

C O N T R A C T

This Contract entered into this 1st day of January 2024, by, and between, the County of Ventura (County), a political subdivision of the State of California, and Casa Pacifica Centers for Children and Families (Contractor) (collectively, parties).

WHEREAS, it is necessary and desirable that Contractor be engaged by County for the purpose of providing the services hereinafter described.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties as follows:

**1. SERVICES TO BE PERFORMED BY CONTRACTOR**

In consideration of the payments hereinafter set forth, Contractor will perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibit A, attached hereto and incorporated by reference.

**2. PAYMENTS**

In consideration of the services rendered in accordance with all terms, conditions and specifications set forth herein and in Exhibit B, County will make payment to Contractor in the amount and in the manner specified in Exhibit B.

**3. INDEPENDENT CONTRACTOR**

No relationship of employer and employee is created by this Contract, it being understood that Contractor is an independent contractor, and neither Contractor nor any of the persons performing services for Contractor pursuant to this Contract, whether said person be member, partner, employee, subcontractor, or otherwise, will have any claim under this Contract or otherwise against County for sick leave, vacation pay, retirement benefits, social security, workers' compensation, disability, unemployment insurance benefits, or employee benefits of any kind.

It is further understood and agreed by the parties hereto that, except as provided in this Contract, Contractor in the performance of its obligation hereunder is subject to the control or direction of County merely as to the result to be accomplished by the services hereunder agreed to be rendered and performed and not as to the means and methods for accomplishing the results.

If, in the performance of this Contract, any third persons are employed by Contractor, such persons will be entirely and exclusively under direction, supervision and control of Contractor. All terms of employment, including hours, wages, working conditions, discipline, hiring and discharging or any other terms of employment or requirements of law, will be determined by Contractor, and County will have no right or authority over such persons or the terms of such employment, except as provided in this Contract.

Contractor will comply with all of the provisions of the Worker's Compensation Insurance and Safety Acts of the State of California, the applicable provisions of Division 4 and 5 of the California Labor Code and all amendments, thereto; and all similar State and Federal acts or laws applicable; and will indemnify and hold harmless the County from and against all claims, demands, payments, suits, actions, proceedings and judgments of every nature and description, including attorney's fees and costs, presented, brought or recovered against the County, for or on account of any liability under any of said Acts which may be incurred by reasons of any work to be performed under this Contract.

**4. NON-ASSIGNABILITY**

Contractor will not assign this Contract or any portion thereof, to a third party without the prior written consent of County, and any attempted assignment without such prior written consent will be null and void and will be cause, at County's sole and absolute discretion, for immediate termination of this Contract.

**5. TERM**

This Contract will be in effect from January 1, 2024, through June 30, 2024, subject to all the terms and conditions set forth herein.

This Contract may, upon mutual agreement, be extended for up to two (2) additional one (1) year periods.

Time is of the essence in the performance of this Contract.

Continuation of the Contract is subject to the appropriation of funds for such purpose by the County. If funds to effect such continued payment are not appropriated, County may terminate this Contract as thereby affected and Contractor will relieve County of any further obligation, therefore.

**6. TERMINATION**

The County may terminate this Contract at any time for any reason by providing 10 days' written notice to Contractor. In the event of termination under this paragraph, Contractor will be paid for all work provided to the date of termination, as long as such work meets the terms and conditions of this Contract. On completion or termination of this Contract, County will be entitled to immediate possession of, and Contractor will furnish on request, all computations, plans, correspondence, and other pertinent data gathered or computed by Contractor for this particular Contract prior to any termination. Contractor may retain copies of said original documents for Contractor's files. Contractor hereby expressly waives any and all claims for damages or compensation arising under this Contract except as set forth in this paragraph in the event of such termination.

This right of termination belonging to the County may be exercised without prejudice to any other remedy which it may be entitled at law or under this Contract.

**7. DEFAULT**

If Contractor defaults in the performance of any term or condition of this Contract, Contractor must cure that default by a satisfactory performance within 10 days after service upon Contractor of written notice of the default. If Contractor fails to cure the default within that time, then County may terminate this Contract without further notice.

The foregoing requirement for written notice and opportunity to cure does not apply with respect to paragraph 4 above.

**8. INDEMNIFICATION, HOLD HARMLESS AND WAIVER OF SUBROGATION**

All activities and/or work covered by this Contract will be at the risk of Contractor alone. Contractor agrees to defend, indemnify, and save harmless the County, including all of its boards, agencies, departments, officers, employees, agents and volunteers, against any and all claims, lawsuits, whether against Contractor, County or others, judgments, debts, demands and liability, including without limitation, those arising from injuries or death of persons and/or for damages to property, arising directly or indirectly out of the obligations herein described or undertaken or out of operations conducted or subsidized in whole or in part by Contractor, save and except claims or litigation arising through the sole negligence or wrongdoing and/or sole willful misconduct of County. Contractor agrees to waive all rights of subrogation against County for losses arising directly or indirectly from the activities and/or work covered by this Contract.

**9. INSURANCE PROVISIONS**

A) Contractor, at its sole cost and expense, will obtain and maintain in full force during the term of this Contract the following types of insurance:

- 1) General Liability "occurrence" coverage in the minimum amount of \$1,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and \$2,000,000 aggregate, including personal injury, broad form property damage, products/completed operations, broad form blanket contractual and \$50,000 fire legal liability.
- 2) Commercial Automobile Liability coverage in the minimum amount of \$1,000,000 CSL bodily injury & property damage, including owned, non-owned, and hired automobiles. Also, to include Uninsured/Underinsured Motorists coverage in the minimum amount of \$100,000 when there are owned vehicles.
- 3) Workers' Compensation coverage, in full compliance with California statutory requirements, for all employees of Contractor and Employer's Liability in the minimum amount of \$1,000,000.

B) All insurance required will be primary coverage as respects County and any insurance or self-insurance maintained by County will be excess of Contractor's insurance coverage and will not contribute to it.

- C) County is to be notified immediately if any aggregate insurance limit is exceeded. Additional coverage must be purchased to meet requirements.
- D) The County, and any applicable Special Districts are to be named as Additional Insured as respects to work done by Contractor under the terms of this Contract for General Liability Insurance.
- E) Contractor agrees to waive all rights of subrogation against the County, Its Boards, Agencies, Departments, any applicable Special Districts, Officers, Employees, Agents and Volunteers for losses arising from work performed by Contractor under the terms of this Contract.
- F) Policies will not be canceled, non-renewed or reduced in scope of coverage until after sixty (60) days written notice has been given to the County of Ventura, Risk Management Division.
- G) Contractor agrees to provide County with the following insurance documents on or before the effective date of this Contract:
  - 1. Certificates of Insurance for all required coverage.
  - 2. Additional Insured endorsement for General Liability Insurance.
  - 3. Waiver of Subrogation endorsement (a.k.a.: Waiver of Transfer Rights of Recovery Against Others, Waiver of Our Right to Recover from Others) for Workers' Compensation.

Failure to provide these documents will be grounds for immediate termination or suspension of this contract.

10. **NON-DISCRIMINATION**

A) General.

No person will on the grounds of race, color, national origin, religious affiliation or non-affiliation, sex, age, handicap, disability, or political affiliation, be excluded from participation in, be denied the benefits, or be subjected to discrimination under this Contract.

B) Employment.

Contractor will insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this Contract. Contractor's personnel policies will be made available to County upon request.

11. **SUBSTITUTION**

If particular people are identified in Exhibit A as working under this Contract, the Contractor will not assign others to work in their place without written permission from the County. Any substitution will be with a person of commensurate experience and knowledge.

12. **INVESTIGATION AND RESEARCH**

Contractor by investigation and research has acquired reasonable knowledge of all conditions affecting the work to be done and labor and material needed, and the execution of this Contract is to be based upon such investigation and research, and not upon any representation made by the County or any of its officers, agents or employees, except as provided herein.

13. **CONTRACT MONITORING**

The County will have the right to review the work being performed by the Contractor under this Contract at any time during Contractor's usual working hours. Review, checking, approval or other action by the County will not relieve the Contractor of Contractor's responsibility for the thoroughness of the services to be provided hereunder. This Contract will be administered by the Human Service Agency or his/her authorized representative.

14. **ADDENDA**

County may from time to time require changes in the scope of the services required hereunder. Such changes, including any increase or decrease in the amount of Contractor's compensation which are mutually agreed upon by and between County and Contractor will be effective when incorporated in written amendments to this Contract.

15. **CONFLICT OF INTEREST**

Contractor covenants that Contractor presently has no interest, including, but not limited to, other projects or independent contracts, and will not acquire any such interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. Contractor further covenants that in the performance of this Contract no person having such interest will be employed or retained by Contractor under this Contract.

16. **CONFIDENTIALITY**

Any reports, information, data, statistics, forms, procedures, systems, studies and any other communication or form of knowledge given to or prepared or assembled by Contractor under this Contract which County requests in writing to be kept confidential, will not be made available to any individual or organization by Contractor without the prior written approval of the County except as authorized by law.

**17. NOTICES**

All notices required under this Contract will be made in writing and addressed or delivered as follows:

TO COUNTY: COUNTY OF VENTURA  
HUMAN SERVICES AGENCY FISCAL-CONTRACTS  
855 PARTRIDGE DRIVE  
VENTURA, CA 93003

TO CONTRACTOR: CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES  
1722 SOUTH LEWIS ROAD  
CAMARILLO, CA, 93012

Either party may, by giving written notice in accordance with this paragraph, change the names or addresses of the people of departments designated for receipt of future notices. When addressed in accordance with this paragraph and deposited in the United States mail, postage prepaid, notices will be deemed given on the third day following such deposit in the United States mail. In all other instances, notices will be deemed given at the time of actual delivery.

**18. MERGER CLAUSE**

This Contract supersedes any and all other contracts, either oral or written, between Contractor and the County, with respect to the subject of this Contract. This Contract contains all of the covenants and contracts between the parties with respect to the services required hereunder. Contractor acknowledges that no representations, inducements, promises or contracts have been made by or on behalf of County except those covenants and contracts embodied in this Contract. No contract, statement, or promise not contained in this Contract will be valid or binding.

**19. ORDER OF PRECEDENCE**

This Contract supersedes all previous agreements, understandings and representations of any nature whatsoever, whether oral or written, and constitutes the entire understanding between the parties hereto.

This Contract may not be altered, amended, or modified except by written instrument signed by the duly authorized representative of both parties. In the event of an inconsistency in this Contract, the inconsistency shall be resolved in the following order:

1. This Contract.
2. County of Ventura RFP #6152
3. Best and Final Offer dated November 09, 2023 & November 14, 2023
4. Contractor's proposal dated October 23, 2023

20. **GOVERNING LAW**

The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties under this Contract, will be construed pursuant to and in accordance with the laws of the State of California.

21. **SEVERABILITY OF CONTRACT**

If any term of this Contract is held by a court of competent jurisdiction to be void or unenforceable, the remainder of the Contract terms will remain in full force and effect and will not be affected.

22. **CUMULATIVE REMEDIES**

The exercise or failure to exercise of legal rights and remedies by the County in the event of any default or breach hereunder will not constitute a waiver or forfeiture of any other rights and remedies and will be without prejudice to the enforcement of any other right or remedy available by law or authorized by this Contract.

23. **COMPLIANCE WITH LAWS**

Each party to this Contract will comply with all applicable laws.

24. **CONSTRUCTION OF COVENANTS AND CONDITIONS**

Each term and each provision of this Contract will be construed to be both a covenant and a condition.

25. **EXHIBITS LIST**

Contractor shall comply with the Contract along with the Exhibits listed below.

Exhibit A-Proposal

Exhibit B-Budget

IN WITNESS WHEREOF the parties hereto have executed this Contract.

**COUNTY OF VENTURA**

**CONTRACTOR\***

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Secretary of State Entity Number

**CONTRACTOR\***

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\* If a corporation, this Contract must be signed by two specific corporate officers.

The first signature must be from either (1) the Chief Executive Officer, (2) the Chairman of the Board, (3) the President, or (4) a Vice President.

The second signature must be from either (a) the Secretary, (b) an Assistant Secretary, (c) the Chief Financial Officer (or Treasurer), or (d) an Assistant Treasurer.

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signatory to bind the company for this Contract.



### ***Administrative Capability***

a.) Since opening its doors in 1994, Casa Pacifica has been serving the most vulnerable and at-risk children, youth, and families in Ventura County, the result of a unique public/private partnership with Ventura County Human Services Agency (HSA) and Ventura County Behavioral Health (VCBH). Designed to restore hope, enhance resilience and strengthen community connections for children, young adults, and families at the most challenging times of their lives, this is a partnership that has grown and evolved over the years based on the changing needs of both families and our collective understanding that family-based care is the goal for all the children we serve. Casa Pacifica's mission, "A Life Worth Living," expresses Casa Pacifica's aim to inspire hope and nurture mental health and wellbeing of children, young adults, and families to realize their full potential (See Mission, Vision, DEI Statement, Attachment A). Casa Pacifica has always been and remains committed to helping youth achieve permanency, safety, and well-being while serving them in the least restrictive and safest environment possible. Since inception, Casa Pacifica has served nearly 50,000 at-risk children and their families, with more than 90% being served through community-based programs. To accomplish this, all Casa Pacifica programs adhere to the "Whatever It Takes" philosophy to assist our county's families to establish and sustain safe, healthy, supportive, and significant relationships within their lives. Casa Pacifica believes providing trauma-informed care is vital when working with the highest risk youth - from foster youth to probation youth, understanding how trauma affects behavior, and how a trauma-focused lens supports better understanding and effectiveness of supports and services. Our commitment to maintaining collaborative relationships with our county partners and other community-based organizations is based on the belief that by working together we achieve more, and ultimately the family benefits the most. In this "it takes a village" approach, we embrace the collaborative, teaming, and multi-disciplinary shared decision-making process that places the youth, their family, and referring party at the center of the process.

