AMENDMENT TO AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND PENINSULA CONFLICT RESOLUTION CENTER

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and PENINSULA CONFLICT RESOLUTION CENTER, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement on December 12, 2017 for alcohol and other drug prevention services, Community Capacity Building, and Parent Project classes, in the amount of $225,240, for the term July 1, 2017 through June 30, 2018; and

WHEREAS, on December 11, 2018 our Board approved an amendment to the agreement for Community Capacity Building, extending the term through June 30, 2019, and for alcohol and other drug prevention services, and Parent Project classes, extending the term through June 30, 2020, increasing the amount for all services by $356,030 to $581,270; and

WHEREAS, on April 25, 2019 the Chief of San Mateo County Health approved an amendment to the agreement for an additional Parent Project Class, increasing the amount of the agreement by $10,835 to $592,105, with no change to the agreement term; and

WHEREAS, on December 18, 2019 the Chief of San Mateo County Health approved an amendment to the agreement for a cost of living adjustment in FY 2019-20, increasing the amount by $6,661 to $598,766, with no change to the agreement term; and

WHEREAS, the parties wish to amend the Agreement extending the term of the agreement for Alcohol and Other Drug Prevention Services, Community Capacity Building, Parent Project classes through June 30, 2021 and Adult and Youth Mental Health First Aid for the term July 1, 2020 through June 30, 2021, increasing the amount of the agreement by $275,414 to $874,180.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 4. Payments of the agreement is amended to read as follows:

   In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A4," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B4." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed EIGHT HUNDRED SEVENTY-FOUR THOUSAND ONE HUNDRED EIGHTY DOLLARS ($874,180).

2. Section 5. Term of the agreement is amended to read as follows:

   Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2017 through June 30, 2021.

   A. This Agreement may be terminated by Contractor, San Mateo County Health Chief, or designee at any time without a requirement of good cause upon thirty (30) days written notice to the other party (the "Notice of Termination"). The Notice of Termination shall include the effective date of the notice, a description of the action being taken by the County, including the extent of services terminated, the reason for such action, and any conditions of the termination.

   B. In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of County and shall be promptly delivered to County. Upon termination, Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment, which is determined by comparing the work/services completed to the work/services required by the Agreement.

   C. Termination for Cause. The grounds for termination of this Agreement for cause shall include, but are not limited to, the following:

      i. Threat against life, health or safety of the public (see exemption from notice requirement, above);

      ii. A violation of the law or failure to comply with any condition of this Agreement;

iii. Inadequate performance or failure to make progress so as to obstruct or undermine implementation of this Agreement;

iv. Failure to comply with reporting requirements;

v. Evidence that Contractor is in an unsatisfactory financial condition determined by an audit by County or evidence of a financial condition that obstructs or undermines performance of this Agreement and/or results in the loss of other funding sources;

vi. Delinquency in payment of taxes or payment of costs for performance of this Agreement in the ordinary course of business;

vii. Appointment of a trustee, receiver, or liquidator for all or substantial part of Contractor's property, or institution of bankruptcy reorganization or the arrangement of liquidation proceedings by or against the Contractor;

viii. Service of any writ of attachment, levy or execution, or commencement of garnishment proceedings against Contractor's assets or income;

ix. The commission of an act of bankruptcy;

x. Finding of debarment or suspension;

xi. Contractor's organizational structure has materially changed; and

xii. County determines that Contractor may be considered a "high risk" agency as described in 45 CFR § 92.12 for local government and 45 CFR § 74.14 for non-profit organizations. If such a determination is made, the Contractor maybe subject to special conditions or restrictions.

Upon breach or default of any of the provisions, obligations, or duties embodied in this Agreement by Contractor, County shall retain the right to exercise any administrative, contractual, equitable, or legal remedies available without limitation. A waiver by County of any occurrence of breach or default is not a waiver of subsequent occurrences and shall be limited to that particular occurrence.

3. Exhibit A3 is hereby deleted and replaced with Exhibit A4 attached hereto.

4. Exhibit B3 is hereby deleted and replaced with Exhibit B4 attached hereto.

5. All other terms and conditions of the agreement dated December 12, 2017, between the County and Contractor shall remain in full force and effect.

*** SIGNATURE PAGE TO FOLLOW ***

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By:_____
President, Board of Supervisors
San Mateo County

Date:_____

ATTEST:

By:_____
Clerk of Said Board

PENINSULA CONFLICT RESOLUTION CENTER

_____
Contractor's Signature

Date: 5/28/2020

EXHIBIT A4 – SERVICES
PENINSULA CONFLICT RESOLUTION CENTER
FY 2017 – 2021

Behavioral Health and Recovery Services (BHRS) provides a continuum of comprehensive services to meet the complex needs of our clients and is designed to promote healthy behavior and lifestyles (a primary driver of positive health outcomes). A full range of high-quality services is necessary to meet the varied needs of the diverse population residing in San Mateo County. As financing, program structure and redesign changes occur, the services within this agreement may fluctuate or be further clarified.

In consideration of the payments set forth in Exhibit B4, Peninsula Conflict Resolution Center (Contractor) shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

In providing its operations, Contractor will maintain compliance with the requirements listed and referred to in the San Mateo County Behavioral Health and Recovery Services (BHRS) Alcohol and Other Drug Services (AOD) Policy and Procedure Manual. In doing so, Contractor will follow, and assure that the Community-Based Partnership follows federal, state, and local requirements, including general administrative, fiscal, and reporting responsibilities. These requirements and responsibilities are set forth in the AOD Policy and Procedure Manual located at http://smchealth.org/bhrs/aod/handbook, and is incorporated by reference herein.

A. Community Capacity Building – AOD Prevention

BHRS will provide training for the implementation process and procedures regarding sponsorship activities through a Training Academy. Contractor will attend and complete at least two (2) trainings per month to perform targeted activities. Contractor will perform the following activities:

1. attend at least two (2) trainings per month,

2. build partnership and community capacity, identify and document organizational sponsorship policies, and

3. set priorities for the next two (2) years of work.

Upon satisfactory completion of the first-year deliverables, funding for years two (2) and three (3) July 1, 2018- June 30, 2020, will be evaluated and then re-evaluated on a year-to-year basis. Funding is contingent upon meeting the previous year's outcomes and County funding availability.

1. Year One Deliverables:

Contractor will describe the process and activities your agency will engage in to meet the following deliverables:

a. Program Objectives: At the end of March 2018 of Year One, Contractor will develop a scope of work that includes measurable objectives that will address mitigating the use and abuse of each of the following: alcohol, marijuana, and other drugs. Contractor also has the option of developing a fourth measurable general objective that will address AOD issues. Objective categories may include, but are not limited to, the following:
   i. Reduction of at-risk behavior
   ii. Increased knowledge of the effects of alcohol, marijuana, and other drugs
   iii. Implementation of community policy initiatives to minimize youth access to alcohol, marijuana, and other drugs.

b. Training: Attendance to two (2) or more alcohol, tobacco, and other drug (ATOD) prevention-related trainings every month by at least two (2) staff members.

c. Policy development: Documentation of a policy enacted by the Contractor's board of directors related to acceptance of donations, goods, volunteers, or sponsorship from tobacco, marijuana and alcohol companies or their affiliates. Discussion of policy considerations will include benefits and risks of industry affiliations. The policy may include, but not be limited to, decisions by the board of directors on the following:
   i. Whether to accept sponsorship of programs, events, participants, etc., by the alcohol, tobacco, and /or marijuana industries.
   ii. Allowable donations and in-kind goods from alcohol, tobacco and/or marijuana industries.
   iii. Alcohol, tobacco, and/or marijuana industry partnership through staff volunteer activities.

d. Schedule and execute community conversations to assess and redefine priorities and objectives. Submit documentation of executed community conversations to BHRS Program Service Manager.

e. Scope of Work: A Scope of Work for years two (2) and three (3) must be submitted by March 31, 2018 and approved by the BHRS Program Service Manager;

2. Contractor shall complete monthly and annual deliverables as described in Attachment A.

B. Prevention Education and Collaboration

Contractor is responsible for participating in county-wide efforts to reduce the impact of alcohol and other drugs through prevention education, collaboration with partners (residents, community organizations, government, health providers, law enforcement, businesses, faith leaders, etc.). Contractor shall advocate for policies and/or research of policies, and continued capacity building through professional development.

Contractor shall provide prevention activities for the following topics: alcohol, marijuana, opioids, and overarching prevention efforts. Each topic shall include one (1) or more of the following: community education, merchant education, media education, policy advocacy, overarching activities, and social determinants of health.

1. Community Education

a. Attend local, regional, state and national conferences/trainings to learn evidence-based best practices for ATOD community education. Trainings attended should be approved by contract monitor. Social Determinants of Health trainings cannot be claimed if included in ATOD-specific trainings claimed by contractor. Attendees shall include: program coordinator, program director, someone directly involved in program delivery, with a maximum of two (2) attendees per training.

b. Work with community partners to update education curricula. Curriculum developed for Year 2 will be different from curriculum developed in Year 1.

c. Conduct outreach to at least thirty (30) organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Club, churches, community-based organizations, and YMCA to conduct education presentation.

d. Community presentations. At least fifty percent (50%) of the presentations will be completed by the end of December 2018. Thereafter, contractor must complete at least twenty-five percent (25%) of the presentations within each of the

remaining two (2) quarters. Any uncompleted presentations will not be allowed to be made up.

2. Merchant Education

   a. Work with a County-identified partner organization to research current business models, strategies, and modes of operation for delivery-based retailers in San Mateo County serving the Central County. A report will include strategies on how to best engage retailers.

   b. Disseminate alcohol merchant education packets to seventy-five (75) alcohol retailers.

3. Media Education

   a. Implement media education campaign to complement community education messages. At least fifty percent (50%) of the posts will be completed by the end of December 2018. Thereafter, contractor must complete at least twenty-five percent (25%) of the posts within each of the remaining two (2) quarters. Any uncompleted posts will not be allowed to be made up.

4. Policy Advocacy

   a. Opioids: Identify potential kiosk locations (such as pharmacies and police departments).

   b. Opioids: Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk.

   c. Opioids: Connect interested locations with Environmental Health Services (EHS) to discuss next steps for kiosk installation.

5. Overarching

   a. Hallmark event. Contractor must provide contract monitor with proposed event theme format at least sixty (60) days prior to date of event. Proposed agenda must be submitted to contract monitor at least thirty (30) days before event.

   b. Recruit community members to participate in a countywide AOD prevention collaborative. Until the full launch of the

countywide collaborative, meet with community members to oversee the AOD prevention work in the Central CSA.

c. Conduct at least monthly meetings with youth program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning. An evaluation of the youth program will be conducted through a pre and/or post structure to determine the change in knowledge and skills related to AOD prevention. Contractor will provide contract monitor a copy of the survey tool to be used at least thirty (30) days before survey is implemented. For Year 1, at least a post survey will be conducted. For Year 2, a pre/post survey will be conducted.

d. Each youth in the program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.

e. Develop a curriculum and outreach plan for a Community Leadership Academy to train members of marginalized communities (i.e. immigrants, non-native English speakers, low-income individuals, etc.) with knowledge and skills to address health inequities and become advocates and leaders within their communities.

f. Implement Community Leadership Training Academy. AOD Prevention presentations should be part of the implementation of the Academy but will not be claimed in the Community Education presentation component of the contract.

g. Each Academy participant will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc. Secure contract monitor approval before implementing advocacy activity.

h. Meet with AOD contract monitor in person or by phone monthly to provide updates or seek assistance.

i. Add input into statewide database by the 5th of the month, that is detailed, clear, specific, and relevant.

j. Administrative functions which will be measured through the annual site visit:

Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full $5,000;

Option 2: If CAPs are needed, CAPs will be submitted within thirty (30) days of receipt of site visit outcomes (pays $2,500); AND completion of CAP activities within sixty (60) days (or within timeline negotiated with contract monitor) pays $2,500.

k. Attend monthly countywide meetings to coordinate AOD prevention strategies.

6. Social Determinants of Health

a. Develop a report to justify addressing at least one (1) Social Determinants of Health (SDOH) in your community.

b. Attend community meetings to build your organization's capacity to address the SDOH.

c. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD use in your community.

C. Community Capacity Building – Pacific Islander Initiative

Contractor shall designate one (1) co-chair of the Pacific Islander Initiative (PII). This individual will share equal responsibility with another co-chair selected by the Office of Diversity and Equity (ODE). The co-chair shall be responsible for, but not limited to the following:

1. Monthly Meeting

a. With support from co-chair host; produce an agenda for; take minutes, facilitate, inform participants about monthly PII meetings & save documents on specified online folder.

2. Established five (5)-year Goal

a. Long-term goal (to be accomplished in five (5) years or by June 2023) identified with input from the Initiative members.

3. One (1) year plan to be completed annually

   a. One-year work plan created in each year of contract moving Initiative towards five-year goal.

   b. Plan will include (in collaboration with co-chair):
      i. Collaboration with another Health Equity Initiative;
      ii. Advertise and host at least three (3) events per year, with at least one (1) being a training offered to BHRS staff and contractors;
      iii. At least one (1) intervention or event to measurably reduce stigma related to behavioral health within the Pacific Islander community; and
      iv. Facilitation of strategic planning meeting or retreat (no more than once per year).

   c. Plan purpose:
      i. Measurably improve Pacific Islander outcomes related to the reduction of stigma related to behavioral health;
      ii. Develop leadership skills of members in the Pacific Islander Initiative;
      iii. Identify new strategies to improve Pacific Islander mental wellness in San Mateo County;
      iv. Support ODE by acting as a representative of the Pacific Islander Initiative when needed for ODE-related activities.

4. Attend Diversity & Equity Council meetings, having PII representation monthly.

5. Bimonthly meeting with or report to ODE shall include the following:

   a. Provide meeting agendas, minutes, sign-in sheets and any evaluation data from events or other interventions (including but not limited to sign-in sheets, demographics forms, surveys, and other data).

   b. Answer evaluation questions determined by ODE.

   c. Provide with co-chair complete, accurate and timely evaluation data for all events (including demographic survey and Event Intervention Questionnaire (both found at https://www.smchealth.org/bhrs/ode)

d. Complete with co-chair quarterly evaluations and submit for review in timely manner.

e. Support the ODE documentation, translation, vetting process as needed, review edit, make suggestions for changes on translation errors, literacy level and cultural appropriateness.

D. Measure K Parent Project

1. The Parent Project is an evidenced based, interactive twelve (12) week course that teaches parents/caregivers parenting skills and focuses on how to improve their relationship with their child(ren). Participants will learn effective identification, prevention and intervention strategies.

2. Contractor will facilitate four (4) twelve (12) week Parent Project courses in English and/or Spanish and Tongan and/or Samoan, shall be responsible to conduct outreach at schools and in the community to ensure a minimum of fifteen (15) and maximum of thirty (30) unduplicated parents in each course, and provide appropriate childcare for these classes (at least two (2) childcare contractors per class). Contractor shall provide class materials and food.

3. The Parent Project courses will be co-facilitated by two (2) certified facilitators.

4. Contractor shall be responsible for coordinating additional presentations to suit course needs as appropriate.

5. Contractor shall be responsible for printing, distributing, and ensuring completion of program forms (sign in sheets, applications, pre/post surveys, media and childcare waivers.)

6. Contractor shall provide program coordinator a detailed list of class participants, including attendance sheets, and total number of participants who received a Completion or Participation Certicate.

7. Contractor shall complete weekly reports and send to program coordinator the Monday after the class is completed and comply with BHRS incident reporting guidelines.

8. Contractor shall complete itemized expense report upon completion of each course, detailing cost for facilitation, administration, childcare services, class materials and food for the entire 12-week course. Contractor expenses must adhere to the allocated funding per course (template and program budget can be provided by ODE if

needed). Invoice should be submitted within two (2) weeks of class completion.

9. Contractor shall comply with County data collection process through use of identified Parent Project application forms, pre and post tests, evaluation and other agreed upon tools. These materials are due to County one (1) week after each series is over.

10. Adhere to requirements and standards as outlined by the Parent Project curriculum to maintain fidelity.

E. Youth Mental Health First Aid

1. Youth Mental Health First Aid (YMHFA) is a public education program that teaches people how to help young people experiencing mental illness and/or substance use challenges, connect to an appropriate level of care. YMHFA is a highly interactive program offered to small groups and teaches the following:

   a. The prevalence of mental illness in the United States and their emotional and economic cost.

   b. The potential warning signs and risk factors for depression, anxiety disorders, trauma, psychotic disorders, eating disorders, and substance abuse.

   c. A 5-step action plan to help an individual in crisis, connect to professional care.

   d. Resources available to help someone with a mental health problem.

2. Service Description

   a. FY 2020-21

      i. Contractor will sponsor ten (10) YMHFA trainings in San Mateo County (community based) utilizing the 8-hour curriculum format.

      ii. Two (2) to three (3) trainings will be offered in English and the remaining courses will be offered in either Spanish and/or Tongan and/or Samoan as needed.

      iii. Each training will include an average of fifteen (15) participants that have not previously enrolled in the YMHFA class; for a minimum of one hundred fifty (150)

participants fully completing and graduating the YMHFA class over the year.

iv. All courses should be culturally informed and include learnings from cultural humility work.

v. Contractor shall complete itemized expense report upon completion of each training, detailing cost for facilitation, administration, childcare services, class materials and food. Contractor expenses must adhere to the allocated funding per course (template and program budget can be provided by ODE if needed).

vi. Adhere to requirements and standards as outlined by the National Council for Behavioral Health including, but not limited to, listing courses online, submitting evaluations online, and enrolling in national listserv through The National Council.

b. All YMHFA trainings will be offered to parents, community members and leaders in our community. They will also be open to any interested stakeholder in San Mateo County.

c. The YMHFA classes will be co-facilitated by two (2) certified instructors.

d. The Contractor is responsible for all necessary aspects of planning and delivering the YMHFA training including:

i. Outreach and recruitment of participants;
ii. Scheduling and securing locations;
iii. Ordering YMHFA workbooks in advance of any upcoming trainings and providing one to each participant for a total of 225* workbooks over the 2-year cycle;
iv. Providing refreshments for participants;
v. Teaching and facilitating the trainings;
vi. Completing all required data collection, data entry, reporting and evaluation activities; and
vii. Scheduling and ensuring childcare is available when needed. When childcare is needed, two (2) providers will be scheduled per course.

*Additional workbooks will be provided by the Office of Diversity and Equity as requested and needed.

3. Reporting

a. The following documents shall be mailed/submitted by the tenth (10th) workday of the month along with the invoices as described Exhibit B, Item I.D.:

i. Completed applications including demographics;
ii. Attendance sheets;
iii. Completed pre and post tests;
iv. Completed evaluations;
v. Class flyer;
vi. Sign in Sheets; and
vii. Itemized invoice (template can be provided by ODE if needed).

b. Contractor shall data enter the completed applications and pre and posttests online (link will be provided by BHRS) by the 10th workday of the month.

c. Contractor shall complete and submit the year-end Attachment M – MHSA Annual Report Template, due by the fifteenth (15th) of August each fiscal year.

F. Adult Mental Health First Aid

1. Adult Mental Health First Aid (MHFA) is a public education program that teaches people how to help persons experiencing mental illness and/or substance use challenges, connect to an appropriate level of care. MHFA is a highly interactive program offered to small groups and teaches the following:

a. The prevalence of mental illness in the United States and their emotional and economic cost.

b. The potential warning signs and risk factors for depression, anxiety disorders, trauma, psychotic disorders, eating disorders, and substance abuse.

c. A 5-step action plan to help an individual in crisis, connect to professional care.

d. Resources available to help someone with a mental health problem.

2. Service Description

a. FY 2020-21

i. Contractor will sponsor ten (10) MHFA trainings in San Mateo County (community based) utilizing the 8-hour curriculum format.

ii. Two (2) to three (3) trainings will be offered in English and the remaining courses will be offered in either Spanish and/or Tongan and/or Samoan as needed.

iii. Each training will include an average of fifteen (15) participants that have not previously enrolled in the MHFA class; for a minimum of one hundred and fifty (150) participants fully completing and graduating the MHFA class over the year.

iv. All courses should be culturally informed and include learnings from cultural humility work.

Contractor shall complete itemized expense report upon completion of each training, detailing cost for facilitation, administration, childcare services, class materials and food. Contractor expenses must adhere to the allocated funding per course (template and program budget can be provided by ODE if needed).

v. Adhere to requirements and standards as outlined by the National Council for Behavioral Health including, but not limited to, listing courses online, submitting evaluations online, and enrolling in national listserv through The National Council.

b. All MHFA trainings will be offered to parents, community members and leaders in our community. They will also be open to any interested stakeholder in San Mateo County.

c. The MHFA classes will be co-facilitated by two (2) certified instructors.

d. The Contractor is responsible for all necessary aspects of planning and delivering the YMHFA training including:

i. Outreach and recruitment of participants;
ii. Scheduling and securing locations;
iii. Ordering MHFA workbooks in advance of any upcoming trainings and providing one to each participant for a total of 225* workbooks over the year

iv. Providing refreshments for participants;
v. Teaching and facilitating the trainings;
vi. Completing all required data collection, data entry, reporting and evaluation activities; and
vii. Scheduling and ensuring childcare is available when needed. When childcare is needed, two (2) providers will be scheduled per course.

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a. The following documents shall be mailed/submitted by the tenth (10th) workday of the month along with the invoices as described Exhibit B, Item I.D.:

i. Completed applications including demographics;
ii. Attendance sheets;
iii. Completed pre and post tests;
iv. Completed evaluations;
v. Class flyer;
vi. Sign in Sheets; and
vii. Itemized invoice (template can be provided by ODE if needed)

b. Contractor shall data enter the completed applications and pre and posttests online (link will be provided by BHRS) by the tenth (10th) workday of the month.

c. Contractor shall complete and submit the year-end Attachment M – MHSA Annual Report Template, due by the fifteenth (15th) of August each fiscal year.

II. ADMINSTRATIVE REQUIREMENTS

A. Quality Management and Compliance

1. Critical Incident Reporting

Contractor is required to submit Critical Incident reports to BHRS Quality Management (via fax # 650-525-1762) when there are unusual events, accidents, errors, violence or significant injuries requiring medical treatment for clients, staff or members of the

community. (Policy #93-11 and 45 C.F.R. § 164, subpart C, in compliance with 45 C.F.R. § 164.316.)

The incident reports are confidential however discussion may occur with the Contractor regarding future prevention efforts to reduce the likelihood of recurrence. Contractor is required to participate in all activities related to the resolution of critical incidents.

2. California Department of Health Care Services

Contractor providing state funded health services may not employ any persons deemed an Ineligible Person by the California Department of Health Care Services (DHCS) in the provision of services for the County through this Agreement. Any employee(s) of Contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who has been (1) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (2) suspended from the federal Medicare program for any reason. Ineligibility may be verified by checking: http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp. Once there, scroll down to the bottom of the page and click on Medi-Cal Suspended and Ineligible Provider List (Excel format). The list is in Alphabetical order. Search by the individual's last name.

3. Fingerprint Compliance

Contractor certifies that its employees, trainees, and/or its subcontractors, assignees, volunteers, and any other persons who provide services under this agreement, who have direct contact with any client will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of individuals with whom Contractor's employees, trainees, and/or its subcontractors, assignees, or volunteers have contact. Contractor shall have a screening process in place to ensure that employees who have positive fingerprints shall:

a. Adhere to CCR Title 9 Section 13060 (Code of Conduct) when providing services to individuals with whom they have contact as a part of their employment with the Contractor; or

b. Obtain a waiver from Community Care Licensing allowing the employee to provide services to individuals with whom they have contact as part of their employment with the Contractor.

A certificate of fingerprinting certification is attached hereto and incorporated by reference herein as Attachment E.

B. Cultural Competency

Implementations of these guidelines are based on the National Culturally and Linguistically Accessible Services (CLAS) Standards issued by the Department of Health and Human Services. For more information about these standards, please contact the Health Equity Initiatives Manager (HEIM) at ode@smcgov.org.

1. Contractor will submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of clients, families and the workforce. This plan will be submitted to the BHRS Analyst/Program Manager and the Health Equity Initiatives Manager (HEIM) by September 30th of the fiscal year.

   The annual cultural competence plan will include, but is not limited to the following:

   a. Implementation of policies and practices that are related to promoting diversity and cultural competence, such as ongoing organizational assessments on disparities and needs, client's rights to receive language assistance.

   b. Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee, grievance, or conflict resolution committee).

   c. Ongoing collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation in health records to improve service provision and help in planning and implementing CLAS standards.

   d. Staffing objectives that reflect the cultural and linguistic diversity of the clients. (Contractor will recruit, hire and retain clinical staff members who can provide services in a culturally and linguistically appropriate manner.)

   e. Contractor will ensure that all program staff receive at least 8 hours of external training per year (i.e. sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services including the CLAS and use of interpreters.

2. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend the Cultural Competence Council (CCC) for the term of the Agreement. Participation in the CCC allows for the dissemination of CLAS as well as ongoing collaborations with diverse stakeholders. Contractor shall submit to BHRS Office of Diversity and Equity (ODE) by March 31st, a list of staff who have participated in these efforts. For more information about the CCC, and other cultural competence efforts within BHRS, contact HEIM.

3. Contractor will establish the appropriate infrastructure to provide services in County identified threshold languages. Currently the threshold languages are: Spanish, Tagalog and Chinese (Mandarin and Cantonese). If Contractor is unable to provide services in those languages, Contractor is expected to contact Access Call Center or their BHRS Analyst/Program Manager for consultation. If additional language resources are needed, please contact HEIM.

4. Contractor will translate relevant and appropriate behavioral health-related materials (such as forms, signage, etc.) in County identified threshold languages in a culturally and linguistically appropriate manner. BHRS strongly encourages its contractors to use BHRS-sponsored forms in an effort to create uniformity within the system of care. Contractor shall submit to HEIM by March 31st, copies of Contractor's health-related materials in English and as translated.

5. Should Contractor be unable to comply with the cultural competence requirements, Contractor will meet with the BHRS Analyst/Program Manager and HEIM at ode@smcgov.org to plan for appropriate technical assistance.

III. GOALS AND OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

A. Community Capacity Building

Goal: Build capacity by the end of the first year.

Objective: Ninety percent (90%) of identified activities and deliverables will be completed by June 30, 2018.

Objective: Contribute to the San Mateo County objective of decreasing youth use of marijuana by at least 10% by June 30, 2020, as

measured by 11th grade use measures in the California Healthy Kids Survey.

B. Prevention Education and Collaboration

Goal: Increase training attendees' knowledge of alcohol and other drug health impacts.

Objective: Eighty-four percent (84%) of training evaluations will show an increase in knowledge on the health impacts of alcohol, tobacco, and other drugs.

C. Parent Project

Goal: Increase the number of parents graduating from the Parent Project.

Objective: One hundred (100) parents will complete the Parent Project classes.

*** END OF EXHIBIT A4 ***

EXHIBIT B4 – PAYMENTS AND RATES
PENINSULA CONFLICT RESOLUTION CENTER
FY 2017– 2021

In consideration of the services provided by Contractor in Exhibit A4, County shall pay Contractor based on the following fee schedule:

I. PAYMENTS

In full consideration of the services provided by Contractor under this Agreement and subject to the provisions of Paragraph 3 of this Agreement, County shall pay Contractor in the manner described below:

A. Maximum Obligation

The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed the amount stated in Paragraph 3 of this Agreement. Furthermore, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement.

In any event, the maximum amount County shall be obligated to pay for all services rendered under this contract shall not exceed EIGHT HUNDRED SEVENTY-FOUR THOUSAND ONE HUNDRED EIGHTY DOLLARS ($874,180).

B. Community Capacity Building – AOD Prevention (July 1, 2017 – June 30, 2018)

Contractor shall be paid a maximum of ONE HUNDRED FIFTY-NINE THOUSAND DOLLARS ($159,000) for Community Capacity Building – AOD Prevention, as described in Exhibit A4 Section I.A. of this Agreement

1. County shall pay Contractor shall be one-twelfth (1/12th) of the maximum amount per month, or THIRTEEN THOUSAND TWO HUNDRED FIFTY DOLLARS ($13,250), provided that performance requirements have been met.

2. Performance Requirements

a. County and Contractor agree, in the event that Contractor fails to complete the deliverables as described in Attachment A, Table 1 and Table 2, by the specified date and to the satisfaction of the County, the County may, at its sole discretion, reduce the next month's one-twelfth (1/12th) payment by the amount of the unmet deliverable(s).

b. Timeline for Deliverables and Payment Adjustments

The expected timeline for deliverables and the corresponding payment adjustments (if any) are detailed as follows:

After July 2017 Progress Report	After August 2017 Progress Report	After Sept. 2017 Progress Report	After October 2017 Progress Report
Consultation between AOD contract monitor and Contractor to carry uncompleted program deliverables into August.	Consultation between AOD contract monitor and Contractor to carry uncompleted program deliverables into September.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for July - September.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for August-October.
Payment for July	Payment for August	Payment for September	Payment for October
Remains the 1/12th	Remains the 1/12th	1/12th flat rate, minus stated costs of uncompleted activities from July.	1/12th flat rate, minus stated costs of uncompleted activities from August.
After November 2017 Progress Report	After December 2017 Progress Report	After January 2018 Progress Report	After February 2018 Progress Report
Consultation between AOD contract monitor and Contractor to reconcile completed activities for September-November.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for October-December.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for November-January.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for December- February.
Payment for November	Payment for December	Payment for January	Payment for February
1/12th flat rate, minus stated costs of uncompleted activities from September.	1/12th flat rate, minus stated costs of uncompleted activities from October.	1/12th flat rate, minus stated costs of uncompleted activities from November.	1/12th flat rate, minus stated costs of uncompleted activities from December.
After March 2018 Progress Report	After April 2018 Progress Report	After May 2018 Progress Report	After June 2018 Progress Report
Consultation between AOD contract monitor and Contractor to reconcile completed activities for January-March.	Consultation between AOD contract monitor and to reconcile completed activities for February-April.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for March-May.	Consultation between AOD contract monitor and Contractor to reconcile completed activities for April-June.
Payment for March	Payment for April	Payment for May	Contract Cost Reconciliation for FY 2017-18 Expenditures – Final Payment
1/12th flat rate, minus stated costs of uncompleted activities from January.	1/12th flat rate, minus stated costs of uncompleted activities from February.	1/12th flat rate, minus stated costs of uncompleted activities from March-May.	

3. Funding is contingent upon availability of funds for AOD prevention and upon Contractor's satisfactory progress on the contracted service deliverables as described in the approved Work Plan.

a. Contractor will provide the deliverables described in the approved Work Plan in the Major Activities column, and by the date listed in the Completion Date column.

b. Contractor will review the Major Activities/deliverables completed in the Work Plan with the BHRS AOD Analyst on a quarterly basis. Any incomplete Major Activities may result in a corrective action plan, or may result in the delay or withholding of future payments.

c. If it is determined that the Contractor has not met the Major Activities deliverables by the required Completion Dates, County may issue a corrective action plan for unmet deliverables. Failure to adhere to the corrective action plan may result in the delay or withholding of future payments, or Contractor reimbursing the County for the contract value of any and all unmet Major Activity deliverables.

D. Prevention Education and Collaboration (July 1, 2018 – June 30, 2021)

Contractor shall be paid a maximum of THREE HUNDRED EIGHTY-SEVEN THOUSAND FIVE HUNDRED FIFTY-THREE DOLLARS ($387,553) for Prevention Education and Collaboration services. Contractor shall be reimbursed based upon completion of activities as described in Attachment B4 – Deliverables Payment.

1. For the term July 1, 2018 through June 30, 2019, Contractor shall be paid up to ONE HUNDRED TWENTY-ONE THOUSAND TWO HUNDRED SEVENTY-FIVE DOLLARS ($121,275), based upon completion of activities.

2. For the term July 1, 2019 through June 30, 2020, Contractor shall be paid up to ONE HUNDRED THIRTY-THREE THOUSAND ONE HUNDRED SEVENTY-TWO DOLLARS ($133,172), based upon completion of activities.

3. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid up to ONE HUNDRED THIRTY-THREE THOUSAND ONE HUNDRED SIX DOLLARS ($133,106), based upon completion of activities.

4. Performance Requirements

Contractor will invoice for completed activities based on Price per Event costs outlined in Attachment B4 – Deliverables Payment. Adequate supporting documents will be submitted as stipulated in

the Documents column of Attachment A4 – Deliverable Options. County and Contractor agree, in the event that Contractor fails to complete the deliverables as described in Attachment B4 – Deliverables Payment to the satisfaction of the County, Contractor shall invoice monthly for deliverables completed during the previous month.

5. Funding is contingent upon availability of funds for AOD prevention and upon Contractor's satisfactory progress on the contracted service deliverables as described in the approved Work Plan.

   a. Contractor will provide the deliverables described in the approved Work Plan in the Major Activities column, and by the date listed in the Completion Date column.

   b. Contractor will review the Major Activities/deliverables completed in the Work Plan with the BHRS AOD Analyst on a quarterly basis. Any incomplete Major Activities may result in a corrective action plan, or may result in the delay or withholding of future payments

   c. If it is determined that the Contractor has not met the Major Activities deliverables by the required Completion Dates, County may issue a corrective action plan for unmet deliverables. Failure to adhere to the corrective action plan may result in the delay or withholding of future payments, or Contractor reimbursing the County for the contract value of any and all unmet Major Activity deliverables

D. Community Capacity Building – Pacific Islander Initiative (July 1, 2017 – June 30, 2021)

Contractor shall be paid a maximum of SEVENTY-TWO THOUSAND THOUSAND DOLLARS ($72,000) for Community Capacity Building of the Pacific Islander Health Initiative, as described in Exhibit A4 Section I.B. of this Agreement.

1. For the term July 1, 2017 through June 30, 2018, Contractor shall be paid one-twelfth (1/12th) of the maximum obligation per month or ONE THOUSAND FIVE HUNDRED DOLLARS ($1,500).

2. For the term July 1, 2018 through June 30, 2019, Contractor shall be paid one-twelfth (1/12th) of the maximum obligation per month or ONE THOUSAND FIVE HUNDRED DOLLARS ($1,500).

3. For the term July 1, 2019 through June 30, 2020, Contractor shall be paid one-twelfth (1/12th) of the maximum obligation per month or ONE THOUSAND FIVE HUNDRED DOLLARS ($1,500).

4. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid one-twelfth (1/12th) of the maximum obligation per month or ONE THOUSAND FIVE HUNDRED DOLLARS ($1,500).

5. Contractor will submit a monthly invoice that details activities and hours.

E. Measure K Parent Project (July 1, 2017 – June 30, 2020)

Contractor shall be paid a maximum of TWO HUNDRED NINE THOUSAND SIX HUNDRED SIXTY-TWO DOLLARS ($209,662) for Parent Project classes described in Exhibit A4 Section I.C. of this Agreement.

1. For the term July 1, 2017 through June 30, 2018, Contractor shall be paid TWELVE THOUSAND SIXTY DOLLARS ($12,060) per class, not to exceed four (4) classes.

2. For the term July 1, 2018 through June 30, 2019, Contractor shall be paid TWELVE THOUSAND SIXTY DOLLARS ($12,060) per class, not to exceed three (3) classes, TEN THOUSAND SIX HUNDRED TWENTY DOLLARS ($10,620) not to exceed one (1) class, and TWELVE THOUSAND TWO HUNDRED SEVENTY-FIVE DOLLARS ($12,275) not to exceed one (1) class.

3. For the term July 1, 2019 through June 30, 2020, Contractor shall be paid TWELVE THOUSAND FIVE HUNDRED FORTY-TWO DOLLARS ($12,542) per class, not to exceed four (4) classes.

4. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid THIRTEEN THOUSAND FORTY-FOUR DOLLARS ($13,044) per class, not to exceed four (4) classes.

5. Contractor shall complete weekly reports to program coordinator and comply with BHRS incident reporting guidelines. Contractor shall complete itemized expense report upon completion of class.

F. Youth Mental Health First Aide

Contractor shall be paid a maximum of TWENTY-TWO THOUSAND NINE HUNDRED EIGHTY-TWO AND FIFTY CENTS DOLLARS ($22,982.50) for Youth Mental Health First Aide described in Exhibit A4 Section I.E. of this Agreement as per the following budgets below.

1. Contractor shall be reimbursed the full cost of providing services described in Section I.E. of Exhibit A4. Contractor shall provide a detailed invoice and supporting documentation to the County on the tenth (10th) workday of the month clearly itemizing expenditures and services delivered the previous month.

2. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid TWENTY-TWO THOUSAND NINE HUNDRED EIGHTY-TWO DOLLARS AND FIFTY CENTS ($22,982.50).

Instruction of YMHFA	
2 Staff ($57/hr. X 8hrs/class X 10 classes)	$9,120.00
Training-related activities (preparation, data entry, pre & post tests, application, etc.) 2 Staff ($57/hr. X 2hrs X 10 classes)	$2,280.00
Supplies	
Workbooks ($18.95 ea. X 150 participants)	$2,842.50
Refreshments ($150.00 X 10 classes)	$1,500.00
Outreach	
Staff (1 @ $30/hr. X 4 hrs./mth X 12 mths)	$1,440.00
Administration	
Project oversight and Administration	$1000.00
Childcare	
2 Staff ($30/hr. X 8 hrs. X 10 classes	$4,800.00
TOTAL	$22,982.50

G. Adult Mental Health First Aide

Contractor shall be paid a maximum of TWENTY-TWO THOUSAND NINE HUNDRED EIGHTY-TWO DOLLARS AND FIFTY CENTS ($22,982.50) for Adult Mental Health First Aide described in Exhibit A4 Section I.F. of this Agreement as per the following budgets below.

1. Contractor shall be reimbursed the full cost of providing services described in Section I.F. of Exhibit A4. Contractor shall provide a detailed invoice and supporting documentation to the County on the tenth (10th) workday of the month clearly itemizing expenditures and services delivered the previous month.

2. For the term July 1, 2020 through June 30, 2021, Contractor shall be paid TWENTY-TWO THOUSAND NINE HUNDRED EIGHTY-TWO DOLLARS AND FIFTY CENTS ($22,982.50).

Instruction MHFA	
2 Staff ($57/hr. X 8hrs/class X 10 classes)	$9,120.00
Training-related activities (preparation, data entry, pre & post tests, application, etc.) 2 Staff ($57/hr. X 2hrs X 10 classes)	$2,280.00
Supplies	
Workbooks ($18.95 ea. X 150 participants)	$2,842.50
Refreshments (10 classes)	$1,500.00
Outreach	
Staff (1 @ $30/hr. X 4 hrs./mth X 12 mths)	$1,440.00
Administration	
Project oversight and Administration	$1,000.00
Childcare	
Staff ($30/hr. X 8hrs X 10 classes	$4,800.00
TOTAL	$22,982.50

H. Contractor will be responsible for all expenses incurred during the performance of services rendered under this Agreement.

I. Modifications to the allocations in Paragraph A of this Exhibit B4 may be approved by the Chief of San Mateo County Health or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.

J. The Chief of San Mateo County Health or designee is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than $25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.

K. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.

L. In the event this Agreement is terminated prior to June 30, 2021, Contractor shall be paid on a prorated basis for only that portion of the contract term

during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Chief of San Mateo County Health or designee.

M. Monthly Invoice and Payment

Contractor shall invoice the County on or before the tenth (10th) working day of each month prior to the service month. Payment by County to Contractor shall be monthly. Invoices that are received after the tenth (10th) working day of the month are considered to be late submissions and may be subject to a delay in payment. County reserves the right to deny payment of invoices if Contractor does not meet contract deliverables including CalOMS Pv data submission requirements. Invoices and reports are to be sent to:

Invoices and reports for the Community Capacity Building – AOD Prevention, and Prevention Education and Collaboration are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
BHRS – AOD Program Analyst
310 Harbor Blvd., Bldg. E
Belmont, CA 94002

Invoices and reports for the Community Capacity Building – Pacific Islander Initiative, Measure K Parent Project, and Youth and Adult Mental Health First Aide are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
Attn: Contracts Units
2000 Alameda de las Pulgas, Suite 280
San Mateo, CA 94403

N. County anticipates revenues from various sources to be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for any period of this Agreement, the maximum payment obligation and/or payment obligations for specific services may be reduced at the discretion of the Chief of San Mateo County Health or designee.

O. County May Withhold Payment

Contractor shall provide all pertinent documentation requested by County. The County may withhold payment for any and all services for which the required documentation is not provided, or if the documentation provided

does not meet professional standards as determined by the Quality Improvement Manager of San Mateo County BHRS. Contractor shall meet at least quarterly with the BHRS AOD Analyst/Program Manager, to review the Work Plan, documentation, and billing reports and to take appropriate corrective action, as needed, to resolve any discrepancies.

P. Inadequate Performance

If County or Contractor finds that performance is inadequate, at the County's discretion, a meeting may be called to discuss the causes for the performance problem, to review documentation, billing and/or other reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies. This Agreement may be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 5 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.

Q. Invoice Certification and Program Integrity

Anytime Contractor submits an invoice to the County for reimbursement for services provided under Exhibit A4 of this Agreement, Contractor shall certify by signature that the invoice is true and accurate by stating the invoice is submitted under the penalty of perjury under the laws of the State of California.

The invoice must include the following language and signature line at the bottom of the form(s) and/or cover letter used to report the invoice.

"Under the penalty of perjury under the laws of the State of California, I hereby certify that this invoice for services complies with all terms and conditions referenced in the Agreement with San Mateo County.

Executed at San Mateo California, on May 28 20 20

Signed _____ Title Executive Director

Agency Peninsula Conflict Resolution Center

*** END OF EXHIBIT B4 ***

ATTACHMENT B4 - DELIVERABLES PAYMENT
PENINSULA CONFLICT RESOLUTION CENTER
FY 2018 - 2021

ACTIVITY	NUMBER YEAR 1	PRICE PER EVENT YEAR 1	TOTAL YEAR 1	NUMBER YEAR 2	PRICE PER EVENT YEAR 2	TOTAL YEAR 2	NUMBER YEAR 3	PRICE PER EVENT YEAR 3	TOTAL YEAR 3	TOTAL
COMMUNITY EDUCATION										
1. Attend local, regional, state and national conferences/trainings to learn evidence-based best practices for ATOD education (12 cannabis, 12 alcohol,12 opioids, 10 SDOH)	23	$500 attend $2,000 present	$11,500	23	$520 attend $2,080 present	$11,960	23	$541 attend $2,163 present	$12,443	$ 35,903
2. Work with community partners to update education curricula (2 cannabis, 2 alcohol, 2 opioids)	3	$500	$1,500	3	$520	$1,560	3	$541	$1,622	$ 4,682
3. Conduct outreach to at least thirty (30) organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Clubs, churches, community-based organizations, and YMCAs to conduct ATOD education presentations	1	$2,000	$2,000	1	$2,080	$2,080	1	$2,163	$2,163	$ 6,243
4. Conduct community presentations. (16 cannabis, 16 alcohol, 16 opioids)	24	$500	$12,000	24	$520	$12,480	24	$541	$12,979	$ 37,459
MERCHANT EDUCATION										
5. Work with a County-identified partner organization to research current business models, strategies, and modes of operation for delivery based retailers in San Mateo County serving the Central County. A report will include strategies on how to best engage retailers.	1	$5,000	$5,000	0	$5,200	$0	0	$5,408	$0	$ 5,000
6. Disseminate alcohol merchant education packets to seventy-five (75) alcohol retailers	25	$5,000 for 200	$1,875	26	$5,200 for 200	$2,028	26	$5,408	$2,109	$ 6,012
MEDIA EDUCATION										

7. Implement media education campaign to complement community education messages. (48 cannabis)	24	$200 social media $1,000 other media	$4,800	2	$1,040	$2,080	2	$1,082	$2,163	$ 9,043
POLICY ADVOCACY										
8. Identify potential kiosk locations (such as pharmacies and police departments) for drug disposal program.	2	$1,000	$2,000	2	$1,040	$2,080	2	$1,082	$2,163	$ 6,243
9. Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk for drug disposal program.	2	$5,000	$10,000	2	$5,200	$10,400	2	$5,408	$10,816	$ 31,216
10. Connect interested locations with Environmental Health Services to discuss next steps for kiosk installation	2	$2,000	$4,000	2	$2,080	$4,160	2	$2,163	$4,326	$ 12,486
OVERARCHING ACTIVITIES										
11. Youth Hallmark Event	1	$5,000	$5,000	1	$5,200	$5,200	1	$5,408	$5,408	$ 15,608
12. Recruit community members to participate in a countywide AOD prevention collaborative. Until the full launch of the countywide collaborative, meet with community members to oversee the AOD prevention work in the Central CSA.	60	$100 per community member recruited to attend per meeting	$6,000	60	$104 per community member recruited to attend dper meeting	$6,240	60	$108	$6,490	$ 18,730
13. Conduct at least monthly meetings with the youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning. Pre/post evaluation of program will be conducted	48	$500	$24;000	36	$520	$18,720	36	$541	$19,469	$ 62,189
14. Youth in the program will engage in AOD-prevention related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.	5	$500	$2,500	15	$520 for advocacy, $208 for social media post	$7,800	15	$541 for advocacy, $216 for social media post	$8,115	$ 18,415

15. Develop a curriculum and outreach plan for a Community Leadership Academy to train members of marginalized communities (ie immigrants, non-native English speakers, low-income individuals, etc.) with knowledge and skills to address health inequities and become advocates and leaders within their communities.	0	$0	$0	1	$5,000	$5,000	0	$0	$0	$ 5,000
16. Implement Community Leadership Training Academy	1	$2,000	$2,000	1	$2,080	$2,080	1	$2,163	$2,163	$ 6,243
17. Each Academy participant will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc. Secure contract monitor approval before implementing advocacy activity. $520 for advocacy, $208 for social media post.	20	$500	$10,000	20	$520	$10,400	20	$541	$10,816	$ 31,216
18. Meet with AOD contract monitor in person or by phone at least monthly to provide updates and seek assistance.	12	$100	$1,200	12	$104	$1,248	12	$108	$1,298	$ 3,746
19. Input into statewide database by the 5th of the month.	12	$200	$2,400	12	$208	$2,496	12	$216	$2,596	$ 7,492
20. Administrative functions which will be measured through the annual site visit: Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full $5,000; Option 2: If CAPs are needed, CAPs will be submitted within thirty (30) days of receipt of site visit outcomes (pays $2,500); AND completion of CAP activities within 60 days (or within timeline negotiated with contract monitor) pays $2,500.	1	$5,000	$5,000	1	$5,200	$5,200	1	$5,408	$5,408	$ 15,608
21. Attend monthly countywide meetings to coordinate AOD prevention strategies	12	$200	$2,400	12	$208	$2,496	12	$216	$2,596	$ 7,492

22.Colloetion of evalaution surveys for community education. Minimum 100 surveys collected.	N/A	N/A	N/A	100	$10	$1,000	100	$10	$1,040	$2,040
23. Communication and TA partnering with county evaluator.	N/A	N/A	N/A	5	$200	$1,000	5	$208	$1,040	$ 2,040
24. Submission of cultural humility plan by Sept. 30	N/A	N/A	N/A	1	$500	$500	1	$520	$520	$ 1,020
25. Submission of year-end report by July 30	N/A	N/A	N/A	1	$500	$500	1	$500	$520	$ 1,020
26. Other administrative deliverables as approved by monitor	N/A	N/A	N/A	varies	$5,000	$5,000	varies	$5,000	$5,000	$ 10,000
SOCIAL DETERMINANTS OF HEALTH (SDOH)										
22. Develop a report to justify addressing at least one (1) SDOH in your community	1	$2,000	$2,000	1	$5,200	$5,200	1	$5,408	$5,408	$ 12,608
23. Attend community meetings to build your organization's capacity to address the SDOH	8	$200	$1,600	8	$208	$1,664	8	$216	$1,731	$ 4,995
24. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community	5	$500	$2,500	5	$520	$2,600	5	$541	$2,704	$ 7,804
TOTAL			**$121,275**			**$133,172**			**$133,106**	**$ 387,553**

ATTACHMENT A4 – DELIVERABLE OPTIONS
PENINSULA CONFLICT RESOLUTION CENTER
FY 2018 – 2021

A. Community Education	**Documentation Required**
Attend local, regional, state and national conferences/trainings to learn evidence-based best practices for ATOD community education. Trainings attended should be approved by contract monitor. SDOH trainings cannot be claimed if included in ATOD-specific trainings claimed by contractor. Who should attend: • Program Coordinator • Program Director • Someone who will be directly involved in program delivery • Maximum two (2) attendees per training	Submit at least two (2) of the following for each participant: • Certificate(s) of completion • Training agenda • Training slides • Registration confirmation
Work with community partners to update education curricula. Curriculum developed for Year 2 will be different from curriculum developed in Year 1.	• Copy of curricula submitted
Conduct outreach to at least thirty (30) organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Club, churches, community-based organizations, and YMCA to conduct education presentation.	• Outreach plan with a list of organizations, dates, and outcomes of outreach
Community presentations. At least fifty percent (50%) of the presentations will be completed by the end of December 2018. Thereafter, contractor must complete at least twenty-five percent (25%) of the presentations within each of the remaining two (2) quarters. Any uncompleted presentations will not be allowed to be made up.	• Sign in sheets that include the date, location, topic, and at least twelve (12) participants in each presentation
B. Merchant Education	**Documentation Required**
Work with a County-identified partner organization to research current business models, strategies, and modes of operation for delivery based retailers in San Mateo County	• Documentation of collaboration with partner organization, dates of meetings, topics discussed, outcomes • Copy of report

serving the Central County. A report will include strategies on how to best engage retailers.	
Disseminate alcohol merchant education packets to seventy-five (75) alcohol retailers.	Submit both: • Copy of packet distributed • List of all merchants receiving education packets
C. Media Education	**Documentation Required**
Implement media education campaign to complement community education messages. At least fifty percent (50%) of the posts will be completed by the end of December 2018. Thereafter, contractor must complete at least twenty-five percent (25%) of the posts within each of the remaining two (2) quarters. Any uncompleted posts will not be allowed to be made up.	• Copy of social media post, including platform used and date posted
D. Policy Advocacy	**Documentation Required**
Opioids: Identify potential kiosk locations (such as pharmacies and police departments).	• List of feasible names and addresses of potential medication takeback kiosks, not to include locations with existing program
Opioids: Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk.	• Notes from meetings to include name, address, contact person, and outcomes of meetings
Opioids: Connect interested locations with Environmental Health Services (EHS) to discuss next steps for kiosk installation.	• Communications with EHS, and • Documentation of installation of kiosks (news releases, pictures), if applicable
E. Overarching	**Documentation Required**
Hallmark event. Contractor must provide contract monitor with proposed event theme format at least sixty (60) days prior to date of event. Proposed agenda must be submitted to contract monitor at least thirty (30) days before event.	Submit all: • Event publicity flyer • Pictures • Event program
Recruit community members to participate in a countywide AOD prevention collaborative. Until the full launch of the countywide collaborative, meet with community members to oversee the AOD prevention work in the Central CSA.	Submit all: • List of community members recruited for prevention collaborative. Contractor's staff do not qualify for this activity. • Agenda for meetings conducted/attended • Sign-in sheets for meetings conducted/attended

Conduct at least monthly meetings with youth program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning. An evaluation of the youth program will be conducted through a pre and/or post structure to determine the change in knowledge and skills related to AOD prevention. Contractor will provide contract monitor a copy of the survey tool to be used at least thirty (30) days before survey is implemented. For Year 1, at least a post survey will be conducted. For Year 2, a pre/post survey will be conducted.	Submit all: • Meeting agenda that includes dates, topics and meeting outcomes • Evaluation tool(s) used • Evaluation report
Each youth in the program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.	• Documentation of activity conducted by program participants
Develop a curriculum and outreach plan for a Community Leadership Academy to train members of marginalized communities (ie immigrants, non-native English speakers, low-income individuals, etc.) with knowledge and skills to address health inequities and become advocates and leaders within their communities.	Submit both items to contract monitor at least thirty (30) days before start of Community Leadership Training Academy • Copy of curriculum developed • Copy of outreach plan
Implement Community Leadership Training Academy. AOD Prevention presentations should be part of the implementation of the Academy but will not be claimed in the Community Education presentation component of the contract.	• Documentation of each Academy session conducted to include date, topics covered and participants present.
Each Academy participant will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc. Secure contract monitor approval before implementing advocacy activity.	• Documentation of activity conducted by Academy participants

Meet with AOD contract monitor in person or by phone monthly to provide updates or seek assistance	• Appointment schedule-calendar with date and time • Meeting notes
Input into statewide database by the 5th of the month • Detailed • Clear • Specific • Relevant	• Submission confirmation-with screen shot or document (dated)
Administrative functions which will be measured through the annual site visit: Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full $5,000; Option 2: If CAPs are needed, CAPs will be submitted within thirty (30) days of receipt of site visit outcomes (pays $2,500); AND completion of CAP activities within sixty (60) days (or within timeline negotiated with contract monitor) pays $2,500.	• Copy of completed site visit report • Evidence of completion of CAPs, if appropriate
Attend monthly countywide meetings to coordinate AOD prevention strategies.	• Meeting agenda
F. SDOH	**Documentation Required**
Develop a report to justify addressing at least one (1) Social Determinants of Health (SDOH) in your community.	• Copy of report
Attend community meetings to build your organization's capacity to address the SDOH.	Submit both: • Meeting agenda • Meeting minutes with list of participants present
Advocate for community and/or policy makers to address the SDOH in order to minimize AOD use in your community.	• Documentation of advocacy (picture of meeting with policymaker, meeting notes, etc.)