

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



ITEM: 3.27
(ID # 13842)

MEETING DATE:

Tuesday, February 02, 2021

FROM: RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Ratify and Approve the Aurrera Health Group Grantee Services Agreement Between the Aurrera Health Group, LLC, on Behalf of the California Department of Health Care Services, and Riverside County for Adverse Childhood Experiences Aware Initiative for the Period of Performance of June 30, 2020 through June 29, 2021; All Districts. [\$400,000 – 100% State Funded] (4/5 Vote Required)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve the Aurrera Health Group Grantee Services Agreement (Agreement) between Aurrera Health Group, LLC, on behalf of California State Department of Health Care Services, and Riverside County Department of Public Health for Adverse Childhood Experiences Aware Initiative for an amount of \$400,000 for a period of performance of June 30, 2020 through June 29, 2021;
2. Authorize the Chair of the Board of Supervisors to sign the Agreement on behalf of the County;
3. Authorize and direct Auditor Controller to do budget adjustment as shown on schedule A; and

Continued on Page 2

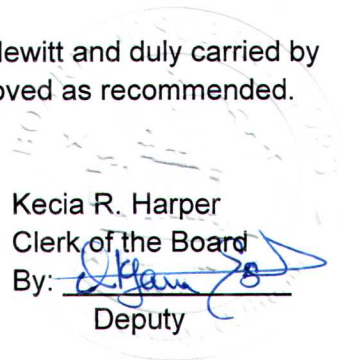
ACTION: 4/5 Vote Required, Policy, A-30


Kim Saruwatari, Director of Public Health 12/14/2020

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez, and Hewitt
Nays: None
Absent: None
Date: February 2, 2021
xc: RUHS-PH, Auditor


Kecia R. Harper
Clerk of the Board

By: 
Deputy

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RECOMMENDED MOTION: That the Board of Supervisors:

4. Authorize the Director of Public Health, or designee, to take all necessary steps to implement the Agreement including, but not limited to, signing subsequent necessary documents and any non-substantive amendments, subject to approval as to form by County Counsel.

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**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$400,000	\$0	\$400,000	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 100% State Funded			Budget Adjustment: Yes	
			For Fiscal Year: 20/21	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Adverse Childhood Experiences (ACEs) Aware Initiative is led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training and other resources to support screening children and adults for ACEs.

ACEs, such as abuse, neglect, and household dysfunction create toxic stress which can be harmful to a child's brain and body. Experiencing early childhood trauma increases the risk for poor health outcomes and decreased life potential, including suicide attempts, depression, and substance abuse. Riverside County has a high prevalence of ACEs as 66% have experienced one or more ACEs, compared to 63% in California. Of those that have experienced ACEs, one in five people have experienced four or more ACEs.

Detecting ACEs early and connecting patients to interventions, resources, and other support can improve the health and well-being of individuals and families. The overarching goals of the initiative include developing and implementing provider trainings on ACEs and toxic stress, trauma-informed care principles, clinic and provider response to ACEs and local ACEs-related community resources.

This award also includes developing and hosting provider engagement sessions that will target a wider range of service providers focused on bridging gaps in services; strengthening networks of care; techniques to build trauma-informed organizations; and resilience building strategies across sectors.

The Agreement has been approved as to form by County Counsel. Staff recommends that the Board ratify and approve the attached Agreement.

Impact on Citizens and Businesses

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

ACEs Aware initiative seeks to change and save lives by helping Medi-Cal providers understand the importance of screening for adverse childhood experiences and training them to respond with trauma-informed care.

**SUPPLEMENTAL:
Additional Fiscal Information**

The annual amount distribution from Aurrera Health Group to the County will be as follows:

Fiscal Year	Amount
2020/2021	\$400,000
Total	\$400,000

Contract History and Price Reasonableness

This is the first time that Riverside County Department of Public Health has been awarded this grant Agreement. Riverside County Department of Public Health is exempt from bidding the Agreement under Ordinance 459.

ATTACHMENTS:

- A. Grantee Services Agreement
- B. Schedule A

SCHEDULE A

RUHS – Public Health

Budget Adjustment

Fiscal Year 2020/2021

INCREASE IN APPROPRIATIONS:

10000 - 4200100000 - 510040 Regular Salaries \$ 45,622

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10000 - 4200100000 - 518100	Budgeted Benefits	\$ 21,917
10000 - 4200100000 - 523700	Office Supplies	\$ 2,128
10000 - 4200100000 - 523800	Printing/Binding	\$ 1,794
10000 - 4200100000 - 524500	Administrative Support-Direct	\$ 52,174
10000 - 4200100000 - 525440	Professional Services	<u>\$276,365</u>
TOTAL INCREASE IN APPROPRIATIONS:		\$400,000

INCREASE IN ESTIMATED REVENUE:

10000 - 4200100000 - 781480	Program Revenue	<u>\$400,000</u>
TOTAL INCREASE IN ESTIMATED REVENUE:		\$400,000


Misley Wang, Supervising Accountant 1/20/2021


Brianna Lantajo, Management Analyst 1/27/2021


Gregory V. Priamos, Director County Counsel 1/14/2021

CLERK'S COPY

to Riverside County Clerk of the Board, Stop 1010

Post Office Box 1147, Riverside, Ca 92502-1147

Thank you.



Aurrera Health Group Grantee Services Agreement

This is an agreement ("Agreement") by and between Aurrera Health Group, LLC, located at 1400 K Street, Suite 204, Sacramento, CA 95814, and Riverside County, a political subdivision of the State of California, through its Department of Public Health ("Grantee"), located at 4065 County Circle Dr. Suite 211, Riverside, CA 92503, that provides for the provision of certain services by Grantee to Aurrera Health Group on behalf of the California Department of Health Care Services, as described in the attached scope of work, under the terms and conditions set forth below.