**Current Programing.** For more than 20 years we have proudly and successfully provided intensive home-based services, serving as the California model for Therapeutic Behavioral Services (TBS) and a seasoned Wraparound provider in Santa Barbara County. In addition, our newest programs, Intensive Services Foster Care (ISFC) and Family Urgent Response System (FURS) help us serve and support even more youth and families in need of in-home therapeutic services. While each in-home, community-based program evolved to meet a very *specific* need, all share a common belief and goal - *children are to be loved unconditionally and nurtured to grow with families that are resilient and have what it takes to accomplish this goal.*

Casa Pacifica served 1,724 children and youth across all community-based programs in the last fiscal year (2021-2022). Each community-based program holds a specialized place along the continuum of service intensity. Service intensity is always determined by the "team" with all treatment decisions shared and made in collaboration with our county partners. From least to most along the service intensity continuum is our *Therapeutic Behavioral Services* (TBS) program with a

targeted focus on behavioral goals to reduce unsafe and maladaptive behaviors and increase adaptive prosocial behavior.

Our *Wraparound* program supports families through an average of 6-9 hours of service weekly. Wraparound has been widely accepted as a promising practice, and currently the California Wraparound Advisory Committee is working to collect data needed for Wraparound to become an evidence-based practice. Our Wraparound families are offered multi-family group support. The Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families that is recognized both nationally and internationally. Parents and youth attend weekly SFP skills classes together, learning parenting skills, youth life skills, and refusal skills (See SFP Flyer, Attachment B). Our Familia Adelante group program, also offered to community-based families, is an evidence-based program for at risk youth ages 10-14 and their families. Familia Adelante is designed to provide new techniques for identifying stressors and risk factors, ultimately strengthening family communication and reducing stress (See FA Flyer, Attachment C).

Our *Foster Family Agency/ Intensive Services Foster Care (FFA/ISFC)* program serves youth in Casa Pacifica approved resource family homes. Each ISFC youth and their resource family receives on average 7-9 hours of service in the form of individual and/or collateral therapy, case management, and targeted behavioral interventions, utilizing primarily a Dialectical Behavioral Therapy (DBT) modality to increase interpersonal skills and emotional regulation to help with symptom tracking and insight building. DBT parenting techniques are used throughout all community-based programs, as are Parent Child Interaction Therapy (PCIT) interventions, to strengthen relationships within the family as well as establish appropriate, respectful limit setting skills with the youngest children we serve. All treatment interventions are trauma informed as we understand and appreciate our youth are manifesting behaviors guided by their experiences.

Our *Family Urgent Response System (FURS)* program serves youth with the goal of early intervention to prevent further escalations like placement disruptions, interactions with law enforcement, and psychiatric hospitalizations. Although still in its early stages, the FURS program has seen positive results with 95% of calls responded to within 3 hours, a critical factor in successfully supporting youth and their families. 90% of calls were successfully de-escalated without the need for law enforcement or hospitalization and 100% of clients maintained placement through the 72-hour follow up milestone.

Central to our work and critical to our ability to effectively support our shared families in Ventura County, is our desire to have strong and reciprocal relationships with our county partners. To this end, we engage in regular, authentic, and transparent communication and elicit feedback from all our county partners regularly. Given our demonstrated track record working with this population, we feel confident we can provide high-quality, individualized services, resources, therapy, groups, and support that will assist families in maintaining or welcoming their children home and ensure safety, stability, success, and well-being.

**Agency Experience.** For the past 29 years, as a program service provider and training agency, Casa Pacifica has interacted with, supported, trained, and nurtured child and youth care providers in numerous ways. Across agency programs, Casa Pacifica staff are directly engaged in stabilizing, providing care, and facilitating transitions for children and youth. Through this work, the agency has developed a strong understanding of the needs of children and families, including the importance of restoring hope, strengthening relationships, and offering practical, accessible support during challenging times. This equates to strong staff and system knowledge, skill, and experience with the

requirements, rewards, and challenges of providing quality care to children. In addition to direct service delivery, Casa Pacifica has had an active role in training care providers, including Casa Pacifica agency staff. Specifically, the agency has partnered with Ventura County Human Services Agency (HSA) to provide quality training for adults who serve children and families in Ventura County. In partnership with the Ventura County Community College District and through a Memorandum of Understanding with Ventura County HSA, Casa Pacifica has also served as a subcontractor, providing training to caregivers across Ventura County. In this context, Casa Pacifica has a demonstrated record of high-quality service delivery, full contract utilization, and flexibility and adaptability in response to system changes catalyzed by the Continuum of Care Reform. Training participants have included Resource Family members, employees of Short-Term Residential Therapeutic Programs and Group Homes, Court Appointed Special Advocates, and other caregivers for children and youth served by the child welfare system. Through these training efforts, care providers have been supported in advancing their knowledge and skills across the domains of professional caregiving, child and adolescent development, services and care that are culturally relevant and trauma responsive.

**b.)** Casa Pacifica has a strong history of hiring and retaining staff to provide services in the community. We operate with transparency about job expectations including levels of expertise required and the need for flexibility for our team members to excel in their respective roles within the agency. We are proud that this approach to hiring and retaining qualified team members has resulted in increased retention of our best team members and a reduction in turnover by 22% (12 month rolling average). Every Casa Pacifica employee signs a detailed job description that provides a comprehensive outline of duties and expectations to inform them to do their best work (see Job Descriptions and Resumes, Attachment D). While it is always the expectation that schedule flexibility is a requirement, we have found this to be a core competency for staff working in the community. Conversations about expectations begin at the first interview and continue throughout employment during supervision.

Casa Pacifica will recruit employees that bring diverse backgrounds and skills to the agency. We believe in equal opportunity to ensure a diverse, inclusive, and equitable workplace where all employees, applicants, volunteers, vendors, and business partners feel valued and respected. Over 50% of the staff within our current community-based programs are bilingual and bicultural in Spanish, as evidenced by the organization's bilingual certification test records. This has enabled Casa Pacifica to have fully bicultural and bilingual (English and Spanish) teams to effectively address the needs of monolingual Spanish-speaking youth and families. We pride ourselves in hiring the best and most committed staff and have demonstrated our ability to staff our programs with capable team members who represent the community we serve. We also take great pride in promoting the professional growth of our staff by hiring and training local talent to be the next generation of leaders both in our agency and in our community. Staff are competent in the communal, cultural, religious, and diverse needs reflected in our community.

Casa Pacifica invests in our staff with as much enthusiasm as the youth and families with whom we work. We are committed to providing as much technical assistance as necessary for our staff to be successful. New staff are provided with many opportunities to shadow veteran staff and be shadowed by veteran staff. We find this model effective not only for training but to ensure continuous quality improvement and retention. Our agency's most recent staff retention report (August 2023) indicates that nearly 30% of all staff have been with the agency for more than 5 years. Casa Pacifica staff report they have the necessary tools to do their job when asked on annual agencywide surveys of employee satisfaction. Casa Pacifica further provides technical assistance for staff and youth/families served through weekly supervision, group supervision, weekly case review,

and in-vivo coaching, if necessary. Casa Pacifica relies on a process of ongoing staff performance evaluation (at 90 days post-hire and annually thereafter).

Casa Pacifica will retain staff by being excellent leaders in managing people. This approach will ensure employees are engaged, motivated, and receive competitive wages. Rewarding superior performance, as well as developing and training the best staff through providing regular learning and growing opportunities are critical tools used by Casa Pacifica leaders that impact retention and job satisfaction. We consistently discuss and promote the importance of self-care and encourage staff to “take care of the caretaker.” Casa Pacifica also provides an Employee Assistance Program (EAP), a benefit available to all staff that provides staff access to free therapy among other supportive services.

Casa Pacifica has demonstrated expertise in hiring, a solid infrastructure to recruit, and a proven track record of hiring and training qualified staff. Upon notification of contract award, Casa Pacifica will post all unfilled positions immediately and begin the interview, hiring, and training process.

Casa Pacifica believes that our *people* are our most precious and valuable asset. As such, approximately 3 years ago, Casa Pacifica embarked on an extensive benchmarking project for all positions agencywide. Due to this effort and the information yielded, salary ranges were expanded, hourly increases were developed, paid time off (PTO) maximums were increased, hiring bonuses were instituted, and salary alignments were implemented. Two years ago, Casa Pacifica leaders made a commitment to provide *every* new team member with evaluative feedback on performance after their first 90 days and annually thereafter. We are proud to say we have met this goal - staff retention numbers and reported job satisfaction supports these efforts.

The timeline for onboarding staff into the IHTP program will be no longer than 3 weeks for a newly hired team member, and immediately for an existing community-based clinician (see Attachment E, Onboarding & Personnel Development). Onboarding and orientation plans are developed and required for all part-time and full-time new employees, managers, supervisors, clinicians, direct care staff, and mental health rehabilitation specialists. New hire onboarding includes more than 40 hours of in-person classroom training and/or Learning Management System (LMS) courses and at least 20 hours of on-the-job training. If it is determined that more on-the-job training is required for individual staff, it is provided. Core topics are in the following categories: (1) client centered and trauma-informed approaches; (2) suicide prevention techniques; (3) preventing and managing assaultive and self-injurious behavior; (4) cultural competence; (5) Interpersonal relationship and communication skills; (6) confidentiality of client information; (7) client rights and civil rights; and (8) monitoring and documenting responses to psychotropic medications, and other medications to treat mental illness and recognizing possible side effects in children, adolescents and young adults. All training includes Casa Pacifica’s relevant policies and procedures.

### **c.) Diversity, Equity and Inclusion.**

Casa Pacifica’s Diversity, Equity, and Inclusion Statement (DEI) was created by executive leadership and unanimously approved by the Board of Directors. It reads as follows: We are a diverse and inclusive team providing excellent services to all our communities. Our team members are empowered to share their identities, ideas, and perspectives. A culture built on diversity, equity, and inclusivity is essential to creating a safe and healing environment at Casa Pacifica. Incorporating our DEI statement into everyday culture and activities is an ongoing process. Physical accommodations include gender neutral restrooms throughout campus and a continual examination across the agency for areas that could be more inclusive.

Another ongoing organizational goal is to recruit and retain team members that represent the communities where we live and work and those, we serve every day. It is important not only for our internal teams to have diversity reflected among themselves, it is a vital component to establish authentic, safe, connections with the children and families we serve. The retention plan includes creating a workplace that allows a sense of belonging for all races and genders, grouping, like-roles, standardizing salary, and creating mentor opportunities. We strive to celebrate individual and community experiences and achievements throughout the workplace by hosting quarterly employee town halls, encouraging optional events to attend like suicide prevention walks, team building through participation in Corporate Games, and executive coaching to invite open and inclusive conversations. Our monthly rounding model, incorporated in teams throughout the agency, creates intentional space for open conversations and honest discussions around tools and accommodations needed.

**Commitment to Equal Access.** Casa Pacifica is committed to providing equal access to all families served in our community-based programs, which would include the IHTP if acquired. We do this in a variety of ways, first by going *to* the families, as we understand transportation can be a huge barrier. We do this currently in our Wraparound program – providing services to families where *they* are, where *they* feel most comfortable, and where *they* feel respected. When the home is not the desired location for the family, we work with them to identify other convenient and comfortable locations. Our offices are always available to them for meetings. We realize many families in need of in-home services are monolingual Spanish speaking families. We are prepared and support providing services in the preferred language of the family. If nonSpanish translation services are needed, we are prepared to contract a professional interpreter who will be present at all client meetings to ensure that services are provided in the language most comfortable for the person or family being served. In-person translation is *always* preferred but if unavailable, we will utilize the Language Line to quickly meet the linguistic needs of families.

### ***Program Services/Design***

**a.)** The goal of the IHTP is to provide mental health treatment, support, and case management to Ventura County parents receiving either Family Reunification or Family Preservation services. Therapeutic services will support parents to navigate their own historical trauma, substance use, and/or domestic violence experiences that impact healthy family functioning and preserve the family unit (permanency).

Parents referred for IHTP services will be served by one of two licensed or registered clinicians (a total of 2 FTEs with 1 FTE reserved for a bilingual/bicultural clinician). Depending on the level of service need (Family Reunification or Family Preservation) an additional bilingual/bicultural treatment team member, a Peer Partner, will also provide therapeutic support (1.5 FTEs). This staffing model will serve 16 families at any given time. Parents referred, who are currently receiving Family Reunification services, will receive 1.5 hours of treatment in the home as indicated by reason of referral (individual, couples, family) with an additional 1.25 hours a week of indirect case management. *The goal of mental health treatment is safe reunification of the child and parent(s) in the same home.*

Family Preservation services will provide more intensive support to parents with children at risk of out-of-home placement. Parents referred by the Family Preservation team will receive two therapy sessions per week from a clinician, as indicated by reason for referral (individual, couples/family therapy). A bilingual/bicultural Peer Partner with lived experience will be working alongside the

clinician to provide additional support. Lived experience is defined as experience with child welfare, domestic violence and/or substance use recovery. Peer Partners are considered “parent allies” with the goal of coaching the referred parent to “stay the course” and in our experience, at times “return to the course” regarding family preservation goals. When necessary, the Peer Partner will support with transportation to identified supportive services (support groups/meetings) as outlined on treatment plan. When available, Casa Pacifica will enlist interns to serve additional families beyond the stated census of 16 (2 additional families per intern). These interns will be supervised by a licensed mental health professional (LMFT, LCSW, LPCC, or Ph.D./Psy.D.) with a supervision agreement obtained between Casa Pacifica and the graduate program of the intern.

The hours of operation of the IHTP will be 8 a.m. to 5 p.m., Monday through Friday. However, it is our experience working with families in our community that this schedule may not always be feasible for families. If support is required outside hours of normal operation, arrangements will be made to meet the need. Parents, along with their IHTP team will develop a safety plan during the assessment phase of treatment that will include details and resources for emergencies and after-hours support.

The goal would be to build a village of support available to families long after they graduate treatment and are no longer supervised by Child Welfare. Mental health treatment is intended to be short-term and a combination of individual, couples, and/or family therapy. These in-home intensive services will be designed to restore disrupted parent-child relationships by providing a safe and supportive space to rebuild relationships and *remain* or *return* to the home. Therapeutic services will provide psychoeducation about the impact of complex, unresolved trauma, the impact of domestic violence and substance abuse. A core component of mental health treatment will include skill building utilizing elements of Dialectical Behavioral Therapy (DBT) and Trauma Focused Cognitive Behavior Therapy (TF-CBT). With the knowledge that “it takes a village” to raise a child, a parenting support group will be offered to current and alumni parents virtually.

Since 2013, Casa Pacifica has added several supportive parenting interventions to the expertise of our talented team members. Each designed to help our families sustain accomplishments they have achieved while working with us. In collaboration with our county partners, we have taken notice and have worked to respond to the changing needs and trends in our community. Aligned with our “low cost, no cost” philosophy, Casa Pacifica applied for three training scholarships through the National Network to Eliminate Disparities (NNED). Each award provided a bilingual/bicultural team of five staff to travel to New Mexico to receive intensive training from renowned experts in the field. In 2013, 2016 and 2017 respectively, fifteen bicultural/bilingual team members were trained in two evidence-based programs: *Strengthening Families Program 10-14 (SFP)* and *Familia Adelante*. These additional supports have been well received by families, garnering high family participation since inception. It would be the intention of Casa Pacifica to share these supports with families referred to IHTP. Casa Pacifica truly believes the best treatment will always be in person and face to face. However, we have experienced great success and appreciative feedback for our families when offering additional supports using a hybrid model in other Casa Pacifica programs. It is the intent to engage (or offer) families virtually only when conducting either *Strengthening Families* or *Familia Adelante*.

Families need to build their own set of natural supports that will be useful long after professional intervention and formal support has ended. To achieve this, Casa Pacifica maintains a living database of accessible, culturally appropriate, innovative, and affordable resources that address the needs of both youth, parents, and their family members (see Attachment F, Community Resources and Supports). Designed to address improving child/youth/family outcomes by *retaining* current

caregivers, *supporting* placement stability, *improving* family relationships, facilitating communication and trust, addressing trauma triggers that lead to instability, and providing linkage to existing services or supports.

Safety Organized Practice (SOP) is a framework to support behavioral change of parents and the engagement of children and youth in their own care planning. It involves the process of integrating three core principles: (1) Increased Safety, Permanency and Well-Being, (2) Good Working Relationships, and (3) Improved Critical Thinking. With the lens of SOP, teams work well together and decisions are made collaboratively among professionals, parents, and children. Casa Pacifica supports permanency by creating networks of support for families, promoting the least restrictive environment for the child, and collaborative planning with family members, relatives, and community members through team meetings.

The Core Practice Model (CPM) is a statewide effort to improve collaboration and integration within the child welfare system. The model includes shared values and practice behaviors intended to guide the ways that systems of care and their staff approach engagement, assessment, teaming, service planning and monitoring, and transitions. There are also leadership behaviors that add elements of advocacy and accountability. Casa Pacifica practices rooted in the CPM include the ongoing support and investment in facilitating Child and Family Team (CFT) Meetings and the integration of the Child and Adolescent Needs and Strengths (CANS) Assessment Tool, which is why each new hire at Casa Pacifica is trained in implementing CPM.

The key principles of SOP and CPM will be the foundation of all therapeutic services and case management activities (see Attachment G, CPM-SOP Crosswalk). The overarching goal of care will be to engage the parent in the construction of a culturally-sensitive, collaborative plan for treatment that includes the development of skills and behaviors that led to system involvement and prepares them for independence in the future. Teaming will be essential to permanency, long-term success, and well-being.

The first phase of treatment for all parents referred for services will begin with the IHTP clinician engaging parents in meaningful participation in an assessment that expands on the referral information obtained from the social worker. Through trauma-informed engagement the clinician will explore with the parent(s) to speak about their experiences such that they are encouraged and empowered to take the lead in the development of a treatment plan with solutions that are individualized to their *unique* circumstances. Through appreciative inquiry, the IHTP clinician will explore using motivational interviewing to cover the essential domains that include social, emotional, health, and living skills domains and risk factors for child abuse and neglect. This comprehensive assessment and treatment plan will be completed within the first 30 days with a copy provided to the assigned social worker (see Attachment H, Mental Health Assessment). If the IHTP clinician experiences a complication engaging the referred parent to begin the assessment the referring social worker will be enlisted in a solution-oriented discussion to problem-solve how to best engage the parent(s).

Treatment plan goals will be individualized, however, it is expected there will be a focus on the development of healthy communication and interpersonal skills, as well as the need to strengthen problem solving skills. If historical trauma, substance use, and/or domestic violence are a part of parents' history and present as an additional barrier to the development of all, or any of the above domains (communication, interpersonal relationship, or problem solving) additional goals will be developed to support the parent to overcome these barriers. Realistic treatment goals will be established at the onset of services, with specific steps to support the parent to achieve success.

Goals will be modified and revised, as necessary, as treatment progress is made. Further, it is the understood expectation of Casa Pacifica that recognizing and responding to families at risk of future child maltreatment is required when working with those referred for IHTP services.

The IHTP clinician (and Peer Partner for Family Preservation) will review the treatment plan every 30 days. Regular feedback will be gathered from all team members to inform service delivery and to complete required progress reports (monthly and quarterly). If treatment goals have been met, the IHTP clinician will collaborate directly with the assigned social worker to discuss and develop a comprehensive discharge plan. Upon discharge, a discharge summary will be completed. Discharge summaries will include specific information on goal attainment, treatment progress, number of hours of in-person psychotherapy, number of case management hours, and number of supports in place at discharge.

**b.)** Casa Pacifica maintains high standards of quality and an agency mission consistent with the values and practices of the Integrated Core Practice Model, the Quality Parenting Initiative, Safety Organized Practice, and the Ventura County Children and Family Services “We Believe” Statements. The agency is accredited by the national Council on Accreditation (COA), licensed by the California Department of Social Services (CDSS), and is in strong alignment with efforts to strengthen families by promoting safe, nurturing, and excellent caregiving practices; honoring youth voice and experience; and teaming to achieve permanency. In addition, and in pursuit of the highest quality of care and treatment, Casa Pacifica has obtained accreditation, licensure, or certification from several national and state organizations/departments including the American Psychological Association (APA), Western Association of Schools and Colleges (WASC), the California Department of Health Care Services (DHCS), and the California Department of Education (CDE).

Casa Pacifica has experience providing culturally-sensitive and trauma-responsive services across our continuum of programs. All Casa Pacifica staff, including those who will be working within the scope of this contract, participate in initial and ongoing trainings related to trauma informed care, cultural competence, and providing care to diverse and/or special populations (e.g., Commercially Sexually Exploited Children, those with diverse SOGIE). Although these trainings are directed at working with clients and families served in Casa Pacifica programs, the principles generalize to establishing rapport with populations served, promoting a safe environment for learning, demonstrating openness to feedback from team members, and engaging in active teaming with community partners to facilitate efforts at continuous quality improvement. Casa Pacifica’s commitment to trauma-informed and culturally-responsive approaches are detailed below:

- **Trauma-Informed Approach:** It is important to acknowledge that youth in care are not the only ones affected by trauma. Many care providers are drawn to their roles as part of their own experiences of childhood trauma and/or healing. A responsive training and educational experience for the IHTP staff would include opportunities for building personal awareness and insight into their own life experiences. The IHTP teams must understand how their experiences impact their approach in creating safety and trust within the family. Understanding their own past plays a central role in creating safety for the child. For example, a parent who did not have a secure attachment with their parent may develop parenting skills that create barriers for the child, such as feelings of a cold or detached caregiver. Specifically, as IHTP team members learn about or observe the effects of a young person’s traumatic experiences, they may begin to experience physical (e.g., exhaustion/sleeplessness, headaches) or emotional (e.g., feelings of guilt, anxiety, hopelessness, anger) signs of distress. A responsive training and educational experience for the adult would include personal awareness and insight building on their own life

experiences. Further, a strong trauma-informed curriculum includes opportunities to develop awareness of vicarious trauma and compassion fatigue, which caregivers should be equipped to recognize and manage as they carry out their important caregiving roles. Trauma-responsive training proactively teaches caregivers to recognize warning signs of vicarious trauma along with strategies to reduce or cope with these experiences (e.g., stress-reduction and self-care strategies, available resources).

Casa Pacifica incorporates The Person Brain Model™, a strengths-based, trauma informed care training and provides essential positive behavior and relational support skills within a Neuro Transactional Framework. The Neuro Transactional care approach is grounded in research and incorporates the best of neuroscience-based concepts, trauma-informed theories, relational practices, ecological psychology, and culturally-responsive interventions to help transform challenging behaviors. Participants are taught how trauma and chaos negatively impact healthy growth, development, and overall family systems interactions. The training further explores how families are often in need of positive, “reimbursing” experiences to promote healing, autonomy and strong relationally repaired bonds. Concepts grounded in science, such as the power of neuroplasticity and epigenetics, are explored to show the need for hope and how hope is crucial in driving motivation, promoting healthy transformation, and leading to maximized resilience. The Person Brain Model promotes the trauma togenic belief that every child and their family have the right to a transactional life grounded in *Safety, Significance, Respect, and Relatedness*.

- **Culturally-Responsive Approach:** Culture is a topic relevant to and embedded in all training of Casa Pacifica staff. For example, the ways team members across Casa Pacifica are welcomed and greeted for both new-hire and annual training is sensitive to the diverse identities and needs of attendees (e.g., language, visual and hearing abilities, facility signage). Additionally, the content of training includes opportunities for personal reflection, dialogue, and learning about the role of culture in care providing (e.g., the ways that adult cultural identities impact caregiving, strategies for honoring the cultural identities of children and youth in care, and awareness of the interactions and intersections of caregiver and youth culture). Finally, the development and delivery of training includes opportunities for reflection on issues of power and privilege, including the impact of implicit bias, the experience of marginalization common among many families served.

We train our staff in a variety of additional evidenced-based/promising, trauma-informed practices with demonstrated competence utilizing evidence based/promising practices, including the following: Matrix Model for Teens and Young Adults, Parent Child Interaction Therapy (PCIT), Transition to Independence Process (TIP), Trust Based Relational Intervention (TBRI), Therapeutic Crisis Intervention (TCI) and collaborative problem solving. We support selected staff in rigorous preparation for certification in Applied Behavior Analysis (ABA) agencywide. We maintain open communication with staff and elicit feedback regularly on other practices, skills, or expertise we can develop (e.g., eye movement desensitization).

c.) Through our experience in providing home-based services to families over the past 24 years, we recognize the importance of early Family Engagement. During the years we provided Intensive Family Services (IFS), we often received referrals to support families who are unaware they had been referred by HSA. In spite of that, we had a 73% success rate in engaging families into services. We attribute this success to our understanding that families respond to service providers who honor their strengths and experiences and believe that families have the capacity to provide a safe environment and meet their children’s needs. Without judgment, when setbacks occur, we rallied

behind them to provide the motivation needed to overcome any barrier that would surface. In the IHTP program it is our understanding that parents will be aware they have been referred. This knowledge may improve their willingness to engage in IHTP services. We believe we will be successful given our success in engaging families in our other home-based services.

Over the years, Casa Pacifica has developed a database of hundreds of interventions that have been utilized with families successfully in all our in-home programs. Additionally, the completion of a comprehensive mental health assessment that includes life functioning domains (social, emotional, health and living skills) as well as substance use, and trauma history is a vital tool for Casa Pacifica to fulfill the goals of the IHTP contract. Regular reviews (30 days minimum) of collected data and a thorough evaluation of progress and areas of continued opportunity for parents will inform service delivery to ensure the spirit and goals of IHTP services are comprised of the treatment and supports each referred parent needs to be successful. Casa Pacifica is committed to helping families achieve and maintain permanence while serving them in the least restrictive environment. We are proud of our staff, who operate from a strengths based philosophy and demonstrate “out of the box” thinking as they engage families and help develop individualized treatment plans. The service delivery model of community-based programs is *we go to families - they do not come to us*. This highlights the importance we place on serving families where they live and ensures we are integrating their community and social network as they become more skilled and confident in their abilities. Our approach values their time and resources, their specific community and culture, and enables our staff to deliver services directly where challenges are being experienced and where specifically tailored and individualized interventions are best developed, implemented and practiced. Among our core commitments is doing “whatever it takes” to help parents (families) establish and maintain healthy, supportive, and significant connections. Whether addressing crisis situations, teaching parenting skills, developing interventions that support better family communication, or connecting the family with resources to meet their basic needs (housing, food banks, public assistance), we address the needs that impact the stability of all. We believe that people “*do well if they can,*” and this permeates throughout our family-centered approach that recognizes that shortfalls within children, parents, or caregivers are usually a result of a skill deficit rather than lack of desire to do the best they can. We start from that perspective to build relationships with the entire family, and County Partners, remain focused on what is working, and create the necessary safety network for the family. We are committed, not only to services, but also to measuring efficacy; our measurement tools help us to evaluate and tweak service delivery to best ensure permanency, safety, and well-being.

Casa Pacifica prides itself on working with families to keep children safe while improving family functioning through strong collaborations with County and Community Partners. Through our focus on honoring “Family Voice and Choice” and the philosophical belief that **children do best in their families and communities**, we will concentrate on engaging and motivating parents through relationship building, individualized approaches that are appealing to parents culture and interests, and interventions that parents can sustain long after the IHTP therapist and peer partner are no longer involved with the family.

d.) The hours of operation as suggested in this Request for Proposal could pose challenges for working parents or parents seeking to return to work. Casa Pacifica will utilize flexible hours to accommodate the needs of parents in the IHTP program. This will allow parents to fully participate and engage in services and will be critical to their success. With experience providing in-home treatment, we fully anticipate the need to be creative and collaborative with our community partners to find a safe private space for parents to lean into individual, couples, and/or family work with their assigned clinician. To meet this need, Casa Pacifica will hire staff who encompass the “whatever it

takes” motto to help parents be successful, and able to focus on their mental health and well-being. In some cases, we anticipate there may not be a private, safe place to meet in the home, in those instances the Casa Pacifica team will use their collective history of serving families in the community for over 20 years by leaning on list of local resources, to identify a place to hold a private session. Lastly, ensuring parents can have a safe private session, also means childcare resources may be needed. Casa Pacifica will support this by helping the family establish a resource tree, filled with natural supports to help the parent have support and safety network in place that will allow them to feel safe enough to participate in clinical services, without the worry of not having support other family needs during session times.

e.) Casa Pacifica has extensive expertise in tracking outcomes, collecting data, and developing reports on services provided that “tell a story.” Data collection is critical to evaluate effectiveness of treatment in general and especially when implementing a pilot program. Data provides the foundation for all programmatic decisions or changes. Both qualitative and quantitative data is collected for several purposes including quarterly reports and weekly updates. Our Quality Improvement/Quality Assurance team ensures best practices are followed and Medi-Cal documentation, including billing standards, are met. Client satisfaction and care is a top priority and data informs programmatic decisions agencywide. Data collection will be critical to the development and successful implementation of IHTP, as will frequent communication with our county partners and families served. To this end, we regularly ask families and our program staff for feedback. We put great value in asking the question, “how are we doing?” and in turn using the information gathered to drive change. Data collected will be used to inform our Human Service Agency leadership about the effectiveness of IHTP for all Family Reunification and Family Preservation referrals.

All data is stored within an Electronic Health Record (EHR) this includes but is not limited to the following: mental health assessment, risk assessment, progress notes for both psychotherapy and case management, release of information, quarterly reports, and discharge summaries. With the additional tool of PowerBI, data contained in the EHR can be used to develop a variety of tracking reports such as weekly or monthly contact hours for each parent served, the type of service provided, and the number of minutes for each type of service. The performance measures and process indicators as outlined in this RFP can be easily tracked within the EHR and reported via PowerBI to inform HSA as to the total number of families enrolled and further broken down by type (Family Reunification or Family Preservation); number of families served/discharged; number of Child/Family Team meetings (CFTMs); timeliness of completed assessments including demographic and language data. Data on service provider type (clinician/peer partner individually and/or jointly) can be extracted, analyzed and reported on easily as is required by this IHTP contract.

Casa Pacifica has used, and currently uses several tools to measure fidelity of programming, outcomes, and satisfaction across the agency. For IHTP services Casa Pacifica will use the tools indicated below.

Treatment Perception Survey (TPS): Collected at discharge, will give voice to families on the quality and effectiveness of services received. Information gathered will be used to focus on program improvement (see Attachment I and J, TPS English and Spanish).

3- & 6-month Follow-Up Survey: Collected at 3-and 6-month intervals post discharge to measure safety, placement stability, family functioning, and satisfaction after discharge (see Attachment K).

In addition, the following outcome measures will be tracked and included in the quarterly report.

Outcome measure #1: Casa Pacifica will demonstrate a reduction in risk factors identified at intake in 75% of parents who received IHTP services.

Outcome measure #2: Casa Pacifica will demonstrate improvement in at least *two* life domains (social, emotional, health, living skills) for 75% of parents referred for IHTP services at discharge as compared to intake as measured by the Protective Factors Survey (see Attachment L and M, English, and Spanish).

### **Cost Effectiveness**

a.) In the past 29 years of being in operation, Casa Pacifica has extensive experience managing large, complex mental health and social service contracts. Our program leadership, contract management, and fiscal teams are knowledgeable of the various contract requirements and work closely with county staff to ensure ongoing compliance. Our goal is to provide high-quality, results-driven services to our client populations and do this in a cost-effective manner. Our system of internal controls is, to a large degree, focused on ensuring accountability for contract funds. As a result, the bulk of our costs are assigned directly (based on actual time spent on or resources consumed by each program). Where direct charge is not possible, allocation methodologies are utilized to spread the cost among the programs that are using the resources. For each of our contracts, program costs and clients served are monitored closely to identify trends, proactively address issues, and guarantee that overall program budgets, contract limits, and sub-limits are not exceeded. This information is shared openly and regularly with our county partners.

As a government contractor, we are subject to regular audits from county, state, and other agencies, as well as an annual independent financial audit. The independent financial audit covers, among other things, procedures around our system of internal controls and tests of our compliance with certain provisions of laws, regulations, contracts, and grant agreements (see Attachment N and O for Audited Financials from years 20/21 and 21/22). The results of these audits, both internal and external, have been consistently favorable. Casa Pacifica has an annual budget of approximately \$33,215,950, and the organization has demonstrated the ability to maintain a sufficient cash flow, thereby enabling the organization to successfully meet the ongoing financial obligations inherent in the operation of all Casa Pacifica programs.

Additionally, the organization maintains a \$2,200,000 line of credit with a local bank to provide for the Agency's working capital, as needed. Over the last five years, we have managed several large contracts including TBS, Foster Family Agency/Intensive Services Foster Care, Short Term Therapeutic Residential Program (STRTP), and our Non-Public School (NPS). The attached budget for IHTP is based on an average census of 16 families served at any given time, during the life of this contract. Of those 16 families we have assumed 30% will have full-scope MediCal coverage. As noted in the budget sheets, FTEs and unit costs are shown at the gross amount needed to service this client volume; however, the "Total (rounded)" amount is shown net, to reflect only those costs that would not be eligible for EPSDT reimbursement. The budget includes costs for direct staffing, travel reimbursement, program supplies, and a portion of agency wide general administrative costs, not to exceed 10%. To further support our cost effectiveness, Casa Pacifica receives several in-kind donations and will leverage those donations to further support parents receiving IHTP services. Casa Pacifica will also partner with other local non-profits, charities, and other community-based and faith-based organizations to ensure our clients' needs are met.

We are prepared fiscally, programmatically, and structurally to begin providing this service as of January 2024, and we are excited about the possibility of expanding our partnership with you to serve more community families.

**Cost Necessity:** The clinical costs associated with this program are necessary to provide the services families need for support and/or reunification. Peer Partners are necessary to the program for families to have an ally during their time in the program, to keep the goal of the program in mind, and help out with logistical needs. In some cases, there are translation services required to necessitate the open flow of communication for clinicians and families. These roles and services will need support and guidance over the course of this program.

**Costs and Successful Outcomes:** The costs of this program will support several aspects during the life of the contract. FTE costs will support the services provided to parents by Clinicians I & II and Peer Partners. As detailed in Section 2, these roles are designed to support families to stay together during their time in the program or stay on track in their reunification plan. Through the establishment of training and support services during their time in treatment, families will have a support system in place after graduation from the program.

We expect there to be sessions that require translation of languages not supported by FTE. Translation services for these languages have been added to the budget for sessions when required bilingual staff are unavailable. These costs will allow scheduled sessions and services to be delivered. Continued communication will enable families to build momentum in the program and receive treatment at intervals necessary for positive clinical progress. Additionally, afterhours and translation stipends have been added to the FTE portion of the budget. Translation stipends are included in the salary totals for Clinicians and Peer Partners. A separate line item for weekend stipends is included in the salary section.

To support the successful implementation of clinical services, one vehicle has been built into the budget, along with mileage, to ensure the transportation needs of the program are met. Additional support and oversight will be provided by office-based FTE, an Executive Assistant, Chief Clinical Officer and a Regional Director.

**Descriptions of Duties and Responsibilities** Program staffing includes the following: Executive Assistant III (.1 FTE), Chief Clinical Officer (.1 FTE), Regional Director of Ventura Services (.1 FTE), these positions provide oversight, leadership, support for the program and supervision. The following positions provide direct support to families: Clinician I (1 FTE), Clinician II (1 FTE), and Peer Partner (1.5 FTE). Total 3.8 FTEs for the IHTP program.

**List line items, budgeted amounts and justification below:**

1. Personnel: 3.8 FTE to serve up to 16 families at any given time during the life of the contract.
2. After-hours Stipend: Flat rate of \$3,500 for 12 months.
3. Staff Benefits: Total comprised of Payroll Tax (7.65%) and Health Benefits (21%) applied to the total staff salaries.
4. Staff Travel: Auto expense based on annual cost of leased vehicle at \$7,500, with mileage expense anticipated at \$3,684, estimated with 75 total trips and 75 miles round trip per use of employee vehicle.
5. Facilities: Based on square footage for a team of 3.5
6. Staff Cell Phones: \$50/month for 4 staff cell phones
7. Liability Insurance: Based on \$208/month for 12 months
8. Supplies: Computer and accessories for 3 staff, estimated office & program supplies at \$50/month, IT support at \$148 per month.
9. QAC Costs: Calculated at \$645/month based on overall project costs
10. Other Program Costs: Use of outside services for translation when required translation is unavailable (ex. Mixteco).

Contract Budget		Exhibit B	
<b>1. CONTRACTOR NAME:</b> Casa Pacifica Centers for Children and Families			
<b>2. PROGRAM ACTIVITY/PROJECT NAME:</b> Moving Forward Together			
<b>3. PERFORMANCE PERIOD</b> FROM: January 1, 2024		<b>4. EFFECTIVE DATES</b> INITIAL CONTRACT EFFECTIVE DATE: 1/1/2024	
TO: June 30, 2024		AMENDMENT #:	
CONTRACT #: 6152		AMENDMENT EFFECTIVE DATE:	

BUDGET SUMMARY			
I. DIRECT PROGRAM EXPENSES	BUDGET SUMMARY	LEVERAGED COSTS	LEVERAGE TYPE (In-Kind or Cash)
A. Staff Salaries	\$ 139,645		
B. Staff Fringe Benefits	\$ 33,813		
C. Direct Program Operating Expenses	\$ 31,087		
D. Contractual Services	\$ -		
E. Client/Participant Direct Costs	\$ -		
F. Other	\$ -		
<b>SUBTOTAL SECTION I -DIRECT PROGRAM EXPENSES</b>	<b>\$ 204,546</b>	<b>\$ -</b>	
<b>II. INDIRECT COSTS</b>	<b>\$ 20,455</b>	<b>\$ -</b>	
<b>TOTAL NOT TO EXCEED CONTRACT AMOUNT</b>	<b>\$ 225,000</b>	<b>\$ -</b>	

BUDGET DETAIL				
I. DIRECT PROGRAM EXPENSES				
A. Staff Salaries (List Position/Title)	Monthly Salary	FTE(S)	# of Months	Total
Clinician I	\$ 6,343	1	6	\$ 38,060
Clinician II	\$ 6,760	1	6	\$ 40,560
Peer Partner	\$ 4,875	1.5	6	\$ 43,875
Office Support (EA, CCO, Reg Dir.)	\$ 24,208	0.1	6	\$ 14,525
				\$ -
				\$ -
After-hours/weekend stipend	\$ 2,625			\$ 2,625
				\$ -
				\$ -
<b>A. Subtotal Staff Salaries</b>				<b>\$ 139,645</b>

B. Staff Fringe Benefits	Rate (%)	Total
Payroll Taxes (Social security, Medicare, etc.)	7.65% of salary costs	\$ 10,683
Health Benefits	21% of salary costs	\$ 23,130
Retirement Contributions		
Other (please describe):		\$ -
Other (please describe):		\$ -
<b>B. Subtotal Staff Fringe Benefits</b>		<b>\$ 33,813</b>

C. Direct Program Operating Expenses (Must be verifiable and cannot also be treated as an Indirect Cost.)	Budget Justification & Calculation Details	TOTAL
Staff Travel	6 months of average leased vehicle cost for 1 vehicle plus personal mileage	\$ 8,459
Facility Lease/Mortgage	Allocation for 360 sq ft	\$ 2,530
Telephone/Utilities	Staff cell phones	\$ 900
Insurance Related to the Program	Liability Ins	\$ 1,500
Office Supplies & Equipment*	3 computer packages, \$2449.50 each, estimated office supplies \$50 per	\$ 7,649
QAC Costs	QAC Costs based on estimated costs of overall program	\$ 4,350
Program Outreach		\$ -
Other Program Costs	Translation Services @ \$190/session for 30 sessions	\$ 5,700
<b>C. Subtotal Direct Program Operating Expenses</b>		<b>\$ 31,087</b>

(\*Note: For equipment items over \$5,000 and a useful life of more than one year, additional approval is needed. Please list all such items individually with the per-unit costs.)

Contract Budget		Exhibit B	
1. CONTRACTOR NAME: Casa Pacifica Centers for Children and Families			
2. PROGRAM ACTIVITY/PROJECT NAME: Moving Forward Together			
3. PERFORMANCE PERIOD		4. EFFECTIVE DATES	
FROM: January 1, 2024	TO: June 30, 2024	INITIAL CONTRACT EFFECTIVE DATE: 1/1/2024	
CONTRACT #: 6152		AMENDMENT #:	
		AMENDMENT EFFECTIVE DATE:	

D. CONTRACTUAL SERVICES (List legal entity name for each)	Contract Description & Cost Details	Subaward (S) or Vendor (V) (to)	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>D. Subtotal Contractual Services</b>			\$ -

E. CLIENT/PARTICIPANT DIRECT COSTS				TOTAL
<b>Vocational Training Costs</b>	Avg. Cost Per Participant	# of Participants		
	\$ -	0		\$ -
<b>On-the-Job Training</b>	Avg. Rate Per Hour	Avg. Hours Per Month	Avg. # of Months	
Participant Wages				\$ -
Participant Benefits	Avg. Benefit Rate (%):			\$ -
<b>Supportive Services (WIOA contract only)</b>	Add Budget Justification & Calculation Details Below			
				\$ -
<b>Family Stabilization Support Funds (CFS contracts only, when permitted)</b>	Add Budget Justification & Calculation Details Below			
				\$ -
<b>E. Subtotal Client/Participant Direct Costs</b>				\$ -

F. OTHER (Please Describe)	Budget Justification & Calculation Details	Total
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
<b>F. Subtotal Other</b>		\$ -

<b>DIRECT PROGRAM COSTS TOTAL</b>	<b>\$ 204,546</b>
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II. INDIRECT COSTS* (Use one of the options below.)				
	Rate (%)	Cost Base Rate Applied to (Amount)	Cost Base (Type)	Total
1. Federally Negotiated Indirect Cost Rate (Must attach your approved ICRA)				\$ -
2. De Minimis 10%	10%	\$ 204,546	MTDC	\$ 20,455
3. Other Program Special Rate (May be referenced in RFP, provide details)				\$ -
<b>INDIRECT COSTS TOTAL</b>				<b>\$ 20,455</b>

\*Please note that items cannot be charged as both Direct Program Expenses and Indirect Costs. See 2 CFR §200.412-§200.415.

Please list the general items classified by your agency as Indirect Costs: