

Aurrera Health Group Grantee Services Agreement

This is an agreement (“Agreement”) by and between Aurrera Health Group, LLC, located at 1400 K Street, Suite 204, Sacramento, CA 95814, and County of Humboldt DHHS - Public Health (“Grantee”), located at 908 7th Street Eureka, CA 95501, that provides for the provision of certain services by Grantee to Aurrera Health Group on behalf of the California Department of Health Care Services, as described in the attached scope of work, under the terms and conditions set forth below.

Background

California Governor Gavin Newsom, in his first state budget (FY 2019-20), proposed a Medi-Cal supplemental payment for providers to screen both pediatric and adult beneficiaries for trauma using specified screening tools. As the state budget process moved forward, the Governor proposed additional resources specifically targeted at providing health care providers with training and technical assistance to better equip practicing physicians as they worked with patients that have been exposed to significant trauma or have health effects related to trauma exposure. Pursuant to the Legislature’s approval and Governor’s signature enacting the state’s 2019-20 budget, the Department of Health Care Services (“DHCS”) and the Office of the California Surgeon General have launched “ACES Aware,” a program that will give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for adverse childhood experiences (“ACEs”). DHCS has contracted with Aurrera Health Group to help develop and implement a provider training program (“Training Program”) for providers to qualify to earn supplemental payments for conducting screening for ACEs. Under the contract, Aurrera Health Group is authorized and directed to contract with other entities to help develop and promote the Training Program.

Terms of Agreement

1. Contract Period.

The effective date of this contract shall begin on June 30, 2020 and conclude on June 29, 2021. Any extension of these contract terms must be expressly approved by Aurrera Health Group.

2. Scope of Work

The specific services Grantee will provide are set forth in the Scope of Work (“SOW”) attached as Appendix A.

3. Grant Award

The total grant award for this contract is \$185,000. The grant budget is to be broken out accordingly:

- Communications - \$75,000
- Provider Training (Supplemental) - \$110,000

4. Payment and Invoicing

Grantee shall submit monthly invoices by the 15th of the following month that includes a description of services performed and number of hours worked. Expenses for grant activities must also be itemized on a monthly basis. For services satisfactorily rendered, and upon receipt and approval of the invoices, Aurrera Health Group agrees to compensate the Grantee in accordance with Exhibit B. Payments shall be made within thirty (30) calendar days of receipt of an invoice that is approved and undisputed by Aurrera Health Group.

Invoices and all supporting documentation shall be submitted via the Zengine grantee database program. All payment inquiries may be made to the attention of Jim DeArman, Director of Finance, Aurrera Health Group via email to jim@aurrerahealth.com.

5. Materials Produced Through this Agreement.

Aurrera Health Group gives permission to Grantee to use, reproduce, and disseminate the materials produced through this Agreement, as long as the ACEs Aware grantee logo is included on the materials. Grantee also agrees to post the ACEs Aware logo on its website to indicate their participation in the grant program. If updates are necessary to the materials produced, all changes must be approved by Aurrera Health Group before being finalized. Any requests for changes must be submitted at least fourteen calendar (14) days before the materials are intended to be used to allow time for review and approval of any materials.

Additionally, all materials will be given free of charge to, and free of access for, any Medi-Cal provider and Grantee will not issue any charges or fees to others requesting the materials or access to the materials, without the express written permission and approval of DHCS.

Ownership of Intellectual Property

DHCS will own any materials produced through this contract and any materials produced through this contract shall include DHCS's notice of copyright. However, DHCS gives permission to the Grantee to use, reproduce, and disseminate the materials produced through this contract. If updates are necessary to the materials produced, all changes must be approved by DHCS before being finalized. DHCS requests that any requests for changes be submitted to DHCS at least fourteen (14) days before the materials are intended to be used to allow DHCS time to review and approve any materials. Additionally, any materials produced will be free to access by any Medi-Cal provider and any charges or fees associated with the materials charged to others, must be approved by DHCS.

6. Confidentiality

a. Definition of Confidential Information

“Confidential Information” means (a) any technical and non-technical information related to Aurrera Health Group’s business and current, future and proposed products and services of Aurrera Health Group, including for example and without limitation, Aurrera Health Group innovations, Aurrera Health Group property, and information concerning research, policy development, design details and specifications, financial information, procurement requirements, engineering and manufacturing information, customer lists, business forecasts, sales information, marketing plans and business plans, in each case whether or not marked as “Confidential” or “Proprietary;” and (b) any information that Aurrera Health Group has received from others that may be made known to Grantee that the Grantee is obligated to treat as confidential or proprietary, whether or not marked as “Confidential” or “Proprietary.”

b. Nondisclosure and Nonuse Obligations

Except as permitted in this Section, Grantee will not (a) use any Confidential

Information; or (b) disseminate or in any way disclose the Confidential Information to any person, company, business or governmental agency or department. Grantee may use the Confidential Information solely to perform project assignment(s) for the benefit of Aurrera Health Group. Grantee shall treat all Confidential Information with the same degree of care as Grantee accords to Grantee's own confidential information, but in no case shall Grantee use less than reasonable care. Grantee shall assist Aurrera Health Group in remedying any the unauthorized use or disclosure of the Confidential Information. Grantee agrees not to communicate any information to Aurrera Health Group in violation of the proprietary rights of any third party.

c. Exclusions from Nondisclosure and Nonuse Obligations

Grantee's obligations do not apply to any Confidential Information that Grantee can demonstrate (a) was in the public domain at or subsequent to the time the Confidential Information was communicated to Grantee by Aurrera Health Group through no fault of Grantee; (b) was rightfully in Grantee's possession free of any obligation of confidence at or subsequent to the time the Confidential Information was communicated to Grantee by Aurrera Health Group; or (c) was independently developed by Grantees of Grantee without use of, or reference to, any Confidential Information communicated to Grantee by Aurrera Health Group. A disclosure of any Confidential Information by Grantee (a) in response to a valid order by a court or other governmental body; or (b) as otherwise required by law will not be considered to be a breach of this Agreement or a waiver of confidentiality for other purposes; provided, however, that Grantee provides prompt prior written notice thereof to Aurrera Health Group to enable Aurrera Health Group to seek a protective order or otherwise prevent the disclosure.

7. Amendment Process

Should either party, during the term of this Agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall not be considered binding on either party until it

is formally approved in writing by the both parties.

8. Assignment

Grantee may not assign this Agreement, in whole or in part, without the express written consent of Aurrera Health Group.

9. Noninterference with Business

Grantee agrees that during the Contract Period of this agreement they will not, either directly or indirectly, solicit, induce, recruit, or encourage any of Aurrera Health Group's employees to leave their employment with the Company, or Grantees to stop doing business with the Company. In the event Grantee hires any of Company's employees or retains any of their Grantees, Grantee agrees to enforce the confidentiality provisions set forth herein as it relates to that employee or Grantee.

10. Insurance Requirements

Grantee shall comply with the following insurance requirements:

a. Commercial General Liability

The Grantee must provide to Aurrera Health Group a certificate of insurance stating that commercial general liability insurance of not less than \$1,000,000 per occurrence for bodily injury and property damage liability combined is presently in effect for the Grantee. The commercial general liability insurance policy shall include coverage for liabilities arising out of premises, operations, independent Grantees, products, completed operations, personal and advertising injury, and liability assumed under an insured agreement. The commercial general liability insurance shall apply separately to each insured against whom claim is made or suit is brought subject to the Grantee's limit of liability.

11. Certificate of Insurance

The certificate of insurance must identify the Agreement number for which the certificate of insurance applies and include the following provisions:

- a. The insurer shall not cancel the insured's coverage without giving 30 days prior written notice to Aurrera Health Group.

- b. The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State of California under this Agreement. This includes Aurrera Health Group as an agent of the state for purposes of this Agreement.

12. Insurance Effective During Entire Term

The Grantee agrees that the insurance required herein will remain in effect at all times during the term of the Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, the Grantee agrees to provide, at least 30 calendar days before said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of the Agreement or for a period of not less than one year. DHCS may, in addition to any other remedies it may have, terminate this Agreement on the occurrence of such event.

13. Costs of Insurance

Neither DHCS nor Aurrera Health Group will be responsible for any premiums, deductibles, or assessments on the insurance policy.

14. Independent Grantee

Grantee, and the agents and employees of the Grantee, shall act in an independent capacity and not as an employee or agent of Aurrera Health Group or DHCS.

15. Indemnification

Grantee agrees to indemnify, defend, and save harmless Aurrera Health Group, as well as the state, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantees, subgrantees, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.

16. Compliance with Law

The Grantee shall comply with all California and federal law, regulations and published guidelines, to the extent that these authorities contain requirements applicable to

Grantee's performance under this Agreement.

17. Federal Equal Opportunity Requirements.

The Grantee will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Grantee will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Grantee agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Grantee's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.

18. The Grantee will, in all solicitations or advancements for employees placed by or on behalf of the Grantee, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.

19. The Grantee will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Grantee's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

- 20.** The Grantee will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.
- 21.** The Grantee will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- 22.** In the event of the Grantee's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Grantee may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- 23.** The Grantee will include the provisions of Sections 16 through 22 (above) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal

Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subgrantee or vendor. The Grantee will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Grantee becomes involved in, or is threatened with litigation by a subgrantee or vendor as a result of such direction by DHCS, the Grantee may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

24. Record Retention

- a. The Grantee shall retain all financial records, supporting documents, statistical records, and all other records in accordance with 45 CFR section 75.361.
- b. Aurrera Health Group and DHCS have the right to access any documents, papers, or other records of the Grantee which are pertinent to the Agreement, for the purpose of performing audits, examinations, excerpts and transcripts. The right to access records also includes timely and reasonable access to the Grantee's personnel for the purpose of interview and discussion related to the requested documents.
- c. The right to access records is not limited to the required retention period but lasts as long as the records are retained by the Grantee.

25. Monitoring and Audits

- a. The Grantee shall be subject to monitoring by Aurrera Health Group for compliance with the provisions of this Agreement. Such monitoring activities shall include, but are not limited to, inspection and audit of the services provided by the Grantee under this Agreement, as well as the Grantee's files, management procedures, books, and records, as Aurrera Health Group deems appropriate. Aurrera Health Group may conduct monitoring activities at any time during the Grantee's normal business hours.
- b. The refusal of the Grantee to permit access to its physical facilities or inspection

of any documents, files, books, or records necessary for Aurrera Health Group to complete its monitoring and auditing activities constitutes an express and immediate material breach of this Agreement and will be a sufficient basis for Aurrera Health Group to terminate the Agreement for cause.

- c. Grantee is also required to meet quarterly, mid-point, and annual reporting requirements as outlined in **Appendix C**.

26. Governing Law; Forum

The laws of the United States of America and the State of California govern all matters arising out of or relating to this Agreement without giving effect to any conflict of law principles. Each of the parties irrevocably consents to the exclusive personal jurisdiction of the federal and state courts located in Sacramento, California, as applicable, for any matter arising out of or relating to this Agreement, except that in actions seeking to enforce any order or any judgment of the federal or state courts located in Sacramento, California, such personal jurisdiction will be non-exclusive. Additionally, notwithstanding anything in the foregoing to the contrary, a claim for equitable relief arising out of or related to this Agreement may be brought in any court of competent jurisdiction. If a proceeding is commenced to resolve any dispute that arises between the parties with respect to the matters covered by this Agreement, the prevailing party in that proceeding is entitled to receive its reasonable attorneys' fees, expert witness fees and out-of-pocket costs, in addition to any other relief to which that prevailing party may be entitled.

27. Compliance with Laws

Each party hereto shall comply with all applicable laws, statutes, regulations, permits, licenses, certificates, judgments, orders, awards, other decisions or requirements of any arbitrator, court, government or governmental agency or instrumentality.

28. Waiver; Modification

If the Company waives any term, provision or Grantee's breach of this Agreement, such waiver shall not be effective unless it is in writing and signed by the Company. No waiver by a party of a breach of this Agreement shall constitute a waiver of any other or subsequent breach by Grantee. This Agreement may be modified only by mutual written agreement of authorized representatives of the parties.

29. Severability

If a court of law holds any provision of this Agreement to be illegal, invalid or unenforceable, (a) that provision shall be deemed amended to achieve an economic effect that is as near as possible to that provided by the original provision and (b) the legality, validity and enforceability of the remaining provisions of this Agreement shall not be affected.

30. Entire Agreement

This Agreement, including all exhibits attached hereto, constitutes the final and exclusive agreement between the parties relating to this subject matter and supersedes all agreements, whether prior or contemporaneous, written or oral, concerning such subject matter.

31. Cancellation / Termination

This Agreement may be cancelled by either party without cause upon 30 calendar days advance written notice to the other party, or immediately for cause, which shall mean failure to meet the terms, conditions, or responsibilities of this Agreement. Upon receipt of a notice of termination or cancellation, the Grantee shall take immediate steps to stop performance and to cancel or reduce subsequent agreement costs. In the event of early termination or cancellation, the Grantee shall be entitled to payment for all allowable costs authorized under this Agreement and incurred up to the date of termination or cancellation, including authorized non-cancelable obligations, provided such expenses do not exceed the stated maximum amounts payable.

32. Avoidance of Conflicts of Interest by Company

DHCS intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrantees, or employees, officers and directors of the Grantee or subgrantees. Thus, DHCS reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to DHCS review and prior approval.

33. Litigation Notification

Each party shall immediately notify the other party of any communication, notice or other action of which such party becomes aware that may in any way affect the parties' rights and obligations hereunder, or of any other formal or informal action, notice or communication from any governmental body, regulatory or other person or entity relating to this Agreement.

34. Applicable law and Arbitration

- a. **Application of law:** This agreement shall be governed by the laws of the state of California, USA.
- b. **Arbitration:** If a dispute arises out of or relates to this contract, or the breach thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Commercial Mediation Procedures before resorting to arbitration, litigation, or some other dispute resolution procedure.

IN WITNESS WHEREOF, the parties, intending to be legally bound, have caused their proper and duly authorized officers to execute and deliver these presents as of the day and year first written above.

Stephens, Michele Digitally signed by Stephens, Michele
Date: 2020.06.25 14:55:38 -07'00'
By: _____
Authorized Grantee Signature

Date: 06 / 25 / 2020

Name: Michele Stephens

Title: Public Health Director


By: _____
Aurrera Health Group Signature

Date: 06 / 25 / 2020

Name: Jennifer Ryan

Title: Executive Vice President

Appendix A

Scope of Work

Training Grant: Humboldt State University, Child Development Department

Overview of Approach

The Ka'm-t'em supplemental training (pt.1) focuses on increasing the awareness of Adverse Childhood Experiences (ACEs) of Indigenous children, families, and communities while building community capacity for resilience of young children and their families. Curriculum for this training will be developed by Dr. Kishan Lara-Cooper, professor and chair of the Child Development Department at Humboldt State University and Indigenous community professionals (and Ka'm-tem authors).

This supplemental training for medical providers and their staff will target approximately 200 participants and is a 3 part supplemental training that infuses the history of genocide, trauma, on-going oppression, and tools to healing with its impacts on child development. Trainings will utilize concepts from a California Indigenous publication, "Ka'm-t'em: A Journey Toward Healing" to highlight historical, social, and cultural considerations to creating safe spaces for Indigenous clients. In addition, trainers will utilize hands-on activities, lecture, and group discussions in self-reflection including implicit and explicit biases; shifting the paradigm of institutional frameworks to nurture safe spaces; and strategies to implementation in the field. Trainers will be mindful to create a supportive environment that models a culturally sensitive pedagogy.

This 0-5 supplemental training (pt.2) focuses on increasing the awareness of Adverse Childhood Experiences (ACEs) among medical professionals and building community capacity for resilience of young children and their families. Developed by two faculty members (PI: Hyun-Kyung You and CO-PI: Carol West) in the Child Development Department at Humboldt State University, a total of 6 hours of online training will be offered up to 30 medical professionals (per cohort) who provide screenings to children and work directly with young children and their families. The training will be approached from multiple angles and focus on the interactive nature of human development. Trainees will have opportunities to view ACEs from an individual level through young children's neural development and stress-response systems. As young children (ages 0- 5) are the most vulnerable population affected by toxic stress from ACEs, early and prolonged exposure to abuse, neglect, and household dysfunction can be detrimental to their

healthy development. Moving toward an interactive level, young children’s development will be discussed in terms of their relationship with others. Children’s resilience is largely dependent on their stable and dedicated relationships with others (e.g., parent, grandparent, foster care parent, childcare provider, etc.). Yet, the children experiencing ACEs in their households may lack such a relationship. A community level will discuss children’s experiences within their socio-cultural contexts and its relationship to ACEs. Medical professionals can influence the development and well-being of young children from these multiple levels. The proposed training will encourage participants in reflective practices so that the knowledge can grow into building a system of a supportive network not only for young children and their families but also for themselves.

Adjustments to approach due to COVID-19 emergency

The original Ka'm-t'em supplemental training plan involved curriculum development in the Fall of 2020 and face-to-face workshops and interactive simulation activities during the Spring of 2021. Under COVID-19 emergency, the training will be transformed into a virtual format. The Child Development Department will collaborate with Humboldt First Five to ensure that the 3-part training is accessible and functional.

The original 0-5 supplemental training plan involved face-to-face workshops and interactive simulation activities. Under COVID-19 emergency, the training will be transformed into 100% virtual. Collaborating with the Humboldt County First 5, websites will present 7 modules (approximately 4.5 hours):

- 0-5 neural development and stress response systems
- What are ACES and how do they impact very young children?
- Socio-cultural context and its relationship to ACES (including COVID-19)
- Resilience and protective factors
- Power of relationships
- Community support
- Secondary trauma

Integrating the information, trainees will watch 3 short animations (1.5 hours) featuring different stories of young children with ACEs. Reflective questions will be followed on discussion boards of websites. Websites will include lists of (1) community resources for professionals and (2) informative resources for deepening their understanding of ACEs and cultivating their skills to support young children and their families. Plans for executing grant

activities virtually where necessary All Ka'm-t'em supplemental curriculum planning meetings and/or trainings will be held in a virtual format to ensure the safety of participants and presenters.

The 0-5 supplemental training materials will be developed during summer 2020 and will be launched in mid-fall 2020. Animations will be created by a professional digital storyteller/videographer. While the training will be executed in an asynchronized way, trainers will engage in weekly email communication with trainees and facilitate discussion on discussion boards. Transformed into 100% virtual training, some funds in the budget (e.g., travel, printing, projector) will be used for creating animations, webinars, or other technical support.

Communication Grant: County of Humboldt Department of Health and Human Services Public Health (DHHS-PH)

Overview of Approach

Through the collaborative efforts with partners, this campaign will engage local Medi-Cal providers, community organizations, and community members by disseminating information and increasing awareness about ACEs. The target population we intend to reach will include a comprehensive collection of providers, including but not limited to Primary Care Providers (PCP), specialist, Mental Health Clinicians, direct services providers, hospitals. DHHS-PH will use health-marketing strategies to inform community members and foster participation in the ACEs Aware collaboration opportunities reaching Medi-Cal providers and an expansive and diverse group of community members throughout the geographical region. DHHS-PH will draw upon established relationships with community organizations to plan, promote participation and implement

Strategies for content dissemination will be carried out through varied community communication channels. DHHS-PH will employ a variety of marketing and engagement strategies including advertising, social marketing, health promotion and organization outreach. Established health marketing communication and distribution channels include social media platforms (Facebook, Instagram and twitter), distribution of both print and electronic materials, PSAs, email messaging, newsletters, websites, press releases, bus ads, radio, local newspapers, digital newspapers and website. Outreach to established community connections will occur through collaborations, coalitions, coordinating councils, workgroups, networks, and others.

Organizational outreach will incorporate a multisector approach using community collaborations (coalitions, councils, workgroups, networks, etc.) including, DHHS Public Health/government agencies, First5, Tribal/Native American Health, Healthcare, University, Community Based, School Districts and more. Public Health will use our extensive community connections that have intersections with ACEs, Medi-Cal providers, direct service providers, community stakeholders, child serving professionals, organizations that support people who have experiences ACEs, and other healthcare system connections. Attention will be given to the Humboldt County Partnership Healthplan, serving approximately forty percent (50,000) of county residents with approximately 151 providers (including both PCP and specialists) at 124 sites. DHHS-PH will continue to cultivate our partnerships with the primary organization that houses Medi-Cal providers in this region, Open Door Community Health Centers (managed by Partnership Healthplan of California (PHC).

Email messaging will be used to extensively to disseminate content regionally. DHHS-PH has established email distribution lists for community organizations across the region. Our email distributions lists have a reach between 20 and 400 people each monthly with over 50 distinctive lists. Humboldt County DHHS Public Health radio public service announcements have a weekly reach of over 60,000 people. Previous bus advertisements have been transported all over the Humboldt County region of over 130,000 people. The DHHS Public Health website will include content updates sharing ACEs Aware messaging and resources, alongside stigma, suicide and violence prevention programming. DHHS PH is well versed in creating and implementing prevention campaigns on all local media platforms. We will emulate effective strategies implemented in adjacent programs, such as promoting of evidence-based and practice-based staff development trainings on topics including domestic violence, suicide, mental health, safety planning, and impacts of trauma and cultural competency with focus on Native American populations.

Content development will include topics such as:

- Identification of ACEs, toxic stress, and resiliency strategies, identification of subject that are intersectional to ACEs.
- Provider engagement activities to include: trauma-informed care principles, information on ACEs and toxic stress physiology, education on toxic stress, and strategies to regulate the stress response.

- Screenings, tools and interventions to promote resilience, guidance using ACEs screening results to tailor treatment planning and follow-up for specific kinds of conditions or symptoms.
- Tools and interventions to promote resilience; illustration of specific factors that promote resilience and how to approach them in clinical care.
- Resilience factors include high-quality sleep, nutrition, physical exercise, mindfulness, mental health, supportive relationships, and working within multidisciplinary teams to achieve patient goals.
- Knowledge and tools for preventing, recognizing, understanding, and responding to vicarious trauma and burnout among staff and information on how providers can participate in the California ACEs Aware initiative.
- Local training and convening event promotion materials

In addition to ACEs Aware, we will adapt messaging from national and state health campaigns, awareness month and toolkits focusing on mental health, suicide and violence prevention. We will inform content with sources to include Public Health epidemiologist local data, Community Health Assessment, Community Health Improvement Plan, and other relevant data. DHHS-PH uses content development tools and software such as Canva, Adobe Pro suite, MailChimp, Eventbrite, illustrator, MS Outlook, Skillshare and others.

Development and Implementation Timeline

Contract Period: June 30, 2020 – June 29, 2021		
Time	Phase	Strategies
July 2020 – August 2020 (Q1)	Development: Communication Content	<ul style="list-style-type: none"> • Research: themes, experts and channels • Create messaging topics • Adapt ACEs Aware Initiative messaging for local providers and community members • New content development: ACEs, toxic stress, resiliency • Collect ACEs Aware initiative materials, etc. • Deploy advertising campaign messaging

		<ul style="list-style-type: none"> • Confirm outreach organizations, collaboration agreements and contact methods with strategic partner/community partner collaborators
<i>October 2020 – December 2020 (Q2)</i>	Development: Communication Content	<ul style="list-style-type: none"> • Format messaging/campaign materials for each platform • Social/health marketing • Email messaging (distribution lists, mail chimp) • Eventbrite campaign: provider trainings • Print: newsletters, flyers • Social media • Press Releases • Public Service Announcements - radio • Partnership member newsletter bi-annual summer 2020 • Partnership quarterly provider newsletter • Provider monthly bulletin
<i>January 2020 – March 2021 (Q3)</i>	Implementation: Communication Strategies	<ul style="list-style-type: none"> • Organizational Outreach • Email messaging (distribution lists, mailchimp, flyers, newsletters) • Eventbrite • Print: newsletters, flyers, etc. • Partnership member newsletter bi-annual winter 2020 • Partnership quarterly provider newsletter • Provider monthly bulletin
<i>April 2021 – June 2021 (Q4)</i>	Implementation: Communication Strategies	<ul style="list-style-type: none"> • Organizational Outreach • Social/health marketing • Partnership member newsletter bi-annual summer 2021 • Partnership quarterly provider newsletter • Provider monthly bulletin

Adjustments to Approach Due To COVID-19 Emergency

The content development and distribution timeline will be adjusted to the revised contact parameters set by ACE Aware due to COVID-19. *Please note this will apply to the program plan timeline below.

Plans for Executing Grant Activities Virtually Where Necessary

Identified communication channels included in this strategy have not been impacted by COVID-19 and will not necessitating changing the execution of activities.

Appendix B

Budget Detail and Payment Provisions

1. Grantee shall submit a monthly invoice by the 15th of the following month which includes description of services performed and including the data required under section 4 above. For services satisfactorily rendered, and upon receipt and approval of the invoices, Aurrera Health Group agrees to compensate the Grantee in accordance with the rates or allowable costs specified herein. Payments shall be made within 30 calendar days of receipt of an invoice that is approved and undisputed by Aurrera Health Group.
2. Invoices shall:
 - a. Be prepared on Grantee letterhead, or be signed by an authorized official, employee or agent certifying that the expenditures claimed represent actual expenses for the services performed under this Agreement.
 - b. Bear the Grantee's name as shown on the Agreement.
 - c. Identify the billing or performance period covered by the invoice.
 - d. Itemize costs or services provided for the billing period. Reimbursement may only be sought for costs or services expressly identified as allowable in this Agreement.
3. Budget Contingency Clause
 - a. It is mutually agreed that if the Budget Act of the current year or subsequent years covered under this Agreement does not appropriate sufficient funds for this program, this Agreement shall be of no further force and effect. In this event, Aurrera Health Group and DHCS shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any other provisions of this Agreement.
 - b. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this Program, DHCS shall have the option to either cancel this Agreement with no liability occurring to Aurrera Health Group or DHCS or offer an agreement amendment to Grantee to reflect the reduced amount.

4. Amounts Payable to grantees will be processed within thirty (30) days after receipt of invoice and supporting documentation. Payments can be made via check, banking institution lockbox, electronic funds transfer (EFT) or ACH directly to grantee primary checking account. Please note if Grantee chooses to have grant funds electronically transferred they must complete a EFT/ACH consent form with bank routing number and account number information to Aurrera Health Group for processing.

Appendix C

ACEs Aware Grantee Reporting Requirements

All ACEs Aware Grantees are required to submit the following reports in order to receive the full disbursement of grant funds during the contract year:

- Quarterly quantitative data reports, as specified for each grant type and category
- Narrative progress reports at the mid-point and end of the 12-month contract period (instructions and a template for this reporting requirement will be provided later in 2020)
- At the end of each quarter of the contract period, Grantee will submit to Aurrera Health Group Consulting a plan for the following quarter of grant activities.
- Grantee will submit a summary of each convening/training to include numbers of attendees, summary of the content delivered, and participant evaluation results, within 2 weeks after each event. A reporting template will be provided.

The Grantee will be required to report on the following data elements in the quarterly reports. Additional anecdotal and best practices information may be requested from Grantees on a periodic basis as a means of promoting the ACEs Aware initiative. The Grantee will have access to the ACEs Aware Grantee Portal in July 2020. All reports must be submitted through this portal.

Provider Training Grants

Note: Grantees will submit their proposed Training Curricula for all provider training grants to Aurrera Health Group for review at least 30 days before the first training is executed.

Provider Training – Supplemental Trainings

- Grantees will report on the following:
 - Number of trainings executed (by in-person, virtual)
 - Types and number of credits offered (if applicable)
 - Topics/summary of each training
 - Number of providers who completed each training
 - Provider type (e.g. physician, nurse practitioner, etc.)

- Provider specialty (e.g. OB/GYN, Internal Medicine)
- Practice setting
- Geographic location/community served
- Training evaluation results -- Note: Grantees are required to collect the same evaluation metrics as used in the Becoming ACEs Aware training (found in Appendix D), so that results can be aggregated and compared across all core trainings.

Communications

Communications grantees will report on the following:

- Content
 - Content development plan (quarterly)
 - What themes will be explored, experts involved and channels explored
 - Overview of content/messages shared (quarterly)
 - Summary of best performing content/messages and assumptions on why (timing, region, expert involved, promotion approach, etc.)
 - Where appropriate, description of strategic partner/community partner collaborations
- Targeting and Analysis
 - For each applicable item, please provide information requested
 - Number of social media posts
 - Number of “Likes”, shares, and engagement rate of posts (by organic vs. paid media)
 - Examples of best performing content and analysis of why
 - Number of email blasts
 - Number of recipients
 - Open rate
 - Click rate
 - Examples of best performing content
 - Number of newsletters with ACEs Aware information
 - Number of recipients
 - Open rate

- Click rate
- Examples of best performing content
- Number of blogs posted
 - Reporting on topics and, if appropriate, authors
 - Number of readers
 - Examples of best performing content
- Number of videos produced and posted
 - Links and number of views
 - Identify best performing content
- New web content developed
- Number of ads produced
 - Where they appeared
 - How long
 - Where possible, provide data on impact and/or engagement and conversion
- Number of testimonials shared
 - List of the spokesperson/s
 - Overview of testimonial/s dissemination platforms

Interim and Final Grant Reports

In addition to the data elements to be requested above, Grantees will be expected to submit a 5-10 page “interim” grant report within 30 days of the close of Q2 of the grant period, and a “final” report within 30 days of the close of Q4. These reports should include anecdotal information about the positive results and lessons learned from the grant activities and share any best practices that could be replicated going forward. The report would also include elements like a narrative description of the most successful methods the organization used to promote activities, and any mid-course corrections made in response challenges that occurred. Aurrera Health Group will provide a template for these reports in the fall of 2020.

Appendix D

ACEs Aware Training Evaluation Form

1. Which of the following best describes your primary practice setting? *

- Solo Practice
- Group Practice
- Government
- University/Teaching System
- Community Hospital
- HMO/Managed Care
- Non-Profit/Community
- I do not actively practice
- Other, please specify:

2. How long have you been in practice? *

- More than 20 years
- 11-20 years
- 6-10 years
- 1-5 years
- Less than 1 year

3. Approximately how many patients do you see each week? *

- Less than 50
- 50-99
- 100-149
- 150-199
- 200+
- I do not directly provide care

4. What percentage of your patients do you currently screen for ACEs? *

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- 100%
- I do not directly provide care

5. Please select the extent to which you agree/disagree that the activity supported the achievement of its learning objectives? *

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Define Adverse Childhood Experiences (ACEs), their prevalence, and their impacts on health, including underlying biological mechanisms.	<input type="radio"/>				
Identify how to introduce and integrate ACEs screening into clinical care.	<input type="radio"/>				
Apply a clinical algorithm for ACEs screening and assessment for associated health conditions in creating a tailored treatment and follow-up plan.	<input type="radio"/>				
Identify how to introduce and integrate ACEs screening into clinical care.	<input type="radio"/>				

6. Please select the extent to which you agree/disagree that the activity achieved the following:*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The activity enhanced my current knowledge base.	<input type="radio"/>				
The educational material provided useful information for my practice.	<input type="radio"/>				
The content was evidence-based.	<input type="radio"/>				

The cases were effective in presenting the material.	○	○	○	○	○
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7. Based upon your participation in this activity, do you intend to change your practice behavior? * (choose only one of the following options)

- I do plan to implement changes in my practice based on the information presented
- My current practice has been reinforced by the information presented
- I need more information before I will change my practice

8. If you plan to change your practice behavior, what type of changes do you plan to implement? * (check all that apply)

- Routine screening for ACEs in children
- Routine screening for ACEs in adults
- Applying a clinical algorithm on ACEs and toxic stress to guide patient care
- Change in treatment or management approach, based on ACEs score and toxic stress risk assessment
- Change in current practice for referrals or linkages to treatment and support services
- Change in interprofessional team communication or collaboration, within team in primary clinical setting
- Change in interprofessional communication or collaboration, for referrals and off-site partners
- Other, please specify:

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9. How confident are you that you will be able to make your intended changes? *

- Very confident
- Somewhat confident
- Unsure
- Not confident

10. Which of the following do you anticipate will be the primary barrier to implementing these changes? *

- Insurance/financial issues
- Ability to refer to appropriate services and treatments
- Time constraints
- Insufficient interprofessional team support within primary clinical setting
- System constraints

- Treatment-related adverse events
- Patient adherence/compliance
- Other, please specify:

11. Was the content of this activity fair, balanced, objective, and free of bias? *

- Yes
- No

If no, please explain why the content of this activity was not fair, balanced, objective, and free of bias. *

12. Please list any clinical issues/problems within your scope of practice you would like to see addressed in future educational activities, that were not addressed here:

13. Please include any other feedback you have on this educational experience: