



County of Santa Cruz

HUMAN RESOURCES AGENCY

1000 EMELINE ST., SANTA CRUZ, CA 95060
 (831) 454-4130 OR 454-4045 FAX: (831) 454-4642

CECILIA ESPINOLA, ADMINISTRATOR

September 6, 2000

AGENDA: September 26, 2000

BOARD OF SUPERVISORS
 County of Santa Cruz
 701 Ocean Street
 Santa Cruz, California 95060

APPROVAL OF REVENUE AGREEMENT FOR FAMILIES IN TRANSITION PROGRAM

Dear Members of the Board:

As you are aware, since October 1992 the Human Resources Agency, the Housing Authority, and Families in Transition of Santa Cruz County have jointly operated a highly successful transitional living program for homeless families with children. The program, currently in its ninth year, is partially funded by a multi-year grant from the Department of Housing and Urban Development. Under the HUD grant, case management services are provided by a social worker who is employed by HRA and partially funded through a subcontract agreement with the Housing Authority.

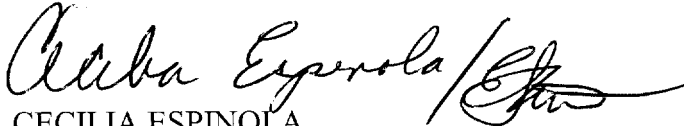
The Housing Authority and HRA have developed the attached agreement to provide HUD funds for case management services in Families in Transition's ninth operating year, from October 1, 2000 through September 30, 2001. The agreement provides \$19,641 in grant funds for this period, all of which are expected to be earned in the current fiscal year. This revenue is included in HRA's FY 00/01 budget approved by your Board.

The purpose of this letter is to request your Board's approval of the proposed revenue agreement, which has been approved by County Counsel and signed by the Housing Authority.

IT IS THEREFORE RECOMMENDED that your Board approve the revenue agreement between the Housing Authority of the County of Santa Cruz and the Human Resources Agency, providing \$19,641 in wages and benefits for the Families in Transition case manager, and authorize the Human Resources Agency Administrator to sign the agreement.

BOARD OF SUPERVISORS
Agenda: September 26, 2000
Revenue Agreement for Families in Transition Program

Very truly yours,



CECILIA ESPINOLA
Administrator

CE/SG/nk

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Attachment

RECOMMENDED:



Susan A. Mauriello
County Administrative officer

cc: County Administrative Officer
Auditor-Controller
County Counsel
Housing Authority

AGREEMENT BETWEEN
THE HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ
AND THE COUNTY OF SANTA CRUZ HUMAN RESOURCES AGENCY

RE: PROVISION OF CASE MANAGEMENT SERVICES TO BROMMER
TRANSITIONAL HOUSING RESIDENTS

I. PURPOSE

The purpose of this agreement is to implement the 1997 McKinney Transitional Housing Grant awarded to the Housing Authority of the County of Santa Cruz by the U.S. Department of Housing and Urban Development. In particular, this agreement is between the Housing Authority of the County of Santa Cruz (HA) and the County of Santa Cruz (COUNTY) for the purpose of providing case management services to homeless families residing in the HA's transitional housing facility at 925 Brommer Street. These services will be provided by COUNTY through the Human Resources Agency.

II. TERM OF AGREEMENT

This agreement shall be in effect from October 1, 2000 through September 30, 2001 (these dates constituting the ninth operating year of the Transitional Housing grant), unless sooner terminated in accordance with paragraph XII.

III. DUTIES AND RESPONSIBILITIES

- A. Employment and Supervision of Case Manager: To implement the purpose of this agreement, COUNTY will employ a half-time social worker to be supervised by the Coordinator of COUNTY's Families in Transition Program. As the case manager's employer, COUNTY will be responsible for paying wages, employee taxes, insurance and other benefits. HA will compensate COUNTY for these expenses in accordance with paragraph IV.
- B. Scope of Work: Work to be performed by the COUNTY's case manager includes the following:
1. Conduct outreach to local service providers to identify families who are potential candidates for transitional housing;
 2. Determine family eligibility and conduct comprehensive intake and assessment of family needs;
 3. Work with HA staff to execute lease agreements with families that have been screened by COUNTY and accepted into the transitional housing program;

4. Develop individualized family transition plans which identify barriers to self-sufficiency and outline steps which the family will take to overcome these barriers;
5. Provide ongoing counseling, advocacy, and support for participating families, including coordination with a variety of service providers and resources to access these services and resources for the families;
6. As appropriate, conduct co-case management with other social workers, employment training specialists, mental health workers, substance abuse counselors, and others;
7. Meet regularly with participating families to evaluate their progress and ensure that families meet the objectives of their family transition plans, and work with HA to terminate families from the program and evict them from transitional housing if they seriously fail to fulfill the responsibilities outlined in their family transition plan and/or lease agreement;
8. Report regularly to HA on the status of each family residing in transitional housing, including their progress in meeting service objectives, problems encountered, and when they are expected to be ready to move from transitional to permanent housing;
9. Work with families to identify suitable permanent rental housing at the end of their stay in transitional housing;
10. Conduct follow-up tracking to assess family outcomes after their participation;
11. Keep and maintain accurate case records pertaining to the services provided under this agreement.

Iv. COMPENSATION

In consideration of the services described in paragraph III, HA shall pay COUNTY on the basis of appropriate and timely invoices submitted to HA. In no event shall the maximum payment made by HA to COUNTY under this agreement exceed the sum of \$19,641.

V. HOLD HARMLESS CLAUSE

HA and COUNTY mutually agree to exonerate, indemnify, defend and hold harmless one another (which shall include, without limitation, the officers, agents, employees and volunteers of HA and COUNTY) from and against:

- A. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which the other may sustain or incur or which may be imposed upon them for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the indemnitor's performance under the terms of this agreement, excepting any liability arising out of the performance of the indemnitee. Such indemnification includes any damage to the person(s), or property(ies) of the other and third persons.
- B. Any and all federal, state, and local taxes, charges, fees, or contributions required to be paid with respect to the other's officers, employees and agents engaged in the performance of this agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).

VI. DOCUMENTS AND REPORTS

Case records, notes, studies, charts, computations, and other data, together with other information obtained by COUNTY for this project, shall be made available to HA upon request. In addition, COUNTY shall submit to HA an annual report on the case management services provided under this agreement, as well as any fiscal, statistical, and narrative reports which may be required under HA's contract with the Department of Housing and Urban Development.

VII. CONFIDENTIALITY

HA and COUNTY shall safeguard the use and access to information regarding persons to which the parties are providing or arranging for services. Confidentiality procedures will be followed as outlined by the Welfare and Institutions Code Sections 5328 and 10850.

VIII. EMPLOYEE STATUS

HA and COUNTY agree that personnel employed by COUNTY are not and shall not be deemed to be employees of HA. COUNTY shall comply with all State and Federal laws pertaining to employment and compensation of its employees and its agents, including the provision of Workers' Compensation. HA agrees that COUNTY shall have the right to control the manner and means of accomplishing the purpose of this agreement.

IX. ASSIGNMENT

COUNTY may not assign this agreement or subcontract any portion thereof without the prior written consent of HA. Any assignment of or subcontracts under this agreement shall have no force or be effective until so approved, and shall be subject to all the provisions of this agreement, and all applicable state and federal regulations.

X. COMPLIANCE WITH APPLICABLE LAWS

COUNTY will comply with all applicable laws, ordinances, and codes of the federal, state and county governments in performing its duties under this agreement.

XI. ENTIRE AGREEMENT

This agreement contains the entire understanding between the parties with respect to the subject matter herein. There are no representations, agreements or understandings, whether oral or written between the parties relating to the subject matter of this agreement which are not fully expressed herein. The drafting and negotiation of this agreement has been participated in by each of the parties and/or their counsel and for all purposes this agreement shall be deemed to have been drafted jointly by both parties.

XII. TERMINATION

This agreement may be terminated by either party upon 30 days prior written notice to the other party.

XIII. AMENDMENT

This agreement may be amended, modified or changed by written consent of both parties.

XIV. ACKNOWLEDGEMENT

All reports and literature produced through services funded by the Santa Cruz Board of Supervisors must include an acknowledgement that the Santa Cruz County Board of Supervisors provided funding to the Agency.

XV. ATTACHMENTS

This agreement contains no attachments.

XVI. SIGNATURE

By signing below both parties agree to the terms of this agreement.

HOUSING AUTHORITY OF THE COUNTY OF
SANTA CRUZ

By:

[Handwritten Signature]
FO
Executive Director, Housing Authority
2160 41st Ave., Capitola, CA 95010-2060

9/12/00
Date

COUNTY OF SANTA CRUZ

By:

Human Resources Agency Administrator
1000 Emeline St., Santa Cruz CA 95060

Date

APPROVED AS TO FORM:

Gene M. Scott
County Counsel

Approved as to Insurances
By *Janet McKinley*
Risk Manager
Date *9-11-2000*

cc: County Administrative Officer
Auditor-Controller
County Counsel
Housing Authority

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0292

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

FROM: Human Resources Agency (Dept.)
[Signature] (Signature) 9/17/00 (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 Human Resources Agency (Agency)
2160 41st Avenue
and Housing Authority of Santa Cruz County Capitola, CA 95010-2060 (Name & Address)

2. The agreement will provide revenue for case management services to families in
transitional housing

3. The agreement is needed, to provide for above

4. Period of the agreement is from October 1, 2000 to September 30, 2001

5. Anticipated cost is \$ 19,641 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: Revenue agreement. Contact person: N. Krantzler x5430

7. Revenue is Appropriations are budgeted in 392100 (Index#) 2047 (Subsubject)

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

Appropriations ~~are~~ are available and ~~have been~~ are encumbered. Contract No. R-534 Date 9/13/00

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).
County Administrative Officer

Remarks: [Signature] (Analyst) By [Signature] Date 9/14/00

Agreement approved as to form. Date [Signature]

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Office - Tan
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
_____ 19 _____ BY _____ Deputy Clerk