



County of Santa Cruz

HUMAN RESOURCES AGENCY

CECILIA ESPINOLA, ADMINISTRATOR

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 454-1130 OR 454-4045 FAX: (408) 454-4642

February 8, 1999

Agenda: February 23, 1999

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, California

CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT (CAPIT) AND FAMILY PRESERVATION AND SUPPORT PROGRAMS (FPSP): FUNDING AUGMENTATIONS AND CONTRACT AMENDMENTS

Dear Members of the Board:

As you are aware, the Human Resources Agency (HRA) administers several federal and state funding streams that are utilized to contract for community-based services to children and families. Two of these funding streams are Child Abuse Prevention, Intervention and Treatment (CAPIT) and Family Preservation and Support Programs (FPSP). HRA has recently been informed by the California Department of Social Services (CDSS) that Santa Cruz County's allocations for CAPIT and FPSP have received mid-year augmentations. The Children's Network, which annually makes recommendations to your Board for the use of these funding streams, has developed recommendations for utilization of the augmented funds. The purpose of this letter is to request your Board's approval to accept and appropriate the unanticipated revenue, as well as your approval of contract amendments with community-based service providers to provide additional CAPIT and FPSP services.

CAPIT Augmentation

Child Abuse Prevention, Intervention and Treatment (CAPIT) services are funded by a three-year grant from CDSS to the County. The County's current allocation is \$98,371 per year, and the funds are subcontracted to the Parents Center, to provide individual, family, and group counseling, parenting education, family outreach services, and community education to schools, parent organizations, businesses, child care providers and other community groups.

As a result of the passage of AB 2779, the State has augmented Counties' CAPIT allocations for FY 98/99, and adopted new guidelines for the CAPIT program which require counties to give priority to prevention services to families with children ages 0 to 5. The State is particularly encouraging services that include home visiting based on research-based models of best practices. The amount of augmentation funds allocated to Santa Cruz County for FY 98/99 is \$50,414. On October 28, 1998, the Children's Network Cabinet developed recommendations for

Agenda: February 23, 1999

Child Abuse Prevention; Intervention and Treatment and Family Preservation and Support Programs: **276**
Funding Augmentation and Contract Amendments

utilization of these additional CAPIT funds. The Children's Network recommends that the funds be utilized to expand the Healthy Families Collaborative, an intensive home visiting program that is currently operated by the Parents Center, Valley Resource Center, Farnilia Center, and Walnut Avenue Women's Center. The collaborative was initiated with funding from Together for Youth, and a need for additional service capacity has been identified. The home visiting services provided by the Healthy Families Collaborative are very consistent with the new CAPIT guidelines, which emphasize home visiting and other prevention services, and HRA concurs with the Children's Network recommendation.

On November 17, 1998, HRA submitted the Children's Network recommendation for utilization of the augmentation funds to CDSS for approval. On December 2, 1998, CDSS informed HRA that the proposed use of the funds was approved. The State has prepared an amendment to its CAPIT revenue agreement with HRA, which is attached for your approval. The amendment increases the revenue agreement by \$50,414, and reduces the term of the agreement from three years to two years (expiring on June 30, 1999), so that the State can initiate a new agreement which incorporates the new CAPIT legislative guidelines to begin on July 1, 1999. Beginning in FY 99/00, the augmentation funds will be rolled into the County's general CAPIT allocation, increasing the allocation to \$148,785.

In order to provide the CAPIT augmentation funds to the Healthy Families Collaborative, HRA has prepared an amendment to its CAPIT agreement with the Parents Center, which serves as the collaborative's fiscal agent. As indicated in the contract amendment, the augmented funds will enable the Healthy Families Collaborative to provide services to 162 unduplicated clients, including 1,320 hours of home visiting to families, three parenting classes, and "Together in the Park" workshops for parents and their children.

At this time, it is necessary to accept and appropriate the additional CAPIT revenue, and to approve the attached amendment adding \$50,414 to the CDSS revenue agreement as well as the amendment adding the same amount to HRA's contract with the Parents Center.

FPSP Augmentation

As you will recall, the 1993 Federal Family Preservation and Support Act offers communities across the country an opportunity to extend integrated service delivery systems in order to strengthen families and improve outcomes for children. Over a five year period, the County of Santa Cruz is receiving approximately \$500,000 to develop, expand, and evaluate Family Preservation and Support Program (FPSP) services to at-risk families. On October 6, 1998, your Board approved the distribution of Santa Cruz County's FPSP funds for Federal Fiscal Year 1998/99 in the amount of \$138,063, allocating a portion of the funds to the Family Resource Center Network (FRCN) and awarding contracts for FPSP activities to the Valley Resource Center, Food and Nutrition Services/Family Health Education Center, the Youth Resources Bank, and the Foundation of California State University, Monterey Bay.

BOARD OF SUPERVISORS

277

Agenda: February 23, 1999

Child Abuse Prevention, Intervention and Treatment and Family Preservation and Support Programs:
Funding Augmentation and Contract Amendments

In October 1998, HRA was informed by CDSS that Santa Cruz County's FPSP allocation for Federal Fiscal Year 1998/99 was being augmented by \$22,909, increasing our County's annual allocation from \$138,063 to \$160,972. On October 28, 1998, the Children's Network Cabinet developed recommendations for the utilization of the additional \$22,909. Of this amount, the Children's Network recommends: (1) that \$1,375 be added to HRA's contract with Food and Nutrition Services/Family Health Education Center to provide bilingual parenting resource information to parents of newborns throughout Santa Cruz County; (2) that \$10,767 be added to HRA's contract with Youth Resources Bank to provide additional treatment and intervention services for families with an open Child Protective Services case; and (3) that the remaining \$10,767 be used in conjunction with grant funds from the California Endowment, in order to continue developing a network of 15 community-based family resource centers. These funds will be utilized by the Family Resource Center Network to provide direct assistance to families in order to enable them to participate in family leadership activities at participating family resource centers.

The \$22,909 FPSP augmentation must be utilized by September 30, 1999, the end of the Federal Fiscal Year. Of this amount, \$16,839 will be expended during the County's FY 98/99 (by June 30, 1999) and the remaining \$6,070 will be expended in the first quarter of FY 99/00. In addition to accepting \$50,414 in CAPIT revenue and approving the associated CAPIT amendments, at this time it is necessary to accept and appropriate \$16,839 in FPSP revenue, and to approve the attached contract amendments adding \$1,375 to HRA's contract with Food and Nutrition Services/Family Health Education Center and \$10,767 to HRA's contract with the Youth Resources Bank.

IT IS THEREFORE RECOMMENDED that your Board:

1. Approve the attached resolution accepting unanticipated revenue in the amount of \$67,253 and appropriate these funds as described in the attached AUD 60;
2. Approve the attached amendment adding \$50,414 to the California Department of Social Services revenue agreement with the County; and
3. Approve the attached amendments adding \$50,414 to HRA's agreement with the Parents Center, \$1,375 to HRA's agreement with Food and Nutrition Services/Family Health Education Center, and \$10,767 to HRA's agreement with the Youth Resources Bank.

Very truly yours,

Cecilia Espinola (ES)

CECILIA ESPINOLA
Administrator

BOARD OF SUPERVISORS

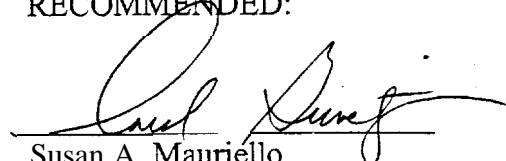
Agenda: February 23, 1999

Child Abuse Prevention, Intervention and Treatment and Family Preservation and Support Programs:
Funding Augmentation and Contract Amendments

4
278

CE/JY/n:\hra\board\fpscapau.bos

RECOMMENDED:


for Susan A. Mauriello
County Administrative Officer

cc: County Administrative Officer.
Auditor-Controller
County Counsel
Parents Center
Food and Nutrition Services/Family Health Education Center
Youth Resources Bank
Family Resource Center Network, c/o Families in Transition

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

279

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted:

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from Calif Dept
of Social Services for OCAP and FPSP program; and

WHEREAS, the County is recipient of funds in the amount of \$ 67,253
which are either in excess of those anticipated or are not specifically set
forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$ 67,253 n t o

Department HRA - Family Relations/Social Services

T/C	Index Number	Revenue Subject Number	Account Name	Amount
001	392100	0927	Fed-Family Preservation	16,839
001	392400	0584	St-Child Abuse Prev-AB1733	50,414

and that such funds be and are hereby appropriated as follows:

T/C	Index Number	Expenditure Subject Number	PRJ/UCD	Account Name	Amount
021	392100	4080		Child Protection-Mist	16,839
021	392400	5100		Parent Center/AB1773	50,414

i

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been
researched and that the Revenue(s) ~~(has been)~~ (will be) received within the
current fiscal year.

BY *De Ann Alcorn*
Department Head

Date 2/5/99

COUNTY ADMINISTRATIVE OFFICER

☒ Recommended to Board☐ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,
State of **California**, this _____ day of _____ 19____
by the following vote (requires four-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

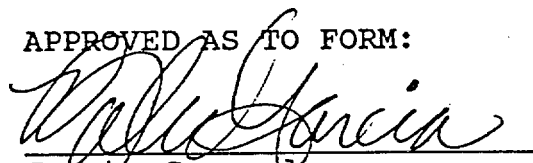
ABSENT: SUPERVISORS

Chairperson of the Board

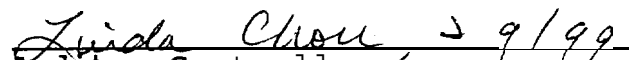
ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:


Auditor-Controller, 2/9/99

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

281

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Human Resources Agency (Dept.)
[Signature] (Signature) 2/4/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz Human Resources Agency (Agency)
and, California Dept. of Social Services Office of Child Abuse Prevention (Name & Address)
2. The agreement will provide Funding for Child Abuse prevention, Intervention & Treatment
Grant (AB 1733, AB 2779)
3. The agreement is needed to implement Grant # A-9744-1
4. Period of the ogreement is from 7/1/97 to 6/30/99
5. Anticipated ^{Revenue} cost is \$ \$ 98,371 per year + \$ 50,414 F/Y 98/99 (Fixed omount; Monthly rate; Not to exceed)
6. Remarks: Contact: D. Alcorn ext. 4189
Amendment # 1, augmenting 98-99 by \$ 50,414, changing term to end 6/30/99
7. ^{Revenues} Appropriations are budgeted in 392400 (Index#) 0584 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations ^{are} available and ^{have} been encumbered. ^{are not} ^{will be}

Contract No. R 654 Date 2/9/99

GARY A. KNUTSON, Auditor - Controller

By [Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the Human Resources Agency (Agency).

Remarks: [Signature] (Analyst)

County Administrative Officer
By [Signature] Date 2/9/99

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - [initials]
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

ADM-29 (6/95)

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on _____

County Administrative Officer
By _____ Deputy Clerk

39

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

282

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Human Resources Agency (Dept.)
[Signature] (Signature) 2/4/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz Human Resources Agency (Agency)
and Parent's Center, 530 Soquel Avenue, Santa Cruz, CA 95062 (Name & Address)
2. The agreement will provide Counseling, supervision and educational services for
children and their families
3. The agreement is needed to provide services per AB 1733 OCAP Grant
4. Period of the agreement is from 7/1/98 to 6/30/99
5. Anticipated cost is \$ 148,785 (Increase of \$ 50,414) (Fixed budget/ Monthly fee; Not to exceed)
6. Remarks: Amendment # 1 Increasing Contract by \$ 50,414 for period 12/1/98 - 6/30/99.
3 year contract, term: 7/1/97 through 6/30/00. W-9 on file. Contact: J. Yonel x 4062
7. Appropriations are budgeted in 392400 (Index#) 5100 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. C080778 A Date 2/9/99
are not will be

pending approval of Aud 60 \$50,414. GARY A. KNUTSON, Auditor - Controller
By [Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
HRA Administrator to execute the same on behalf of the Human Resources Agency
(Agency).

Remarks: [Signature] (Analyst) County Administrative Officer
BY [Signature] Date 2/9/99

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. • White
Auditor-Controller • Blue
County Counsel • Green •
Co. Admin. Officer • Canary
Auditor-Controller • Pink
Originating Dept. • Goldenrod

*To brig. Dept. if rejected

39

ADM-29 (6/95)

State of California)
County of Santa Cruz) SS

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____
County Administrative Officer
By _____ Deputy Clerk

STANDARD AGREEMENT
(AMENDED GRANT)

OCAP Consultant

283

THIS AGREEMENT, made and entered into this 1st date of July 1998, in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting.

TITLE OF OFFICER ACTING FOR STATE
OCAP Bureau Chief

AGENCY *hereafter called the State and*
California Department of Social Services

GRAM-NUMBER
9744-A-1

hereafter called the Grantee

GRANTEE'S I.D. NUMBER

Santa Cruz

WITNESSETH: That the Grantee for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials, as follows: (Set forth service to be rendered by Grantee, amount to be paid Grantee, time for performance or completion, and attachment plans and specifications, if any.)

This agreement for the general provision of Child Abuse Prevention, Intervention, & Treatment (CAPIT 1733) Grant is amended follows:

Grantee shall carry out the intent of the legislature set forth by AB 2779 Chaptered 8/21/98 and detailed in the Office of Child Abuse Prevention letter of August 28, 1998, REQUIREMENT FOR RECEIVING INCREASED FUNDING FOR CAPIT GRANTS.

I. SCOPE OF WORK

The attached Exhibit A (A-I) consisting of one page and entitled "Scope of Work" replaces Exhibit A and is made part hereof by this reference. This Scope of Work covers the revised period July 1, 1997 through June 30, 1999.

II. SPECIAL PROVISIONS

Original Grant TERMS AND CONDITIONS Section VIII shall be supplemented to include the attached Exhibit C (A-I) consisting of one page and entitled "Special Provisions". The Special Provisions cover the revised period July 1, 1997 through June 30, 1999.

III. BUDGET

The attached Exhibit B (A-I) consisting of one page and entitled "Budget" replaces Exhibit B and is part hereof by this reference. This Budget covers the revised period July 1, 1997 through June 30, 1999. Revised period eliminates final year budget allocation of Original Grant.

IV. TERMS

The terms of this agreement covers the period July 1, 1997 through June 30, 1999 and SUPERCEDES all other previous terms.

V. FUNDING

The original grant amount of \$196,742.00 is hereby increased in the amount of \$50,414.00 for a grant total not to exceed \$247,156.00.

VI. ALL OTHER TERMS AND CONDITIONS SHALL REMAIN IN FULL FORCE AND EFFECT.

The provisions on the reverse side hereof constitute a part of this agreement.

IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

STATE OF CALIFORNIA		GRANTEE	
AGENCY		GRANTEE (IF OTHER THAN AN INDIVIDUAL STATE WHETHER A CORPORATION, PARTNERSHIP, ETC.)	
California Department of Social Services		Santa Cruz	
BY (AUTHORIZED SIGNATURE)		BY (AUTHORIZED SIGNATURE)	
X		X	
PRINTED NAME OF PERSON SIGNING	DATE	PRINTED NAME AND TITLE OF PERSON SIGNING	
Frank Ingram			
TITLE		ADDRESS	
Chief, Office of Child Abuse Prevention			
AMOUNT ENCUMBERED	UNENCUMBERED BALANCE	ADJ INCREASING ENCUMBRANCE	ADJ DECREASING ENCUMBRANCE
\$196,742.00	\$	\$50,414.00	\$

IT IS THE POLICY OF THE OFFICE OF CHILD ABUSE PREVENTION NOT TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, POLITICAL AFFILIATION, RELIGION, MARITAL STATUS, SEX, AGE, OR DISABILITY, AND TO REQUIRE THAT GRANTEES AND GRANTEE'S SUBCONTRACTORS PROVIDE THESE GUARANTEES.

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.

SIGNATURE OF ACCOUNTING OFFICER

DATE

EXHIBIT A SCOPE OF WORK

OFFICE OF CHILD ABUSE PREVENTION

The GRANTEE shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and outcome.

GRANT NUMBER	9744-A-1
GRANTEE	SANTA CRUZ
GRANT PERIOD	7/1/97 - 6/30/99

GOAL NO. Allocate revenue through the use of an accountable process utilizing a multidisciplinary approach.	(SPECIFY) Fund public and private child abuse and neglect prevention, intervention, and treatment programs consistent with the intent of the legislature set forth by AB 2779 Chaptered 8/21/98.		
MEASUREABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINES	METHODS(S) OF EVALUATING PROCESS AND / OR OUTCOME OF OBJECTIVE@)
1. Emphasis placed on strengthening child abuse council in a manner consistent with county expenditure plan for Child Abuse Prevention, Intervention, and Treatment program revenues.	As per OCAP-approved county plan	On-going	Monitoring; site visits; 6-month reports
2. Coordinate services with the existing full array of services available in the county; base services on identified unmet needs.	As per OCAP-approved county plan	On-going	Monitoring; site visits; 6-month reports
3. Priority consideration be given to fund prevention programs through nonprofit agencies, including programs that identify and provide services to isolated families.	As per OCAP-approved county plan	On-going	Monitoring; site visits; 6-month reports
4. Emphasis placed on those families with children five years of age or younger, providing high quality home visiting programs based on research- based models of best practices, and services to child victims of crime.	As per OCAP-approved county plan	on-going	Monitoring, site visits; 6-month reports
5. Provide, in a timely manner, all required documentation as request by the OCAP.	As directed by OCAP	On-going	Monitoring, site visits; 6-month reports

284

OFFICE OF CHILD ABUSE
PREVENTION

285

REVISED EXHIBIT B
BUDGET
(FOR PUBLIC ENTITIES FUNDED UNDER
WELFARE AND INSTITUTIONS CODE
SECTIONS 16962 AND 16963)

GRANT NUMBER 9744-A-1
GRANTEE Santa Cruz
BUDGET PERIOD 7/1/97 - 6/30/99

INSTRUCTIONS

Use the **bottom** of this **form** to prepare **your** budget. Please review these instructions before **completing**. Use of **any other form or format** will not be accepted. When entering the amounts, use whole dollars as **opposed to** dollars and cents.

Lines 1 and 2 : For **Administrative** and Program **Costs** enter the amount that the agency **wants** the State to **pay** for.

Note: The Administrative **Costs** cannot exceed 5% of the amount **allocated** to the agency,

Line (A) : TOTAL STATE SUPPORT

Enter the sum of lines 1 and 2 for each fiscal year, if applicable.

	TOTAL STATE SUPPORT			
	FY 97/98	FY 90199	Augmented Funds FY 98199	Total FY 98/99 Funds
1. Administrative Costs	0	0	0	0
2. Program Cask	598,371	\$98,371	\$50,414	\$148,785
(A) Total State Support	\$98,371	\$98,371	\$50,414	\$148,785.00

STANDARD AGREEMENT TERMS AND CONDITIONS**VIII. SPECIAL PROVISIONS**

1. The grantee shall ensure that revenues shall be allocated through the use of an accountable process that utilizes a multidisciplinary approach, particularly including strengthening child abuse councils and in a manner consistent with a county expenditure plan for Child Abuse Prevention, Intervention, and Treatment program revenues. The grantee's plan shall explain how services funded under this article are coordinated with the array of services available in the county and are based on unmet needs. Priority shall be given to prevention programs through nonprofit agencies, including, where appropriate, programs that identify and provide services to isolated families, particularly those with children five years of age or younger, high quality home visiting programs based on research-based models of best practices, and services to child victims of crime. The **Office** of Child Abuse Prevention shall review and approve these plans prior to authorizing county expenditure of funds. The **Office** of Child Abuse Prevention shall require counties to submit annual reports on program services.
2. Grantee with provider contracts in effect as of June 30, 1998 may continue those contracts. During the 1998-99 state fiscal year, if a county qualifies to receive an augmentation of funds, counties may augment existing provider contracts without competitive bids.
3. **Grantee** agrees to provide services in accordance with the OCAP approved **CAPIT**
c o u n t y p l a n

AMENDMENT #1 TO INDEPENDENT CONTRACTOR AGREEMENT #80778
CAPIT AGREEMENT

The County of Santa Cruz, by and through the Human Resources Agency, hereinafter referred to as "COUNTY" and Parents Center, Inc., hereinafter referred to as "CONTRACTOR" hereby amend contract number 70778 which provides services from July 1, 1997 through June 30, 2000. The purpose of this amendment is to provide an augmentation in the amount of \$50,414 (for FY 98/99 only), and thereby to modify the total contract amount, budget, and scope of work. The provisions of this Amendment shall be effective fi-om December 1, 1998 through June 30, 1999. All other provisions of said contract shall remain the same.

(A) Paragraph 2A is amended to read:

A. In consideration of services rendered, COUNTY shall pay CONTRACTOR on the basis of appropriate claims submitted to the Human Resources Agency in accordance with Exhibit "B" ("Budget"), incorporated herein by reference, to be submitted by CONTRACTOR to COUNTY prior to the release of any payments under this Agreement. In no event shall the maximum payment made by COUNTY to CONTRACTOR for basic CAPIT services under this Agreement exceed the sum of \$98,371 annually for the period of July 1, 1997 through June 30, 2000. However, for the period of December 1 1998 through June 30, 1999, COUNTY shall pay CONTRACTOR for additional CAPIT Augmentation services. In no event shall the maximum payment made by COUNTY to CONTRACTOR for CAPIT Augmentation services under this Agreement exeed the sum of \$50,414 for the period of December 1, 1998 through June 30, 1999.

(B) Exhibit "A" ("PROGRAM RESONSIBILITIES AND FUNCTIONS" is amended as follows:

Item 5 is added to read:

5. Provide the following CAPIT Augmentation services through the "Healthy Families Collaborative" (a collaboration with the Valley Resource Center, Familia Center, and Walnut Avenue Women's Center):

- a. Home visiting and parenting services to families with children aged 0 to 5 who are identified as being at risk of child abuse, neglect, or other serious parenting problems. Services will be provided to 162 unduplicated clients, including:
- b. 1320 hours of home visiting to families
- c. Three additional parenting classes
- d. Parent/Child "Together in the Park" workshops
- e. Quarterly activity reports to the County will include descriptions of these activities and of the program and fiscal agreements between Parents Center and its subcontractors.

(C) Exhibit "B" ("BUDGET") is amended as attached.

SIGNATURE PAGE

COUNTY OF SANTA CRUZ

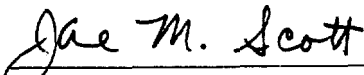
DATED: _____

By: _____
Human Resources Agency Administrator

CONTRACTOR

DATED: 2-5-99

By: 
CONTRACTOR's Authorized Representative
Carol Frankl, Executive Director
Typed Name/Title
Parents Center
Organization
530 Soquel Avenue
Address
Santa Cruz, CA 95062
City State Zip
426-7322
Phone
94-230087 1
Tax ID #

APPROVED AS TO FORM:

County Counsel

Distribution: Human Resources Agency
County Administrative Office
County Counsel
Auditor-Controller
Contractor

n:\cpsadmin\agreemt\capitamd.wpd

AMENDMENT #1 TO AGREEMENT #80778**AMENDMENT TO EXHIBIT B**

CAPIT AUGMENTATION BUDGET Agency: PARENTS CENTER
HEALTHY FAMILIES HOME VISITING COLLABORATIVE

BUDGET FOR AUGMENTATION FUNDS**SALARIES/BENEFITS**

Basic Account Codes	
7000 Salaries Total	\$33,532
7 100 Employee Health/Retirement	3,100
7200 Payroll Taxes	3,662

TOTAL SALARIES/BENEFITS: \$40,314

SERVICES/SUPPLIES

8000 Professional Fees: Audit	600
8010 Independent Professional Consultants	2,600
8 100 Supplies	600
8200 Telephone	1 , 2 0 0
8300 Postage & Shipping	0
8400 Occupancy Total	1,200
8500 Rent/Maintenance of Equipment	0
8600 Printing & Publications	0
8700 Travel & Transportation	2,400
8800 Conferences/Meetings	600
8900 Assistance to Individuals	0
9000 Membership Dues	0
9 100 Awards and Grants	0
9200 Interest Expense	0
9300 Insurance/Bond	900
9400 Miscellaneous	0
9600 Distribution of Program Costs	0
969 1 Payment/Affiliated Organizations	0

TOTAL SERVICES/SUPPLIES: \$10,100

GRAND TOTAL EXPENSES: \$50,414

Initials: ef / CEJ
Contractor/County

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

290

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Human Resources Agency (Dept.)
William Allen (Signature) 2/4/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the Santa Cruz County Human Resources Agency (Agency)
Food & Nutrition Services, Inc./Family Health Education Center
and, 236 Santa Cruz Avenue, Aptos, CA 95003 (Name & Address)
2. The agreement will provide updating of information and referral. services and bilingual
resource cards for the Family Preservation and Support Program (FPSP)
3. The agreement is needed _____
4. Period of the agreement is from 10/1/98 to 9/30/99
5. Anticipated cost is \$ 8,188 encumbrance (Additional encumb. \$688) (~~Fixed amount; Monthly rate; Not to exceed~~)
Amendment # 1 increasing contract by \$ 1,375.
6. Remarks: 1998/99 FFY contract term to 9/30/99 Contract amount \$8,375
Contact: J. Yokel ext. 4062
7. Appropriations are budgeted in 392100 (Index#) 4080 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered.
are not will be

Contract No. C08/209 Date 2/9/99

GARY A. KNUTSON, Auditor - Controller

By Linda Chou Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Human Resources Agency Administrator to execute the same on behalf of the Human Resources Agency (Agency).

Remarks: EL (Analyst)

County Administrative Officer
By WSE Date 2/4/99

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green •
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____

County Administrative Officer
By _____ Deputy Clerk

AMENDMENT #1 TO INDEPENDENT CONTRACTOR AGREEMENT #8 1209

The County of Santa Cruz, by and through the Human Resources Agency, hereinafter referred to as "COUNTY" and FOOD AND NUTRITION SERVICES, INC./FAMILY HEALTH EDUCATION CENTER hereinafter referred to as "CONTRACTOR" hereby amend contract number 81209 which provides services from October 1, 1998 through September 30, 1999. The purpose of this amendment is to provide an augmentation in the amount of \$1,375. The provisions of this Amendment shall be effective from February 15, 1999 through September 30, 1999. All other provisions of said contract shall remain the same.

(A) Paragraph 2 is amended to read:

2. COMPENSATION

In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:

Total Cost of \$8,375 to be paid in four quarterly installments on the following dates: December 15, 1998 (\$1,750); March 16, 1999 (1,750); June 15, 1999 (\$2,438); and September 15, 1999 (\$2,437). Quarterly progress reports shall be submitted on these dates to the HRA Senior Analyst.

(B) Exhibit B (BUDGET) is amended as attached.

Initials: R6 ICE-jy
CONTRACTOR/COUNTY

SIGNATURE PAGE


COUNTY OF SANTA CRUZ

DATED: _____

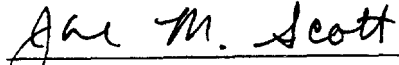
By: _____
Human Resources Agency Administrator

CONTRACTOR

DATED: 2/18/99

By: 
CONTRACTOR's Authorized Representative
Robert Garcia
Typed Name/Title
Food & Nutrition Services
Organization
736 Santa Cruz Ave.
Address
Aptos, CA 95003
City State Zip
688-8840
Phone
94-2460211
TaxID#

APPROVED AS TO FORM:


County Counsel

Distribution: Human Resources Agency
County Administrative Office
County Counsel
Auditor-Controller
Contractor

n:\cpsadmin\fpsp\fhcamen.wpd

1/15/99

County of Santa Cruz

293

Exhibit B

FPSP AMENDED PROGRAM BUDGET 98/99

Applicant : FOOD & NUTRITION SERVICES, INC.

Program: FAMILY HEALTH EDUCATION CENTER

Period: October 1, 1998 to September 30, 1999

NEU PARENT RESOURCES:

1. Resource Specialist 2-4 Hrs/Wk @ \$17/Hr x 50 Wks	2,687
2. printing/Distribution of materials	276
3. Grantee Allocated	462

	3,375

SPANISH PARENT EDUCATION:

1. Director 3 Hrs/Wk @ \$19/Hr x 50 Wks	1,911
2. Refreshments/Supplies Hrs/Wk @ \$17/Hr x 50 Wks	1,700 704
3. Grantee Allocated	685
	-m-e--
	5,000

TOTAL PROGRAM EXPENSES	8,375
------------------------	-------

39

R6
FMS/Initials

CEJy
County/Initials

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

294

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Human Resources Agency (Dept.)
De Anne Alcorn (Signature) 2/4/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the Santa Cruz County Human Resources Agency (Agency)
and Youth Resources Bank, P. O. Box 1844, Capitola, CA 95010 (Name & Address)
- The agreement will provide case service fund disbursements for Family Preservation and Support
Program (FPSP)
- The agreement is needed to advance funds for disbursement
- Period of the agreement is from 10/1/98 to 9/30/99
- Anticipated cost is \$ 41,851 (Increase of \$ 18,038) (Fixed amount; Monthly rate; Not to exceed)
Amendment # 1 Increase Contract by \$ 10,767. Increase Encumbrance to full
- Remarks: Contract Amount in 98/99. F/Y contract term 10/1/98 - 9/30/99. Amount \$ 41.851.
W-9 on file. Contact: De Anne Alcorn x 4189
- Appropriations are budgeted in 392100 (Index#) 4080 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered.
are not

Contract No. CO 81192 A Date 2/9/99
GARY A. KNUTSON, Auditor - Controller
By Linda Chou Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
HRA Administrator to execute the same on behalf of the Human Resources Agency

(Agency).

Remarks: EG (Analyst)

County Administrative Officer
By Ed S. [Signature] Date 2/5/99

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green *
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____

By _____ Deputy Clerk

AMENDMENT #1 TO INDEPENDENT CONTRACTOR AGREEMENT #81192

The County of Santa Cruz, by and through the Human Resources Agency, hereinafter referred to as "COUNTY" and the Youth Resources Bank, Inc., hereinafter referred to as "CONTRACTOR" hereby amend contract number 81192 which provides services ~~from~~ October 1, 1998 through September 30, 1999. The purpose of this amendment is to provide an augmentation in the amount of \$10,767. The provisions of this Amendment shall be effective from February 15, 1999 through September 30, 1999. All other provisions of said contract shall remain the same.

(A) Paragraph 2b is amended to read:

- b. COUNTY agrees to pay CONTRACTOR a sum not to exceed \$41,851 for administering a Family Preservation Case Services Fund which shall be used to reimburse service providers who have been approved by COUNTY to provide to eligible clients those services outlined in the Scope of Services (Exhibit A) section of this agreement. COUNTY agrees that CONTRACTOR shall retain two thousand dollars (\$2,000) of the Family Preservation Case Services Fund as an administrative fee to be paid in full by COUNTY to CONTRACTOR on May 1, 1999.

(B) Paragraph 2g is amended to read:

- g. COUNTY shall monitor fund expenditures and advance CONTRACTOR when the Family Preservation Case Services Fund fund drops below \$2,000, in four subsequent increments of \$7,271, \$7,271, \$7,271, and \$7,271, followed by a final increment of \$3,496.

Initials AY / CEJ
CONTRACTOR/COUNTY

SIGNATURE PAGE

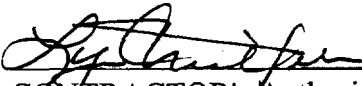
COUNTY OF SANTA CRUZ

DATED: _____


By: _____
Human Resources Agency Administrator

CONTRACTOR

DATED: _____

By:  _____
CONTRACTOR's Authorized Representative
Lynn Miller
Typed Name/Title
Youth Resources B a n k
Organization
P.O. Box 1844
Address
Capitola, CA 95010
City State Zip
454-4236
Phone
77-0197150
Tax ID #

APPROVED AS TO FORM:



County Counsel

Distribution: Human Resources Agency
County Administrative Office
County Counsel
Auditor-Controller
Contractor

n:\cpsadmin\fpsp\yrband.wpd