Background

California Governor Gavin Newsom, in his first state budget (FY 2019-20), proposed a Medi-Cal supplemental payment for providers to screen both pediatric and adult beneficiaries for trauma using specified screening tools. As the state budget process moved forward, the Governor proposed additional resources specifically targeted at providing health care providers with training and technical assistance to better equip practicing physicians as they worked with patients that have been exposed to significant trauma or have health effects related to trauma exposure. Pursuant to the Legislature's approval and Governor's signature enacting the state's 2019-20 budget, the Department of Health Care Services ("DHCS") and the Office of the California Surgeon General have launched "ACES Aware," a program that will give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for adverse childhood experiences ("ACEs"). DHCS has contracted with Aurrera Health Group to help develop and implement a provider training program ("Training Program") for providers to qualify to earn supplemental payments for conducting screening for ACEs. Under the contract, Aurrera Health Group is authorized and directed to contract with other entities to help develop and promote the Training Program.

Terms of Agreement

1. Contract Period.

The effective date of this contract shall begin on June 30, 2020 and conclude on June 29, 2021. Any extension of these contract terms must be approved in writing by Aurrera Health Group and Grantee.

2. Scope of Work

The specific services Grantee will provide are set forth in the Scope of Work ("SOW") attached as Appendix A.

3. Grant Award

The total grant award for this contract is \$400,000. The grant budget is to be broken out accordingly:

- Provider Engagement (Network of Care) - \$100,000
- Provider Engagement (Provider Engagement Activities) - \$100,000
- Provider Training (Core) - \$200,000

4. Payment and Invoicing

Grantee shall submit quarterly invoices with a 45-day turnaround after the quarter ends that includes a description of services performed and number of hours worked. Expenses for grant activities must also be itemized on a monthly basis. For services satisfactorily rendered, and upon receipt and approval of the invoices, Aurrera Health Group agrees to compensate the Grantee in accordance with Appendix B. Payments shall be made within thirty (30) calendar days of receipt of an invoice that is approved and undisputed by Aurrera Health Group.

Invoices and all supporting documentation shall be submitted via the Zengine grantee database program. All payment inquiries may be made to the attention of Jim DeArman, Director of Finance, Aurrera Health Group via email to jim@aurrerahealth.com.

5. Materials Produced Through this Agreement.

Aurrera Health Group gives permission to Grantee to use, reproduce, and disseminate the materials produced through this Agreement, as long as the ACEs Aware grantee logo is included on the materials. Grantee also agrees to post the ACEs Aware logo on its website to indicate their participation in the grant program. If updates are necessary to the materials produced, all changes must be approved by Aurrera Health Group before being finalized. Any requests for changes must be submitted at least fourteen calendar (14) days

before the materials are intended to be used to allow time for review and approval of any materials.

Additionally, all materials will be given free of charge to, and free of access for, any Medi-Cal provider and Grantee will not issue any charges or fees to others requesting the materials or access to the materials, without the express written permission and approval of DHCS.

Ownership of Intellectual Property

DHCS will own any materials produced through this contract and any materials produced through this contract shall include DHCS's notice of copyright. However, DHCS gives permission to the Grantee to use, reproduce, and disseminate the materials produced through this contract. If updates are necessary to the materials produced, all changes must be approved by DHCS before being finalized. DHCS requests that any requests for changes be submitted to DHCS at least fourteen (14) days before the materials are intended to be used to allow DHCS time to review and approve any materials. Additionally, any materials produced will be free to access by any Medi-Cal provider and any charges or fees associated with the materials charged to others, must be approved by DHCS.

6. Confidentiality

a. Definition of Confidential Information

"Confidential Information" means (a) any technical and non-technical information related to Aurrera Health Group's business and current, future and proposed products and services of Aurrera Health Group, including for example and without limitation, Aurrera Health Group innovations, Aurrera Health Group property, and information concerning research, policy development, design details and specifications, financial information, procurement requirements, engineering and manufacturing information, customer lists, business forecasts, sales information, marketing plans and business plans, in each case whether or not marked as "Confidential" or "Proprietary;" and (b) any information that Aurrera Health Group has received from others that may be made known to Grantee that the Grantee is obligated to treat as confidential or proprietary, whether or not marked as "Confidential" or "Proprietary."

b. Nondisclosure and Nonuse Obligations

Except as permitted in this Section, Grantee will not (a) use any Confidential Information; or (b) disseminate or in any way disclose the Confidential Information to any person, company, business or governmental agency or department. Grantee may use the Confidential Information solely to perform project assignment(s) for the benefit of Aurrera Health Group. Grantee shall treat all Confidential Information with the same degree of care as Grantee accords to Grantee's own confidential information, but in no case shall Grantee use less than reasonable care. Grantee shall assist Aurrera Health Group in remedying any the unauthorized use or disclosure of the Confidential Information. Grantee agrees not to communicate any information to Aurrera Health Group in violation of the proprietary rights of any third party.

c. Exclusions from Nondisclosure and Nonuse Obligations

Grantee's obligations do not apply to any Confidential Information that Grantee can demonstrate (a) was in the public domain at or subsequent to the time the Confidential Information was communicated to Grantee by Aurrera Health Group through no fault of Grantee; (b) was rightfully in Grantee's possession free of any obligation of confidence at or subsequent to the time the Confidential Information was communicated to Grantee by Aurrera Health Group; or (c) was independently developed by Grantees of Grantee without use of, or reference to, any Confidential Information communicated to Grantee by Aurrera Health Group. A disclosure of any Confidential Information by Grantee (a) in response to a valid order by a court or other governmental body; or (b) as otherwise required by law will not be considered to be a breach of this Agreement or a waiver of confidentiality for other purposes; provided, however, that Grantee provides prompt prior written notice thereof to Aurrera Health Group to enable Aurrera Health Group to seek a protective order or otherwise prevent the disclosure.

7. Amendment Process

Should either party, during the term of this Agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed

changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall not be considered binding on either party until it is formally approved in writing by the both parties.

8. Assignment

Grantee may not assign this Agreement, in whole or in part, without the express written consent of Aurrera Health Group.

9. Noninterference with Business

Grantee agrees that during the Contract Period of this agreement they will not, either directly or indirectly, solicit, induce, recruit, or encourage any of Aurrera Health Group's employees to leave their employment with the Company, or Grantees to stop doing business with the Company. In the event Grantee hires any of Company's employees or retains any of their Grantees, Grantee agrees to enforce the confidentiality provisions set forth herein as it relates to that employee or Grantee.

10. Insurance Requirements

Grantee shall comply with the following insurance requirements:

a. Commercial General Liability

The Grantee must provide to Aurrera Health Group a certificate of insurance stating that commercial general liability insurance of not less than \$1,000,000 per occurrence for bodily injury and property damage liability combined is presently in effect for the Grantee. The commercial general liability insurance policy shall include coverage for liabilities arising out of premises, operations, independent Grantees, products, completed operations, personal and advertising injury, and liability assumed under an insured agreement. The commercial general liability insurance shall apply separately to each insured against whom claim is made or suit is brought subject to the Grantee's limit of liability.

11. Certificate of Insurance

The certificate of insurance must identify the Agreement number for which the certificate of insurance applies and include the following provisions:

- a. The insurer shall not cancel the insured's coverage without giving 30 days prior written notice to Aurrera Health Group.
- b. The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State of California under this Agreement. This includes Aurrera Health Group as an agent of the state for purposes of this Agreement.

12. Insurance Effective During Entire Term

The Grantee agrees that the insurance required herein will remain in effect at all times during the term of the Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, the Grantee agrees to provide, at least 30 calendar days before said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of the Agreement or for a period of not less than one year. DHCS may, in addition to any other remedies it may have, terminate this Agreement on the occurrence of such event.

13. Costs of Insurance

Neither DHCS nor Aurrera Health Group will be responsible for any premiums, deductibles, or assessments on the insurance policy.

14. Independent Grantee

Grantee, and the agents and employees of the Grantee, shall act in an independent capacity and not as an employee or agent of Aurrera Health Group or DHCS.

15. Mutual Hold Harmless/Indemnification

15.1 Both Parties shall indemnify and hold harmless the other Party its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability, action, claim or damage whatsoever, based or asserted upon any services of the Indemnifying Party, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death

or any other element of any kind or nature. The Indemnifying Party shall defend the Indemnitees at its sole expense including all costs and fees (including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards) in any claim or action based upon such acts, omissions or services.

15.2 With respect to any action or claim subject to indemnification herein by the Indemnifying Party, the Indemnifying party shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of the Indemnified Party; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes indemnification to Indemnitees as set forth herein.

15.3 The Indemnifying Party's obligation hereunder shall be satisfied when the Indemnifying Party has provided to the Indemnitee the appropriate form of dismissal relieving Indemnitee from any liability for the action or claim involved.

15.4 The specified insurance limits required in this Agreement shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees herein from third party claims.

16. Compliance with Law

The Grantee shall comply with all California and federal law, regulations and published guidelines, to the extent that these authorities contain requirements applicable to Grantee's performance under this Agreement.

17. Federal Equal Opportunity Requirements.

The Grantee will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Grantee will take affirmative action to ensure that qualified applicants are employed, and that employees

are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Grantee agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Grantee's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.

18. The Grantee will, in all solicitations or advancements for employees placed by or on behalf of the Grantee, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.
The Grantee will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.
19. The Grantee will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit

access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

20. In the event of the Grantee's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Grantee may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
21. The Grantee will include the provisions of Paragraphs (a) through (g) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subgrantee or vendor. The Grantee will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Grantee becomes involved in, or is threatened with litigation by a subgrantee or vendor as a result of such direction by DHCS, the Grantee may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.
22. **Record Retention**

- a. The Grantee shall retain all financial records, supporting documents, statistical records, and all other records in accordance with 45 CFR section 75.361.
- b. Aurrera Health Group and DHCS have the right to access any documents, papers, or other records of the Grantee which are pertinent to the Agreement, for the purpose of performing audits, examinations, excerpts and transcripts. The right to access records also includes timely and reasonable access to the Grantee's personnel for the purpose of interview and discussion related to the requested documents.
- c. The right to access records is not limited to the required retention period but lasts as long as the records are retained by the Grantee.

23. Monitoring and Audits

- a. The Grantee shall be subject to monitoring by Aurrera Health Group for compliance with the provisions of this Agreement. Such monitoring activities shall include, but are not limited to, inspection and audit of the services provided by the Grantee under this Agreement, as well as the Grantee's files, management procedures, books, and records, as Aurrera Health Group deems appropriate. Aurrera Health Group may conduct monitoring activities at any time during the Grantee's normal business hours.
- b. The refusal of the Grantee to permit access to its physical facilities or inspection of any documents, files, books, or records necessary for Aurrera Health Group to complete its monitoring and auditing activities constitutes an express and immediate material breach of this Agreement and will be a sufficient basis for Aurrera Health Group to terminate the Agreement for cause.
- c. Grantee is also required to meet quarterly, mid-point, and annual reporting requirements as outlined in **Appendix C**.

24. Governing Law; Forum

The laws of the United States of America and the State of California govern all matters arising out of or relating to this Agreement without giving effect to any conflict of law principles. Each of the parties irrevocably consents to the exclusive personal jurisdiction of the federal and state courts located in Sacramento, California, as applicable, for any matter arising out of or relating to this Agreement, except that in actions seeking to enforce any order or any judgment of the federal or state courts located in Sacramento,

California, such personal jurisdiction will be non-exclusive. Additionally, notwithstanding anything in the foregoing to the contrary, a claim for equitable relief arising out of or related to this Agreement may be brought in any court of competent jurisdiction. If a proceeding is commenced to resolve any dispute that arises between the parties with respect to the matters covered by this Agreement, the prevailing party in that proceeding is entitled to receive its reasonable attorneys' fees, expert witness fees and out-of-pocket costs, in addition to any other relief to which that prevailing party may be entitled.

25. Compliance with Laws

Each party hereto shall comply with all applicable laws, statutes, regulations, permits, licenses, certificates, judgments, orders, awards, other decisions or requirements of any arbitrator, court, government or governmental agency or instrumentality.

26. Waiver; Modification

If the Company waives any term, provision or Grantee's breach of this Agreement, such waiver shall not be effective unless it is in writing and signed by the Company. No waiver by a party of a breach of this Agreement shall constitute a waiver of any other or subsequent breach by Grantee. This Agreement may be modified only by mutual written agreement of authorized representatives of the parties.

27. Severability

If a court of law holds any provision of this Agreement to be illegal, invalid or unenforceable, (a) that provision shall be deemed amended to achieve an economic effect that is as near as possible to that provided by the original provision and (b) the legality, validity and enforceability of the remaining provisions of this Agreement shall not be affected.

28. Entire Agreement

This Agreement, including all exhibits attached hereto, constitutes the final and exclusive agreement between the parties relating to this subject matter and supersedes all agreements, whether prior or contemporaneous, written or oral, concerning such subject matter.

29. Cancellation / Termination

This Agreement may be cancelled by either party without cause upon 30 calendar days

advance written notice to the other party, or immediately for cause, which shall mean failure to meet the terms, conditions, or responsibilities of this Agreement. Upon receipt of a notice of termination or cancellation, the Grantee shall take immediate steps to stop performance and to cancel or reduce subsequent agreement costs. In the event of early termination or cancellation, the Grantee shall be entitled to payment for all allowable costs authorized under this Agreement and incurred up to the date of termination or cancellation, including authorized non-cancelable obligations, provided such expenses do not exceed the stated maximum amounts payable.

30. Avoidance of Conflicts of Interest by Company

DHCS intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrantees, or employees, officers and directors of the Grantee or subgrantees. Thus, DHCS reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to DHCS review and prior approval.

31. Litigation Notification

Each party shall immediately notify the other party of any communication, notice or other action of which such party becomes aware that may in any way affect the parties' rights and obligations hereunder, or of any other formal or informal action, notice or communication from any governmental body, regulatory or other person or entity relating to this Agreement.

32. Applicable law and Arbitration

- a. **Application of law:** This agreement shall be governed by the laws of the state of California, USA.
- b. **Arbitration:** If a dispute arises out of or relates to this contract, or the breach thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Commercial Mediation Procedures before resorting to arbitration, litigation, or some other dispute

IN WITNESS WHEREOF, the parties, intending to be legally bound, have caused their proper and duly authorized officers to execute and deliver these presents as of the day and year first written above.

By: Karen S. Spiegel Date: 2 / 2 / 2021
Authorized Grantee Signature

Name: ~~W. Manuel Perez~~ Karen Spiegel

Title: ~~Chairman~~ of the Board of Supervisors

ATTEST: Kecia R. Harper, Clerk of the Board

By: [Signature]

APPROVED AS TO FORM:

Gregory P. Priamos
County Counsel

By: [Signature]

Amrit P. Dhillon
Deputy County Counsel

By: Jennifer Ryan Date: 2/5/21
Aurrera Health Group Signature

Name: Jennifer RYAN

Appendix A

Scope of Work

The Provider Core Trainings are designed for primary care and behavioral health providers who administer services to Medi-Cal patients in Riverside County. This three-hour core training will be offered virtually, using an online platform due to current COVID-19 safety precautions. Although the provider trainings will shift from in-person to virtual, the online trainings will still apply the same learning techniques intended for in-person including video demonstrations, case studies, and role enactment for providers to build knowledge, practice and skills. Many online platforms include a variety of interactive features such as video breakout rooms, real-time polling, virtual question and answers, split-screen layouts, chat features and whiteboard mode to foster participant engagement. Utilizing an online platform will enable successful delivery of a minimum of three* interactive trainings by the end of the grant cycle while adhering to current safety guidelines. All providers will receive three units of CMEs upon completion of the online Provider Core Training.

Existing staff from RUHS-Medical Center (RUHS-MC), RUHS-Behavioral Health (RUHS-BH), RUHS-Community Health Centers (RUHS-CHC) and RUHS-Public Health (RUHS-PH) will assist with the development and implementation of the online Provider Core Training as outlined in the proposal. A consultant/staff member has already been identified who has previously provided consultation to RUHS-MC, RUHS-CHC and RUHS-PH on ACEs and trauma-informed practices; this will expedite hiring and administrative processes, given the current processing delays due to COVID-19. The consultant will develop the Core Training curriculum under close guidance and direction from the Provider Core Training Curriculum Development Committee. Additionally, the consultant/staff member will lead a minimum of three* interactive online Provider Core Training events.

As a local government agency under the same health system, Riverside University Health System (RUHS), we will use our connections within RUHS (RUHS-PH, RUHS-BH, RUHS-MC, RUHS-CHC) and our expansive partner networks with Riverside County Medical Association (RCMA), Inland Empire Health Plan (IEHP), and First 5 Riverside to reach Medi-Cal serving Riverside County providers and promote the virtual Provider Core Trainings and ACEs Aware initiative.

Overarching grant objectives for Developing a New Core Training/Hosting Training Events include:

1. Develop curriculum and training materials for online trainings including information on ACEs and toxic stress, trauma-informed care principles, clinic and provider response to ACEs and local ACEs-related community resources personalized to meet the demographic and needs of the Riverside County Medi-Cal patients our providers serve.
2. Research and select online training platform.
3. Develop implementation plan for trainings.
4. Conduct provider outreach to key partners identified in grant application.
5. Develop evaluation tools to track process and demonstrate outcomes.
6. Implement a minimum of 3 trainings.

Key deliverables include:

1. Finalized training materials that meets CA-OSG/DHCS criteria.
2. Provider outreach and training implementation plan.
3. Examples of outreach materials and supporting documentation.
4. Electronic sign-in sheets/certification of providers who completed training.
5. Overview of evaluation findings.
6. Final report to ACEs Aware.

Timeline for Developing a New Core Training/Hosting Training Events:

1. By October 1, 2020, we will develop our Core Training curriculum that meets CA-OSG and DHCS criteria.
2. By January 2021, we will host a pilot provider training. Adjustments to the Core Training will be made based on feedback from Aurrera Health Group.
3. Beginning February 1, 2021, we will host a total of 3* provider trainings in partnership with RUHS-Medical Center, RUHS Community Health Centers, RUHS-Behavioral Health, Inland Empire Health Plan (IEHP), First 5 Riverside and Riverside County Medical Association (RCMA). The timeline may change based on award date and potential COVID-19 response efforts.

**Number of sessions, number of participants, and timeline may vary from scope of work based on COVID-19 impact and response efforts. Any changes in scope of work will be communicated with the Aurrera Health Group Grant Liaison and reflected in the required reports to the funder.*

Provider Engagement (Provider Engagement Activities)

The Provider Engagement Activities will target Medi-Cal serving primary care, behavioral health providers and clinical staff in Riverside County. RUHS-Medical Center (RUHS-MC), RUHS-Behavioral Health (RUHS-BH), RUHS-Public Health (RUHS-PH) staff will develop and implement a total of thirty*, one-hour provider engagement sessions on supplemental topics that will complement the Provider Core trainings. The Provider Engagement topics have been modified to include two additional topics that are relevant to the current context of the COVID-19 emergency.

Provider Engagement topics will include*:

1. **Connections to local resources:** Identifying appropriate referral pathways and linkages to care, highlighting available, local ACEs-specific resources offered by community-based organizations and county departments. Resource-specific service providers will be invited to engagement sessions to highlight their work.
2. **Strategies for preventing vicarious and secondary trauma:** Prevention strategies such as stress management will be discussed as well as tips for identifying and addressing burnout/vicarious trauma among staff.
3. **Provider-Patient Relationship Building Techniques:** This will expand on the Core Training with more in-depth training on strategies to build trust, safety, and collaborative decision-making between patient and provider using motivational interviewing, active listening, nonverbal communication, patient education and agreeing on a treatment plan.
4. **Interventions for building resilience:** Discussions will cover different intervention strategies for building resilience at the individual patient level to macro community level.
5. **Cultural competency:** Providers will receive training on implicit bias and cultural humility to identify unconscious biases and learn techniques to provide culturally appropriate care with an emphasis on racial ethnic minorities and LGBTQ populations. The training will promote a shift in the patterns of thinking that will foster patient-centered care that is sensitive to the patient's preferences, values and their behavioral/physical/emotional needs.
6. **Aligning screenings:** Trainings and discussion on best practices to coordinate and align tools to limit multiple screenings and prevent re-traumatization. We will also highlight best practices in incorporating ACEs screening into the clinical workflow.

7. Clinical Transformation: Training will cover tools for educating and involving patients throughout the treatment process, screening for trauma, training staff on trauma-specific treatment approaches, and improving referral pathways by engaging referral sources and partnering organizations.
8. Telehealth and Trauma-informed Care: Training will offer strategies and best practices on how to provide trauma-informed care and screen for ACEs in a virtual setting.
9. Addressing secondary health effects of COVID-19: Training will focus on how to screen and identify higher-risk patients for ACEs who have suffered secondary health effects due to the COVID-19 emergency and provide guidance on clinical treatment plans and connection to local resources.

**Providers may be surveyed prior to engagement sessions to understand interest and need for supplemental topics.*

Provider engagement sessions will be hosted at optimal times of the day to minimize impact to patient care and to accommodate demanding clinic schedules. Due to COVID-19 precautions, provider engagement sessions will be virtual using an online learning platform like Moodle or Zoom. Each engagement session will utilize a variety of interactive learning techniques including video demonstrations, PowerPoint presentations, peer learning/discussions on shared best practices and case studies to build knowledge, practice and skills. Learning materials will be emailed to participants prior to the session. For participants with limited internet access, a call-in option will be available and materials can be mailed to the participant. Providers will receive 1 CME unit upon completion of the provider engagement session.

We will be closely monitoring current COVID-19 guidelines, following direction from the State and our local health department. As COVID-19 restrictions are lifted, small in-person trainings will be offered with appropriate safety measures in place.

