statutes and regulations in the hiring of its employees.
 - B. 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 apply with the provisions of the Fair Employment and Housing Act (FEHA) and the Federal Civil Rights Act of 1964 (P. L. 88-352).
 - C. In the provision of benefits, the CONTRACTOR shall certify and comply with Public Agreement Code 10295.3 and not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees. 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.
 - D. 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).
 - E. EDD reporting requirements. CONTRACTOR shall provide required data and certification to the COUNTY in order to comply with child support enforcement requirements. The documentation will be provided within ten (10) days of notification of award of this Agreement when required by Employment Development Department (EDD). Failure to submit the documentation or failure to comply when all federal and state reporting requirement for child support enforcement shall constitute a material breach of this Agreement.
26. **PERSONNEL**

- A. Upon request by COUNTY, the CONTRACTOR agrees to make available to COUNTY 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.
- B. COUNTY 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 occupies positions with supervisory or disciplinary power over minors, or who occupies supervisory or teaching positions over adult clients. COUNTY 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.
- C. **Background Checks**
 CONTRACTOR shall conduct criminal background records checks on all individuals 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. The use of criminal records for the purposes of employment decisions must comply with the Office of Federal Contract Compliance Programs Directive 2013-02 "Complying with Nondiscrimination Provisions: Criminal Record Restrictions and Discrimination Based on Race and National Origin" and California Government Code § 12952.
- D. **Required Licenses, Certifications and Level of Education**
 Please refer to Schedule B of this Agreement.

27. LOBBYING

- A. The CONTRACTOR shall ensure no federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant loan or cooperative agreement.
- B. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with such Federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- C. The CONTRACTOR shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contract under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

28. ADVERSE GOVERNMENT ACTION

In the event any action of any department, branch or bureau of the Federal, State, or Local government has a material adverse effect on either party in the performance of their obligations hereunder, then that party shall

notify the other of the nature of this action, including in the notice a copy of the adverse action. The parties shall meet within thirty (30) calendar days and shall, in good faith, attempt to negotiate a modification to this Agreement that minimizes the adverse effect. Notwithstanding the provisions herein, if the parties fail to reach a negotiated modification concerning the adverse action, then the affected party may terminate this Agreement by giving at least one hundred eighty (180) calendar days' notice or may terminate sooner if agreed to by both parties.

29. SUBCONTRACTS

- A. The CONTRACTOR shall not enter into any subcontract with any subcontractor who:
- (1) Is presently debarred, suspended, proposed for debarment or suspension, or declared ineligible or voluntarily excluded from covered transactions by a Federal department or agency;
 - (2) Has within a three-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 three-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 fully responsible for the acts or omissions of its subcontractors and the subcontractor's employees.
- C. The CONTRACTOR shall insert clauses in all subcontracts to bind its subcontractors to the terms and conditions of this Agreement.
- D. Nothing contained in this Agreement shall create a contractual relationship between any subcontractor or supplier of the CONTRACTOR and the COUNTY.

30. 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 COUNTY for, or apply any sums received from COUNTY, 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 COUNTY.

31. ASSIGNMENT

The CONTRACTOR shall not assign or transfer any interest in this Agreement without the prior written consent of COUNTY. Any attempt to assign or transfer any interest without written consent of COUNTY shall be deemed void and of no force or effect.

32. FORCE MAJEURE

If either party is unable to comply with any provision of this Agreement due to causes beyond its reasonable control, and which could not have been reasonably anticipated, such as acts of God, acts of war, civil disorders, or other similar acts, such party shall not be held liable for such failure to comply.

33. GOVERNING LAW

This Agreement shall be governed by 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 Superior Court for the State of California or the U.S. District Court located in Riverside, California.

34. DISPUTES

A. The parties shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the senior management of the parties. Any dispute relating to this Agreement which is not resolved by the parties shall be decided by the COUNTY's Compliance Contract Officer who shall furnish the decision in writing. The decision of the COUNTY's Compliance Contract Officer shall be final and conclusive unless determined by a court to have been fraudulent, capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The CONTRACTOR shall proceed diligently with the performance of this Agreement pending resolution of a dispute.

B. Prior to the filing of any legal action related to this Agreement, the parties shall be obligated to attend a mediation session in Riverside County before a neutral third party mediator. A second mediation session shall be required if the first session is not successful. The parties shall share the cost of the mediations.

35. ADMINISTRATIVE/CONTRACT LIAISON

Each party shall designate a liaison that will be the primary point of contact regarding this Agreement.

36. 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 as Attachment III. The CONTRACTOR will sign and date Attachment III and return it to COUNTY 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.cdss.ca.gov/inforesources/Civil-Rights/Your-Rights-Under-California-Welfare-Programs>

Civil Rights Complaints should be referred to:

Civil Rights Coordinator
Riverside County Department of Public Social Services
7894 Mission Grove Parkway, Suite 100
Riverside, CA 92508
(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.

37. NOTICES

All notices, claims, correspondence, or statements authorized or required by this Agreement shall be deemed effective three (3) business days after they are made in writing and deposited in the United States mail 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:



California Family Life Center
Executive Director
749 N State St


Hemet, CA 92543

CONTRACTOR "Remit To" address:

California Family Life Center
 Executive Director
 749 N State St
 Hemet, CA 92543

- 38. **SIGNED IN COUNTERPARTS**
 This Agreement may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.
- 39. **MODIFICATION OF TERMS**
 This Agreement may be modified only by a written amendment signed by authorized representatives of both parties. Requests to modify fiscal provisions shall be submitted no later than April 1.
- 40. **ENTIRE AGREEMENT**
 This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof; and all prior or contemporaneous agreements of any kind or nature relating to the same subject matter shall be of no force or effect.

Authorized Signature for California Family Life Center 	Authorized Signature for County 
Printed Name of Person Signing: Mary Jo Ramirez	Printed Name of Person Signing: Chuck Washington
Title: Executive Director	Title: Chair, Board of Supervisors
Date Signed: 04/18/2018	Date Signed: JUN 05 2018

FORM APPROVED COUNTY COUNSEL
 BY:  5/8/18
 DANIELLE D. MALAND DATE

ATTEST:
 KECIA HARPER-JHEM, Clerk
 By  DEPUTY

Schedule A
Schedule, Terms, and Method of Payment

A.1 MAXIMUM AMOUNTS –ANNUAL AND AGGREGATE TOTALS

The total annual payments to CONTRACTOR shall not exceed:

FISCAL YEAR PERIOD	ANNUAL PAYMENT
July 1, 2017 through June 30, 2018	\$250,000
July 1, 2018 through June 30, 2019	\$250,000
July 1, 2019 through June 30, 2020	\$250,000
July 1, 2020 through June 30, 2021	\$250,000
July 1, 2021 through June 30, 2022	\$250,000
Total	\$1,250,000

A.2 LINE ITEM

- a. CONTRACTOR shall adhere to the line item budget as outlined in Attachment V.
- b. CONTRACTOR will provide the following supporting documentation along with the monthly invoice to justify invoice amounts:
 1. Payroll, Salary, and Benefits –
 - i. Payroll Register or Report including employee names, hours, wage rate, wage amount, benefit amount, pay dates.
 - ii. Time and Activity including employee names, dates worked, hours allocated to DPSS programs.
 2. Operating Expenses – Schedule or statement of costs; Allocation basis to CONTRACTOR.
 3. Equipment
 - i. Copy of invoice or receipt.
 - ii. Proof of payment.
Include copy of check, general ledger, or credit card receipt.
 4. Travel and Per Diem (as applicable) – Mileage Report; Copy of invoice or receipts.
 - i. Mileage Log for DPSS Activities including employee name, dates of travel, from/to destination, miles allocated to DPSS programs, and description of business purpose.
 - ii. Proof of payment including copy of check or invoice, original meal receipt, copy of transportation and lodging receipts.
 - iii. Meal and Mileage costs will be held to following COUNTY limits:
 - (a) Lodging
Actual cost for lodging shall not exceed \$159 per night inclusive of all occupancy and accommodation taxes and other room related taxes and fees.
 - (b) Meal Expenses
The maximum reimbursement for meals is \$10, \$15, and \$25 for breakfast, lunch and dinner respectively, inclusive of taxes and tip. Tips in excess of 20% of the cost of a meal will not be reimbursed. Amounts may not be aggregated. No reimbursement for alcoholic beverages.
 - (c) Transportation
Actual cost of common carrier services, including taxicabs and car rentals, when necessary shall be allowed. Travel in business class, first class or any category on any flight above the coach/economy level is allowable if (1) the traveler pays the cost difference or (2) can document

that no other option exists and the selected flight is the only option for travel. Airline government and group rates must be used when available.

(d) Rental cars

Actual costs evidenced by a copy of the receipt and inclusive of all related taxes and other rental fees should be submitted along with copies of gas receipts (dated, vendor name printed on the receipt) obtained for the purchase of gas for the rental vehicle. Government and group rates must be used when available.

5. Client Purchases

- i. Description of item.
- ii. Client signature log including date, client name, item issued, program, client signature.
- iii. Proof of payment including copy of check and purchase receipt.

6. Operating costs (direct or indirect) – include one of the following

- i. Cost schedule by allocation basis of calculated allocating costs to DPSS program.
- ii. Copy of invoice or receipts.
- iii. Approved Indirect Cost Rate (ICR).

- c. For expenses claimed based on historical or budget estimates, the CONTRACTOR shall reconcile these amounts to the actual expenditures annually within 60 days following the final billing period.

A.3 METHOD, TIME, AND CONDITIONS OF PAYMENT

- a. The CONTRACTOR will be paid the actual amount of each approved monthly invoice. COUNTY may delay payment if the required supporting documentation is not provided or other requirements are not met.
- b. All payment claims shall be submitted on a monthly basis no later than 30 days after the end of each month in which the services were provided. Each payment claiming period shall consist of a calendar month. All complete claims submitted in a timely manner shall be processed within forty-five (45) calendar days.
- c. As applicable for payment requests, CONTRACTOR shall submit completed DPSS Forms 2076A, 2076B (Attachment IV).
- d. CONTRACTOR invoice estimates for May and June are due no later than June 5. Actual CONTRACTOR invoices for May and June are due no later than July 30.

A.4 CONSUMER PRICE INDEX

No price increases will be permitted during the first year of this Agreement. All price decreases (for example, if CONTRACTOR offers lower prices to another governmental entity) will automatically be extended to the COUNTY. The COUNTY requires written proof satisfactory to COUNTY of cost increases prior to any approved price adjustment. After the first year of the award, a minimum of 30-days advance notice in writing is required to secure such adjustment. No retroactive price adjustments will be considered. Any price increases must be stated in a written amendment to this Agreement. The net dollar amount of profit will remain firm during the period of this Agreement. Annual increases shall not exceed the Consumer Price Index (CPI) for all consumers, all items for the Los Angeles, Riverside and Orange Counties CA areas and be subject to satisfactory performance review by the COUNTY and approved (if needed) for budget funding by the Board of Supervisors.

A.5 FINANCIAL RESOURCES

During the term of this Agreement, the CONTRACTOR shall maintain sufficient financial resources necessary to fully perform its obligations. The CONTRACTOR confirms there has been no material financial change in

the CONTRACTOR (including any parent company) since its last financial statement that has resulted in a negative impact to its financial condition.

A.6 DISALLOWANCE

If the CONTRACTOR receives payment under this Agreement which is later disallowed by COUNTY for nonconformance with the Agreement terms, the CONTRACTOR shall promptly refund the disallowed amount to COUNTY; or, at its option, COUNTY may offset the amount disallowed from any payment due to the CONTRACTOR.

Schedule B
Scope of ServicesB.1 SCOPE OF SERVICES
A. GOALS

The goals of KSSP are to increase placement stability and reduce the likelihood of entry/re-entry into the Child Welfare System of children placed with relative caregivers by reducing formal and informal relative caregivers stress and increasing family social support.

B. OBJECTIVES

CONTRACTOR shall meet the following objectives:

- i. Improve perceived stress for formal and informal relative caregivers who participate in KSSP services.
- ii. Improve perceived family social support for formal and informal relative caregivers who participate in KSSP services.
- iii. Improve perceived family resources for formal and informal relative caregivers who participate in KSSP services.

C. OUTCOMES¹

1. CONTRACTOR shall provide KSSP services to a minimum of 200 relative caregivers annually.
2. CONTRACTOR shall ensure that relative caregivers participating in the KSSP for a minimum of three (3) months:
 - i. demonstrate a 10% decrease in perceived stress as measured by the difference in scores on the Perceived Stress Scale (PSS); administered at Pre Test and upon participation in the program; Post Test.
 - ii. demonstrate a 30% increase in perceived family social support as measured by the difference in the scores on the Family Support Scale (FSS); administered at Pre-Test and upon participation in the program; Post-Test.
 - iii. demonstrate a 10% increase in perceived family resources as measured by the differences in scores on the Family Resource Scale (FRS); administered to clients at Pre-Test and upon completion in the program; Post-Test.

¹ The results generated by the evaluation tool(s) during the first year of implementation will be used to establish a baseline for future use in determining appropriate percentage(s) of change for targeted program outcome(s). In subsequent years, changes to target program outcome percentage(s) of change may be modified based on the collected data.

In an effort to avoid discrepancies between current and previous program outcome(s), the CONTRACTOR, with guidance from CSD-PEU, will be responsible for evaluating program participants and/or program effectiveness using the program outcome(s) in place at the time the participant(s) entered the program. The previous program outcome(s) should be discontinued once all previous participants complete the program.

D. DPSS RESPONSIBILITIES

- i. Assign staff to be liaison between DPSS and the CONTRACTOR.
- ii. 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.

E. CONTRACTOR RESPONSIBILITIES

1. GENERAL RESPONSIBILITIES

- A. Assign staff to be a liaison between the CONTRACTOR and DPSS.
- B. Services shall be provided throughout Riverside County in all eight (8) service areas as referenced in Attachment VI.

2. PROGRAM CURRICULUM REQUIREMENTS

- A. Upon the execution of this Agreement, CONTRACTOR shall provide physical copies of all evidence-based or evidence-informed practice materials, program evaluation tools and curriculums to DPSS CSD-PEU within thirty (30) calendar days.
- B. CONTRACTOR shall ensure that all evidence-based or evidence-informed practice(s) have verifiable source justification(s), literature citations and/or references (NREPP, CEBC, etc.) that demonstrate effectiveness.
- C. All physical copies of program documentation must be mailed to:

Mailing address:

County of Riverside, DPSS Children's Services Division
Program Evaluation Unit
10281 Kidd St.
Second Floor
Riverside, CA 92503

- D. All evidence-based or evidence-informed materials must be approved by DPSS CSD-PEU prior to utilization with DPSS CSD clients.

3. START-UP & ASSESSMENT

- A. CONTRACTOR is expected to provide services beginning July 1, 2017.
- B. CONTRACTOR is responsible for recruiting relative caregivers into the KSSP.

4. RELATIVE CAREGIVER SUPPORT SERVICES

A. CASE MANAGEMENT

- i. CONTRACTOR shall provide on-going and responsive case management services that meet the unique needs of relative caregivers, identify and address specific caregiver needs, and serve as a link to community resources.
- ii. CONTRACTOR shall provide weekly case management meetings, as necessary, which shall include one Licensed Clinician.
- iii. CONTRACTOR shall ensure that direct case management services include, but are not limited to the following:
 - a. Coordination of services
 - b. Assessment & intake
 - c. Referrals to appropriate resources
 - d. Support services & groups
 - e. Counseling
 - f. Guardianship or adoption assistance
 - g. Development of educational improvement plan(s) and/or attendance improvement plan(s)
 - h. Education services, which include tutoring or homework club
 - i. Advocacy in the court system
 - j. Coordinate childcare services for court appearances or peer meetings
 - k. Respite care
 - l. Assistance with all required Kin-Gap and/or Kin-Gap Plus paperwork
- iv. CONTRACTOR shall provide relative caregivers with Kin-Care, support groups, and/or support workshops as referenced in the Case Management Work Plan; Attachment VII.

B. MENTORING

- i. CONTRACTOR shall provide mentoring services to relative caregivers and children, as needed, through positive role modeling, either on a one-on-one basis or in a group setting.
- ii. CONTRACTOR shall encourage and support family's positive behavior by providing consistent, positive relationships that boost self-esteem, peer relationships, and school attendance and performance.
- iii. CONTRACTOR shall provide the following mentoring services to relative caregivers as detailed in the Mentoring Work Plan; Attachment VIII, as necessary:
 - a. Direct mentoring
 - b. Support groups
 - c. Post legal guardianship/post-adoption support groups
 - d. Parents As Teachers/PRIDE Parenting
 - e. Youth & Children Mentoring Camps
 - f. Homework Club
 - g. Tutoring & enrichment program
 - h. ARTERY Arts/Culture Mentoring
 - i. Peer mentoring

j. Follow-Up activities

C. COUNSELING

- i. CONTRACTOR shall provide individual and group counseling services to address issues of relative caregiver/child relationships, unique issues pertaining to relative caregiver relationships, conflict resolution, contemporary parenting practices, and coping skills related to guilt, anger, and stress reduction as referenced in the Support Group Work Plan; Attachment IX.
- ii. CONTRACTOR shall provide counseling sessions to relative caregivers as referenced in the Support Group Work Plan; Attachment IX.
- iii. CONTRACTOR shall provide support groups and support workshops to relative caregivers to enhance knowledge and skill development while helping to encourage natural support and peer learning.
- iv. Support groups and support workshops must assist and enhance effective parenting skills and techniques such as role-playing and positive communication/discipline modeling that may lead to positive behavioral changes in relative caregivers and relative children.
- v. Kin-Care counseling support groups shall focus on, but not be limited to the following:
 - a. Parent education reinforcement
 - b. Parenting
 - c. Family concerns
 - d. Preventative health/daily care
 - e. Social support
- vi. CONTRACTOR shall coordinate counseling referrals with insurance companies, Medi-Cal or Riverside County Central Access Team.
- vii. CONTRACTOR provided counseling sessions shall be client-centered and based on individual and/or family needs specifically related to:
 - a. Parent/child relationship
 - b. Conflict resolution
 - c. Enhancing coping skills
 - d. Loss and change experienced by relative caregivers and relative children
 - e. Stress reduction techniques
 - f. Issues related to kinship care

D. PARENT EDUCATION

- i. CONTRACTOR shall provide evidence-based parent education classes for adult relative caregivers who need assistance in strengthening their emotional attachment to relative children in their care.
- ii. CONTRACTOR shall provide parenting education to relative caregivers as referenced in the Education Work Plan; Attachment XI.

- iii. CONTRACTOR shall provide bi-weekly home visits, unless otherwise indicated by the DPSS CSD Liaison, to promote kinship education.
- iv. CONTRACTOR shall provide monthly caregiver group meetings that focus on parent-child interaction and development centered parenting and well-being.
- v. Parent education curriculum shall include but not be limited to the following:
 - a. Birth family relationships
 - b. Child protection and nourishment
 - c. Child behavior, development needs and/or delays
 - d. Disciplinary techniques
 - e. Education preparation
 - f. Effective communication
 - g. General principles of child care and supervision as outlined in Welfare and Institutions Code 16507.7 (Attachment X)

E. EDUCATIONAL SUPPORT

- i. CONTRACTOR shall develop educational support plans and adhere to all elements of the Education Work Plan as outlined in Attachment XI.
- ii. CONTRACTOR shall serve as a liaison between the family and school when needed for support and/or advocacy in areas that include but are not limited to:
 - a. Educational rights
 - b. School resources
 - c. Special education services
 - d. Homework assistance and/or tutoring

F. LEGAL GUARDIANSHIP/ADOPTION MEDIATION

- i. Facilitate sessions with a multi-disciplinary team which may include relative caregivers, parents, additional professionals and individuals to decide the best possible permanency route for relative children.
- ii. CONTRACTOR shall accompany prospective guardians to court hearings.
- iii. CONTRACTOR shall provide both legal guardianship and adoption mediation services as proscribed in the KSSP Case Management Work Plan; Attachment VII.

G. REFERRALS

- i. CONTRACTOR shall provide referral services to relative caregivers and relative children in their homes to ensure linkage to services.
- ii. CONTRACTOR must have a functional and operational system for referring clients, tracking if clients have received services, and screening referral sources.

H. TRANSPORTATION

- i. CONTRACTOR shall provide transportation services to KSSP clients who would otherwise be unable to participate in KSSP.
- ii. Transportation services must be provided anywhere within Riverside County for emergency, educational, and recreational activities.
- iii. All transportation for KSSP clients shall be provided by Mentors and/or a designated transporter.
- iv. CONTRACTOR shall complete Attachment XIII, KSSP Transportation Log, for all transport completed under this contract.

5. FOLLOW-UP SUPPORT

A. Post-Legal Guardianship/Post-Adoption Support Groups

- i. Licensed Clinician shall facilitate groups between relative caregivers and new relative caregivers after they have been awarded legal guardianship or adoption.
- ii. CONTRACTOR shall hold post-legal guardianship/post-adoption support groups in an environment that facilitates an exchange of ideas to relieve the stressors that often threaten the stability of the relative child's placement.
- iii. CONTRACTOR shall provide follow-up support services to relative caregivers as referenced in the Support Groups Work Plan; Attachment IX.

B. Relative Family-Child Conflict Resolution

- i. Licensed Clinician shall provide conflict resolution designed to include immediate and extended family members in a group decision-making process as needed.
- ii. CONTRACTOR shall provide time-limited, facilitated sessions with families to resolve conflicts that may lead to abuse or neglect, as well as placement disruption.
- iii. CONTRACTOR shall provide relative family-child conflict resolution as proscribed in the KSSP Case Management Work Plan; Attachment VII.

C. Kin-GAP

- i. CONTRACTOR shall assist families with the completion of documents for payment using the Kinship Guardian Assistance Payment (Kin-GAP or Kin-GAP Plus) programs.

6. PUBLIC RELATIONS

- A. CONTRACTOR shall adhere to all aspects of the Outreach and Recruitment Work Plan as referenced in Attachment XII.

B. Relative Caregiver-Child Awareness Outreach

At the sole expense of the CONTRACTOR, CONTRACTOR shall:

- i. Attend health and resource fairs, assemblies, and other community events.
- ii. Advertise public service announcements in local newspapers and newsletters.
- iii. Utilize local news sources to generate awareness of KSSP.
- iv. Conduct presentations at schools, local and service organizations, faith based groups and/or public agencies to garner awareness of KSSP.

C. Presentations

At the sole expense of the CONTRACTOR, CONTRACTOR shall:

- i. Provide presentations to relative caregivers, school districts and their representatives, and other community partners to educate on the availability of support services and resources for relative caregivers and the relative children in their care.
- ii. Presentations may include but are not limited to:
 - a. presentations to caregivers on school advocacy and support services available through schools
 - b. presentations to caregivers on the legal and social importance of adoption and guardianship;
 - c. presentations to school districts or individual schools on the needs of KSSP families.

D. Kinship Support Conferences and Related Meetings

- i. CONTRACTOR shall attend kinship support conferences and related meetings, including but not limited to:
 - a. Kinship Care Training
 - b. Kin-GAP Program Policy & Implementation
 - c. Permanency Options for Relative Caregivers
- ii. CONTRACTOR shall not be reimbursed for any incurred expenses pertaining to travel, including but not limited to air, hotel, and ground transportation.

7. STAFFING

CONTRACTOR shall staff the following positions to provide service to the KSSP population:

A. Program Coordinator

- i. The Program Coordinator will serve as a liaison to DPSS and must possess a Bachelor's degree in Human Services or a related field and have two (2) years of experience working in community-based programs.
- ii. Program Coordinator responsibilities shall include:
 - a. Program oversight
 - b. Supervision of staff
 - c. Identifying client service needs
 - d. Coordinating submission of reports and other required documentation

B. Licensed Clinician

- i. The clinician must be a Licensed Marriage and Family Therapist (LMFT), a Licensed Clinical Social Worker (LCSW), or a registered intern under the supervision of a Licensed Clinician.
- ii. This individual will provide individual counseling in the areas of caregiver relationships aimed at promoting permanency (including kinship adoption and guardianship), family conferencing, and parenting classes.
- iii. This individual will provide the following community-based family support services to relative caregivers and children:
 - a. Individual parenting group and peer counseling services pertinent to caregiver relationships and conflict resolution.

C. Community Resource Counselor

- i. These individuals shall possess a minimum of a Bachelor's degree in Human Services or related field, or an Associates Degree in Human Services or related field and have two (2) years experience providing such services and facilitating meetings/presentations.
- ii. Community Resource Counselors shall provide:
 - a. Case management services
 - b. Facilitate support groups and provide linkage to childcare
 - c. School advocacy services for KSSP case-managed children, when necessary, which includes developing an educational improvement plan and/or a school attendance improvement plan. Request and/or attend the following:
 - (i). Student Study Team (SST)
 - (ii). Individualized Educational Plan (IEP) consultation
 - (iii). School Attendance and Review Board (SARB) meetings
- iii. Community Resource Counselors shall provide presentations to caregivers regarding the following topics:
 - a. advocacy and support services available through schools.
 - b. legal and social importance of adoption and guardianship.
- iv. Community Resource Counselors shall provide presentations to school districts or individual schools based on the needs of KSSP families.

D. Mentor

- i. This individual will have a minimum of an Associate of Arts degree in Human Services or related field, or two (2) years experience providing such services in a community-based program.
- ii. Mentors will provide recreational, mentoring, and tutoring services, as well as provide transportation services to KSSP clients who would otherwise be unable to participate in

KSSP. Mentors shall maintain a Transportation Log; (Attachment XIII). All transportation for KSSP clients shall be provided by Mentors and/or designated transporters.

8. JOINT OPERATIONAL MEETINGS (JOM)

CONTRACTOR shall adhere to the following:

- a. Facilitate communication between CFLC and DPSS, and are to include at minimum the primary liaisons from each organization, and be held as needed.
- b. Serve as a communication arena with discussion that may include, but is not limited to, the following: quarterly statistical reports, joint case reviews, incidents, areas of enhancement, communication, quarterly program management reports, and quarterly statistics.

B.2 REPORTING

A. EVALUATION DATA

- i. CONTRACTOR shall have all clients fully and accurately complete the Evaluation Tools Pre-Test upon enrollment in KSSP (Attachment XIV).
- ii. CONTRACTOR shall have all clients fully and accurately complete the Evaluation Tools Post-Test (Attachment XV).
- iii. CONTRACTOR shall complete the Client Services Tracking Log (Attachment XVI).
- iv. All evaluation data must be submitted as encrypted files to DPSS CSD by the 20th day of the month following services in a mutually agreed upon format and method between the CONTRACTOR and DPSS-PEU.
- v. CONTRACTOR shall utilize the program evaluation tool(s) in place at the time of participant enrollment.

B. MONTHLY REPORTS

- i. CONTRACTOR shall submit the following monthly reports as encrypted files to the DPSS CSD Liaison at PDRreports@rivco.org by the 20th of the month following services. Information captured in the reports shall include but not be limited to the following data:

- a. Client Service Report

- (i). Name
- (ii). Birthdate
- (iii). Gender
- (iv). Ethnicity
- (v). Date of program intake/registration
- (vi). Date of completion for program evaluation tool(s)
- (vii). Date of program discharge
- (viii). Reason of program discharge
- (ix). Unit of services provided
- (x). Materials/supplies provided to clients

- b. Program Report

- (i). Number of new clients who completed program intake/registration
- (ii). Number of discharged clients with documented reason)
- (iii). Number of total clients served

ATTACHMENT I

HIPAA Business Associate Agreement
Addendum to Contract
Between the County of Riverside and California Family Life Center

This HIPAA Business Associate Agreement (the "Addendum") supplements, and is made part of (the CS-03494 "Underlying Agreement") between the County of Riverside ("County") and California Family Life Center ("Contractor") and shall be effective as of the date the Underlying Agreement is 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;

County of Riverside BAA 09/2013

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 17 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 22 ("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 27 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 34 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 Contractor 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: P.O. Box 1569
Riverside, CA 92502

County HIPAA Privacy Officer Fax Number: (951) 955-HIPAA or (951) 955-4472

----- **TO BE COMPLETED BY COUNTY PERSONNEL ONLY** -----

County Departmental Officer: DPSS Privacy Officer

County Departmental Officer Title: DPSS Business Continuity/Assurance and Review Services

County Department Address: 7894 Mission Grove Parkway, Ste. 100, Riverside, CA 92508

County Department Fax Number: 951-358-4672

County of Riverside BAA 09/2013

ATTACHMENT II
PII Privacy and Security Standards

I. PHYSICAL SECURITY

The CONTRACTOR shall ensure PII is used and stored in an area that is physically safe from access by unauthorized persons at all times. The CONTRACTOR agrees to safeguard PII from loss, theft, or inadvertent disclosure and, therefore, agrees to:

- A. Secure all areas of the CONTRACTOR facilities where staff assist in the administration of their program and use, disclose, or store PII.
- B. These areas shall be restricted to only allow access to authorized individuals by using one or more of the following:
 1. Properly coded key cards
 2. Authorized door keys
 3. Official identification
- C. Issue identification badges to CONTRACTOR staff.
- D. Require CONTRACTOR staff to wear these badges where PII is used, disclosed, or stored.
- E. Ensure each physical location, where PII is used, disclosed, or stored, has procedures and controls that ensure an individual who is terminated from access to the facility is promptly escorted from the facility by an authorized employee and access is revoked.
- F. Ensure there are security guards or a monitored alarm system at all times at the CONTRACTOR facilities and leased facilities where five hundred (500) or more individually identifiable records of PII is used, disclosed, or stored. Video surveillance systems are recommended.
- G. Ensure data centers with servers, data storage devices, and/or critical network infrastructure involved in the use, storage, and/or processing of PII have perimeter security and physical access controls that limit access to only authorized staff. Visitors to the data center area must be escorted at all times by authorized staff.
- H. Store paper records with PII in locked spaces, such as locked file cabinets, locked file rooms, locked desks, or locked offices in facilities which are multi-use meaning that there are COUNTY and non-COUNTY functions in one building in work areas that are not securely segregated from each other. It is recommended that all PII be locked up when unattended at any time, not just within multi-use facilities.
- I. Use all reasonable measures to prevent non-authorized personnel and visitors from having access to, control of, or viewing PII.

II. TECHNICAL SECURITY CONTROLS

- A. Workstation/Laptop Encryption. All workstations and laptops, which use, store and/or process PII, must be encrypted using a FIPS 140-2 certified algorithm 128 bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk. It is encouraged, when available and when feasible, that the encryption be 256 bit.
- B. Server Security. Servers containing unencrypted PII must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review. It is recommended to follow the guidelines documented in the latest revision of the National Institute of

Standards and Technology (NIST) Special Publication (SP) 800-53, Security and Privacy Controls for Federal Information Systems and Organizations.

- C. Minimum Necessary. Only the minimum necessary amount of PII required to perform required business functions may be accessed, copied, downloaded, or exported.
- D. Mobile Device and Removable Media. All electronic files, which contain PII data, must be encrypted when stored on any mobile device or removable media (i.e. USB drives, CD/DVD, smartphones, tablets, backup tapes etc.). Encryption must be a FIPS 140-2 certified algorithm 128 bit or higher, such as AES. It is encouraged, when available and when feasible, that the encryption be 256 bit.
- E. Antivirus Software. All workstations, laptops and other systems, which process and/or store PII, must install and actively use an antivirus software solution. Antivirus software should have automatic updates for definitions scheduled at least daily.
- F. Patch Management.
 - 1. All workstations, laptops and other systems, which process and/or store PII, must have critical security patches applied, with system reboot if necessary.
 - 2. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.
 - 3. At a maximum, all applicable patches deemed as critical must be installed within thirty (30) days of vendor release. It is recommended that critical patches which are high risk be installed within seven (7) days.
 - 4. Applications and systems that cannot be patched within this time frame, due to significant operational reasons, must have compensatory controls implemented to minimize risk.
- G. User IDs and Password Controls.
 - 1. All users must be issued a unique user name for accessing PII.
 - 2. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee within twenty-four (24) hours. Note: Twenty-four (24) hours is defined as one (1) working day.
 - 3. Passwords are not to be shared.
 - 4. Passwords must be at least eight (8) characters.
 - 5. Passwords must be a non-dictionary word.
 - 6. Passwords must not be stored in readable format on the computer or server.
 - 7. Passwords must be changed every ninety (90) days or less. It is recommended that passwords be required to be changed every sixty (60) days or less.
 - 8. Passwords must be changed if revealed or compromised.
 - 9. Passwords must be composed of characters from at least three (3) of the following four (4) groups from the standard keyboard:
 - a. Upper case letters (A-Z)
 - b. Lower case letters (a-z)
 - c. Arabic numerals (0-9)
 - d. Special characters (!,@,#, etc.)
- H. Data Destruction. When no longer needed, all PII must be cleared, purged, or destroyed consistent with NIST SP 800-88, Guidelines for Media Sanitization, such that the PII cannot be retrieved.
- I. System Timeout. The systems providing access to PII must provide an automatic timeout, requiring re-authentication of the user session after no more than twenty (20) minutes of inactivity.

- J. Warning Banners. The systems providing access to PII must display a warning banner stating, at a minimum:
1. Data is confidential;
 2. Systems are logged;
 3. System use is for business purposes only, by authorized users; and
 4. Users shall log off the system immediately if they do not agree with these requirements.
- K. System Logging.
1. The systems which provide access to PII must maintain an automated audit trail that can identify the user or system process which initiates a request for PII, or alters PII.
 2. The audit trail shall:
 - a. Be date and time stamped;
 - b. Log both successful and failed accesses;
 - c. Be read-access only; and
 - d. Be restricted to authorized users.
 3. If PII is stored in a database, database logging functionality shall be enabled.
 4. Audit trail data shall be archived for at least three (3) years from the occurrence.
- L. Access Controls. The system providing access to PII shall use role-based access controls for all user authentications, enforcing the principle of least privilege.
- M. Transmission Encryption.
1. All data transmissions of PII outside of a secure internal network must be encrypted using a Federal Information Processing Standard (FIPS) 140-2 certified algorithm that is 128 bit or higher, such as Advanced Encryption Standard (AES) or Transport Layer Security (TLS). It is encouraged, when available and when feasible, that 256 bit encryption be used.
 2. Encryption can be end to end at the network level, or the data files containing PII can be encrypted.
 3. This requirement pertains to any type of PII in motion such as website access, file transfer, and email.
- N. Intrusion Prevention. All systems involved in accessing, storing, transporting, and protecting PII, which are accessible through the Internet, must be protected by an intrusion detection and prevention solution.

III. AUDIT CONTROLS

A. System Security Review.

1. The CONTRACTOR must ensure audit control mechanisms are in place.
2. All systems processing and/or storing PII must have at least an annual system risk assessment/security review that ensures administrative, physical, and technical controls are functioning effectively and provide an adequate level of protection.
3. Reviews should include vulnerability scanning tools.

B. Log Reviews. All systems processing and/or storing PII must have a process or automated procedure in place to review system logs for unauthorized access.

C. Change Control. All systems processing and/or storing PII must have a documented change control process that ensures separation of duties and protects the confidentiality, integrity and availability of data.

IV. BUSINESS CONTINUITY / DISASTER RECOVERY CONTROLS

A. Emergency Mode Operation Plan. The CONTRACTOR must establish a documented plan to enable continuation of critical business processes and protection of the security of PII kept in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal

computer operations to become unavailable for use in performing the work required under this Agreement for more than twenty-four (24) hours.

- B. Data Centers. Data centers with servers, data storage devices, and critical network infrastructure involved in the use, storage and/or processing of PII, must include environmental protection such as cooling, power, and fire prevention, detection, and suppression.
- C. Data Backup and Recovery Plan.
 1. The CONTRACTOR shall have established documented procedures to backup PII to maintain retrievable exact copies of PII.
 2. The documented backup procedures shall contain a schedule which includes incremental and full backups.
 3. The procedures shall include storing backups offsite.
 4. The procedures shall ensure an inventory of backup media.
 5. The CONTRACTOR shall have established documented procedures to recover PII data.
 6. The documented recovery procedures shall include an estimate of the amount of time needed to restore the PII data.

V. PAPER DOCUMENT CONTROLS

- A. Supervision of Data. The PII in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information may be observed by an individual not authorized to access the information.
- B. Data in Vehicles. The CONTRACTOR shall have policies that include, based on applicable risk factors, a description of the circumstances under which staff can transport PII, as well as the physical security requirements during transport. A CONTRACTOR that chooses to permit its staff to leave records unattended in vehicles must include provisions in its policies to ensure the PII is stored in a non-visible area such as a trunk, that the vehicle is locked, and under no circumstances permit PII be left unattended in a vehicle overnight or for other extended periods of time.
- C. Public Modes of Transportation. The PII in paper form shall not be left unattended at any time in airplanes, buses, trains, etc., including baggage areas. This should be included in training due to the nature of the risk.
- D. Escorting Visitors. Visitors to areas where PII is contained shall be escorted, and PII shall be kept out of sight while visitors are in the area.
- E. Confidential Destruction. PII must be disposed of through confidential means, such as cross cut shredding or pulverizing.
- F. Removal of Data. The PII must not be removed from the premises except for identified routine business purposes or with express written permission of the COUNTY.
- G. Faxing.
 1. Faxes containing PII shall not be left unattended and fax machines shall be in secure areas.
 2. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them and notify the sender.
 3. Fax numbers shall be verified with the intended recipient before sending the fax.
- H. Mailing.

1. Mailings containing PII shall be sealed and secured from damage or inappropriate viewing of PII to the extent possible.
2. Mailings that include five hundred (500) or more individually identifiable records containing PII in a single package shall be sent using a tracked mailing method that includes verification of delivery and receipt, unless the CONTRACTOR obtains prior written permission from the COUNTY to use another method.

VI. NOTIFICATION AND INVESTIGATION OF BREACHES AND SECURITY INCIDENTS

During the term of this Agreement, the CONTRACTOR agrees to implement reasonable systems for the discovery and prompt reporting of any Breach or Security Incident, and to take the following steps:

The CONTRACTOR shall immediately notify the COUNTY when it discovers that there may have been a breach in security which has or may have resulted in compromise to confidential data. For purposes of this section, immediately is defined as within two hours of discovery. The COUNTY contact for such notification is as follows:

Breaches should be referred to:

Civil Rights Coordinator
Riverside County Department of Public Social Services
7894 Mission Grove Parkway, Suite 100
Riverside, CA 92508
(951) 358-6841

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

California Family Life Center
NAME OF ORGANIZATION

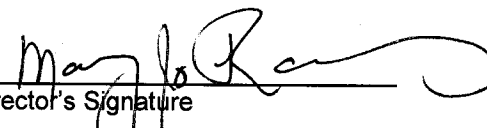
HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans 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.

04-18-2018
Date


Director's Signature

930 N. State St. Hemet, Ca 92543
Address of Vendor/Recipient
(08/13/01)

CR50-Vendor Assurance of Compliance

I certify that all information are true and correct to the best of my knowledge.

Print Staff Name _____

Staff Signature: _____ Date: _____

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

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

From: California Family Life Center
Remit to Name

Address

Contractor Name

Contract Number

Total amount requested _____ for the period of _____ 20 _____

Select Payment Type(s) Below:

- | | | |
|--|----------|--|
| <input type="checkbox"/> Advance Payment
(if allowed by Contract/MOU) | \$ _____ | <input type="checkbox"/> Actual Payment \$ _____
(Same amount as 2076B if needed) |
| <input type="checkbox"/> Unit of Service Payment | \$ _____ | _____ # 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)	_____	_____
Program (5)	Program (if applicable)	Date
Class (10)	Management Reporting Unit	Date
Project/Grant (15)	Contracts Administration Unit	Date
Vendor Code (10)	General Accounting Section	Date

COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES CONTRACTOR EXPENDITURE REPORT (2076B)				
CONTRACTOR:				
ACTUAL EXPENDITURES FOR (MM/YYYY)				
CONTRACT #:				
EXPENSE CATEGORY	APPROVED BUDGETED AMOUNT	CURRENT EXPENDITURES BILLABLE AMOUNT	CUMULATIVE EXPENDITURES	UNEXPENDED BUDGETED AMOUNT

List each item as outlined in contract budget.

EXPENSE CATEGORY	APPROVED BUDGETED AMOUNT	CURRENT EXPENDITURES BILLABLE AMOUNT	CUMULATIVE EXPENDITURES	UNEXPENDED BUDGETED AMOUNT
TOTAL BUDGET/EXPENSES				

IN-KIND CASH CONTRIBUTION

List each type of contribution	APPROVED BUDGETED AMOUNT	CURRENT EXPENDITURES BILLABLE AMOUNT	CUMULATIVE EXPENDITURES	UNEXPENDED BUDGETED AMOUNT
TOTAL IN-KIND/CASH MATCH				

CLIENT FEES COLLECTED	CURRENT PERIOD	YEAR TO DATE
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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.

Line Item Budget

DESCRIPTION	FY 17/18 – 21/22
SALARIES/BENEFITS COSTS	
1 full-time Program Director	\$5,000.00
1 full-time Billing Clerk	\$9,000.00
1 part-time Mentor/Tutor	\$13,520.00
3.5 full-time Community Resource Counselors	\$126,360.00
SALARIES	\$153,880.00
BENEFITS	\$48,717.00
TOTAL SALARIES & BENEFITS	\$202,597.00
OPERATING COSTS	
Sub-Contractor (professional & Consultant MFT services)	\$31,200.00
Mileage	\$3,750.00
Telephone	\$3,000.00
Supplies	\$3,053.00
Outreach Supplies	\$5,000.00
Other/Misc. – employee clearances, payroll fees, annual renewal & misc. fees	\$1,400.00
TOTAL OPERATING COSTS	\$47,403.00
TOTAL ADMINISTRATIVE COSTS	\$0.00
TOTAL SALARIES, BENEFITS, OPERATING & ADMN. COSTS:	\$250,000
TOTAL BUDGET:	\$250,000

Attachment VI

County of Riverside/DPSS/Children's Services Division
Regions with Zip Codes Effective February 22, 2016

City	Zip	City	Zip	City	Zip
Blythe	92225	Metro		Redlands*	92373
Blythe	92228	Colton*	92324	Homeland	92548
Indio	92201	Riverside	92501	Moreno Valley	92551
Indio	92202	Riverside	92502	Moreno Valley	92552
Indio	92203	Riverside	92504	Moreno Valley	92553
Indian Wells	92210	Riverside	92506	Moreno Valley	92554
Palm Desert	92211	Riverside	92507	Moreno Valley	92555
Coachella	92236	Riverside	92508	Moreno Valley	92556
Desert Center	92239	Riverside	92509	Moreno Valley	92557
Indio Hills	92241	Riverside	92513	Nuevo	92567
La Quinta	92247	Riverside	92514	Peris	92570
La Quinta	92248	Riverside	92515	Peris	92571
La Quinta	92253	Riverside	92516	Peris	92572
Mecca	92254	Riverside	92517	Romoland	92585
Palm Desert	92255	Riverside/March Air Force Base	92518	Peris	92588
Palm Desert	92260	Riverside	92519		
Palm Desert	92261	Riverside (UCR)	92521	W-Corridor	
Rancho Mirage	92270	Riverside	92522	Mira Loma	91752
Thermal	92274	Moreno Valley	92557	Riverside	92503
Thousand Palms	92278			Riverside	92505
		SouthWest		Norco	92860
Diamond Valley		Fallbrook*	92028	Corona	92877
Hemet	92543	Lake Elsinore	92530	Corona	92878
Hemet	92544	Lake Elsinore	92531	Corona	92879
Hemet	92545	Lake Elsinore	92532	Corona	92880
Hemet	92546	Aguanga	92536	Corona	92881
Idyllwild	92549	Anza	92539	Corona	92882
San Jacinto	92581	Murrieta	92562	Corona	92883
San Jacinto	92582	Murrieta	92563		
San Jacinto	92583	Murrieta	92564		
		Menifee	92584		
Mid-County		Sun City	92588		
Banning	92220	Sun City	92587		
Beaumont	92223	Termeula	92589		
Cabazon	92230	Termeula	92590		
Cathedral City	92234	Termeula	92591		
Cathedral City	92235	Termeula	92592		
Desert Hot Springs	92240	Termeula	92593		
Desert Hot Springs/Sky Valley	92241	Widomar	92595		
North Palm Springs	92258	Winchester	92596		
Palm Springs	92262				
Palm Springs	92263				
Palm Springs	92264				
White Water	92282				
Palm Springs	92282				
Calimesa	92320				
Yucaipa*	92399				
Mountain Center	92561				

* Zip Codes for referral only

Case Management Work Plan		
KSSP Case Management Service	Staff Responsible	Implementation & Timeline
Court required paper work. Referrals from court, CSD, DPSS and Intake, needs assessment and phone contact at least.	Lead Community Resource Counselors Community Resource Counselors	Work with families from intake process through permanent placement.
Court Support	Lead Community Resource Counselors Community Resource Counselors/Licensed MFT	Accompany and support relative caregivers at Court hearings.
Needs assessment, individual and family. Perceived Stress Scale, Family Support Scale Family Resource Scale Strength Based	Lead Community Resource Counselors Community Resource Counselors and Marriage & Family Therapist (LMFT)	Identify barriers, during intake put into place problem solving plan. Ongoing process for each family served and continuing evaluation during follow-up.
Case Management	Lead Community Resource Counselor & Community Resource Counselor	Ongoing services and documentation of referrals. CM Services lasts from 1-2 years or longer as needed.
Legal guardianship/Adoption Mediation	Lead Community Resource Counselor & Community Resource Counselor	Assistance in filling out any required documents for permanency planning. Provide resources and support.
Kin-GAP/Kin-GAP Plus	Lead Community Resource Counselor Resource Counselors & Community Resource Counselor	DPSS sends payment forms. Assistance is given to help learn how to fill out the forms properly to receive payment. Ongoing support provided.
Counseling services and referral services	Lead Resource Counselor Resource Counselors & Licensed Marriage & Family Therapist	Available to all clients as needed.
Support Groups/Workshops	Lead Resource Counselor Resource Counselors & Licensed Marriage & Family Therapist	Available to all clients as needed.

Attachment VIII

Mentoring Work Plan		
Mentoring Services	Staff Responsible	Implementation & Timeline
Direct Mentoring	Lead Resource Counselor Resource Counselors	Provided to help sustain and support kinship families, in an ongoing capacity.
Support Groups	Lead Resource Counselor Resource Counselors Marriage & Family Therapist Kinship Peer Leaders	Available weekly for clients through Riverside county. Mentoring of kinship families by other kinship families.
Support Groups/Post Legal Guardianship and Post Adoption Support Groups	Lead Resource Counselor Resource Counselors Marriage & Family Therapist	As part of the follow-up process families will support newer kinship caregivers ongoing throughout contract period.
Parents As Teachers PRIDE Parenting	Resource Counselor/Parent Educator	Provides mentoring to develop parenting skills. In-home parent coaching.
Youth & Children Mentoring (Camps)	Local faith based/community organizations	Summer Camp and sports camp/recreational activities.
Homework Club/Tutoring & enrichment program	Tutors/Child Care/Respite Care	Kid's Corner activities occur weekly. Mentoring includes community volunteers as mentors.
ARTERY Arts/Culture Mentoring/Family Art Events	Cross-mentoring with local youth & local artist	Art program offered during the year. Mentoring for children ages 5 to 18.
Follow-up Activities Peer Mentoring	Lead Resource Counselor Resource Counselors	After exit and ongoing to keep families stabilized

Attachment IX

Support Group Work Plan		
Support Groups	Staff Responsible	Implementation & Timeline
Kin-Care Support Groups Support Workshops	Lead Resource Counselor Resource Counselors/Peer Mentors Marriage & Family Therapist	Available for clients throughout Riverside County
Hemet Support Group Hemet Service Center 749 N. State St. Hemet, CA 92543		10:30AM – 12:00PM Meets 3 rd Tuesday of each month
Hemet Support Group 930 N. State St. Hemet, CA 92543		6:00PM – 7:30PM Meets 1 st Tuesday of each month
Spanish Support Group Hemet Service Center 749 N. State St. Hemet, CA 92543		10:30AM – 12:00PM Meets 3 rd Tuesday of each month
Spanish Hemet Support Group 930 N. State St. Hemet, CA 92543		6:00PM – 7:30PM Meets 2 nd Tuesday of each month (Spanish)
Beaumont Support Group Chatigny Community Center 1310 Oak Valley Parkway, Rm. 4 Beaumont, CA 92223		10:30AM – 12:00PM Meets 2 nd Tuesday of each month
Perris Support Group Perris Family Resource Center 2055 N. Perris Blvd., Ste. C1 Perris, CA 92570		10:30AM – 12:00PM Meets last Thursday of each month
Corona Support Group (Spanish) Corona Public Library 650 S. Main St. Corona, CA 92882 Taber Room		10:30AM – 12:00PM Meets 2 nd Thursday of each month
Mead Valley FRC Mead Valley Community Center 21091 Rider St. Perris, CA 92570		10:30AM – 12:00PM Meets 3 rd Wednesday of each month

Attachment IX cont'd

Support Group Work Plan		
Support Groups	Staff Responsible	Implementation & Timeline
<p>Grandparents Raising Grandchildren Support Groups</p> <p>Mary Phillips Senior Center 41845 Sixth Street Temecula, CA 92590</p> <p>Cathedral Center 37-171 W. Buddy Rodgers Ave. Cathedral City, CA 92234</p> <p>RUSD Family Resource Center 6735 Magnolia Ave., BG Riverside, CA 92506</p>	<p>GRG Peer Mentor & Program Staff</p>	<p>Available for clients throughout Riverside County.</p> <p>10:00AM – 11:00AM Meets 3rd Thursday of each month</p> <p>11:00AM – 12:00PM Meets 2nd Tuesday of each month</p> <p>11:00AM – 12:00PM Meets 4th Tuesday of each month</p>

Attachment X**Welfare and Institutions Code § 16507.7**

Each agency or entity, except for a community college, which offers a parenting course as part of a family maintenance or family reunification effort for a parent or parents of a child who has been adjudicated or is in the process of being adjudicated a dependent child of the court under Section 300, or whose family is participating in a voluntary family maintenance program, shall meet all of the requirements specified in this section.

Effective July 1, 1992, organizations which receive state funding for the purpose of providing parenting courses shall meet those requirements as a condition of receiving state funding. The requirements are as follows:

- (a) Each parenting course shall be no more than six months in duration, and shall meet for a specified number of hours determined by each program as sufficient for the program to meet all of the requirements listed in subdivision (b).
- (b) The curriculum shall include all of the following components:
 - (1) Building self-esteem, including, but not limited to, parents' building a positive parental identity and building the self-esteem of their children.
 - (2) Handling stress and anger.
 - (3) The growth and development of children, including, but not limited to, safety, nutrition, and health.
 - (4) Developing and increasing communication skills in order that a parent may learn to listen to and speak with his or her child or children.
 - (5) Learning to use positive disciplinary mechanisms as alternatives to the physical punishment of a child, including, but not limited to, learning what constitutes abuse and neglect.
 - (6) Learning the boundaries of permissible sexual conduct by adults with regard to children.
 - (7) Respect for, and sensitivity to, cultural differences in child rearing practices in addressing all of the topics listed in paragraphs (1) to (6), inclusive.
- (c) Each parenting course is encouraged to have a maximum parent to teacher ratio of 15 parents for each teacher.
- (d) Each parenting course is encouraged to conduct an initial assessment and interview of each parent enrolled in the course.
- (e) Each parenting course shall give a preliminary examination prior to the start of the parenting course and an examination at the conclusion of the parenting course to measure changes in parental attitudes.
- (f) Each parenting course shall enter into a written agreement with each parent with respect to the responsibilities a parent must satisfy in order to pass the course.
- (g) The staff of each parenting course shall have training in the following areas:

- (1) The prevention of child abuse and neglect.
 - (2) Parenting techniques.
- (h) Each parenting course shall provide all of the following information to the county welfare department of the county in which the course is taught, for clients referred through child welfare services programs:
- (1) Level of participation by parents.
 - (2) Number of course hours completed.
 - (3) Topics covered during attendance in class by a parent and topics covered during a parent's absence from class.
 - (4) Assessment of a parent's gain in his or her knowledge about parenting as demonstrated by tests prior to and after the parenting course.

Attachment XI

Education Work Plan		
Education Services	Staff Responsible	Implementation & Timeline
Educational Support Plan	Lead Resource Counselors Resource Counselors Program Director	Developed with family during assessment process. Monitor school progress of child/youth.
Parenting Education	Riverside Community College & MFT PRIDE Parenting	Available quarterly. Referral to other agencies as needed.
Support Workshops Focus on Education Resources	MFT/Peer Mentors	Provided during quarterly. Support Workshops
School Liaison Services	Lead Resource Counselors Resource Counselors	Continuous part of process begins at intake. Assists with enrollment into school and ongoing monitoring of student progress. Referrals to education resources.
Parents As Teachers	Resource Counselor Parents As Teachers	Referral during assessment during 8-10 week program with in-home visits.
Homework Club/Tutoring & Enrichment program	Tutors/Child Care/Respite	Continuous part of education services begins at intake. Kid's Corner tutoring activities occur weekly.

Attachment XII

Outreach and Recruitment Work Plan		
Outreach/Recruitment	Implementation Method	Timeline & Staff Responsible
Community Outreach Presentations	Presentations at Community Events, resource fairs and other community agencies. Brochure/Flyer Disbursement Website	Monthly basis/Weekly Resource Counselors
Family Court	Presentations, flyers, brochures and linkages to the Riverside County Family Court	Monthly basis Resource Counselors
Kin-Care Support Outreach/Recruitment	Presentations/local organizations, city and county staff. Brochures/Flyers Disbursement	Monthly basis Program Director Resource Counselors
Kin-Care Community Outreach/Recruitment	Attend Resource fairs, Health fairs, child abuse awareness fairs, local community networks and events	Monthly basis Program Director Resource Counselors
DPSS/Team Decision Making Meeting	Participate in TDM to advocate for and support kinship placement	On-call as needed Program Director Resource Counselors MFT
Stakeholder Outreach	Program updates to CFLC, Directors and Board Members Monthly reports to DPSS	Monthly/Quarterly basis Program Director Resource Counselors
iFoster Kinship Navigator	Outreach/resources for kinship families and children	Online, self-service resource finder For kinship families

KSSP TRANSPORTATION LOG
Driver's Daily Log

Name of Contractor _____

Driver's Name and Title _____ Date _____

Start of day mileage reading _____ End of day mileage reading _____

State and Plate Number of Vehicle Used _____ Page _____ of _____

Client First & Last Name	Time In	Time Out	Pick-up City	Delivery City

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COUNTY OF RIVERSIDE

DPSS-CSD-PEU



KINSHIP SUPPORT SERVICES PROGRAM EVALUATION TOOLS PRE-TEST CALIFORNIA FAMILY LIFE CENTER

Client Name: _____

Department of Public Social Services-Children's Services Division
Program Evaluation Unit
10281 Kidd Street (2nd Floor)
Riverside, California 92503

KSSP_20180314_ETPre_V5-2

Provider Form

FOR CBO OR PROVIDER USE ONLY

Client Name: _____

Client Primary Address: _____

Date of Pre-Test Assessment: _____

Provider Name: _____

Service Type (i.e., individual counseling, parenting education, mentoring, substance abuse services). List all that apply: _____

Provider Client ID #: _____

Case #: _____

Case Status: Case Managed Non-Case Managed

Client Date of Birth: _____

Service Delivery Location: Client home Other (specify): _____

SW Referral Region (i.e., Desert, Metro): _____

Please mark with a in the box.

1. Initial referral date to the program: _____
[This is the date that the Service Provider receives the referral]
2. Reason for requested services or referral reason to the program (please be detailed): _____

3. Primary referral source (or, how did you hear about us), select one only:

<input type="checkbox"/> 1. Adoption Assistance Program Eligibility	<input type="checkbox"/> 8. Medicaid/Medi-Cal
<input type="checkbox"/> 2. CBO (Community-Based Organization, including 2-1-1)	<input type="checkbox"/> 9. Private Adoption Agency
<input type="checkbox"/> 3. DMH (Department of Mental Health)	<input type="checkbox"/> 10. School
<input type="checkbox"/> 4. DOP (Department of Probation)	<input type="checkbox"/> 11. Self-Referral
<input type="checkbox"/> 5. DPSS Children's Services	<input type="checkbox"/> 12. State Adoptions Office
<input type="checkbox"/> 6. DPSS Other Services	<input type="checkbox"/> 13. WIC
<input type="checkbox"/> 7. DR (Differential Response)	<input type="checkbox"/> 14. Other (specify)

CBO/Provider comments/feedback (i.e., difficulties administering the evaluation tools, client was having difficulties understanding a question in the evaluation tools, changes to the protocol, or length of time to complete evaluation tools, etc.): _____

Instructions:

- The CBO/Provider is responsible for implementing all evaluation tools. Please be available to sit down with the client to proctor and verify that all the evaluation tool questions are properly completed.
- The CBO/Provider is responsible for overseeing that the client has completed his/her pre-test on their specific intake date into the program. Administration changes must be reported in the comments/feedback section.
- For more instructions, please refer to the "Evaluation Tools Procedures."

I certify that I oversaw the administration of the evaluation tools.

Print Staff Name: _____

Staff Signature: _____ Date: _____

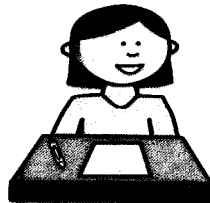
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Client Survey Instructions

Hello, we have a survey for you to take! The survey will ask questions about you, your experiences, your family, and about the program!

1. Please read each set of instructions carefully before you begin answering the questions in each section.
2. Please read each item and choose the answer that best describes **YOU** (not anyone else).
3. Please try to be open and honest with how you answer. Your responses will remain confidential.
4. This is not a test and is only a survey. Please just say what you know and how you really feel.
5. Please turn your cell phone on silent and close all other browsers on the computer.
6. Please ask the staff, clinician, or social services worker questions if you need help.
7. Some of the questions may seem similar to each other. Please try to answer every question even if you feel like you have answered another question that is like it.
8. We want your honest opinion and we want to learn from your experiences. The survey will not affect your program needs and services. Your opinion will be used to improve the program.
9. Please double check each response.

Do you have any questions? If not, let's begin the survey.



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Client Intake Measure

To improve social service delivery and meet the diverse needs of our client population, the following demographic questions are asked. Strict privacy is maintained over the information and is not used to determine eligibility for social services.

Please mark with a **X** in the box.

1. Gender: Male Female

2. Date of Birth: _____

3. Ethnicity: Hispanic/Latino Not Hispanic or Latino

4. Race (check all that apply to indicate what you consider yourself to be):

<input type="checkbox"/> 1 American Indian or Alaska Native	<input type="checkbox"/> 4 Native Hawaiian or other Pacific Islander
<input type="checkbox"/> 2 Asian	<input type="checkbox"/> 5 White/Caucasian
<input type="checkbox"/> 3 Black or African American	<input type="checkbox"/> 6 Other: _____

5. Primary language spoken in the home?
 1 English 2 Spanish 3 Other (specify): _____

6. Do you have a disability (physical or mental condition as recognized by the law)?
 1 Yes 2 No

7. What country were you born in?
 1 United States 2 Other (specify): _____

8. How many years have you lived in the United States?
 1 One year or less
 2 More than one year: _____ (number of years)
 3 N/A, born in US

9. Marital status:

<input type="checkbox"/> 1 Married	<input type="checkbox"/> 4 Divorced
<input type="checkbox"/> 2 Single, never married	<input type="checkbox"/> 5 Separated
<input type="checkbox"/> 3 Widowed	<input type="checkbox"/> 6 Domestic Partner

10. Are you currently employed?

<input type="checkbox"/> 1 Yes, full-time (37 or more hours per week)	<input type="checkbox"/> 4 Retired and not employed
<input type="checkbox"/> 2 Yes, part-time (less than 37 hours per week)	<input type="checkbox"/> 5 Disabled, or student and not employed
<input type="checkbox"/> 3 Unemployed	<input type="checkbox"/> 6 Other: _____

11. What is your highest level of education obtained?

<input type="checkbox"/> 1 8 th grade or less	<input type="checkbox"/> 6 Some college
<input type="checkbox"/> 2 Some high school	<input type="checkbox"/> 7 Graduated from college
<input type="checkbox"/> 3 Graduated from high school	<input type="checkbox"/> 8 Trade school
<input type="checkbox"/> 4 GED	<input type="checkbox"/> 9 Attended graduate or professional school
<input type="checkbox"/> 5 Vocational/business school	

Client Name _____ Client Date of Birth _____
Page 1

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12. Have you or your child received public assistance within the past 6 months?
Examples of public assistance include TANF or Welfare, Medi-Cal, Medicaid, Food stamps, Social Security benefits, Unemployment Insurance benefits, State Children's Health Insurance Program, WIC, and government subsidized child care.
 Yes No

13. What kind of public assistance has the participant and/or child received within the past 6 months? (Check all that apply.)

<input type="checkbox"/> 1 CalWORKS/Welfare	<input type="checkbox"/> 8 SSI
<input type="checkbox"/> 2 TANF	<input type="checkbox"/> 9 AAP Monies
<input type="checkbox"/> 3 General Assistance	<input type="checkbox"/> 10 Unemployment Insurance Benefits
<input type="checkbox"/> 4 Disability Benefits	<input type="checkbox"/> 11 State Children's Health Insurance Program (SCHIP)
<input type="checkbox"/> 5 Medi-Cal/Medicare/Medicaid - participant	<input type="checkbox"/> 12 WIC
<input type="checkbox"/> 6 Medi-Cal/Medicare/Medicaid - child	<input type="checkbox"/> 13 Government Subsidized Child Care
<input type="checkbox"/> 7 Food Stamps	<input type="checkbox"/> 14 Other (specify) _____

14. What is your total annual household income?

<input type="checkbox"/> 1 Less than \$10,000	<input type="checkbox"/> 13 \$65,000-\$69,999
<input type="checkbox"/> 2 \$10,000-\$14,999	<input type="checkbox"/> 14 \$70,000-\$74,999
<input type="checkbox"/> 3 \$15,000-\$19,999	<input type="checkbox"/> 15 \$75,000-\$79,999
<input type="checkbox"/> 4 \$20,000-\$24,999	<input type="checkbox"/> 16 \$80,000-\$84,999
<input type="checkbox"/> 5 \$25,000-\$29,999	<input type="checkbox"/> 17 \$85,000-\$89,999
<input type="checkbox"/> 6 \$30,000-\$34,999	<input type="checkbox"/> 18 \$90,000-\$94,999
<input type="checkbox"/> 7 \$35,000-\$39,999	<input type="checkbox"/> 19 \$95,000-\$99,999
<input type="checkbox"/> 8 \$40,000-\$44,999	<input type="checkbox"/> 20 \$100,000-\$104,999
<input type="checkbox"/> 9 \$45,000-\$49,999	<input type="checkbox"/> 21 \$105,000-\$109,999
<input type="checkbox"/> 10 \$50,000-\$54,999	<input type="checkbox"/> 22 \$110,000-\$114,999
<input type="checkbox"/> 11 \$55,000-\$59,999	<input type="checkbox"/> 23 \$115,000-\$119,999
<input type="checkbox"/> 12 \$60,000-\$64,999	<input type="checkbox"/> 24 \$120,000 or more

15. Number of children under the age of 18 in your household? _____

16. What is your relationship to the children in your household?

<input type="checkbox"/> 1 Biological Parent	<input type="checkbox"/> 5 Grandparent
<input type="checkbox"/> 2 Adoptive Parent	<input type="checkbox"/> 6 Relative
<input type="checkbox"/> 3 Step Parent	<input type="checkbox"/> 7 Non-Related Caregiver
<input type="checkbox"/> 4 Foster Parent	

17. What type of living/custody arrangement do you have with your child (please check only one)?

<input type="checkbox"/> 1 My spouse and child both live in the same residence as I do.	<input type="checkbox"/> 4 I have visitation rights (child lives with the other parent most of the time).
<input type="checkbox"/> 2 I have joint custody (child lives with both parents)	<input type="checkbox"/> 5 I have bird's nest custody (child lives in the same residence at all times, the parents move in and out)
<input type="checkbox"/> 3 I have sole custody (child lives with me most of the time).	<input type="checkbox"/> 6 Other _____

Client Name _____ Client Date of Birth _____
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Perceived Stress Scale (PSS)

Cohen, S., and Williamson, G. (1988)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

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



Client Name _____ Client Date of Birth _____
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Family Resource Scale (FRS)

Dunst, C. J., Trivett, C. M., & Deal, A. G. (1988)

*This next set of questions is designed to assess whether or not you and your family have adequate resources (time, money, energy, and so on) to meet the needs of the family, as a whole, as well as the needs of individual family members. Please **CIRCLE** the item that best describes how well the need is met on a consistent basis in your family (that is, month in and month out).*

To what extent are the following resources adequate for your family:	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
1. Food for 2 meals a day.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
2. House or apartment.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
3. Money to buy necessities.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
4. Enough clothes for your family.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
5. Heat for your house or apartment.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
6. Indoor plumbing/water.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
7. Money to pay monthly bills.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
8. Good job for yourself or spouse/ partner.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
9. Medical care for your family.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
10. Public assistance (SSI, TANF, Medicaid, etc.).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
11. Dependable transportation (own car or provided by others).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
12. Time to get enough sleep/rest.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
13. Furniture for your home or apartment.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
14. Time to be by yourself.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
15. Time for family to be together.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
16. Time to be with your child(ren).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
17. Time to be with spouse or partner.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate

Client Name _____ Client Date of Birth: _____
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To what extent are the following resources adequate for your family:	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
18. Time to be with close friend(s).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
19. Telephone or access to a phone.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
20. Babysitting for your child(ren).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
21. Childcare/daycare for your child(ren).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
22. Money to buy special equipment / supplies for child(ren).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
23. Dental care for your family.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
24. Someone to talk to..	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
25. Time to socialize.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
26. Time to keep in shape and look nice.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
27. Toys for your child(ren).	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
28. Money to buy things for yourself.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
29. Money for family entertainment.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
30. Money to save.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
31. Time and money for travel/vacation.	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate



You're almost done!

Client Name _____ Client Date of Birth _____
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Family Support Scale (FSS)

Dunst, C. J., Trivett, C. M., & Deal, A. G. (1988)

Listed below are people and groups that often times are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to your family. Please **CIRCLE** the response that best describes how helpful the sources have been to your family during the past 3 to 6 months. If a source of help has not been available to your family during this period of time, **CIRCLE** the N/A (Not Available) response.

How helpful has each of the following been to you in terms of raising your relative's child (During the past 3 to 6 months):	Not Available	Not at all Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
1. Your parents	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
2. Your spouse or partner's parents	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
3. Your relatives/kin	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
4. Your spouse or partner's relatives/kin	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
5. Spouse or partner	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
6. Your friends	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
7. Your spouse or partner's friends	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
8. Your own children	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
9. Other parents	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
10. Co-workers	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
11. Parent groups	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
12. Social groups/clubs	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
13. Church members/minister	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
14. Your family or child's physician	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
15. Early childhood intervention program	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
16. School/daycare center	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
17. Professional helpers (social workers, therapists, teachers, etc.)	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
18. Professional agencies (public health, social services, mental health, etc.)	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful
19. Others (Specify):	.N/A	.Not at all Helpful	.Sometimes Helpful	.Generally Helpful	.Very Helpful	.Extremely Helpful

Client Name: _____ Client Date of Birth: _____
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**COUNTY OF RIVERSIDE
DPSS-CSD-PEU**



**KINSHIP SUPPORT SERVICES PROGRAM
EVALUATION TOOLS
POST-TEST**
CALIFORNIA FAMILY LIFE CENTER

Client Name: _____

Department of Public Social Services-Children's Services Division
Program Evaluation Unit
10281 Kidd Street (2nd Floor)
Riverside, California 92503

I certify that all information are true and correct to the best of my knowledge.

Print Staff Name _____

Staff Signature: _____ Date: _____

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Provider Form

FOR CBO OR PROVIDER USE ONLY

Client Name: _____

Client Primary Address: _____
Street Address City State Zip Code

Date of Post-Test Assessment: _____

Provider Name: _____

Service Type (i.e., individual counseling, parenting education, mentoring, substance abuse services). List all that apply:

Provider Client ID #: _____

Case #: _____

Case Status: Case Managed Non-Case Managed

Client Date of Birth: _____

Service Delivery Location: Client home Other (specify): _____

SW Referral Region (i.e., Desert, Metro): _____

Please mark with a in the box.

1. Exit date from the service: _____

Why did the client exit the service?

- 1 Client completed services
- 2 Client no longer feels the need to continue services
- 3 Client is dissatisfied with the services provided
- 4 Client is moving
- 5 Loss of contact with the client
- 6 CBO/Provider or DPSS referred client to another service – Please explain: _____
- 7 CBO/Provider released client from the service – Please explain: _____
- 8 Death
- 9 Incarceration
- 10 Client exited the program prior to participating in the program for a minimum of three (3) months
- 11 Other – Please explain: _____

CBO/Provider comments/feedback (i.e., difficulties administering the evaluation tools, client was having difficulties understanding a question in the evaluation tools, changes to the protocol, or length of time to complete evaluation tools etc.):

Instructions:

- The CBO/Provider is responsible for implementing all evaluation tools. Please be available to sit down with the client to proctor and verify that all the evaluation tool questions are properly completed.
- The CBO/Provider is responsible for overseeing that the clients complete his/her post-test on their specific exit date from the program. Administration changes must be reported in the comments/feedback section.
- For more instructions, please refer to the "**Evaluation Tool Procedures.**"

I certify that I oversaw the administration of the evaluation tools.

Print Staff Name _____

Staff Signature: _____ **Date:** _____

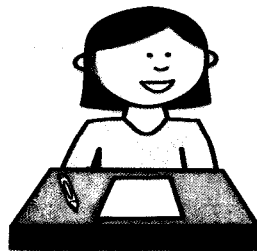
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Client Survey Instructions

Hello, we have a survey for you to take! The survey will ask questions about you, your experiences, your family, and about the program!

1. Please read each set of instructions carefully before you begin answering the questions in each section.
2. Please read each item and choose the answer that best describes **YOU** (not anyone else).
3. Please try to be open and honest with how you answer. Your responses will remain confidential.
4. This is not a test and is only a survey. Please just say what you know and how you really feel.
5. Please turn your cell phone on silent and close all other browsers on the computer.
6. Please ask the staff, clinician, or social services worker questions if you need help.
7. Some of the questions may seem similar to each other. Please try to answer every question even if you feel like you have answered another question that is like it.
8. We want your honest opinion and we want to learn from your experiences. The survey will not affect your program needs and services. Your opinion will be used to improve the program.
9. Please double check each response.

Do you have any questions? If not, let's begin the survey.



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12. Have you or your child received public assistance within the past 6 months?

Examples of public assistance include TANF or Welfare, Medi-Cal, Medicaid, Food stamps, Social Security benefits, Unemployment Insurance benefits, State Children's Health Insurance Program, WIC, and government subsidized child care.

- 1 Yes 2 No

13. What kind of public assistance has the participant and/or child received within the past 6 months? (Check all that apply.)

1 <input type="checkbox"/> CaWORKS/Welfare	8 <input type="checkbox"/> SSI
2 <input type="checkbox"/> TANF	9 <input type="checkbox"/> AAP Monies
3 <input type="checkbox"/> General Assistance	10 <input type="checkbox"/> Unemployment Insurance Benefits
4 <input type="checkbox"/> Disability Benefits	11 <input type="checkbox"/> State Children's Health Insurance Program (SCHIP)
5 <input type="checkbox"/> Medi-Cal/Medicare/Medicaid – participant	12 <input type="checkbox"/> WIC
6 <input type="checkbox"/> Medi-Cal/Medicare/Medicaid – child	13 <input type="checkbox"/> Government Subsidized Child Care
7 <input type="checkbox"/> Food Stamps	14 <input type="checkbox"/> Other (specify) _____

14. What is your total annual household income?

1 <input type="checkbox"/> Less than \$10,000	13 <input type="checkbox"/> \$65,000-\$69,999
2 <input type="checkbox"/> \$10,000-\$14,999	14 <input type="checkbox"/> \$70,000-\$74,999
3 <input type="checkbox"/> \$15,000-\$19,999	15 <input type="checkbox"/> \$75,000-\$79,999
4 <input type="checkbox"/> \$20,000-\$24,999	16 <input type="checkbox"/> \$80,000-\$84,999
5 <input type="checkbox"/> \$25,000-\$29,999	17 <input type="checkbox"/> \$85,000-\$89,999
6 <input type="checkbox"/> \$30,000-\$34,999	18 <input type="checkbox"/> \$90,000-\$94,999
7 <input type="checkbox"/> \$35,000-\$39,999	19 <input type="checkbox"/> \$95,000-\$99,999
8 <input type="checkbox"/> \$40,000-\$44,999	20 <input type="checkbox"/> \$100,000-\$104,999
9 <input type="checkbox"/> \$45,000-\$49,999	21 <input type="checkbox"/> \$105,000-\$109,999
10 <input type="checkbox"/> \$50,000-\$54,999	22 <input type="checkbox"/> \$110,000-\$114,999
11 <input type="checkbox"/> \$55,000-\$59,999	23 <input type="checkbox"/> \$115,000-\$119,999
12 <input type="checkbox"/> \$60,000-\$64,999	24 <input type="checkbox"/> \$120,000 or more

15. Number of children under the age of 18 in your household? _____

16. What is your relationship to the children in your household?

1 <input type="checkbox"/> Biological Parent	5 <input type="checkbox"/> Grandparent
2 <input type="checkbox"/> Adoptive Parent	6 <input type="checkbox"/> Relative
3 <input type="checkbox"/> Step Parent	7 <input type="checkbox"/> Non-Related Caregiver
4 <input type="checkbox"/> Foster Parent	

17. What type of living/custody arrangement do you have with your child (please check only one)?

1 <input type="checkbox"/> My spouse and child both live in the same residence as I do.	4 <input type="checkbox"/> I have visitation rights (child lives with the other parent most of the time).
2 <input type="checkbox"/> I have joint custody (child lives with both parents)	5 <input type="checkbox"/> I have bird's nest custody (child lives in the same residence at all times, the parents move in and out)
3 <input type="checkbox"/> I have sole custody (child lives with me most of the time).	6 <input type="checkbox"/> Other _____

Client Name: _____ Client Date of Birth: _____

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Perceived Stress Scale (PSS)

Cohen, S., and Williamson, G. (1988)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

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



Client Name: _____ Client Date of Birth: _____

Family Resource Scale (FRS)

Dunst, C. J., Trivett, C. M., & Deal, A. G. (1988)

This next set of questions is designed to assess whether or not you and your family have adequate resources (time, money, energy, and so on) to meet the needs of the family, as a whole, as well as the needs of individual family members.

*Please **CIRCLE** the item that best describes how well the need is met on a consistent basis in your family (that is, month in and month out).*

To what extent are the following resources adequate for your family:	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
1. Food for 2 meals a day.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
2. House or apartment.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
3. Money to buy necessities.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
4. Enough clothes for your family.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
5. Heat for your house or apartment.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
6. Indoor plumbing/water.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
7. Money to pay monthly bills.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
8. Good job for yourself or spouse/ partner.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
9. Medical care for your family.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
10. Public assistance (SSI, TANF, Medicaid, etc.).	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
11. Dependable transportation (own car or provided by others).	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
12. Time to get enough sleep/rest.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
13. Furniture for your home or apartment.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
14. Time to be by yourself.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
15. Time for family to be together.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
16. Time to be with your child(ren).	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate
17. Time to be with spouse or partner.	⁰ Does Not Apply	¹ Not at all Adequate	² Seldom Adequate	³ Sometimes Adequate	⁴ Usually Adequate	⁵ Almost Always Adequate

Client Name: _____ Client Date of Birth: _____

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To what extent are the following resources adequate for your family:	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
18. Time to be with close friend(s).	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
19. Telephone or access to a phone.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
20. Babysitting for your child(ren).	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
21. Childcare/daycare for your child(ren).	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
22. Money to buy special equipment / supplies for child(ren).	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
23. Dental care for your family.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
24. Someone to talk to..	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
25. Time to socialize.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
26. Time to keep in shape and look nice.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
27. Toys for your child(ren).	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
28. Money to buy things for yourself.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
29. Money for family entertainment.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
30. Money to save.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate
31. Time and money for travel/vacation.	0Does Not Apply	1Not at all Adequate	2Seldom Adequate	3Sometimes Adequate	4Usually Adequate	5Almost Always Adequate



You're almost done!

Client Name: _____ Client Date of Birth: _____
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Family Support Scale (FSS)

Dunst, C. J., Trivett, C. M., & Deal, A. G. (1988)

Listed below are people and groups that often times are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to your family. Please **CIRCLE** the response that best describes how helpful the sources have been to your family during the past 3 to 6 months. If a source of help has not been available to your family during this period of time, **CIRCLE** the N/A (Not Available) response.

How helpful has each of the following been to you in terms of raising your relative's child (During the past 3 to 6 months):	Not Available	Not at all Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
1. Your parents	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
2. Your spouse or partner's parents	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
3. Your relatives/kin	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
4. Your spouse or partner's relatives/kin	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
5. Spouse or partner	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
6. Your friends	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
7. Your spouse or partner's friends	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
8. Your own children	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
9. Other parents	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
10. Co-workers	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
11. Parent groups	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
12. Social groups/clubs	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
13. Church members/minister	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
14. Your family or child's physician	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
15. Early childhood intervention program	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
16. School/daycare center	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
17. Professional helpers (social workers, therapists, teachers, etc.)	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
18. Professional agencies (public health, social services, mental health, etc.)	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful
19. Others (Specify):	0N/A	1Not at all Helpful	2Sometimes Helpful	3Generally Helpful	4Very Helpful	5Extremely Helpful

Client Name: _____ Client Date of Birth: _____

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Client Exit Measure

Provider Name: _____ Today's Date: _____ Service Type _____

Instructions: For each question, please the box that best describes your response. Thank you!

Question	Never	Rarely	Some times	Often	Always
1. I looked forward to coming to class/session/program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. I was bored in class/session/program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. I put a lot of effort into class/session/program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. This class/session/program was an excellent learning experience.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. I learned nothing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. I thought that my friends and family should come to this class/session/program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. My clinician/instructor was clear and understandable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. My clinician/instructor was on time to appointments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. My clinician/instructor was good at explaining the class material.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. My clinician/instructor speaks with me about my personal goals and thoughts about treatment.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. My clinician/instructor and I are open with one another.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. My clinician/instructor and I share a trusting relationship.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. I believe my clinician/instructor withholds the truth from me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. My clinician/instructor and I share an honest relationship.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. My clinician/instructor and I work towards mutually agreed upon goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. My clinician/instructor is stern with me when I speak about things that are important to me and my situation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. My clinician/instructor and I have established an understanding of the kind of changes that would be good for me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. My clinician/instructor is impatient with me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19. My clinician/instructor seems to like me regardless of what I do or say.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. My clinician/instructor and I agree on what is important for me to work on.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. I believe my clinician/instructor has an understanding of what my experiences have meant to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. Overall, I was satisfied with the class/service/program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Client Name: _____ Client Date of Birth: _____

KINSHIP SUPPORT SERVICES PROGRAM-CLIENT SERVICES TRACKING LOG

Monthly Reporting Period: _____

Due on the 20th day of the month

Client First Name	Client Last Name	Date of Birth	Date of Service	Service Provider	Session	Evaluation Tools Completed
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:
					Intake <input type="checkbox"/> Exit <input type="checkbox"/>	Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Only Provider Form <input type="checkbox"/> N/A:

Client Services Tracking Log-Please remember that on a monthly basis, DPSS requires inventory of each DPSS client that participated in the service and had completed the evaluation tools. 1) The Client Services Tracking Log will be submitted with the Evaluation Data. 2) If a client does not have a completed evaluation tools, please check "N/A" and use the appropriate space to explain. 3) The Evaluation Tools-Provider Form page must be completed by the Service Provider/Community-Based Organization for each client that participated in the intake session and exited the service directly (i.e., completed the service) or indirectly (i.e., loss of contact with clients). If a client indirectly exits the service without completing the post-test Evaluation Tools, proceed with filling out the form and check "Only Provider Form." Add additional rows to the table as needed.

Please mark with a check in the box.
 We did not provide clients with Kinship Support Services Program for this monthly reporting period.
Service Provider/Community Based Organization comments and feedback:

I certify that all information are true and correct to the best of my knowledge.

Print Staff Name _____

Staff Signature: _____ Date: _____