

**AGREEMENT BETWEEN  
THE COUNTY OF TEHAMA AND  
VICTOR COMMUNITY SUPPORT SERVICES, INC.**

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This agreement is entered into between the County of Tehama, through its Department of Social Services, ("County") and Victor Community Support Services, Inc. ("Contractor") for providing facilitation for Child and Family Team meetings.

**1. RESPONSIBILITIES OF CONTRACTOR**

During the term of this agreement, Contractor shall provide services in accordance with the Scope of Work, Exhibit C, attached hereto and made a part of this agreement.

**2. RESPONSIBILITIES OF THE COUNTY**

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

**3. COMPENSATION**

For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall invoice County at the actual cost incurred in accordance with the budget sheet attached hereto and incorporated herein as Exhibit D. The Maximum Compensation payable under Agreement shall not exceed \$120,000. Contractor may, with County approval, reallocate funds among each of the major cost categories listed in Exhibit "D", to a maximum of 15% of each part, not to exceed the Maximum Compensation amount set forth above. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately

repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4. **BILLING AND PAYMENT**

On or before the 15th of each month, Contractor shall submit to County an itemized invoice (Exhibit E) for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

5. **TIMELY SUBMISSION**

Notwithstanding section #4, Contractor shall submit a final undisputed invoice for payment no more than thirty (30) calendar days following the expiration or termination date of this Agreement. Said invoice should be clearly marked "Final Invoice", thus indicating that all payment obligations of the County under this Agreement have ceased and that no further payments are due or outstanding. County will not honor any delinquent invoice. Contractor will be deemed to have forfeited its right to payment and shall have no claim against County for payment, of any kind whatsoever, for any delinquent invoice.

6. **TERM OF AGREEMENT**

This agreement shall commence on 07/01/24 and shall terminate 06/30/25, unless terminated in accordance with section 7 below.

7. **TERMINATION OF AGREEMENT**

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased, or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Director, the Chairperson of the Tehama County Board of Supervisors or the Purchasing Agent, as indicated on the signatory page.

8. **ENTIRE AGREEMENT; MODIFICATION**

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

9. **NONASSIGNMENT OF AGREEMENT**

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

10. **EMPLOYMENT STATUS**

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to insure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's

Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

11. **INDEMNIFICATION**

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

12. **INSURANCE**

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

13. **PREVAILING WAGE**

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is \$1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable,

County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office, and will make this information available to any interested party upon request. Contractor shall defend, indemnify and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a “public work.” To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

14. **NON-DISCRIMINATION**

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

15. **GREEN PROCUREMENT POLICY**

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

16. **COMPLIANCE WITH LAWS AND REGULATIONS**

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

17. **LAW AND VENUE**

This agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

18. **AUTHORITY**

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

19. **NOTICES**

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

<b>NOTICES TO COUNTY:</b>	<b>NOTICES TO CONTRACTOR:</b>
Director Tehama County Department of Social Services P. O. Box 1515 Red Bluff, CA 96080 Fax: 530-527-5410	Edward E. Hackett, Chief Financial Officer 1360 East Lassen Avenue Chico, CA 95973 530-230-1218 <a href="mailto:Ed.Hackett@victor.org">Ed.Hackett@victor.org</a>
<b>ANALYST RESPONSIBLE TO RECEIVE REPORTS:</b>	<b>PERSON RESPONSIBLE FOR REPORTING:</b>
Kim Granados, Staff Services Analyst, Tehama County Department of Social Services P.O. Box 1515 Red Bluff, CA 96080 OR emailed to <a href="mailto:ProgramAnalyst@tcdss.org">ProgramAnalyst@tcdss.org</a> OR delivered in person to 310 S. Main Street. Phone: 530-528-4170 Fax: 530-527-5410	David Hazard, Regional Program Analyst, Northern Region 3300 Churn Creek Road Redding, CA 96002 Phone: 530-720-5150 <a href="mailto:David.Hazard@victor.org">David.Hazard@victor.org</a>
<b>INVOICES SUBMITTED TO COUNTY:</b>	<b>PERSON RESPONSIBLE FOR INVOICING:</b>
Invoices may be sent by email to:  <a href="mailto:AccountsPayable@tcdss.org">AccountsPayable@tcdss.org</a>	Angie Wiechert, Director of Financial Analysis 1360 East Lassen Avenue Chico, CA 95973 Phone: 530-230-1210 <a href="mailto:awiechert@victor.org">awiechert@victor.org</a>

Notice shall be deemed to be effective two days after mailing.

20. **NON-EXCLUSIVE AGREEMENT:**

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

21. **STANDARDS OF THE PROFESSION**

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

22. **LICENSING OR ACCREDITATION**

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

23. **RESOLUTION OF AMBIGUITIES**

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

24. **NO THIRD PARTY BENEFICIARIES**

Neither party intends that any person shall have a cause of action against either of them as a third party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

25. **HAZARDOUS MATERIALS**

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous



Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

26. **HARASSMENT**

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

27. **COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING**

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. Civil 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. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

28. **EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through I, attached hereto, and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

29. **OWNERSHIP OF DOCUMENTS**

All documents, notes, reports, electronic storage media, plans, or any other materials produced by Contractor during the term of this agreement for any purpose related to the agreement shall become the property of the County. Contractor shall deliver, upon full payment by the County for services rendered hereunder, all such materials to County.

30. **DOCUMENTS AND RETENTION**

1. Contractor and County agree to retain all documents relevant to this agreement for five years from the termination of the agreement or until all audits, Federal and/or State, are complete, whichever is later. Upon request, Contractor shall make available these records to the County, State, or Federal government representatives.
2. Contractor shall provide County all finished and unfinished reports, data, studies, photographs, charts and other documents prepared by Contractor pursuant to this agreement, should this agreement be terminated.
3. Contractor shall develop and maintain records concerning the services provided pursuant to this agreement. Contractor shall also provide all information necessary for quarterly reports or other reports required by County, State or the Federal government. Contractor shall fully cooperate with the County in providing any information needed by any governmental entity concerning this agreement.

31. **SEXUAL HARASSMENT**

Contractor shall not employ sexual harassment or discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. Contractor shall provide services in accordance

with Exhibit B, Nondiscrimination Clause, attached hereto, and the Tehama County Sexual Harassment Policy, available upon request; both made part of this agreement.

32. **CONFLICT OF INTEREST**

Contractor and Contractor's employees shall have no interest and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this agreement.

33. **CONFIDENTIALITY**

The intent of this agreement is for the Contractor to facilitate Child and Family Team meetings. However, should specific information regarding the County's clients become known to Contractor, the following confidentiality rules shall apply:

- a. Contractor shall require all employees, volunteers, agents, and officers to comply with the provisions of Section 10850 of the Welfare and Institutions Code and Manual of Policies and Procedures (MPP) Division 19, which provide that:
  - 1.) All applications and records concerning any individual made or kept by Contractor shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program.
  - 2.) No person shall publish, disclose, use, permit or cause to be published or disclosed any list of persons receiving public social services, except as provided by law.
  - 3.) No person shall publish, disclose, use, permit or cause to be published, disclosed or used any confidential information pertaining to an applicant or recipient, except as provided by law.
- b. Contractor shall ensure all employees, volunteers, agents, and officers comply with the above provisions, and shall inform all employees, agents, and officers that any person knowingly and intentionally violating such provisions is guilty of a misdemeanor.
- c. During the term of this agreement, both parties may have access to information that is confidential or proprietary in nature. Both parties agree to preserve the confidentiality of and to not disclose any such information to any third party without the express written consent of

the other party or as required by law. This provision shall survive the termination, expiration, or cancellation of the agreement.

- d. Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any and all patient, client, or resident medical information, which may be viewed in the process of doing his/her/its contracted services. The Contractor understands that he/she/it is subject to all of the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations; and Confidentiality of Medical Information Act [Part 2.6 (commencing with Section 56)] of Division 1 of the Civil Code. Violation of the confidentiality of patient, client, or resident medical information may result in federally imposed fines and penalties and the cancellation of this agreement.

34. **AVAILABILITY OF FUNDS**

All funding under this agreement is subject to the availability of Federal, State, and County funds. If at any time during the period covered by this agreement the funding from any source is discontinued or decreased, this agreement shall no longer be binding upon the County or the Contractor, effective with the date funding is discontinued or decreased.

In the event of an audit exception or exceptions, the party responsible for not meeting the program requirement or requirements shall be responsible for the deficiency.

35. **MONITORING, VIOLATIONS, BREACHES OF AGREEMENT**

The County may monitor the Contractor's performance to assure compliance with the terms, conditions, and specifications of this agreement.

Contractor shall develop and make known to recipients the procedure for presenting grievances or complaints regarding services and shall be able to present the procedure to County at any time. This shall include informing recipients of their right to a State hearing.

The County may take appropriate remedies, such as fiscal penalties or withhold payment in instances whereas the Contractor or any person employed by Contractor, in any capacity during the progress of the work, whether by negligence or otherwise breach or violate any provision of this agreement.

36. **MISCELLANEOUS PROVISIONS**

Contractor will recognize the mandatory standards and policies relating to energy efficiency in the state energy conservation plan. {Title 24, California Administrative Code}.

If the amount of this agreement is in excess of \$10,000.00, Contractor is required to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375 and as supplemented in Department of Labor regulations (41 CFR Part 60).

If the amount of this agreement is in excess of \$100,000.00, Contractor is required to comply with Section 306 of the Clean Air Act (42 USC 1857 (h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

**TEHAMA COUNTY DEPARTMENT  
OF SOCIAL SERVICES**

Date: 9/12/2024

Bekkie F. Emery  
Bekkie F. Emery, Social Services Director

**VICTOR COMMUNITY SUPPORT  
SERVICES, INC**

Date: 9/5/2024

Edward Hackett  
Edward Hackett  
On behalf of Edward Hackett, Manuel Lua COO

129754  
Vendor Number

5013-532300  
Budget Account Number

93.658  
Federal Funding CFDA #

## Exhibit A

### **INSURANCE REQUIREMENTS FOR CONTRACTOR**

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

#### Commercial General Liability (including operations, products and completed operations)

\$1,000,000 per occurrence for bodily injury, personal injury and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

#### Automobile Liability

Automobile liability insurance is required with minimum limits of \$1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

#### Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of \$1,000,000 per accident for bodily injury or disease.

#### Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with

single limits of liability not less than \$1,000,000 per claim and \$2,000,000 aggregate on a claims made basis. However, if coverage is written on a claims made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an “occurrence” basis, rather than a “claims made” basis.

#### Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include “Tehama County, its elected officials, officers, employees and volunteers” as an additional insured.

The certificate holder shall be “County of Tehama.”

#### Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of \$25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor’s liability to County and will be the sole responsibility of Contractor.

#### Primary Insurance Coverage

For any claims related to this project, Contractor’s insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor’s insurance and shall not contribute with it.

#### Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that “coverage shall not be reduced or canceled without 30 days’ prior written notice certain to the County.”

#### Acceptability of Insurers



Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

#### Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

#### Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

#### Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

#### Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

## **EXHIBIT B**

### **NONDISCRIMINATION CLAUSE**

The Contractor agrees to comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940 (c), (h) (1), (I), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations Section 98000-98413; the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91; 7 CFR Part 15; and 28 CFR Part 35], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of age, sex, color disability, national origin, race, marital status, religion or political affiliation be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HERREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement. THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited. By ACCEPTING THE ASSURANCE, the Contractor agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of the aforementioned laws, rules, and regulations, and permit authorized CDSS and /or federal government personnel, during normal working hours, to review such records, books, and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance. This ASSURANCE is binding on the Contractor directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

## **EXHIBITC**

### **Scope of Work Child and Family Team Facilitation**

#### **Child and Family Team (CFT) Meetings**

Contractor agrees to - provide staff that will coordinate and facilitate Child and Family Team (CFT) meetings for children that have been placed in out of home care by the Tehama County Department of Social Services (County). CFT meetings must be held in compliance with regulatory guidelines set forth by Assembly Bill (AB) 403 and further outlined in All County Letter (ACL) 16-84.

Contractor duties will include:

1. Maintain appropriate staffing levels to accommodate approximately 25 CFT meetings monthly in compliance with the timelines outlined below.
2. Recruit and encourage natural and formal supports through educating the family about the CFT process prior to the CFT meeting. Invite all identified parties to attend the CFT meetings. CFT meetings must include the youth, if age appropriate, a facilitator provided by Contractor, the assigned case Social Worker from County, a parent or guardian of the child, the current caregiver of the child, Court Appointed Special Advocates, and other professionals as appropriate. Other individuals may attend CFTs as determined necessary by any of the mandatory involved parties, and may include: youth, school personnel, formal supports of family, etc.
3. Complete a connection map with each youth and/or County Social Worker in an effort to identify and locate all potential CFT members.
4. Assess available locations to ensure that the CFT meeting is held in a location where the natural supports will be most comfortable.
5. Convene the first CFT meeting within 30 days of receiving the referral (Exhibit G) from County. The initial CFT meeting must be completed within 60 days of the child entering care.
6. Facilitate CFT meetings in accordance with regulatory guidelines. Facilitation will include forming the team, developing plans with the team following an agreed upon meeting format that will support the needs of the family, and making sure that the voice of the family is central to the decision making process and in plan formation.
7. Support the CFT process by gathering and reporting information to complete the Child and Adolescent Needs and Strengths (CANS) assessment tool (Exhibit H) and to create a fully integrated Individualized Service Plan (ISP). A copy of the

CANS assessment will be provided to the County Social Worker by end of the business day following the CFT if new information is gathered to update the CANS via the engagement process.

8. Schedule CFT meetings at times and locations that are convenient for family member participation which could include outside regular business hours and weekends. Contractor must attempt to reasonably accommodate the family's needs.
9. Comply with the regulatory CFT meeting frequency requirements outlined below:
  - a. For any youth receiving Specialty Mental Health Services there must be a meeting every 90 days. Appointments for the next CFT meeting will be given during each CFT meeting.
  - b. For youth that are not receiving Specialty Mental Health Services, there must be a meeting at least every six months. Appointments for the next CFT meeting will be given during each CFT meeting.
  - c. As determined by the team there can be meetings to address any emerging issues, provide coordinated interventions to the youth, and/or to refine the case plan as needed. The Social Worker will send a referral (Exhibit G) to notify Contractor of the need for a CFT meeting.
  - d. In addition, a referral (EXHIBIT G) will be sent to initiate a CFT meeting for the following reasons:
    - i. Any placement change.
    - ii. To discuss the youth's need for Specialty Mental Health Services.
    - iii. Regarding any behavior of the youth related to mental health.
    - iv. To consider placement into a Short-Term Residential Treatment Program (STRTP).
    - v. If the youth is prescribed or being considered for any psychotropic medications.
  - e. All subsequent CFT meetings should include the parties present at the first meeting.
10. Record the CFT meeting and its outcomes using a template approved by both Contractor and County (Exhibit I). A copy of this template will be distributed at each meeting, with the original signed and dated by all participants. After obtaining the necessary signatures the CFT meeting facilitator will make copies for all CFT meeting attendees who request a copy.
11. Attend CFT Meeting Facilitation training and other training identified by both County and Contractor, as needed.
12. Meet with County Leadership quarterly to discuss the progress of this agreement

utilizing the Tehama County Quarterly Contract Monitoring Tool (Exhibit F) and to make any necessary adjustments in order to meet the desired outcomes. The following data points will be subject to quarterly monitoring:

- a. Number of CFT meetings scheduled each month.
  - b. Number of CFT meetings completed each month - goal of 95% of scheduled.
  - c. Initial CFT meetings completed inside and outside of required timeframes.
    - i. Within 30 days of referral.
    - ii. Within 60 days of placement.
  - d. Number of CFT meetings in which child determined appropriate to participate participated in the meeting - goal of 95%.
  - e. Number of participants in each CFT meeting who are identified as non-mandatory natural supports - not classified as parent, caregiver, child, Social Worker or facilitator.
13. Provide monthly reporting to county by the 5<sup>th</sup> of each month which includes all monitoring data points listed above. County will provide a reporting template to Contractor for this purpose. All reports shall be delivered to the attention of Kimberly Granados, Staff Services Analyst, 530-528-4170, [ProgramAnalyst@tcdss.org](mailto:ProgramAnalyst@tcdss.org). In addition to all regular reports, any communications with County staff that includes personal identifying information of a client must be sent via one the secure methods listed below:
- a. Mail Delivery: Tehama County Department of Social Services, P.O. Box 1515, Red Bluff, CA 96080.
  - b. In-Person Delivery: Tehama County Department of Social Services, 310 South Main Street, Red Bluff, CA 96080.
  - c. Encrypted Email. Note, prior to emailing reports Contractor must contact County to establish the encrypted email process.

County duties will include:

1. Provide the referral form for youth requiring a CFT meeting via fax or secured email within 10 days of a child entering foster care.
2. The Social Worker assigned to the case must provide Contractor a list of identified participants and their contact information.
3. The Social Worker assigned to the case, or their designee will attend all scheduled CFT meetings for cases in their caseload. CFT meetings will be scheduled at times and locations that are convenient for family member participation, which could include times outside of regular business hours and weekends. Staff from County must provide availability to accommodate the family's needs.

4. The assigned Social Worker must document the meeting and the outcomes from the meeting in CWS/CMS within 10 days following any CFT meeting.
5. The assigned Social Worker will refer appropriate cases for CFT meetings, if necessary, to address any emerging issues, provide coordinated interventions to the youth, and/or to refine the case plan as needed.
6. The case carrying Social Worker will notify Contractor that a CFT meeting is necessary when any of the conditions exist as described in item 8.d. above.
7. Provide meeting space on site (TCDSS main office) where the Contractor can facilitate CFTs.
8. Meet with Contractor quarterly to discuss the progress of this agreement utilizing the Tehama County Quarterly Contract Monitoring Tool (Exhibit F) and to make any necessary adjustments in order to meet the desired outcomes. If needed, this document will be revised to comply with all current CFT guidance administered by the California Department of Social Services

## EXHIBIT D

<b>BUDGET</b>	If needed for more space, insert or delete rows, or attach another page(s).	Budget Start Date: July 1, 2024	Budget End Date: June 30, 2025
<b>CONTRACTOR NAME AND ADDRESS</b>		<b>PURPOSE/TITLE OF CONTRACT:</b> Child & Family Team (CFT) Facilitation	
Victor Community Support Services 1360 East Lassen Avenue Chico, CA 95973		<b>PROGRAM CONTACT</b> Name: Jasleen Tomm Telephone: 530-267-1768 Email: <a href="mailto:Jasleen.Tomm@victor.org">Jasleen.Tomm@victor.org</a>	<b>FISCAL CONTACT</b> Name: Eduardo Vivian Telephone: (530) 230-1222 Email: <a href="mailto:Eduardo.Vivian@victor.org">Eduardo.Vivian@victor.org</a>
<b>BUDGET LINE ITEM:</b> For salary & benefit items, provide the job title or function of the position. For direct & indirect costs, provide specific detail to identify the item or purpose, or attach a budget narrative.			<b>TOTAL CONTRACT BUDGET</b>
<b>DIRECT SALARIES</b>		Annual Salary	FTE (% of time)
Program Director	\$ 115,360.65	2%	\$ 2,250.33
Community Support Services Supervisor	\$ 81,333.68	5%	\$ 4,066.68
Facilitator	\$ 61,330.36	70%	\$ 42,931.25
Program Support Staff	\$ 66,504.37	18%	\$ 12,017.34
			\$ -
<b>DIRECT BENEFITS/FRINGE</b>			
Total Taxes and Benefits			\$ 20,875.15
			\$ -
<b>DIRECT SALARIES &amp; BENEFITS TOTAL</b>			<b>\$ 82,140.75</b>
<b>DIRECT COSTS</b>		Quantity	
Professional Fees			\$ 2,428.08
Supplies			\$ 3,485.73
Communications/Telephone			\$ 2,888.47
Occupancy			\$ 8,868.28
Equipment Rental & Maintenance			\$ 1,963.09
Subscriptions			\$ 66.89
Transportation			\$ 4,960.90
Conferences & Meetings			\$ 528.63
Miscellaneous			\$ 777.29
			\$ -
<b>DIRECT COSTS TOTAL</b>			<b>\$ 25,967.36</b>
<b>INDIRECT SALARIES</b>		Annual Salary	FTE (% of time)
			\$ -
			\$ -
<b>INDIRECT BENEFITS/FRINGE</b>			
			\$ -
			\$ -
<b>INDIRECT SALARIES &amp; BENEFITS TOTAL</b>			<b>\$ -</b>
<b>INDIRECT COSTS</b>		Quantity	Cost
Administrative Overhead (Indirect Costs)			\$ 11,891.89
			\$ -
<b>INDIRECT COSTS TOTAL</b>			<b>\$ 11,891.89</b>
<b>TOTAL BUDGET</b>			<b>\$ 120,000.00</b>
Is contractor for-profit?		<input type="checkbox"/> Yes, enter amount of profit: \$ -	

# **EXHIBIT E** **SAMPLE INVOICE**

INVOICE		Attach back-up documentation to this page. If needed for more space, insert or delete rows, or attach another page(s).		
CONTRACTOR NAME AND ADDRESS		INVOICE #:	FOR MONTH(S)/YEAR:	
0				
0		CONTRACT #:	PURPOSE/TITLE OF CONTRACT	
0			0	
BUDGET LINE ITEM	A. CONTRACT BUDGET	B. CURRENT INVOICE COSTS	C. TOTAL COSTS YEAR-TO-DATE INCLUDING THIS INVOICE	D. BALANCE REMAINING PAYABLE (A-C)
<b>DIRECT SALARIES</b>				
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
<b>DIRECT BENEFITS/FRINGE</b>				
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
<b>DIRECT SALARIES &amp; BENEFITS TOTAL</b>	\$ -	\$ -	\$ -	\$ -
<b>DIRECT COSTS</b>				
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
<b>DIRECT COSTS TOTAL</b>	\$ -	\$ -	\$ -	\$ -
<b>INDIRECT SALARIES</b>				
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
<b>INDIRECT BENEFITS/FRINGE</b>				
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
<b>INDIRECT SALARIES &amp; BENEFITS TOTAL</b>	\$ -	\$ -	\$ -	\$ -
<b>INDIRECT COSTS</b>				
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
0	\$ -			\$ -
<b>INDIRECT COSTS TOTAL</b>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL INVOICE</b>		\$ -		
<b>TOTAL CONTRACT</b>	\$ -		\$ -	\$ -



## EXHIBIT F

Tehama County Quarterly Contract Monitoring Tool			
I. General Information:			
Contractor:			
Purpose:			
Amount of Contract:			
Reporting Period:		Date of Meeting:	Onsite Visit: <input type="checkbox"/>
II. Contracted Outcomes:			
III. Current Performance:			
IV. Goals Updates From Prior Meeting:			
V. Successes:		VI. Challenges:	
VII. Goals for Next Quarter:		VIII. Strategies for Improvement:	

## EXHIBIT G

### Tehama County Child and Family Team Referral Form

Placement Date:

Referral Date:

Harm and Danger Statement:

Purpose of CFT: ☐ Case Planning ☐ Placement ☐ Other:  
☐ Detention ☐ Status Review  
CANS: ☐ CANS- attach ☐ No CANS- explain:

#### Family Information:

Children being discussed at meeting:

Child 1: ☐ Male ☒ Female DOB:

Caregiver:

Address: Phone:

School of Origin:

Current School:

Grade:

Child 2:

☐ Male ☐ Female

DOB:

Caregiver:

Address: Phone:

School of Origin:

Current School:

Grade:

Child 3:

☐ Male ☐ Female

DOB:

Caregiver:

Address: Phone:

School of Origin:

Current School:

Grade:

#### Parent / Caregiver :

DOB:

Address:

Phone:

Other Relative:

Address:

Phone:

Other Relative:

Address:

Phone:

Other Relative:

Address:

Phone:

FFA SW Name *optional*:

Address:

Phone:

Phone:

Email:

**CPS SW Name:**

Address:

Phone:

Phone:

Email:

- ☐ Family has been told what a CFT is  
☐ Release of Information has been signed  
Safety Concerns:

#### Agencies/CAPS Staff to Invite to CFT Meeting

☐ Behavioral Health

Name:

(specify contact name,

Email:

email, and phone)  
☐ Education (specify contact name, email, and phone)  
☐ RFA Staff (specify contact name, email, and phone)  
☐ Victim Witness (specify contact name, email, and phone)  
☐ Children's First (specify contact name, email, and phone)  
☐ Adoptions Staff (specify contact name, email, and phone)  
☐ Empower Tehama (specify contact name, email, and phone)  
☐ Other (specify contact name, email, and phone)  
☐ Other (specify contact name, email, and phone)

Phone:  
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#### Family Characteristics

☐ Children age 5 and under in the family  
☐ Intellectual Disabilities (ID)/Intellectual Developmental Disabilities (IDD)  
☐ Mental Health Issues  
☐ Family/Child(ren) involved in counseling  
☐ Physical/Sexual/Emotional Abuse Issues  
☐ Domestic Violence Issues  
☐ Placement Concern  
☐ Housing Concern:  
☐ Child has educational concerns  
☐ Child has behavioral concerns:  
 Additional Comments:  
☐ ICWA  
 Next Court Date:

☐ Child Medically Involved  
☐ Youth ☐ Parent  
 Provider:  
 Provider:  
 Provider:  
 Provider:  
 Caregiver:  
☐ Truancy ☐ Expulsion ☐ SED ☐ On IEP

Tribal Affiliation:  
 Hearing Type:

#### Family Finding Priority Level

- ☐ Priority 1 Youth with little to no extended family or natural supports who may lack appropriate placement options and/or lifelong connections.
- ☐ Priority 2 Youth with some family connections and natural supports, but with a continued need to build the strength of the team due to instability of caregivers, limited placement resources, potential placements needs, or too few connections and natural supports.
- ☐ Priority 3 Youth with stable placements and large, strong, diverse natural support and family systems. After the initial CFT meeting.

## EXHIBIT H

CALIFORNIA INTEGRATED PRACTICE—CHILD AND ADOLESCENT NEEDS AND STRENGTHS				CA IP-CANS	
Child's Name:	DOB:	Gender:	Race/Ethnicity:		
Caregiver(s):	Form Status:	Initial	Reassessment	Discharge	
	Case Name:				
	Case Number:				
Assessor:		Date of Assessment (dd/mm/yyyy)			

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN					
0 = No evidence	1 = History or suspicion; monitor				
2 = Interferes with functioning; action needed	3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
1. Psychosis (Thought Disorder)					
2. Impulsivity/Hyperactivity					
3. Depression					
4. Anxiety					
5. Oppositional					
6. Conduct					
7. Anger Control					
8. Substance Use					
9. Adjustment to Trauma					

LIFE FUNCTIONING DOMAIN					
0 = No evidence	1 = History or suspicion; monitor				
2 = Interferes with functioning; action needed	3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
10. Family Functioning					
11. Living Situation					
12. Social Functioning					
13. Developmental/Intellectual					
14. Decision Making					
15. School Behavior					
16. School Achievement					
17. School Attendance					
18. Medical/Physical					
19. Sexual Development					
20. Sleep					

RISK BEHAVIORS					
0 = No evidence	1 = History or suspicion; monitor				
2 = Interferes with functioning; action needed	3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
21. Suicide Risk					
22. Non-Suicidal Self-Injurious Behavior					
23. Other Self-Harm (Recklessness)					
24. Danger to Others					
25. Sexual Aggression					
26. Delinquent Behavior					
27. Runaway					
28. Intentional Misbehavior					

CULTURAL FACTORS DOMAIN					
0 = No evidence	1 = History or suspicion; monitor				
2 = Interferes with functioning; action needed	3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
29. Language					
30. Traditions and Rituals					
31. Cultural Stress					

STRENGTHS DOMAIN					
0 = Centerpiece strength	1 = Useful strength				
2 = Identified strength	3 = No evidence				
	0	1	2	3	
32. Family Strengths					
33. Interpersonal					
34. Educational Setting					
35. Talents and Interests					
36. Spiritual/Religious					
37. Cultural Identity					
38. Community Life					
39. Natural Supports					
40. Resiliency					

☐ Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

CAREGIVER RESOURCES AND NEEDS					
A. Caregiver Name:					
Relationship:					
0 = No evidence; this could be a strength					
1 = History or suspicion; monitor; may be an opportunity to build					
2 = Interferes with functioning; action needed					
3 = Disabling, dangerous; immediate or intensive action needed					
	0	1	2	3	
41a. Supervision					
42a. Involvement with Care					
43a. Knowledge					
44a. Social Resources					
45a. Residential Stability					
46a. Medical/Physical					
47a. Mental Health					
48a. Substance Use					
49a. Developmental					
50a. Safety					

CAREGIVER RESOURCES AND NEEDS					
B. Caregiver Name:					
Relationship:					
0 = No evidence; this could be a strength					
1 = History or suspicion; monitor; may be an opportunity to build					
2 = Interferes with functioning; action needed					
3 = Disabling, dangerous; immediate or intensive action needed					
	0	1	2	3	
41b. Supervision					
42b. Involvement with Care					
43b. Knowledge					
44b. Social Resources					
45b. Residential Stability					
46b. Medical/Physical					
47b. Mental Health					
48b. Substance Use					
49b. Developmental					
50b. Safety					

CAREGIVER RESOURCES AND NEEDS					
D. Caregiver Name:					
Relationship:					
0 = No evidence; this could be a strength					
1 = History or suspicion; monitor; may be an opportunity to build					
2 = Interferes with functioning; action needed					
3 = Disabling, dangerous; immediate or intensive action needed					
	0	1	2	3	
41d. Supervision					
42d. Involvement with Care					
43d. Knowledge					
44d. Social Resources					
45d. Residential Stability					
46d. Medical/Physical					
47d. Mental Health					
48d. Substance Use					
49d. Developmental					
50d. Safety					

CAREGIVER RESOURCES AND NEEDS					
C. Caregiver Name:					
Relationship:					
0 = No evidence; this could be a strength					
1 = History or suspicion; monitor; may be an opportunity to build					
2 = Interferes with functioning; action needed					
3 = Disabling, dangerous; immediate or intensive action needed					
	0	1	2	3	
41c. Supervision					
42c. Involvement with Care					
43c. Knowledge					
44c. Social Resources					
45c. Residential Stability					
46c. Medical/Physical					
47c. Mental Health					
48c. Substance Use					
49c. Developmental					
50c. Safety					

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.		
NO = No evidence of any trauma of this type.		
YES = Exposure/experienced a trauma of this type.		
	NO	YES
T1. Sexual Abuse		
T2. Physical Abuse		
T3. Emotional Abuse		
T4. Neglect		
T5. Medical Trauma		
T6. Witness to Family Violence		

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.		
NO = No evidence of any trauma of this type.		
YES = Exposure/experienced a trauma of this type.		
	NO	YES
T7. Witness to Community/School Violence		
T8. Natural or Manmade Disaster		
T9. War/Terrorism Affected		
T10. Victim/Witness to Criminal Activity		
T11. Disruption in Caregiving/Attachment Losses		
T12. Parental Criminal Behaviors		

### EARLY CHILDHOOD MODULE

This section is to be completed when the child is birth to 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (#T1-T12 below) must also be completed for this age group. This section can also be completed for youth of any age who are experiencing developmental challenges.

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.		
NO = no evidence		
YES = Exposure/experienced a trauma of this type.		
	NO	YES
T1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>
T5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
T7. Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
T11. Disruption in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>
T12. Parental Criminal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>

CHALLENGES				
0 = No evidence		1 = History or suspicion; monitor		
2 = Interferes with functioning; action needed		3 = Disabling, dangerous; immediate or intensive action needed		
	0	1	2	3
EC1. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUNCTIONING				
0 = No evidence		1 = History or suspicion; monitor		
2 = Interferes with functioning; action needed		3 = Disabling, dangerous; immediate or intensive action needed		
	0	1	2	3
EC10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC12. Social and Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC14. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK BEHAVIORS & FACTORS				
0 = No evidence		1 = History or suspicion; monitor		
2 = Interferes with functioning; action needed		3 = Disabling, dangerous; immediate or intensive action needed		
	0	1	2	3
EC15. Self-Harm (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC17. Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC18. Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC19. Labor and Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC20. Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC21. Failure to Thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS				
0 = No evidence		1 = History or suspicion; monitor		
2 = Interferes with functioning; action needed		3 = Disabling, dangerous; immediate or intensive action needed		
	0	1	2	3
EC22. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC23. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC24. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS				
0 = Centerpiece strength		1 = Useful strength		
2 = Identified strength		3 = No evidence		
	0	1	2	3
EC25. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC26. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC27. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC28. Resiliency (Persist. & Adaptability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC29. Relationships Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC30. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC31. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DYADIC CONSIDERATIONS				
0 = No evidence		1 = History or suspicion; monitor		
2 = Interferes with functioning; action needed		3 = Disabling, dangerous; immediate or intensive action needed		
	0	1	2	3
EC32. Caregiver Emot. Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC33. Caregiver Adj. to Traumatic Exper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Child has no known caregiver. Skip Caregiver Resources and Needs Domain.

CAREGIVER RESOURCES AND NEEDS				
A. Caregiver Name:				
Relationship:				
0 = No evidence; this could be a strength 1 = History or suspicion; monitor; may be an opportunity to build 2 = Interferes with functioning; action needed 3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC34a. Supervision				
EC35a. Involvement with Care				
EC36a. Knowledge				
EC37a. Social Resources				
EC38a. Residential Stability				
EC39a. Medical/Physical				
EC40a. Mental Health				
EC41a. Substance Use				
EC42a. Developmental				
EC43a. Safety				
EC44a. Family Rel. to the System				
EC45a. Legal Involvement				
EC46a. Organization				

CAREGIVER RESOURCES AND NEEDS				
C. Caregiver Name:				
Relationship:				
0 = No evidence; this could be a strength 1 = History or suspicion; monitor; may be an opportunity to build 2 = Interferes with functioning; action needed 3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC34c. Supervision				
EC35c. Involvement with Care				
EC36c. Knowledge				
EC37c. Social Resources				
EC38c. Residential Stability				
EC39c. Medical/Physical				
EC40c. Mental Health				
EC41c. Substance Use				
EC42c. Developmental				
EC43c. Safety				
EC44c. Family Rel. to the System				
EC45c. Legal Involvement				
EC46c. Organization				

CAREGIVER RESOURCES AND NEEDS				
B. Caregiver Name:				
Relationship:				
0 = No evidence; this could be a strength 1 = History or suspicion; monitor; may be an opportunity to build 2 = Interferes with functioning; action needed 3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC34b. Supervision				
EC35b. Involvement with Care				
EC36b. Knowledge				
EC37b. Social Resources				
EC38b. Residential Stability				
EC39b. Medical/Physical				
EC40b. Mental Health				
EC41b. Substance Use				
EC42b. Developmental				
EC43b. Safety				
EC44b. Family Rel. to the System				
EC45b. Legal Involvement				
EC46b. Organization				

CAREGIVER RESOURCES AND NEEDS				
D. Caregiver Name:				
Relationship:				
0 = No evidence; this could be a strength 1 = History or suspicion; monitor; may be an opportunity to build 2 = Interferes with functioning; action needed 3 = Disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
EC34d. Supervision				
EC35d. Involvement with Care				
EC36d. Knowledge				
EC37d. Social Resources				
EC38d. Residential Stability				
EC39d. Medical/Physical				
EC40d. Mental Health				
EC41d. Substance Use				
EC42d. Developmental				
EC43d. Safety				
EC44d. Family Rel. to the System				
EC45d. Legal Involvement				
EC46d. Organization				

## EXHIBIT I

<b>CHILD AND FAMILY TEAM ACTION PLAN</b>			
<b>Youth Name:</b>		<b>Today's Date:</b>	
<b>Team Members Present:</b>			
<b>NEXT CFTM:</b>			
<b>Child and Family Team Vision &amp; Harm Statement:</b>			
<b>Vision Statement:</b>			
<b>Harm Statement:</b>			
<b>Going well</b>			
<b>Strengths (CANS):</b>			
<b>Going well:</b>			
<b>Concerns</b>			
<b>Needs (CANS):</b>			
<b>Concerns:</b>			
<b>Action Steps and Details</b>			
<b>Who</b>	<b>What Action Will Be Taken</b>	<b>By When</b>	<b>How Will We Know it Worked?</b>

**Meeting Notes:**



**E-Contract Review**  
**Approval as to Form**

Department Name: Social Services

Vendor Name: Victor Community Support Services

Contract Description: For the purpose of Facilitating Child and Family Team (CFT)  
meetings

APPROVED AS TO FORM:

Date: 08/05/2024

A handwritten signature in blue ink, consisting of a large 'M' and a stylized 'L' with a long horizontal stroke extending to the right.

Office of the Tehama County Counsel  
Margaret Long, County Counsel



## Tehama County Minutes Certification

File Number: 24-1629

Enactment Number: MISC. AGR 2024-324

### 2. SOCIAL SERVICES

24-1629

a) AGREEMENT - Approval and authorization for the Director to sign the Agreement with Victor Community Support Services Inc. for the purpose of facilitating Child and Family Team meetings for FY 2024/25 in the total amount not to exceed \$120,000, effective 7/1/24 through 6/30/25 (*Subject to receipt of required insurance documentation*)

Enactment No: MISC. AGR 2024-324

Approval of the Consent Agenda.

A motion was made by Supervisor Moule, seconded by Supervisor Nolen, to approve the Consent Agenda. The motion carried by the following vote:

<b>RESULT:</b>	APPROVED THE CONSENT AGENDA
<b>MOVER:</b>	William Moule
<b>SECONDER:</b>	Pati Nolen
<b>AYES:</b>	Supervisor Moule, Supervisor Nolen, and Chairperson Leach
<b>ABSENT:</b>	Supervisor Carlson, and Vice Chair Hansen

RESULT: APPROVED

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on 10/22/2024.

Attest:

  
Deputy

November 04, 2024

Date Certified