# MEMORANDUM OF UNDERSTANDING

**between**

**Department of Behavioral Health**
**and**

**Children and Family Services**
**and**

**Children's Network**
**and**

**District Attorney**
**and**

**Probation**
**and**

**Public Defender**
**and**

**Department of Public Health**
**and**

**San Bernardino County Superintendent of Schools**
**and**

**Sheriff's Department**
**and**

**Superior Court of California – Juvenile Court Division**

**for**

## Coalition Against Sexual Exploitation (CASE) Program

**October 1, 2015 – June 30, 2017**

**THIS MEMORANDUM OF UNDERSTANDING** delineates agreed upon goals and intended outcomes, responsibilities and general terms:

**WHEREAS,** Department of Behavioral Health, hereinafter referred to as "DBH", Department of Public Health, hereinafter referred to as "DPH", Children and Family Services, hereinafter referred to as "CFS", Children's Network, District Attorney's Office, hereinafter referred to as "DA", Probation, hereinafter referred to as "Probation", Public Defender, San Bernardino County Superintendent of Schools, hereinafter referred to as "SBCSS", Sheriff's Department, hereinafter referred to as "Sheriff", and the Superior Court of California – County of San Bernardino Juvenile Court Division, hereinafter referred to as "Juvenile Court", are all public entities of San Bernardino County; and

**WHEREAS,** DBH, DPH, CFS, Children's Network, DA, Probation, Public Defender, SBCSS, Sheriff, and the Juvenile Court desire a collaborative partnership for the purpose of strengthening clinical services for sexually exploited children/youth through creative strategies, existing trauma care best practices, clinical expertise, and ongoing outcome measures; and

**WHEREAS,** DBH Office of Prevention and Early Intervention (PEI) has been allocated funds by the State Department of Health Care Services (DHCS), through the Mental Health Services Act (MHSA), to support this collaborative approach to better serve the needs of the unique and inappropriately served population of sexually exploited children/youth and/or those at risk of sexual exploitation; and

**WHEREAS,** DBH finds the members of the existing Coalition Against Sexual Exploitation (CASE) Steering Committee, named as Parties to this agreement, qualified to maintain and strengthen the existing collaborative model to implement outreach, education, prevention and intervention activities intended to impact the target population; and

**WHEREAS,** DBH desires that this collaborative effort be partially supported by MHSA PEI funding, and DBH, DPH, CFS, Children's Network, DA, Probation, Public Defender, SBCSS, Sheriff and Juvenile Court agree to participate as set forth herein;

**As to the County's Commercially Sexually Exploited Children (CSEC) Program**

**WHEREAS,** an individual who is a commercially sexually exploited child (CSEC) or sexually trafficked, as described in Section 236.1 of the California Penal Code, or who receives food or shelter in exchange for, or who is paid to perform, sexual acts described in Section 236.1 or 11165.1 of the California Penal Code, and whose parent or guardian failed to, or was unable to protect the child, is a commercially sexually exploited child and may be serviced through San Bernardino County's child welfare system pursuant to California Welfare and Institutions Code Section 300(b)(2); and

WHEREAS, San Bernardino County elected to participate in the CSEC Program as described in Section 16524.7 of California Welfare and Institutions Code to more effectively serve CSEC by utilizing a multidisciplinary approach for case management, service planning, and the provision of services; and

WHEREAS, the parties to this Memorandum of Understanding (MOU), Behavioral Health, DPH, Children and Family Services, District Attorney, Probation, Public Defender, San Bernardino County Superintendent of Schools, Sheriff, and Superior Court of California of San Bernardino County Juvenile Court Division have developed the following Memorandum of Understanding (MOU) to guide San Bernardino County's approach to serving CSEC; and

WHEREAS, the MOU reflects San Bernardino County's and the parties' commitment to the following guiding principles;

**NOW THEREFORE,** DBH, DPH, CFS, Children's Network, DA, Probation, Public Defender, SBCSS, Sheriff and Juvenile Court mutually agree to the following terms and conditions:

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## I. PURPOSE

This Memorandum of Understanding (MOU) serves to identify areas of agreement and responsibility for members of the Coalition Against Sexual Exploitation (CASE) Steering Committee and the respective public agencies named herein, with regards to provisions of collaboration, staffing, outreach, education, prevention, and intervention activities being partially funded through MHSA PEI funds. Further, this agreement represents the collective interests of all named Parties to maintain and strengthen a culturally appropriate collaborative model of prevention and early intervention services for diverse children (ages 0-15) and transition age youth (TAY – ages 16-25), to reduce the number of those who are commercially sexually exploited or at risk of commercial sexual exploitation.

The provision of CASE services, collaborations, and responsibilities provided through this MOU are a part of the Mental Health Services Act (MHSA) Integrated Plan which is approved by the County of San Bernardino Board of Supervisors. This MOU also fulfills the statutory and protocol requirements of the Commercially Sexually Exploited (CSEC) Program's guidelines and integrates promising practices and improved service delivery through MDTs and interagency referrals. Recent legislation (SB 855, Chapter 29, Statutes of 2014) amended the WIC section 300 to clarify that under existing law, commercially sexually exploited children whose parents or guardians failed or were unable to protect them may fall within the description of section 300(b) and be adjudged as dependents of the Juvenile Court. The Legislature also amended the WIC (16524.6-16524.11) to establish a state-funded CSEC Program to be administered by the California Department of Social Services (CDSS) that counties may elect to participate in.

The model and practices performed under this agreement will: enhance creative strategies; integrate existing trauma care best practices with clinical expertise; utilize ongoing outcome measures to strengthen clinical practices; continue planning and implementation of appropriate services; and contribute to the MHSA PEI goal of reducing prolonged suffering in children and TAY who are from underserved cultural populations, are individuals experiencing the onset of serious psychiatric illness, are trauma exposed and/or are at risk of experiencing juvenile justice involvement. Intended outcomes for the target population include: improved life satisfaction, decreased hopelessness/increased hope, decreased impairment in general areas of life functioning (e.g. health/self-care/housing, occupation/education, legal, money management, interpersonal/social).

## II. DEFINITIONS

A. **Behavioral Health (DBH)**: A department of the County of San Bernardino that provides mental health, alcohol and drug, and prevention services under State law to County residents. In order to maintain a continuum of care, DBH operates or contracts for provision of prevention and early intervention, 24-hour care, day treatment, outpatient services, case management, crisis

intervention and referral services. Community services are provided in all major County metropolitan areas and are readily accessible to most County residents.

B. **Child Adolescent Needs and Strengths (CANS) Assessment:** A multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes and services.

C. **Children and Family Services (CFS)**: A department of the County of San Bernardino Human Services Division that provides family-centered programs and services designed to ensure safe, permanent, nurturing families for the County's children while strengthening and attempting to preserve the family unit. CFS protects children from intentional physical or mental injury, sexual abuse, exploitation and/or neglect by a person responsible for a child's health or welfare in accordance with the California Welfare and Institutions Code 300. CFS strives towards goals of reducing risks to children, improving parenting skills and strengthening social support networks for families.

D. **Children's Network (CN)**: The overall goal of Children's Network is to help "children at risk" by improving communication, planning, coordination, and cooperation, among youth-serving agencies; identifying gaps and overlaps in services; providing a forum for clarifying perceptions and expectations among agencies, and between agencies and the community; setting priorities for interagency projects; and implementing collaborative programs, public and private, to better serve children and youth.

E. **Coalition Against Sexual Exploitation (CASE) Steering Committee**: A collaborative group made up of various County agencies including: DBH, DPH, CFS, Children's Network, DA, Probation, Public Defender, SBCSS, Sheriff Department and Juvenile Court CASE was originally developed by San Bernardino County elected officials and community members whose goal was to form a working group of elected officials, County departments, and community groups, to explore and address sexual exploitation of children.

F. **Commercial Sexually Exploited Children (CSEC)**: Commercially Sexually Exploited Children, also known as CSEC, is a sexually exploited child who receives food or shelter in exchange for, or who is paid to perform, sexual acts, as described in Section 236.1 or 111651.1 of the California Penal Code, and whose parent or guardian failed to, or was unable to protect the child, is a commercially sexually exploited child. Recent legislation amended the Welfare and Institutions Code (WIC) (commencing with Section 16524.6) to establish a state-funded county CSEC Program to be administered by the California Department of Public Social Services (CDSS).

G. **Department of Health Care Services (DHCS):** The California Department of Health Care Services provides oversight of statewide public mental health services through the Mental Health Services Division. Its responsibilities include: providing leadership for local county mental health departments; evaluation and monitoring of public mental health programs; administration of federal funds for mental health programs and services; care and treatment of people with mental illness; and oversight of Mental Health Services Act service implementation.

H. **District Attorney (DA)**: The District Attorney is responsible for the prosecution of criminal matters for adults and juveniles in San Bernardino County. Deputy District Attorneys are responsible for the review of criminal reports - submitted by police agencies, filing of criminal charges in court, jury trials, preliminary hearings, and any other matters relating to criminal prosecution. The District Attorney's Office also advises the County Grand Jury and has a staff of investigators who conduct criminal investigations otherwise not handled by local law enforcement.

I. **Inappropriately Served**: Individuals who may be receiving some support, but whose services do not provide the necessary opportunities to participate and/or move forward in pursuing wellness/recovery goals.

J. **Institute of Medicine (IOM)**: A nonprofit organization specifically created to provide science-based advice on matters of biomedical science, medicine, and health purpose. The IOM was chartered in 1970 as a component of the National Academy of Sciences. The Institute provides a vital service by working outside the framework of government to ensure scientifically informed analysis and independent guidance. The IOM's mission is to serve as adviser to the nation to improve health. The Institute provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society, and the public at large.

K. **IOM Framework**: The basic IOM framework calls for prevention interventions in a given community to occur in one of three categories: Universal, Selected, or Early Intervention. The IOM framework is based on a risk-benefit model that assesses risk factors and protective factors in a given population or community and makes service choices accordingly. The choice of category, and of initiative within the category, depends on an assessment that calculates the mix of interventions most likely to result in the greatest reduction of new cases of mental illness within that community.

1. **Early Intervention**: Includes services, activities and special programs, directed toward individuals who are exhibiting early signs of a behavioral health condition and other problem behaviors associated with mental illness. The individual could be considered an undiagnosed

person in need of diagnosis and a relatively low-intensity, short-duration (less than one year), intervention may be required to measurably improve the behavioral health problem or concern very early in its manifestation. Early intervention is for those experiencing their FIRST episode of mental health problems or concerns.

2. **Selective**: Selective prevention interventions target individuals or a subgroup whose risk of developing a behavioral health condition is significantly higher than average based on the presence of established risk factors for the development of a behavioral health condition.

3. **Universal**: Universal prevention interventions are targeted to the general public, an entire community, or to a whole population group that has not been identified on the basis of individual risk, such as all children in a school or an entire city.

L. **Juvenile Justice Program**: The Juvenile Justice Program is a DBH program that collaborates with Probation to establish a comprehensive and effective continuum of adolescent behavioral health care to meet the needs of the juvenile population with mental illness, including sexually exploited children through the CASE Program. The DBH Juvenile Justice Program will oversee activities of the CASE Program, including working with the Steering Committee to address programmatic issues.

M. **Massachusetts Youth Screening Instrument (MAYSI-2)**: A "triage" tool for decisions about the possible need for immediate intervention, at a time (e.g., within 24-48 hours after admission to secure facilities) when little other information about a youth is available.

N. **Mental Health Services Act (MHSA)**: Mental Health Services Act, also known as Proposition 63, imposes a 1% tax on adjusted annual income over $1,000,000. In November 2004, California voters passed Proposition 63 to adopt the MHSA. According to the MHSA, the intent of the funding is to reduce the long term adverse impact on individuals, families, and State and local budgets resulting from untreated serious mental illness.

O. **Multidisciplinary Team (MDT)**: Experts representing a range of providers to offer collaborative services through a single source.

P. **Probation Juvenile Community Corrections Bureau (Probation)**: A division of the County of San Bernardino's Probation Department that protects the community through assessment, treatment and control of juvenile offenders, by providing a range of effective services based on legal requirements and recognized professional standards.

Q. **Public Defender (PD)**: The San Bernardino County Public Defender protects the interests of criminal and civil commitment defendants by providing skilled legal counsel and passionate advocacy. The office enjoys a solid reputation

for integrity, diligence and professionalism, and plays a key role in the County's administration of justice.

R. **Public Health (DPH):** The Department of Public Health works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout the county. To achieve this goal, the department places a high value on strong working alliances with local community groups representing the diverse populations who live in all areas of our large county.

S. **Prevention and Early Intervention (PEI)**: PEI programs are intended to implement strategies, at the early end of the continuum of behavioral health care, to deter the onset of mental health conditions and/or improve a mental health problem in the early stages of its development. Inherent in its intent, PEI services contribute to changing community conditions and risk factors that are proven to increase the likelihood of developing a mental health condition. The overall goals of PEI include: suicide reduction; reduction of incarcerations; reduction of school failure/dropout rates; reduction of unemployment among mental health consumers; reduction of prolonged suffering; reduction of homelessness among consumers; reduction of stigma and discrimination associated with mental illness; and reduce number of minors removed from their homes.

T. **Risk Factors:** Risk factors include biological, psychological/behavioral, and social/environmental characteristics, such as a family history of substance use, depression or antisocial personality disorder, and/or residence in neighborhoods where substance use and violence are tolerated. Research indicates that the more risk factors a child or youth experiences, the more likely it is that she or he will experience behavioral health condition and related problems in adolescence or young adulthood. Researchers have also found that the more the risks in a child's life can be reduced—for example, by effectively treating mental health disorders, improving parents' family management skills, and stepping up enforcement of laws regarding sales of illicit drugs to minors and drinking and driving—the less vulnerable that child will be to subsequent health and social problems.

U. **San Bernardino County Superintendent of Schools (SBCSS):** The Office of the Superintendent is committed to working with school districts, other agencies, families and the community at large by providing services, information, advocacy and leadership – always with a focus on students. The SBCSS provides educational leadership to school districts in San Bernardino County; advocates locally, statewide and nationally for policies and resources

that are in the best interest of students; and serves as a spokesperson for the educational needs of students throughout the county and statewide.

V. **Sheriff's Department (Sheriff):** The Sheriff Department is the primary law enforcement agency for San Bernardino County, including several contracted cities and divisions within the department. The department's vision is to be a high performance, inclusive department with high professional standards of integrity, ethics, and behavior – guided by the letter and spirit of the law, and the law enforcement code of ethics. Duties and responsibilities of the Sheriff elect are to preserve the peace; arrest and take to court all persons who attempt to commit or have committed a public offense; take charge of, and be the sole and exclusive authority over, the County jail and prisoners in it; serve all due processes and notices; and perform search and rescue operations.

W. **Stages of Change Model:** The Stages of Change Model (SCM) was originally developed in the 1970s and early 1980s in the context of working with addicts. Recognizing that change does not occur in one step, the model lays out the sequential steps change requires: pre-contemplation, contemplation, preparation, action and maintenance. Since its original development, SCM has since been used in a range of fields to help service providers understand and effectively respond to the process of behavior change

X. **Strengths-Based:** A strengths based approach refers to policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each child and family's unique set of strengths and challenges, and engages the family as a partner in developing and implementing the service plan.

Y. **Subcommittee:** A subdivision of the existing CASE Steering Committee established to work collaboratively and generate centralized ideas and suggestions for the CASE Steering Committee. Subcommittees cover areas including, but not limited to: training and education, intervention and law enforcement.

Z. **Superior Court of California – County of San Bernardino, Juvenile Court Division (Juvenile Court)**: Juvenile Dependency Court handles matters involving minors under the age of 18 and non-minor dependents between the ages of 18 and 21, who have been victims of abuse or neglect by their parents or guardians. CFS investigates a complaint and decides whether or not the child is in immediate danger. If the child is removed from the home, CFS has 48 hours to file a petition with the Juvenile Court.

AA. **Trauma-Informed:**

1. According to the Substance Abuse and Mental Health Services Administration

(SAMHSA), "A program, organization, or system that is trauma-informed:

a. Realizes the widespread impact of trauma and understands potential paths for recovery;

b. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

c. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

d. Seeks to actively resist re-traumatization

"Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."

BB. **Unduplicated**: When reporting the number of unduplicated participants/clients for a given year, an individual client shall only be included once for the year – per IOM category of service, no matter how many times the individual client returns for assistance during the year.

CC. **Vicarious Trauma**: Vicarious trauma occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning. Symptoms associated with vicarious trauma are very similar to Post Traumatic Stress Disorder. Compassion fatigue may be a precursor to vicarious trauma, and based on some definitions, vicarious trauma and compassion fatigue are essentially equivalent.

DD. **Victim-Centered**: A victim-centered approach places the victim at the heart of the planning and implementation of services in a meaningful way. This approach requires effort to engage and inform the victim so that she/he is empowered throughout the process.

## III. GUIDING PRINCIPLES

A. Commercial Sexual Exploitation:

1. Must be understood as abuse and reported as such.

2. Should not be criminalized.

B. Responses to CSEC should be:

1. Victim-centered
2. Trauma-informed
3. Strengths-based
4. Culturally, linguistically, and Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) competent and affirming.
5. Committed to efforts that engage CSEC early and often.
6. Multidisciplinary, individualized, flexible, and timely.
7. Data and Outcome driven.

C. Agency Policies & Procedures should:

1. Ensure and track effective cross-system collaboration at the system and individual-case level.
2. Incorporate mechanisms to identify and assess CSEC at key decision points.
3. Address the unique physical and emotional safety considerations of CSEC.
4. Address unique physical and emotional safety considerations, including vicarious trauma of staff, caregivers, and other relevant support persons.

## IV. STEERING COMMITTEE RESPONSIBILITIES/MUTUAL RESPONSIBILITIES

A. The Presiding Judge of the Juvenile Court will participate as a non-voting chairman, facilitating the collaboration and assisting the Steering Committee's continued work towards achieving the goals of the CASE plan.

B. Oversee the accomplishment of MHSA PEI goal of reducing prolonged suffering amongst the target population, and measuring outcomes, including utilization and reporting of CANS pre and post assessments. Continuous evaluation of program outcomes and implementation of effective methods for measuring CASE services will be reviewed regularly. Provides ongoing oversight and support to ensure the county agencies and partners effectively collaborate to better identify and serve CSEC and youth at risk in becoming CSEC.

C. Develop Interagency Protocol ("Protocol").

D. Implement the Protocol, oversee implementation, and revise as needed.

E. Provide input to the County on how to utilize CSEC Program funding.

F. Collect and analyze aggregate data related to the Protocol.

G. Assess the sufficiency of CSEC specific resources in the county.

H. Identify training needed (e.g. basic identification and awareness training and training on responsibilities under the interagency protocol) and ensures necessary training occurs.

I. Provide an annual report to State on the number of children served, the services received, promising practices, and any identified gaps in services and resources.

J. Build consensus and determine project objectives towards CASE Plan through a majority vote, when quorum is present.

K. Maintain and strengthen a collaborative strategic plan consisting of outreach and education, and prevention and intervention initiatives.

L. Oversee education, training and capacity building activities to County and contractor staff, and other stakeholders and/or relevant agencies. Additionally, all Parties agree that it is the responsibility of each department to ensure respective staff attends appropriate training(s).

M. Meet on a monthly/quarterly basis to identify and discuss potential opportunities, current services, and accomplishments under this MOU. This will include efficacy evaluations of practices under the MOU and assessment of working relationships.

N. Ensure all materials and services developed through the CASE Program are culturally and linguistically appropriate in addressing all diverse communities, including unserved, underserved and inappropriately served populations within San Bernardino County.

O. Establish mutually satisfactory methods for the exchange of information that may be necessary in order for each Party to perform its duties and functions under this MOU. Additionally, all Parties will establish appropriate procedures to ensure all information is safeguarded from improper disclosure in accordance with applicable State and Federal laws and regulations.

P. Establish mutually satisfactory methods for problem resolution, at the lowest possible level as the optimum, with a procedure to mobilize problem resolution up through DBH and other named Parties' mutual chain of command, as deemed necessary.

Q. Develop procedures for resolving grievances, including specific steps a participant must follow, and the time limits for resolution.

R. All Parties, as required by law, shall observe and adhere to all federal, state, and county requirements, and applicable law(s) concerning the confidentiality of client information.

S. Establish a coordinated, interagency response among county agencies and partners through a protocol framework to ensure CSEC children at risk for exploitation are identified and serviced through a multidisciplinary team (MDT) approach.

T. MDTs-should be convened:

1. Upon initial identification to meet immediate needs,
2. Post-identification at regularly scheduled intervals for case review and management,
3. When there is a need to change the case plan or placement due to a change of circumstances such as completing high school, identification of previously unknown service need, or safety concerns, and/or
4. In the event of a triggering event like a runaway or contact with law enforcement, as per the safety or other urgent circumstances necessitate.

U. Mandatory Reporting:

1. All participating agencies must comply with mandatory reporting laws as set forth in the Child Abuse and Neglect Reporting Act and in accordance with local, federal and state laws and the attorney-client privilege as applied to the Public Defender.
2. Mandatory reporters are required to report abuse or neglect when they know or have reasonable suspicion that the abuse or neglect has occurred.
3. Sexual exploitation is a form of sexual abuse and must be reported by mandated reporters. Sexual exploitation includes: "conduct involving matter depicting a minor engaged in obscene acts...Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct."

## V. MOU PARTIES' GENERAL RESPONSIBILITIES

A. Without DBH's and the Steering Committee's prior written consent, this MOU is not assignable by any Party, either in whole or in part.

B. All Parties agree to:

1. Maintain all records and books pertaining to the delivery of services under this MOU and demonstrate accountability for MOU performance. Said records shall be kept and maintained within each respective department. DBH shall have the right, upon reasonable notice and at reasonable hours

of business, to examine and inspect such records and books, unrelated to Juvenile Court records.

2. Adhere to mutually developed grievance procedures with regard to client satisfaction. All Parties (excluding Juvenile Court) shall provide a system, approved by DBH, through which recipients of services will have the opportunity to express and have considered their views and complaints regarding the delivery of services. The procedure must be in writing and posted in clear view of all clients.
3. Protect from unauthorized use or disclosure names and other identifying information concerning persons receiving services pursuant to this MOU, except for statistical information not identifying any participant. Identifying information shall not be used or disclosed for any purpose other than carrying out the departments' obligations under this MOU, unless otherwise required by law. This provision will remain in force even after the termination of the MOU.
4. Obtain and complete required documents as well as maintain satisfactory performance as outlined herein for the period of this MOU.
5. Provide prevention and early intervention services.
6. Participate in MDTs, complete assessments; provide case management and other direct services.

C. Interagency Referral

1. Develop a coordinated, interagency approach to ensure that children who are commercially sexually exploited and children at-risk of becoming exploited are identified, protected, and receive the services they need to overcome trauma and thrive.
2. Provide a multidisciplinary team with CSEC training to each identified CSEC to more effectively build on youth's strengths and respond to his/her needs in a coordinated manner.
3. Provide individual case-by-case collaboration with multiple child-serving agencies.
4. Engage with child and family/caregiver(s), if appropriate.
5. Ensure basic needs such as food, shelter, and clothing are met.
6. Assess and address immediate and long-term needs.
7. Coordinate, monitor, and adjust service plan to achieve desired outcomes for individual CSEC.
8. Advise on appropriate placement.
9. Conduct safety planning to proactively plan for triggering events.

10. Meaningfully involve youth in planning and decision-making.

## VI. DBH/FUNDER RESPONSIBILITIES

A. DBH will provide and fund the following staff to support the CASE Program:

1. **Social Worker II (1.0 FTE)**: Participate in MDT (required), provide case management and recognize the unique challenges to engagement, establish trusting relationship with CSEC, develop a service plan to fit CSEC needs in collaboration with other provider agencies, and connect child to crisis prevention and intervention services that meet the needs of CSEC.

2. **Alcohol and Drug Counselor (.25 FTE-will not be paid by MOU and will be funded by SAMSHA under Juvenile Justice Community Reintegration):** Participate in MDT (required), perform substance abuse assessment of CSEC recognizing that some exploited children use substances as a coping mechanism.

3. **Mental Health Program Manager II (.10 FTE):** Attend CASE Steering Committee Meeting, provide program oversight, and administrative support to CASE Program Coordinator.

4. **Staff Analyst II (.10 FTE):** Provide administrative support to program and outcome data from CANS. Work with CASE Program Coordinator to complete reporting requirements and process monthly invoices for reimbursement.

B. DBH will provide financial support for required DBH, Children's Network, DPH and Public Defender staff, as specified in the attached budgets. DBH will also support CASE Steering Committee outreach efforts, education and/or training, and required services and supplies, as specified in the attached budgets.

C. DBH will fund services and supplies directly relating to clinical interventions, social services, outreach, and education and training which are associated with the CASE Program, outlined in the respective budget. DBH will oversee the expensing and facilitation of attaining such services and supplies in accordance with County procurement policies.

D. DBH will offer consultation regarding cultural competence standards and practices through the DBH Office of Cultural Competence and Ethnic Services.

E. DBH will provide the CASE Steering Committee with terms and conditions of agreements with the California State DHCS and/or contract providers, as requested, when it impacts the outcome of care.

F. DBH will provide all necessary and useful information regarding the target population, including but not limited to: information needed to support program

staff; DHCS requirements, guidelines and regulations; and other information needed for CASE Steering Committee to execute duties under this MOU.

G. DBH will assume responsibility for the oversight of the CANS; however all applicable service agencies are responsible for ensuring pre and post CANS assessments are conducted and reported to the CASE Program Coordinator on a monthly basis.

H. DBH will manage all DBH staff that is directly associated with the CASE Program, ensuring all performed duties support the CASE Program and ensuring staff receive specialized CASE training that is developed/overseen by the CASE Steering Committee.

I. Adhere to all applicable DBH cultural competency policies and procedures, including making educational and outreach materials available in English and Spanish.

J. Decide upon, review and approve all published materials, ensuring the MHSA is named as the funding source for such publications. All publications shall be approved through DBH's Public Information Office.

K. Complete and submit all required PEI forms and data as required, monthly to DBH.

L. Oversee the established MDT; this includes improving practices and formalizing MDT referral and linkage protocols.

M. DBH will strive to meet the following goals and outcomes;

| DBH Goal | Key Outcomes |
|---|---|
| Reduce Prolonged Suffering | • Increased resiliency*<br>• Decreased impairment in general areas of life functioning (e.g., health/self-care/housing, occupation/education, legal, managing money, interpersonal/social)* |

## VII. CFS RESPONSIBILITIES

A. CFS will provide and fund the following staff to support the CASE Program:

1. **Social Service Practitioner (1.0 FTE)**: Participate in MDT (required), perform advanced professional social work, including: assessment, intervention and case management support to children and their families who have complex health, psychosocial, and/or economic problems, recognize the unique challenges to engagement, establish trusting relationship with CSEC, develop a service plan to fit CSEC needs in collaboration with other provider agencies, and connect child to crisis prevention and intervention services that meet the needs of CSEC. Work

may also include investigating/supporting cases involving sexually exploited youth and young adults who have emotional, behavioral and mental health issues or other health conditions.

B. CFS will manage all CFS staff that is directly associated with the CASE Program, ensuring all performed duties support the CASE Program and ensure staff receive specialized CASE training that is approved as funded by the CASE Steering Committee.

C. CFS staff will ensure pre and post CANS assessments are conducted, participant data is collected (including age, ethnicity, and primary language) and type of service and number of varied services provided is tracked; all information must be submitted to the CASE Coordinator on a monthly basis.

D. CFS staff will provide all necessary and useful information regarding the target population, including but not limited to: information needed to support program staff; DHCS requirements, guidelines and regulations; and other information needed for CASE Steering Committee to execute duties under this MOU.

E. CFS staff will attend the weekly team meetings, representing CASE at community events, both during and after normal working hours, and participating in training and education efforts.

F. CFS will complete and submit all required PEI forms and data as required, monthly to DBH.

## VIII. CHILDREN'S NETWORK RESPONSIBILITIES

A. Children's Network will provide the following staff to support the CASE Program, to be funded by DBH:

1. **Associate Network Officer (.25 FTE)**: Under general direction, organize and supervise the work of the CASE Program Coordinator. Performs other advanced professional duties as required.

2. **CASE Program Coordinator (1.0 FTE)**: Provide support for all CASE staff members and oversee day-to-day operations of the CASE Program. Duties will include, but are not limited to: acting as a liaison between Children's Network and DBH, other intergovernmental agencies, community based organizations, and outside agencies to coordinate program activities, trainings, education and outreach; attend CASE Steering Committee meetings, report program updates, and ensure recording/publication of minutes; ensure all program initiatives are in compliance with the MHSA PEI regulations; assist the CASE Steering Committee in an administrative capacity; participate in required PEI meetings to receive PEI program information, discuss program status/progress; attend PEI meetings, trainings and/or technical assistance meetings, as required and are made available;

organize partnerships to carry-out CASE goals, including planning and scheduling community meetings; assist CASE Steering Committee in drafting partnership by-laws, policies and procedures; solicit partnerships to organize, plan and implement special events, outreach, and education related to public awareness of the CASE Program; participate in outreach events, promoting public awareness of the commercial sexual exploitation of children/youth; act as a public representative of the CASE Steering Committee regarding CASE matters; travel throughout the County and State as required; partner with DBH staff in the implementation of the CANS assessment, including collecting CANS reports for all CASE participants; collect demographic data (including age and ethnicity) and service type (including IOM category) for all CASE participants; maintain records and report to DBH on a monthly basis – this includes pre and post CANS reports, participant data (age, ethnicity and primary language), unduplicated participants served by IOM category and duplicated participants served by IOM category; work collaboratively, with DBH Juvenile Justice Program and Office of PEI, to address programmatic issues in a timely manner; address issues that may include applying changes to abide by current and/or or subsequent DHCS, MHSOAC guidelines and/or other related regulations; work collaboratively to conduct quarterly reviews and monitor programs, ensuring CASE Program goals are accomplished and outcomes are being measured; review and analyze activities to ensure program components and regulatory agreements meet eligibility requirements, are viable, and are sustainable; comply with usage of CANS; implement procedures and forms necessary to administer and document program referral, participation, compliance and effectiveness, as necessary.

3. **Office Assistant III (.25 FTE):** Under varied levels of supervision, performs clerical work in support of a departmental unit or program. Office Assistant will also assist the CASE Coordinator with data entry and collection and attend PEI meetings, trainings and/or technical assistance meetings, as required and made available. Assignments may vary and will require knowledge of specific departmental procedures and practices of varying complexity and interpretation.

B. Children's Network will manage all Children's Network staff that is directly associated with the CASE Program, ensuring all performed duties support the CASE Program and ensuring staff receive specialized CASE training that is developed/overseen by the CASE Steering Committee.

C. Children's Network staff will also ensure pre and post CANS assessments are conducted, participant data is collected (including age, ethnicity and primary

language) and type of service and number of varied services provided is tracked; all information must be submitted to the CASE Coordinator on a monthly basis.

D. Children's Network staff will provide all necessary and useful information regarding the target population, including but not limited to: information needed to support program staff; DHCS requirements, guidelines and regulations; and other information needed for CASE Steering Committee to execute duties under this MOU.

E. Children's Network staff will attend the weekly team meetings, representing CASE at community events, both during and after normal working hours, and participating in training and education efforts.

F. Children's Network Staff will complete and submit all required PEI forms and data as required, monthly with invoice to DBH.

## IX. PROBATION RESPONSIBILITIES

A. Probation will provide and fund the following staff to support the CASE Program:

1. **Probation Officer II (1.0 FTE)**: Participate in MDT (required), evaluate youth at intake and make recommendations of appropriate action if CSEC youth has an open case or has been arrested, investigate and evaluate circumstances of victim's exploitation, including interviewing offender(s), parents, relatives, collateral sources, witnesses, victims, and law enforcement, provide case management, recognizing the unique challenges to engagement, establish trusting relationship with CSEC, develop a service plan to fit CSEC needs in collaboration with other provider agencies, connect child to crisis prevention and intervention services, and provide court reports pertaining to victim's case as needed. Evaluates obtained information, considering the offender's strengths and weaknesses and potential for successful probation; writes court reports, to include prior record, personal history, collateral information, circumstances of mitigation on aggravation, evaluation and treatment plan, and appropriate case disposition. Makes recommendations to the court relative to juvenile cases; assists and supervises juvenile probationers in meeting the conditions and goals of probation; coordinates with DA in preparation of allegations and filing of petitions for Juvenile Court;

B. Probation will manage all Probation staff that is directly associated with the CASE Program, ensuring all performed duties support the CASE Program and ensuring staff receive approved specialized CASE training that is developed/overseen by the CASE Steering Committee.

C. Probation will assist with pre and post CANS assessments including collecting participant data (including age, ethnicity and primary language) and type of

service and number of varied services provided is tracked; all information must be submitted to the CASE Coordinator on a monthly basis.

D. Probation staff will provide all necessary and useful information regarding the target population, including but not limited to: information needed to support program staff; DHCS requirements, guidelines and regulations; and other information needed for CASE Steering Committee to execute duties under this MOU.

E. Probation staff will attend the weekly team meetings, representing CASE at community events, both during and after normal working hours with department approval and participate in training and education efforts.

F. Probation is responsible for the administration of the MAYSI-2.

G. Probation staff will complete and submit all required PEI forms and data as required, monthly to DBH.

## X. PUBLIC DEFENDER RESPONSIBILITIES

A. Public Defender will provide the following staff to support the CASE Program, to be funded by DBH:

1. **Social Service Practitioner (1.0 FTE)**: Participate in MDT (required), perform advanced professional social work, including: diagnosis, assessment, intervention and case management support to children and families who have complex health, psychosocial, and/or economic problems. Oversee and supervise the work of one or more MSW Interns assigned to the CASE Program. Work may also include investigating/supporting cases involving sexually exploited youth and young adults who have emotional, behavioral and mental health issues or other health conditions.

B. Public Defender will manage all Public Defender staff that is directly associated with the CASE Program and ensure staff receive specialized CASE training that is developed/overseen by the CASE Steering Committee.

C. Public Defender staff will provide all necessary and useful information regarding the target population, including but not limited to: information needed to support program staff; DHCS requirements, guidelines and regulations; and other information needed for CASE Steering Committee to execute duties under this MOU.

D. Public Defender staff will attend the weekly team meetings, representing CASE at community events, both during and after normal working hours, and participating in training and education efforts.

E. Public Defender staff will ensure pre and post CANS assessments are conducted, participant data is collected (including age, ethnicity, and primary

language) and type of service and number of varied services provided is tracked; all information must be submitted to the CASE Coordinator on a monthly basis.

F. Public Defender staff will complete and submit all required PEI forms and data as required, monthly with invoice to DBH.

## XI. PUBLIC HEALTH RESPONSIBILITIES:

A. DPH will provide the following staff to support the CASE program, to be funded by DBH.

1. Public Health Nurse (.25 FTE): Participate in MDT (required), perform medical evaluation of CSEC victim, coordinate appropriate response and services specific to CSEC. Provide information related to reproductive and sexual health including access to contraceptives, HIV prophylaxis, and treatment for STIs/STDs to CSEC.

B. DPH will manage all DPH staff that is directly associated with the CASE Program, ensuring all performed duties support the CASE Program and ensuring staff receive approved specialized CASE training that is developed/overseen by the CASE Steering Committee.

C. DPH will provide all necessary and useful information regarding the target population, including but not limited to: information needed to support program staff; DHCS requirements, guidelines and regulations; and other information needed for CASE Steering Committee to execute duties under this MOU.

D. DPH staff will attend the weekly team meetings.

E. DPH staff will complete and submit all required PEI forms and data as required, monthly with invoice to DBH.

## XII. FISCAL PROVISIONS

A. The consideration to be paid to Children's Network, Public Defender, and DPH, as described herein, shall be in full payment for staff salaries and benefit expenses incurred in the performance hereof (see Attachment A). Services and supplies will relate to clinical interventions, social services, outreach, and/or education and training overseen by DBH and are subject to approval by the CASE Steering Committee. All CASE participants are eligible for reimbursement for services and supplies. DBH will facilitate the reimbursement process of all expenses incurred under this MOU. The maximum amount of reimbursement is as follows:

1. For FY 2015/16, reimbursement shall not exceed three hundred ninety-seven thousand, one hundred forty-six dollars ($397,146) for personnel expenses thirty-nine thousand two hundred and ten dollars ($39,210) for services and supplies.

2. For FY 2016/17, reimbursement shall not exceed four hundred ten thousand, eight hundred seventy-nine dollars ($410,879) for personnel expenses thirty-nine thousand three hundred and eighty-six dollars ($39,386) for services and supplies.

B. Payment will be based on actual costs. Cost reimbursement will be based on the program budget(s) for the designated FY, unless changed and approved by DBH Fiscal and Program staff, as well as DBH's Director or designee.

C. Children's Network, Public Defender, and DPH will retain records of all items submitted for reimbursement.

D. Compensation may be reduced or withheld in the event that Children's Network, Public Defender, or DPH fails to comply with the provisions of this MOU, or does not perform in accordance with the terms of this MOU.

E. Reimbursement shall occur on a monthly basis for approved expenses incurred and claimed by Children's Network, Public Defender, and DPH. No later than ten (10) calendar days following the month of service, Children's Network, Public Defender, and DPH shall submit claims for payment for the reporting month, in a format acceptable to DBH. Monthly claims will be sent to:

Department of Behavioral Health
Attn: Juvenile Justice Program
780 East Gilbert
San Bernardino, CA 92415

F. DBH Fiscal Services unit will obtain appropriate DBH program manager approval for payment. Once the appropriate approval(s) are received, the claim will be processed for payment. Payment shall be limited to the approved budget expenses.

G. A payment shall be processed by DBH Fiscal Services no later than thirty (30) calendar days after receipt of an approved claim for payment (reimbursement) from CFS, Children's Network, DPH, Probation, and Public Defender.

H. Payments by DBH to Children's Network, DPH, and Public Defender, for expenditures will be made via interdepartmental fund transfers. Children's Network and Public Defender will include their accounting string on each claim. DBH Fiscal Services will provide Children's Network and Public Defender with a courtesy copy of each transfer.

I. Costs for services under the terms of this MOU will be incurred during the MOU period except as approved in writing by the Director of DBH. Children's Network, DPH, and Public Defender will not use current year funds to pay prior or future year obligations.

J. Funds made available under this MOU shall not supplant any Federal, State or any governmental funds intended for services of the same nature as this

MOU. Children's Network, DPH, and Public Defender shall not claim reimbursement or payment for, or apply sums received from DBH, with respect to that portion of its obligations which have been paid by another source of revenue. Children's Network and Public Defender agrees that it will not use funds received pursuant to this MOU, either directly or indirectly, as a contribution or compensation for purposes of obtaining funds from another revenue source without prior written approval from DBH.

K. Upon written demonstration of need by Children's Network, DPH and Public Defender - and at the option of DBH - funds may be advanced to Children's Network, DPH, and Public Defender by DBH upon approval in writing of DBH Director. Any such advance will cause the amounts payable to Children's Network, DPH, and Public Defender in subsequent months to be reduced to the amount determined by dividing the balance left by the number of months remaining in the MOU term. No advance will increase the amount shown in Paragraph A of this Section.

## XIII. RIGHT TO MONITOR AND AUDIT

A. The DBH staff or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Inspector General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, and other items pertinent to the PEI-CASE Program as requested, and shall have absolute right to monitor the performance of all Parties funded under this MOU, in the delivery of services provided under this MOU. Full cooperation shall be given by all Parties in any auditing or monitoring conducted.

B. All Parties shall cooperate with DBH in the implementation, monitoring and evaluation of this MOU and comply with any and all reporting requirements established by this MOU.

C. All records pertaining to service delivery and all fiscal, statistical and management books and records shall be available for examination and audit by DBH Fiscal Services staff for DBH, Federal and State representatives - for a period of three years after final payment under the MOU or until all pending County, State and Federal audits are completed, whichever is later. Records belong to all Parties, which do not pertain to the services under this MOU, shall not be subject to review or audit unless otherwise provided in this MOU. Technical program data shall be retained locally and made available upon DBH's reasonable advance written notice or turned over to DBH.

D. All Parties (excluding Juvenile Courts) shall provide all reasonable facilities and assistance for the safety and convenience of DBH's representative in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of all Parties.

E. If a post MOU audit finds that funds reimbursed to Children's Network, Public Defender and/or DPH under this Agreement were in excess of actual costs or in excess of claimed costs (depending upon State of California reimbursement/audit policies) of furnishing the services, the difference shall be reimbursed on demand by Children's Network, DPH and/or Public Defender to DBH using one of the following methods, which shall be at the election of DBH:

1. Payment of total.
2. Payment on a monthly schedule of reimbursement.

## XIV. TERM

This MOU is effective October 1, 2015 through June 30, 2017, but may be terminated earlier in accordance with provisions in the GENERAL PROVISIONS section of this MOU. This MOU may be extended for one year periods upon written agreement of all Parties, unless terminated earlier according to provisions in the EARLY TERMINATION section of this MOU.

## XV. EARLY TERMINATION

A. This MOU may be terminated without cause upon thirty (30) days written notice by any Party. DBH's Director is authorized to exercise DBH's rights with respect to any termination of this MOU. Any of the department Directors named in this MOU, or his/her appointed designee, has authority to terminate this MOU on behalf of his/her department.

B. CFS, Children's Network, DPH, Probation, and Public Defender, will only be reimbursed for costs and un-cancelable obligations incurred prior to the date of termination. CFS, Children's Network, Probation, Public Defender, and DPH will not be reimbursed for costs incurred after the date of termination.

C. If, during the term of this MOU, State and/or Federal funds appropriated for the purposes of this MOU are reduced or eliminated, DBH may immediately terminate this MOU upon written notice to all Parties.

## XVI. GENERAL PROVISIONS

A. No waiver of any of the provisions of the MOU documents shall be effective unless it is made in writing, which refers to provisions so waived and which is executed by the Parties. No course of dealing and no delay or failure of a Party in exercising any right under any MOU document shall affect any other or further exercise of that right or any exercise of any other right. A Party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.

B. Any alterations, variations, modifications, or waivers of provisions of the MOU, unless specifically allowed in the MOU, shall be valid only when they have been reduced to writing, duly signed and approved by the Authorized Representatives of all Parties as an amendment to this MOU. No oral understanding or agreement not incorporated herein shall be binding on any of the Parties hereto.

C. As public entities of San Bernardino County all Parties are self-insured under the laws of the State of California.

D. All Parties agree not to enter into any subcontracting agreements for work contemplated under the MOU without first obtaining written approval from the DBH Director. Any subcontractor shall be subject to the same provisions as all Parties, and shall be fully responsible for the performance of any subcontractor.

1. If a Party intends to subcontract any part of the services provided under this agreement to a separate and independent agency or agencies, it must submit a written MOU with that agency or agencies to DBH. The MOU must clearly define the following:

   a. The name of the subcontracting agency.
   b. The amount (units, minutes, etc.) and types of services to be rendered under the MOU.
   c. The amount of funding to be paid to the agency.
   d. The agency's role and responsibilities.
   e. A detailed description of the methods by which the Contractor will insure that all subcontracting agencies meet the monitoring requirements associated with funding regulations.
   f. A budget sheet outlining how the subcontracting agency will spend the allocation.

   Any subcontracting agency must be approved by DBH and shall be subject to all applicable provisions of this agreement. The Contractor will be fully responsible for any performance of a subcontracting agency. DBH will not reimburse the contracting Party or Subcontractor for any expenses rendered by a subcontractor NOT approved by DBH.

2. Ineligible Persons

   All Parties shall adhere to Ineligible Persons or Excluded Parties requirements, for its subcontractors.

E. Requirements of the MHSA, and those imposed by the State MHSOAC and DHCS, supersede provisions of this MOU.

F. In accordance with 45 CFR Subtitle A, §164.314 – Organizational requirements, DBH (covered entity) requires all Parties (business associates) to agree to the following:

1. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of the covered entity as required by this subpart;

2. Ensure that any agent, including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect it;

3. Report to covered entity any privacy or security incident of which it becomes aware;

4. Report to covered entity's Office of Compliance any unauthorized use, access or disclosure of unsecured Protected Health Information or any other privacy or security incident with respect to Protected Health Information no later than two (2) business days upon the discovery of potential breach;

5. Authorize termination of the contract by the covered entity, if the covered entity determines that the business associate has violated a material term of the contract

## XVII. CONCLUSION

A. This MOU, consisting of thirty-six (36) pages and Attachments A, is the full and complete document describing the collaborative partnership and services to be rendered by all Parties, including all covenants, conditions and benefits.

B. The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective department/agency to the terms and conditions set forth in this document.

**XVIII.** Attachment A, **CASE Program** Budgets for FY 2015/16 and FY 2016/17, are hereby attached. The maximum financial obligation of the DBH under this Agreement shall not exceed the sums referenced in Article X Fiscal Provisions or Attachment A.

COUNTY OF SAN BERNARDINO
**Department of Behavioral Health**

Name: CaSonya Thomas
Title: Director
Address: 303 E. Vanderbilt Way
San Bernardino, CA 92415

Date: 9/28/15

COUNTY OF SAN BERNARDINO
**Children and Family Services**

Name: Marlene Hagen
Title: Director
Address: 150 S. Lena Road
San Bernardino, CA 92415

Date: 9/23/15

SAN BERNARDINO COUNTY
**Children's Network**

Kathy Turnbull

Name: Kathy Turnbull
Title: Children's Network Officer
Address: 825 E. Hospitality Lane
San Bernardino, CA 92415

Date: 9/25/15

SAN BERNARDINO COUNTY
**District Attorney**

Name: Michael A. Ramos
Title: District Attorney
Address: 316 N. Mountain Ave.
San Bernardino, CA 92415

Date: 9/23/15

SAN BERNARDINO COUNTY
**Probation Department**

Name: Michelle Scray Brown
Title: Chief Probation Officer
Address: 175 W. Fifth Street
San Bernardino, CA 92415

Date: 9/24/15

SAN BERNARDINO COUNTY
**Public Defender**

Phyllis K. Morris

Name: Phyllis K. Morris
Title: Public Defender
Address: 172 W. 3rd Street, Second Floor
San Bernardino, CA 92415

Date: 9-25-15

SAN BERNARDINO COUNTY
**Sheriff's Department**

Name: John McMahon
Title: Sheriff
Address: 655 East Third Street
San Bernardino, CA 92415

Date: 9/29/15

SAN BERNARDINO COUNTY
**Superintendent of Schools**

Name: Ted Alejandre
Title: Superintendent of Schools
Address: 601 N. E Street
San Bernardino, CA 92415

Date: 9/23/15

SAN BERNARDINO COUNTY
**Department of Public Health**

Name: Trudy Raymundo
Title: Director
Address: 351 N. Mt. View Avenue
San Bernardino, CA 92415

Date: 9/23/15

Attachment A

# CASE Project
## FY 2015/16 Budget

| Salaries & Benefits | | | |
|---|---|---|---|
| **Position** | **FTE** | **Yearly Cost with 3% increase** | **Pro-rated** |
| Associate Network Officer (CN) | 0.25 | 125,393 | 31,348 |
| Project Coordinator (CN) | 1.00 | 91,906 | 91,906 |
| Office Assistant III (CN) | 0.25 | 62,490 | 15,622 |
| Social Service Practitoner (PD) | 1.00 | 103,639 | 103,639 |
| Social Worker II (DBH) | 1.00 | 89,800 | 89,800 |
| Staff Analyst II (DBH) | 0.10 | 107,527 | 10,753 |
| Mental Health Program Mgr II (DBH) | 0.10 | 152,737 | 15,274 |
| Public Health Nurse (includes indirect and support staff cost) | 0.25 | | 38,804 |
| ***Total Salaries & Benefits*** | **3.95** | | ***$ 397,146*** |

| **Services & Supplies** | **Cost** |
|---|---|
| Office Expense | 1,510 |
| Email – DBH Fixed Costs | |
| Private Mileage | 1,225 |
| Training (includes all expenses), see notes | 20,000 |
| Hotel | |
| Meals | |
| Air travel | |
| Other Travel | |
| Sponsorships (see notes) | 7,000 |
| Marketing supplies | 5,000 |
| Food & Water | 500 |
| Team shirts | 500 |
| Clothing/Personal items for minors | 2,000 |
| Bus passes | 850 |
| Incentive cards | 625 |
| ***Total Services & Supplies*** | ***$ 39,210*** |
| ***Total--*** | ***$ 436,356*** |

**Notes:**

**Staffing** - Ideal - two teams of four

**Training** - New Orleans (4 = $5,000), Dallas (4= $12,000), & additional training ($3,000)

**Sponsorship** - Childrens' Network ($2500), SW Conference ($2500), Chino ($500) and San Bernardino Walk ($1500)

**Public Health Indirect Costs** - 13.18% of Salaries & Benefits included in Public Health Nurse cost

**Attachment A**

## CASE Project
## FY 2016/17 Budget

| Salaries & Benefits | | | |
|---|---|---|---|
| **Position** | **FTE** | **Yearly Cost with 3% increase** | **Pro-rated** |
| Associate Network Officer (CN) | 0.25 | 129,782 | 32,445 |
| Project Coordinator (CN) | 1.00 | 95,123 | 95,123 |
| Office Assistant III (CN) | 0.25 | 64,677 | 16,170 |
| Social Service Practitoner (PD) | 1.00 | 107,266 | 107,266 |
| Social Worker II (DBH) | 1.00 | 92,943 | 92,943 |
| Staff Analyst II (DBH) | 0.10 | 111,290 | 11,129 |
| Mental Health Program Mgr II (DBH) | 0.10 | 158,083 | 15,808 |
| Public Health Nurse (includes indirect and support staff cost) | 0.25 | | 39,995 |
| ***Total Salaries & Benefits*** | **3.95** | | ***$ 410,879*** |
| | | | |
| **Services & Supplies** | | | **Cost** |
| Office Expense | | | 1,511 |
| Email – DBH Fixed Costs | | | |
| Private Mileage | | | 1,400 |
| Training (includes all expenses), see notes | | | 20,000 |
| Hotel | | | |
| Meals | | | |
| Air travel | | | |
| Other Travel | | | |
| Sponsorships (see notes) | | | 7,000 |
| Marketing supplies | | | 5,000 |
| Food & Water | | | 500 |
| Team shirts | | | 500 |
| Clothing/Personal items for minors | | | 2,000 |
| Bus passes | | | 850 |
| Incentive cards | | | 625 |
| ***Total Services & Supplies*** | | | ***$ 39,386*** |
| ***Total--*** | | | ***$ 450,265*** |

**Notes:**

**Staffing** - Ideal - two teams of four

**Training** - New Orleans (4 = $5,000), Dallas (4= $12,000), & additional training ($3,000)

**Sponsorship** - Childrens' Network ($2500), SW Conference ($2500), Chino ($500) and San Bernardino Walk ($1500)

**Public Health Indirect Costs -** 13.18% of Salaries & Benefits included in Public Health Nurse cost