AGENDA
PUBLIC NOTICE
Regular Meeting of the Finance Sub Committee
Wednesday, September 11, 2024
2:00 PM
First 5 Riverside County
585 Technology Ct
Riverside, California 92507

This notice shall confirm the Regular Meeting of the Finance Sub Committee of the Riverside County Children and Families Commission.

Note: If special accommodations are needed to participate in this meeting, please contact Lynn Stephens, Executive Assistant IV, at (951) 955-0200 during regular business hours of the Riverside County Children and Families Commission (Monday-Friday 8:00 a.m. – 5:00 p.m.).

Note: Public Comments will be taken on agenda items at various times during the meeting. Please submit a Request to Speak form to the Executive Assistant IV at any time before or during the meeting indicating the item you wish to address.

Note: Please place all cellular phones on vibrate or off mode during the meeting.

A. **Call to Order – Zachary Ginder, Commission Chair**
   A.1. Pledge of Allegiance
   A.2. Roll Call - Lynn Stephens, Executive Assistant IV
B. **Public Comments (for items not listed on the agenda) – Zachary Ginder, Commission Chair**
C. **Commission and Advisory Committee Business – Zachary Ginder, Commission Chair**
   C.1. Advisory Committee Comments - Malinda Margiotta, Advisory Committee Chair
   C.2. Director's Report - Tammi Graham, Executive Director, Yvonne Suarez, Assistant Director, Charna Widby, Deputy Director, Michael Knight, Deputy Director
   C.3. Public Information Report - Sean Pravica, Senior Public Information Specialist and Michelle Rodriguez, Public Information Specialist

C.4. Commissioner Comments

D. **Presentation/Information - Zachary Ginder, Commission Chair**

D.1. Maternal Fetal Medicine (MFM) and HeRCARe Presentation - Dr. Bryan T. Oshiro, M.D., Maternal Fetal Medicine, and Dr. Ronald Johnson, M.D., Assistant Professor, Loma Linda University School of Medicine - Riverside University Health System - Medical Center

HeRCARe Update 2024
HIGH-RISK CARE ACCESS AND RESOURCES

(951)600-MOMS (6667)
www.ruhealth.org/hercare
HerCare@ruhealth.org
efax: (951)571-8916

Riverside University HEALTH SYSTEM

Riverside University HEALTH SYSTEM

The Team

Leadership:
- Dr. Ronald Johnson
- Dr. Bryan Oshiro

MFM Provider:
- Sarah Smithson, DO
- Michel Makhlouf, MD

Program Director: Sabreen White, MBA

Vacant: Clinical Therapist II

Finance Director: Denise Desirello & Berangere Robertson-Tucker

Sonographers:
- Amanda Koch
- Marissa Elizarraraz
- Per Diem sonographers:
- Joy Suliman, Holly Delawder, Lacy Shaw, Alicia Platt, and Maia Kacsmaryk

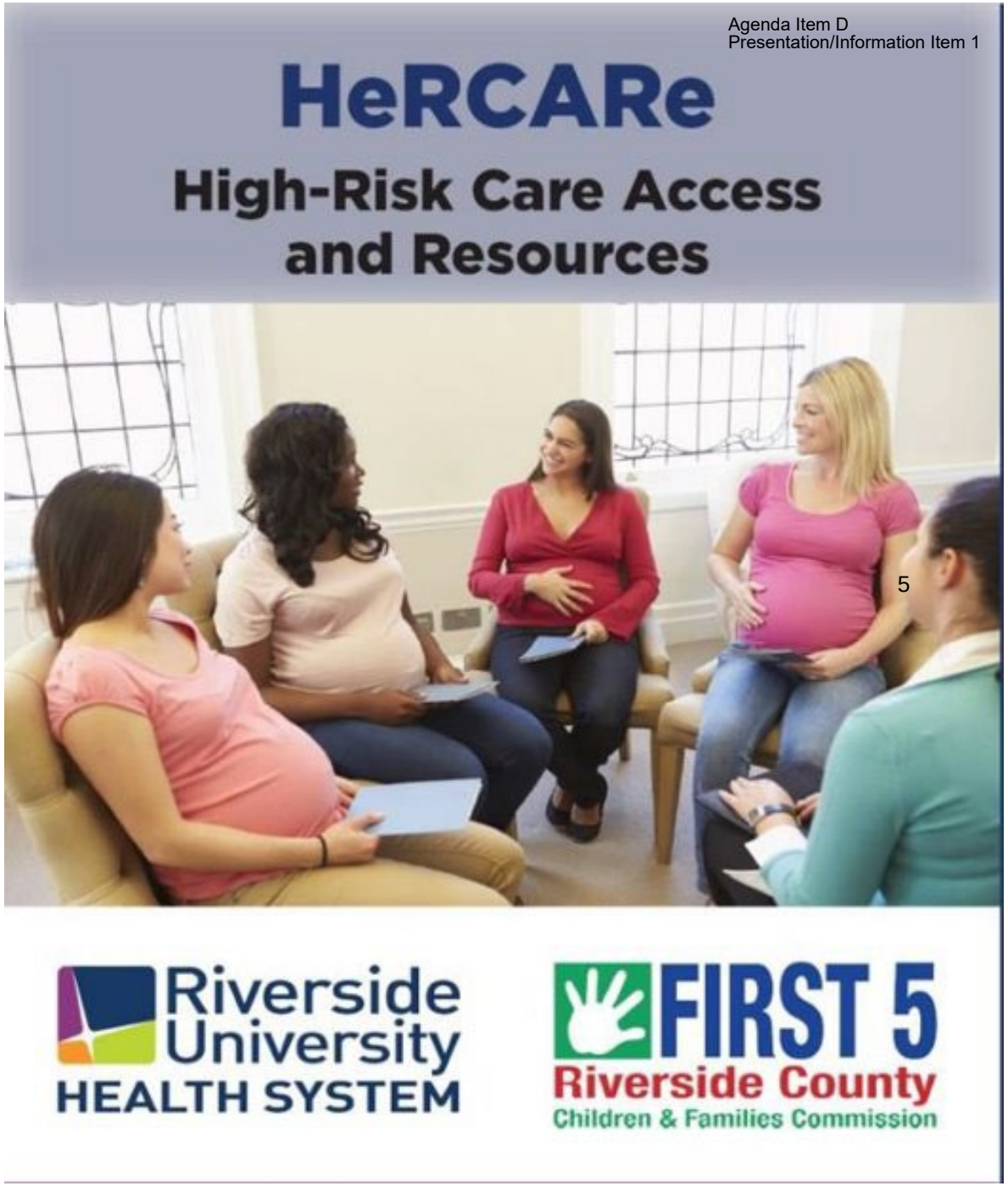
Perinatal Care Manager:
- Jessica Veloz, RN

Patient Services Coordinators:
- Gloria Fajardo
- Nereida Moreno
- *Vacant*

Office Assistant III: Priscilla Nicholson

SERVICES PROVIDED

- High-Risk Pregnancy Consultation
- High-Resolution 3D/4D Ultrasound
- Genetic Counseling/ Testing
- Nutrition Counseling
- Diabetes Education and Management
- Behavioral Health Counseling
- Fetal Monitoring
- Pre-Conception Planning
- Substance Use Disorder Management
- Telehealth/Teleradiology



TELEHEALTH SITES

1. Women's Health Center - Main Campus
   26600 Cactus Ave., 3rd Floor
   Moreno Valley, CA 92555

2. Banning Family Care Center
   3055 W. Ramsey Street
   Banning, CA 92220

3. Corona Community Health Center
   2813 S. Main Street
   Corona, CA 92882

4. Hemet Family Care Center
   880 N. State Street
   Hemet, CA 92543

5. Lake Elsinore Family Care Center
   2499 E. Lakeshore Drive
   Lake Elsinore, CA 92530

6. Jurupa Valley Community Health Center
   8876 Mission Boulevard
   Jurupa Valley, CA 92509

7. Palm Community Health Center
   191 Sunrise Way
   Palm Springs, CA 92262

*upcoming locations: Indio and Perris

- Perris Family Care Center
  308 E San Jacinto Avenue
  Perris, CA 92570

- Indio
  47-923 Oasis Street
  Indio, CA 92201

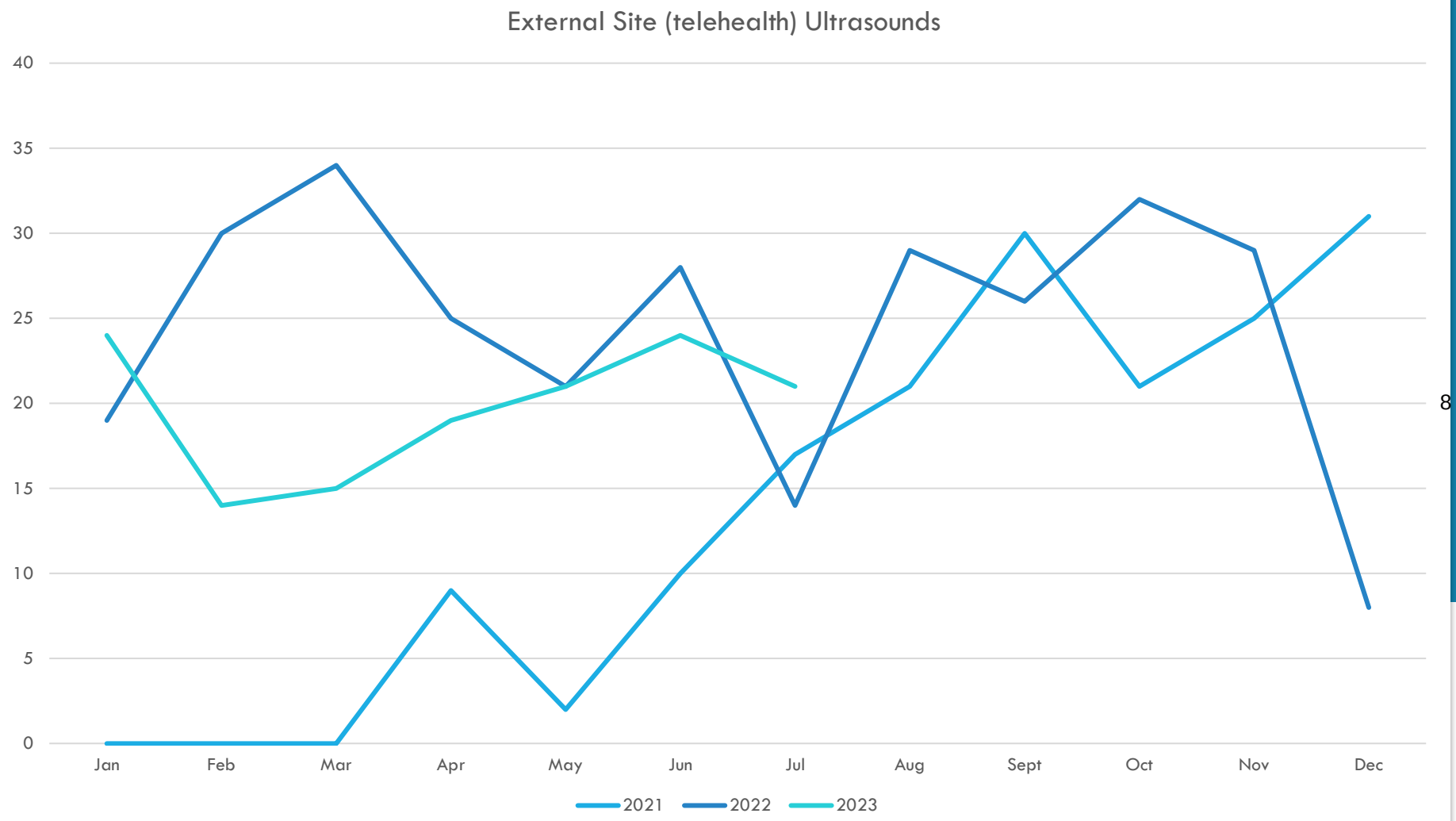
Riverside University HEALTH SYSTEM

CLINIC PATIENT DATA

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total			
2021	1134	1197	1437	1398	1294	1413	1489	1573	1488	1455	1300	1296	16474			
2022	1092	1200	1275	1455	1192	1185	1106	1452	1406	1279	1306	1392	15340			
MFM																
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total			7
2021	319	330	415	402	412	450	448	473	456	464	430	496	5095			
2022	461	450	554	542	572	522	470	586	532	521	519	495	6224		22.2% increase	
Palm Springs OBGYN																
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total			
2022								14	90	119	155	106	484		5-6 patients per day	

- Joined a pilot program led by the California Maternal Quality Care Collaborative (CMQCC) to promote the use of low-dose aspirin as an effective means to prevent preeclampsia.
- Played Low-Dose Aspirin video during RUHS DEI Grand Rounds-Equity: Getting to the Heart of the Matter, on 2/14
- Starting a Smoking Cessation Project with Loma Linda University (LLU) School of Public Health

Riverside University HEALTH SYSTEM



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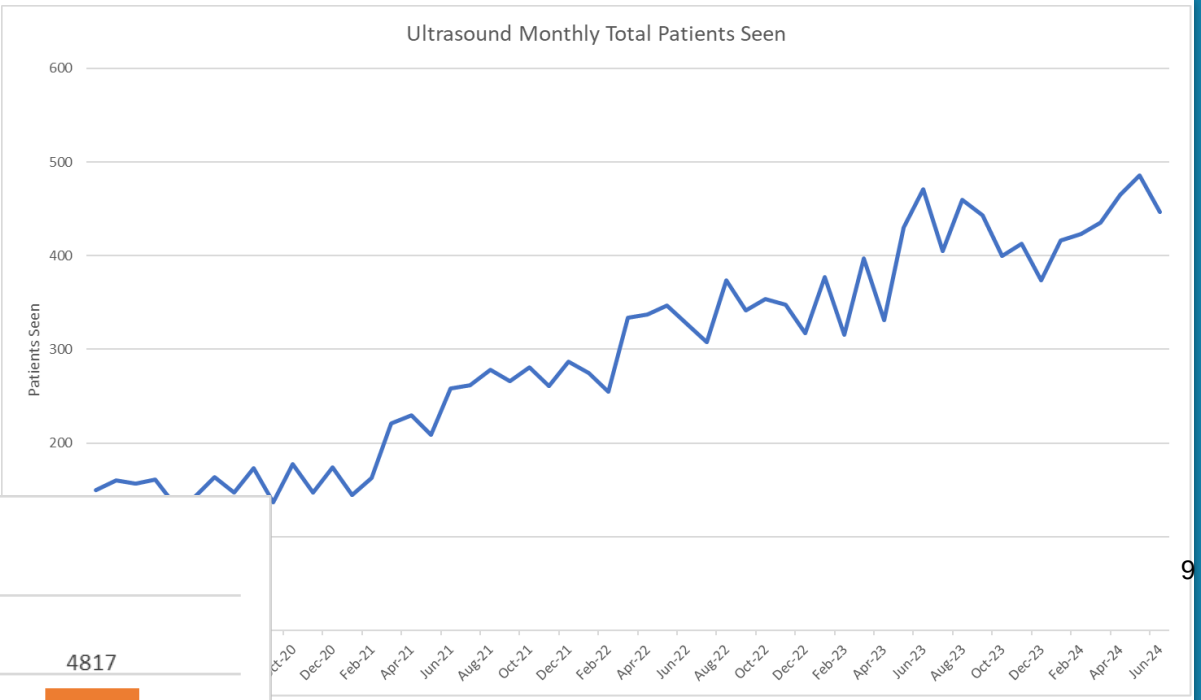
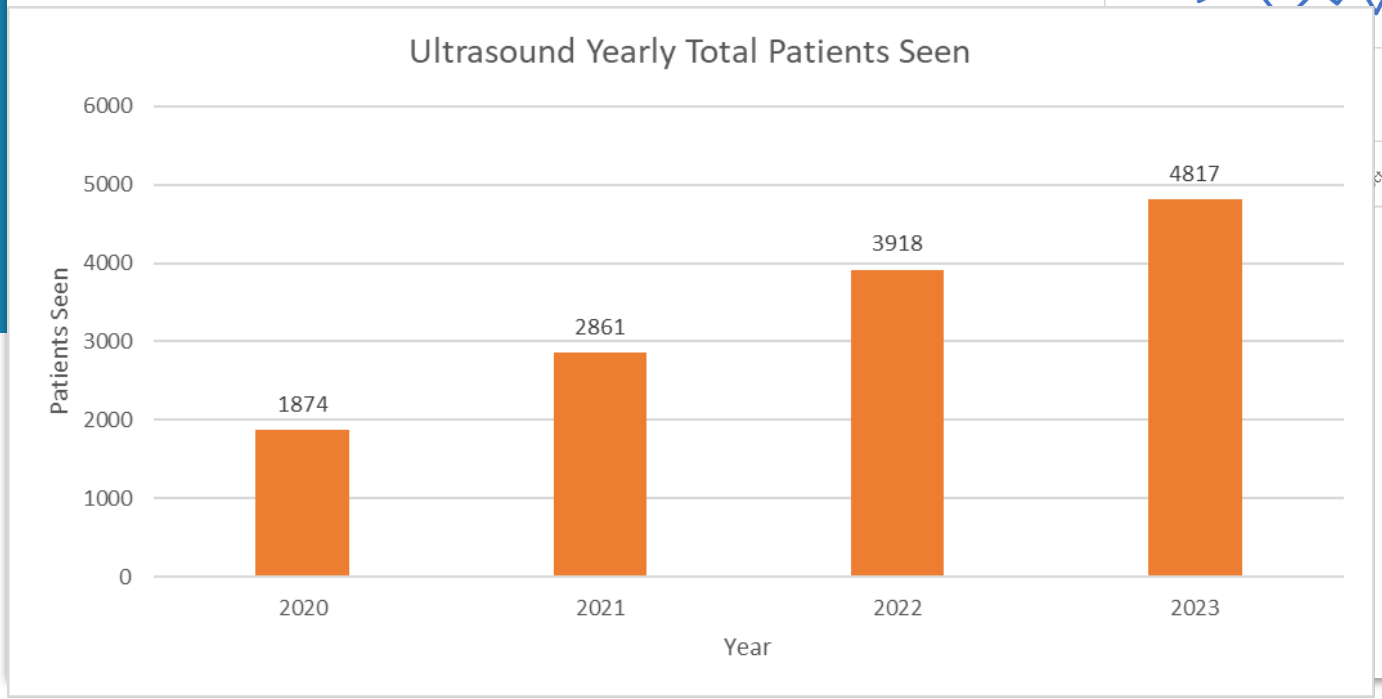




Riverside University HEALTH SYSTEM

AWARDS/ACCREDITATION

2015-Baby Friendly USA designation and re-designation for **2023-2028**

2021-Maternity Honor roll Award from CHHS, HQI and Cal Hospital Compare

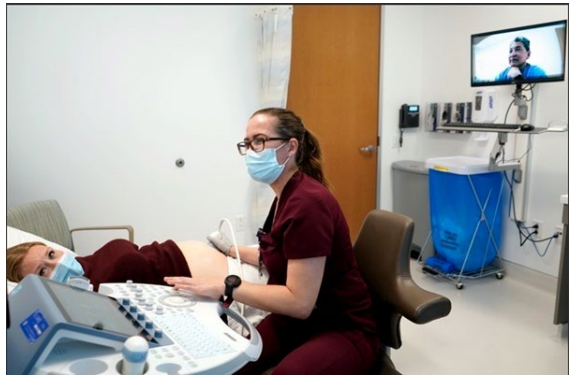
2022-CMQCC Scholarship Recipient

2022-MDC Superstar Award: Medium-Sized Birth Volume Hospitals, **MDC Early Implementers Award,** The **Quality & Sustainability Award** NTSV Cesarean Birth Rate

2023-US News and World Reports ranks RUHS as one of the top hospitals in the nation for Maternity Care

SUMMARY

- Established in 2020, four-year grant, funded by First 5 Riverside County
- Team-based Integrated/comprehensive high-risk maternity care
- 6 CHCs: Banning, Hemet, Corona, Lake Elsinore, and Jurupa valley CHCs. *Indio and Perris coming soon.*
- Executive Committee (Internal) and Advisory Council (External)
- Community outreach: Unicare-Corona, Vista Community Clinic-Lake Elsinore, Sevenstar-Hemet, Friendly OB, and Neighborhood Healthcare Clinic-Temecula
- HeRCARe grant extended through 6/30/2028
  - Clinical research



Riverside University HEALTH SYSTEM

FUTURE

I. Research endowment focused on pregnancy and 0-5 age projects with diabetes, hypertension, substance abuse disorder, health disparities, and trialing new methods of care delivery and integration

II. Perinatal Access Call Center. The center will be designed for real time access for urgent medical questions, referrals and hospital transfers. This effort is connected to the research endowment for planning and implementation. Establishing the call center will be the precursor to the future maternal-fetal transport system for Riverside County. Perinatal access center phone number has been reserved

III. **CONTINUE TO DELIVER HEALTHY BABIES!!**

D.2. **Information Only** - Early Identification and Intervention Landscape Report: A Study of Early Childhood Services for Children 0-5 with Special Needs - **Receive and File**

Early Identification and Intervention Landscape Report

A Study of Early Childhood Services for Children 0-5 With Special Needs

MAY 28, 2024

FIRST 5
Riverside County
Children & Families Commission

Kristin Gist, M.S. Consultant, Early Childhood Mental Health and Development

Contents

Acknowledgments

Special thanks to Tammi Graham, First 5 Riverside County, and her leadership team for their vision for a deeper learning around screening and early intervention services across Riverside County for children 0-5 with special needs. Thanks to Noah Kim and Joe Parsons, second year interns in the Master's in Public Policy program at UC Riverside and Brian Thomas Romo of the Inland Empire Children's Cabinet for their support in mapping and data analysis, and to Larissa Wills, First 5 Riverside County Regional Manager, who has supported this project from its earliest stages to dissemination. I am grateful to Dr. Allison Jobin and Dr. Victoria Moore, psychologists and autism experts, for their second set of eyes, and finally, my heartfelt gratitude goes to the child-serving early intervention and healthcare providers who so openly shared their experiences and ideas to improve our system of care for children prenatal to five. Special thanks to Kristin Gist who compiled this report and correlating data while serving as a consultant to First 5 Riverside County. Her efforts in providing surveys and analyzing their responses was crucial to informing this report and its proposed solutions.

Executive Summary

First 5 Riverside County (F5RC) acknowledges the paramount importance of early identification and support for children with special needs, aiming to connect children to services as soon as parents and caregivers are prepared to engage. Recognizing the critical period of brain development during the first five years of life, F5RC emphasizes evidence-based strategies to facilitate children's developmental progress.

Initially prompted by inquiries into screening, treatment, and referral practices for children with autism spectrum disorders (ASD), this report expands its scope to encompass all children with special needs. Failure to address developmental delays early can lead to enduring challenges, with untreated issues such as speech delays increasing the risk of social, emotional, and cognitive problems into adulthood.

Key findings underscore the necessity of comprehensive screening and early intervention practices across various domains, including autism, other developmental delays, social-emotional challenges, trauma, and parental mental health. Despite the importance of these services, Riverside County faces challenges such as low rates of developmental screening, workforce shortages of ancillary therapists and mental health providers, and inconsistent practices in the Part C early intervention system.

This report advocates addressing these challenges by enhancing workforce capacity, improving equity in referrals, optimizing early intervention practices, and implementing closed-loop referral systems. By prioritizing early and individualized care, Riverside County can better support children and families in need, fostering inclusivity, resilience, and opportunity for all. One effective and proven strategy has been an investment in developmental and behavioral health integration in pediatric care, ensuring early screening, immediate intervention, and supportive connections to services, with follow up and follow through to ensure families are effectively linked.

This report serves as a foundational step in focusing the community's attention on strengths and needs across regions, risks, and disabilities, with the overarching goal of ensuring access to care and improved outcomes for children ages 0-5 in Riverside County.

Introduction

F5RC recognizes the importance of identifying children with special needs as early as possible and linking them to services and support. From the point of identification, programs and service providers must support families, using evidence-based engagement strategies, until they are ready to take whatever first steps are right for them. Only then can each child receive early intervention services and make developmental progress during this most critical period of brain development, the first five years of life. At the same time, because children thrive in the context of nurturing caregiving relationships, child-serving programs meet the child's needs optimally when the family's needs are also considered and supported, either directly or through closed loop referrals, in a way that best matches each family's unique needs.

This report commenced as a request from the F5RC Commissioners to better understand screening, treatment, and referral practices across Riverside County for children with autism. However, all children with special needs have a need to be identified and supported, and connected to high quality early intervention services. For example, research suggests that when a speech delay is not treated early, it can persist in 40-60% of children, increasing risk for the development of social, emotional, behavioral, and cognitive problems into adulthood.[1] Overall, children with special needs are three to four times more likely to experience trauma.[2] Further, they are at a higher risk of experiencing discord in the family due to increased stress on parents and caregivers. Parents are also at higher risk for mental health concerns including, among others, anxiety, depression, and substance abuse.[3]

With these concerns in mind, this report considers screening and early intervention practices in Riverside County across five key areas: a) Autism, ii) Other Developmental Delays and Disorders, iii). Social-Emotional and Behavioral Challenges, iv) Trauma, and v) Parent Mental Health, with the understanding that we cannot address problems we have not yet identified and supported.

Throughout this report, although the term "parent" is used throughout, we acknowledge that there are many and varied forms of primary caregivers (resource care, grandparents, etc.) who serve as "parents."

Background

Importance of Early Identification and Intervention

Early identification and early intervention for autism spectrum disorder (ASD) and other developmental delays and disorders are crucial as they can significantly impact a child's future well-being and overall quality of life. Ninety percent of brain development is completed by age five and identifying and addressing developmental delays in the early years has been proven to lead to improved outcomes. Early intervention programs provide tailored support and therapies that are specifically designed to meet the individual needs of the child, helping them acquire essential skills and abilities necessary for growth, development of independence, health, and overall well-being. By addressing delays early during the most critical period of development, when the brain has greatest plasticity, children can improve their rate of learning, develop social and communication skills, and achieve their full potential. Moreover, early intervention not only benefits the child but also provides invaluable support and education for the family, empowering parents and caregivers to better understand their child's needs, enhance their parenting skills, reduce anxiety, and increase their confidence in being able to advocate for their children.

Early identification is essential for a child to receive early intervention, and without a failsafe system for screening and connection to services, few children will be treated during the period of greatest potential impact, the first three years of life. According to DHCS (2021), there were 85,754 children 0-3 in Riverside County, and the screening rates for Riverside County fell within the 3rd Quintile (40-60%) in the State, with only approximately 25% of the children with Medi-Cal insurance in managed care plans being screened. With this number, we would expect 10-17% of these children would have or develop developmental delays (8,500-14,500), and yet only 4,000 were served by CA Early Start. We can and must do better to ensure children benefit from the early intervention programs available.

Children's needs must not be treated in silos, as the interconnections between areas of development are vast. When a child's speech and language delays go untreated, social-emotional, and behavioral challenges often emerge as secondary concerns requiring a different layer of treatment. Some of the children with speech/language delays will eventually be diagnosed with autism. When a child has motor incoordination or delays in walking or running, jumping, and climbing, their confidence in play is affected, and again, social-emotional challenges ensue. These children avoid playground structures and active birthday parties, which may set them apart from peers. Thus, multidisciplinary treatment or coordination of care amongst early screening and intervention providers is essential.

Further, the connection between developmental delays and disabilities and trauma is a complex and multifaceted issue. Individuals with developmental disabilities are more vulnerable to experiencing trauma due to various factors, such as difficulties in communication, social interactions, emotional regulation, and sensory processing challenges. Traumatic events, such as abuse, neglect, or even medical procedures, can exacerbate existing developmental disabilities or lead to the onset of new ones. Moreover, individuals with developmental disabilities may have limited coping mechanisms, making it harder for them to process and recover from traumatic experiences. In some cases, the presence of developmental disabilities can also make it challenging for these young children to recognize or communicate their distress, leading to prolonged exposure to traumatic situations.

It is crucial for caregivers, educators, and healthcare professionals to be aware of this connection and provide appropriate vigilance, support, understanding, and interventions to prevent trauma or help children with delays and disabilities cope with and heal from trauma effectively. Addressing both developmental disabilities and the associated trauma, or potential for trauma, is essential for promoting the well-being and resilience of these youngest children at highest risk.

The connection between a child with special needs and their parents' mental health status is profound and intricate. Caring for a child with special needs can be emotionally, physically, and financially demanding, as they often require constant attention, advocacy, and support. Parents and

caregivers of children with special needs face higher levels of stress, anxiety, and depression due to the unique challenges they encounter. The emotional toll of navigating medical appointments, therapies, and educational interventions, coupled with concerns about their child's "fitting in" and their future, can lead to anxiety and depression, burnout, and unhealthy coping strategies. However, this relationship is bidirectional; the mental health of parents and caregivers can also significantly impact the well-being of the child. Stressed or overwhelmed parents may find it challenging to provide the necessary care and emotional support, potentially affecting the child's development and overall well-being. Addressing the mental health needs of parents and caregivers is essential, not only for their own well-being but also for creating a nurturing and stable environment for the child, thereby breaking the cycle of real or potential trauma, and fostering resilience within the family.

The added responsibilities and stressors associated with caring for a child with special needs can strain family relationships, with a particular burden falling on the marital or parental partner relationship, often testing the patience, communication, and resilience of both partners. Differences in coping mechanisms, financial strains related to medical and therapeutic expenses, and the time demands of caregiving can create tension within the relationship. Moreover, decisions related to the child's healthcare, education, and future planning can become sources of disagreement and may result in much or all the responsibility of the child's progress shifting onto one parent or caregiver. These stressors can increase the risk of more serious trauma resulting, such as Intimate Partner Domestic Violence or abuse involving the child more directly.

By actively screening for concerns about trauma and addressing parental mental health and well-being, and immediately and emergently supporting what is discovered through this screening, the family is better positioned to thrive, leading to a safer and more supportive environment for the child's growth and development. This whole child approach can help to mitigate the impact of developmental delays and disabilities and ensure more positive outcomes.

Brief Review of Autism Prevalence and Trends

The Children's Health Act of 2000 authorized the Centers for Disease Control and Prevention

(CDC) to create the Autism and Developmental Disabilities Monitoring (ADDM) Network to track the number and characteristics of children with autism spectrum disorder (ASD) and other developmental disabilities in diverse communities throughout the United States. The ADDM Network has been collecting and reporting ASD data from across the United States for more than twenty years. The prevalence of children with ASD has grown to 1:36 (2.8%) 8-year-olds, up from 1:44 (2.3%) two years prior, according to a new report through the Autism and Developmental Disorders Monitoring Network (ADDM) of the CDC.[4,5] The ADDM first studied children who were 4 and 8 years old in 2020. The overall prevalence was 21.5 per 1000 children (2.2%), with a vast range, from lowest prevalence in Utah to highest prevalence in CA from among the 11 study sites. The wide range suggests differences in early ASD identification practices among communities. Of children with a documented evaluation, CDC researchers found that about 49% of 8-year-olds diagnosed with

ASD had been evaluated by 36 months (goal being the earlier the better). Among those 4-year-olds with both an ASD diagnosis and documented developmental evaluation, 78% were evaluated by 36 months. According to the ADDM over the last four years, as a country, we are doing better in terms of earlier identification, including documented developmental evaluations verifying the diagnosis.

For the first time, rates are lower for White children than for other races. CDC Director on Birth Defects and Developmental Disabilities, Karen Remley, MD, MPH, reports that this is suspected to be due to increased awareness leading to more children of color being identified. In 2020, rates were lowest for White children at 2.4% followed by 2.9% of Black children, 3.2% of Hispanic children and 3.3% of Asian/Pacific Islander children. "These data indicate that ASD is common across all groups of children and underscore the considerable need for equitable and accessible screening, services, and support for all children," authors wrote in the report. About 38% of those 8-year-olds with autism who had evaluations available had a co-occurring intellectual developmental disorder (IDD), compared with 48% of 4-year-olds, with rates higher among Black children than White. "And while more research is needed to understand this difference, it could relate in part to less early access to services that diagnose and support children with autism," Dr. Remley reported.

ASD prevalence was slightly over 1% for girls for the first time but was still four times higher for boys. There is considerable evidence in the literature that girls are under-diagnosed or diagnosed quite late, missing opportunities for early intervention and improved outcomes for girls.[6]

The AAP recommends developmental screenings at 9, 18 and 30 months and specific screening for autism at ages 18 and 24 months. A study was done evaluating whether the Ages and Stages Questionnaires- Social Emotional (ASQ SE-2) was adequate in screening for autism, and the authors found that, while most children were accurately identified as needing developmental services, the ASQ SE pointed to autism in only 4% of the cases compared with 52% when specific autism screening questions/tools were employed.[7] Thus, it is important that autism- specific tools and questionnaires be utilized to not only adequately identify children who may benefit from early services and supports at young ages, but to ensure they are directed to research-based interventions specifically for ASD.

Data and Methodology

Method for Learning about Riverside County's Systems for Children with Special Needs

Interview Methods

To understand how Riverside County is performing in terms of identifying and supporting children with special needs or those showing concerns, 30 initial stakeholder interviews were conducted across several different child-serving agencies including health care, early intervention providers (CA Early Start vendors), other community-based organizations including mental health, County departments serving children, CA Early Start, managed care plans, and local school districts. Surveys were developed based on these interviews and provided in both English and Spanish.

Survey Methods and Early Actions

A survey distribution list was developed by obtaining distribution groups from various child-serving agencies and providers from the same service areas used to identify stakeholders for interviews. They included pediatricians, ancillary therapists (OT, PT, Speech), ABA providers, mental health therapists, home visitors, foster family agencies, school districts' directors of early learning, early care and education providers, and other child-serving agencies (Inland Regional Center/Early Start, Inland Empire Health Plan, Public Health, WIC, etc.). The survey was distributed through direct personal emails (over 150) and to F5RC's email distribution list of child care providers.

The survey was active for the months of July and August 2023. A total of 116 programs responded, with 106 in English and 10 in Spanish. All Spanish language surveys represented family childcare homes (FCCH). Approximately 15 interviews followed the survey either 1) to engage essential stakeholders, 2) to clarify responses, 3) request additional data (content was missing from some first responses), or 4) because an interview was requested in the survey. These interviews resulted in additional important qualitative and quantitative information that was analyzed in the context of survey data received.

In addition, these interviews and survey responses resulted in interventions initiated during the process which have already supported the intention to improve and increase collaborations across the County to improve screening, connections to services, and the services themselves. For example, when it was learned that some programs were having more trouble connecting foster children to services, they were connected to Voices for Children for training on how to link a child with a Court Appointed Special Advocate (CASA) who holds educational rights and can assist when a family cannot be accessed for consents. When a newly designated State preschool began including children with special needs but did not have the specialized training to best support and integrate these children, they were connected to the Riverside County Office of Education (RCOE) and WestEd for training, coaching, and other resources. When it was discovered that programs were having difficulties connecting parents/caregivers with mental health services, they were offered a resource guide providing specific steps for connecting families to mental health services, including parent and peer partners with lived experiences who could take time with parents and caregivers to figure out what they needed when they were reluctant or unsure.

How Well Did the Survey Capture Services in Riverside County?

An environmental map of those who took the survey versus those invited who did not complete it were mapped according to districts and considering Healthy Places Indices (version 3.0) to visually reflect areas of highest need relative to survey responders. The survey captured programs in all areas across all five districts, although some services were better represented in certain regions than others. Topography was added to the map to confirm that areas without responses were mountains or parks where there was little to no population. Overall, the survey is felt to adequately capture services County-wide.

A Second Survey to Explore Findings

Survey analysis revealed that the survey questions did not indicate who refers families into the programs surveyed. It appeared that CA Early Start vendors received referrals for children 0-3 more frequently if their services were provided in-home. Many of the ancillary services such as speech, occupational (OT) and physical (PT) therapies did not offer services in home, so there was concern that they may not be seeing children early, even when autism and more serious speech and language disorders might be present. Funding for services was also considered a factor, as regional centers are funders of last resort, so insurance may be funding these services for some current or potential CA Early Start clients.

To address this gap in knowledge about referral patterns into specific evidence-based therapies (Speech, OT, PT, ABA), a small follow-up survey was sent to 33 early intervention providers to learn who referred children to these programs and how the services were funded. Twenty-six programs responded (79%), some of which had not been surveyed previously (7), as they were early intervention providers of therapy who were not vendors for Inland Regional Center.

Results

As indicated, information was obtained from interviews with stakeholders, both before and after data collection. Approximately 30 agency leaders participated in interviews where questions were asked and tested to inform development of the first and most comprehensive survey. Agencies included healthcare, early care and education centers and homes, early intervention providers, CA Early Start, Inland Empire Health Plan, behavioral health providers, autism intervention agencies, County departments supporting children, and other nonprofit CBOs. The survey was then developed and disseminated.

First, agencies were asked whether they supported children within each area of concern. Then, specific questions were asked of agencies about whether they treated children in each of five areas of concern, including in) autism, ii) other developmental delays and disorders, iii) social-emotional and behavioral concerns, iv) trauma, and v) parent mental health. Six questions followed each topic with skip logic employed so that a respondent who did not provide treatment in an area of concern would skip to the next topic. The questions for each area of concern included:

1. Do you provide treatment for (the specific area of concern)?
2. What services do you provide to these children?
3. What kinds of providers do you employ to provide this treatment?
4. Where do you provide the treatment sessions?
5. Do you offer evidence-based strategies?
6. What evidence-based strategies do you use?

Following deeper exploration of these five areas of concern, the survey queried 1) whether the providers screened children, 2) for what concerns and with what tools, 3) then asked for referral information (to which agencies do you refer and do you close the loop on referrals), 4) and finally, asked for their perspectives on barriers to connecting families and opportunities for improvements.

A total of 116 agencies responded to the first and most global survey, and their service locations were mapped using GIS and findings were analyzed. Areas in question were then further explored through follow-up interviews and/or a second, smaller survey targeting treatment providers, especially those who offered speech, occupational, and physical therapies, to learn who refers to these groups and what forms of funding they were contracted to serve.

Overall, the data show that most of the programs responding serve children who span 0-5 years of age (106/116), and 83 of the agencies also serve children 6 years and older. Seventy thousand children were represented by the survey respondents and were served last year (FY 22-23). The groups were not mutually exclusive so many children may have been counted in more than one agency (e.g., healthcare plus early intervention).

Eighty percent of the programs responding said they support children with autism and other developmental delays and disorders, 70% support children with social-emotional and behavioral concerns, and smaller numbers support children with trauma history and parents or caregivers with mental health concerns (52% and 46%, respectively). Note these data represent all programs and agencies that support children, which includes those that treat the disorder and those that provide more general supports for the child and family. For example, a home visiting program may support families whose children have varied special needs, such as autism, by providing parent education and training, without providing direct treatment for autism, while an ABA agency provides direct treatment for the child. Both levels of providers are included here. (Figure 1)

Autism

Treatment modality:

Whereas nearly 80% of the respondents said they support children with autism in their program, only 37% (N=41) of these provide treatment for autism spectrum disorders. The greatest number of these respondents provide parent education, and 20 agencies of the 41 also offer parent training, behavior, and developmental therapies, such as speech, occupational and physical therapies, and care coordination. Other "treatments" included wraparound, social and recreational services, and respite care. Twelve agencies offer diagnostic developmental evaluations with only four offering this service to children under three years of age. Eight (20%) of the agencies offered inclusive education, although some were more intentional in their inclusive treatment of autism than others. For example, Alexa's PLAYC in Murrieta is a research-based program with published outcomes providing intensive treatment to children with autism who are functioning at a level of readiness to learn from typical peers,[8,9] whereas State preschools may include children with special needs, but they may still be learning strategies to ensure optimal outcomes. (Figure 2)

Place of Service:

Sixty-one percent of the 41 programs offering treatment for autism offer these services in-home, followed by office or clinic and virtual (both about 50% of the autism treatment providers). Other agencies are providing treatment in schools and early learning centers. (Figure 3)

Figure 1.

Do you serve children experiencing, at risk for, or diagnosed with any of the following?

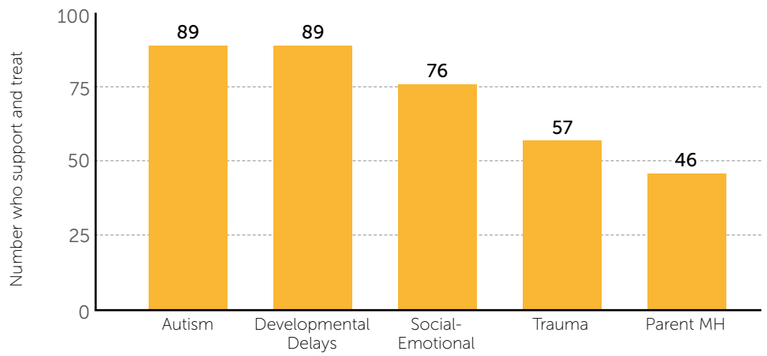
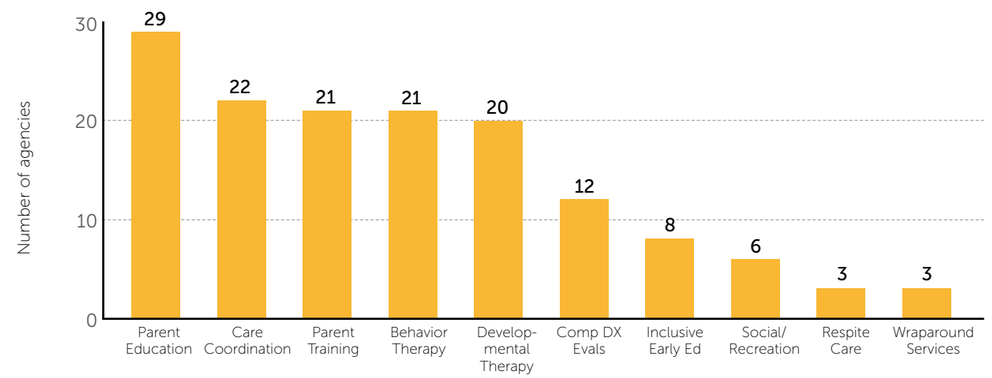


Figure 2.

What autism-related services do you provide directly?



Provider type:

Agencies providing treatment for autism spectrum disorders primarily utilize home visitors, behavior therapists (registered behavior therapists [RBT] and paraprofessionals) and early childhood teachers (50%), board certified behavior analysts (BCBA), speech language pathologists, occupational therapists (35-37% of the agencies), followed by psychologists and developmental specialists and others. (Figure 4)

Evidence-based practice:

When asked what evidence-based practices (EBP) the agencies offered, most reported employing antecedent-based interventions, social skills training, and visual supports (41-49%), followed by functional behavioral assessments and parent implemented interventions. While 36% reported delivery of parent implemented interventions, only 19% and 12% reported offering Pivotal Response Training or Project ImPACT respectively, which are specific research-based parent training models with strong outcomes. Cognitive behavioral intervention, discrete trial training and social narratives are all utilized by about 25% of the programs. (Figure 5)

Figure 3.

Where do you provide these autism services?

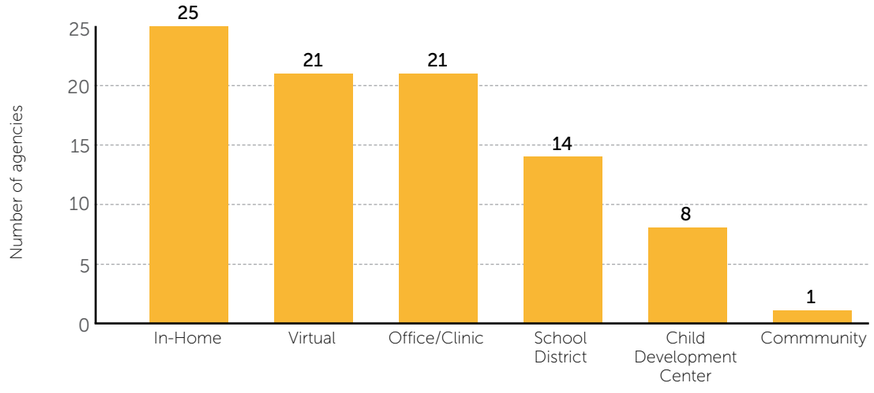


Figure 4.

Who provides these services for children with autism?

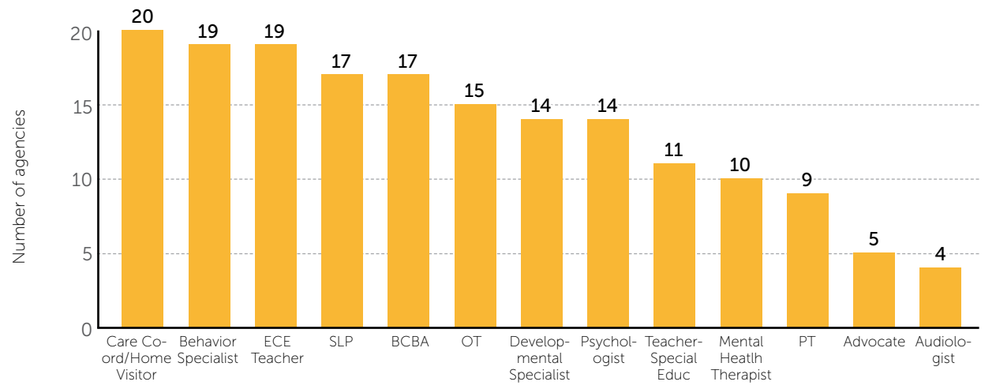
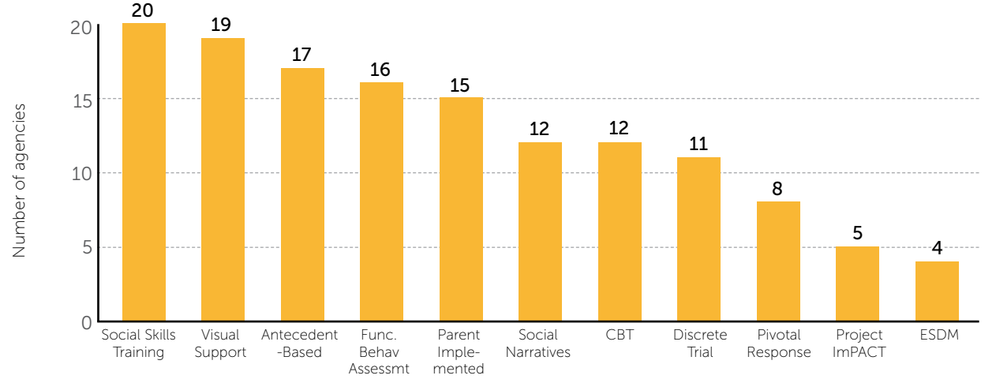


Figure 5.

What autism-related evidence-based practice do you offer?



Other Developmental Delays and Disorders

Treatment modality:

Whereas nearly 80% of the respondents said they support children with other developmental delays and disorders in their program (such as home visitors, family resource center service providers), nearly 50% of these agencies (N=54) report they provide treatment for developmental delays and disorders. There is much overlap with this group and autism, as many children with concerns for autism are not identified as such before age three. Few agencies report using autism specific screening tools, and most children 0-3 in Riverside County are not receiving diagnostic developmental evaluations. The greatest number of these respondents report they provide parent education (65%) and half this group of 54 provide parent training, behavior therapy/supports and developmental therapies such as speech, occupational and physical therapies. Other offerings include care coordination, inclusive early learning (some more intentionally treatment focused than others), and comprehensive diagnostic evaluations. (Figure 6)

Place of Service:

Sixty-one percent of the 54 agencies offer treatment for developmental delays and disorders in-home, and this seems to be the service most frequently assigned to CA Early Start clients. In-home place of service is followed by only 35% in office or clinic and virtual. Others are treated in schools and child development centers. (Figure 7)

Figure 6.

What services do you directly provide for "other developmental delays and disorders"?

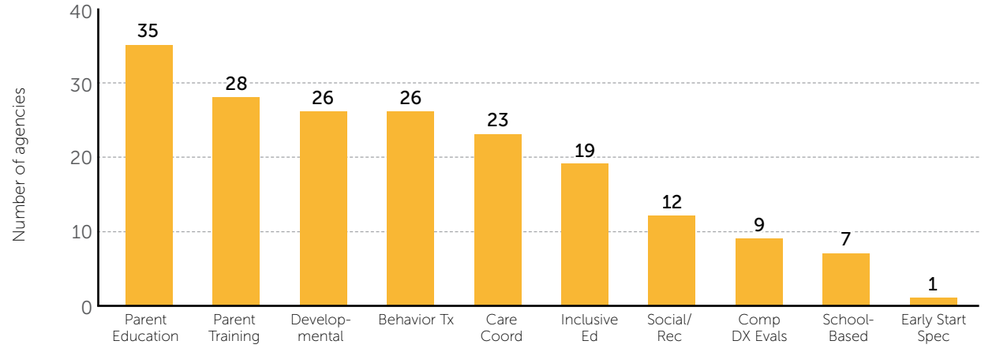
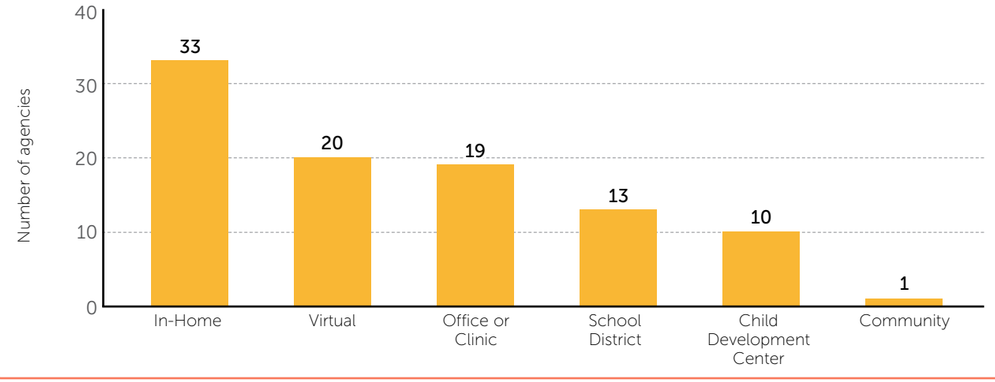


Figure 7.

Where do you provide these services for developmental delays and disorders?

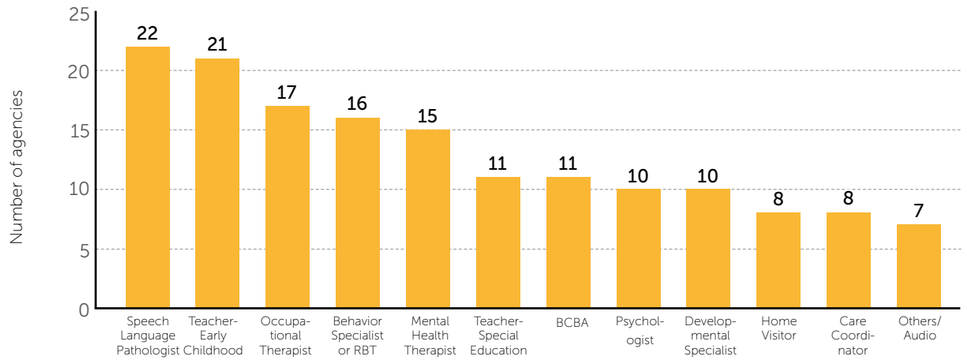


Provider type:

Agencies providing treatment for developmental delays and disorders utilize speech language pathologists (a benefit for the children with autism who are not yet identified) and early childhood educators most frequently (41%), followed by behavioral therapists, occupational therapists, and mental health therapists (30%). BCBAs, psychologists, and special education teachers follow by comprising 20% of the group. (Figure 8)

Figure 8.

Who provides these services for other developmental delays and disorders?



Evidence-based practice:

Survey respondents were unable identify many specific evidence-based practices their agencies treating developmental delays offered. However, licensed therapists such as speech and occupational therapists, mental health therapists and behavior therapists may be using evidence-based strategies in their work. Psychologists offering comprehensive diagnostic evaluations also typically use evidence-based batteries of tests for evaluation. Those treatment practices mentioned by treatment providers addressing other developmental delays and disorders included Parents As Teachers, Project ImPACT, Hippotherapy (equine), Picture Exchange Communication System (PECS) and Milieu Teaching.

Social-Emotional Behavioral Concerns

Treatment modality:

Whereas 66% of the respondents said they support children with social-emotional and behavioral concerns in their program, just 41% (N=46) provide treatment for social-emotional and behavioral disorders. There is much overlap with autism here, as many children with concerns for autism are not identified as such or diagnosed before age three, although they may present with communication delays, social-emotional concerns and/or challenging behaviors. The greatest number of these respondents (54%) provide behavior therapy. Mental health therapy, care coordination, and clinical assessment are offered by 35% of the agencies treating children with social-emotional concerns. (Figure 9)

Place of Service:

Over half of the 46 agencies provide services in-home with nearly as many seeing children in clinics. Childcare centers and virtual visits comprise the rest of the service locations for the agencies treating children with social-emotional and behavioral concerns. County behavioral health services are often delivered in clinic settings due to the need for specialized equipment, such as for certain evidence-based treatment modalities like Parent-Child Interaction Therapy (PCIT). (Figure 10)

Figure 9.

What services do you directly provide for social-emotional behavioral concerns?

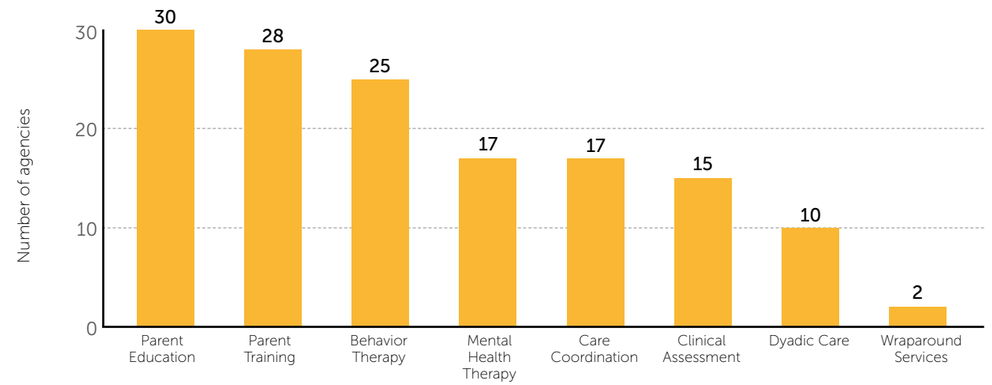
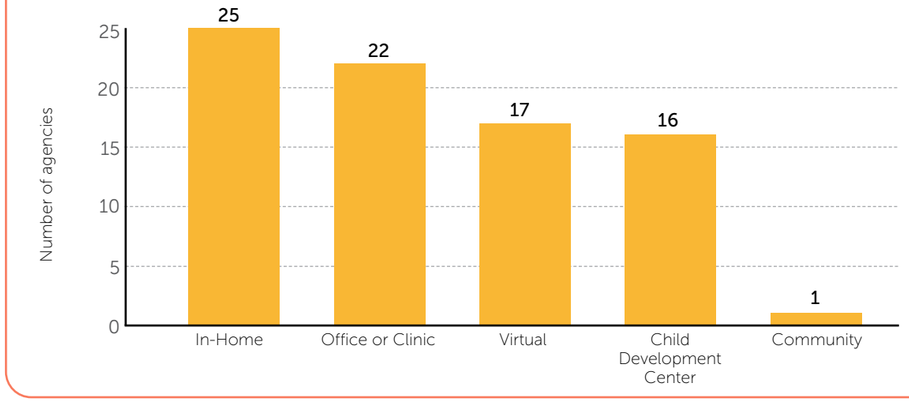


Figure 10.

Where do you provide services for social-emotional behavioral concerns?



Provider type:

Agencies providing treatment for children with social-emotional and behavioral disorders utilize licensed mental health therapists and behavior specialists most often (37%). Other primary providers for behavioral concerns include early childhood teachers, BCBAs, and unlicensed or license-eligible mental health therapists. (Figure 11)

Evidence-based practice:

When asked which evidence-based practices the agencies treating social-emotional and behavioral disorders offered, respondents offered Play Therapy most often (43%) followed by Cognitive Behavioral Therapy (35%). Child Parent Relationship Therapy, Parent-Child Interaction Therapy, and Trauma-Focused Cognitive Behavioral Therapy (CBT) were all offered by about 25% of the agencies. Many of the EBPs were research-based strategies for very young children with social-emotional concerns, and most are dyadic treatment models, ensuring that caregivers are learning to provide safe, nurturing support for their children. The models offered are noted as best practice for these children and families. However, the percentage of providers delivering these services may not meet the needs of children with social-emotional/behavioral needs County-wide. (Figure 12)

Figure 11.

Who provides these services for social-emotional behavioral concerns?

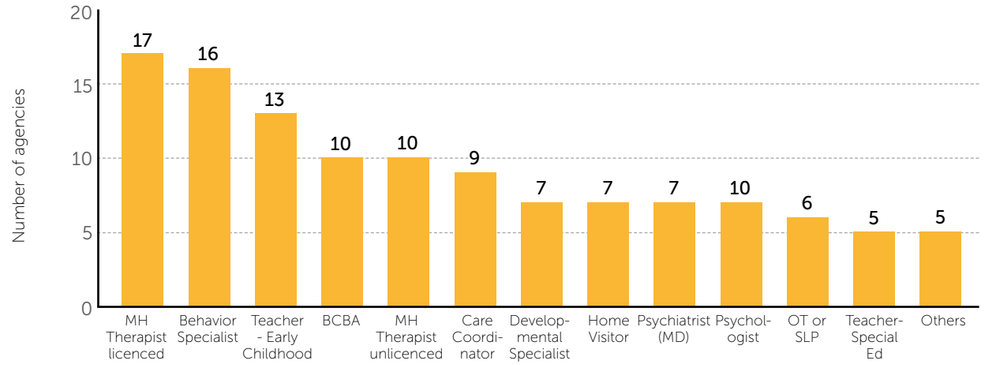
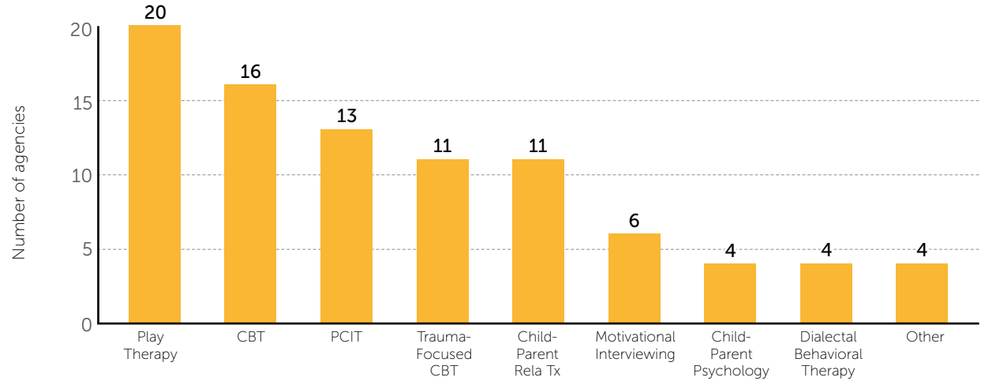


Figure 12.

What EBP do you provide for social-emotional behavioral concerns?



Trauma

Treatment modality:

Whereas 50% of the respondents said they support children with trauma history in their programs, only 18% (N=20) provide treatment for trauma. The greatest number of these respondents who offer trauma treatment provide trauma-informed mental health therapy (75%). Children who have experienced trauma often have symptoms that overlap with autism and other developmental disorders. Some of these symptoms might include withdrawn behavior, communication deficits, inconsistent eye contact, poor social awareness, aggression, self-injury, sensory dysregulation, rigidity around transitions, difficulty self-regulating, delayed play skills, etc. Most children with trauma histories and these accompanying symptoms are not carefully evaluated before age 3. As children may present with social-emotional concerns and problem behaviors, they are often treated for these symptoms alone, and not also for their trauma history and needs. Only three agencies provide a substantial number of comprehensive diagnostic developmental evaluations prior to age 3. This level of evaluation is necessary to sort out symptoms of trauma and autism, which can look similar and yet may point to very different treatment modalities. Additionally, not all treatment providers are trained in trauma-informed care. (Figure 13)

Place of Service:

Trauma-informed mental health therapy is most frequently offered in clinics (75%), with half offering services in-home. Virtual visits and childcare centers comprise the treatment locations for the rest of the agencies treating children with trauma. (Figure 14)

Figure 13.

What services do you directly provide for children with trauma history?

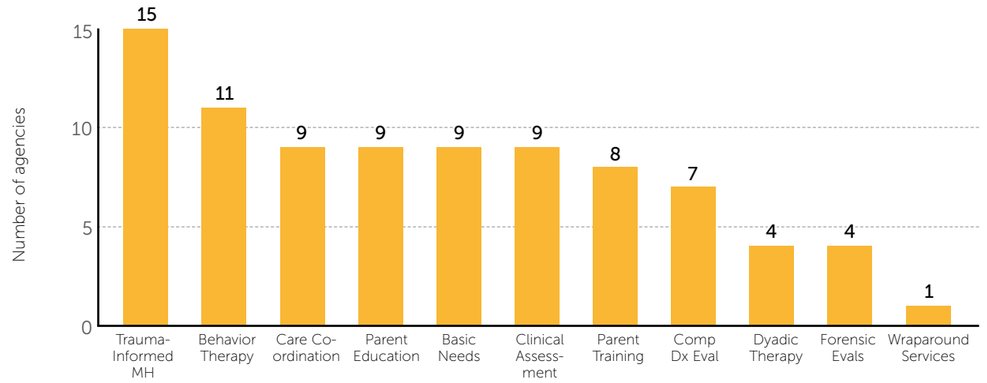
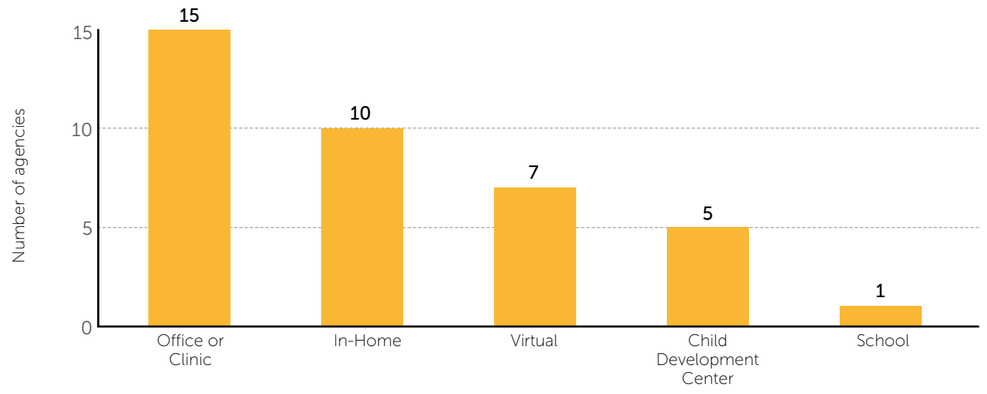


Figure 14.

Where do you provide services for children with trauma concerns?



Provider type:

Sixty percent of the agencies providing treatment for children with trauma utilize mental health therapists, both licensed and license-eligible, followed by physicians who evaluate for child abuse, and psychologists who perform comprehensive diagnostic developmental evaluations including evaluation for trauma. (Figure 15)

Evidence-based practice:

When asked which evidence-based practices the agencies treating children with trauma were trained to use, all of them reported using research-based strategies including, most often, Trauma-Focused Cognitive Behavioral Therapy (CBT) at 50%, followed by Play Therapy, Cognitive Behavioral Therapy, Parent-Child Interaction Therapy (PCIT), and Child-Parent Relationship Therapy (all at about 40% of the agencies). Child-Parent Psychotherapy (CPP), which is a strong model which supports attachment in the youngest infants and children with trauma history, is used by only two agencies. (Figure 16)

Figure 15.

Who provides these trauma services?

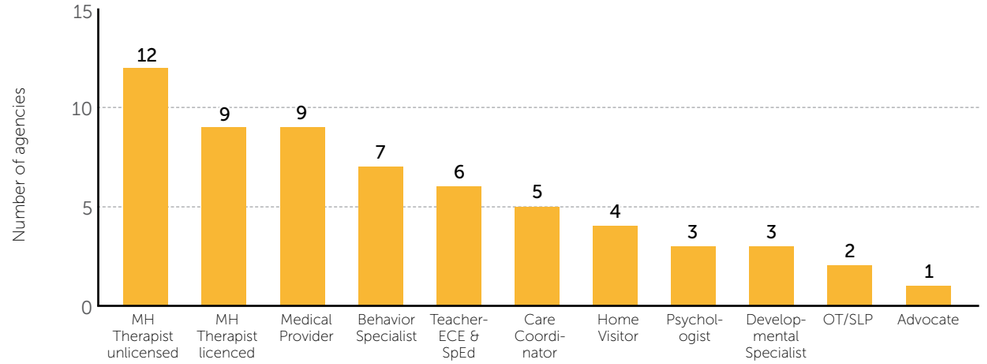
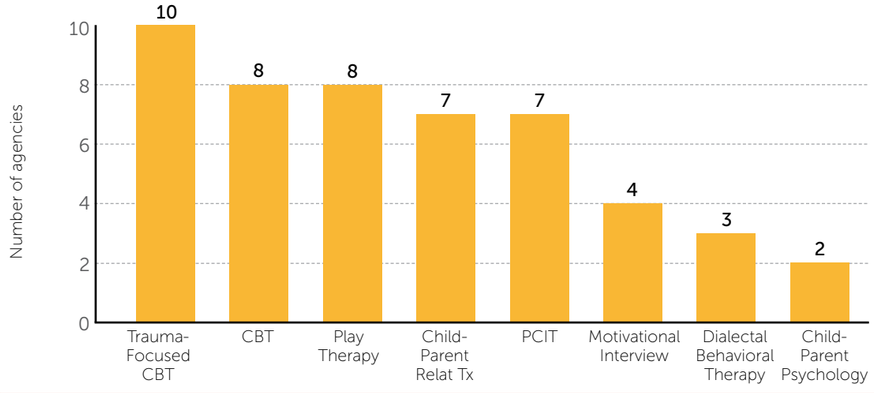


Figure 16.

What EBP do you offer for trauma?



Parent Mental Health

Treatment modality:

Whereas 40% of the respondents said they support parents in their programs who have mental health concerns, only 10% (N=12) provide mental health treatment for parents and caregivers. This is not surprising, given that the survey targeted programs serving children 0-5. The greatest number of respondents who report that they offer mental health treatment for parents and caregivers provide parent education and support, which is different from targeted treatment for parents' mental health conditions such as anxiety, depression, or substance abuse. Most of the providers who do treat this patient group offer psychotherapy to parents and caregivers and most programs offer coordination of care. It is inferred that agencies providing care coordination, who learn of parent mental health needs, are making referrals and even linking those parents to treatment. However, this survey did not question or verify this assumption. (Figure 17)

Place of Service:

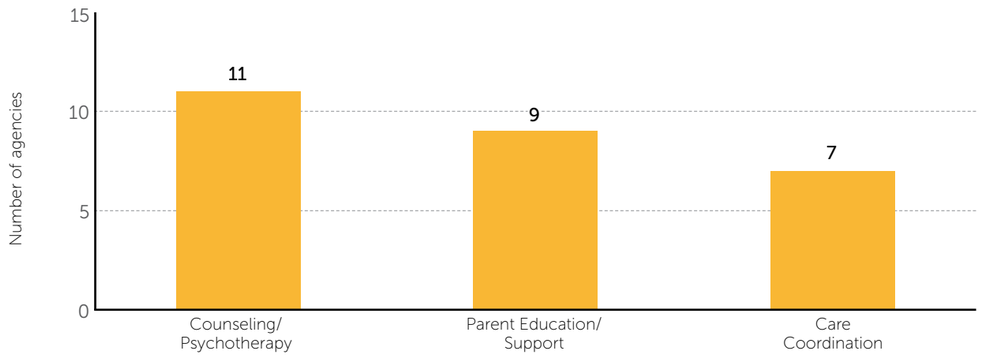
Parent mental health treatment is nearly always offered in clinics (90%) with offerings virtually and in-home as well. (Figure 18)

Provider type:

All the agencies (100%) providing treatment for parents and caregivers utilize mental health therapists, both licensed and license-eligible, followed by a few paraprofessionals, and then psychiatrists and case managers. (Figure 19)

Figure 17.

What parent mental health services do you provide directly?



Evidence-based practice:

When asked what evidence-based practices the agencies utilized for treating parents and caregivers, most said none, although the home visiting programs consistently mentioned Nurse Family Partnership and Safe Care.

Figure 18.

Where do you provide parent mental health services?

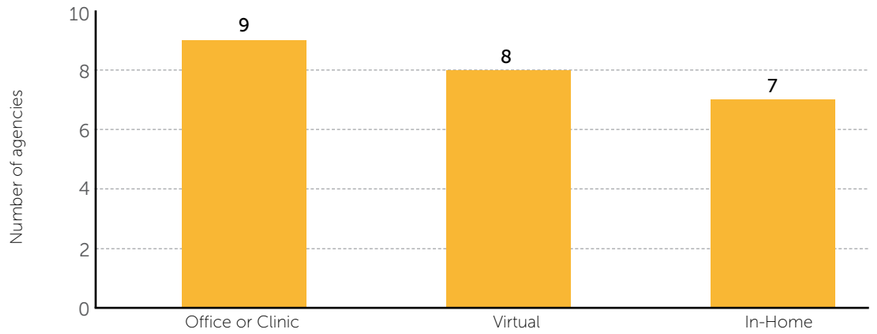
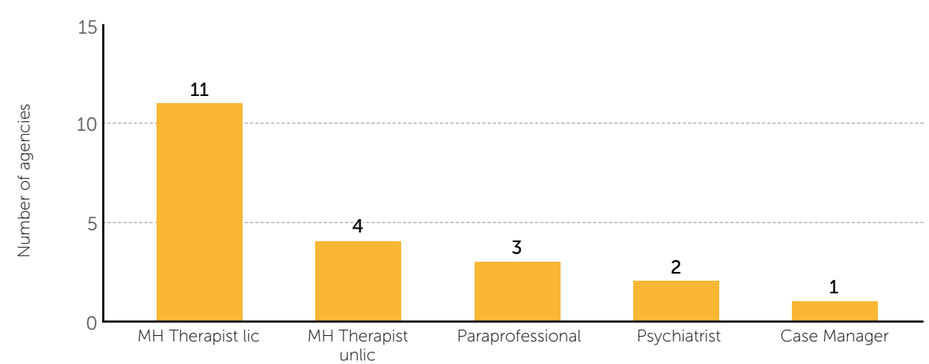


Figure 19.

Who provides these services to support parent mental health?



Screening for Special Needs

Developmental screening for special needs plays a pivotal role in ensuring that every child receives the appropriate care and support they need to thrive. Early identification of developmental delays or disabilities is essential for timely intervention, as it allows for the provision of tailored services and therapies that can significantly improve a child's quality of life. Additionally, by identifying special needs at an early stage, county departments such as Public Health and F5RC can utilize data gained from families' completion of developmental screenings to better allocate resources and implement policies to address these challenges. This may include promoting a diverse and well-trained workforce that matches child and family needs, effective connections to services, inclusivity, equal opportunities, and more cohesive and compassionate communities.

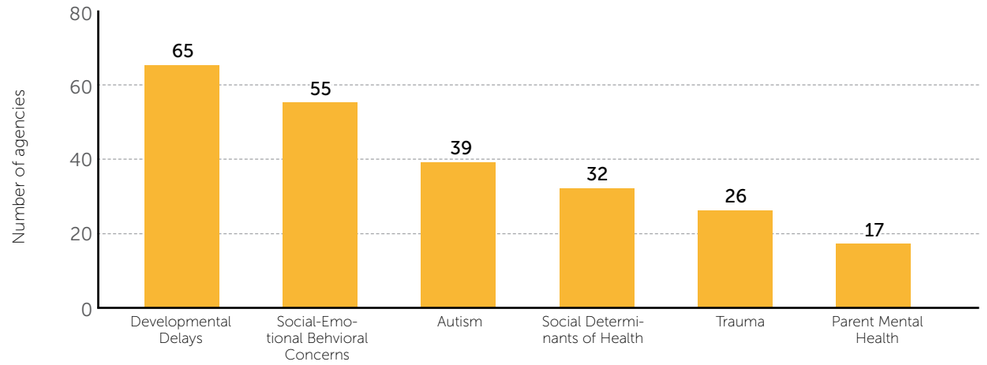
Seventy percent of the agencies surveyed provide screening for developmental delays. Fifty-two percent screen children only and another 19% provide some screening for parents or families. Most agencies that do not screen children are treatment providers who receive referrals from those who do screen or have a function that does not lend itself to screening children (e.g., managed care plan, Reach Out and Read, etc.). Most who screen children focus on identifying developmental delays and social-emotional and behavioral disorders, which would include children with symptoms of, but not yet diagnosed with autism. The screening tools used most often are the Ages and Stages Questionnaire (ASQ3) and the Ages and Stages Questionnaire – Social Emotional (ASQ SE). Even those agencies who say they screen for autism use these same broader developmental screening tools. Only 12 agencies use autism specific screening tools (e.g., Modified Checklist for Autism in Toddlers- Revised (M-CHAT-R), Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP).

While most early childhood providers screen and refer (Figure 20), a small number of family childcare home providers reported they do not screen children, and several do not refer for services.

It should be noted that an ASQ3 or ASQ SE does not screen for autism specifically, and while they identify children with developmental concerns and needs for intervention, they may not result in an accurate referral for comprehensive evaluation or treatment of autism. Most children screened with ASQs are pointed in the direction of in-home infant education for developmental delay or behaviors, an intervention approach that is not among the researched strategies which result in significant change in autistic symptoms. The nature of this referral for children at risk for autism can cause delays in access to research-proven treatment strategies until after 3, or whenever the child is diagnosed, and may in fact delay early diagnosis of autism. Much autism research points to improved outcomes associated with targeted and intensive evidence-based treatment starting well before age 3, underscoring the importance of autism-specific screening tools within programs to help direct children to autism specific services.

Figure 20.

If you provide screenings, what specific concerns do you screen for?



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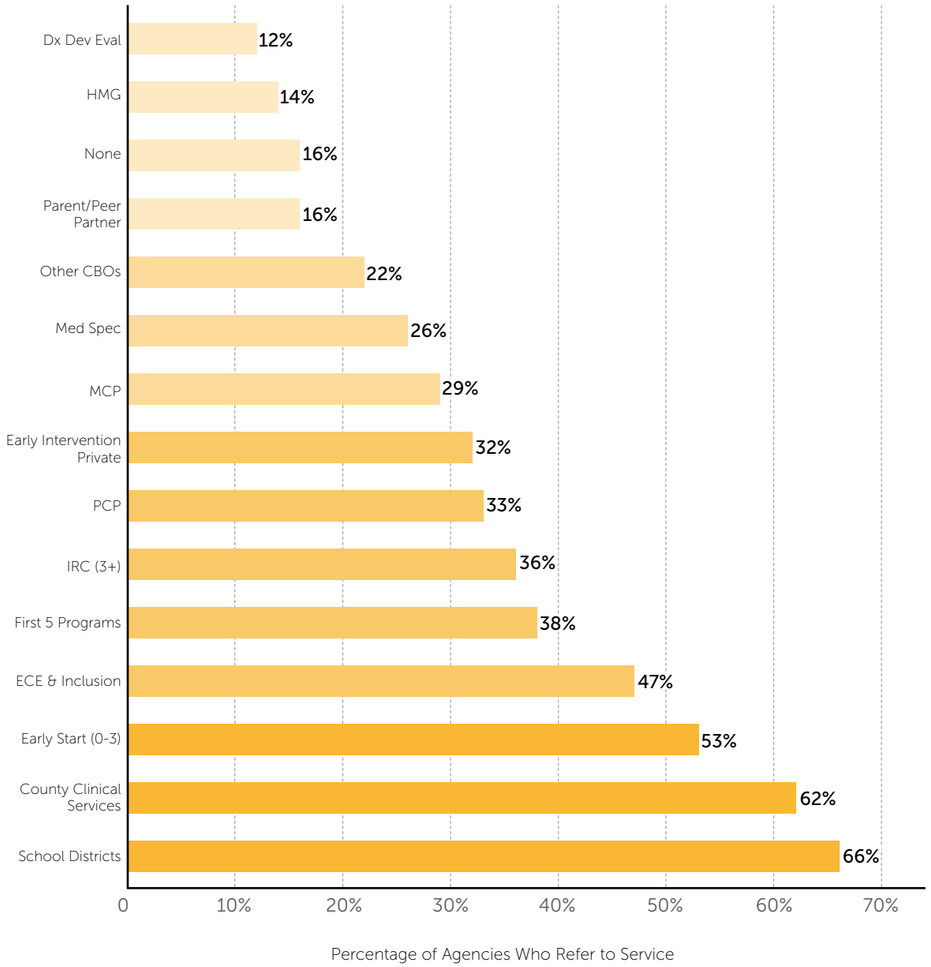
Referrals

Respondents were asked to whom they most frequently referred. School districts and County-funded clinical services (e.g., behavioral health, public health, etc.) were selected most often at 66% and 62% respectively, followed by CA Early Start (53%) and Early Care and Education programs (47%). First 5 funded programs (e.g., home visiting and Family Resource Centers) followed at 38%. A HealthySteps referral would only show as a referral to a pediatric provider since HealthySteps is always provided within a pediatric practice or clinic. (Figure 21)

Figure 21.

Most Frequent Referrals by Providers



Closing the Loop on Referrals

A referral is only effective if it results in the child/family connecting with services and using those services. Too frequently, respondents report parents and caregivers are given a phone number, and if they call, which depends upon their own personal readiness or resources, they may encounter barriers to connecting to services. Some of these barriers include finding out the program is not taking new patients, or they are full at times the family can attend (e.g., after school or work), or their insurance (e.g., Medi-Cal) is not under contract with the agency, or the distance to services is too great. There are improvements to closing the loop in programs where families receive ongoing connection to services, however delays may still remain. For example, HealthySteps documents a child is linked to services when the child attends the first appointment (e.g., intake assessment at CA Early Start). However, they report that even when a child attends this assessment, they have experienced some children not getting connected to treatment services until months later. HealthySteps has the advantage of seeing children for repeated pediatric visits and can course correct and ensure these connections happen, as can other programs that see the same child for repeated visits (e.g., home visitors, public health nurses). This demonstrates that even in programs where course correcting is possible, the practice of screening, referring, and then closing the case does not always ensure children receive needed services.

Seventy-five percent of those who refer children report they confirm linkage to services, and of these, most verify that linkage is confirmed within 1 month. Twenty-six percent report they confirm linkage to services "at the next visit" whenever it occurs, which suggests that linkage to services might not be verified for some time or at all. (Figures 22 & 23)

Figure 22.

Do you confirm linkage to services?

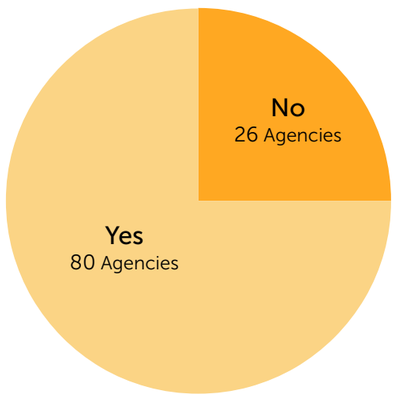


Figure 23.

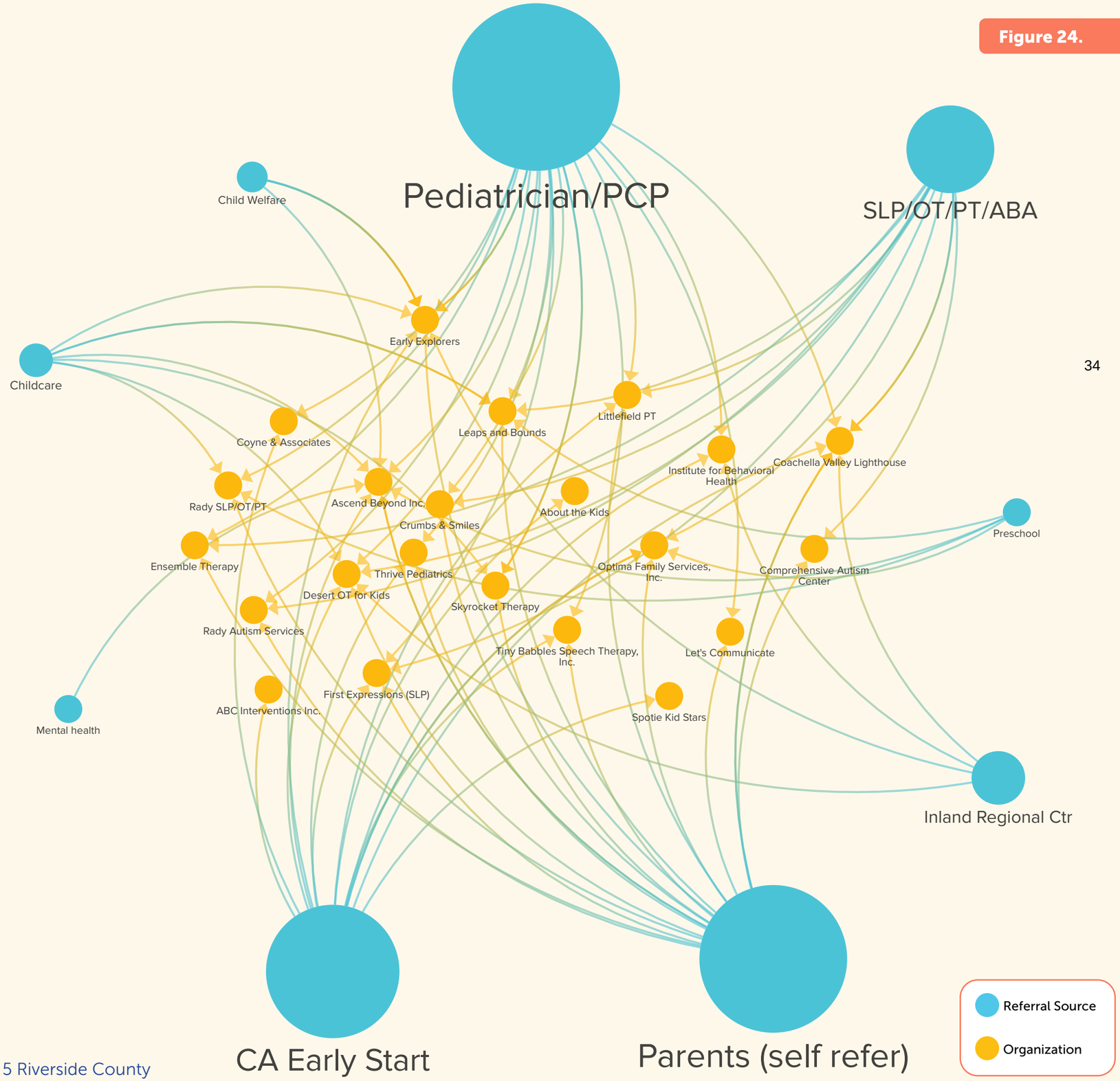
When do you confirm linkage to service?

Referrals Into Therapies

A second smaller survey targeting treatment providers, especially those providing speech, occupational (OT), and physical (PT) therapies, was developed and shared with both agencies who completed the first survey and with some new providers identified through the process of connecting community resources. This survey was launched as previous documentation indicated relatively fewer programs providing these services—compared with infant education and ABA—received CA Early Start referrals. Given that certain developmental concerns such as autism and dyspraxia (e.g., oral motor incoordination) and serious challenges with sensory rich environments (e.g., lights, sounds, people) might not be fully addressed in one or two hours a week with an infant educator, it was important to investigate why some programs received referrals to speech, OT, and PT, while others did not. The data suggest that CA Early Start is more likely to refer to services offered in-home (the natural environment), whereas those agencies providing services by licensed therapists (speech, OT, PT) are more often delivering services in a clinic. However, this was not consistent across providers, as at least one provider offering speech and occupational therapy receives all their CA Early Start referrals to the clinic whereas another clinic-based provider with openings does not receive any CA Early Start referrals. A more in-depth study of the CA Early Start referral practices and reported inconsistencies across provider agencies would be helpful in identifying gaps in referral practices, decreasing the time children wait for needed services, and increasing appropriate and targeted referrals (e.g., autism-specific, speech therapy, inclusive education).

The data show that children attending these services are most frequently referred by pediatricians (largest blue dot indicates most referrals) and funded by a health plan, followed by self-referrals from parents, with CA Early Start being third in frequency of referrals, followed by one therapy discipline referring to another. A factor potentially influencing referrals to speech, occupational, and physical therapies by pediatricians more often than other organizations may relate to 1) ease of the referral process for pediatricians staying within the medical model and 2) regional centers being a funder of last resort. (Figure 24)

Figure 24.



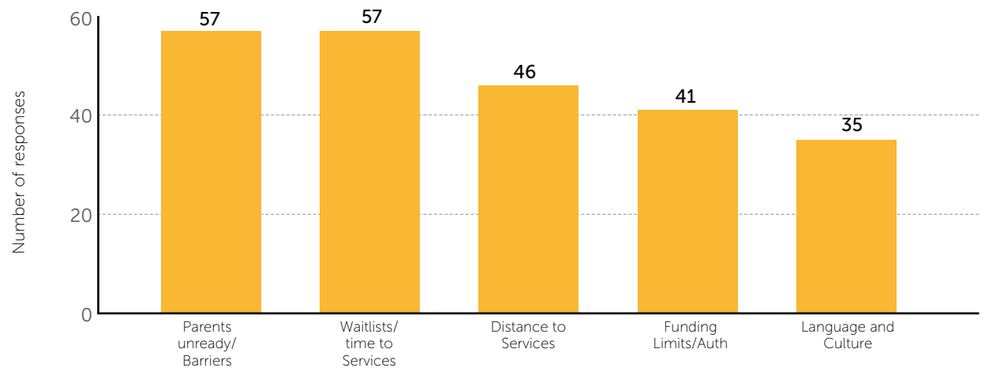
What barriers prevent children from receiving the services they need?

Service providers were asked in the original landscape survey what they felt were the most critical barriers to children getting what they need, and some of the responses resulted in follow-up interviews. Parents' lack of readiness for the referral or parents' personal barriers were equal to wait lists and time to access services as the first most prevalent barriers reported. While parents may need some time and ongoing support to be ready to accept a referral and engage in services for their child, there is an equal likelihood that the service will not be ready (e.g., have an opening, enough providers, available in their area) for them. There is also a direct relationship between funding/authorizations and time to access services. It may take several days to weeks to get the referral to the health plan and authorized. By the time the child's name comes up on the wait list, the authorization may have expired, and the physician and family must start over with a new referral and authorization.

Distance to services was considered a barrier by nearly half the respondents, and while the maps show a good spread of services, we may not have the right services in a region to meet a child's specific needs. Regarding language, although 90% of the providers had Spanish-speaking providers on staff, there were still areas where the need for Spanish was higher than capacity, and a family's culture was reported to be a barrier at least as often. (Figure 25)

Figure 25.

Barriers to children receiving services:

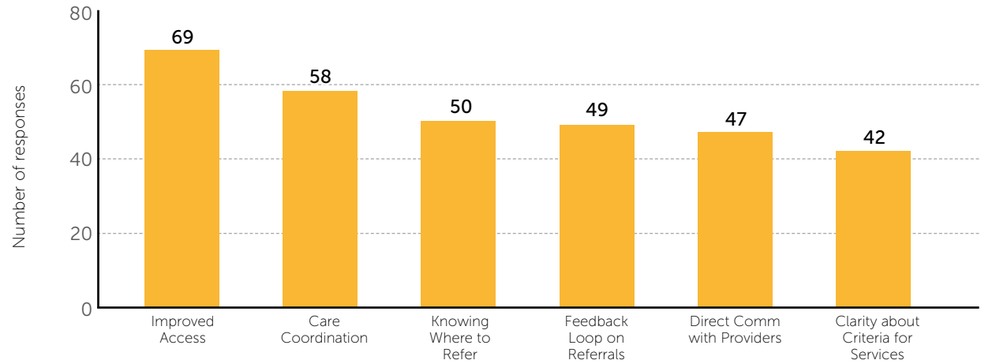


What would make things better?

Service providers also weighed in on what they thought would improve children and families getting what they needed. First was better access to services, which was selected by nearly 70 providers; there is a need for more programs, more providers, in more regions of the County. Next, they felt care coordination for families would be helpful. Many programs report offering care coordination, but if referrals do not result in documented linkage to services every time, a provider may not feel coordination of care was provided or effective. Agencies want more clarity about criteria for programs, so they have a better understanding of where to refer children and for what need. Finally, that feedback loop to providers is considered essential, as a provider cannot know to follow up and redirect a child if they do not know whether a referral loop was closed, and services were initiated. (Figure 26) It is for these situations that HealthySteps, being within the practice, is most effective.

Figure 26.

Suggested improvements to receiving services:



Discussion of Findings and Needs

Autism Spectrum Disorders

As reported earlier, of the 116 original surveys, 55 report that they specifically screen for autism and social-emotional development using the ASQ3 and/or the ASQ SE, while only 10% use an autism specific screening tool (e.g., Modified Checklist for Autism in Toddlers (MCHAT-R), Communication and Symbolic Behavior Scales (CSBS DP), Social Communication Questionnaire (SCQ), etc.). Furthermore, when autism specific screeners are used, they are sometimes not administered to the appropriate age group (i.e., the M-CHAT-R is a valid screener for 16–30-month-olds but might be used for a 4-year-old). Although the ASQ3 and the ASQ SE will identify that a child needs some type of developmental services, these tools are not as likely to indicate that the child may need specific evaluation for autism, or evidence-based interventions tailored to address an autism spectrum disorder.

This practice of connecting children to a more general form of early intervention for developmental delay will address the delay and offer parent/caregiver support. However, it will miss both the intensity of treatment and the strategies research has shown to be effective in mitigating the impact of autism in the early years when neuroplasticity of the brain supports the greatest opportunity
for change. This includes parent training in specific strategies (e.g., Project ImPACT), naturalistic forms of ABA or Naturalistic Developmental Behavioral Interventions (NDBI)[10,11], and speech/language, occupational, and physical therapies. Studies on the effectiveness of Project ImPACT, a parent training program designed for parents/caregivers of children with early concerns of ASD, consistently revealed improved communication and social interaction in the children and reduced parent stress.[12] Nearly every parent of a child with concerns for autism would benefit from such a research-based parent training approach. While few CA Early Start referrals in Riverside County are directed for Project ImPACT, other regional centers prioritize this effective strategy for newly identified autistic children. For example, the San Diego community, with Early Start at the table, chose Project ImPACT as part of the Bridge Collaborative. In years 2019 and 2020, over 500 children each year were funded for Project ImPACT with an average age at entry of 23 months.[13]

A greater concern exists if the child with symptoms of autism has a history of trauma, as the interventions used for a child with trauma are quite different than those recommended for a child with autism. Planned ignoring may be a strategy used to extinguish behaviors in an autistic child, but this would be contraindicated for a child who had experienced neglect and has disordered attachment. When a child has a trauma history and signs/symptoms of an autistic disorder, sensitive evaluation by a specially trained mental health professional is required to determine the differential or co-existing diagnoses as well as the first and best course of treatment.

Autism support services are offered throughout the County; however, there are fewer services in District 4 and parts of District 5, with the cities of Hemet, Perris, and the Coachella Valley having fewer resources to support children with autism, including children in need of speech/language and occupational therapies. The exception is the school districts, which are well equipped to serve the 3- to 5-year-olds. However, the best outcomes result when services start much earlier, so the need for earlier identification and intervention available to infants and toddlers, along with their caregivers, is critical.

All school districts who responded to the survey provide autism treatment and supports for those children identified through screening by age 3 or who come to the district at that age or older. However, surveys and interviews suggest that more children served through CA Early Start prior to age 3 may be receiving only 1-2 hours/week of in-home early intervention. Only those identified with significant behaviors are receiving as much as 4-10 hours/week of behavior support services, following requisite functional behavioral assessments (FBA). These assessments may or may not include a diagnostic evaluation by a psychologist to better understand co-existing concerns, such as trauma. Instead, the FBAs are more often performed by a BCBA who is focused on autism symptoms. This report suggests that these children are less frequently referred for speech and occupational therapies from CA Early Start, but pediatricians do direct children toward these therapies, and children with autism often start with a pediatrician's referral for a speech evaluation.

This current practice of "lighter touch" interventions for children at risk for autism (one to two hours of in-home infant education) may result in delays in receiving autism specific interventions until age 3 or later, especially for those children with higher developmental levels who may be ready for intervention in inclusive environments with typically developing peers. Research has demonstrated that a difference in initiating intensive evidence-based treatment for those of 18 months of age vs 27 months can result in improved outcomes.[14] According to Get Set Early, by Karen Pierce, research shows very early targeted treatment (by age ~2 years) increases overall cognitive function (IQ), language abilities, as well as social orienting skills.[15] Other studies go on to suggest that starting treatment at earlier ages results in better overall outcomes than treatment initiated later in life.

Across the country, children are 3.5 to 5 years of age when they receive a diagnosis of autism and start treatment. Unfortunately, this statistic has remained stable over the past decade, and is one that can be improved significantly with greater completion of developmental screenings to detect autism early and closed-loop referrals that ensure diagnosed children receive the support they need as soon as early as possible in their development.

Trauma

Considering the potentially devastating impact of early trauma, only 22 of the 116 respondents reported screening for and treating trauma directly. This suggests that there are many children in our communities who have experienced trauma but who may not be identified and receiving targeted trauma-informed treatment. Children's Services reports approximately 1800 children 0-5 have open child welfare cases. If they show developmental delays, they may receive in-home early education by a child development specialist through CA Early Start. However, children with open child welfare cases are not systematically screened and identified as needing and receiving targeted interventions such as dyadic care (e.g., Parent Child Interaction Therapy, Child Parent Psychotherapy), which address difficulties with attachment and social-emotional challenges. Given that as high as 35-75% of children in foster care may show developmental and social-emotional concerns on screening,[16] in Riverside County, we might expect that 1350 of these 1800 children could be served through programs that meet their identified needs. CA Early Start is currently serving almost 4000 children 0-3 from Riverside County in total. Two agencies providing infant intake assessments for CA Early Start reported that foster children were somewhat less likely to attend this intake appointment, which is a pathway to intervention services. This finding suggests that foster children may be under-represented in the 4000 children 0-3 served by CA Early Start. It is possible that a greater number are served in Riverside University Health System's children's mental health services, but without systematic screening, children are undoubtedly missed. Research also indicates that children in foster care are less likely to be effectively connected to services,[17] suggesting that documented linkage to services is essential once a child is identified with needs.

In addition to the concerns about children in foster care, infants who were in the NICU are also at higher risk for developmental, social-emotional, and behavioral concerns, as well as trauma. The babies may have experienced prenatal drug and alcohol exposure or be medically fragile for other reasons. Babies from the NICU may be placed in out-of-home care at discharge. Fortunately, CA Early Start has a pathway to facilitate easier and earlier connections for this medically and socially high-risk population.

Children with congenital heart disease (CHD) have a higher prevalence of neurodevelopmental disorders such as attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) compared to the general population. Several factors may contribute to this increased risk including brain development (affected by hypoxemia or cerebral injury), genetic factors and environmental factors such as low birth weight and exposures to toxins. These children, as well as others from the NICU, are often identified and connected through CA Children's Services (CCS) High Risk Infant programs or through direct referrals to CA Early Start from pediatricians. There is some urgency, as children with disabilities have a 3-4 times higher risk of experiencing trauma, and the behaviors associated with prematurity, including neurological immaturity for weeks or months, ADHD and early signs of autism can all cause frustration for caregivers, placing the children at even higher risk.

Parent Mental Health

The relationship between raising a child with a developmental delay or behavioral disorder and the parents' or caregivers' mental health can be complex and multifaceted. There are several factors to consider. The impact of stress that comes from caring for a child with special needs can be demanding and stressful, as it often involves navigating medical appointments, therapy sessions, educational placements, and managing day-to-day challenges related to the child's condition. This chronic stress can impact parents' mental health, leading to increased levels of anxiety, depression, and caregiver burnout. Parents often experience a range of emotions in response to their child's diagnosis, including denial, grief, guilt, anger, and uncertainty or fear about the future. They often feel lonely and isolated. The financial burden associated with caring for a child with special needs, including loss of job, medical expenses, therapy costs, and specialized equipment, can exacerbate stress and strain on family resources which in turn contribute to parental stress and mental health challenges. Marital or other parent-partner relationships are often affected due to increased conflict, communication breakdowns, and decreased attention to the relationship.[18] These are all reasons that early intervention providers caring for young children with developmental and behavioral concerns must provide extra attention and support for parents' and caregivers' mental health and well-being in addition to the children's. If screening does not occur, caregivers' mental health risks cannot be identified and addressed.

Opportunities to Reduce Barriers and Improve the Developmental Screening and Early Intervention System of Care

It is important to keep in mind that the Early Intervention System, which is a focus of this study, exists within the context of Federal and State mandates, IDEA, and Medicaid law for children with Medi-Cal insurance. In addition to local efforts, state and federal policy changes in the Medi-Cal and Part C (of IDEA) programs are needed to improve the Early Intervention System. Action is necessary to expand the services Part C and Medi-Cal can provide, increase sustainable funding (which is improving for behavioral health care specifically), and improve oversight. Medi-Cal carries significant responsibility in ensuring children receive screening, care coordination, and treatment for developmental and social-emotional and behavioral concerns. Despite this responsibility, screening rates for children with Medi-Cal in Riverside County are too low (~25%) and care coordination may not consistently provide the kind of support, time, and effort young families require to ensure they are connected to and receiving timely services. Another layer of change and oversight may be needed to ensure those services are matched to the child's unique developmental, social-emotional, and/or family's needs. Some funded programs providing care coordination provide an agency name and a phone number, while others, such as HealthySteps, follow-up with the family until they are connected to the services they need.

Issues that can be addressed through advocacy include resource flows for increased reimbursement rate for needed services (e.g., Medi-Cal reimbursement rates for speech, occupational, and physical therapists do not cover current wages for these licensed providers), effectively increasing and improving regional center access to contracted service providers who are being underutilized, improving service delivery (including diagnostic assessments where needed), and timely connection to services following completion of IFSPs. These and other early intervention systems issues and recommendations are outlined in Early Identification and Intervention for California's Infants and Toddlers: 6 Key Takeaways, a publication from the First 5 Center for Children's Policy.[19] A new incentive program for regional center vendors may improve timely access to services.

The following include possible opportunities to address systemic barriers to screening and early intervention services that were shared by key stakeholders. The list is not intended to be exhaustive but rather to serve as a starting point for community stakeholder discussions and action. Of note, the Riverside County findings over the combination of stakeholder interviews and this countywide survey corroborate existing findings; much the same results are found in a similar study for First 5 San Mateo by Cheryl Oku.[20]

Opportunity 1: Expand and improve early identification and connection to services through developmental and social-emotional screenings for all.

Universal and systematic developmental screenings in young children are crucial for several reasons: 1) Early Detection of Developmental and Social-Emotional Delays: Screenings help identify developmental and social-emotional concerns early on. Detecting issues early allows for timely intervention and support, which can significantly improve outcomes for the child. 2) Prevention of Long-term Problems: Addressing developmental delays early can prevent or minimize the risk of long-term difficulties in areas such as language, social skills, motor skills, and cognitive abilities and can lead to interventions that mitigate risks for potential trauma. 3) Support for Parents: Screenings provide parents/caregivers with valuable information about their child's development. They offer reassurance if the child is developing typically and guidance and training in specific therapeutic strategies if there are areas of concern. Early identification allows parents/caregivers to access resources, support services, and interventions tailored to their child's unique needs. 4) Facilitation of Early Intervention Services: Early identification of developmental delays enables children to access early intervention services promptly. These services, which may include speech therapy, occupational therapy, physical therapy, mental health therapy, and/or special education, are designed to support the child's development and help them reach their full potential during this period of neuroplasticity when evidence-based practices can have measurable outcomes. 5) Cost-effectiveness: Early intervention has proven to be more effective and less costly than addressing

developmental and mental health issues later in life. By identifying concerns early, interventions can be less intensive and have a greater impact, potentially reducing the need for more extensive support in the future.

Children with both milder and more intensive needs deserve to have the unique services that will have the greatest impact on their developmental outcomes. Early and accurate differential detection or diagnosis and linkage to services with an evidence base should be prioritized as best practice whenever possible.

HealthySteps is an example of an evidence-based pediatric care model integrating developmental and behavioral health services with medical care that has been a particularly impactful investment, funded by First 5 Riverside County since 2018. HealthySteps provides a tier-based structure in which every child ages birth to three in the pediatric practice receives a screening protocol set forth by HealthySteps National, which is aligned with AAP Bright Futures. Because children see their pediatrician 12-13 times during the first 3 years, this provides many opportunities to screen for concerns (development, social-emotional growth, trauma, and parent mental health), provide parents and caregivers with guidance and short-term interventions, and ensure that children are linked to the appropriate services to address their needs. Children can only thrive in the context of nurturing relationships, and this model pays attention to the mental health and basic needs of the caregivers and family. Behavioral health integration is becoming sustainable with new CA budget opportunities to bill for dyadic care beginning as early as infancy and without diagnosis for children with Medi-Cal insurance. Children with commercial insurance also benefit from this integrated model of care because they receive the same screening protocol within the practice, and the pediatricians in a HealthySteps practice are skilled and experienced in identifying concerns and making proper referrals, learning from, and leaning on the HealthySteps specialists for resources when needed.

Two early intervention agencies providing infant intake assessments for CA Early Start report that foster children and other children with open child welfare cases may be less likely to attend their intake assessment at CA Early Start. They reported: "Children in child welfare seem to have a slightly higher risk of failing to attend the intake assessment."

Opportunity 1 Recommendations

1) Encourage and support integration of behavioral health, such as HealthySteps or another model of dyadic care, into pediatric practices seeing the greatest numbers of Medi-Cal patients, and in FQHCs where the program is most easily sustained through fee-for-service (FFS) billing and taking full advantage of the Prospective Payment System. HealthySteps is the most effective vehicle for earliest identification, engaging caregivers and connecting them with other services such as home visiting, FRCs, CA Early Start, etc. 2) Ensure all County-funded screening and early intervention programs and early care centers and homes are screening children for development, social-emotional growth, and autism (e.g., where feasible, also screening caregivers for social determinants of health and adverse childhood experiences). 3) Train all County-funded providers and early childhood educators in how to engage families in services, to ensure that their screenings result in action (e.g., documented linkage to needed services). This is particularly essential for children with open child welfare cases.

To ensure effectiveness of engagement and linkage, consider widespread training in Motivational Interviewing[21] and the Healthy Outcomes from Positive Experiences (HOPE)[22] framework.

Opportunity 2: Shift perspective of "identify and refer" to a focus on providing a continuum of services for children at risk by matching services to the unique needs of children and families.

CA Early Start referrals prioritize "natural environments" to mean in the child's home, which results in children often being referred to programs which provide their services in-home, without ensuring that is the best fit for a child's unique needs. As a result, across Riverside County, there are CA Early Start vendors who provide evidence-based interventions who have open slots, while there are children who are not receiving timely services or the right match of programming to optimize child outcomes. It is possible that prioritizing services to be offered in the home setting is a barrier for households with dual working parents or single parents/caregivers, which may exacerbate inequities in access to services.

While many CA Early Start children are reported to receive 1-2 hours of in-home infant education a week, the children receiving more than 1-2 hours a week in home are more often those with severe behaviors suggestive of autism–who are referred for up to 10 hours per week of ABA-based therapy. Children presenting with less severe behaviors, who may have great potential to eventually receive mainstream education, receive less intensive services during the most critical years for early intervention strategies which have been proven by research to have greatest impact.

A center-based provider of OT, PT, and Speech services in District 2 reported: "I have been a vendor for 13 years and have never had an Early Start referral. I want the children to be served, so I take a limited percentage of children with IEHP insurance (Medi-Cal), despite financial hardship to my business."

A center-based provider of speech and OT in Districts 1 and 3 who used to provide services in home echoed these findings: "I'm not sure why Early Start refrains from [referring to] center-based services. I understand the benefits of supporting children in their natural environments, such as the home setting. However, I have also seen how center-based services can be beneficial. In my experience providing home health, children (especially those diagnosed with ASD) can be even more distracted in their natural environment as they know their escape routes and access to toys/food that can limit social interaction with their therapist. In addition to this… we have had requests to provide services at the child's local library or at parents' workspace if the family was unable to hold therapy at their homes. This wouldn't be considered their natural environment.

In comparison, when sessions are held in the clinic setting, I believe there is more control to encourage skill development because the environment can be tailored to minimize distractions, such as reducing the number of toys in the treatment rooms. As a result of this, children are organically inclined to interact with their therapists, and parents are more attentive to participating in the therapeutic process. It's also been nice for the children to have the opportunity to get early exposure to new child-friendly environments and meet other children. I also think coming to a clinic is great preparation for these little ones before they enter more structured settings such as daycare or school."

A center-based autism inclusion treatment program utilizing evidence-based strategies designed for children ready for peer interaction and incidental teaching in District 3 remarked: "I have been a vendor for 6 years and have never had an Early Start referral. Occasionally we get to treat a toddler because of the doctor's recommendation and the parent's advocacy, but this placement has not yet been initiated by Early Start." Note: post survey, a leadership change in District 3 has resulted in two referrals to this program for the first time.

Opportunity 2 Recommendation

Ensure children are referred for the services they need most. Improve communication between CA Early Start service coordinators and program providers by publishing contact information and offering regular opportunities for vendor presentations about services, so the right services are matched to the child's needs, rather than prioritizing location of services (e.g., in-home) or vendors most familiar to the Service Coordinator. It is further recommended that early intervention referrals consider higher intensity of services for young children with autism to enable provision of evidence-based interventions targeting early social communication, play, engagement, and other areas critical to early development–regardless of the intensity of a child's behavioral challenges. Ensure these evidence-based interventions are in place for children with autism, including those with milder symptoms, at the earliest possible opportunity and ideally by 18-24 months. This change will require strong partnerships across service providers, county-wide, including developmental and mental health service providers (CBOs), CA Early Start, Children's Services, First 5 Riverside County, Autism Society Inland Empire, managed care plans, pediatrician representatives, and more.

Opportunity 3: Make high-quality care coordination, which emphasizes closed-loop referrals, available for all children with or at-risk for special needs.[23]

Children with autism spectrum disorder and other developmental disorders benefit when their caregivers can effectively advocate for appropriate services. Barriers to caregiver engagement, such as provider mistrust, emotional unreadiness, cultural differences, stigma, and lack of knowledge, can interfere with timely service access. The provision of high-quality care coordination by trusted community providers, who are a racial, ethnic, cultural, and linguistic match whenever possible, can help to break down these barriers.

Beyond families' acceptance of services, there are programs referring families to services who are not ensuring and documenting closed-loop referrals. Closed-loop referrals confirm that families are not just connected, but also that children are receiving the recommended services. A program name and phone number given to a parent can result in inaction or dead ends for parents who are already overburdened with their child's care.

A pediatrician in District 1 commented: "I refer my patients to Help Me Grow Inland Empire and I never know if the family gets connected to services."

A HealthySteps specialist in Murrieta reiterated the need for closed-loop referrals: "I felt I had closed the loop on my referral when a child with Down Syndrome and medical complexities received his intake assessment at CA Early Start. However, despite my repeated best efforts, he was not connected to services for 9 months after the referral. Fortunately, in HealthySteps, the child continued to attend pediatric visits, so I knew to follow up over and over again, until the child and family had the services they need."

Opportunity 3 Recommendation

Ensure effective, high quality care coordination is available to all children with or at-risk for special needs to ensure timely, well-documented connection to evaluations and treatment services. Provide a County-wide definition of 'linkage to services' and require documentation of this by all County-funded programs. See recommendation under Opportunity 1 regarding special training for care coordinators in Motivational Interviewing and HOPE framework, to engage families and help them move to readiness for intervention more effectively.

Opportunity 4: Promote transparency and inter-agency data sharing to fully understand the current landscape of services, to make informed decisions where to target systems improvement efforts, and to ensure that children with special needs are being effectively connected to the right services.

HealthySteps Specialists in Districts 3 and 5 noted: "I refer to behavioral health services and provide families with the CARES line, and parents do not get a call back or do not get linked to services."

The RUHS Behavioral Health CARES line receives calls greater than capacity and parents of very young children are often unready or unable to articulate on the call what they need for themselves or their child. A resource guide was created to divert parents of young children to the parent/peer partner department (County) where trained parents with lived experiences can help families figure out what they need, over time, in the context of peer support. Once the family is ready, the trusted parent partner connects the family to behavioral health services. In addition, a direct, refined referral process from pediatric practices with integrated behavioral health services (e.g., HealthySteps) and from other contracted providers to RUHS-Behavioral Health Preschool 0-5 programs is also helping families get connected to what they need.

Opportunity 4 Recommendation

Develop and maintain resource guides for developmental and behavioral health referrals in each region. Develop an inter-agency data sharing system such as a Health Information Exchange that allows providers to know to which social services a family is connected. Increase utilization of Connect IE, where a service provider or care coordinator can see if a family's referral was received.

Opportunity 5: Improve and increase the number of service providers who are a cultural and linguistic match to families and ensure adequate capacity for timely access to treatment in each region across all payors, especially those taking Medi-Cal insurance.

Providers report language and culture, and distance to services as barriers to children receiving timely access to services.

Most programs surveyed offered services in Spanish, but if a child lives in a region where there are few bilingual providers, then language remains a barrier. When race, ethnicity, and/or culture are barriers, the family benefits from a parent or peer partner who shares their background and culture and can take the time to develop the family's trust. Only then can the partner effectively assist the family with acceptance of the child's needs and for services that fit the family's cultural preferences.

A speech therapy provider in District 3 with a small practice reported: "I would like to be able to take IEHP, but the rate is too low to allow me to hire and retain licensed speech language pathologists. I also lose staff to the schools, who can pay higher wages. I serve children in-home, so I get Early Start referrals for children needing speech therapy." [This team is small, so capacity is limited.]

A provider of OT and Speech in Districts 3 and 5 revealed: "My program is currently closed to new speech patients due to lack of capacity and I can no longer serve autistic children with ABA services in Hemet, San Jacinto, and Perris due to lack of staff."

A provider of PT, OT, and speech in District 2 detailed: "I take IEHP because I want the children to get the services they need, but I must limit my Medi-Cal volume to meet salary expenses. Children come to me at 3, after being discharged from an Early Start vendored in-home infant education program, and [parents] think they have had speech therapy, but they haven't, and the child needed this specialized treatment."

A provider of Speech in District 4 echoed: "I take cash only and have a contract with Kaiser. I am full to capacity and cannot afford to take the going Medi-Cal rates."

A CA Early Start vendor of ABA services county-wide and another provider of comprehensive, diagnostic evaluations under RUHS Behavioral Health stated: "I see children leave Early Start at 3 without a comprehensive diagnostic evaluation, so they are not connected to services at 3 years, not qualifying for Part B services. Then they come back a year later with higher level needs, having missed a year of intervention."

Opportunity 5 Recommendation

Invest in workforce development including outreach and partnership at the local high school, community college, and university levels to stimulate racial, ethnic, and cultural diversity in our current and future workforce serving young children and families.

Ensuring capacity to provide timely access will require a long-term strategy, one that makes it easier for early intervention providers to support their business while also taking Medi-Cal insurance. It is essential to increase access to comprehensive, diagnostic, developmental evaluations so children receive evidence-based interventions that address their specific needs at younger ages (before age 3). Further, for those receiving CA Early Start services, it is critical that a comprehensive, diagnostic evaluation be done at exit (age 3), to ensure they do not get exited from services prematurely.

There is a need for advocacy at the State level and with local Managed Care Plans to adjust reimbursement rates for speech, occupational, and physical therapy providers, so the rates cover, at minimum, the base wage for these services plus benefits. More access to psychologists providing comprehensive diagnostic evaluations (e.g., CDEs) is important, and should be authorized, when needed, by commercial insurance and managed care plans. Finally, greater access to mental health providers who are trained in providing both dyadic care and support for parents' mental health, particularly as it relates to trauma (parents' history or current experience) and parenting a child with special needs.

Opportunity 6: Ensure service providers understand eligibility criteria for each program and when and how to refer children to the right place to match a child's special needs.

There are two aspects to this barrier, and both will be addressed in the recommendation. One must understand what the child needs and then know the programs in each region that can meet those needs. CA Early Start will have a role, as will all programs involved in early identification and referrals.

Children who need comprehensive, diagnostic, developmental evaluations do not systematically receive this service to ensure their needs are properly identified with specialized services recommended. This level of evaluation is essential for children with complex needs including those with the potential intersection of autism and trauma and children open to child welfare. Children with child welfare involvement usually, by definition, have trauma history, and many are at high risk for developmental and mental health concerns, family disruption, and/or parents experiencing mental health concerns. The RUHS Behavioral Health funded Developmental Evaluation and Treatment Clinic meets this need but the service area and scope is limited.

Several vendors of CA Early Start report only children more severely affected by problem behaviors who may show risks for autism get > 4 hours intervention per week, and with required Functional Behavioral Assessment and compelling justification, may get 10 hours. This process still bypasses a comprehensive evaluation by a psychologist to determine other co-existing conditions, such as trauma, needing consideration of a different mode of treatment.

Children at-risk for autism who are less severely affected by problem behaviors and with great potential to eventually receive mainstream education may currently receive the least intensive services, which is not supported by the research literature on early intervention for ASD. At the very least, autism specific screening and/or referral for a comprehensive diagnostic evaluation would help direct children to the right types and intensity of interventions.

A vendor providing ABA (behavior) services in Districts 1,2, 3,5 stated: "We support autism, developmental delays, and social-emotional concerns [for CA Early Start]. Although we likely see children with trauma history, we do not have skills to address [trauma], so we do not screen for or treat trauma."

Opportunity 6 Recommendation

1) Ensure children with complex needs are connected to comprehensive, diagnostic, developmental evaluations prior to determining a treatment plan. There are only two or three agencies providing this service for a substantial number of children under 3 years, but they could be better publicized, utilized, and approved for funding more frequently by the managed care plan (IEHP). Expand the RUHS funded Developmental Evaluation and Treatment Clinic to meet the needs for diagnostic assessment, especially for children open to child welfare, in other regions.

Consider a study to determine if and why children open to CWS are less likely to attend the intake assessment and identify solutions. In addition, establish standards to ensure children who need a comprehensive, diagnostic, developmental evaluation receive this (cont.)

assessment with recommendations to identify their unique needs for specific early intervention. Evaluations are available through a RUHS Behavioral Health contract at Rady Children's Hospital Developmental Services in Murrieta, Comprehensive Diagnostic Evaluations (CDEs) funded by IEHP at the Autism Assessment Center of Excellence for children with IEHP in Riverside, and Inland Regional Center, among few others.

2) Ensure all programs are live on ConnectIE and provide wide scale training in the use of ConnectIE for parents/caregivers and providers. ConnectIE referrals show when the referral is "picked up" by the program, thereby closing the loop, but this does not ensure the child is receiving needed treatment services. That step requires the high-quality care coordination recommended above. Develop regional resource guides which are maintained annually to ensure guides are accurate and up to date or ensure ConnectIE serves this purpose for providers and families.

Opportunity 7: Children often are assigned generic services for developmental delay, as most screening is for general developmental delay and social-emotional and behavioral concerns. Employ specific screening tools for autism, trauma, and parent mental health to improve specificity of referrals as well as improve child safety, reducing risk for child maltreatment.

Tools used during CA Early Start intake assessments include the Developmental Assessment of Young Children- 2nd Edition (DayC-2) and the Receptive Expressive Emergent Language Test – 4th Edition (REEL-4), whereas the ASQ3 and ASQ-SE are used by most other child serving programs that do screening (e.g., Help Me Grow, Home Visiting, HealthySteps). Of these, only HealthySteps also provides universal screening on all children 0-3 specifically for autism, trauma, and parent mental health.

Example: Vendor providing intake assessments for CA Early Start: "We only provide an autism specific screening tool if concerns are immediately apparent during the intake assessment or brought up by the family."

Opportunity 7 Recommendation

Add specific screening tools to the CA Early Start intake assessment and other programs, such as home visiting and family resource centers, to better identify concerns and needs related to autism, trauma, and parent mental health. Early screening and identification practices will need to be adapted so that they are responsive to research on early characteristics of ASD in girls and children with milder or more subtle symptoms. Recommend that early intervention providers explore through a structured interview how a parent is coping. To align with this recommendation, CA Early Start would take necessary steps to ensure that they understand the child's unique needs and match them to the right kind and level of programming, including children with milder presentation of autism who benefit from research proven strategies like Pivotal Response Training, Project ImPACT and other Naturalistic Developmental Behavioral Interventions (NDBI).

First 5 Riverside County's Current Investments

F5RC is already investing in activities that make a difference in early identification and intervention for children with special needs. These programs are well positioned to take support to the next level, and stronger partnerships across these and all early intervention agencies are needed.

Integration of Behavioral Health and Pediatric Care

As previously mentioned, HealthySteps, a behavioral health integration model of Zero to Three, has been a priority investment of F5RC since 2018, and the programs are now moving toward sustainability through fee for service billing and potentially, health plan support. HealthySteps is a tiered model that provides a child development or mental health specialist (HealthySteps Specialist) within the pediatric practice. The model provides universal developmental screening to all children ages 0-3 in the practice. In addition to a protocol of child screenings, parents/caregivers are screened several times for depression, and families are screened for Adverse Childhood Experiences (ACEs) and social determinants of health and are connected to needed resources. As needs from screening arise, HealthySteps Specialists provide short-term developmental and behavioral interventions for children and dyadic therapy for children and caregivers when needed. HealthySteps provides confirmed connections (closed-loop referrals) to services for those children and families with identified needs requiring external resources. Finally, HealthySteps provides team-based well child visits starting with the newborn visit and continuing to 36 months (12-13 visits) for the children identified with highest risks.

Home Visiting

Home visiting programs are also a priority of F5RC and are funded in partnership with DPSS. Several home visiting models are offered county-wide, including those who support CalWORKs families, or those families who might be eligible for CalWORKs. The home visitors provide developmental screening, support for the child's development, and family needs up to the child's second birthday or for two years (CalWORKS HVP). Most programs use the Parents as Teachers (PAT) model which is a parent education and family support program that operates on the fact that parents are their children's first and most influential teachers. It aims to provide parents with the knowledge, skills, and resources they need to support their child's development during the crucial early years of life.

In the PAT model, trained parent educators regularly visit families in their homes to provide information, support, and guidance on child development, parenting techniques, and early learning activities. These visits typically focus on topics such as promoting language development, encouraging positive behavior, fostering healthy attachments, and preparing children for school success.

Nurse-Family Partnership is another home visiting model supported by a partnership between F5RC and RUHS. NFP nurse home visitors use input from parents, nursing experience, nursing practice, and model-specific resources – coupled with the principles of Motivational Interviewing – to promote low-income, first-time mothers' health during pregnancy, care of their child, and their own personal growth and development. This program begins during the mother's second trimester and concludes at their child's second birthday.

Family Resource Centers

Family Resource Centers (FRC) funded by a partnership between DPSS and First 5 Riverside County function as hubs for community services designed to improve family life, particularly for overburdened or disadvantaged families and children. The FRCs focus on four practice methods: Civic Engagement, Community Building, Growth and Development, and Well-Being Services. FRCs provide services and supports to families of all backgrounds and people of all ages. They provide a connection for developmental screenings (such as through Help Me Grow Inland Empire), parenting classes and other health-related topics for parents and caregivers, as well as child-centered educational and recreational activities.

Quality Early Learning

Quality Early Learning or Quality Start Riverside County raises the quality of early learning programs by using evidence-based quality measures and professional development supports. Quality Start brings together early educators, families, and community partners for the common purpose of giving every child in Riverside County the chance to experience a strong start in early learning. Most Quality Start providers are trained in developmental and social-emotional screenings and referrals.

Conclusion

Ensuring the well-being and optimal development of children 0-5 with or at-risk for special needs is a crucial priority in Riverside County. Early identification of developmental delays and disabilities, followed by appropriate, carefully matched, evidence-based early intervention and treatment, can significantly impact a child's outcome and prevent them from entering systems later in life when needs and costs of services are much higher. However, despite the acknowledged importance of these services, Riverside County faces challenges related to low rates of developmental screening, workforce shortages, inconsistent CA Early Start practices, lack of quality care coordination with emphasis on closing the loop on referrals, and suspected prioritization of in-home early service provision over the best match and intensity of services for a child's unique needs. Addressing these challenges is essential if we are to provide comprehensive support associated with positive outcomes to every child and family in need.

By addressing workforce shortages, improving equity in referrals, enhancing CA Early Start practices, implementing closed-loop referral systems, and prioritizing early and individualized care, starting prenatally and/or with the newborn well child visit, Riverside County can better support children and families in need. Investing in early identification and intervention as well as comprehensive services not only benefits individual children and families but also strengthens the community, fostering inclusivity and equity, resilience, and opportunity for all.

This report is considered a beginning for focusing the community on the strengths and needs across regions, risks, abilities and disabilities to ensure access to care and improved outcomes for children 0-5 across Riverside County.

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Resources

1. Autism Intervention Research Network on Behavioral Health: AIR-B with links to Mind-the-Gap Guide. https://www.airbnetwork.org/downloads Mind the Gap is an AIR-B project to connect families with support services in their area, and to put families with a recent autism diagnosis in a better position to navigate the new world of intervention.
2. UC Davis MIND Institute ADEPT (Autism Distance Education Parent Training) Interactive Learning program. 10 online modules based in ABA techniques to help parents learn teaching tools.
3. Autism Speaks: 100 Day Toolkit for New Autism Diagnosis & Caregiver Skills Training Program – collaboration between WHO and Autism Speaks, online modules.
4. American Academy of Pediatrics: Healthychildren.org
5. Healthy Outcomes from Positive Experiences (HOPE)
6. https://positiveexperience.org/author/bobsege/
7. MINT Understanding Motivational Interviewing. https://motivationalinterviewing.org/understanding-motivational-interviewing
8. Centers for Disease Control: https://www.cdc.gov/ncbddd/autism/index.html
9. Implementation of Project ImPACT into a community. https://psycnet.apa.org/record/2023-11668-026 and https://pubmed.ncbi.nlm.nih.gov/35301876/ and https://bridgecollaborative.sdsu.edu/

E. **Consent – Zachary Ginder, Commission Chair**

E.1. Approve First 5 Riverside County Draft Commission Meeting Minutes - July 10, 2024 Session

MINUTES
FIRST 5 RIVERSIDE COUNTY
Commission Regular Meeting
Wednesday, July 10, 2024
2:00 PM

Commissioners Present: Zachary Ginder, Jose Campos, Supervisor V. Manuel Perez, Edwin Gomez, Charity Douglas, and Elizabeth Romero

Commissioners Absent: Angelica Hurtado, Kim Saruwatari, and Stephanie Yost

Administrative Staff Present: Tammi Graham, Executive Director; Yvonne Suarez, Assistant Director; Charna Widby, Deputy Director; Lynn Stephens, Executive Assistant IV; Patricia Perez, Administrative Services Manager II; Carol Abella, Regional Manager; Marinus Van Eenennaam, Administrative Services Manager I; Sean Pravica, Senior Public Information Specialist; Michelle Rodriguez, Public Information Specialist; Martina Guevara, Commission Coordinator; Jimmy Gutierrez; Support Services Technician

Legal Counsel: Kristine Bell-Valdez, Supervising Deputy County Counsel

A. **Call to Order – Zachary Ginder, Commission Chair**
1. Pledge of Allegiance – Commissioner Douglas
2. Roll Call – Lynn Stephens, Executive Assistant IV

B. **Public Comments (for items not listed on the agenda) – Zachary Ginder, Chair**
None

C. **Commission Business – Zachary Ginder, Chair**
1. Director's Report – Tammi Graham, Executive Director; Yvonne Suarez, Assistant Director; Charna Widby, Deputy Director, and Michael Knight, Deputy Director

Ms. Graham, presented department updates to the Commission. Staff participated in a Drowning Prevention interview. Infrastructure for child care facilities updates include Escuela de La Raza project that started in 2019, and opened in June 2024; Lakeland Village, French Valley, Desert Rose, and Jan Peterson projects are in progress. Staff attended Family Services Association (FSA) facility tour and had the opportunity to dialogue with Councilman Mills. FSA staff are working through the temporary permit process. Wage Enhancement opened in June. Over 1,300 applications have been received. A Gemba walk was conducted at the Temecula Quad.

Ms. Widby provided updates on CalWorks Home Visiting Program.

Ms. Graham provided background on First 5's newest Deputy Director, Michael Knight. Mr. Knight will be overseeing day to day operations of First 5 Family Resource Centers.

2. Public Information Report - Sean Pravica, Senior Public Information Specialist and Michelle Rodriguez, Public Information Specialist

Mr. Pravica highlighted First 5 events including First 5's Collaboration with DCSS, Summer Splash water prevention event held at Mead Valley FRC that was well attended and Family Resource Centers (FRC) Hybrid approach being developed to serve customers virtually.

3. Commissioner Comments

Commissioner Perez thanked staff for their efforts on the Desert Rose/Ripley project. Ms. Graham replied to Commissioner Romero's inquiry confirming Mecca Family and Farmworker's Service Center is serving as an unofficial cooling center and families do visit FRCs to stay out of the heat. Staff will get information out to the public on heat safety.

D. **Presentation/Information Item** – **Zachary Ginder, Chair**

1. Champion for Children Award Presentation to Recipient, Helena Lopez - Sean Pravica, Senior Public Information Specialist and Michelle Rodriguez, Public Information Specialist

Mr. Pravica provided an overview on all nominees and the 2024 Champion for Children, Ms. Helena Lopez. Ms. Lopez addressed the Commission and shared her appreciation for being honored as First 5 Riverside County's 5th Champion for Children.

2. Low Income Investment Fund (LIIF) Presentation - Shelly Masur, EdD, Vice President, ECE Advisory & State Policy at the Low Income Investment Fund

Ms. Widby provided an intro for Ms. Masur. Ms. Masur shared key highlights in her presentation. She noted that a majority of infrastructure requests included heat prevention modifications.

A brief Commission discussion ensued about SB234 and how Riverside County can support child care needs. Commissioner Perez requested staff provide a presentation at a future Board of Supervisor's meeting to discuss a plan of action to determine how Riverside County can provide resources and support of child care centers. Some examples shared were to look at space available in existing County offices, utlizing CID funds, implementing policies to allow parents to bring their children to work in each supervisorial district. Ms. Masur committed to provide supporting information to assist with Board of Supervisors discussion and to provide a developer tool kit for staff to share with the Commission.

3. First 5 Riverside County 2024 Communications Plan Presentation - Sean Pravica, Senior Public Information Specialist and Michelle Rodriguez, Public Information Specialist

Mr. Pravica provided key highlights of improvements made to the 2024 Communications plan and acknowledged future goals to enhance messaging and consumer feedback. Chair asked that we reveiw language from an equity perspective.

E. **Consent Items – Zachary Ginder, Chair**

1. Approve First 5 Riverside County Draft Commission Meeting Minutes – May 8, 2024 Session

2. **24-18:** Approve and Ratify Contract with Rady Children's Hospital San Diego for HealthySteps Sustainability from July 1, 2024 - June 30, 2025 **(CONTRACT NO. CF24150) [$950,000 - PROP 10 FUNDS]**

3. **24-19:** Approve and Ratify Contract with Riverside University Health System – Community Health Clinics (RUHS-CHC) for HealthySteps Sustainability from July 1, 2024 - June 30, 2025 **(CONTRACT NO. CF24149) [$841,756 - PROP 10 FUNDS]**

4. **24-20:** Approve and Ratify Contract with California Northstate University (CNU) for ECOHA Sustainability Services from July 1, 2024 - June 30, 2025 **(CONTRACT NO. CF24152) [$82,048 - PROP 10 FUNDS]**

5. **24-21:** Approve Contract with The Regents of The University of California Berkeley for the Early Educator Wage Enhancement Evaluation from July 10, 2024 - December 31, 2025 **(CONTRACT NO. CF24145) [$258,385 - PROP 10 and ARPA FUNDS]**

6. **24-22:** Approve Fourth Amendment with Jan Peterson Child Day Care Center, Inc. for Quality Early Learning Infrastructure Funding from November 1, 2020 - June 30, 2025 **(CONTRACT NO. CF21113) [$1,405,650 - PROP 10 and $1,000,000 – ARPA FUNDS]**

7. **24-23:** Approve Acceptance of Inland Empire Health Plan (IEHP) Funds to Implement Dyadic Services in Riverside County through the HealthySteps Model and a Dyadic Services Program Academy **[$1,200,000 - IEHP FUNDS]**

Commissioner Perez moved to approve consent items 1-7 as presented. Commissioner Romero seconded the motion. ***Absent:*** *Commissioners Saruwatari, Yost, and Hurtado.* ***Motion Carried unanimously.***

F. Presentation/Action Item – Zachary Ginder, Commission Chair

1. **24-24:** Approve PROP 10 Funding for Partnership Investment with Department of Social Services and Child Support Services to Support the Creation of a Countywide Prevention Value Stream for Riverside County Children [$100,000 - PROP 10 FUNDS]

Chair noted Commissioner Douglas potential conflict of interest. Commissioner Douglas left the Chamber at 3:20 p.m. and was not part of the discussion or vote.
Ms.Graham provided a brief overview of Action Item 24-24.

Commissioner Gomez moved to approve action item 24-24 as presented. Commissioner Perez seconded the motion. ***Conflict:*** *Commissioner Douglas;* ***Absent:*** *Commissioners Saruwatari, Yost, and Hurtado.* ***Motion Carried unanimously.***

Commissioner Douglas returned to the meeting at 3:24 p.m.

2. **24-25:** Approve Memorandum of Understanding with Riverside University Health System Public Health for Shared Staffing [$320,140 PROP 10 FUNDS, FRC MATCH]

Chair noted potential conflict of interest for Commissioner Saruwatari who is absent today. Ms. Graham provided a brief overview of Action Item 24-25.

Commissioner Perez moved to approve action item 24-25 as presented. Commissioner Romero seconded the motion. ***Conflict:*** *Commissioner Saruwatari;* ***Absent:*** *Commissioners Saruwatari, Yost, and Hurtado.* ***Motion Carried unanimously.***

G. **Future Agenda Items:**
1. First 5 Riverside County Annual Report Presentation and Public Hearing
2. First 5 Riverside County Annual Audit Presentation and Public Hearing
3. First 5 Riverside County Travel Policy Revision

H. **Adjournment**: Adjournment at 3:26 pm to the next Regular Meeting of the Riverside County Children and Families Commission to be held on September 11, 2024 beginning at 2:00 p.m. at:
First 5 Riverside County Children and Families Commission Office
585 Technology Court - Conference Room A
Riverside, CA 92507

Meeting Minutes Recorded by Lynn M. Stephens, Executive Assistant IV.

E.2. **24-26:** Approve Contract with American Academy of Pediatrics, District IX, Chapter 2 to Implement Reach Out and Read Initiative in Riverside County from October 1, 2024 – June 30, 2026 **(CONTRACT NO. CF25103) [$403,945 - PROP 10 FUNDS]**

AGENDA ITEM: 24-26
DATE OF MEETING: September 11, 2024
ACTION: ☒
INFORMATION: ☐

APPROVE CONTRACT WITH AMERICAN ACADEMY OF PEDIATRICS, DISTRICT IX, CHAPTER 2 TO IMPLEMENT REACH OUT AND READ INITIATIVE IN RIVERSIDE COUNTY FROM OCTOBER 1, 2024 – JUNE 30, 2026 (CONTRACT NO. CF25103) [$403,945 – PROP 10 FUNDS]

SUMMARY OF REQUEST

Approve Contract No. CF25103 with the American Academy of Pediatrics, District IX, Chapter 2 (AAPC2) for an amount not to exceed $403,945, effective October 1, 2024 – June 30, 2026 to implement the Reach Out and Read initiative.

BACKGROUND

On October 28, 2020 (Action Item 20-31), the Commission approved Prop 10 funds to implement the Reach Out and Read (ROR) initiative.

Approval of this agreement will continue support of Reach Out and Read (ROR) providing developmentally appropriate books to pediatric practices for disbursement to children 0-5 and enlists pediatricians to connect reading as a vital practice in early development during well-child visits.

First 5 Riverside County will continue to contract with the American Academy of Pediatrics, District IX, Chapter 2, to implement a Reach Out and Read Initiative in Riverside County by purchasing developmentally appropriate books for children 0-5 to be handed out at each recipient's well child visit and by supporting pediatricians currently affiliated with the initiative and recruiting new pediatricians to participate. AAPC2 serves seven counties in the Inland Empire, Los Angeles, and Central Coast regions.

The mission and purpose of Reach Out and Read are to give young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.

ROR helps prepare children for success in kindergarten by reaching them before they enter a formal preschool or classroom setting. Reading proficiency at the end of third grade is one of the most important predictors of school success and high school graduation. Yet in Riverside County,

according to Kidsdata.org, only 46% of third graders are meeting or exceeding grade-level in reading proficiency.

The foundation for third grade reading proficiency isn't laid in third grade or even in kindergarten. The best opportunity to influence a child's future is in the first three years, a critical window of rapid brain development that does not occur at any other time.

RECOMMENDED ACTION

That the Commission:

1. Approve Contract No. CF25103 with the American Academy of Pediatrics, District IX, Chapter 2, effective October 1, 2024 – June 30, 2026, for an amount not to exceed $403,945 in substantially the same form as the attached contract, subject to County Counsel's approval as to form, and authorize the Executive Director to sign the contract on behalf of the Commission.

2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the executed Contract CF25103, including modifications of the statement of work that stay within the intent of said Contract and potential project period extension without requiring further action from Commission.

BUDGET IMPACT

Adequate appropriation has been included in the approved FY 24/25 budget to support funding for this initiative (938001-25800-92950-527980).

STRATEGIC PLAN RELEVANCE

Priority Goal Area 2: Comprehensive Health and Development

POTENTIAL CONFLICTS OF INTEREST

None Known

ATTACHMENT

1. CF25103 – A0 – AAPC2 – Reach Out and Read Contract

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
INVESTMENT OF FUNDS
585 Technology Court
Riverside, California 92507

RCCFC AWARD:	**CF25103**
CONTRACTOR:	**American Academy of Pediatrics, District IX, Chapter 2**
CONTRACT TERM:	**10/01/2024 – 06/30/2026**
MAXIMUM REIMBURSABLE AMOUNT:	**$403,945**

The CONTRACTOR designated above is hereby certified for an investment of funds in an amount not to exceed $403,945

Compensation: The maximum reimbursable amount over the life of the Contract for Investment of Funds (hereinafter the "Contract") shall not exceed **$403,945** as awarded by the Riverside County Children and Families Commission, also known as First 5 Riverside County, (hereinafter the "COMMISSION" or "COUNTY"), provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10, to provide services and results as set forth in Attachments A, B, C and D attached hereto as incorporated herein by reference, subject to the following terms and conditions:

IN WITNESS WHEREOF, COMMISSION and CONTRACTOR have executed this Contract.

Authorized Signature for COMMISSION:	**Authorized Signature for CONTRACTOR:**
Tammi Graham Executive Director	Tomas Torices, Chapter Executive Director and Authorized Signatory
Date Signed:	Date Signed:
585 Technology Court Riverside, CA 92507-2423	PO BOX 94127 Pasadena, CA 91109
APPROVED AS TO FORM SIGNATURE:	
Kristine Bell-Valdez Supervising Deputy County Counsel	
Date Signed: 8/21/24	
ATTEST SIGNATURE:	
Lynn M. Stephens Executive Assistant IV	
Date Signed:	

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION

CONTRACT TERMS AND CONDITIONS

Contents

Terms and Conditions

1. NOTICES

All correspondence and notices required or contemplated by this Contract shall be delivered to the respective parties at the addresses set forth below and are deemed submitted one day after deposit in the United States mail, postage prepaid:

COMMISSION:

Tammi Graham
Executive Director
First 5 Riverside County
585 Technology Court
Riverside, CA 92507

CONTRACTOR:

Tomas Torices
Chapter Executive Director
PO BOX 94127
Pasadena, CA 91109

Or to such other address as the parties may hereafter designate in writing.

2. SOURCE AND SCOPE OF CONTRACT

A. This Contract award is valid and enforceable only if sufficient funds are available to the COMMISSION from Proposition 10 tax dollars for the total term of the Contract. It is mutually agreed that if the State does not appropriate sufficient Proposition 10 funds, this Contract shall be amended to reflect any reduction in funds.

B. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the State of California, which may affect the provisions, terms, or funding of this Contract in any manner.

C. This Contract award is designated for an investment of funds to provide services to address Child Health & Development, Quality Early Learning or Resilient Families in accordance with the current COMMISSION Strategic Plan. Services are to be provided to benefit children 0 through 5 years of age (may also be abbreviated as “0-5”) who reside in Riverside County.

3. DEFINITIONS

Terminology included within the Terms and Conditions of the Contract are defined by the Riverside County Children & Families Commission as stated below:

Commission: The Riverside County Children & Families Commission, an assembly of Commissioners appointed by the Riverside County Board of Supervisors, which is responsible for establishing policy and directing Proposition 10 funds at the County level.

Contractor: The government or other legal entity to which the Contract is awarded and which shall be accountable to the Commission for the use of funds provided.

County: The Riverside County Children & Families Commission, the County of Riverside, its Agencies, Districts, Special Districts and Departments, respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

Data Management System: An online data management system used to collect and analyze client demographics, services, and target accomplishments.

Executive Director: The designated lead director of the Commission.

Fiscal Year: The Commission’s fiscal year is July 1 through June 30.

Performance Target: The specific results that a CONTRACTOR will commit to achieving as outlined in the Scope of Work.

Performance Target Accomplishment Schedule: The specific timeline that a CONTRACTOR will commit to adhere to achieving specific results as outlined in the Scope of Work.

Probationary Status: CONTRACTOR is given notice of non-compliance after failing to correct deficiencies and has been placed in a status that may require additional monitoring, announced and unannounced visits, additional reporting by CONTRACTOR, an evaluation by COMMISSION staff and a report to the COMMISSION inclusive of recommendations regarding the disposition of the Contract.

Scope of Work (SOW): A documented qualitative and quantitative description of the project deliverables (i.e, what the CONTRACTOR is funded to do).

4. TERM

The term of this Contract shall be from **10/01/2024** through **06/30/2026** unless terminated sooner by the provisions herein by either party. Funds shall not be automatically renewed by the COMMISSION upon or after the term of the Contract except by formal amendment approved by the COMMISSION.

5. COMPLIANCE, DISALLOWANCE, WITHHOLDING

If CONTRACTOR fails to comply with any conditions contained within this Contract, the COMMISSION may place the CONTRACTOR in a probationary status, temporarily withhold payments until the deficiency is corrected, deny funds for all or part of the cost of activity not in compliance, and/or request repayment to the COMMISSION if any disallowance is rendered after audit findings. Written notification of non-compliance will be sent to the identified contact person and the CONTRACTOR'S Executive Director or other lead staff authorized by the CONTRACTOR'S governing board or ownership within twenty (20) working days.

6. TERMINATION

A. By COMMISSION: The COMMISSION may, by written notice to CONTRACTOR, terminate this Contract in whole or in part at any time for the reasons as set forth below. Upon receipt of notice, the CONTRACTOR shall immediately discontinue all services affected (unless the notice directs otherwise).

1. Termination for cause:

a. Due to Default or Breach of Contract. Upon default by the CONTRACTOR in the performance of this Contract or material breach of any of its provisions which include but are not limited to; change in status or delegation, assignment or alteration of the services outlined in Attachment A of this Contract, the COMMISSION may immediately terminate this Contract by written notice, which shall be effective upon receipt by CONTRACTOR, unless COMMISSION provides CONTRACTOR the opportunity to cure breach within twenty (20) working days of receipt of notice, and CONTRACTOR does so to COMMISSION'S satisfaction.

b. Due to Health and Safety Concerns of Clients. The COMMISSION may immediately terminate this Contract, at the sole discretion of the COMMISSION when the CONTRACTOR has been accused and found to be in violation of any county, state, or federal law and/or regulation related to the health and safety of clients. The Contract may also be immediately terminated at the sole discretion of the COMMISSION if the CONTRACTOR fails to provide for the health and safety of clients served under this Contract where the health and safety of clients are placed at risk by CONTRACTOR.

c. Due to Non-Appropriation. It is mutually agreed that if either the federal or state budget of the current year and/or any subsequent years covered under this Contract does not appropriate sufficient funds for the program, this Contract shall be of no

further force and effect. In this event, the COMMISSION shall have no liability to pay any funds whatsoever to the CONTRACTOR or to furnish any other considerations under this Contract and CONTRACTOR shall not be obligated to perform any provisions of this Contract. If funding for any fiscal year is reduced or deleted by the federal or state budgetary process for purposes of this program, the COMMISSION shall have the option to either cancel this Contract with no liability occurring to the COMMISSION or offer a Contract amendment to CONTRACTOR to reflect the reduced amount.

d. Due to Non-Compliance. Termination may occur if CONTRACTOR fails to provide the COMMISSION with any reports, data and information as required in this Contract. CONTRACTOR may be placed in a probationary status until compliance with the terms of the Contract has been met. CONTRACTOR will be given thirty (30) calendar days after the date of written notice by COMMISSION to cure the deficiency. If compliance is not met within the thirty (30) calendar days, the COMMISSION may move forward with termination of the Contract.

e. Without Cause. COMMISSION may terminate this Contract without cause upon thirty (30) days' written notice served upon the CONTRACTOR stating the extent and effective date of termination.

B. By CONTRACTOR: CONTRACTOR may terminate this Contract in whole or in part upon thirty (30) calendar days' written notice to the COMMISSION.

7. REQUIREMENT OF SUPPLEMENTING PROGRAM

Funds received pursuant to this Contract shall not be used to supplant any program of the CONTRACTOR. Proposition 10 funds shall ONLY be used to supplement a CONTRACTOR'S program. The COMMISSION endorses the California Children and Families Commission's interpretation of supplanting: The definition of "supplement" is to add to or augment something that currently exists, while "supplant" is defined as taking the place of something currently in existence. As defined in Health and Safety Code sections 130100 et seq. (the Children and Families Act), all monies raised pursuant to the Act shall be appropriated and expended by CONTRACTOR only to supplement existing levels of services. The Act specifically prohibits appropriation and expenditure of funds to supplant state or local general fund money for any purpose. Further, expenditures are prohibited for use to fund any existing levels of service.

8. DATA MANAGEMENT

CONTRACTOR agrees to participate in a comprehensive, countywide, internet-based evaluation and management process as defined by the COMMISSION. Participation shall include, but is not limited to, monthly input of program and financial data, submission of quarterly and annual Program Progress Reports (PPR), utilization of the COMMISSION developed reporting systems and Administrative Review formats and required training(s) to familiarize and implement the results-based accountability framework. The COMMISSION continues to refine its evaluative processes that will assist the COMMISSION, its CONTRACTORS and the community to successfully increase and measure the impact of the Proposition 10 in Riverside County. Where appropriate, CONTRACTOR agrees to participate in the ongoing development of these evaluative processes. Specific areas may include but are not limited to, the development of outcomes for programmatic performance, standards for service delivery, and assessment tools.

9. SCOPE OF WORK (SOW)

A. CONTRACTOR will be required to submit and adhere to a SOW approved by the COMMISSION and attached to this Contract. The SOW will accurately reflect measurable results of services provided through Proposition 10 funding. The SOW will provide a qualitative

and quantitative description of program(s) objectives to be achieved in connection with Proposition 10 funding.

B. The SOW (Attachment A) will be amended each fiscal year of the Contract Term to confirm or adjust specific qualitative and/or quantitative targets for the respective year.

C. SOW revisions that are considered relatively minor adjustments that do not affect the overall deliverables of this Contract shall be accepted for consideration through March 31st of each fiscal year. Requests for these types of SOW adjustments must be submitted to the COMMISSION office in writing or via e-mail and shall not be implemented by CONTRACTOR prior to receipt of written approval from authorized COMMISSION personnel. Upon approval, CONTRACTOR will receive either written or e-mail verification from the COMMISSION Executive Director (or designee).

D. SOW revisions that are considered significant changes to program performance targets and affect the overall deliverables of this Contract include the following: changes that result in the type of customer or numbers served, new staff positions or major staff changes, or significant changes in the Performance Targets. Requests for these types of SOW changes shall be accepted for consideration through March 31 of each fiscal year. SOW revisions shall be submitted to the COMMISSION Executive Director (or designee), via the COMMISSION'S Contracts & Grants Analyst assigned to the CONTRACTOR. The COMMISSION Executive Director (or designee) will respond to the proposed request for SOW revisions within thirty (30) calendar days after receipt at the COMMISSION office. Final approval of any proposed revisions to the SOW shall require the written approval of the COMMISSION Executive Director (or designee). All changes will be incorporated into the Contract and shall become effective on the date of written approval from the COMMISSION Executive Director and/or the COMMISSION.

E. CONTRACTOR agrees to make every possible effort to obtain voluntary consent using the COMMISSION Consent Form for any customer entered into the data management system. CONTRACTOR also agrees to maintain the original signed Consent Form on file for the COMMISSION to review as necessary. Each customer is to receive a copy of the signed Consent Form.

10. REIMBURSEMENT OF COSTS

Payment will not be provided for services performed and/or expenditures accrued prior to the full execution of this Contract unless previously authorized by COMMISSION action. Reimbursement of costs shall be made upon CONTRACTOR'S satisfactory performance, based upon the SOW and methodology contained in Attachment A as determined by the COMMISSION. The COMMISSION shall allocate the funds to CONTRACTOR as follows:

A. All funds provided pursuant to this Contract shall be expended by CONTRACTOR in accordance with the Budget attached hereto.

B. All funds will be distributed as detailed in the attached Payment Provisions, attached hereto.

11. FISCAL AND PROGRAM REPORTING REQUIREMENTS

A. Fiscal Reporting

Fiscal expenditures are required to be input into the data management system by CONTRACTOR on a monthly basis with input completed and submitted by the 20th of the month following Contract performance for expenditures occurring in the 1st, 2nd and 3rd quarters of the fiscal year (July through March). Fiscal expenditures occurring in the 4th quarter (April, May and June) will be required to be input into the data management system on earlier modified due dates to support COUNTY internal deadlines and external audit requirements. These due dates will be communicated to CONTRACTOR through the COMMISSION'S

Contracts and Grants Analyst assigned to the CONTRACTOR. CONTRACTOR is required to report expenditures on a monthly basis and apply accruals at year-end. Accruals show costs for services that have occurred but have not yet been paid. If the reporting due date falls on a weekend or County, State or nationally recognized holiday, the due date will be on the following business day. Any changes that occur with expenditures must be reported to COMMISSION staff and adjusted within the data management system before the end of the Quarter following the expense occurrence. Example: Changes to expenditures in the first quarter of performance must be adjusted and reconciled before the end of the second quarter (December 30, as reported in the January 30 report). **A change in CONTRACTOR staff, or other difficulties, does not absolve the CONTRACTOR from this monthly fiscal reporting responsibility.**

In rare and justifiable circumstances, an extension may be requested by the CONTRACTOR. Such requests are to be submitted in writing prior to the due date and shall be directed through the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR.

If applicable, CONTRACTOR shall provide copies of the claim report submitted monthly for Medi-Cal and/or any other state or federal reimbursements. In addition, the CONTRACTOR will provide the subsequent revenue reports that will reconcile the claim reports.

Costs may be allowed and reviewed for reimbursement up to the time of the Final Fiscal Expenditure Report, which is due as described in paragraph one of this section. All reimbursement costs not submitted at the time of the Final Fiscal Expenditure Report will be disallowed.

Payment information, including amount, payment reduction or payment withheld may be obtained by the CONTRACTOR via the data management system.

B. Program Reporting

As requested by COMMISSION, CONTRACTOR shall participate in research and evaluation studies designed to show the effectiveness of CONTRACTOR'S services or to provide information about CONTRACTOR'S program. CONTRACTOR shall report program and demographic data on participants, where appropriate, service and outcome data with measurement tools approved by COMMISSION. CONTRACTOR shall enter data (quantitative and qualitative) in the evaluation database system designated by COMMISSION. CONTRACTOR shall submit complete data, in accordance with the SOW.

C. Monthly Reporting

CONTRACTOR shall input and submit program data into the COMMISSION'S data management system on a monthly basis and input must be completed by the 20th of the month following Contract performance. If the reporting due date falls on a weekend or holiday, the due date will be on the following business day. The due date for program data submitted in the 4th quarter (April, May and June) may be modified by COMMISSION as required to meet internal COUNTY and State reporting deadlines. Modified due dates will be communicated to CONTRACTOR through the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR. Any changes that occur with program data input must be reported to COMMISSION staff and adjusted within the data management system before the end of the Quarter following the change.

Example: Changes to program data in the first quarter must be adjusted and reconciled before the end of the 2nd quarter (December 30th, as reported in the January 30th report). A change in CONTRACTOR staff, or other difficulties, does not absolve the CONTRACTOR from this monthly program data input and quarterly Program Progress Report (PPR) responsibility.

D. Quarterly and Annual Reporting

CONTRACTOR shall submit Program Progress Reports (PPR) which includes quarterly and year-to-date progress on actual achievement of performance targets compared to projected achievements as detailed in the SOW and other data collection information as requested by the COMMISSION. The PPR shall include narrative information on lessons learned, course corrections, client success stories, sustainability and public awareness/policy change activities for the quarter. CONTRACTOR is required by the COMMISSION to complete and submit Program Progress Reports electronically via the COMMISSION'S data management system.

For each reporting period, CONTRACTOR shall provide the COMMISSION with a Program Progress Report within thirty (30) calendar days from the end of the reporting period. In rare and justifiable circumstances, an extension may be requested by the CONTRACTOR. Such requests are to be submitted in writing prior to the due date and shall be directed through the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR. Quarterly Program Progress Reporting due dates for each Contract period are as follows:

- QUARTER 1 (July 1 – September 30): Report Due October 20
- QUARTER 2 (October 1 – December 31): Report Due January 20
- QUARTER 3 (January 1 – March 31): Report Due April 20
- QUARTER 4 (April 1 – June 30): Report Due July 11 (Final Cumulative Program Progress Report), Quarter 4 due date may be modified by COMMISSION as necessary to meet County and/or State reporting deadlines.

If the due date falls on a weekend or County, State or nationally recognized holiday, the due date will be on the following business day. The first quarterly report is due October 20th of the current fiscal year.

CONTRACTOR agrees that failure to submit reports as specified will be sufficient cause for the COMMISSION to withhold any payment due until reporting requirements have been fulfilled.

12. REIMBURSEMENT OF FUNDS TO THE COMMISSION

If CONTRACTOR has been overpaid in the previous fiscal year, the COMMISSION will, in instances where the Contract is renewed, reduce subsequent payment(s) to recover the amount overpaid.

Notwithstanding any other provision herein, CONTRACTOR agrees to reimburse, in full, all funds received from the COMMISSION, upon request of the COMMISSION, where such funds as determined by the COMMISSION are not or have not been utilized by CONTRACTOR for purpose as intended by the COMMISSION. The terms and conditions of reimbursement shall be at the sole discretion of the COMMISSION. This provision is not terminated upon termination of this Contract.

13. COMMISSION FISCAL REQUIREMENTS

A. Budget Revisions

A Budget Revision Form may be submitted by the CONTRACTOR to the COMMISSION to modify budget line(s) of the approved budget. The request must indicate the proposed line item change, the budget as amended applying the requested change, a written justification for each requested change, and signed by an authorized representative. The request cannot result in any alteration or degradation to the program services and performance targets as specified in this Contract.

The COMMISSION Executive Director (or designee), on behalf of the COMMISSION, has the authority to approve or deny the request, provided that the modification does not deviate from the original intent of the Contract or increase the total Contract amount. CONTRACTOR is limited to two (2) budget revisions per fiscal year.

The CONTRACTOR must submit any Budget Revision Forms to the COMMISSION or designee no later than **March 31st** of the fiscal year.

B. Amendments

Necessity for budget amendments to this Contract will be determined by the COMMISSION Executive Director (or designee) and may include, but are not limited to, Contract increases or decreases and significant changes to the Scope of Work (SOW). All budget amendments to the Contract shall require formal approval of the COMMISSION Executive Director acting on behalf of the COMMISSION, as provided herein before such amendments are effective. Major budget amendments, as determined by the COMMISSION Executive Director, in consultation with County legal counsel, will require formal approval of the COMMISSION. Contract budget amendments shall be considered until March 31st of each fiscal year.

C. Cost Allocation Plan

CONTRACTOR shall have or will establish a Cost Allocation Plan (CAP) to identify prorated costs shared by multiple funding sources, including Proposition 10 funds. CONTRACTOR shall identify any other funding sources and organizations whose cooperation/participation is necessary to ensure the success of the project. CONTRACTOR'S CAP must be approved by CONTRACTOR'S appropriate governing body and submitted with the executed Contract.

A CAP is defined as a written summarization that documents the methods and procedures CONTRACTOR will use to allocate costs between two or more programs or funding sources. The goal is to ensure that each program or funding source bears its fair share, and only its fair share, of the total costs. The CONTRACTOR must have a method of identifying and distributing program costs that are comprehensive, well documented, and defensible under the Generally Accepted Accounting Principles (GAAP).

A written CAP is required if <u>any</u> of the conditions below are met:

a. Funded staff members share time between a COMMISSION funded program and one or more other grant funded program.

b. A single-funded staff member shares time between two or more COMMISSION funded programs.

c. The same facilities and/or resources are utilized by more than one funded program.

D. Overhead/Indirect Costs

1. Overhead/Indirect costs are defined as costs incurred for a common or joint purpose benefiting more than one cost objective and cannot be readily identified with a particular final cost objective. These costs do not provide a measurable, direct benefit to a particular program or activity, unlike direct costs. Indirect cost may include salaries and benefits. For the purpose of this Contract, operational expenses, capital expenses, and subcontractor costs are **<u>excluded</u>** from the indirect cost calculation.

2. Indirect cost percentage rate included in the Budget, to this Contact, shall not exceed ten percent (10%) calculated against the salaries and benefits expenses only.

3. Indirect costs shall be based on the CONTRACTOR'S official governing board approved CAP. State/federal approved rates in excess of the approved ten percent (10%) indirect cost rate percentage will be reviewed and approved on a case-by-case basis.

4. A pass-through is defined as those instances where the CONTRACTOR forwards funds obtained from the COMMISSION to a subcontractor and the COMMISSION maintains no relationship or responsibility for the performance of the subcontractor. Proposition 10 funds shall not be used in a manner that will cause payment for indirect costs associated with the CONTRACTOR'S funded program more than once. The COMMISSION will not pay for subcontractor indirect costs as part of the CONTRACTOR'S budget.

E. Revenues Received

All revenue received by the CONTRACTOR (except funds received from the COMMISSION) to operate the program funded pursuant to this Contract shall be reported as revenue received within the monthly fiscal report. All such revenues shall be used to fully compensate expenses within the program funded and/or to provide additional services within the program funded pursuant to this Contract. Any unused revenues shall be deducted from Contract reimbursement.

F. Payroll Taxes

The COMMISSION shall not be directly responsible for the payment of any taxes on the CONTRACTOR'S behalf. In the event that the COMMISSION is required to do so by state, federal or local taxing agencies, CONTRACTOR agrees to promptly reimburse the COMMISSION for the full value of such paid taxes plus interest and penalty, if any. Taxes shall include, but are not limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance and workers' compensation insurance.

G. Payor of Last Resort

CONTRACTOR shall obtain funding through sources other than the COMMISSION to provide services or support to participants whenever possible.

In cases where a participant is qualified for benefits from another source (such as Medi-Cal, Healthy Families, federal or state-funded programs, personal insurance, etc.), costs relating to services provided to that participant must be paid for by the primary payor first. Only the costs not covered will be allowable under this Contract. CONTRACTOR must provide written verification upon request.

14. CONTRACTOR AUDIT REQUIREMENTS

A. All CONTRACTORS are required to have an annual financial audit. Each CONTRACTOR shall provide a copy of annual audited financial statements to the COMMISSION covering the fiscal year that funds are received for services provided pursuant to this Contract. The audited financial statements will cover the CONTRACTOR'S fiscal year and will include a report on internal controls over financial reporting and on compliance and other matters in accordance with Government Auditing Standards. All audits shall be performed by a Certified Public Accountant (CPA) who possesses a valid license to practice within the State of California.

B. Audited financial statements are to be submitted to the COMMISSION Executive Director, or designee, within one hundred and eighty (180) calendar days after the close of the CONTRACTOR'S fiscal year for every year covered under this Contract. If the audited financial statements are not received on or before the required due date, and an extension has not been granted, the audited financial statements shall be considered delinquent, and immediate corrective action will be initiated. If the CONTRACTOR fails to produce or submit acceptable audited financial statements, the COMMISSION has the authority to withhold funding, and if necessary, secure an Auditor, and the CONTRACTOR shall be liable for all COMMISSION costs incurred in obtaining an independent audit. The cost of the audit will be

applied against the Contract encumbered amount, thereby reducing the amount of funding available to the program.

15. INVENTORIABLE EQUIPMENT

A. Inventoriable equipment includes equipment or fixed assets with a unit cost of one thousand dollars ($1,000.00), or more, or if the aggregate cost of integral components required to fully operate the assembled equipment (i.e., computer processing unit, keyboard, monitor) total one thousand dollars ($1,000.00) or more. Inventoriable equipment derived from approved purchases funded by Proposition 10 funds shall be maintained by the CONTRACTOR. CONTRACTOR shall use such capitalized equipment only for the purposes for which they were granted for children 0 through 5 years of age.

B. The CONTRACTOR shall inventory and report all equipment purchases meeting this criterion on the COMMISSION Inventory Record Form. This record must be submitted within forty-five (45) calendar days of purchase to the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR. Applicable receipts must be maintained by the CONTRACTOR to validate expenditures and shall be submitted as invoice back-up documentation and uploaded to the COMMISSION'S data management system and made available as requested during the COMMISSION staff site visits. The CONTRACTOR understands that they are liable for all damages and/or loss resulting from the use and/or misuse of equipment purchased with Proposition 10 funds. Equipment shall not be used for personal use by the CONTRACTOR and/or employees, agents, subcontractors, and/or collaborating partners.

C. Any materials and supplies purchased by CONTRACTOR with Proposition 10 funds with a value of less than one thousand dollars ($1,000.00) will be used for children ages 0 through 5 years of age by another of the CONTRACTOR'S programs serving this population or returned to the COMMISSION. If CONTRACTOR is no longer serving this population, all remaining items will be returned to the COMMISSION within thirty (30) calendar days of the program ceasing operations.

16. REVERSION OF ASSETS

Real or Personal Property Assets. Any real property or moveable or immovable personal property under CONTRACTOR'S control or ownership that was acquired or improved in-whole or in-part with Proposition 10 funds disbursed under this Contract, or under any previous Contract between the COMMISSION and CONTRACTOR, where the original cost exceeded one thousand dollars ($1,000.00) shall either be: (1) used by CONTRACTOR for the services described in the SOW for a period of five (5) years after termination or expiration of this Contract, unless a different period is specified in the SOW; or (2) disposed of and proceeds paid to the COMMISSION in a manner that results in the COMMISSION being reimbursed in the amount of the current fair market value (assuming depreciation in accordance with customary business practices) of the real or personal property less any portion of the current value attributable to CONTRACTOR'S out of pocket expenditures using non-commission funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

A. In furtherance of the foregoing, if the COMMISSION selects continued use of the capital asset, the CONTRACTOR hereby agrees that it will confirm in writing that it will continue to use the capital asset for purposes congruent with the intent of this Contract. This provision shall survive termination or expiration of this Contract and shall be actionable at law or in equity by the COMMISSION against CONTRACTOR and its successors in interest.

B. In the event the COMMISSION selects disposition of the subject real or personal property, the CONTRACTOR shall exercise due diligence to dispose of such property in conformity with applicable laws and regulations and in accordance with customary business practices. The net proceeds of such disposition shall be disbursed directly to and be payable to the

COMMISSION upon the close of the applicable disposition transaction, such as close of escrow for the sale of real property, transfer of a motor vehicle "Certificate of Title" in accordance with applicable California Vehicle Code requirements, or completion of sale of personal property by bill of sale in accordance with Uniform Commercial Code (UCC) requirements.

17. TOBACCO CONTROL POLICY

CONTRACTOR shall abide by the Comprehensive Tobacco Control Policy, incorporated herein by reference, and as may be amended from time to time. CONTRACTOR shall have tobacco education and cessation materials visibly available and accessible to clients participating and to staff funded from the COMMISSION-funded activities. The Comprehensive Tobacco Control Policy, as attached hereto.

18. CONDUCT OF BUSINESS

CONTRACTOR shall comply with all references listed below. Failure to comply may place the CONTRACTOR in a Probationary Status or result in Termination of Contract.

A. CONTRACTOR shall comply with all applicable state and/or federal laws, regulations, or requirements during the term of the Contract.

B. CONTRACTOR shall conduct its business, pursuant to this Contract, in compliance with all applicable state, and/or federal laws, regulations, or requirements.

C. CONTRACTOR shall obtain and maintain all applicable business and/or professional licenses, insurances, and/or accreditations, in good standing, which are required under the laws of the State of California or the federal government at all times while performing services under this Contract.

D. CONTRACTOR shall notify the COMMISSION Executive Director (or designee) verbally and in writing of the intent to cease operations of the facility or program within sixty (60) calendar days, but no less than thirty (30) calendar days of the event.

E. CONTRACTOR shall notify the COMMISSION Executive Director (or designee) in writing within seventy-two (72) hours of a change of key personnel funded under this Contract. Key personnel is defined as individuals who have a direct bearing on the outcome of the project, who have substantive responsibility for developing or achieving the scope or objectives of the project, and who possess the reputation, knowledge, or skills on which the work of the project is based. This includes, but not limited to, the Director, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Program Manager, or Project Lead.

F. CONTRACTOR shall notify the COMMISSION Executive Director (or designee) verbally and in writing of any condition that could interfere with CONTRACTOR'S ability to perform required services and/or meet material Contract requirements within thirty (30) calendar days of learning of such a condition.

G. Agencies that are governed by a regulatory or licensing entity shall advise and forward to the COMMISSION Executive Director all documentation of regulatory/licensing violations, findings and responses to such violations and/or findings within twenty-four (24) hours of receipt of notice of violation from the governing entity. Agencies shall promptly submit to COMMISSION Executive Director a copy of the response sent to the governing entity.

H. CONTRACTOR shall immediately notify the COMMISSION in writing upon the intent to file or filing of any action of bankruptcy.

I. CONTRACTOR shall immediately notify the COMMISSION in writing upon the commencement of any litigation, whether CONTRACTOR is the plaintiff or defendant, where

such litigation may interfere with the ability of CONTRACTOR to perform its duties under this Contract and where the COMMISSION is not a party to such litigation.

J. CONTRACTOR shall immediately notify the COMMISSION in writing upon the commencement of any investigation, and/or activity by a regulatory agency against CONTRACTOR, which may interfere with the ability of CONTRACTOR to perform its duties under this Contract.

K. CONTRACTOR shall provide a grievance policy system to the COMMISSION, through which participants of services shall have an opportunity to express views and complaints regarding the delivery of service. Grievance procedures must be posted prominently in English and Spanish at service sites for participants to review.

19. RECORDS MANAGEMENT AND MAINTENANCE

A. The CONTRACTOR shall make reports to the COMMISSION in the required format and containing information as required by the COMMISSION.

B. The CONTRACTOR shall provide additional reports or information if required by the State or the local COMMISSION that was not reasonably anticipated at the time the Contract was entered into.

C. CONTRACTOR shall input all data required on a monthly basis by the 20th day of the month following the end of the reporting period **and** submit quarterly reports within thirty (30) calendar days following the end of the quarter, and at the end of the term of the Contract.

This requirement includes:

a. All the monthly data necessary to generate demographic, service utilization, results and aggregate activity reports; and

b. Submission of the Program Progress Report on a quarterly basis.

D. CONTRACTOR shall retain such reports and all records associated with this Contract for at least five (5) years following the close of the fiscal year in which this Contract is in effect. This obligation is not terminated upon termination of this Contract, whether by rescission or otherwise. CONTRACTOR agrees to require any subcontractors to retain all records associated with the Contract for the same time period.

E. Accounting information and transactions shall be recorded and reported in accordance with generally accepted accounting principles (GAAP).

F. Where medical records and/or client records are generated under this Contract, CONTRACTOR shall safeguard the confidentiality of the records in accordance with all state and federal laws, and all regulations promulgated hereunder, including the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto.

G. Each CONTRACTOR must maintain a written customer confidentiality policy and maintain a written protocol to ensure CONTRACTOR'S staff is aware of and abide by said policy.

20. PUBLIC DISCLOSURE OF DOCUMENTS

CONTRACTOR acknowledges and agrees that information, communications, and documents given to the COMMISSION during meetings involving COMMISSION members, staff, finance or COMMISSION Advisory Committee members may be subject to applicable law on public disclosures and/or public meetings. CONTRACTOR shall cooperate with the COMMISSION in order that it may fully comply with the requirements of such laws and regulations.

21. INSPECTIONS, PROGRAM MONITORING, AND CONTRACT ADMINISTRATIVE REVIEW BY COMMISSION

A. COMMISSION representatives shall review and inspect the CONTRACTOR through mandatory periodic Administrative Review visits for compliance with the terms of this Contract. Administrative Review visits will occur at a minimum of two (2) times per Fiscal Year for the duration of the Contract Term. During the Administrative Review visits, CONTRACTOR representatives **must** be present. All books, financial records and program records including verification of target(s) and other documents relating to the performance of this Contract must be open to inspection, examination, or copying during normal business hours by the COMMISSION staff or duly authorized representatives from the state or federal government. Records shall be made available at reasonable times at CONTRACTOR'S place of business or at such other mutually agreeable location in the County of Riverside, State of California.

B. Upon completion of the Program Monitoring and Administrative Review visit, the CONTRACTOR will be mailed a report summarizing the results of the Administrative Review visit within forty-five (45) calendar days of the visit. The CONTRACTOR may be required to respond to concerns or requests as specified in the Administrative Review report within thirty (30) calendar days of receipt.

C. CONTRACTOR shall reimburse the COMMISSION for all direct and indirect expenditures incurred in conducting an audit or investigation when CONTRACTOR is found in violation of the terms of the Contract. Reimbursement for such costs will be withheld from any amounts due to CONTRACTOR.

D. When additional information (i.e., receipts, paperwork, etc.) is requested of the CONTRACTOR as a result of any audit or monitoring, CONTRACTOR must provide all information requested by the deadline specified by the COMMISSION. Failure to provide the information by the specified deadline will subject the CONTRACTOR to the provisions of Contract section: COMPLIANCE, DISALLOWANCE, and WITHHOLDING.

22. GOVERNING LAW AND VENUE

A. This Contract is entered into under the provisions of Health and Safety Code section 130100 et seq., as may be amended from time to time and any other applicable law.

B. This Contract, its construction, and interpretation as to validity, performance, and breach shall be construed under the laws of the State of California. In the event any provision in this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

C. The provision of the Government Claims Act (Government Code Section 900 et seq.) must be followed first for any disputes under this Contract.

D. All actions and proceedings arising in connection with this Contract shall be tried and litigated exclusively in state or federal (if permitted by law and a party elects to file an action in federal court) courts located in the County of Riverside, State of California.

23. CONTRACTOR SUBCONTRACTS FOR WORK OR SERVICES

A. The COMMISSION holds CONTRACTOR solely responsible for the performance of all duties and obligations under this Contract. CONTRACTOR agrees and understands that COMMISSION does not enter into or assume any legal relationship with any subcontractor of CONTRACTOR for performance under this Contract. CONTRACTOR agrees to remedy all breaches of any contracts with any subcontractor, and further agrees that CONTRACTOR may

not look to the COMMISSION for any payment, liability, or assistance in the remedy of any actual or alleged breach.

B. CONTRACTOR shall identify any other organization whose cooperation/participation is necessary to ensure the success of the project and what specific roles these key partners will play. All subcontractor(s) shall conform to all requirements of the COMMISSION and any Contract between the CONTRACTOR and the COMMISSION.

C. The CONTRACTOR shall not enter into any subcontract with any subcontractor who:

1. Is presently debarred, suspended, proposed for debarment, or declared ineligible or voluntarily excluded from covered transactions by a federal department or agency;

2. Has within a three (3) year period preceding this Contract been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction; violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Is presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in the paragraph above; and

4. Within a three (3) year period preceding this Contract, has had one or more public transaction (federal, state, or local) terminated for cause or default.

D. The CONTRACTOR shall be as fully responsible for the acts or omissions of its subcontractors, and of persons either directly or indirectly employed by them as for the acts or omissions of persons directly employed by the CONTRACTOR.

E. The CONTRACTOR shall insert appropriate clauses in all subcontracts to bind subcontractors to the terms and conditions of this Contract insofar as they are applicable to the work of subcontractors.

F. Nothing contained in this Contract shall create any contractual relationship between any subcontractor and the County of Riverside, its Agencies, Districts, Special Districts and Departments, respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

24. PUBLICITY AND ATTRIBUTION REQUIREMENTS

A. Upon signing this Contract, CONTRACTOR shall publicize funded program and partnership with the COMMISSION by creating a press release to be distributed to local media outlets. The press release shall be sent to COMMISSION for review and approval within fourteen (14) calendar days of signing of Contract. No later than five (5) calendar days after the press release is reviewed and approved by COMMISSION Public Information Specialist, the press release shall be distributed to local media outlets. Should guidance be needed on this requirement, please contact COMMISSION Public Information Specialist.

B. CONTRACTOR shall include the following acknowledgment of the COMMISSION and Proposition 10 funding in all materials produced for the purpose of public education and outreach related to COMMISSION funded programs. These materials include but are not limited to the following: brochures, workbooks, flyers, circulars, posters, games, television, radio and print advertising, public service announcements and video news releases, calendar/event listings, presentations, telephone hold messages, outdoor advertising and vehicles. The wording of the COMMISSION attribution shall be one of the following:

"Made possible by funding from First 5 Riverside County"

"Funded by First 5 Riverside County"

"Funded by First 5 Riverside County - the Riverside County Children & Families Commission"

"Hecho posible por medio de fondos de Primeros 5 Riverside County"

"Financiado por Primeros 5 Riverside County"

For events, conferences or programs with multiple funders, one of the following attributions shall be used:

"Funded in part by First 5 Riverside County"

"Funded in part by First 5 Riverside County - the Riverside County Children & Families Commission"

"Made possible by funding from First 5 Riverside County"

"Financiado parcialmente por Primeros 5 Riverside County"

"Financiado parcialmente por Primeros 5 Riverside County - Comisión de Niños y Familias del Condado de Riverside"

When space is limited (i.e., buttons, pencils, pens, etc.), attribution may be omitted. However, CONTRACTOR shall contact the COMMISSION'S Public Information Specialist to determine an appropriate method of providing attribution to the public regarding the funding source for such items.

C. The approved First 5 Riverside County logo (graphic) shall be used on materials specific to the COMMISSION funded program. CONTRACTOR shall use the approved First 5 Riverside County logo (graphic) on public education and outreach materials in accordance with the First 5 Riverside County graphics attribution standard as posted on the COMMISSION public website (www.First5Riverside.org).

D. CONTRACTOR shall provide the COMMISSION staff and COMMISSION Public Information Specialist a copy of all public information/relations products (such as flyers, newsletters, posters, etc.) as soon as possible but not later than fourteen (14) calendar days prior to submitting to print. News releases should be submitted as soon as possible but not later than seven (7) calendar days before public release is scheduled.

E. The COMMISSION'S Public Information Specialist shall provide guidance on procedures for logo usage and printed public relations material in accordance with the COMMISSION policies. Policies will be available on the COMMISSION public website (www.First5Riverside.org).

25. PROHIBITION OF POLITICAL/RELIGIOUS ACTIVITY

CONTRACTOR agrees that it shall not require client participation in political or religious activities in order to receive services for programs funded by the COMMISSION. Furthermore, Proposition 10 funds shall be used only for the purposes specified in this Contract and in any attachments, hereto. No Proposition 10 funds shall be used for any political activity, or to further the election or defeat of any candidate for political office. No Proposition 10 funds shall be used for purposes of religious worship, instruction or proselytizing.

26. WORK PRODUCT

A. The COMMISSION shall be the owner of the following items incidental to this Contract upon production, whether or not completed: all data collected, all documents of any type whatsoever, and any material necessary for the practical use of the data and/or documents from the time of collection and/or production whether or not performance under this Contract

is completed or terminated prior to completion. CONTRACTOR shall not release any materials under this section except after prior written approval of the COMMISSION.

B. Material produced in whole or in part under this Contract shall not be subject to copyright in the United States or in any other country except as determined at the sole discretion of the COMMISSION. The COMMISSION will have the unrestricted authority to publish, disclose, distribute, and use in whole or in part, any reports, data, documents or other materials prepared under this Contract.

27. NON-DISCRIMINATION

Pursuant to the Affordable Care Act section 1557 (42 U.S.C. section 18116), during the performance of this Contract, CONTRACTOR shall not, and shall also require and ensure its subcontractors, providers, agents, and employees to not cause an individual, beneficiary, or applicant to be excluded on the grounds prohibited under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), or subject to any other applicable State and Federal Laws, from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity offered through the California Department of Health Care Services. This Contract hereby incorporates by reference the provisions of Title 2, California Code of Regulations, Section 11105 et seq., as may be amended from time to time. CONTRACTOR agrees to comply with the provisions of Title 2, California Code of Regulations, Section 11105 et seq. and further agrees to include this Non-Discrimination clause in all subcontracts to perform services under this Contract.

28. CHILD ABUSE REPORTING

CONTRACTOR shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency and/or to the appropriate Child Protective Services agency. This responsibility shall include:

A. Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by Penal Code Sections 11164 et seq. to report child abuse or neglect, sign a statement, upon the commencement of employment, acknowledging reporting requirements and compliance with them;

B. Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting laws for child abuse to report any observed or suspected incidents of child abuse to a mandated reporting party, within the program, who will ensure that the incident is reported to the appropriate agency;

C. Provision of or arrangement of training in child abuse reporting laws (Penal Code, Sections 11164 et seq.) for all employees, agents, consultants, and volunteers, or verification that such persons have received training in the law within thirty (30) days of employment/volunteer activity.

29. DEPARTMENT OF JUSTICE CLEARANCE

CONTRACTOR shall obtain from the Department of Justice (DOJ), records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment, or volunteers, for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code Section 11105.3. This includes licensed personnel who are not able to provide documentation of prior DOJ clearance. A copy of a license from the State of California is sufficient proof.

CONTRACTOR must have on file for review upon request a signed statement verifying Department of Justice clearance for all appropriate individuals.

30. ADULT AND ELDER ABUSE REPORTING

The CONTRACTOR shall provide documentation of a policy and procedure acceptable to the COUNTY to ensure that all employees, volunteers, consultants, subcontractors, or agents performing services under this Contract report elder and dependent adult abuse pursuant to Welfare & Institutions Code (WIC) Sections 15600 et seq. Suspected incidents of abuse should be immediately reported to the COUNTY, followed by a written report within two (2) working days.

31. INDEPENDENT CONTRACTOR

It is understood and agreed that CONTRACTOR is an independent contractor and that no relationship of employer-employee exists between the CONTRACTOR and the COMMISSION. The CONTRACTOR, nor CONTRACTOR'S officers, agents, employees or subcontractors, shall not be entitled to any COMMISSION paid employee benefits, including Workers' Compensation.

32. HOLD HARMLESS/INDEMNIFICATION

CONTRACTOR shall indemnify and hold harmless COMMISSION, the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to in this section as the "COUNTY") from any liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Contract, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its officers, employees, subcontractors, agents or representatives under this Contract. CONTRACTOR shall defend the COUNTY at CONTRACTOR'S sole expense, including all costs and fees (including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards), the COUNTY in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at sole cost, have the right to use counsel of choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to the COUNTY as set forth herein.

CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

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

In the event there is a conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the CONTRACTOR from indemnifying the COUNTY to the fullest extent allowed by law.

A. If CONTRACTOR is a public entity, as defined by applicable law, the COMMISSION and CONTRACTOR, to the extent that liability may be imposed on the COMMISSION by the provisions of Government Code Section 895.2, shall be liable for acts or omissions, including all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect, caused or alleged to have been caused by either the COMMISSION or CONTRACTOR'S, employees or representatives, performance or omission of any act or responsibility of either party under this Contract. In the event that a claim is made against both the COMMISSION and CONTRACTOR, both parties shall cooperate in the defense of said claim and to cause insurers to do likewise.

B. CONTRACTOR agrees to indemnify the COMMISSION for all federal/state withholding or state retirement payments, which the COMMISSION may be required to make by the federal or state government as a result of this Contract. If for any reason, CONTRACTOR is determined not to be an independent contractor to the COMMISSION in carrying out the terms of the Contract, such indemnification shall be paid in full to the COMMISSION upon sixty (60) calendar days written notice to CONTRACTOR if a federal and/or state determination is made that such payment is required.`

33. INSURANCE

Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of this Contract. Pertinent to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

Workers' Compensation:

If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than one million dollars ($1,000,000) per person per accident. The policy shall be endorsed to waive subrogation in favor of the County of Riverside, and if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross-liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the COUNTY as Additional Insureds. Policy limit of liability shall not be less than two million dollars ($2,000,000) per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit.

Vehicle Liability:

If vehicles or mobile equipment are used in the performance of the obligations under this Contract, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than one million dollars ($1,000,000) per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit. The policy shall name the COUNTY as Additional Insured.

Professional Liability Insurance:

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for the CONTRACTOR'S performance of work included within this Contract, with a limit of liability of not less than one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) annual aggregate. If CONTRACTOR'S Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Contract and CONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Contract; or 3) demonstrate through Certificates of Insurance that CONTRACTOR has

maintained continuous coverage with the same or original insurer. Coverage provided under items 1), 2) or 3) will continue as long as the law allows.

General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the COUNTY Risk Manager. If the COUNTY'S Risk Manager waives a requirement or a particular insurer, such waiver is only valid for that specific insurer and only for one (1) policy term.
2. The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceeds five hundred thousand dollars ($500,000) per occurrence such retention shall have the prior written consent of the COUNTY Risk Manager before the commencement of operations under this Contract. Upon notification of self-insured retention unacceptable to the COUNTY and at the election of the County's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention with respect to this Contract with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
3. CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish the COUNTY with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and/or 2) if requested to do so orally or in writing by the COUNTY Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) working days written notice shall be given to the COUNTY prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. If CONTRACTOR'S insurance carrier(s) policies does not meet the minimum notice of requirement found herein, CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish a thirty (30) day Notice of Cancellation Endorsement.
4. In the event of a material modification, cancellation, expiration or reduction in coverage, this Contract shall terminate forthwith, unless the COUNTY receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate(s) of Insurance and certified original copies of endorsement and if requested, certified original policies of insurance including all endorsements and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.
5. It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance and the COUNTY'S insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
6. If during the term of this Contract or any extension thereof there is a material change in the scope of services; or there is a material change in the equipment to be used in the performance of the SOW; or this Contract, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance required under this Contract and the monetary limits of liability for the insurance coverage currently

required herein, if in the COUNTY Risk Manager's reasonable judgment the amount or type of insurance carried by the CONTRACTOR has become inadequate.

7. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Contract.
8. The insurance requirements contained in this Contract may be met with a program(s) of self-insurance acceptable to the COUNTY.
9. CONTRACTOR agrees to immediately notify COUNTY in writing of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Contract.

Adjustment and/or Waiver of Requirements:

The COMMISSION Executive Director (or designee), in consultation with the COUNTY'S Risk Manager, may adjust the insurance requirements set forth herein as deemed necessary for the Contract, and/or may waive insurance requirements where not applicable to the Contract. Insurance endorsements shall be submitted to the COMMISSION upon submission of the fully executed Contract, but no later than when contract work commences.

34. ASSIGNMENT

This Contract shall not be assigned by CONTRACTOR, either in whole or in part, without prior written consent of the COMMISSION, as approved and authorized by formal action of the COMMISSION.

35. ALTERATION AND/OR AMENDMENT

No alteration, amendment, or variation of the terms of this Contract shall be valid unless made in writing and signed by the parties hereto. Oral understandings of Contract not incorporated herein shall not be binding on any of the parties hereto. As provided herein, the COMMISSION Executive Director, acting on behalf of the COMMISSION, may alter or revise this Contract on behalf of the COMMISSION. Material alterations and/or amendments, as determined by the COMMISSION Executive Director in consultation with County legal counsel, will require formal approval of the COMMISSION. Except as provided herein, the parties expressly recognized that individual COMMISSION members, COMMISSION Advisory Committee members, or staff to the COMMISSION is without authorization to either change or waive any material requirements of this Contract without formal action of the COMMISSION.

36. CONFLICT OF INTEREST

CONTRACTOR shall have no economic interest and shall not acquire any economic interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this Contract.

37. WAIVER AND SEVERABILITY

Any waiver by the COMMISSION of any breach or default hereof by CONTRACTOR shall be deemed to be a waiver of any preceding or succeeding breach or default hereof, and no waiver shall be operative unless the same shall be in writing. In the event any provision in this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions hereof shall remain in full force and effect without being impaired or invalidated in any way.

38. DISALLOWANCE

In the event CONTRACTOR receives payment for services under this Contract, which is later disallowed for nonconformance with the terms and conditions herein, CONTRACTOR shall

promptly refund the disallowed amount to the COMMISSION upon request. The COMMISSION retains the option to offset the amount disallowed from any payment due to the CONTRACTOR under this Contract, or under any other Contract between CONTRACTOR and the COMMISSION.

39. OFFICIAL DOCUMENTS

Upon the Contract approval by the COMMISSION, and full execution of the Contract by COMMISSION and CONTRACTOR, one (1) fully executed copy will be sent to the CONTRACTOR. Such copy shall be the officially approved Contract for the conduct of the approved project.

40. ENTIRE CONTRACT

This Contract, inclusive of all attachments and exhibits, constitutes the entire Contract between the parties. Any modifications to the terms of this Contract shall be by the provisions detailed in the Section entitled “Alteration and/or Amendment” herein.

41. NONEXCLUSIVE CONTRACT

CONTRACTOR understands that this is not an exclusive Contract and that the COMMISSION shall have the right to negotiate with and enter into Contracts with others providing the same or similar services as those provided by CONTRACTOR as the COMMISSION desires and at the sole discretion of the COMMISSION.

42. CERTIFICATION OF AUTHORITY TO EXECUTE THIS CONTRACT

CONTRACTOR certifies that the individual signing herein has authority to execute this Contract on behalf of CONTRACTOR and may legally bind CONTRACTOR to the terms and conditions of this Contract and any attachments hereto.

43. COMPLIANCE WITH LAW

CONTRACTOR shall, at its sole cost and expense, comply with all County, State, and Federal law now in force or which may hereafter be in force with regard to this Contract. The judgment of any court of competent jurisdiction, or the admission of CONTRACTOR in any action against CONTRACTOR, whether the COMMISSION be a party thereto or not, that CONTRACTOR has violated any such ordinance or statute, shall be conclusive of that fact as between CONTRACTOR and the COMMISSION.

44. CONFLICTS IN INTERPRETATION

In the event of a conflict in interpretation by the parties of the provisions contained in the numbered sections of this Contract and the provisions contained in the attachments hereto, the provisions of the attachments in the Contract shall prevail over those in numbered sections.

45. COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The parties further agree that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and to have the same force

and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

ATTACHMENT A: SCOPE OF WORK

Contractor: American Academy of Pediatrics, District IX, Chapter 2

Program: Reach Out and Read

Contract #: CF25103

Term: 10/01/2024 – 06/30/2026

Program Overview:
Reach Out and Read – Inland Empire (ROR-IE) gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. ROR-IE contributes to a culture of positive childhood experiences and healthy family relationships that provide a child with the resilience to cope with stress. At routine health checkups from infancy through 5 years, ROR-IE-trained doctors and nurse practitioners: talk with parents about the benefits of reading aloud and engaging with their young children, show them how to look at books and talk about the stories with their child, encourage them to cuddle up, read together at home, build routines around books, and give the child a new book to take home and keep. During the exam, providers also use the book for developmental surveillance, observing how the child and caregiver interact with the book and each other.

Performance Measure	**Objective/ Goal**	**Estimation/ Calculation**	**Reporting**		
			Frequency	***Data Reported***	***Verification Type***
Activate 20 new sites in Riverside County (Totaling 70 sites)	Program expansion: To increase the number of qualified sites that participate in the ROR-IE program giving more children a chance to receive a book and early relational health guidance families need	10 sites in 2024-2025 FY 10 sites in 2025-26 FY	Monthly	• Number of new sites • Site information	Excel spreadsheet/ Entering data into F5RC's approved database
Create 20 ROR Reading Corners in Pediatric Waiting Rooms of Active Sites	Program Promotion: Set up reading corners in waiting areas of healthcare facilities. Having ROR in the front & back end of a clinic setting enhances the opportunities for families to learn the benefits of early childhood literacy and provides additional access to reading time.	10 sites in 2024-2025 FY 10 sites in 2025-2026 FY	Quarterly	• Number of new reading corners added • Number of books provided • List of resources provided • Site information	Excel spreadsheet/ Entering data into First 5 Riverside's approved database

Performance Measure	Objective/ Goal	Estimation/ Calculation	Reporting		
			Frequency	*Data Reported*	*Verification/ Type*
Reach a 95% training rate for active sites	Program implementation: having sites fully trained increases the likelihood that ROR- IE is running with high fidelity	Calculated by: The total number of contacts that completed training divided by number of contacts required to complete training.	Monthly	• Number of providers that complete training • Training completion information (ex. Name, date of training completion, training completion score, and contact information)	Excel spreadsheet / Entering data into First 5 Riverside's approved database
Distribute 84,700 books to active pediatric sites	Program Implementation: Provide high- quality, age-appropriate books during well- child visits, ensuring consistent access to reading materials. 1 book is given during each well child visit. **Reporting data collected reflects that 27,342 books were reported to have been given out by active sites during well-child visits in Riverside County in the previous fiscal year. (This number excludes Kaiser Permanente)*	37,350 sites in 2024-2025 FY 47,350 sites in 2025-2026 FY 10,000 books are added each FY for the new sites activated during the year.	Monthly	• Number of books purchased/donated and delivered • Age ranges of all books distributed (0-12 months & 1-5 years old) • Distribution details (ex. Name of site, location, distribution date)	Excel spreadsheet / Entering data into First 5 Riverside's approved database

Performance Measure	Objective/ Goal	Estimation/ Calculation	Reporting		
			Frequency	***Data Reported***	***Verification Type***
Submit Program Progress Reports (PPRs)	• Program Promotion: this will allow the opportunity for an in-depth look into the success and activities happening in Riverside County and highlight the benefits of the work done throughout the ROR-IE program. • Sustainability efforts: ROR will continue to seek additional opportunities to maximize funding opportunities to support sustainability of existing sites and expansion of ROR-IE in Riverside County.	4 PPRs in 2024-2025 FY 4 PPRs in 2025-2026 FY	Quarterly	Success story examples: • A new site or healthcare system joining the program • Sites that have done well advocating Book distributions • Summary of any new monetary partnerships with local businesses, corporate sponsorships, fundraising efforts, grant applications, or philanthropic donations sought or obtained that align with the program's mission and values.	PDF Document/ Entering data into First 5 Riverside's approved database
Conduct 3 Parent/Provider Workshops	• Community Engagement: Organize workshops that connect parents and providers. Staff will educate parents and caregivers on the benefits of reading to their children and provide tips for effective reading practices and how to utilize ROR-IE resources.	Workshop in Fiscal Year 2024-2025 Workshops in Fiscal Year 2025-2026	Semi-Annually	• Number of attendees • Zip codes of attendees • Marketing materials • Event agenda	PDF Document
Program Outcomes:	Comprehensive expansion by adding qualified pediatric sites throughout Riverside County, training more providers, increasing book distribution, engaging more families and local leaders, optimizing marketing/visibility, and continuing sustainability efforts that lead to the enhancement and continuous success of the program.				

ATTACHMENT B: BUDGET

Budget Start Date: 10/01/2024

Budget End Date: 06/30/2026

Total Amount: $403,945

FISCAL YEAR 2024-2025			
Category	**Description**	**Amount**	
Personnel Expenses	Salaries - Executive Director - .20	$	17,999
Personnel Expenses	Salaries - ROR Program Coordinator - .50	$	23,049
Personnel Expenses	Salaries - Administrative Assistant - .25	$	8,190
Benefit Expenses	Benefits - Executive Director - .20	$	3,600
Benefit Expenses	Benefits - ROR Program Coordinator - .50	$	4,610
Benefit Expenses	Benefits - Administrative Assistant - .25	$	1,638
Operational Expenses	Advertising/Outreach Marketing	$	2,500
Operational Expenses	Office Supplies	$	600
Operational Expenses	Postage and Printing	$	4,000
Operational Expenses	Program Nutrition/Food	$	1,500
Operational Expenses	Program Materials and Incentives	$	15,000
Operational Expenses	Books for Pediatric Well Child Visit	$	60,000
Operational Expenses	Professional Services	$	500
Operational Expenses	Software Subscriptions	$	2,000
Operational Expenses	Wireless Devices	$	1,000
Operational Expenses	Equipment	$	450
Operational Expenses	Travel - Mileage	$	2,000
Operational Expenses	Travel - Training/Conferences for Program Staff	$	2,000
Operational Expenses	Other Operational Items	$	1,000
Operational Expenses	Storage Facility	$	900
Operational Expenses	Maintenance and Repairs	$	500
Operational Expenses	ROR Affiliate Shared Services	$	6,000
Personnel Expenses	Indirect Rate 10%	$	5,909
SUBTOTAL:		**$**	**164,945**

FISCAL YEAR 2025-2026			
Category	**Description**	**Amount**	
Personnel Expenses	Salaries - Executive Director - .20	$	23,999
Personnel Expenses	Salaries - ROR Program Coordinator - .50	$	31,668
Personnel Expenses	Salaries - Administrative Assistant - .25	$	10,920
Benefit Expenses	Benefits - Executive Director - .20	$	4,800
Benefit Expenses	Benefits - ROR Program Coordinator - .50	$	6,334
Benefit Expenses	Benefits - Administrative Assistant - .25	$	2,184
Operational Expenses	Advertising/Outreach Marketing	$	4,500
Operational Expenses	Office Supplies	$	600
Operational Expenses	Postage and Printing	$	5,000
Operational Expenses	Program Nutrition/Food	$	2,500
Operational Expenses	Program Materials and Incentives	$	17,000
Operational Expenses	Books for Pediatric Well Child Visit	$	100,355
Operational Expenses	Professional Services	$	600
Operational Expenses	Software Subscriptions	$	3,000
Operational Expenses	Wireless Devices	$	1,200
Operational Expenses	Equipment	$	500
Operational Expenses	Travel - Mileage	$	2,500
Operational Expenses	Travel - Training/Conferences for Program Staff	$	2,500
Operational Expenses	Other Operational Items	$	2,000
Operational Expenses	Storage Facility	$	1,100
Operational Expenses	Maintenance and Repairs	$	500
Operational Expenses	ROR Affiliate Shared Services	$	6,500
Personnel Expenses	Indirect Rate 10%	$	7,990
Operational Expenses	Event Registration	$	750
SUBTOTAL:		**$**	**239,000**

ATTACHMENT C: PAYMENT PROVISIONS

A. FISCAL

The maximum amount reimbursable over the life of this Contract shall not exceed **$403,945** for the duration of the Contract period as awarded by the Riverside County Children and Families Commission, also known as First 5 Riverside County, (hereinafter the "COMMISSION" or "COUNTY"), provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10.

CONTRACT PERIOD: **10/01/2024 – 06/30/2026**

1. Method, Time, and Schedule Conditions of Payment
   a. The COMMISSION will disburse funds on a reimbursement payment process based on the Contract Budget (Attachment "B") amount for the applicable fiscal year and monthly report submissions. Payment will be rendered thirty (30) business days from submission of all required documentation and/or the reporting deadline.
   b. Disbursement of any payment of funds to CONTRACTOR shall be made so long as all of the following conditions have been met:
      1. The Contract has been approved by the COMMISSION;
      2. The Contract has been fully executed by all parties;
      3. All applicable licenses to comply with the terms of the SOW are current and valid; and
      4. The CONTRACTOR submits monthly itemized invoices, via the data management system to include the supporting documentation separated by a cover sheet in front of each expense category. Documentation shall include; payroll register or report, time & activity report and/or, timesheets, statement of costs, copy of invoice or receipt, mileage report(s), copy of check(s) or proof of payment; and
      5. COMMISSION staff has reviewed and approved Cost Allocation Plan (if applicable).
   c. Under special circumstances, CONTRACTOR may request advance disbursements. A supplemental disbursement request along with justification must be submitted, in writing, to the Executive Director or designee.
   d. The COMMISSION Executive Director, or designee, reserves the right to withhold or reduce disbursement of funds if CONTRACTOR fails to 1) comply with monthly and/or quarterly reports by the indicated due date as set forth in Section 11 of the Contract; 2) if results achieved are not as projected and no COMMISSION approved plan is in place for improvement; or 3) if the CONTRACTOR is not in compliance with any provision contained within this Contract.
   e. The final funding period amount approved for the applicable fiscal year will be paid based on final expenditures as of June 30th, and reported as of the final deadline to submit program expenditures defined in Section 11. Fiscal and Program Reporting Requirements, A. Fiscal Reporting. Expenditures made after June 30th will not be accepted.
2. Allowable Costs

   Funds provided pursuant to this Contract shall be expended by CONTRACTOR in accordance with the Budget.

   a. Such specified expenditures will be further limited to those that are considered both reasonable and necessary as determined by the COMMISSION. CONTRACTOR agrees COMMISSION may recover any payments for services or goods, including rental of facilities, which were not reasonable and necessary, or which exceeded the fair market value. The

recovery shall be limited to payments over and above reasonable or fair market amounts and any costs of recovery.

b. The reasonable and allowable reimbursement rate for use of motor vehicles, travel expenses and food are based on the current IRS allowable rate.

c. Contractor shall obtain approval for all overnight travel and out of State travel as it relates to services provided in this Contract. Reimbursement as it relates to pre-approved travel will be based on the Federal allowable rate. Request must be submitted in writing thirty (30) days in advance of travel date and travel must be approved in advance by COMMISSION management.

ATTACHMENT D: COMPREHENSIVE TOBACCO CONTROL POLICY

As a material condition of the Contract, the CONTRACTOR shall agree that the CONTRACTOR and the CONTRACTOR'S employees, while receiving funding from the COMMISSION:

1. Shall not use tobacco products while using the CONTRACTOR'S property e.g., vehicle, equipment; and
2. Shall not sell, offer, or provide tobacco products on CONTRACTOR 'S premises; and
3. Shall have tobacco education and cessation materials visibly available and accessible to clients participating in activities funded by Proposition 10 funds; and
4. Shall assure that the CONTRACTOR and its employees have no current business association or relationship with the tobacco industry, and further agrees to neither accept nor solicit financial contributions, sponsorships, gifts, or services from any tobacco company, executive, or tobacco-related function; and
5. Shall make a reasonable effort to divest of all investments in companies that derive fifteen percent (15%) or more of revenues from tobacco.

The COMMISSION may terminate for default or breach of this Contract and any other Contract the CONTRACTOR has with the COMMISSION, if the CONTRACTOR or CONTRACTOR'S employees, are determined by the COMMISSION Executive Director (or designee), not to be in compliance with the conditions set forth herein.

If the CONTRACTOR or CONTRACTOR'S employees are determined by the COMMISSION Executive Director (or designee) not to be in compliance with the conditions set forth herein, the COMMISSION may terminate for default or breach of this Contract and any other Contract the COMMISSION has with the CONTRACTOR.

In instances where the CONTRACTOR is part of a larger entity, and where the entity has an investment policy set by governance officials other than the CONTRACTOR, and the CONTRACTOR is not directly involved in such investment decisions, CONTRACTOR agrees to the provisions herein as required in the programs and activities under the direct control of the CONTRACTOR to the satisfaction of the COMMISSION Executive Director (or designee). Activities of the larger entity other than investment decisions, which are not under the direct control of CONTRACTOR, shall not be considered to be in violation of CONTRACTOR'S activities pursuant to the policy.

E.3.**24-27:** Approve Revised Fiscal Year 2024/2025 Annual Budget and Vendor List of First 5 Riverside County Children and Families Commission

AGENDA ITEM: 24-27
DATE OF MEETING: September 11, 2024
ACTION: ☒
INFORMATION: ☐

APPROVE REVISED
FISCAL YEAR 2024/2025 ANNUAL BUDGET AND VENDOR LIST OF
FIRST 5 RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION

SUMMARY OF REQUEST

Approve the revised FY 2024/2025 vendor list and the annual budget to recognize adjustments to revenue and expenditures of unspent ARPA funds (25820) to support the completion of wage enhancement payments to the early childhood education (ECE) workforce.

BACKGROUND

On May 8, 2024 (Action Item 24-15), the Commission Approved the FY 2024/2025 annual budget and vendor list, which reflected an estimate of $33,771,933 in revenues, inclusive of the $5,004,800 ARPA fund (25820) revenues and $39,921,933 total expenditures, inclusive of $5,004,800 APRA fund (25820) expenditures.

Since then, the fourth round of ARPA ECE Recovery Fund Wage Enhancement payments have commenced, with the majority posting within FY 2024/2025.

BUDGET ADJUSTMENT SUMMARY

- Revenue and Expenditure Adjustments A net increase of $3,271,326, driven by two key factors. First, an additional $5.3 million in unexpended ARPA funds from the previous fiscal year will be expended by wage enhancement payments in this fiscal year. Second, there is a $2 million adjustment from the originally budgeted $5 million for childcare facility projects, to account for funds expended in the prior fiscal year.

RECOMMENDED ACTION

That the Commission:

1. Approve the revised FY 2024/2025 ARPA (25820) budget as proposed.
2. Authorize the Executive Director or Designee to:
    a. Expend funds for the vendors noted below under the Operational Expense section of this budget.

Table A. Cumulative Vendor List

Cumulative Vendor – Description		**Total**
Action Item – 24-15		
First 5 Association – Membership Dues & Policy Fund	$	50,000
Total Plan and/or GM Business Interiors – Office Reconfigurations	$	100,000
Lakeshore Equipment Company-Learning Materials	$	50,000
Discount School Supply-Learning Materials	$	50,000
CM School Supply-Learning Materials	$	50,000
Action Item – 24-27		
Kristin Gist Consulting – CHD Consulting	$	50,000
Sidekick Solutions – A360 IT Development & TA	$	49,940
Crash Creative - Videography	$	45,000
US Bank - County P-Card – Various Vendors	$	40,000

    b. Execute documents, contracts, and amendments, including coordination of appropriate actions to expend funds in accordance with established Commission policy and as set forth in the attached budget.

ATTACHMENTS

1. FY 2024/2025 Revised Budget Summary ARPA Fund 25820
2. FY 2024/2025 Cumulative Vendor List

Agenda Item E
Consent Item 3
24-27: Attachment 1

Riverside County Children & Families Commission

FY 2024/2025

First 5 Riverside County Revised Budget Summary

938001-25820 (ARPA Fund)

DESCRIPTION	ACCOUNT	ORIGINAL FY 24/25 BUDGET	ADJUSTMENTS	REVISED FY24/25 BUDGET
REVENUE				
Fed-American Rescue Plan Act	763520	5,004,800	3,271,326	8,276,126
TOTAL REVENUE		**$ 5,004,800**	**$ 3,271,326**	**$ 8,276,126**
Special Program Expense	527780	4,800	5,271,326	5,276,126
Contracts	527980	5,000,000	(2,000,000)	3,000,000
TOTAL EXPENDITURES		**$ 5,004,800**	**$ 3,271,326**	**$ 8,276,126**
VARIANCE		**$ -**	**$ -**	**$ -**

Cumulative Vendor List FY 2024/2025

	Vendor	Description	Action Item #	Commission Meeting Date	Approval by	Total	YTD Expenditures as of 08/08/24
1	First 5 Association of California	Membership	24-15	05/08/24	Commission	$ 50,000	$ 50,000
2	Totalplan and/or GM Business Interiors	Office Reconfigurations	24-15	05/08/24	Commission	$ 100,000	$ -
3	LakeShore Parent LLC	Learning materials	24-15	05/08/24	Commission	$ 50,000	$ -
4	Discount School Supply	Learning materials	24-15	05/08/24	Commission	$ 50,000	$ -
5	CM School Supply	Learning materials	24-15	05/08/24	Commission	$ 50,000	$ -
6	Kristin Gist Consulting	CHD Consulting	24-27	09/11/24	Executive Director	$ 50,000	$ -
7	Sidekick Solutions	A360 IT Development & TA	24-27	09/11/24	Executive Director	$ 49,940	$ -
8	Crash Creative	Videography	24-27	09/11/24	Executive Director	$ 45,000	$ -
9	US Bank - County P-Card	Various Vendors	24-27	09/11/24	Executive Director	$ 40,000	$ -

E.4. **24-28:** Approve Amendment with Inland SoCal United Way for the Guaranteed Income Program Pilot **(Contract NO. CF24136) [NOT TO EXCEED $2,208,600 - PROP 10 FUNDS]**

AGENDA ITEM: 24-28
DATE OF MEETING: September 11, 2024
ACTION: ☒
INFORMATION: ☐

APPROVE AMENDMENT WITH INLAND SOCAL UNITED WAY FOR THE GUARANTEED INCOME PROGRAM PILOT (CONTRACT NO. CF24136) [NOT TO EXCEED $2,208,600 – PROP 10 FUNDS]

SUMMARY OF REQUEST

Approve amendment (Contract No. CF24136) with Inland SoCal United Way reducing the Prop 10 allocated match funds from $2,500,000 to $2,208,600 for the Guaranteed Income (GI) Program Pilot. California Department of Social Services (CDSS) is amending the GI grant award to support 409 pregnant individuals a reduction from the original allocation of 500 participants.

BACKGROUND

On October 26, 2022 (Action Item 22-36), the Commission Approved Prop 10 match funds for an amount not to exceed $2,500,000, to match the proposed grant awards for the Guaranteed Income (GI) Program Pilot from California Department of Social Services to support 500 pregnant individuals in Riverside County.

The pilot will provide a $600 monthly cash stipend to pregnant individuals in Riverside County for up to 18 months in fiscal years 23/24 – 25/26. ISCUW will participate in a statewide evaluation of the pilot to help build an understanding of how Guaranteed Income can support low-income communities.

RECOMMENDED ACTION

That the Commission:

1. Approve the Amendment of Contract No. CF24136 for an amount not to exceed $2,208,600 for the Guaranteed Income (GI) Program Pilot in essentially the same form as the contract attached hereto and authorize the Executive Director to sign

the contract on behalf of the Commission, subject to County Counsel approval as to form.

2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the agreement with Inland SoCal United Way, on behalf of the Commission, including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

None

STRATEGIC PLAN RELEVANCE

Goal 3: Resilient Families (92960)

POTENTIAL CONFLICTS OF INTEREST

None Known

ATTACHMENT

1. CF24136 – A1 – ISCUW – Guaranteed Income
2. California Department of Social Services (CDSS) Email

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT FOR PROFESSIONAL SERVICES
FIRST AMENDMENT

Contractor: Inland Southern California United Way

Contract No.: CF24136

Address: 1835 Chicago Ave, Suite B
Riverside, CA 92507

WHEREAS, the Riverside County Children and Families Commission ("Commission") has entered into a Contract for Professional Services ("Contract") with Inland Southern California United Way ("Contractor") for the provision of services, and the parties now wish to amend the Contract, to be effective as of September 11, 2024, ("First Amendment").

Now, therefore, the parties agree to amend the Contract as follows:

A. All references to the maximum reimbursable amount, shall be amended from $2,500,000 to $2,208,600.

Maximum reimbursable amount:	$2,208,600
FY 23/24 Expenditures:	$ 675,000
Contract balance as of 8/30/24:	$1,533,600

B. There is no change to the contract term date of October 25, 2023 to June 30, 2026.

C. All other terms and conditions of the Contract, as amended, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representative to execute this First Amendment.

CONTRACTOR:

By: _____
Kimberly Starrs
Chief Executive Officer and
Authorized Signatory

Date: _____

Riverside County Children and Families Commission:

By: _____
Tammi Graham, Executive Director

Date: _____

ATTEST:

By: _____
Lynn M. Stephens, Executive Assistant IV

Date: _____

Approved as to Form

By: _____
Kristine Bell-Valdez, Supervising
Deputy County Counsel

From: Stratton, Alyssa@DSS <Alyssa.Stratton@dss.ca.gov>
Sent: Tuesday, August 27, 2024 3:02 PM
Subject: Revision to Enrollment Targets

Dear Inland Southern California United Way:

The purpose of this email is to notify you of changes to the enrollment target and grant award designated to Inland Southern California United Way (ISCUW) for the administration of the California Guaranteed Income (GI) Pilot Program, as previously shared on June 25, 2024.

In June, the California Department of Social Services (CDSS) reduced ISCUW's enrollment target for the pregnant population from 500 to 250 based on enrollment trends and projections for the time-limited enrollment period. We are pleased to see that application volume in July and August exceeded expectations. Given the application increase and budget available, CDSS is revising the target enrollment to 409 pregnant people in the treatment group, at the 3:1 treatment:control evaluation ratio.

Please note that the changes outlined above do not change the prior written agreement to reduce the former foster youth target enrollment. The former foster youth target enrollment will continue to be 35.

Please acknowledge your receipt of these terms by sending a confirming email. We will begin the process of executing a grant amendment to reflect these revised enrollment goals as soon as possible. Should you wish to discuss this matter further or have any questions, please feel free to contact me. We look forward to continuing our partnership to ensure that California's most vulnerable individuals may benefit from guaranteed income.

Sincerely,

Alyssa Stratton, Program Manager (she/her/hers)

Guaranteed Income Pilot Program

California Department of Social Services

744 P Street, Sacramento, CA 95814

alyssa.stratton@dss.ca.gov

E.5.**24-29** Approve Prop 10 Funds for Lakeland Village Infrastructure Project and Receive and File Final Allocations for ARPA Funded Infrastructure Projects **[$1,500,000 - PROP 10 FUNDS]**

AGENDA ITEM: 24-29
DATE OF MEETING: September 11, 2024
ACTION: ☒
INFORMATION: ☐

APPROVE PROP 10 FUNDS FOR LAKELAND VILLAGE INFRASTRUCTURE PROJECT AND RECEIVE AND FILE FINAL ALLOCATIONS FOR ARPA FUNDED INFRASTRUCTURE PROJECTS [$1,500,000 – PROP 10 FUNDS]

SUMMARY OF REQUEST

Approve up to $1,500,000 of Prop 10 Funds to support the completion of the new child care center at Lakeland Village in Lake Elsinore. The project leverages funding from multiple sources inclusive of Prop 10, American Rescue Plan Act (ARPA), and Development Impact Fees (DIF Fund 30569),

Receive and File the allocations for ARPA Funded Infrastructure Projects in all Supervisorial Districts.

BACKGROUND

Infrastructure projects have experienced increased costs including labor costs associated with prevailing wage, and higher material prices driven by inflation. The Lakeland Village Child Care project has increased projected capacity to serving 25 to 48 children in a 7,800 square feet facility. This funding will support the completion of the Lakeland Village Child Care project which will provide an opportunity to serve a high-need area with essential child care services.

Lake Elsinore's CA Healthy Places Index Percentile Ranking is 22%. Throughout California the infant and toddler child care crisis is a significant issue impacting families and child care providers across the state. Underserved and high need areas, like Lake Elsinore, have limited access to child care facilities with an extreme shortage of child care spaces for infants and toddlers. Currently, Lake Elsinore has 15 licensed child care centers and 58 licensed family child care centers with a capacity to serve 1,369 children.

Lake Elsinore is identified as a local priority area 1 for state and federal funds. In Lake Elsinore, there are 6,543 children ages 0-5 from which 2,508 children are eligible for child care subsidy services. 256 children are receiving child care subsidy services, leaving 2,232 unserved children.

Project Schedule:

Bidding Phase: August 2024
Draft Construction Agreement: September – October 2024
Board of Supervisors Approve Construction Contract and Final Budget Form 11: November 2024
Total Project Cost: $9,165,453.

On September 27, 2021 (Action Item 21-36), On September 14, 2021, the Board of Supervisors authorized the allocation of $5,000,000 in federal funding under the American Rescue Plan Act of 2021 for First 5 Riverside County to administer the Early Care and Education Recovery fund for infrastructure projects.

Commission Action Item 21-36, authorized $5,000,000 of Proposition 10 Funds, allocated for child care facility expansion in each supervisorial district, to augment early care and education facility projects funded by local, state, or federal funds.

On May 11, 2022 (Action Item 22-18), the Commission recognized the allocation of $1,000,000 Proposition 10 funds approved in September 2021 (AI 21-36) to leverage American Rescue Plan Act (ARPA) and Development Impact Fund (DIF) funds to support construction of a child care center at Lakeland Village in Lake Elsinore.

The following projects have been identified and are in progress for all five districts:

ARPA (25820) District Allocations - Childcare Projects				
Project	**Location**	**Added Child Spaces**	**Supervisorial District**	**First 5 Administered ARPA Allocation**
Lakeland Village BOS ARPA/F5 ARPA/Prop 10/DIF - 30569	Lakeland Village	48	D1/D2	$ 2,000,000
French Valley Childcare Center and Early Childhood Learning Education Center Library BOS ARPA/F5 ARPA/PROP10 – Transferred to RivCo OED	French Valley	48	3	$ 1,000,000
Desert Rose F5 ARPA-Transferred to Housing & Workforce Solutions	Ripley	48	4	$ 1,000,000
Jan Peterson Child Development Center F5 ARPA/Prop10	Moreno Valley	24	5	$ 1,000,000
	Total:	**168**		**$ 5,000,000**

The child care facilities investments leveraging ARPA funding is forecasted to increase 168 spaces for infants and toddlers in licensed facilities. This Commission investment leveraging large one time federal and state investments have significant Strategic Plan Relevance and long-lasting impacts on Riverside County children and families.

RECOMMENDED ACTION

That the Commission:

1. Approve additional Prop 10 funding not to exceed $1,500,000 to augment ARPA, and DIF funds allocated to the Lakeland Village Child Care infrastructure project.

BUDGET IMPACT

Any necessary budget adjustment will be included in the next budget revision.

STRATEGIC PLAN RELEVANCE

Goal: 1 Quality Early Learning (92950)

POTENTIAL CONFLICTS OF INTEREST

None

F. **Future Agenda Items:**
   F.1. First 5 Riverside County Annual Audit and Public Hearing
   F.2. First 5 Riverside County Annual Report and Public Hearing
   F.3. Riverside County Office of Education (RCOE) Presentation

G. **Adjournment**: Adjournment to the next Regular Meeting of the Riverside County Children and Families Commission to be held on October 23, 2024 beginning at 2:00 p.m.at:
   First 5 Riverside County Children and Families Commission Office
   585 Technology Court - Conference Room A
   Riverside, CA 92507

Conflict of Interest: Any person, or group of persons present at this meeting, who wish (es) to speak on a matter may be required to state for the record any contributions, in excess of $250.00 made in the past (12) twelve months, made to any Commission member, the Commission member receiving the contribution, and the matter of consideration with which they are involved.

Agenda Posting: Agendas will be posted at the Clerk of the Board of Riverside County and the Commission Business Office.

All public record documents for matters on the open session of the Agenda are available for inspection at the meeting listed in this Agenda, and at the following location beginning three (3) days prior to the meeting date:

Riverside County Children and Families Commission
585 Technology Court
Riverside, CA 92507

If a public record document that relates to a matter on the open session of the Agenda is distributed less than 72 hours prior to the meeting date, the public record document shall be available for inspection, at the same time it is distributed, at the address listed above. Upon request, this agenda will be made available in appropriate alternative formats to persons with disabilities, as required by Section 202 of the Americans with Disabilities Act of 1990.