As a local government agency under the same health system serving a high volume of Medi-Cal patients, we will use our networks within Riverside University Health System (RUHS-Public Health, RUHS-Behavioral Health, RUHS-Medical Center, RUHS-Community Health Centers) to disseminate information on provider engagement training events to all providers within RUHS. Outreach efforts will also be in collaboration with our partners, Riverside County Medical Association (RCMA), Inland Empire Health Plan (IEHP) and First 5 Riverside, to expand our reach using their extensive network of Medi-Cal providers to promote ACEs Aware and the Provider

Engagement sessions. RUHS will also leverage its multiple academic affiliations (e.g., Loma Linda University, University of California Riverside, Western University Health Sciences, Cal Baptist University, etc.) encouraging provider engagement trainings to future providers. We expect to reach a total of 600* providers using an online platform. All participants will complete a post survey to evaluate changes in knowledge, attitudes and skills. Feedback on the format, timing, and content of the training sessions will also be assessed. Data from evaluations will be analyzed regularly and modifications to the curriculum, session times, and topics will be made accordingly to better suit the needs of attendees. Overarching grant objectives for Provider Engagement Sessions include:

1. Research and select speakers for sessions.
2. Initiate county contracting process with speakers.
3. Develop materials for online sessions in collaboration with selected speakers.
4. Develop outreach and implementation plan for sessions.
5. Conduct outreach to key partners identified in grant application.
6. Develop evaluation tools to track process and demonstrate outcomes.
7. Implement 3-4* per month for a minimum of 20* providers.

Key deliverables include:

1. Finalized provider engagement session training materials.
2. Resumes of selected speakers with additional supporting contract documentation.
3. Outreach and implementation plan.
4. Examples of outreach materials and supporting documentation.
5. Electronic sign-in sheets/certification of providers who have completed sessions.
6. Overview of evaluation findings.
7. Final report to ACEs Aware.

Timeline for developing and implementing the Provider Engagement Sessions:

1. By August 30, 2020, we will develop materials for online sessions; identify a list of speakers for sessions and initiate the contracting process; select and purchase an online platform; and develop an outreach and implementation plan.
2. By September 1, 2020, we will finalize evaluation materials and start outreach for the 30 sessions.
3. By October 1, 2020, we will begin hosting 30* provider sessions (3-4 per month).

**Number of sessions, number of participants, timeline, and proposed topics may vary from scope of work based on COVID-19 impact and response efforts. Any changes in scope of work will be communicated with the Aurrera Health Group Grant Liaison and reflected in the required reports to the funder.*

Provider Engagement (Networks of Care Activities)

RUHS-Behavioral Health, RUHS-Public Health and the Riverside Resilience initiative will develop and implement 10* two-hour Networks of Care learning sessions on supplemental topics with an expectation to reach approximately 500* community partners across Riverside County. The Networks of Care provider engagement sessions will target a wider range of service providers including primary care providers, clinical support staff, social workers and therapists, nurses, community health workers, educators, community-based organizations and social service and child-serving agencies.

The sessions will focus on bridging gaps in services; strengthening our networks of care; techniques to build person-centered relationships with our patients/clients that are culturally sensitive and appropriate; creating trauma-informed organizations; and resilience building strategies across sectors. These learning sessions align with our current local ACEs efforts through the Riverside Resilience initiative, which aims to educate partners on the effects of trauma and activate policy and practice change to advance trauma-informed practices. The Networks of Care session topics have been modified to include two additional topics that are relevant to the current context of the COVID-19 emergency.

Networks of Care session topics will include:

1. Adverse Community Experiences (ACERs): Speakers will provide more in-depth information on community level trauma and strategies for building community resilience.
2. Connections to local resources/Building Networks of Care: Identifying appropriate referral pathways and linkages to care, highlighting available, local ACEs-specific resources offered by community-based organizations and county departments. Session will include peer discussions and attendees will brainstorm strategies to enhance partnerships and strengthen our networks of care.
3. Addressing trauma among minority populations/Cultural Competency: Discussion will focus on the role of historical trauma and culturally appropriate intervention activities. Participants will also receive training on implicit bias and cultural humility to identify

- unconscious biases and learn techniques to provide culturally appropriate care with an emphasis on racial ethnic minorities and LGBTQ populations.
4. Resilience-building interventions across sectors: Speakers will highlight examples of addressing trauma and building resilience among youth in different settings (schools, law enforcement/probation, social services, medical) and attendees will identify opportunities for collaboration and intervention.
 5. Trauma-informed organizational change: More in-depth information on tools and strategies for assessing and implementing trauma-informed organizational change.
 6. Strategies for preventing vicarious and secondary trauma: Prevention strategies such as stress management will be discussed as well as tips for identifying and addressing burnout/vicarious trauma among staff.
 7. Relationship Building Techniques: Training will cover strategies to build trust, safety, and collaborative decision-making between client and service provider using motivational interviewing, active listening, nonverbal communication, and client education.
 8. Virtual Trauma-informed Care: Training will offer strategies and best practices on how to provide trauma-informed care and services in a virtual setting.
 9. Managing secondary effects of COVID-19: Training will focus on how to screen and identify higher-risk clients for ACEs who have suffered secondary health effects due to the COVID-19 emergency and provide guidance on connecting clients to appropriate local resources.

**Providers may be surveyed prior to engagement sessions to understand interest and need for supplemental topics.*

Due to COVID-19 precautions, Networks of Care sessions will be virtual using an online learning platform like Moodle or Zoom. Each session will utilize a variety of interactive learning techniques including video demonstrations, PowerPoint presentations, breakout groups, case studies, panel presentations, and peer learning/discussions on shared best practices to build knowledge, practice and skills. Learning materials will be emailed to participants prior to the session. For participants with limited internet access, a call-in option will be available and materials can be mailed to the participant. Providers will receive 1 CME/CE/CHES unit upon completion of the networks of care session.

We will be closely monitoring current COVID-19 guidelines, following direction from the State and our local health department. As COVID-19 restrictions are lifted, small in-person trainings will be offered with appropriate safety measures in place.

All participants will complete a post survey to evaluate changes in knowledge, attitudes and skills. Feedback on the format, timing, and content of the training sessions will also be assessed. Data from evaluations will be analyzed regularly and modifications to the curriculum, session times, and topics will be made accordingly to better suit the needs of attendees.

We will use our networks within Riverside University Health System (RUHS-Public Health, RUHS-Behavioral Health, RUHS-Medical Center, RUHS-Community Health Centers) to disseminate information on Networks of Care training events to all staff within RUHS. Outreach efforts will also be in collaboration with our partners, Riverside County Medical Association (RCMA), Inland Empire Health Plan (IEHP) and First 5 Riverside, to expand our reach using their extensive network of Medi-Cal providers and staff to promote the learning sessions. Riverside Resilience will provide support in engaging a wide range of key community partners for the Networks of Care sessions using their existing ACEs network of over 1,000 diverse contacts across more than 100 multi-sector organizations.

Overarching grant objectives for Networks of Care Sessions include:

1. Research and select speakers for sessions.
2. Initiate county contracting process with speakers.
3. Develop materials for online sessions in collaboration with selected speakers.
4. Develop outreach and implementation plan for sessions.
5. Conduct outreach to key partners identified in grant application.
6. Develop evaluation tools to track process and demonstrate outcomes.
7. Implement 1-2* per month for a minimum of 50* service providers.

Key deliverables include:

1. Finalized Networks of Care session training materials.
2. Resumes of selected speakers with additional supporting contract documentation.
3. Outreach and implementation plan.
4. Examples of outreach materials and supporting documentation.
5. Electronic sign-in sheets/certification of service providers who have completed sessions.
6. Overview of evaluation findings.

7. Final report to ACEs Aware.

Timeline for developing and implementing the Networks of Care Sessions:

1. By August 30, 2020, we will develop materials for online sessions; identify a list of speakers for sessions and initiate the contracting process; select and purchase an online platform; and develop an outreach and implementation plan.
2. By September 1, 2020, we will finalize evaluation materials and start outreach.
3. By October 1, 2020, we will begin hosting 10* sessions (1-2* per month).

****Number of sessions, number of participants, timeline, and proposed topics may vary from scope of work based on COVID-19 impact and response efforts. Any changes in scope of work will be communicated with the Aurrera Health Group Grant Liaison and reflected in the required reports to the funder.***

Appendix B

Budget Detail and Payment Provisions

1. Grantee shall submit a a quarterly invoice with a 45-day lag which includes description of services performed and including the data required under section 4 above. For services satisfactorily rendered, and upon receipt and approval of the invoices, Aurrera Health Group agrees to compensate the Grantee in accordance with the rates or allowable costs specified herein. Payments shall be made within 30 calendar days of receipt of an invoice that is approved and undisputed by Aurrera Health Group.
2. Invoices shall:
 - a. Be prepared on Grantee letterhead, or be signed by an authorized official, employee or agent certifying that the expenditures claimed represent actual expenses for the services performed under this Agreement.
 - b. Bear the Grantee's name as shown on the Agreement.
 - c. Identify the billing or performance period covered by the invoice.
 - d. Itemize costs or services provided for the billing period. Reimbursement may only be sought for costs or services expressly identified as allowable in this

Agreement.

3. Budget Contingency Clause

- a. It is mutually agreed that if the Budget Act of the current year or subsequent years covered under this Agreement does not appropriate sufficient funds for this program, this Agreement shall be of no further force and effect. In this event, Aurrera Health Group and DHCS shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any other provisions of this Agreement.
 - b. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this Program, DHCS shall have the option to either cancel this Agreement with no liability occurring to Aurrera Health Group or DHCS or offer an agreement amendment to Grantee to reflect the reduced amount.
4. Amounts Payable to grantees will be processed within thirty (30) days after receipt of invoice and supporting documentation. Payments can be made via check, banking institution lockbox, electronic funds transfer (EFT) or ACH directly to grantee primary checking account. Please note if Grantee chooses to have grant funds electronically transferred they must complete a EFT/ACH consent form with bank routing number and account number information to Aurrera Health Group for processing.

Appendix C

ACEs Aware Grantee Reporting Requirements

All ACEs Aware Grantees are required to submit the following reports in order to receive the full disbursement of grant funds during the contract year:

- Quarterly quantitative data reports, as specified for each grant type and category
- Narrative progress reports at the mid-point and end of the 12-month contract period (instructions and a template for this reporting requirement will be provided later in 2020)
- At the end of each quarter of the contract period, Grantee will submit to Aurrera Health Group Consulting a plan for the following quarter of grant activities.
- Grantee will submit a summary of each convening/training to include numbers of attendees, summary of the content delivered, and participant evaluation results, within 2 weeks after each event. A reporting template will be provided.

The Grantee will be required to report on the following data elements in the quarterly reports. Additional anecdotal and best practices information may be requested from Grantees on a periodic basis as a means of promoting the ACEs Aware initiative. The Grantee will have access to the ACEs Aware Grantee Portal in July 2020. All reports must be submitted through this portal.

Provider Training Grants

Note: Grantees will submit their proposed Training Curricula for all provider training grants to Aurrera Health Group for review at least 30 days before the first training is executed.

Provider Training -- Development of New Core Training

- Grantees will report on the following:
 - Types and number of credits offered (one time reporting)
 - Number of providers who completed the training (quarterly reporting once training is live)
 - Provider type (e.g. physician, nurse practitioner, etc.)
 - Provider specialty (e.g. OB/GYN, Internal Medicine)
 - Practice setting

- Geographic location/community served Methods used to promote training, including penetration rate
 - Click-through and open rates for email blasts, social media posts and engagements
- **Training evaluation results – Note:** Grantees are required to collect the same evaluation metrics as used in the Becoming ACEs Aware training (see Appendix D), so that results can be aggregated and compared across all Core trainings. Grantees may include additional questions.

Provider Engagement

Provider Engagement – Provider Engagement Activities

- Grantees will report on the following:
 - Number of sessions executed
 - Number of total attendees
 - Number of providers in attendance
 - Report out on specialty types (e.g. OB/GYN, Internal Medicine)
 - Report out on geographic location of each provider (demographic of communities served, focused on, etc.)
 - Location of each session
 - In person (city, county); or
 - Webinar
 - Topic and brief summary of learnings for each session
 - Key learnings and questions related to advancing provider engagement — such as best practices, adverse consequences, tension areas, etc.
 - Session evaluation results (a set of standardized questions for grantees to use for evaluations is provided in Appendix D.
 - Outstanding/unaddressed questions; common questions asked, etc.
 - Session agenda, speakers, and materials (to be available on request)
 - Methods used to promote sessions, including penetration rate
 - Number of providers emailed, RSVPs recorded via Eventbrite and/or, open rates for email blasts

Provider Engagement -- Network of Care Sessions

- Grantees will report on the following:
 - Number of sessions executed
 - Organizations represented and by type/sector, if applicable (e.g., law enforcement agency)
 - Total number of attendees
 - Number and type of organization by sector (e.g., law enforcement agency)
 - Number of providers
 - Report out on specialty types (e.g. OB/GYN, Internal Medicine)
 - Report out on geographic location of each provider
 - Number of non-clinical staff in attendance
 - Topic and brief summary of learnings for each session
 - Key learnings and questions raised through audience engagement in advancing network of care — such as case studies from specific sectors with potential applications to other sectors (e.g., education to law enforcement), best practices in relationship building, strategies to increase community connections across the medical and social service system, potential challenges/barriers, tension areas, etc.
 - Location of each session
 - In person (city, county)
 - Webinar
 - Session evaluation (grantees will all have to include three to four standard evaluation questions)
 - Testimonial from attendees (if applicable)
 - Outstanding/unaddressed questions; common questions asked, etc.
 - Session agenda, speakers, and materials (to be available on request)
 - Methods used to promote sessions, including penetration rate
 - Number of providers emailed, RSVPs recorded via Eventbrite and/or, open rates for email blasts

Interim and Final Grant Reports

In addition to the data elements to be requested above, Grantees will be expected to submit a 5-10 page “interim” grant report within 30 days of the close of Q2 of the grant period, and a

“final” report within 30 days of the close of Q4. These reports should include anecdotal information about the positive results and lessons learned from the grant activities and share any best practices that could be replicated going forward. The report would also include elements like a narrative description of the most successful methods the organization used to promote activities, and any mid-course corrections made in response challenges that occurred. Aurrera Health Group will provide a template for these reports in the fall of 2020.

Appendix D

ACEs Aware Core Training Evaluation Form

1. Which of the following best describes your primary practice setting? *

- Solo Practice
- Group Practice
- Government
- University/Teaching System
- Community Hospital
- HMO/Managed Care
- Non-Profit/Community
- I do not actively practice
- Other, please specify:

2. How long have you been in practice? *

- More than 20 years
- 11-20 years
- 6-10 years
- 1-5 years
- Less than 1 year

3. Approximately how many patients do you see each week? *

- Less than 50
- 50-99
- 100-149
- 150-199
- 200+
- I do not directly provide care

4. What percentage of your patients do you currently screen for ACEs? *

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- 100%
- I do not directly provide care

5. Please select the extent to which you agree/disagree that the activity supported the achievement of its learning objectives? *

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Define Adverse Childhood Experiences (ACEs), their prevalence, and their impacts on health, including underlying biological mechanisms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify how to introduce and integrate ACEs screening into clinical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply a clinical algorithm for ACEs screening and assessment for associated health conditions in creating a tailored treatment and follow-up plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify how to introduce and integrate ACEs screening into clinical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please select the extent to which you agree/disagree that the activity achieved the following:*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The activity enhanced my current knowledge base.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The educational material provided useful information for my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content was evidence-based.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The cases were effective in presenting the material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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7. Based upon your participation in this activity, do you intend to change your practice behavior? * (choose only one of the following options)

- I do plan to implement changes in my practice based on the information presented
- My current practice has been reinforced by the information presented
- I need more information before I will change my practice

8. If you plan to change your practice behavior, what type of changes do you plan to implement? * (check all that apply)

- Routine screening for ACEs in children
- Routine screening for ACEs in adults
- Applying a clinical algorithm on ACEs and toxic stress to guide patient care
- Change in treatment or management approach, based on ACEs score and toxic stress risk assessment
- Change in current practice for referrals or linkages to treatment and support services
- Change in interprofessional team communication or collaboration, within team in primary clinical setting
- Change in interprofessional communication or collaboration, for referrals and off-site partners
- Other, please specify:

9. How confident are you that you will be able to make your intended changes? *

- Very confident
- Somewhat confident
- Unsure
- Not confident

10. Which of the following do you anticipate will be the primary barrier to implementing these changes? *

- Insurance/financial issues
- Ability to refer to appropriate services and treatments
- Time constraints
- Insufficient interprofessional team support within primary clinical setting
- System constraints

- Treatment-related adverse events
- Patient adherence/compliance
- Other, please specify:

11. Was the content of this activity fair, balanced, objective, and free of bias? *

- Yes
- No

If no, please explain why the content of this activity was not fair, balanced, objective, and free of bias. *

12. Please list any clinical issues/problems within your scope of practice you would like to see addressed in future educational activities, that were not addressed here:

13. Please include any other feedback you have on this educational experience: