

**FIRST AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND YOUTH LEADERSHIP INSTITUTE**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 2022, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Youth Leadership Institute, 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, on December 7, 2021, the parties entered into an agreement for substance use disorder prevention services, tobacco prevention services, Help@Hand Outreach and Engagement services, and the Coastside Collaborative Co-Chair for the term July 1, 2021 through June 30, 2022, in an amount not to exceed \$562,267; and

WHEREAS, the parties wish to amend the agreement to increase the agreement amount by \$403,765 for a new maximum total amount not to exceed \$966,032 and extend the term of the agreement through June 30, 2023.

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

1. Section 4. Payments 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 A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall County's total fiscal obligation under this Agreement exceed NINE HUNDRED SIXTY-SIX THOUSAND THIRTY-TWO DOLLARS (\$966,032). County reserves the right to refuse payment to Contractor or disallow costs for any expenditure, as determined by County to be in conflict with the terms and conditions of this Agreement, outside the scope of work of this Agreement, when adequate supporting documentation is not presented or where prior approval was required but was either not requested or not granted.

The Contractor will submit invoices and monthly program reports to Behavioral Health and Recovery Services (BHRS) by the tenth (10th) of each month. Program performance data will be submitted in a timely, complete, accurate, and

verifiable manner using the BHRS approved reporting procedures. Invoices must reflect the provision of services and the usage of funds each month throughout the entire contract period. Refer to Exhibit B for specific fiscal requirements. Upon notification from BHRS, the Contractor must correct inaccurate invoices and corresponding reports in order to receive reimbursement. Corrections must be made within five (5) working days. Invoices submitted more than two (2) months past the month of service may not be reimbursed. Invoice(s) for June will be due by June 1st to facilitate timely payment.

2. Section 5. Term and Termination is amended to read as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2021 through June 30, 2023.

Sections A-F remain the same

3. Exhibit A is hereby deleted and replaced with Exhibit A1 attached hereto.
4. Exhibit B is hereby deleted and replaced with Exhibit B1 attached hereto.
5. All other terms and conditions of the agreement dated December 7, 2021, 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

CONTRACTOR NAME

Patricia Barahona Digitally signed by Patricia Barahona
Date: 2022.05.26 09:26:50 -07'00'

Contractor's Signature

Date: 5/26/22

EXHIBIT A1 – SERVICES
YOUTH LEADERSHIP INSTITUTE (YLI)
FY 2021 – 2023

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 B1, 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. Tobacco Prevention Services

1. Smoke Free Housing and Comprehensive Tobacco Retail Licensing (TRL)
 - a. In partnership with local elected officials and residents/associations, this project will promote youth/young adult leadership while supporting community-based tobacco-control education/advocacy. YLI will coordinate youth/young adults to work with jurisdiction(s) regarding smoke-free housing policy and/or flavored tobacco policy
 - b. In partnership with the San Mateo County Tobacco Prevention Program and the San Mateo County Tobacco Education Coalition, this project will promote and provide education on smoke-free multi-unit housing in jurisdictions that include, but are not limited to: Menlo Park, East Palo Alto, Colma, and/or Portola Valley.

- c. In partnership with the San Mateo County Tobacco Prevention Program and the San Mateo County Tobacco Education Coalition, this project will promote and provide education on flavored tobacco and/or comprehensive TRL in jurisdictions that include, but are not limited to: Burlingame.
- d. Contractor shall complete activities/events as described in Attachment C.1 and D.1

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.

1. Fiscal Year 2021-2022

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

a. Cannabis Prevention

- i. Community Education
 - a) Attend national, state, regional, and local conferences/trainings to learn evidence-based best practices for cannabis community education.
 - b) Provide Cannabis/Vaping Presentations
- ii. Policy Advocacy

Meet with local policymakers to educate about the impacts of cannabis and to gauge interest in policy options.

b. Alcohol Prevention

- i. Community Education
 - a) Attend national, state, regional, and local conferences/trainings to learn evidence-based best practices for alcohol community education.
 - b) Provide alcohol presentations.
- ii. Policy Advocacy

Meet with local policymakers to educate about the impacts of alcohol and gauge interest in policy options.

c. Opioids/Prescription Drug Prevention

i. Community Education

a) Attend local, regional, state, and national conferences/trainings to learn evidence-based established practices for Alcohol, Tobacco, or other Drugs (ATOD) education.

b) Provide up to ten (10) community education presentations on what opioids are and how they affect the body

ii. Media Education

a) Conduct five hundred (500) youth-led surveys of Half Moon Bay schools to help inform youth-informed focus groups (2). Conversations will be focused around opioid access and opioid prevention.

b) Disseminate flyers to advertise Med-Project prescription take-back locations and/or advertise the phone number receiving envelopes.

iii. Policy Advocacy

Meet with local policymakers to educate about the impacts of opioids and gauge interest in policy options.

d. Healthy Online Platforms for Everyone (HOPE) – Coordination Activities – Social Media

i. Adapt existing presentation templates and social media toolkit as needed throughout the campaign

ii. Conduct at least one (1) monthly meeting with the HOPE youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning.

iii. Hold quarterly General Coalition meetings to review and provide feedback on workgroup products.

iv. Hold two to three (2 – 3) monthly HOPE workgroup meetings to review and provide feedback on workgroup products.

v. Review & update (if necessary) strategic plan for the work of the HOPE coalition.

vi. Engage social media companies in protecting youth through education and advocacy efforts.

vii. Submit an abstract on HOPE to the American Public Health Association Annual Meeting.

e. Overarching Prevention Activities

- i. Conduct Hallmark Event that highlights work completed by Contractor during the fiscal year and/or provides AOD-related learning opportunities for the community.
- ii. Youth Leadership Engagement
 - a) Engage at least ten (10) Half Moon Bay High School youth in a youth leadership engagement program. This group will serve as the Friday Night Live Roadmap Chapter. A Roadmap Chapter engages youth, utilizing youth development principles and practices as a platform, to implement a Roadmap project process. The Roadmap is a guide that takes youth and adult partners through a strategic prevention framework implementation process. The project will focus on changing the environment around alcohol or other drugs.
 - b) Conduct at least monthly meetings with the Pilarcitos or Cunha youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning.
- iii. Social Determinants of Health (SDOH)
 - a) Attend community meetings (such as School Wellness Alliance meetings with school officials and County staff, nonprofit organizations and city collaboration meetings, etc.) to build your organization's capacity to address the SDOH (such as transportation, housing, immigration issues, etc.) with policy makers. Contractor will learn how SDOH connects to AOD use.
 - b) Advocate for community and/or policy makers to address the SDOH in order to minimize AOD use in your community.
- iv. Administrative Activities
 - a) Meet with AOD contract monitor in person or by phone at least monthly to provide updates and seek assistance.
 - b) Input summary of activities completed into statewide database by the 5th of the month.
 - c) Administrative functions which will be measured through the annual site visit.
 - d) Collect at least one hundred (100) evaluation surveys for community education presentations.
 - e) Communicate and partner for technical assistance with County Evaluator.
 - f) Submission of updated Cultural Humility Plan.
 - g) Submit End of Year Report.
 - h) Staff will attend monthly AOD All-County Prevention meetings.

- v. Crushing the Curve Activities (FY 2021-2022)
 - a) Assist with facilitating Crushing the Curve Youth Council
 - b) Provide stipends to San Mateo County Crushing the Curve Youth Council participants.
 - c) Any resources not expended in this section can be used in other sections with approval of their contract monitor.
 - vi. Check Planning Commission agendas countywide regularly for AOD-related agenda items. Notify AOD Coalition Coordinator of agenda items.
- f. Contractor shall complete monthly and annual deliverables as described in Attachment A.1.

2. Fiscal Year 2022-2023

Contractor shall provide the following prevention activities:

- a. Community Education
 - i. Conduct community education presentations for both youth and adults. (5 alcohol, 5 cannabis, and 5 opioids/prescription drugs presentation)
- b. Media
 - i. Attend Social Media Training by The Social Changery
 - ii. Create and implement social media/media campaigns on alcohol, cannabis, and opioids/prescription drugs after developing content calendars in alignment with training received by The Social Changery
 - iii. Increase audience reach in alignment with training received by The Social Changery
 - iv. Generate analytics report that includes audience reach and engagement. Analyze the report and write key findings/summary.
- c. Policy Advocacy
 - i. As appropriate, participate in regional, statewide, and national groups on prevention policy to learn about best practices and share lessons learned from local efforts. (2 alcohol, 2 cannabis)
 - ii. Meet with local policymakers to educate about the impacts of substance use and to gauge interest in considering policy options. (2 alcohol, 2 cannabis)
 - iii. Attend and speak during public comment on a substance-related issue which is affecting the community or when a substance-related issue is on a Board/City Council agenda (1 alcohol, 1 cannabis)
 - iv. Provide training to coalition members about policy advocacy strategies to minimize the impact of alcohol and cannabis.

- v. Coordinate community input into local policy processes. Examples: Coordinate people to speak at a City Council meeting on a specific agenda item and/or conduct a community survey. (1 alcohol, 1 cannabis)
- d. Engagement Groups
- i. Youth Group – Conduct at least monthly meetings with program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning. Provide technical assistance to youth to complete deliverable #12.
 - ii. Youth Group – 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 presentation, Public Service Announcements, letters to the editor, presentation at a City Council meeting, school board advocacy, etc. (Deliverable #12)
 - iii. Hallmark Event – Conduct an event for the community which highlights what the engagement groups have learned through the year & what projects they have completed. Include an educational component on mental health and AOD prevention to be presented by engagement groups or by guest speakers.
- e. Capacity Building and Administrative
- i. Attend national, state, and local conferences/trainings to learn evidence-based best practices for AOD education
 - ii. Present at American Public Health Association (APHA) Annual Meeting if abstract on HOPE is accepted
 - iii. Meeting Attendance – Attendance by lead staff at All County Prevention Monthly Meeting (12 meetings total)
 - iv. Lead staff check-in with County Contract Monitor
 - v. Communication & technical assistance partnering with County evaluator (Approximately 2/year)
 - vi. Entry of PPSDS data into system by the 5th of the month (12 months of data entry)
 - vii. Site Visit
 - viii. Submission of Cultural Humility Plan – Deadline of September 30th
 - ix. Submission of end of year report – Deadline of July 30th
 - x. Collection of evaluation surveys for community education presentations
- f. Healthy Online Platforms for Everyone (HOPE)
- i. Adapt existing presentation templates and social media toolkit as needed throughout the campaign

- ii. Conduct 24 meetings with the 10 HOPE youth coalition participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning. Include stipends for youth who provide a function to the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc.
- iii. Hold quarterly General Coalition meetings to review and provide feedback on workgroup products.
- iv. Hold HOPE workgroup (media, policy, outreach) meetings to develop workgroup products.
- v. Develop HOPE website and provide 12 months of ongoing maintenance.
- vi. Create and implement 6 multi-media segments to amplify the HOPE campaign. Feature segments on campaign website.
- vii. Review & update (if necessary) strategic plan for the work of the HOPE Coalition.
- viii. Engage social media companies in protecting youth through education and advocacy efforts. Engagement may take the form of virtual or in-person meetings, emails, and/or phone calls with social media companies. A log of engagement efforts will be maintained.
- ix. Submit an abstract on HOPE to the American Public Health Association Annual Meeting
- x. Disseminate and maintain HOPE quarterly newsletter
- xi. Conduct community presentations and outreach on HOPE campaign

g. Other

Conduct additional activities as negotiated with Contract Monitor

C. Help@Hand Peer-led Outreach and Engagement – Innovation – FY 21-22

The Help@Hand (formerly Tech Suite) project is complimentary support for behavioral health that offers a bridge to care, helps identify early warning signs of behavioral health needs, offers timely support if needed, requires less effort and removes some barriers a consumer or family may face when seeking conventional behavioral health or wellbeing services.

The goal of Help@Hand Peer-led Outreach and Engagement is to support transition aged youth (TAY) in the use of Help@Hand web-based solutions (including applications or “apps”) to engage, educate and provide access to behavioral health services when needed, especially for those who struggle connecting with traditional in-person supports or may need additional supports.

These goals will be achieved by conducting broad culturally appropriate outreach, promoting the use of the Help@Hand web-based solution(s) and guiding and supporting users, including providing linkages to in-person services as needed.

1. Target Populations

The target population for these services includes transition aged youth (ages 15-25) throughout San Mateo County who may be struggling to connect with traditional in-person behavioral health supports or may need additional supports.

2. Services to be Provided

Administrative and program management services will be provided to conduct the outreach and engagement for the Help@Hand. Services include staff recruitment, training and supervision, community outreach and engagement, participation in the statewide County Help@Hand Collaborative, and data collection.

a. Staffing

- i. 1.0 FTE Peer Program Specialist to coordinate the outreach and engagement, support services, and other contract activities.
- ii. Identify 1.0 FTE Peer Outreach Worker(s) "Help@Hand Ambassadors" to conduct outreach and engagement of youth with the web-based solutions.
- iii. Contractor shall recruit staff who give the program the broadest ethnic/cultural and linguistic coverage possible.
- iv. Contractor shall provide administrative, supervisory, and training services necessary to oversee this program.

b. Train new Peer Program Specialist and Peer Outreach Workers. Each Peer Program Specialist and Help@Hand Ambassador hired by the contractor is required to:

- i. Attend a BHRS-sponsored training with the Help@Hand vendors to learn about the web-based solutions, understand how to use the features and build capacity to teach others about the Help@Hand web-based solution(s), including providers.
- ii. Attend eight (8) hours of BHRS-sponsored training on peer advocacy, peer ambassador skill development and/or other trainings by/from peers.

- c. Provide outreach and engagement services focused on encouraging community members to use the Help@Hand web-based solution(s). This will include:
 - i. Identify strategic access points to reach individuals who may be struggling to connect with traditional in-person supports, e.g., primary care health providers, faith-based organizations, grocery/convenient stores, community colleges, schools, peer mentors, case managers, youth services and other key stake holders than can support outreach.
 - ii. Conduct education and outreach to encourage use of the Help@Hand web-based solution(s) for both piloting and implementation phases of the project.
 - iii. Develop and/or tailor outreach and educational materials about the Help@Hand web-based solution(s) to meet specific target population interest or needs.
 - iv. Assist in training BHRS staff and community partners in how to access the Help@Hand web-based solution(s), specifically bringing the peer perspective to the benefits of empowerment, self-management and self-care to clients' recovery.
 - v. Utilize, review and understand each behavioral health web-based solutions in order to effectively support individuals on the effective use of the technology, e.g., in the peer chat feature, users can change their peer listeners to find someone they feel the most comfortable with.
 - vi. Guide and support potential users: start with listening, help them sign up, show them how to access any relevant features (chats, self-care exercises, growth paths, etc.), explore questions and reinforce that the program is augmentative and does not replace treatment or face-to-face interactions with behavioral health providers.
 - vii. Refer and support potential users with accessing in-person services as needed such as connecting community members and clients/consumers with helpful resources like WRAP, personalized outreach and/or transit options as needed. This is in addition to using the web-based solutions.
- d. Gather end-user input and feedback on ease of use, content relevance, and personal benefit of the web-based solutions and offer recommendations for improvement.

- e. Participate in the Help@Hand Advisory Committee. BHRS Office of Diversity and Equity will convene and facilitate a Help@Hand Advisory Committee. The purpose of the Committee is to have a forum for members to provide input and oversight of the Help@Hand project.

The Contractor will collaborate with BHRS and the Help@Hand Advisory Committee. Contractor participation in the Help@Hand Advisory Committee will:

- i. Encourage representation from their target communities in the Help@Hand Advisory Committee.
 - ii. Prepare and support peers interested in participating in the Help@Hand Advisory Committee.
 - iii. Help@Hand Advisory Committee members may:
 - 1) Provide input and feedback related to the design and customization of the Help@Hand web-based solution(s), e.g., making the online images and language culturally appropriate, having relevant Personal Wellness Avatar interventions offered to consumers on an ongoing basis.
 - 2) Recommend additional features to prioritize for the target communities, e.g., for youth in crisis, the capacity to identify and show on a local map, safe places for youth to go when in need;
 - 3) Provide input on implementation, user experience and support services; and
 - 4) Provide input and review evaluation activities.
- f. Throughout the duration of this contract the contractor will participate in ongoing collaborations with the statewide County Help@Hand Collaborative, this may include:
 - i. Attendance on monthly statewide peer calls and
 - ii. Attendance on County and collaborative calls as needed.
 - iii. Provide guidance regarding peer role standards and assurance that peer voice is represented at all levels of the project.

3. Outcomes

- a. Provide fifty thousand (50,000) 'Impressions' of people learning about the Help@Hand web-based solution(s).

- b. Train five (5) Community Based Organizations to become Technology Ambassadors to provide Help@Hand supports and serve as a referral source.
- c. Provide twenty (20) live presentations and trainings in the community.
- d. Contractor shall sign up one hundred fifty (150) transition aged youth for the Help@Hand web-based solution(s) (based on technology analytics) and provide demographic data.
- e. Develop educational materials about the Help@Hand web-based solution(s) to specific target populations.

4. Data Collection

Contractor will track clients, demographics, outreach and engagement conducted and collect and report the following data quarterly throughout the life of the contract and in a final report.

- a. Number and demographics of individuals meaningfully engaged;
- b. Total number of 'impressions' of people learning about the Help@Hand web-based solution(s);
- c. Total number of community partners trained;
- d. Description and number of activities, presentations, group or community outreach events held;
- e. Total number of people attended each activity, group or presentation;
- f. Total number of people assisted in signing up for the Help@Hand web-based solution(s);
- g. Implementation success and challenges; and
- h. Clients' stories, with appropriate consent include pictures and/or quotes from the client.

5. Evaluation

Contractor will participate and facilitate evaluation activities as determined by BHRS. Data sources to support the evaluation may include:

- a. Participant Survey: The County may gather quantitative data through surveys on the Help@Hand web-based solution(s) that invite clients/consumers to rate their wellness and recovery.
- b. Focus Groups and Interviews: The County may gather qualitative data through a process of interviews and focus groups with the target populations about their experience using the web-based solution(s) and their perspective on the extent to which they engaged in the web-based solution(s) and whether it supported their wellness and recovery, access to both in-person and online services and to understand the level of engagement of the target participants due to the participation.
- c. Help@Hand Usage Data: Evaluation data will be gathered about who is engaging in the Help@Hand web-based solution(s) and their level of engagement to understand how the technology is engaging target participants.

D. Help@Hand Youth Outreach and Engagement – Sustainability - FY 22-23

The Help@Hand Youth Outreach and Engagement supports transition aged youth (TAY) in the use of Help@Hand tech-based solutions (including applications or “apps”) to engage, educate and provide access to behavioral health services when needed, especially for those who struggle connecting with traditional in-person supports or may need additional supports.

1. Target Populations

The target population for these services includes transition aged youth (ages 15-25) throughout San Mateo County who may be struggling to connect with traditional in-person behavioral health supports or may need additional supports.

2. Services to be Provided

Administrative and program management services will be provided to conduct the outreach and engagement for Help@Hand. Services include staff recruitment, training and supervision, culturally-

responsive community outreach and engagement and data collection.

a. Staffing

- i. 1.0 FTE Peer Program Specialist to coordinate the outreach and engagement, support services, and other contract activities.
- iii. Contractor shall recruit staff who give the program the broadest ethnic/cultural and linguistic coverage possible.
- iv. Contractor shall provide administrative, supervisory, and training services necessary to oversee this program.

b. Outreach and Engagement

- i. Engage up to ten (10) youth Help@Hand Ambassadors to promote Help@Hand and help engage other youth in use of the tech-based solutions.
- ii. Conduct up to twenty (20) presentations to community partners (schools, organizations, other groups with direct access to youth).
- iii. Identify strategic access points to reach individuals who may be struggling to connect with traditional in-person supports, e.g., primary care health providers, faith-based organizations, grocery/convenient stores, community colleges, schools, peer mentors, case managers, youth services and other key stake holders than can support outreach.
- iv. Develop and/or tailor outreach and educational materials about the Help@Hand tech-based solution(s) to meet specific target population interest or needs.
- v. Conduct education and outreach via posts on Social Media and other web-based venues.
- vi. Organize events (i.e., youth gatherings, parties) to support launch, onboarding and utilization of tech-based solutions including, demonstrations of relevant features (chats, self-care exercises, journaling, etc.)
- viii. Refer and support potential users with accessing in-person services as needed such as connecting community members and clients/consumers with helpful resources like WRAP, personalized outreach and/or transit options as needed. This is in addition to using the tech-based solutions.

- c. Quarterly Help@Hand Advisory Committee
 - i. Participate in the Quarterly Help@Hand Advisory Committee, which will be convened and facilitated by the BHRS Office of Diversity and Equity.
 - ii. Provide updates to Help@Hand Advisory Committee members regarding youth-focused outreach, activities, outcomes and learnings.
- d. Ongoing Communication
 - i. Participate in bi-monthly implementation check-in meetings with the BHRS project lead.

3. Data Collection and Reporting

Contractor will track, collect and report the following data monthly to be submitted along with invoices for approval.

- a. Number of youths engaged as ambassadors, participants in events and presentations, outreach contacts, etc.;
- b. Description and number of activities, presentations, group or community outreach events held;

4. Evaluation

Contractor will support evaluation activities form an independent evaluation consultant as determined by BHRS. Data sources to support the evaluation may include:

- a. Participant Survey: BHRS may gather data through surveys that invite clients/consumers to rate their wellness and recovery and experiences using the tech-based solutions.
- b. Focus Groups and Interviews: BHRS may gather qualitative data through a process of interviews and focus groups with youth about their experience using the tech-based solutions, whether it supported their wellness and recovery, access to both in-person and online services and to understand the level of engagement.
- c. Help@Hand Usage Data: anonymous, aggregate data will be gathered directly from the technology providers about who is engaging in the Help@Hand tech-based solution(s) and their level of engagement.

- d. Successes, Challenges, Stories: BHRS may request implementation success and challenges; and youth stories, with appropriate consent including pictures and/or quotes from youth.

E. Coastside Collaborative Co-Chair

Contractor shall designate a Co-Chairman of the Coastside Collaborative, which targets a broad community network with the intention to strengthen service collaboration, coordination and integration in the Coastside region of San Mateo County.

The Co-chair will share equal responsibility with another co-chair from the new Coastside Multicultural Wellness Center. The co-chair shall be responsible for, but not limited to the following:

1. Monthly Meeting
 - a. Plan, host and facilitate meetings and relevant materials; produce an agenda; take minutes, collect sign-in sheets, and inform participants about monthly meetings.
 - b. Documentation of activities will be saved and submitted along with monthly invoices to the BHRS manager.
2. In collaboration with Coastside Collaborative participants, identify priorities/goals for the collaborative that includes but not limited to:
 - a. Promoting youth-focused and community capacity building activities to the Coastside region; and
 - b. An advisory role for the new Coastside Multicultural Wellness Center.
3. Coordinate with the BHRS Office of Consumer and Family Affairs to support and stipend clients and family members participation in the meetings.
4. Monthly reports to BHRS shall include the following:
 - a. Meeting agendas, minutes, sign-in sheets and any other relevant documentation.

F. Health Order Compliance

1. Health Order Compliance Requirements

Contractor shall comply with all current health orders issued by the State Department of Health and the County Health Officer until such orders are lifted or deemed no longer necessary for health reasons by the State Department of Health and/or the San Mateo County Health Officer. Current health orders can be found at: <https://covid19.ca.gov/> and at <https://covid19.ca.gov/safer-economy/> for statewide information and at: <https://www.smchealth.org/health-officer-updates/orders-health-officer-quarantine-isolation> for County information.

At a minimum, Contractor will ensure the following:

- a. All clients, staff and volunteers are required to wear face coverings, exceptions can be made for the children served as allowed under state and County health guidelines.
- b. Contractor will create and implement protocols for personal protective equipment (PPE) use, handwashing, isolation for clients who test positive for COVID-19, and visitor protocols (if allowed under the current health order and in compliance with health order requirements (mass testing, which can be met by participating in the BHRS Surveillance Program)).
- c. The requirements and protocols mentioned in items a and b above, as well as all the identified strategies related to the pandemic, should be organized into a basic COVID-19 Plan. The plan should identify what impacts and hazards the pandemic poses for your organization, your response to mitigate these impacts and hazards, thresholds that balance workforce location between telework to in office to face to face services for clients, for example. This simple, living document, should reflect what is important to your organization and how you will manage during the pandemic.

2. Service Delivery During Health Order Restrictions

Contractor will create and implement alternate options for service delivery; such as using the telephone and/or online sessions via a virtual platform (such as Zoom, Teams, etc.), in the event that services cannot be performed face-to-face. The virtual platform selected by the Contractor must have security protocols that ensure health information, and the identity of clients is protected.

In the event that the Contractor cannot transition from face-to-face services to a virtual format, or other contracted work cannot be performed, Contractor will notify the BHRS Program Manager to develop alternatives to providing deliverables and/or cancelation of services if a solution cannot be reached. In the event that services are canceled or cannot be performed, funding shall be reduced commiserate with the reduction of services.

II. ADMINSTRATIVE REQUIREMENTS

A. Disaster and Emergency Response Plans

CONTRACTOR will develop and maintain a Disaster and Emergency Response Plan ("Emergency Plan") that includes all of the elements set forth in this Section, as well as any additional elements reasonably requested by the County. The Emergency Plan will also include site-Specific emergency response plan(s) for each of the sites at which CONTRACTOR provides services pursuant to this Agreement ("Site Plans"). The Emergency Plan and associated Site Plans will address CONTRACTOR preparations to effectively respond in the immediate aftermath of a national, state or local disaster or emergency ("Emergency Response") and plans for the ongoing continuation of Services under the Agreement during and after a disaster or emergency ("Continuity of Operations").

CONTRACTOR shall submit the Emergency Plan to the County within ninety (90) days after the beginning of the Term of the Agreement and no later than September 30th. The Emergency Plan will follow the template provided in Attachment T: Sample Template for Disaster and Emergency Response Plan as a guide when developing the plan, adding any categories or items as needed for the Contractor's unique situation. The submitted Emergency Plan will be subject to the reasonable approval of the County. CONTRACTOR shall respond reasonably promptly to any comments or requests for revisions that the County provides to CONTRACTOR regarding the Emergency Plan. CONTRACTOR will update the Emergency Plan and associated Site Plans as circumstances warrant and shall provide County with copies of such updated plans. CONTRACTOR shall train employees on the Emergency Plan and the Emergency Plan will include a description of how employees will be trained.

The Emergency Plan will indicate, in as much detail as reasonably possible, the categories of additional staff, supplies, and services that CONTRACTOR projects would be necessary for effective Emergency Response and Continuity of Operations and the costs that the

CONTRACTOR projects it would incur for such additional staff, supplies and services. CONTRACTOR shall recognize and adhere to the disaster medical health emergency operations structure, including cooperating with, and following direction provided by, the County's Medical Health Operational Area Coordinator (MHOAC). In the event that the CONTRACTOR is required to implement the Emergency Plan during the term of the Agreement, the parties will confer in good faith regarding the additional staff, supplies and services needed to ensure Emergency Response and/or Continuity of Operations owing to the particular nature of the emergency, as well as whether the circumstances warrant additional compensation by the County for additional staff, supplies and services needed for such Emergency Response and/or Continuity of Operations. CONTRACTOR shall reasonably cooperate with the County in complying with processes and requirements that may be imposed by State and Federal agencies (including, but not limited to the California Governor's Office of Emergency Services and the Federal Emergency Management Agency) in connection with reimbursement for emergency/disaster related expenditures.

In a declared national, state or local disaster or emergency, CONTRACTOR and its employees will be expected to perform services as set forth in the Agreement, including in the area of Emergency Response and Continuity of Operations, as set forth in the Emergency Plan and each Site Plan. CONTRACTOR shall ensure that all of its employees are notified, in writing, that they will be expected to perform services consistent with the Emergency Plan and each Site Plan.

B. 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.

C. 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 ode@smcgov.org to plan for appropriate technical assistance.

D. LMS Training

Contractor will complete and maintain a record of annual required trainings. The following trainings must be completed on an initial and then annual basis:

- a. BHRS Annual Compliance Bundle which includes:
 - i. Confidentiality
 - ii. Compliance
 - iii. Fraud, Waste, & Abuse Training for BHRS
 - iv. Incident Reporting
- b. Cultural Humility

Trainings may be offered through the County's Learning Management System (LMS) located at:

https://sanmateocounty.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67. Contractor must register on the LMS site to access the training modules. The link to register for a LMS new account is:
<https://sanmateocounty.csod.com/selfreg/register.aspx?c=bhrscp01>

Proof of training, such as certificate of completion, may be requested at any time during the term agreement.

E. Mandated Reporter Training

California Assembly Bill 506, passed in September 2021, requires administrators, employees, and regular volunteers of youth service organizations to complete training in child abuse and neglect identification and reporting. As such, contractor will complete and maintain a record of the required training. This training must be completed every two years.

Training is offered for free at <https://mandatedreporterca.com/>.

Proof of training, such as certificate of completion, may be requested at any time during the term agreement.

III. GOALS AND OBJECTIVES

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

A. Tobacco Prevention

Goal: Increase the number of smoke-free multi-unit housing units in San Mateo County.

Objective: In partnership with local elected officials and housing residents/associations, at least one (1) jurisdiction will consider a smoke-free multi-unit housing policy.

B. Prevention Education and Collaboration

Goal: Increase community awareness and education of the harms of alcohol and other drug use.

Objective: Ninety percent (90%) of identified activities and deliverables will be completed annually as referenced in Attachment A.1.

C. Peer-led Outreach and Engagement for Behavioral Health Technology Interventions

Goal: To support transition aged youth in the use of the Help@Hand tech-based solution(s) aimed to engage, educate and provide access to behavioral health services and supports

Objective 1: Engage up to ten (10) youth Help@Hand Ambassadors to promote Help@Hand and help engage other youth in use of the tech-based solutions.

Objective 2: Conduct up to twenty (20) live presentations and trainings in the community.

*** END OF EXHIBIT A1 ***

EXHIBIT B1 – PAYMENTS AND RATES
YOUTH LEADERSHIP INSTITUTE
FY 2021 – 2023

In consideration of the services provided by Contractor in Exhibit A1, 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 4 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 NINE HUNDRED SIXTY-SIX THOUSAND THIRTY-TWO DOLLARS (\$966,032).

B. Tobacco Prevention Services

1. FY 21-22

The total amount County shall be obligated to pay Contractor for tobacco prevention services shall not exceed FORTY-THREE THOUSAND NINE HUNDRED SEVENTEEN DOLLARS (\$43,917) for the term of the agreement. Contractor will provide services described in Attachment C.1 in column "Major Activities," and will invoice County per amount described in Attachment C.1 column "Payment Per Event" upon completion of each major activity, and County will remit payment

2. FY 22-23

The total amount County shall be obligated to pay Contractor for tobacco prevention services shall not exceed FIFTY THOUSAND TWO HUNDRED EIGHTY-EIGHT DOLLARS (\$50,288) for the term of the agreement. Contractor will provide services described in Attachment D.1 in column "Major Activities," and will invoice County per amount described in Attachment D.1 column "Payment Per Event" upon completion of each major activity, and County will remit payment

C. AOD Prevention

1. FY 21-22

The total amount County shall be obligated to pay Contractor for Prevention Education and Collaboration services shall not exceed TWO HUNDRED FIFTEEN THOUSAND NINE HUNDRED EIGHTEEN DOLLARS (\$215,918).

2. FY 22-23

The total amount County shall be obligated to pay Contractor for Prevention Education and Collaboration services shall not exceed ONE HUNDRED EIGHTY-FIVE THOUSAND DOLLARS (\$185,000).

3. Performance Requirements

Contractor will invoice for completed activities based on Price per Event costs outlined in Attachment A.1 and B.1– Deliverable Payments. Adequate supporting documents will be submitted as stipulated in the Documents column of Attachment A.1 and B.1 Deliverable Options. County and Contractor agree, in the event that Contractor fails to complete the deliverables as described in Attachments A.1 and B.1 – Deliverables Payment to the satisfaction of the County, Contractor shall invoice monthly for deliverables completed during the previous month.

2. 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 Attachments A.1 and B.1 –Deliverables Payment.
 - a. Contractor will provide the deliverables described in the approved Activities column.
 - b. Contractor will review the Major Activities/deliverables completed in the Work Plan with the BHRS AOD Contract Monitor on a monthly 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 expected 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. Help@Hand Peer-led Outreach and Engagement

The total amount County shall be obligation to pay Contractor for Help@Hand Peer-led Outreach and Engagement shall not exceed FOUR HUNDRED FIFTY THOUSAND DOLLARS (\$450,000) for the term of the agreement.

1. For the term, July 1, 2021 through June 30, 2022, the total amount County shall be obligation to pay Contractor for Help@Hand Outreach services, shall not exceed THREE HUNDRED THOUSAND DOLLARS (\$300,000).
2. Contractor shall be reimbursed the full cost of providing services described in Section I of Exhibit A1. Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the following budget:

1. Personnel Expenditures	
• Personnel	\$161,875.94
• Benefits & Payroll Expenses (27%)	\$43,706.50
Total Payroll and Benefits	\$205,582.44
2. Operating Expenditures	
• Facilities, Equipment & Telecom	\$18,403.00
• 1099 3rd Party	\$22,500.00
• Program & Other Supplies	\$11,830.00
• Meetings & Conferences	\$1,500.00
• Travel & Related Expenses	\$1,504.00
• Indirect (15%)	\$39,130.23
Total Operating	\$94,417.43
GRAND TOTAL	\$300,000

3. For the term, July 1, 2022 through June 30, 2023, the total amount County shall be obligation to pay Contractor for Help@Hand Outreach services, shall not exceed ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000).

4. Contractor shall be reimbursed the full cost of providing services described in Section I of Exhibit A1. Contractor shall bill the County on the 10th workday of the month clearly itemizing expenditures and services delivered the previous month as per the following budget:

1. Personnel Expenditures	
• Salaries and wages	\$35,713
• Fringe Benefits (25%)	\$8,928
Total Payroll and Benefits	\$44,641
2. Operating Expenditures	
• Apps Software	\$900
• Communications	\$3840
• Occupancy	\$10,929
• Stipends	\$41,000
• Program Hospitality Food/Bev	\$4,000
• Program Supplies	\$4,000
• Office Supplies	\$500
• Staff Training & Professional Development	\$8,000
• Conference Workshop & Fees	\$1,500
• Travel	\$10,000
• Indirect expenses at 16%	\$20,690
Total Operating	\$105,359
GRAND TOTAL	\$150,000

E. Coastside Collaborative Co-Chair

The total amount County shall be obligation to pay Contractor for Collaborative Co-Chair services shall not exceed TWENTY THOUSAND NINE HUNDRED NINE DOLLARS (\$20,909) for the term of the agreement.

1. FY 21-22
 - a. Contractor shall be paid a maximum obligation of TEN THOUSAND THREE HUNDRED DOLLARS (\$10,300) to serve as the Coastside Collaborative Co-Chair for the one-year term.
 - b. The monthly rate of payment by the County to Contractor shall be one twelfth (1/12th) of the maximum amount per month or EIGHT HUNDRED FIFTY-EIGHT DOLLARS AND THIRTY-THREE CENTS (\$858.33).

2. FY 22-23

- a. Contractor shall be paid a maximum obligation of TEN THOUSAND SIX HUNDRED NINE DOLLARS (\$10,609) to serve as the Coastside Collaborative Co-Chair for the one-year term.
 - b. The monthly rate of payment by the County to Contractor shall be one twelfth (1/12th) of the maximum amount per month or EIGHT HUNDRED EIGHTY-FOUR DOLLARS AND EIGHT CENTS (\$884.08).
- F. Contractor will be responsible for all expenses incurred during the performance of services rendered under this Agreement.
- G. Modifications to the allocations in Paragraph A of this Exhibit B1 may be approved by the Chief of San Mateo County Health or designee, subject to the maximum amount set forth in Paragraph 4 of this Agreement.
- H. 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.
- I. 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.
- J. In the event this Agreement is terminated prior to June 30, 2023, 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.
- K. 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 PPSDS data submission requirements.

Invoices and reports for AOD Prevention are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
CHPU: Francesca Lomotan
310 Harbor Blvd., Building E
Belmont, CA 94002
FLomotan@smcgov.org

Invoices and reports for Tobacco Prevention Services are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
CHPU: Francesca Lomotan
310 Harbor Blvd., Building E
Belmont, CA 94002
FLomotan@smcgov.org

Invoices and reports for the Help@Hand Peer-led Outreach and Engagement and the Coastside Collaborative Co-Chair are to be sent to:

County of San Mateo
Behavioral Health and Recovery Services
Attn: Doris Estremera
destremera@smcgov.org

- L. 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.

- M. County May Withhold

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, to review the Work Plan, documentation, and billing reports and to take appropriate corrective action, as needed, to resolve any discrepancies.

N. 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.

O. Claims Certification and Program Integrity

Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A1 of this Agreement, Contractor shall certify by signature that the claim is true and accurate by stating the claim is submitted under the penalty of perjury under the laws of the State of California.

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

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

Executed at _____ California, on _____ 20__

Signed _____ Title _____

Agency _____"

*** END OF EXHIBIT B1 ***

ATTACHMENT A.1 – ACCEPTABLE DELIVERABLES
YOUTH LEADERSHIP INSTITUTE
FY 2021 – 2022

Community Education	Documentation Required
1. Attend local, regional, state, and national conferences/trainings to learn evidence-based best practices for ATOD education.	Submit at least 2 of the following for each participant: <ul style="list-style-type: none"> • Certificate(s) of completion • Training agenda • Training slides • Registration confirmation
2. Conduct community presentations. This year will focus primarily on opioids and cannabis/vaping.	<ul style="list-style-type: none"> • Sign in sheets that show date, location, topic, at least 12 participants in each presentation
Healthy Online Platforms for Everyone – Coordination Activities – Social Media	Documentation Required
3. Adapt existing presentation templates and social media toolkit as needed throughout the campaign.	<ul style="list-style-type: none"> • Copy of updated presentation template and social media toolkit
4. Conduct at least 1 monthly meetings with the HOPE youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning. This activity will be different from Activity 15 and with different groups of youth from Activity 15. Year 4 to include stipends for youth who provide a function to the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc. Youth will be compensated \$3,850 for 10 youth for 11-month program meeting twice per month.	<ul style="list-style-type: none"> • Sign-in sheets • Meeting notes including date meeting was held, participants, and meeting outcomes • Check requests for youth stipends
5. Hold quarterly General Coalition meetings to review and provide feedback on workgroup products.	<ul style="list-style-type: none"> • Sign-in sheets • Meeting notes including date meeting was held, participants, and meeting outcomes
6. Hold 2-3 monthly HOPE workgroup meetings to review and provide feedback on workgroup products. Will not exceed total of 24.	<ul style="list-style-type: none"> • Sign-in sheets • Meeting notes including date meeting was held, participants, and meeting outcomes
7. Review & update (if necessary) strategic plan for the work of the HOPE coalition.	<ul style="list-style-type: none"> • Copy of strategic plan

8. Engage social media companies in protecting youth through education and advocacy efforts	<ul style="list-style-type: none"> Record of advocacy efforts
9. Submit an abstract on HOPE to the American Public Health Association Annual Meeting	<ul style="list-style-type: none"> Submission confirmation Copy of abstract submitted
Media Education/Opioids	Documentation Required
10. Conduct youth-led surveys (500) of Half Moon Bay schools to help inform youth-informed (2) focus groups. Conversations will be focused around opioid access and opioid prevention. 1 youth survey (500 surveys) for \$2,500. 2 youth focus groups (8-10 people in each) - \$10,000 (\$5,000 each). Report out (report, recording, infographics, etc.). Incentives - \$700 (20 gift cards for participants, \$25 each, total of \$500, snacks \$200)	<ul style="list-style-type: none"> Survey report Focus groups report Infographics Receipts for snacks and gift cards
11. Disseminate flyers to advertise Med-Project prescription take-back locations and/or advertise the phone number receiving envelopes (100 flyers/\$208)	<ul style="list-style-type: none"> Dissemination/Advertisement log
Policy Advocacy	Documentation Required
12. Meet with at least 2 local policymakers to educate about the impacts of substances including opioids, cannabis, and alcohol, and gauge interest in policy options.	<ul style="list-style-type: none"> List of policymakers, dates, topics discussed, and outcomes of contact
13. Check Planning Commission agendas countywide regularly for AOD-related agenda items. Notify AOD Coalition Coordinator of agenda items.	<ul style="list-style-type: none"> Copies of emails to AOD Coalition Coordinator
Overarching Activities	Documentation Required
14. Conduct Hallmark event	<ul style="list-style-type: none"> Outreach flyer for event Pictures of event Event agenda
15. Engage at least 10 Half Moon Bay HS youth in a youth leadership engagement program. This group will serve as the Friday Night Live (FNL) Roadmap Chapter, follow FNL principles of youth leadership, and implement activities as stipulated in FNL statewide guidelines. The additional \$10,148 for FY 21/22 is due to COLA and payment for youth stipends and will not be paid for with FNL funding. FNL funding maximum per year is \$30,000. FY 21/22 to include stipends for youth who provide a	<ul style="list-style-type: none"> List of youth involved in FNL Roadmap Chapter Documentation of activities conducted by group (flyers, agenda, notes, etc.) Annual FNL outcome report Check requests for youth stipends

function to the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc.). Youth will be compensated \$7,700 for 10 youth for 11-month program meeting four times per month.	
16. Conduct at least monthly meetings with the Pilarcitos or Cunha youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning. This activity will be different from Activity 15 above and with different groups of youth from Activity 15. FY 21/22 to include stipends for youth who provide a function to the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc.). Youth will be compensated \$7,700 for 10 youth for 11-month program meeting four times per month.	<ul style="list-style-type: none"> Meeting agenda with dates, topics, and meeting outcomes Check requests for youth stipends
Social Determinants of Health	Documentation Required
17. Attend community meetings to build your organization's capacity to address the SDOH.	<ul style="list-style-type: none"> Meeting agenda Meeting minutes with list of participants present
18. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community.	<ul style="list-style-type: none"> Documentation of advocacy (picture of meeting with policymaker, meeting notes, etc.)
Administrative Items	Documentation Required
19. Meet with AOD contract monitor in person or by phone at least monthly to provide updates and seek assistance.	<ul style="list-style-type: none"> Meeting notes
20. Input into statewide database by the 5 th of the month.	<ul style="list-style-type: none"> Screenshots of data entered
21. 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 \$5,408 Option 2: If CAPs are needed, CAPs will be submitted within thirty (30) days of receipt of	<ul style="list-style-type: none"> Copy of completed site visit report Evidence of completion of CAPs, if appropriate

site visit outcomes (pays \$2,704); AND completion of CAP activities within sixty (60) days (or within timeline negotiated with contract monitor) pays \$2,704.	
22. Evaluation: Collection of at least 100 evaluation surveys for community education presentations.	<ul style="list-style-type: none"> • Copies of evaluations • Evaluation report
23. Evaluation: Communication & TA partnering with County Evaluator	<ul style="list-style-type: none"> • List of meeting dates with duration and topics covered
24. Reporting: Submission of updated Cultural Humility Plan – Deadline of September 30 th each year	<ul style="list-style-type: none"> • Copy of plan
25. Reporting: Submission of End of Year Report – Deadline of July 30 th each year	<ul style="list-style-type: none"> • Copy of report
26. YLI staff will attend monthly AOD All-County Prevention meetings.	<ul style="list-style-type: none"> • Meeting notes
Crushing the Curve	Documentation Required
27. Assist with facilitating the Crushing the Curve Youth Council	<ul style="list-style-type: none"> • Notes from Youth Council Meetings and Prep Meetings
28. Provide stipends to San Mateo County Crushing the Curve Youth Council participants. \$17.19 x 200 hours x 2 youth.	<ul style="list-style-type: none"> • Check requests for youth stipends

**ATTACHMENT A.1 - DELIVERABLES PAYMENT
YOUTH LEADERSHIP INSTITUTE
FY 2021 - 2022**

	ACTIVITY	NUMBER FY 21/22	PRICE PER EVENT FY 21/22	TOTAL FY 21/22
	COMMUNITY EDUCATION			
1	Attend local, regional, state, and national conferences/trainings to learn evidence-based best practices for ATOD education.	5	\$557.23	\$2,786.00
2	Conduct community presentations. This year will focus primarily focus on opioids and cannabis/vaping.	10 English, 2 Spanish	\$557.23, \$779 if in Spanish	\$7,130.30
	HEALTHY ONLINE PLATFORMS FOR EVERYONE - COORDINATION ACTIVITIES - SOCIAL MEDIA			
3	Adapt existing presentation templates and social media toolkit as needed throughout the campaign	2	\$1,114.46	\$2,229
4	Conduct at least 1 monthly meetings with the HOPE youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning. This activity will be different from Activity 15 and with diferent groups of youth from Activity 15. Year 4 to include stipends for youth who provide a function to the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc. Youth will be compensated \$3,850 for 10 youth for 11 month program meeting twice per month.	12	\$888.00	\$10,656
5	Hold quarterly General Coalition meetings to review and provide feedback on workgroup products.	4	\$1,114.46	\$4,458
6	Hold 2-3 monthly HOPE workgroup meetings to review and provide feedback on workgroup products. Will not exceed total of 24.	24	\$557.23	\$13,374
7	Review & update (if necessary) strategic plan for the work of the HOPE coalition.	1	\$5,570	\$5,570
8	Engage social media companies in protecting youth through education and advocacy efforts	2	\$2,575	\$5,150
9	Submit an abstract on HOPE to the American Public Health Association Annual Meeting	1	\$535.60	\$535.60
	MEDIA EDUCATION/OPIOIDS			
10	Conduct youth-led surveys (500) of Half Moon Bay schools to help inform youth-informed (2) focus groups. Conversations will be focused around opioid access and opioid prevention. 1 youth survey (500 surveys) for \$2,500. 2 youth focus groups (8-10 people in each) - \$10,000 (\$5,000 each). Report out (report, recording, infographics, etc.). Incentives - \$700 (20 gift cards for participants, \$25 each, total of \$500, snacks \$200)	1	\$13,596.00	\$13,596.00
11	Disseminate flyers to advertise Med-Project prescription take-back locations and/or advertise the phone number receiving envelopes (100 flyers/\$208)	1	\$214.24	\$214.24
	POLICY ADVOCACY			
12	Meet with at least 2 local policymakers to educate about the impacts of substances including opioids, cannabis, and alcohol, and gauge interest in policy options	2	\$557.23	\$1,114.46
13	Check Planning Commission agendas countywide regularly for AOD-related agenda items. Notify AOD Coalition Coordinator of agenda items.	12	\$309/month	\$3,708.00
	OVERARCHING ACTIVITIES			
14	Conduct Hallmark event	1	\$5,356.00	\$5,356.00

15	Engage at least ten (10) Half Moon Bay HS youth in a youth leadership engagement program. This group will serve as the Friday Night Live (FNL) Roadmap Chapter, follow FNL principles of youth leadership, and implement activities as stipulated in FNL statewide guidelines. The additional \$10,148 for FY 21/22 is due to COLA and payment for youth stipends and will not be paid for with FNL funding. FNL funding maximum per year is \$30,000. FY 21/22 to include stipends for youth who provide a function to the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc.). Youth will be compensated \$7,700 for 10 youth for 11 month program meeting four times per month.	1	\$41,352.44 per year	\$41,352.44
16	Conduct at least monthly meetings with the Pilarcitos or Cunha youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning. This activity will be different from Activity 15 above and with different groups of youth from Activity 15. FY 21/22 to include stipends for youth who provide a function of the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc.). Youth will be compensated \$7,700 for 10 youth for 11 month program meeting four times per month.	33	\$999.10	\$32,970.30
SOCIAL DETERMINANTS OF HEALTH				
17	Attend community meetings to build your organization's capacity to address the SDOH	6	\$222.48	\$1,334.88
18	Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community	2	\$557.23	\$1,114.46
ADMINISTRATIVE ITEMS				
19	Meet with AOD contract monitor in person or by phone at least monthly to provide updates and seek assistance	12	\$111.24	\$1,334.88
20	Input into statewide database by the 5th of the month.	12	\$222.48	\$2,669.76
21	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 \$5,408; Option 2: If CAPs are needed, CAPs will be submitted within thirty (30) days of receipt of site visit outcomes (pays \$2,704); AND completion of CAP activities within sixty (60) days (or within timeline negotiated with contract monitor) pays \$2,704	1	\$5,570.24	\$5,570.24
22	Evaluation: Collection of at least 100 evaluation surveys for community education presentations	1	\$1,071.20	\$1,071.20
23	Evaluation: Communication & TA partnering with County Evaluator	3	\$214.24	\$643
24	Reporting: Submission of updated Cultural Humility Plan – Deadline of September 30th each year	1	\$535.60	\$536
25	Reporting: Submission of End of Year Report – Deadline of July 30th each year	1	\$535.60	\$536
26	YLI staff will attend monthly AOD All-County Prevention meetings.	12	\$222.48	\$2,669.76
CRUSHING THE CURVE				
27	Assist with facilitating Crushing the Curve Youth Council	1	\$41,156.74	\$41,156.74

28	Provide stipends to San Mateo County Crushing the Curve Youth Council participants. \$17.19 x 200 hours x 2 youth.	1	\$7,082.28	\$7,082.28
	TOTAL			\$215,918

**ATTACHMENT B.1 - DELIVERABLES PAYMENT
YOUTH LEADERSHIP INSTITUTE
FY 2022 - 2023**

Activity	Price Per Event FY 22/23	Number FY 22/23	Total FY 22/23	Documentation
Community Education				
1) Conduct community education presentations for both youth and adults. (5 alcohol, 5 cannabis, and 5 opioids/prescription drugs presentations)	\$574 per presentation	15	\$8,610	Sign-in sheets that show date, location, and topic. At least 12 participants in each presentation
Media				
2) Attend Social Media Training by The Social Changery*	\$400	2	\$800	Screenshot of staff attending virtual training with date/time
3) Create and implement social media/media campaigns on alcohol, cannabis, and opioids/prescription drugs after developing content calendars in alignment with training received by The Social Changery.*	\$216	48	\$10,368	Content Calendars
4) Increase audience reach in alignment with training received by The Social Changery*	\$500	1	\$500	Analytics report showing increased audience reach from beginning to end of FY 22/23
5) Generate analytics report that includes audience reach and engagement. Analyze the report and write key findings/summary.*	\$750	2	\$1,500	<ul style="list-style-type: none"> Analytics report generated from social media/media Key Findings/Summary report based on analysis
Policy Advocacy				
6) As appropriate, participate in regional, statewide, and national groups on prevention policy to learn about best practices and share lessons learned from local efforts. (2 alcohol, 2 cannabis)*	\$500 to attend	4	\$2,000	Agendas for group meetings with date
7) Meet with local policymakers to educate about the impacts of substance use and to gauge interest in considering policy options. (2 alcohol, 2 cannabis)	\$574 per individual meeting	4	\$2,296	Meeting notes
8) Attend and speak during public comment on a substance-related issue which is affecting the community or when a substance-related issue is on a Board/City Council agenda. (1 alcohol, 1 cannabis)*	\$400	2	\$800	Link to meeting video or meeting minutes
9) Provide training to coalition members about policy advocacy strategies to minimize the impact of alcohol and cannabis.*	\$2,000	2	\$4,000	<ul style="list-style-type: none"> Copy of training Sign-in sheet with date
10) Coordinate community input into local policy processes. Examples: Coordinate people to speak at a City Council meeting on a specific agenda item and/or conduct a community survey. (1 alcohol, 1 cannabis)*	\$5,000 per campaign	2	\$10,000	Documentation of coordination activities (meeting/training notes, meeting outlines, pictures from events, survey outcomes)
Engagement Groups				
11) Youth Group - Conduct at least monthly meetings with program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning. Provide technical assistance to youth to complete deliverable #12.	\$574 per meeting	24	\$12,000	<ul style="list-style-type: none"> Meeting notes with date, topics, and meeting outcomes Evaluation tool(s) used Evaluation report
12) Youth Group - 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, Public Service Announcements, letters to the editor, presentation at a City Council meeting, school board advocacy, etc.*	\$500 per engagement	6	\$3,000	Documentation of activity conducted by program participants

13) Hallmark Event - Conduct an event for the community which highlights what the engagement groups have learned through the year & what projects they have completed. Include an educational component on mental health and AOD prevention to be presented by engagement groups or by guest speakers.	\$5,517	1	\$5,517	<ul style="list-style-type: none"> Contract monitor should be notified of event planning progress Contract monitor must be notified of event at least 1 month prior to event Event should have 100 people or more in attendance Sign-in sheet with date Event flyer
14) Engage at least ten (10) Half Moon Bay HS youth in a youth leadership engagement program. This group will serve as the Friday Night Live (FNL) Roadmap Chapter, follow FNL principles of youth leadership, and implement activities as stipulated in FNL statewide guidelines. FNL funding maximum per year is \$45,000. 10 youth will attend 3-4 program meetings per month for 10 months. [^]	\$4,500.00	10	\$45,000	<ul style="list-style-type: none"> Log of outreach efforts Meeting notes Documentation of activities conducted by youth
Capacity Building and Administrative				
15) Attend national, state, and local conferences/trainings to learn evidence-based best practices for AOD education (3 trainings at \$541 each).	\$574	3	\$1,722	Submit at least 2 of the following for each participant: <ul style="list-style-type: none"> Certificate(s) of completion Training agenda Training slides Registration confirmation
16) Present at American Public Health Association (APHA) Annual Meeting if abstract on HOPE is accepted (\$2,080 for presenting)*	\$2,080	1	\$2,080	<ul style="list-style-type: none"> APHA registration Copy of presentation Photos from presentation
17) Meeting Attendance - Attendance by lead staff at All County Prevention Monthly Meeting (12 meetings total)	\$229	12	\$2,748	Meeting Notes
18) Lead staff check-in with County Contract Monitor	\$115	12	\$1,380	Meeting notes taken by YLI or Contract Monitor
19) Communication & technical assistance partnering with County evaluator (Approximately 2/year)	\$221	2	\$442	List of meeting date(s), duration of meeting, and topics covered
20) Entry of PPSDS data into system by the 5th of the month (12 months of data entry)	\$229	12	\$2,748	Submission confirmation - screenshot or document (dated)
21) Site Visit Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full \$5,408; Option 2: If CAPs are needed, CAPs will be submitted within 30 days of receipt of site visit outcomes (pays \$2,868); AND completion of CAP activities within 60 days (or within timeline negotiated with Contract Monitor) pays \$2,869.	\$5,737	1	\$5,737	<ul style="list-style-type: none"> Copy of completed site visit report Evidence of completion of CAPs, if appropriate
22) Submission of Cultural Humility Plan - Deadline of September 30th	\$552	1	\$552	Copy of plan
23) Submission of end of year report - Deadline of July 30th	\$552	1	\$552	Copy of report
24) Collection of evaluation surveys for community education presentations	\$1,103	1	\$1,103	100 surveys collected
Healthy Online Platforms for Everyone (HOPE)				
25) Adapt existing presentation templates and social media toolkit as needed throughout the campaign	\$1,148	2	\$2,296	Updated templates and toolkit
26) Conduct 24 meetings with the 10 HOPE youth coalition participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning. Include stipends for youth who provide a function to the program (participant support costs) for planning/participation in a focus group, planning/participation in research-related activities, creating/conducting surveys, etc.	\$914	24	\$21,936	<ul style="list-style-type: none"> Meeting notes with date, topics, and meeting outcomes Evaluation tool(s) used Evaluation report
27) Hold quarterly General Coalition meetings to review and provide feedback on workgroup products.	\$1,148	4	\$4,592	<ul style="list-style-type: none"> Meeting notes with date, topics, and meeting outcomes

28) Hold HOPE workgroup (media, policy, outreach) meetings to develop workgroup products.	\$574	8	\$4,592	<ul style="list-style-type: none"> Meeting notes with date, topics, and meeting outcomes
29) Develop HOPE website (\$2,000) and provide 12 months of ongoing maintenance (\$5,000).*	\$7,000	1	\$7,000	<ul style="list-style-type: none"> Link to HOPE website Log of maintenance/website updates completed
30) Create and implement 6 multi-media segments to amplify the HOPE campaign. Feature segments on campaign website.*	\$748	6	\$4,488	<ul style="list-style-type: none"> Copies of multi-media segments Screenshots of segments on campaign website
31) Review & update (if necessary) strategic plan for the work of the HOPE Coalition.^	\$541	1	\$541	Updated strategic plan
32) Engage social media companies in protecting youth through education and advocacy efforts. Engagement may take the form of virtual or in-person meetings, emails, and/or phone calls with social media companies. A log of engagement efforts will be maintained. Activity can be invoiced for every 6 months.	\$2,652	2	\$5,304	Log of engagement efforts
33) Submit an abstract on HOPE to the American Public Health Association Annual Meeting	\$552	1	\$552	<ul style="list-style-type: none"> Copy of abstract Confirmation of submission
34) Disseminate and maintain HOPE quarterly newsletter	\$541	4	\$2,164	Copy of newsletter and analytics
35) Conduct community presentations and outreach on HOPE campaign	\$135	8	\$1,080	<ul style="list-style-type: none"> Copy of presentation Sign-in sheets that show date, location, and topic. At least 12 participants in each presentation
Other				
36) Conduct additional activities as negotiated with Contract Monitor*	\$5,000	1	\$5,000	Documentation to be determined
TOTAL			\$185,000	

*Activities are new deliverables for FY22/23 and have no COLA applied"

^COLA not applied due to increase in FNL funding or other agreement with contractor

Attachment C.1 - Youth Leadership Institute
July 1, 2021 - December 31, 2021

Agency Name	Youth Leadership Institute
Project Title	Smoke-free Housing

Smoke-free Housing Goal: In partnership with local elected officials and residents/associations in jurisdiction(s) determined by the Smoke-Free Multi-Unit Housing Workgroup, Youth Leadership Institute will coordinate youth to advocate for the jurisdiction(s) to implement a smoke-free housing policy designating a minimum of 100% of their units as smoke-free (including patios and balconies).

Project Description

In partnership with the San Mateo County Tobacco Prevention Program and the San Mateo County Tobacco Education Coalition, this project will participate - to promote, raise public awareness, educate on smoke-free multi-unit housing in jurisdictions that include, but are not limited to: Colma, Menlo Park, or East Palo Alto.

[illegible]

Attachment C.1 - Youth Leadership Institute
January 1, 2022 - June 30, 2022

Agency Name	Youth Leadership Institute
Project Title	Smoke-free Housing

Smoke-free Housing Goal: In partnership with local elected officials and residents/associations in jurisdiction(s) determined by the Smoke-Free Multi-Unit Housing Workgroup, Youth Leadership Institute will coordinate youth to advocate for the jurisdiction(s) to implement a smoke-free housing policy designating a minimum of 100% of their units as smoke-free (including patios and balconies).

Project Description

In partnership with the San Mateo County Tobacco Prevention Program and the San Mateo County Tobacco Education Coalition, this project will participate - to promote, raise public awareness, educate on smoke-free multi-unit housing in jurisdictions that include, but are not limited to: Colma, Menlo Park, or East Palo Alto.

[illegible]

Attachment D.1 - Youth Leadership Institute
July 1, 2022 - June 30, 2023

Agency Name	Youth Leadership Institute
Project Title	Smoke-Free Housing

Smoke-Free Housing Goal:	By June 30, 2025, at least 2 jurisdictions in San Mateo County will adopt and implement a policy that eliminates smoking (including burning or heating of tobacco and other plant products, natural or synthetic) within multi-unit housing of two or more units (market-rate, public, and subsidized), including at least 25 feet from all doors, windows, patios, and balconies, and emphasizes a graduated enforcement process.
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Project Description	In partnership with the San Mateo County Tobacco Prevention Program and the San Mateo County Tobacco Education Coalition, this project will promote and provide education on smoke-free multi-unit housing in jurisdictions that include, but are not limited to: East Palo Alto, Menlo Park, Colma, and/or Portola Valley
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Activity Letter	Activity Description	Funding Source	Completion Date	Documentation/Process Measures	Payment Per Event	Max # of Events	Total
A	Attend and participate in monthly 1-hour MUH workgroup meeting.	\$1,200 Prop 99/56, \$72 MSA	6/30/2023	Screenshot or other documentation of attendance	\$106	12	\$1,272

B	Conduct 5 presentations in collaboration with coalition members to decision makers, their staff, and other officials who weigh in on policy (e.g. city council attorneys) to formally or informally to educate them on tobacco policy best practices, including conversations about equity in penalties, policy, and enforcement. Provide educational packets, presentation materials, model policy samples, and other resources as appropriate.	\$2,500 Prop 99/56, \$150 MSA	6/30/2023	Log - Presentations, Presentation Materials	\$530	5	\$2,650
C	Develop a public health pipeline (PHP) project that offers 1-4 internship placement opportunities to college students at San Francisco State University or other schools or universities in the San Francisco Bay Area. As part of the PHP project, 1) establish the necessary agreements with participating colleges/universities, 2) outline recruitment strategy plans, 3) create guidelines for developing personalized internship goals/objectives with a diverse pool of participants; and 4) establish reporting processes with participating schools. Provide \$15-\$20/hour, in an amount not to exceed \$2,250-\$4,500 per semester for interns completing 150-225 hours of service.^	Prop 99/56	6/30/2023	Agreements with Participating School(s), Log of Participants with Hours and Activities Completed	\$20/hour	450 hours	\$9,000

D	Payment for staff time related to Activity C*	Prop 99/56	6/30/2023	Monthly summary of staff time related to Activity C	\$500	12	\$6,000
E	Create a sample letter of support or endorsement to be used for Activity F. Receive Tobacco Prevention Program approval for the letter before proceeding with Activity F.*	Prop 99/56	6/30/2023	Sample Letter of Support or Endorsement	\$100	1	\$100
F	Conduct a total of 2 community education events (e.g. forums, town halls, presentations) to 5-20 participants. Presentations will be made to community groups identified in the Midwest Academy Strategy Chart (MASC) planning process as potential supporters for the objective. Provide a sample of and request a policy endorsement/letter of support from community group(s) at each presentation.*	Prop 99/56	6/30/2023	Copy of Endorsements/ Letters of Support, Log - Presentations, Presentation Materials	\$500	2	\$1,000
G	Update each MASC throughout policy campaign to adapt to new targets and tactics as they are revealed.*	Prop 99/56	6/30/2023	Updated MASC	\$100	2	\$200
H	Conduct additional activities as requested or approved by the Tobacco Prevention Program.*	MSA	6/30/2023	To be Determined	\$5,000	1	\$5,000
						Total	\$25,222

^No COLA applied since this payment goes to interns

*Activities are new deliverables for FY 22/23 and have no COLA applied

Attachment D.1 - Youth Leadership Institute
July 1, 2022 - June 30, 2023

Agency Name	Youth Leadership Institute
Project Title	Comprehensive Tobacco Retail Licensing (TRL)

Comprehensive TRL Goal:	By June 30, 2025, at least 1 jurisdiction in San Mateo County will adopt and implement a comprehensive tobacco retail licensing policy that requires tobacco retailers to obtain a license to sell tobacco products, includes elimination of flavored and menthol tobacco sales, a minimum retail sale price for tobacco products set in conjunction with minimum package/volume size, restrictions on the redemption of coupons or other discounts on tobacco products, at least 2 density restriction options such as, but not limited to, tobacco-free pharmacies and prohibition of tobacco sales near youth-populated areas, and designates a portion of the annual licensing fee to ensure adequate enforcement of the policy. The policy will not criminalize the purchase, use, or possession of tobacco products by individuals.
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Project Description	In partnership with the San Mateo County Tobacco Prevention Program and the San Mateo County Tobacco Education Coalition, this project will promote and provide education on comprehensive TRL in Burlingame.
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Activity Letter	Activity Description	Funding Source	Completion Date	Documentation/ Process Measures	Payment Per Event	Max # of Events	Total
A	In collaboration with the Tobacco Prevention Program, write and submit an abstract for submission to a national or regional public health conference such as American Public Health Association, National Conference on Tobacco or Health, Society for Public Health Education, etc.*	Prop 99/56	6/30/2023	Copies of Abstracts with Submission Confirmation	\$500.00	1	\$500.00
B	Conduct 4 presentations in collaboration with coalition members to decision makers, their staff, and other officials who weigh in on policy (e.g. city council attorneys) to formally or informally to educate them on tobacco policy best practices, including conversations about equity in penalties, policy, and enforcement. Provide educational packets, presentation materials, model policy samples, and other resources as appropriate.	\$2,000 Prop 99/56, \$120 MSA	6/30/2023	Log - Presentations, Presentation Materials	\$530.00	4	\$2,120.00
C	Participate in Information and Education (I&E) Days at the State Capitol to educate policymakers about key tobacco control issues.*	Prop 99/56	6/30/2023	Proof of Attendance	\$546.00	1	\$546.00

D	Provide 3 trainings to 4-15 recruited youth and/or adult coalition members to increase their knowledge on skills needed to carry out campaign tasks and tactics. Training topics may include, but are not limited to: community organizing, letter writing, meeting facilitation, peer-to-peer training, public speaking and presentations, social media use, media advocacy, and spokesperson(s)/media interactions. Coordinate with the Tobacco Prevention Program on the trainings to be delivered.*	Prop 99/56	6/30/2023	Log - Trainings, Training Materials	\$200.00	3	\$600.00
E	To inform Tobacco Prevention Program and trainers about how to improve future trainings (or identify resource gaps), a post-training assessment will be administered to participants of Activity D. Using a pen and paper (or online) survey developed in consultation with the Tobacco Control Evaluation Center, a census of 2-10 participants at each event will be surveyed to understand training feedback, anticipated needs, changes in knowledge, comfort, confidence, preparation, and intent to engage in tobacco prevention activities (or satisfaction with services, participation levels, additional needs, and/or data collector readiness). Data will be analyzed using descriptive statistics and content analysis and results will be shared with participants, trainers, and Tobacco Prevention Program to improve future trainings and determine other trainings, education, or service needs.*	Prop 99/56	6/30/2023	Training Survey Instrument, Training Survey Summary Report	\$150.00	3	\$450.00
F	Conduct 5 community education events (e.g. forums, town halls, presentations) to 6-15 participants. Presentations will be made to community groups including those identified in the Midwest Academy Strategy Chart (MASC) planning process as potential supporters for the objective. Provide a sample of and request a policy endorsement/letter of support from community group(s) at each presentation. Obtain at least 5 endorsements or letters of support.*	Prop 99/56	6/30/2023	Copy of Endorsements/Letters of Support, Log - Presentations, Presentation Materials	\$650.00	5	\$3,250.00
G	Develop a policy endorsement/letter of support to be used for Activity F. Receive Tobacco Prevention Program approval for the letter before proceeding with Activity F.*	Prop 99/56	6/30/2023	Sample Letter of Support or Endorsement	\$100.00	1	\$100.00

H	Present endorsements or letters of support to policymakers at a city council meeting, in a one-on-one meeting, and/or in educational packets.*	Prop 99/56	6/30/2023	Log - Presentations	\$100.00	1	\$100.00
I	Prepare and facilitate a retail workgroup of 4-10 members to create and implement a local plan to help small businesses transition away from tobacco product sales, foster small business economic development through partnerships with city, county, regional and/or tribal economic development programs and local Chambers of Commerce to collaborate on business-related workshops and consultation for small businesses that enables them to prosper without tobacco product sales (e.g., sponsor training and consultation on storefront improvement, store accessibility, using social media to promote small businesses, store website design, e-commerce for small businesses, and how to increase engagement with public health programs such as WIC, Cal Fresh).*	Prop 99/56	6/30/2023	Log - Meetings, Meeting Materials, Local Business Plan	\$325	12	\$3,900
J	Develop or update a sample petition to collect names, emails/phone numbers, and addresses of supporters of a comprehensive tobacco retail license policy at community-based events such as health fairs and cultural events.*	Prop 99/56	6/30/2023	Sample Petition	\$100	1	\$100
K	Collect 140 petition signatures and use petitions to build a mailing list. Distribute petition signatures from supporters (collected by both Priority Population Contractors) to target policymakers to demonstrate support.*	Prop 99/56	6/30/2023	Signed Petitions, Mailing List in Excel Format, Distribution Log	\$60	140	\$8,400
L	Conduct additional activities as requested or approved by the Tobacco Prevention Program.*	MSA	6/30/2023	To be Determined	\$5,000	1	\$5,000

*Activities are new deliverables for FY 22/23 and have no COLA applied

Total \$25,066.00