

BUDGET SUMMARY

**Contract Term of January 1, 2023
through December 31, 2025**

Budget Item	
Personnel	\$ 780,374.39
Subcontractors	\$ 6,101,988.17
Travel	\$0
Space	\$0
Equipment	\$0
Furniture	\$0 -
Consumable Supplies	\$0
Utilities	\$0
Communications	\$0
Printing	\$0
Indirect Costs	\$81,637.44
Other	\$36,000
Total Expenditures	\$7,000,000

Budget Narrative

Contract Term of January 1, 2023 through December 31, 2025

1. PERSONNEL SERVICES Salaries, Wages, and Fringe Benefits (if applicable)	1. Subtotal \$	<u>\$780,374.39</u>
2. SUBCONTRACTOR SERVICES (Specify) (See below and Detailed Budget Narrative, attached.)	2. Subtotal \$	<u>\$6,101,988.17</u>
3. TRAVEL	3. Subtotal \$	<u>\$0</u>
4. SPACE Rent: Utilities: Maintenance: Property insurance:	4. Subtotal \$	<u>\$0</u>
5. EQUIPMENT (Specify) (See below and Detailed Budget Narrative, attached.)	5. Subtotal \$	<u>\$0</u>
6. FURNITURE (Specify)	6. Subtotal \$	<u>\$0</u>
7. CONSUMABLE SUPPLIES Office Supplies: \$0 Janitorial Supplies:	7. Subtotal \$	<u>\$0</u>

8. UTILITIES (Specify any utilities not covered under 4 above) (See below and Detailed Budget Narrative, attached.)	8. Subtotal \$	<u>\$0</u>
9. COMMUNICATIONS	9. Subtotal \$	<u>\$0</u>
10. PRINTING	10. Subtotal \$	<u>\$0</u>
11. INDIRECT COSTS	11. Subtotal \$	<u>\$81,637.44</u>
12. OTHER EXPENSES (Specify items not included in any of the above) (See below and Detailed Budget Narrative, attached.)	12. Subtotal \$	<u>\$36,000</u>
TOTAL EXPENDITURES: \$		<u>\$7,000,000</u>

Description

Personnel Services:

Department on the Status of Women will have the following positions:

Sr. Program Manager at 90% FTE, at the City and County of San Francisco's 1823 classification at a salary of \$11,595.97 & benefits of \$4,638.39 per month, for 36 months, for a total of **\$584,436.92**

Deputy Director at 17% FTE, at the City and County of San Francisco's 0952 classification at a salary of \$3657.22 & benefits of \$1462.89 per month, for 36 months, for a total of **\$184,323.90**

Department Director at 1% FTE, at the City and County of San Francisco's 0962 classification at a salary of \$230.43 & benefits of \$92.17 per month, for 36 months, for a total of **\$11,613.57**

Subcontractors:

Department on the Status of Women will have the following subcontractors:

Advisory Board members to provide ongoing consultation on overall program design and development of emergency placements and execution and sustainability for all other components. Advisory Board Members include Huckleberry Youth Programs, Family Builders by Adoption, National Center for Youth Law, California CSEC Survivor Board, Children's Law Center, 3 Strands Global Foundation, The Catalyst Center, California Alliance for Caregivers, Seneca Family of Agencies, Alternative Family Services, Ruby's Place, Legal Services for Children, and other organizations as needed. The cost is \$10,000 per year for 3 years, for a total of **\$30,000**. The cost includes a stipend for participation, and a yearly convening with advisory board members to discuss learnings, recommendations, and feedback, which will include meeting space, food, and materials. The organizations listed will be paid if there is a need above and beyond their existing state contract e.g., survivor stipend, facilitating convenings outside of state contract.

Seneca Family of Agencies, Alternative Family Services, and Family Builders by Adoption will have a subcontract to oversee payments for the Home-Based care component, totaling **\$370,396** with the following:

Family-based foster care pilot payments to Secondary Caregivers and FFAs for assessing and supporting Secondary Caregivers for a total of **\$92,000**

Family-based foster care pilot Youth Discretionary Funds for facilitating connections/activities with family and other organic supports, extracurricular activities, and other urgent or typically unfunded needs for youth in family-based foster care pilot totaling **\$18,000**

Family-Based Foster Care Pilot additional funding to support resource families caring for youth:

(1) Flexible funds to support the RFA/assessment process and transition to home (to purchase furniture, technology, clothes, or other needs to complete RFA and ensure a smooth transition for the youth to a new home) for Primary and Secondary Caregivers,
(2) Discretionary supplemental income funding for Primary Caregivers in need,
(3) Emergency and language support funds to cover unanticipated costs (i.e., emergency travel needs, property damage, clothing and shoes, emergency medical care, etc.). Funding can also be utilized for translation or multi-lingual services,
(4) Payment for attending monthly caregiver groups to deepen learning and community among caregivers
for a total of **\$56,400**.

Family-Based Foster Care Pilot funding to support placement, including maintaining the ISFC rate in the event that the designation is lowered earlier than FAM deems appropriate OR if a youth is away from home and county placement payments have terminated despite the possibility of the youth returning home, for a total of **\$201,996**

FAM General Engagement and Client Supplies for a total of **\$2,000**

Freedom Forward will have a subcontract to oversee the Multi-Services center and transition of the home-based care component totaling **\$1,496,301** with the following:

Multi-Services Center Director at 30% FTE at an average total of **\$123,425** for salary and benefits.

Multi-Services Center Navigator at 30% FTE at an average total of **\$85,776** for salary and benefits.

Multi-Services Center Coordinator at 30% FTE at an average total of **\$76,862** for salary and benefits.

Executive Director at 30% FTE at an average total of **\$197,946** for salary and benefits

FAM Director at 30% FTE at an average total of **\$12,000** for salary and benefits

Program Development consultants and CBO Programming partners to provide supplemental workshops and enrichment programming, as well as co-located strategic partners providing daily services (intervention, harm reduction, mental health, etc.), contracted at a total of **\$197,869**.

Multi-Services Center Youth Advisory Board members and youth consultants (11) to provide ongoing consultation on Center program design and development for a total of **\$13,662**

Convenings with experts and key stakeholders for ongoing refining of program design and improvement of the Multi-Services Center for a total cost of **\$2,760**. Convening costs will include food, materials and stipends to experts and stakeholders.

FAM youth advisory and caregiver advisory board members to provide ongoing consulting on program design and development for a total of **\$1,994**.

Consultation & Technical Assistance in areas of legal; evaluation & learning, caregiver recruitment, lived experience/survivor consultation, etc., for a total of **\$7,835**.

Bicycle - Financial team supporting bookkeeping, accounting, and invoicing to DOSW for a total of **\$56,873**.

Travel costs for delivering supplies to youth, picking up donations for the Multi-Services center and traveling to center, meetings, and activities in addition to rideshare allowance for youth to access services at HYPE and to transport safely back to their home for a total cost of **\$4,449**

Space costs for insurance and safety upgrades to Multi-Services center for a total of **\$1882**

Equipment costs to update, maintain & replace technology at the Multi-Services center for a total of **\$5,024**

Consumable supplies costs including food for the Multi-Services center, office supplies, tech subscriptions, advisory board and convening supplies, and additional technology for a total of **\$27,966**

Utilities cost for the Multi-Services center, including security, cleaning fees, HVAC maintenance, general maintenance, safety/first aid, and other utilities at a total cost of **\$80,932**

Communications costs for phone, internet expenses, and computer hardware at the Multi-Services center for a total of **\$15,761**.

Professional printing services for materials, collateral, and presentations for HYPE for a total of **\$376**.

Postage for the Multi-Services center for a total of **\$1,082**.

Multi-Services Center weekly events, activities, and incentives for youth for a total of **\$55,818**

Multi-Services Center general engagement/outreach for a total cost of **\$53,545**

Multi-Services Center hygiene Services and Supplies (shower supplies, laundry, haircuts/weaves) for a total cost of **\$54,818**

Multi-Services Center staff trainings to ensure safety, shared learning and best practices, and ongoing partner and team sessions to promote community and learning for a total of **\$18,545**

Multi-Services Center Youth Workforce Development Stipends for up to 20 youth for a total of **\$129,263**.

Transcription services of the evaluation interviews and evaluation stipends for participants of FAM, HYPE, and other components at \$15,616 per year, for a total of **\$46,850**

Multi Services Center conferences, publication subscriptions that help inform the pilots, and outreach, including awareness materials, recruitment, and dissemination of lessons learned at a total cost of **\$27,818**.

Indirect costs at 15% of total direct costs of \$1,301,131 for a total of **\$195,170**.

WestCoast Children's Clinic will have a subcontract to provide CSEC training, CSE-IT consultation and provide C-Change mental health and case management and technical assistance to the protocol and coordinated response team, totaling **\$625,249** with the following:

Senior Training Associate, Sr. Training Specialist, CSEC Training Associate and Training Assistant to provide CSEC training for service providers, educators, FFA staff and caregivers outside of the State training contract (e.g. scheduling trainings outside of the state contract schedule, other training materials not included in CSEC 102) and case consultation and project management within 36 months, for a total of **\$77,749**.

TAYS Program Director to provide CSEC training, case consultation, and project management within 36 months, for a total of **\$39,007**.

TAYS Assistant Program Director to provide CSEC training, case consultation, and project management within 36 months, for a total of **\$43,260**.

Clinicians to provide clinical mental health services for 10 youth at a time in the Family-Based Foster Care Pilot and to provide ongoing mental health services at the Multi-Services Center, Emergency Placement, and coordinated response team through WestCoast's C-Change Program. WestCoast will bill Medi-Cal whenever possible. Rate included here is money expected to NOT be billable to Medi-Cal (numbers based on C-Change's years of expertise working with youth who have experienced CSE, assuming youth will not consistently come to appointments, especially at the beginning of engagement, and that C-Change providers will spend significant time on non-billable outreach and engagement), within 36 months, for a total of **\$162,023**.

Case Manager to provide clinical case management mental health services to provide ongoing mental health services at the Multi-Services Center, Emergency Placement, and coordinated response team through WestCoast's C-Change Program and general case management services, within 36 months, for a total of **\$135,405**.

1 Policy Director to provide technical assistance and project management within 36 months, for a total of **\$58,560**.

1 CSEC Project Director to provide CSE-IT technical assistance to service providers, community-based organizations and to counties that are above and beyond current contracts and project management within 36 months, for a total of **\$7,761**

Communications Associate to provide support to the Policy Director and CSEC Project Director in providing technical assistance, project management within 36 months, for a total of **\$7,001**.

External consultants for training design and edits, and additional trainers as needed outside of the State training contract for a total of **\$42,000**

CSE-IT online data collection for a total of **\$15,000**.

Access to WestCoast self-paced CSE-IT training for child welfare and partner staff for a total of **\$7,500**.

Travel expenses for mileage at the current California non-employee reimbursement rate and tolls for a total of **\$9,970**.

Printing expenses for external printing costs including CSEC training documents outside of the State training contract for a total of **\$5,600**.

Indirect costs at 18% of total direct costs of \$80,070 for a total of **\$14,413**.

UC Berkeley will have a subcontract to oversee the Evaluation component, totaling **\$1,295,209** with the following:

1 Human Rights Center Director/Primary Investigator for a total of **\$491,126**. This Primary Investigator (PI) will oversee and contribute to all aspects of the project, including evaluation design, oversight of research, data analysis, and dissemination.

1 full-time Researcher/Evaluation Coordinator for a total of **\$303,818**. The Researcher/Evaluation Coordinator will work closely with the PI to coordinate and implement all research activities, including data collection, analysis, and dissemination.

2 Graduate Student Researchers for a total of **\$28,448**. These researchers will assist with data coding and analysis under the direction of the Researcher/Evaluation Coordinator.

UC Retirement Plan (UCRP) personnel cost for a total of **\$3,230**.

1 Qualitative and Quantitative Data Analyst to provide assistance to the research team for a total of **\$148,000**.

1 Translator to provide translation services for various program documents as needed e.g interview translation for caregivers in the various pilots, translating documents for program participants, for a total of **\$46,500**.

Public ground transportation for data collection for interviews for a total of **\$7,224**.

Research dissemination costs i.e., conferences, publication subscriptions, and workshops for a total of **\$1,500**

Qualitative data analysis software subscription for a total of **\$2,520**

Phone costs at **\$2,448**

Data supplies for data collection and storage and printing supplies including ink, paper for a total of **\$1,353**

Indirect costs at 25% of the direct cost of \$1,036,167 for a total of **\$259,042**

Seneca Family of Agencies and/or Alternate Family Services or other foster family agencies, and Ruby's Place or existing STRTPs will have a subcontract to oversee the Emergency Placements and resource family approval for the home-based care components, including recruitment of caregivers totaling **\$2,284,833.17**.

Indirect Costs

Department on the Status of Women has direct costs of \$816,374.39, of which 10% will be utilized for indirect costs for a total of **\$81,637.43**.

Other

Department on the Status of Women has the following other expenses:

Training and team building for staff and partners, including conference attendance, retreat planning, and quarterly meetings with other regional pilot partners, at a cost of \$1000 per month, for 36 months, for a total of **\$36,000**.

5. ACCOUNTING PRACTICES (Description of past experience in controlling funds in previous contractual agreements or from other funding sources must also be provided)

To ensure that funds are spent appropriately, restrictions and requirements are spelled in DOSW's contract grant agreements, which includes a budgeted summary categorizing how costs are to be expensed. All parties associated with grant activities are required to comply with the budgeted summary outline when submitting expenditures. Invoices are submitted in a monthly basis to our department, which is reviewed by our fiscal analyst to verify expenditures are properly expensed as outlined in the agreement. Internal controls associated with fund disbursement requires funds to be encumbered and accounted for separately. The Office of Administration Services Accounting Division provides this service and has strict internal procedures with fund distribution. Transactions must be tied to a purchase order encumbrance and each component of the transaction (encumbrance creation, payment processing, and approval) are completed by separate individuals. Supporting documentation is required including quotes, receipts, time activity reports, etc. Quarterly grant reconciliations are required by our controller's division to ensure grant revenue (reimbursements) aligns with expenditures.

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(Standard Agreement)

SCOPE OF WORK

A. Summary

The California Department of Social Services (CDSS) enters into this Agreement with the San Francisco Department on the Status of Women (Contractor) for the purposes of operating a continuum of foster care placements, including developing and implementing an Emergency Placement Model, and specialized services that Bay Area counties (including but not limited to San Francisco, Alameda, Contra Costa, San Mateo and Santa Clara) may utilize to meet the needs of dependent children through age 17 (hereinafter referred to as youth) who are victims of Commercial Sexual Exploitation (CSE). In this context, placements are defined as either emergency placement, approved Resource Family homes, or licensed Short-Term Residential Therapeutic Programs (STRTP) that can provide direct care and supervision of CSE youth. The Contractor shall continue to execute a continuum of placement options that Bay Area counties may utilize as foster care placements for commercially sexually exploited children. The Contractor shall also continue to provide a coordinated response team to engage and provide services to youth and families who have been impacted through CSE, in conjunction and coordination with the placement providers.

B. Background

Commercially Sexually Exploited Children (CSEC) are minors who are victims of sex trafficking as defined in Penal Code section 236.1 as those who are provided anything of value, including food, shelter, or payment, in exchange for the performance of a sexual act. CSEC are often forced, coerced, and threatened to perform these acts. As a result, these youth experience severe and complex trauma that impacts their physical, emotional, and mental health, leading to difficulty in achieving stability. Youth that have experienced commercial sexual exploitation may have heightened clinical and emotional needs due to the traumas they face while being commercially sexually exploited. These may include a need for more intensive and comprehensive medical, mental health, behavioral health, reproductive health, substance use treatment and social supports.

In 2014, California passed Senate Bill (SB) 855 (Chapter 29, Statutes of 2014), which allocated state general funds to interested counties for the creation of the CSEC Program. This county child welfare agency opt-in program provides funding to participating counties for the purpose of providing education, training, prevention activities, and intervention services, utilizing a multidisciplinary approach, to serve children and youth who are commercially sexually exploited, or at risk of becoming

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commercially sexually exploited (see Welfare and Institutions Code (WIC) Sections 16524.6-16524.11).

County Child Welfare and Probation departments report a lack of adequate, well-trained, and supported placement options as the single largest challenge they face when serving exploited youth. There is a lack of approved resource families and licensed congregate care facilities that are adequately trained and equipped with the necessary tools, knowledge, and experience to care for these youth. Additionally, there is also a gap in facility types that can provide emergency placements and services to a number of these youth that continue to be exploited, have a high risk of leaving placement, and face unique challenges in being able to commit to or participate in a traditional home based or congregate care placement.

To date, traditional approaches used to address other forms of child trauma have proven ineffective for this population. Children that have experienced CSE require an individualized and comprehensive treatment approach that is flexible, trauma-informed, culturally appropriate, able to adapt to the child's needs, and rooted in harm reduction principles. Harm reduction is a promising practice that has shown to be an effective tool to assist in building the trust required to serve this population.

CSEC placements and services should focus on the totality of the youth's needs and not solely their exploitive experience. This should include a refocusing on what the youth sees as their needs, as opposed to what the youth is assessed as needing. The assessed needs and treatment are important; however, focusing on the needs as determined by the youth may be more important to keep them engaged, until they are ready and more willing to accept the care and treatment they are assessed as needing.

Research shows that permanency is the leading indicator of a youth's ability to be successful. For many youth, permanency begins with initial placement, where they have the opportunity to stabilize, create connections, and engage in services to support their healing so they may successfully reunify with their families or step down to achieve permanency in another placement.

Due to the complex trauma youth impacted by CSE sustain at the hands of their exploiters and purchasers, it is difficult to identify and sustain adequate placements that can meet these children's unique needs. For children that are still actively being exploited, placement providers need to be comfortable with a youth engaging in risky behaviors, allowing them to do so as agreed upon by the youth's care team, without passing judgement on to the youth for their behavior. Providers need a strong understanding of the principals of harm reduction as well as the ability to implement harm reduction safely. Implementing harm reduction effectively also includes the ability to communicate and interact with the members of the youth's multi-disciplinary

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team, deciding together when harm reduction is appropriate and how it could help the youth achieve safety, lasting change, and permanency.

The [ACL 17-122](#) specifies that a provider should provide trauma-informed therapeutic interventions and integrated programming designed to address barriers to a child's ability to safely reside and transition into a home-based family setting in support of permanency. For youth who have experienced CSE, a trauma informed approach to care encourages providers to examine the push-pull factors that have impacted a youth's vulnerability and risk for exploitation. It asks providers to see behaviors as a result of unmet needs- needs that often an exploiter and/or exploitive situation are otherwise fulfilling. Providers must examine the factors pulling youth away from the placement setting and implement supports that counteract and/or fulfill those needs. More importantly, providers must work to address the totality of a youth's needs, not just those met through the exploitive situation.

C. Purpose

The Contractor shall continue to develop, implement, and provide a Continuum of Placement and services model, known as the Placement and Services Model (hereinafter referred to as the "Pilot Continuum", that will directly benefit youth who are at risk of, or have experienced CSE, as well as their caregivers through promoting the well-being and permanency of the youth. To that end, the Pilot Continuum will offer a continuum of home-based and residential placement options that Bay Area counties may utilize as foster care placements, and a coordinated multidisciplinary response aimed to create better outcomes for youth who have experienced CSE. While the residential components of the Pilot Continuum are intended to serve dependent youth, the services of the coordinated response team and the services center are intended to be open to all youth, through age 21, regardless of their dependency status. The Pilot Continuum must be made available to serve multiple counties within the Bay Area region, ensuring wide access to services and supports, and capitalizing on shared resources available across a larger area. Furthermore, the Model will continue to serve as a pilot with the intent to replicate within other regions statewide and shall reflect the vision of the state's Continuum of Care Reform and Integrated Core Practice Model. Given the need for consistent and stable care, the Pilot Continuum will specifically reflect a "no reject, no eject" policy and exhaust all efforts prior to the removal of a youth from a particular placement setting. This model will directly benefit CSE youth and their caregivers. Funding is intended for costs associated with continuing the development of the Pilot Continuum over the course of three years.

The goals and objectives of the Pilot Continuum are to:

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1. Continue to implement and enhance the protocol to identify individualized placements and services for each youth and family served, including culturally appropriate services and placements for Indian children who have experienced or are at risk of experiencing CSE, consistent with the placement preferences set forth in the Indian Child Welfare Act (25 U.S.C. Section 1915) and WIC section 361.31.
2. Create and implement a minimum two (2) bed emergency placement model, for children identified as having experienced CSE, that is rooted in harm reduction principals; immediately provides for the basic needs of a youth, as defined by the youth based on where the youth is in their stage of change; and utilizes evidence-based practices including but not limited to Motivational Interviewing and Trauma Informed Care. This model may be a Foster Family Agency (FFA) model utilizing enhanced foster care where the resource families are also staff of the FFA, and the property is under the control of the FFA or county.
3. Continue the implementation of the home-based care model to serve CSE youth for a period of at least 3 years.
4. Continue the implementation of the minimum 6-bed STRTP to serve CSE youth. Comply with all federal Qualified Residential Treatment Program Requirements (QRTP), as detailed in [ACIN I-73-21](#) as well as all STRTP Interim Licensing Standards.
5. Continue the utilization of a coordinated response team to provide direct services that are flexible, trauma-informed, culturally appropriate, and rooted in harm reduction principles, to CSE youth and their caregivers/families to ensure continuity and consistency of care.
6. Continue implementing and enhancing the pre-existing multi-system service center / drop-in model to coordinate, collaborate and deliver services to youth who are at risk of or have experienced CSE, and their caregivers.
7. Utilize the pre-existing pilot project steering committee to implement a Continuous Quality improvement (CQI) method to enhance the provision of services in the Placement and Services Pilot Continuum. The CQI model should be utilized to also create and implement a sustainability plan.

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8. Utilize an evaluation tool to measure program outcomes, both for individual youth participants as well as the continuum's collaborative response and their impact on youth outcomes.
9. Develop a model for serving multiple counties within a region, ensuring wide access to services and supports, and capitalizing on shared resources across a larger area.
10. The home-based and residential placement options must meet all requirements to be eligible for a foster care maintenance payment on behalf of youth who experienced CSE who are placed there by a county child protection agency. The placement options shall also include appropriate placements for Indian children who have experienced or are at risk of experiencing CSE consistent with the placement preferences set forth in the Indian Child Welfare Act (25 U.S.C. Section 1915) and WIC section 361.31. Funds provided under this agreement shall not be used for the daily care and supervision that is provided for by foster care maintenance payments and shall not be used for health/mental health services provided for by the Medi-Cal program. Funding may, however, be used to enhance or expand upon the payments and services provided for under this Agreement.

The Contractor shall be required to consult regularly with the CDSS on the expected number of youth to be served and/or placed within each component of the Pilot Continuum. This shall be based upon anticipated time for the Pilot Continuum implementation, as well as both the capacity and integrity of each component of the Pilot Continuum. Care will be taken to ensure an appropriate use of funds as well as to make certain the agreed upon number of youth served and/or placed is not overly burdensome.

D. Contractor Responsibilities:

1. Contractor shall provide all services and deliverables as described in Exhibit A - Attachment 1, Work Plan and Exhibit A - Attachment 2, Services and Deliverables.
2. Contractor shall designate a person as the project representative to whom all CDSS communication may be addressed.
3. Contractor shall direct all communication and documentation regarding this Agreement to the CDSS Project Representative.
4. Contractor shall be available for site visits by the CDSS staff. Visits may be announced or unannounced and shall occur at the sole discretion of the CDSS.

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5. Contractor shall be available for monthly phone calls with the CDSS. These calls shall include discussion around number of youth served in each of the models, plan to meet the goals set for minimum number of youth to be served, outreach efforts to referral sources, CQI efforts and corrective actions if needed.
6. Contractor and sub-contractors shall be available for quarterly meetings with other pilot providers as organized by the CDSS.
7. Fiscal and Reporting responsibilities include:
 - a. Contractor shall provide the CDSS with quarterly progress reports electronically. Contractor shall use the progress report template provided by the contractor and agreed upon by the CDSS. These quarterly progress reports shall include number of youth served in each of the models, plan to meet the goals set for minimum number of youth to be served, outreach efforts to referral sources, CQI efforts and corrective actions if needed.
 - b. Contractor shall document all time and expenses and submit documentation with all invoices on a monthly basis. Contractor shall use invoice template agreed upon by the CDSS. All documentation should include a detailed description of services delivered and/or activities performed. Invoices and accompanying documentation shall be submitted monthly to the CDSS project representative electronically via email.

E. CDSS Responsibilities

1. The CDSS shall designate a person as the Project Representative to whom all Contractor correspondence may be addressed.
2. The CDSS shall oversee the implementation of the Placement and Services Model including objectives and deliverables.
3. The CDSS shall provide timely technical assistance upon request or as needed that supports the implementation and delivery of the project, including, but not limited to, organizing meetings, facilitating collateral interactions, and connecting the Contractor to relevant resources.
4. Retain the right to modify the model and this Scope of Work based on the results of objectives and deliverables.
5. All printing shall be sent to the California Department of General Services, Office of State Publishing (OSP). It is the responsibility of the CDS Project

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Representative to obtain an exemption from OSP to competitively bid out any and all printing listed in this agreement.

F. The project representatives during the term of this agreement will be:

California Department of Social Services

Darrin Holt
Associate Governmental Program Analyst
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San Francisco Department on the Status of Women

Nazneen Rydhan-Foster
Program Manager

25 Van Ness Ave., Suite 240
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(415) 252-3207
naz.rydhan-foster@sfgov.org

The Project Representative may be changed by providing written notice to the other party within ten (10) business days of the change. Said change shall not require an amendment to this agreement.

Work Plan for January 1, 2023 through December 31, 2025

Work Plan of Continued Collaborative Development

Phase/Timeline	Major Activities	Key Deliverables
Phase 1: <i>January – June 2023</i>	<ol style="list-style-type: none"> 1. Hold annual retreat with partners <ol style="list-style-type: none"> a. Identify Continuous Quality Improvement Method (CQI) 2. Convene regular check-in meetings for FAM, HYPE, SCT, and STRTP 3. Multi-County Service Delivery Planning 4. Plan to program and ensure new program deliverables for YSR is on track for implementation. <ol style="list-style-type: none"> a. Incorporate Street Outreach convening as part of youth engagement to YSR 5. Assess the need for training of staff from various agencies participating in the program and organize trainings. 6. Update San Francisco’s existing CSEC MOU to reflect new service options created by new programming. 7. Begin sustainability planning for Components FAM, HYPE, SCT and STRTP 8. Quarterly Meetings with other CDSS pilot leads 	Identify Continuous Quality Improvement Method (CQI) with collaborative partners Update protocol for placement and services for youth involved in commercial, sexual activity. Out of County Referral Pathway <ul style="list-style-type: none"> - Work with City Attorney’s office on establishing other county relationship MOU
Phase 2	<ol style="list-style-type: none"> 1. Hold annual convening with partners and stakeholders to address learnings 2. Work with other counties to update existing CSEC MOU to reflect new 	Establish MOUs with counties First data report from Department on success

<p><i>July 2023 – June 2024</i></p>	<p>service options created by new programming.</p> <ol style="list-style-type: none"> 3. Convene regular program meetings; 4. Compile quarterly progress reports; 5. Continued sustainability planning for components FAM, HYPE, and SCT 6. Quarterly meetings with other CDSS pilot leads 	<p>metrics</p> <p>Update protocol for placement and services for youth involved in commercial, sexual activity based on learnings</p>
<p>Phase 3</p> <p><i>July 2024-June 2025</i></p>	<ol style="list-style-type: none"> 1. Convene regular program meetings; 2. Compile quarterly progress reports 3. Quarterly meetings with other CDSS pilot leads 4. Identify legislative champions for policy learnings 	<p>Compile initial policy/legislative changes based on learnings</p> <p>Update protocol for placement and services for youth involved in commercial, sexual activity based on learnings</p>
<p>Phase 4</p> <p>July 2025 – December 2025 (and post contract)</p>	<ol style="list-style-type: none"> 1. Final convening with partners and stakeholders 2. Post- evaluations planning on success metrics 	<p>Final data report on success metrics of collaborative</p> <p>Final policy/legislative changes based on final learnings</p>

Emergency Placements

Phase/Timeline	Major Activities	Key Deliverables
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<p>Phase 1 Groundwork and Pilot Design Present – June 2023</p>	<ul style="list-style-type: none"> - Host focus and brainstorming groups and conduct market research on existing programming <ul style="list-style-type: none"> o Establish an advisory board of youth o Establish an advisory board of key stakeholders including but not limited to: <ul style="list-style-type: none"> ▪ CA CSEC Advisory Board ▪ California Youth Connection ▪ National Center for Youth Law ▪ Children’s Law Center ▪ The Catalyst Center ▪ Preventing and Addressing Child Trafficking (PACT) ▪ California Alliance for Caregivers ▪ Larkin Youth Services ▪ Ruby’s Place ▪ Huckleberry Youth Programs ▪ Legal Services for Children ▪ 3 Strands Global Foundation - Relationship building with stakeholders, including but limited to: <ul style="list-style-type: none"> o Bay Area Child Welfare Dept – CSEC Coordinators o Bay Area JPD o Bay Area Native Tribes & Orgs o Bay Area Community-based organizations including legal, CASA, mental health, and public health providers o Bay Area law enforcement o Bay Area Educators - Identify potential locations 	<p>Developing program structure grounded in harm reduction principles, program curriculum that is restorative in nature and frequent opportunity for youth choice and voice</p> <p>Identifying Bay Area counties to develop pilot rate for model</p> <p>Outreach efforts and protocol with stakeholders</p> <p>Acquiring control of a property for an enhanced foster care model</p> <p>Develop staffing structure / child to youth ratio that is supportive of youth abused through CSE</p> <p>Street Outreach Convening – March/April 2023</p>
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	<ul style="list-style-type: none"> ○ Rental properties (up to Rhode Island Street, 19th Street, Folsom Street) ○ MOCHD Properties ○ Vacant government or commercial facilities - Identify partners: <ul style="list-style-type: none"> ○ Licensing partners <ul style="list-style-type: none"> ▪ E-STRTP partners ▪ E-FFA, foster family agencies - Build training on specialized topics including but not limited to crisis response and stabilization, de-escalation techniques, trafficking-specific curriculum, trauma-informed care and engagement, harm reduction, and CSE specific trainings - Identify referral pathways to emergency placements - Identify youth to participate in program <ul style="list-style-type: none"> ○ Identify by youth voice and choice what stabilization looks like ○ Incentives to youth stabilization residence based on youth voice and choice ○ Street Outreach organizations 	
	<p>Develop a detailed evaluation plan</p> <ul style="list-style-type: none"> - Identify outcomes, and research questions <p>(see work plan for evaluation)</p>	
<p>Phase 2 Pilot Pre-Launch July 2023 – December 2023</p>	<ul style="list-style-type: none"> - Hiring of staff - Continue to identify youth to participate in pilot <ul style="list-style-type: none"> ○ Work with Street outreach convening partners 	<p>Provide opportunities for youth to connect with peers and</p>

	<ul style="list-style-type: none"> ○ Continue relationship building with bay area counties ○ Finalize referral pathway into youth stabilization pathway (YSP) 	important people in their lives
<p>Phase 3 Pilot Launch & Execution</p> <p>January 2024 – December 2025</p>	<ul style="list-style-type: none"> - Youth referred into youth stabilization pathway (YSP): <ul style="list-style-type: none"> ○ Safe place to be ○ Access to the multi-services center (HYPE) resources including but not limited to: <ul style="list-style-type: none"> ▪ Case management ▪ Medical support ▪ Education needs ▪ Legal as needed ▪ Therapy as needed - Youth outcomes includes but not limited to: <ul style="list-style-type: none"> ○ <i>Improved health</i> ○ <i>Improvement in school attendance</i> ○ <i>Increase in youths' self-worth and well-being</i> 	<p>Provide opportunities for youth to connect with peers and important people in their lives</p> <p>Youth start to engage and stabilize</p>
<p>Phase 4</p> <p>Sustainability, Replication and Dissemination of Learning</p> <p>January 2025 – December 2025</p>	<ul style="list-style-type: none"> - Expand youth stabilization pathway if successful <ul style="list-style-type: none"> ○ Identify additional funding sources and locations for additional YSP <ul style="list-style-type: none"> ▪ MOHCD partnership - Identify legislative champions if successful - Promote lessons learned from evaluation 	<p>Sustainability Plan of the Youth Stabilization Pathway</p> <p>Policy Recommendations made to the State on the benefits of the YSP if successful</p>

Home-based Care

Phase/Timeline	Major Activities	Key Deliverables
<p>Phase I: Pilot Revision and Relaunch</p> <p>Target timeline: January 2023 – June 2023</p>	<p>1) Partner with a new FFA to bring the FAM model to existing placements</p> <ul style="list-style-type: none"> a) Identify and engage Secondary Caregivers for eligible placements b) Streamline reimbursement process and tracking for discretionary funding provided to pilot youth and families by FFA c) Review newly available ISFC CSEC training resources and partner with a provider to facilitate intensive caregiver training with options for sustainability; connect all FAM caregivers to CSEC training d) Continue continuing education and mentoring groups for caregivers monthly through pilot timeline <p>2) Engage youth and families with a goal of permanency coupled with community-based support for as long as needed</p> <ul style="list-style-type: none"> a) <u>For Youth:</u> connect to services through SF SOL or other provider, based on individual needs, including though not limited to: <ul style="list-style-type: none"> i) Case management ii) Mental health care iii) Funding to support access to quality education and extracurricular activities iv) Permanency support v) Funding to support opportunities to connect with important people in their lives b) <u>For Resource Families:</u> Consistent delivery of model components for resource families including: 	<p>1) 4 FAMs established by Seneca</p> <ul style="list-style-type: none"> a) All FAMs have an active Secondary CG b) All FAMs have access to discretionary funds as needed, tracked by use and family for learning purposes c) WestCoast identified as new training provider; all active FAM caregivers are trained d) Continuing education and mentoring groups for caregivers happening monthly <p>2) Youth and caregivers are connected to services and supports based on individual needs</p>

	<ul style="list-style-type: none">i) RFA, Training, and continuing educationii) Family therapy as needediii) Respite support as needed, through “Secondary Caregivers”iv) Support in navigating relationships with youth’s biological family or other organic supports <p>3) Launch formal and informal evaluation methods of pilot processes and outcomes (includes 24 months of data collection, with final analysis through July 2025)</p> <ul style="list-style-type: none">c) Engage Youth and Caregiver advisory boards, and other survivors, in regular opportunities to advise on model and implementationd) Consider adaptations to improve, streamline, and expedite delivery of pilot model and set up sustainability past grant periode) HRC engaged in ongoing data collection and analysis to ensure pilot is responsive to youth needs and lessons learned, while maintaining integrity of evaluation research.f) Formal quantitative and qualitative data collection from youth, resource families, and service providers completed at regular intervals.g) Draft progress reports and solicit feedback from internal partners to ensure accuracy of information presented <p><i>(More detail on the work plan for this evaluation described in Work Plan of</i></p>	<p>3) Evaluation and feedback methods in place</p> <ul style="list-style-type: none">a) Quarterly input on model refinement from Advisory Boards and survivorsb) Internal, monthly data collection to identify trends to inform adaptations and iterationc) Ongoing evaluation data collected by HRC as noted in evaluation pland) Interviews and surveys conducted and compensated with evaluation participantse) Evaluation Progress Reports published as noted in evaluation plan
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	<p><i>Evaluation Component)</i></p> <p>4) By end of March 2023, Freedom Forward hands-off fiduciary responsibility and oversight of FAM</p>	
<p>Phase II: Pilot Execution and Expansion</p> <p>Target timeline:</p>	<p>1) Expand to additional FFA partners</p> <ul style="list-style-type: none"> a) Invite additional FFA partners who oversee placements of eligible youth to join pilot b) Identify and onboard up to 10 youth and families interested in participating across FFA partners (as funding allows) 	<p>1) 10 total FAMs established across FFA partners</p> <ul style="list-style-type: none"> a) Continue all from Phase 1

<p>June 2023 – March 2024</p>	<ul style="list-style-type: none"> c) Adjust caregiver engagement flow to support multiple FFA partners d) Establish a referral pathway for youth e) Continue all the above from phase 1 <p>2) Relaunch community recruitment methods to identify new prospective caregivers to join pilot and establish new placements, as funding allows</p> <ul style="list-style-type: none"> a) Partner with FFAs, HSA, and other experts to develop and launch a caregiver recruitment strategy b) Adjust engagement flow for caregivers recruited from community c) Implement a matching process for FFAs and families 	<p>2) Community recruitment strategy implemented and documented for learnings</p>
<p>Phase III</p> <p>Pilot Replication and Dissemination of Learning</p> <p>Target Timeline:</p> <p>March 2024 – December 2025</p>	<ul style="list-style-type: none"> 1) Sustain all FAM placements through duration of pilot, whenever possible 2) Document pilot learnings for replication of model <ul style="list-style-type: none"> a) Complete a robust external evaluation (<i>More detail on the work plan for this evaluation described in Work Plan of Evaluation Component</i>) b) Make recommendations to the State for solidifying role of secondary caregivers and/or adjustment of funding flows/rates for successful replication. c) Promote lessons learned through virtual platforms, conferences, and publications. 3) Promote replication of model if successful 	<p>1) Anticipated outcomes of sustained FAM placements:</p> <ul style="list-style-type: none"> a) Increase in youth’s self-reported sense of self-worth, well-being, community, and/or belonging. b) Improvements noted on psychometric tests such as CANS-CSE, BERS-2, PTSD-RI, CROPS/PROPS, and /or others. c) Decrease in frequency and duration of running away, and increased understanding of why youth run away. d) Permanency for as many youth as possible e) Resource families consistently report

	<ul style="list-style-type: none"> a) Access new funding streams/rates to continue and expand pilot past 10 FAMs b) Expand to additional counties c) Offer technical assistance and training to new providers of FAM model 	<p>feeling supported and having resources and capacity needed to complete RFA, training, and to support youth.</p> <ul style="list-style-type: none"> f) Secondary caregivers and youths’ other organic supports feel prepared to take on more caregiving and support for youth. <p>2) Documentation of lessons learned and data driven outcomes</p> <ul style="list-style-type: none"> a) Final evaluation report b) Recommendations to state to enable replication c) “FAM in a box” i.e. all materials, procedures, and collateral needed to implement FAM model through FFA <p>3) If appropriate, replicate model in other parts of CA and/or US</p>
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STRTP

Phase/Timeline	Major Activities	Key Deliverables
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<p>Phase 1</p> <p><i>January 2023- June 2023</i></p>	<ul style="list-style-type: none"> ● Continue to identify additional STRTP partners ● Continue training STRTP's in need of support for CSEC ● Continue placing and supporting youth at STRTP's that have been trained. ● Evaluate the number of necessary STRTP beds to meet need. 	<ul style="list-style-type: none"> ● Provide staff with training related, but not limited to, engagement, harm reduction, trauma and trafficking, trauma-informed care and crisis intervention. ● Support youth placed in STRTP
<p>Phase II</p> <p>July 2023 – December 2023</p>	<ul style="list-style-type: none"> ● Continue placing and supporting youth at STRTP's that have been trained; 	<ul style="list-style-type: none"> ● Support youth placed in STRTP
<p>Phase III</p> <p><i>January 2024- December 2024</i></p>	<ul style="list-style-type: none"> ● Continue placing and supporting youth at STRTP's that have been trained ● Evaluate success of youth transitioning directly from youth stabilization residence to STRTP to resource home. 	<ul style="list-style-type: none"> ● Support youth placed in STRTP
<p>Phase IV</p> <p><i>January 2025 - December 2025</i></p>	<ul style="list-style-type: none"> ● Continue placing and supporting youth at STRTP's that have been trained ● Evaluate success of youth transitioning directly from youth stabilization residence to STRTP to resource home 	<ul style="list-style-type: none"> ● Support youth placed in STRTP

Multi-services center

<u>Phase / Timeline</u>	<u>Major Activities</u>	<u>Deliverables</u>
<p>Phase I: Multi-County Service Delivery, Pilot Sustainability and Continued Data Collection</p> <p><i>January 2023 – December 2023</i></p> <p><i>(Service delivery and data collection to continue till the end of the project)</i></p>	<p>1. Center open during the day 5 days a week</p> <p>Consistent delivery of full spectrum of programs and services for youth based on individual plan co-created by the youth and a trauma-informed peer advocate</p> <p>2. Review costs based on implementation and fine-tune a sustainable financial model</p> <p>Search for additional long-term funding and corporate sponsorship for sustainability</p> <p>3. Ongoing data collection</p> <p>Service level data collection on youth retention and progress</p> <p>Organizational level data on service provision and deliverable completion</p> <p>For Youth Outcomes Evaluation (in Phase II)</p> <p>Ongoing data collection (quantitative and qualitative) and analysis to ensure responsive to youth needs and lessons learned</p> <p>Formal quantitative and qualitative data collection from youth and service providers every 90 days</p>	<p>Maintain a center, environment & continue to recruit and co-locate multi-system providers:</p> <ul style="list-style-type: none"> a. Providers must be youth-informed <ul style="list-style-type: none"> a. 5 providers at minimum with 5 different services a month b. 5 basic need services c. 42 youth serviced a month (with a goal of 300 overall) <p>Create a plan for sustainability</p> <ul style="list-style-type: none"> a. Updated cash flow and financial model based on actual costs incurred and plan for sustainability within 1 year of the project <p>Establish service-level data collection</p> <ul style="list-style-type: none"> a. Collect information about individuals as they receive services b. Data collection of services provided throughout the month

	<p>Formal data collection on process implementation and changes every 90 days</p>	
	<p>3. Multi-County Service Delivery Planning Engaging youth through partnerships with multiple counties and community providers in the Bay Area Outreach to 10+ neighboring counties (DOSW)</p>	<p>Engage youth through partnerships with service providers and outreach</p>
<p>Phase II: Continuous Improvement January 2024 – December 2024</p>	<p>1. Continuous improvement of multiservice center through Youth Outcomes Evaluation</p> <ul style="list-style-type: none"> ● Continuous improvement of model based on formal and informal feedback and evaluation ● Document and share lessons learned for external audience annually 	<ul style="list-style-type: none"> ● Quarterly Aggregated Report provided by DOSW ● Annual Evaluation report by Independent Evaluator
	<p>2. Continued refinement of programs and services offered on site based on feedback</p>	<ul style="list-style-type: none"> ● Ongoing improvements with key improvements documented quarterly

	<p>3. By June 2024, assess need for nighttime and/or weekend services <u>on-site</u> based on attendance to date and feedback from youth and partners</p> <p>Review number of crises and needs reported during night hours with current system and make formal determination on whether we need to staff nights at the Center itself</p>	<p>Provide services 24/7 (overall deliverable)</p> <p>a. Quarterly Youth Survey</p>
<p>Phase III.</p> <p>Share Learning and, if Successful, Support Replication</p> <p>January 2025 – December 2025</p>	<p>1. Share best practices and offer ongoing technical assistance</p> <ul style="list-style-type: none"> • Promote replication of model if successful • Promote lessons learned through publications and conferences • Offer technical assistance and trainings to other providers 	<ul style="list-style-type: none"> • Lessons learned and outcomes shared via publication • Technical Assistance program and pricing developed and shared

Coordinated Response Team

Phase/Timeline	Major Activities	Key Deliverables
<p>Phase 1: Revised Implementation</p> <p><i>Present - June 2023</i></p>	<ul style="list-style-type: none"> • Continued outreach and partnerships with key organizations that provide 24/7 support' <ul style="list-style-type: none"> ○ Continue to work in collaboration with a variety of stakeholders on an effective multidisciplinary response to youth involved in commercial sexual exploitation, to improve coordination of care • Continue identifying and supporting 24/7 gaps • Ongoing outreach and partnerships with neighboring counties <ul style="list-style-type: none"> ○ Continue protocol of referral pathways <ul style="list-style-type: none"> ▪ Work with existing MDTs 	<p>Utilize and revisit the protocol ongoing for ways in which the protocol can be continuously improved on</p> <p>Implement protocols around how to utilize a coordinated response team</p>

	<ul style="list-style-type: none"> ● Identify an internal coordinated response team if needed <ul style="list-style-type: none"> ○ Collaborate with existing county services and committees ○ Formalize partners if needed 	
<p>Phase 2: Continued Support and Revised Execution</p> <p><i>July 2023 – December 2025</i></p>	<ul style="list-style-type: none"> ● Continue providing access to 24/7 response to youth involved in commercial sexual exploitation. The response may be wherever the youth is located, including at their home, foster care placement, an STRTP or other shelter, or on the street. <ul style="list-style-type: none"> ○ Access to existing 24/7 response, e.g., FCS, HART, FURS, TALK line, Seneca Mobile Response Team ○ Provide annual training to staff if needed ● Continue supporting youth through a coordinated response team as needed <ul style="list-style-type: none"> ○ Provide case management and mental health services as needed ○ Utilize existing case management services based on youth needs and county relationships 	<p>Utilize and increase the capacity of the wraparound team and coordinated response team</p> <p>Increasing capacity for 24/7 support</p> <p>Increase the capacity of the response team and in-home services provided by the FFA overseeing placements</p>
<p>Phase 3 Youth Outcomes and Share Learnings</p> <p>January 2025 – December 2025</p>	<ul style="list-style-type: none"> ● Incorporate youth outcomes of the coordinated response team, including service delivery of case management and mental health services, into the final evaluation report and data reports ● Provide shared learnings and/or technical assistance on success, barriers, and gaps of the coordinated response team 	

Evaluation component

Timeline	Major Activities	Key Deliverables
<i>Jan 2023 – June 2023</i>	<ul style="list-style-type: none"> ● Continue ongoing FAM Evaluation data collection from FAM youth, caregivers and service providers ● Conduct ongoing FAM data analysis ● Conduct literature review on emergency placement / youth stabilization models for youth impacted by CSE and relevant evaluations to inform launch pad conceptual framework and evaluation design 	<ul style="list-style-type: none"> ● Summary of literature review findings on emergency placement / youth stabilization models for youth impacted by CSE and relevant evaluations to inform launch pad conceptual framework and evaluation design ● Recommendations for evaluation objectives and design
<i>July 2023 – Dec 2023</i>	<ul style="list-style-type: none"> ● Continue ongoing FAM Evaluation data collection from FAM youth, caregivers and service providers ● Conduct ongoing FAM data analysis ● Collaborate with launch pad provider to design launch pad evaluation based on theory of change ● Draft and submit launch pad evaluation protocol and instruments to UC Berkeley’s Committee for the Protection of Human Subjects (CPHS) for IRB approval 	<ul style="list-style-type: none"> ● Launch pad study protocol including recruitment scripts, consent forms, and study instruments ● IRB approval for launch pad evaluation

<p><i>Jan 2024 – June 2024</i></p>	<ul style="list-style-type: none"> ● Continue ongoing FAM Evaluation data collection from FAM youth, caregivers and service providers ● Conduct ongoing FAM data analysis ● Begin launch pad evaluation data collection ● Collaborate with Freedom Forward to design HYPE Center assessment based on theory of change ● Draft and submit HYPE Center study protocol and instruments to UCB CPHS for IRB approval 	<ul style="list-style-type: none"> ● HYPE Center study protocol including recruitment scripts, consent forms, and study instruments ● IRB approval for HYPE Center assessment
<p><i>July 2024 – Dec 2024</i></p>	<ul style="list-style-type: none"> ● Continue ongoing FAM Evaluation data collection from FAM youth, caregivers and service providers ● Conduct ongoing FAM data analysis ● Continue launch pad data collection ● Conduct all HYPE Center data collection ● Conduct analysis of full HYPE Center assessment data set ● Draft HYPE Center assessment report 	<ul style="list-style-type: none"> ● HYPE Center assessment report on youth experiences accessing HYPE Center services with recommendations for improvement and replication of the model
<p><i>Jan 2025 – June 2025</i></p>	<ul style="list-style-type: none"> ● Conduct final analysis of full FAM data set ● Draft Final FAM Evaluation report ● Complete data collection for launch pad evaluation 	<ul style="list-style-type: none"> ● Final FAM evaluation report with recommendations for adaptation and replication of the model
<p><i>July 2025 – Dec 2025</i></p>	<ul style="list-style-type: none"> ● Conduct analysis of full data set from launch pad evaluation ● Draft launch pad evaluation report ● Identify relevant peer-reviewed journals ● Draft manuscript on evaluation findings for submission to peer-reviewed journal 	<ul style="list-style-type: none"> ● Launch pad evaluation report Launch pad evaluation report on youth experiences with the program, levels of satisfaction with services, barriers

		<p>to implementation, and related impacts of the STRTP placements and coordinated response team.</p> <ul style="list-style-type: none">● Publishable article on findings from evaluation(s) of one or more components for submission to peer-reviewed journal
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ATTACHMENT II – SERVICES & DELIVERABLES

I. EMERGENCY PLACEMENT MODEL

- a. Services and Deliverables: Develop and implement an enhanced placement model that will provide care and supervision to dependent minors through age 17 (hereinafter referred to as youth) abused through commercial sexual exploitation (CSE) with the intent of stabilizing the youth in placement and preparing them for permanency. For the purpose of this project, “Emergency Placement Model” refers to a facility licensed by Community Care Licensing and may refer to a foster family agency program model, such as Enhanced Foster Care that utilizes staff that are approved as resource families (RFA/staff) who care for the youth. The Emergency Placement Model will serve youth who are identified as victims of CSE via an evidence-based screening tool(s).
- b. Placements developed under this model must be available as foster care placements within 12 months of the start of this Agreement. In developing and implementing the Emergency Placement Model, the contractor shall:
 1. Identify counties that will work with the CDSS to develop a pilot rate for this model in accordance with Welfare and Institutions Code section 11460(a)(3), as outlined in [ACL 22-21](#).
 2. If utilizing Enhanced Foster Care, acquire control of property, as defined in the General Licensing Requirements, 22 California Code of Regulations section 80001(a)(17), that will be used as the RFA/staff homes for this program, with the following attributes:
 - a. Homelike but with a focus on the capacity for drop-in services in order to promote youth engagement and destigmatize the residence.
 - b. Capacity – up to 2 bedrooms with 1 youth per bedroom.
 - c. Focus on development of the shared space that is fun and includes:
 1. Computer Area with internet access
 2. Entertainment Area
 3. Recreation/ Gaming Area
 4. Relaxation Area
 3. If the emergency placement facility is more than 300 yards or five city blocks from the Services Center, then the following services must be available on-site, at a minimum of weekly, at the Emergency Placement facility as well (unless exemption is made by the CDSS):

- a. Mental health, vocational, educational, recreational, and health care (or first aid) on-site.
 - b. Recruit and co-locate multi-system providers including, but not limited to, child welfare, mental health, probation, law enforcement, peer mentors, health care, and advocates to provide individualized services.
4. Recruit, hire, and train qualified staff to provide services to youth abused through CSE within the Emergency Placement setting. Training must assist these staff in understanding the evolving needs and risk factors of youth who have experienced CSE.
5. Develop staffing structure / child to youth ratio that is supportive of youth abused through CSE. Provide staff or RFA / staff with ongoing training related, but not limited to, engagement, harm reduction, trauma and trafficking, trauma-informed care, crisis intervention, and vulnerable sub-populations such as tribal communities and Lesbian Gay Bisexual Transgender Queer and Intersex (LGBTQI) youth.
6. Provide appropriate and timely care, including trauma-informed, culturally-and-language appropriate, and individualized services which addresses the physical and mental health needs of youth who have been exploited, including reproductive health and substance use disorder treatment.
7. Develop programming focused on caring for youth that have experienced CSE. This programming must be supported by evidence, research, and recommendations from recent studies and reports such as [Research to Action Brief: Translating Research to Policy and Practice to Support Youth Impacted by Commercial Sexual Exploitation \(CSE\)](#).
8. Develop programming that has flexibility in placement durations to meet particular needs of youth and are in compliance with California Code of Regulations Licensing Standards. This is to include holding beds where appropriate and as negotiated with the county and the CDSS, as well as safety planning and recovery planning for when a youth leaves and returns to care.
9. Develop programming structure grounded in harm reduction principles as outlined in [ACIN 1-59-18](#), Introduction to the Harm Reduction Strategies Series as well as, [ACIN 1-31-22](#), Harm Reduction Series – Caregiver.
10. Develop protocol for contractor to collaborate with all represented parties in the multidisciplinary team, as outlined in [Senate Bill 855](#) including but not limited to

those with lived experience, tribes, child welfare, probation, children’s attorneys, Court Appointed Special Advocate (CASA), mental health, public health, law enforcement, substance abuse providers, and education. This must include when making decisions on appropriate use of harm reduction as applicable.

11. Develop relationships with local law enforcement that seek partnership in prevention, intervention, and the development of protocols relating to a coordinated response as appropriate to help ensure the safety and placement stability of the youth and reduce the frequency of law enforcement involvement and delinquency petitions at facilities.
12. Develop protocol for local child welfare agencies and / or tribal placing agencies to refer youth for placement, including verification of the utilization of an evidence-based screening tool to identify the youth as a victim of CSE. This protocol should include a Memorandum of Understanding (MOU) developed with the Bay Area Counties regarding referrals, placements, and negotiation of funding rates with the CDSS.
13. Conduct ongoing intensive family finding and engagement, in partnership with the child placing agency, for all youth as appropriate.
14. Provide opportunities for youth to connect with peers who reside outside of the placement setting.
15. Increase opportunities for youth to connect to the important people in their lives utilizing technology and visits as appropriate.
16. Utilize the Child and Family Team (CFT) to deliver ongoing services and support youth.
17. Consult with the CDSS on the expected number of youth to be placed over the course of the 3-year agreement, with a minimum of 16 youth served and 1168 days of care. Work with referral sources to ensure awareness and encourage the referral of youth when appropriate.
18. Ensure continuous outreach efforts to encourage an increase in referrals, including, but not limited to, those with lived experience, tribes, child welfare, children’s attorneys, mental health, public health, law enforcement, substance abuse providers, and education. Documentation and outcome of efforts will be provided in the quarterly report.

19. Incorporate the California Integrated Core Practice Model for child welfare services and other direct services professionals into all practice and policy.
20. Utilize a continuous quality improvement method to enhance the provision of services in the Emergency Placement Model and to create and implement a sustainability plan.

II. HOME-BASED CARE PLACEMENT MODEL

- a. Deliverables: Continue a Home-Based Care Placement model, that meets RFA standards, that will provide care and supervision to children/youth abused through commercial sexual exploitation (CSE) within California's Bay Area. Home-based placements developed under this model must be available as foster care placements for multiple counties in the region to place CSE children/youth upon execution of this Agreement.
 1. Utilize a continuous quality improvement (CQI) method in developing the targeted recruitment strategy for resource families able and willing to provide care and supervision to youth abused through CSE.
 2. Continue to implement programming focused on caring for youth that have experienced CSE. This programming must be supported by evidence, research, and recommendations from recent studies and reports such as [Research to Action Brief: Translating Research to Policy and Practice to Support Youth Impacted by Commercial Sexual Exploitation \(CSE\)](#).
 3. Continue to provide training and support to resource families to become Intensive Services Foster Care (ISFC) or Therapeutic Foster Care (TFC) certified where appropriate.
 4. Ensure resource families are utilizing harm reduction strategies as outlined in [ACIN 1-59-18](#), Introduction to the Harm Reduction Strategies Series as well as, [ACIN 1-31-22](#), Harm Reduction Series – Caregiver.
 5. Continue to utilize the CDSS's contracted training providers to effectively educate resource parents caring for youth who have experienced CSE.
 - a. In addition to required resource family certification training, provide resource parents with relevant continuing education on topics including, but not limited to, understanding complex trauma, crisis intervention, use

of harm reduction strategies, engagement techniques and prudent parenting and its application to CSE youth.

6. Review and update the protocol for local child welfare agencies to refer youth for placement to improve upon its process and include discussion of this protocol in any CQI conversations. This protocol must include an MOU with Bay Area Counties regarding referrals, placements, and negotiation of rates with the CDSS.
7. Conduct intensive family finding and engagement for all youth as appropriate.
8. Require a 30-day notice policy for all resource families who desire to remove a youth from their home.
9. Continue to provide a resource parent mentorship program for new and ongoing resource parents to utilize for additional support.
10. Utilize the coordinated response team with 24/7 availability to provide support to resource families and youth when necessary.
11. Recruit and train secondary caregivers through the Family And Me (FAM) model to provide on-call emergency care and supervision as appropriate.
12. Increase opportunities for youth to connect to the important people in their lives, as identified by the youth, utilizing technology and visits as appropriate.
13. Provide opportunities for youth to connect with peers who reside outside of the placement setting.
14. Provide opportunities for youth to connect with family and their community of permanency.
15. Develop relationships with local law enforcement that seek partnership in prevention, intervention, and the development of protocols relating to a coordinated response as appropriate to help ensure the safety and placement stability of the youth and reduce the frequency of law enforcement involvement and delinquency petitions at resource family homes. Document attempts to develop these relationships and report out in quarterly reports to the CDSS and include in the project evaluation.
16. Utilize the Child and Family Team (CFT) to deliver ongoing services and support youth.

17. Consult with the CDSS on the expected number of youth to be placed over the course of the 3-year Agreement, with a minimum of 10 youth to be served with 10 primary and 10 secondary caregivers, and 1186 days of care for year one, 2555 for year two and 2738 for year three. Work with referral sources to ensure awareness and encourage referral of youth when appropriate.
18. Ensure continuous outreach efforts to encourage an increase in referrals including, but not limited to, those with lived experience, tribes, child welfare, children's attorneys, mental health, public health, law enforcement, substance abuse providers, and education to encourage an increase in referrals. Documentation and outcome of efforts will be provided in the quarterly reports.
19. Incorporate the California Integrated Core Practice Model for child welfare services and other direct services professionals into all practice and policy.
20. Utilize a CQI method to enhance the provision of services in the Home-Based Care Placement Model and to create and implement a sustainability plan.

III. SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM

- a. Deliverables: Continue to implement a minimum 6-bed Short-Term Residential Therapeutic Program (STRTP) through partnerships with existing STRTPs. This STRTP model is to provide care and supervision to youth abused through CSE. The STRTPs utilized under this model must be available as a foster care placement for multiple counties in the region to place children/youth who have experienced CSE within 6 months of the execution of this Agreement. The deliverable can also be achieved through the establishment of a partnership with existing licensed STRTPs. An existing STRTP must also meet and complete the criteria listed below and all STRTP Interim Licensing Standards.
 1. Recruit, hire, and train qualified staff as per the current STRTP Interim Licensing Standards to provide services to youth abused through CSE within the residential setting.
 2. Provide staff with training related, but not limited to, engagement, harm reduction, trauma and trafficking, culturally relevant trauma-informed care, crisis intervention, and vulnerable sub-populations such as tribal communities and Lesbian Gay Bisexual Transgender Queer and Intersex (LGBTQI) youth.
 3. Continue to enhance programming focused on caring for youth that have experienced CSE. This programming must be supported by evidence, research, and recommendations from recent studies and reports such as [Research to Action](#)

[Brief: Translating Research to Policy and Practice to Support Youth Impacted by Commercial Sexual Exploitation \(CSE\).](#)

4. Continue to implement programming that has flexibility in placement durations to meet particular needs of youth and are in compliance with California Code of Regulations Licensing Standards.
5. Review and update the existing protocol for local child welfare, and/or tribal agencies to refer youth for placement. This protocol must include a MOU with Bay Area Counties regarding referrals, placements, and negotiation of funding rates with the CDSS.
6. Continue to develop programming structure grounded in harm reduction principles, as demonstrated in the Program Statement, and as outlined in [ACIN 1-59-18](#), Introduction to the Harm Reduction Strategies Series as well as, [ACIN 1-31-22](#), Harm Reduction Series – Caregiver.
7. Continue a staffing structure that is supportive of youth abused through CSE, as demonstrated in the Program Statement.
8. Continue to implement program curriculum that is restorative in nature and creates frequent opportunity for youth choice, as demonstrated in the Program Statement.
9. Conduct ongoing intensive family finding and engagement for all youth as appropriate.
10. Utilize the coordinated response team to deliver services and provide timely support to youth and their families 24 hours a day, 7 days a week.
11. Utilize case plan structure that supports the individual needs of each youth that is trauma-informed, culturally relevant and age and developmentally appropriate, and is adaptable as those needs change.
12. Utilize the CFT to deliver ongoing services and support youth.
13. Increase opportunities for youth to connect to the important people in their lives, as identified by the youth, utilizing technology and visits as appropriate.
14. Provide opportunities for youth to connect with peers who reside outside of the placement setting.
15. Provide appropriate and timely care, including trauma-informed, culturally-and-language appropriate, and individualized services which addresses the physical

and mental health needs of youth who have been exploited, including reproductive health and substance use disorder treatment.

16. Continue to develop relationships with local law enforcement seeking partnership in prevention, intervention and the development of protocols relating to a coordinated response as appropriate, to ensure safety and stability of youth, and targeted at reducing the frequency of law enforcement involvement and delinquency petitions at facilities. Document attempts to develop these relationships and report out in quarterly reports to the CDSS and include in the project evaluation.
17. Consult with the CDSS on the expected number of youth to be placed over the course of the 3-year agreement, with a minimum of 10 youth served and 1825 days of care. Work with referral sources to ensure awareness and encourage the referral of youth when appropriate.
18. Ensure continuous outreach efforts to include, but not limited to those with lived experience, tribes, child welfare, children's attorneys, mental health, public health, law enforcement, substance abuse providers, and education. Documentation and outcome of efforts will be provided in the quarterly reports.
19. Support all county STRTP placements of youth placed through this continuum throughout the duration of the agreement.
20. Incorporate the California Integrated Core Practice Model for child welfare services and other direct services professionals into all practice and policy.
21. Utilize a continuous quality improvement method to enhance the provision of services in the STRTP Model and to create and implement a sustainability plan.
22. Comply with all federal Qualified Residential Treatment Program Requirements (QRTP), as detailed in [ACIN I-73-21](#).

IV. SERVICES CENTER

- a. Deliverables: Continue the operation of a multidisciplinary services center to engage with and deliver services to youth abused through CSE, with capacity to provide 24/7 services.
 1. Continue to operate a center that is youth-informed, youth friendly and offers a multitude of on-site services including, but not limited to, mental health, vocational, educational, recreational, and first aid. These services must be offered at a minimum of weekly.
 2. Recruit and co-locate multi-system providers including, but not limited to, child welfare, mental health, probation, law enforcement, peer mentors, health care, and advocates to provide individualized services. Number of youth accessing each available service will be tracked and reported out monthly to the CDSS, as well as documented in quarterly reports and shared with the project evaluators.

3. Engage youth through a partnership with community providers and continuous outreach efforts. Documentation and outcomes of efforts will be provided in the quarterly reports and shared with the project evaluators.
4. Maintain environment for youth to seek safety and fulfill basic needs including food, clothing, hygiene products, showers, laundry service, and access to technology as appropriate. Number of youth accessing each of these basic needs services will be tracked and reported out monthly to the CDSS, as well as documented in quarterly reports and shared with the project evaluators.
5. Utilize trauma-informed and harm reduction principles, as outlined in [ACIN 1-59-18](#), Introduction to the Harm Reduction Strategies Series as well as, [ACIN 1-31-22](#), Harm Reduction Series – Caregiver, in service delivery.
6. Establish a physical space designated for the coordination of all services and placements provided through the continuum.
7. Continue developing and improving upon the data sharing protocol and document the continuous quality improvement (CQI) efforts utilized to continue to enhance the services provided throughout the life of the Agreement.
8. Serve 300 youth over the course of the 3-year agreement with 1,750 drop-in contacts. Number of unduplicated youth, number of drop-ins, and their average length of time accessing the services center will be tracked and reported monthly to the CDSS, as well as documented in quarterly reports and shared with the project evaluators.
9. Create a plan for sustainability of the center and long-term funding throughout the entirety of the Agreement. This plan must be synthesized and presented to the CDSS upon completion of the agreement.

V. COORDINATED RESPONSE TEAM

- a. Deliverables: Maintain and support a multidisciplinary mobile wraparound team to provide specialty mental health and case management services to youth abused through CSE and their caregivers / families with capacity for 24/7 response.
 1. Utilize a protocol for community-based providers, child welfare agencies to refer youth for services. Revisit the protocol every six months, or with more frequency if needed, to identify ways in which the protocol can be continuously improved upon.
 2. Utilize high fidelity wraparound team to include, but not be limited to, clinicians, parent partners, behavioral specialists, and peer advocates/specialists as appropriate.

3. Utilize a rapid response protocol to respond immediately to a youth and their family/caregiver as appropriate. Revisit the protocol on an ongoing basis to identify ways in which the protocol can be continuously improved upon.
4. Implement protocols around how to utilize the coordinated response team within the Emergency Placement, Home-Based Care, and STRTP placement models. Revisit the protocol on an ongoing basis to identify ways in which the protocol can be continuously improved upon.
5. Increase capacity for 24/7 response to support the needs of youth and their caregivers/families as appropriate. The 24/7 response should include an on-call capacity, with policies and procedures related to triaging the calls and determining when a request meets necessity for an in-person response, acknowledging the majority of crisis occur outside standard business hours.
6. Increase capacity to provide wraparound services multiple times weekly as appropriate.
7. Increase capacity to provide in-home services to youth residing with biological or relative caregivers.
8. Consult with the CDSS on the expected number of youth to be served over the course of the 3-year contract with a minimum of 36 youth. Work with referral sources to ensure awareness and encourage the referral of youth when appropriate.
9. Utilize a protocol to identify individualized placement and services for each youth served, including culturally appropriate, harm reduction and trauma informed services and placements.
10. Incorporate the California Integrated Core Practice Model for child welfare services and other direct services professionals into all practice and policy.
11. Utilize a continuous quality improvement method to enhance the provision of services in the Coordinated Response Team Model and to create and implement a sustainability plan.
12. Provide support for youth transitioning to an appropriate placement and provide ongoing services as youth are placed throughout the continuum.

VI. EVALUATION

- a. Continue the comprehensive evaluation, by an independent, third-party evaluator of the Home-Based Care Placement Model, Short Term Residential Therapeutic Program, Services Center, and Coordinated Response Team components of the previous placement

pilot program as outlined in Agreement number 18-3055. This evaluation shall include input from youth who have experienced CSE served by the pilot continuum as well as youth who have experienced CSE not served by the pilot continuum.

- b. Complete and provide a comprehensive evaluation of the Emergency Placement Model, as well as a review of each of the components described in Section I above, by the same independent, third-party evaluator measuring the Model's effectiveness, impact on youth outcomes, and barriers to and recommendations for replicating the Model. This evaluation shall include input from youth who have experienced CSE served by the pilot continuum as well as youth who have experienced CSE not served by the pilot continuum.
 1. Within three months of the executed agreement, the contractor shall work with the CDSS to identify data to be collected by contractor, intended outcomes for youth and families, as well as measures required to describe those outcomes.
 2. Within three months of the executed agreement, identify measures to track the Model's multi-system collaborative response impact on youth outcomes.
 3. Evaluation shall include a process to solicit feedback on an ongoing basis from resource parents and foster youth to measure their level of satisfaction for services by the Contractor and/or subcontractors, if applicable, and the responsiveness to continuously improve the Pilot Continuum in response to that feedback.

- c. Complete and provide interim and final reports summarizing barriers to, and recommendations for, sustaining and replicating the Pilot Continuum throughout the state.
 1. At a minimum, an interim report shall be provided to the CDSS every 12 months, after contract execution, except for the final year of this Agreement in which a final report shall be provided to the CDSS before the expiration of this Agreement.
 2. A pre-publication draft of the final report shall be provided to the CDSS at least 90 calendar days before the expiration of this Agreement for the CDSS to review and provide comments and input for consideration, if necessary. The CDSS shall use its best efforts to provide feedback regarding the pre-publication final report within 30 calendar days of receipt.
 3. CDSS statements shall be included in the executive summary of the final report for publication. These statements may include, but are not limited to, the following: The State of California provided financial support for the Pilot Continuum and its evaluation. The opinions and conclusions expressed herein are solely those of the authors and should not be considered a representation of the policy of the CDSS or any collaborating agency or department, including local agencies, of the State of California.

4. Failure to obtain, maintain or comply with the requirements of the Committee for the Protection of Human Subjects approval may constitute a material breach of this Agreement and grounds for immediate termination of this Agreement.
- d. Follow the CDSS recommendations for de-identification of the CSE youths', caregivers', or families' identities for any publication related to the services of this Agreement, including the Evaluation. This paragraph d survives the expiration or termination of this Agreement.