



County of Santa Cruz

HUMAN RESOURCES AGENCY

Cecilia Espinola, Director

1000 Emeline Avenue, Santa Cruz, CA 95060
(831) 454-4130 or 454-4045 FAX: (831) 454-4642

0217

August 16, 2002

AGENDA: August 27, 2002

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA. 95060

APPROVAL OF CONTRACT AMENDMENT ANSWERS BENEFITING CHILDREN PROGRAM

Dear Members of the Board:

As you know, the Human Resources Agency (HRA) administers a contract with Santa Cruz Community Counseling Center to provide coordination and direct services for the Answers Benefiting Children (ABC) program. The purpose of this letter is to seek your Board's approval to accept unanticipated revenue in the amount of \$81,603, and amend the ABC contract with the Santa Cruz Community Counseling Center.

As part of the collaborative design of ABC, Santa Cruz Community Counseling Center subcontracts with several community-based organizations to deliver the range of ABC family support services at La Manzana Community Resources. As you will recall, ABC services include intensive home visiting to families with young children, center-based activities and child abuse treatment services. ABC has been funded by a 3 year grant from the Office of Child Abuse Prevention (OCAP), as well as a mix of state, federal and local cash and in-kind resources.

Contract Amendment

Based on a series of cost saving strategies and leveraging opportunities, Santa Cruz Community Counseling Center ended FY 2001-02 with \$86,603 in OCAP carryover funds. These grant funds were originally required to be expended by September 30, 2002, in accordance with OCAP funding timeframes. However, in the interest of allowing Santa Cruz County to implement a fourth year of ABC services and fully expend the carryover amount, OCAP approved a grant extension through January 31, 2003. Funding for the fourth year contract with the Santa Cruz Community Counseling Center in the amount of \$35,000 was included in HRA's FY 2002-03, however, the remaining \$51,603 in OCAP funds has not been budgeted.

In addition to the OCAP funding, in FY 01/02 HRA contracted with the Santa Cruz Community Counseling Center for \$30,000 through CalWORKS single allocation funds to support ABC program operations, however, due to an oversight this funding was not included in HRA's FY 02/03 budget. In a commitment to ensure continuation of this effective and valuable program, HRA has identified

\$30,000 in one time only TANF Incentive funds to sustain ABC services through June 30, 2003. As in **FY01/02**, these funds will provide for program coordination and oversight, administrative support, and a percentage of a child development specialist position. Therefore, HRA requests your Board's approval to accept a total of **\$81,603** in unanticipated revenue and appropriate **\$51,603** to budget index **392400**, **\$30,000** to budget index **392100**, and execute a contract amendment with the Santa Cruz Community Counseling Center (see Attachment). This amendment will result in no additional cost to the County. A copy of the contract is on file with the Clerk of the Board.

IT IS THEREFORE RECOMMENDED that your Board:

1. Adopt the attached resolution accepting unanticipated revenue in the amount of **\$51,603** from the Office of Child Abuse Prevention and appropriate it to budget index **392400** and **\$30,000** from TANF Incentive funds and appropriate it to budget index **392100**;
2. Approve the contract amendment with Santa Cruz Community Counseling Center; and
3. Authorize the Human Resources Agency Administrator to execute the contract amendment.

Very truly yours,

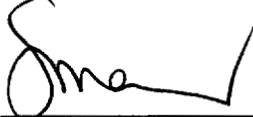


CECILIA ESPINOLA
Director

Attachment:
Contract Amendment

CE\EHB (N:\BdLet\FY02-03\Admin\ABC\FY02-03SCCCcontract.doc)

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

CC: County Administrative Office
Auditor Controller
HRA-Fiscal
Santa Cruz Community Counseling Center

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

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 OCAP and TANF
Incentives for ABC program; and

WHEREAS, the County is recipient of funds in the amount of \$ 81,603 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 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 \$ 81,603 into Department Human Resources Agency

<u>TIC</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
001	392100	0583 0436	NAFS	30,000
001	392400	0584		51,603

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

<u>TIC</u>	<u>Index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRI/UCD</u>	<u>Account Name</u>	<u>Amount</u>
021	392100	5283		other chgs (TANF)	30,000
021	392400	5188			51,603

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

By *Travis Fias*
Department Head

Date 8/7/02

COUNTY ADMINISTRATIVE OFFICER X / 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:

Henry A. Oberhelman III
County Counsel 12/14/97

APP D AS TO ACCOUNTING DETAIL:

Crayer 8/14/02
Auditor-Controller

Distribution:

- Auditor-Controller
- County Counsel
- County Administrative Officer
- Originating Department

AUD60 (REV 12/97)

c:\audit\aud60.wpd

**COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT**

0221

TO: **Board of Supervisors**
County Administrative Office
Auditor **Controller**

FROM: Human resources Agency (Department)
BY: *Jason Hicks* (Signature) 8/7/02 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Amendment Expenditure Agreement Revenue Agreement

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

- Said agreement is between the Santa Cruz County Human Resources Agency (Department/Agency) and Santa Cruz Community Counseling Center, 19A Harvey West Blvd Santa Cruz, CA 95060 (Name/Address)
- The agreement will provide ABC family support services at La Manzana Community Resources
- Period of the agreement is from 7/1/99 to 6/30/03
- Anticipated Cost is \$ 116,603 Fixed Monthly Rate Annual Rate Not to Exceed
Remarks: in file **Contact: Evelyn Bidman** X7552
- Detail: On Continuing Agreements List for FY - . Page CC- Contract No: 21916 OR 1st Time Agreement
 Section II No Board letter required, will be listed under Item 8
 Section III Board letter required
 Section IV Revenue Agreement $\begin{matrix} 21916-01 & 392400/5188 & = & \$86,603 \\ 21916-03 & 392400/5283 & = & \$30,000 \\ & & & = \end{matrix}$
- Appropriations/Revenues are available and are budgeted in (Index) (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and will be encumbered. Contract No: 21916
are not available and will be encumbered. By: *K. Taylor* Date: 8/14/02
AUD 60, CC-13 Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize Human Resource Agency Director (Dept/Agency Head) to execute on behalf of the Santa Cruz County Human Resources Agency (Department/Agency)
Date: By: *R. Hully* County Administrative Office

Distribution:
Board of Supervisors - White **State of California**
Auditor Controller - Canary **County of Santa Cruz**
Auditor-Controller - Pink I ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
Department - Gold **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 Office by an order duly entered in the minutes of said Board on** 20
ADM - 29 (8/01)
Title I, Section 300 Proc Man **By: Deputy Clerk**

AUDITOR-CONTROLLER USE ONLY

CO	\$	JE Amount	Lines	H/TL	Keyed By	Date
TC110			8			
Auditor Description			Amount	Index	Sub object	User Code

**AMENDMENT #5 TO AGREEMENT
ANSWERS BENEFITING CHILDREN PROJECT**

The County of Santa Cruz, by and through the Human Resources Agency, hereinafter referred to as "COUNTY" and SANTA CRUZ COMMUNITY COUNSELING CENTER, hereinafter referred to as "CONTRACTOR", hereby amend contract number 91916 which provides Answers Benefiting Children (ABC) services from July 1, 1999 through June 30, 2002. The purpose of this amendment is to: 1) extend the term of the contract to June 30, 2003; and ,2) modify the contract budget to incorporate the FY 2002/03 budget in the amount of \$116,603. All other provisions of said contract shall remain the same.

(A) Paragraph 2. is amended to read:

TERM OF AGREEMENT: This agreement shall become effective as of July 1, 1999 and shall continue in effect through June 30,2003, unless sooner terminated in accordance with paragraph 18.

(B) Paragraph 3.A. is amended to read:

3. BASIS OF PAYMENT

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 "A" (Budget), incorporated herein by reference, to be submitted by CONTRACTOR to COUNTY prior to the release of any payments under this Agreement.

(C) Exhibit "A" (Budget) is amended as attached.

Initials: E/POB, CG/ans
CONTRACTOR/COUNTY

COUNTY OF SANTA CRUZ

DATED: _____

By: _____
Human Resources Agency Administrator

CONTRACTOR

DATED: _____

By: _____
Contractor's Authorized Representative
Paul O'Brien, Executive Director
Typed Name/Title
Santa Cruz Community Counseling Center
Organization
19 A Harvey West Blvd.
Address
Santa Cruz, CA 96060
City State Zip
(831) 469 - 1700
Phone
23-727290
Tax ID #

APPROVED AS TO FORM:

Marie Costa 7-30-02
County Counsel

APPROVED AS TO INSURANCES:

Janet McKinley 7-27-2002
Risk Management

Distribution: Auditor-Controller
Contractor

N:\Contracts\FY02-03\Admin\ABC\SCCC AMEND#5 FY02-03.DOC

Agency: Santa Cruz Community Counseling Center, Inc.
 Program: Answers Benefiting Children (ABC)

EXHIBIT A
CONTRACT BUDGET
 Amendment #5

**County
 Budget
 FY 02/03**

SALARIES/BENEFITS	
<i>Basic Account Codes.²</i>	
7000 Salaries Total	78,174
7100 Employee Health/Retirement	11,407
7200 Payroll Taxes	5,980
TOTAL SALARIES/BENEFITS:	95,560
SERVICES/SUPPLIES	
8000 Professional Fees: Audit	0
8010 Indep. Prof. Consultants	0
8100 Supplies	5,500
8200 Telephone	1,200
8300 Postage & Shipping	200
8400 Occupancy Total	0
8500 Rent/Maintenance of Equip.	0
8600 Printing & Publications	805
8700 Travel & Transportation	1,000
8800 Conferences/Meetings	0
8900 Assistance to Individ.	0
9000 Membership Dues	0
9100 Awards and Grants-Equip/Bldg	0
9200 Interest Expense	0
9300 Insurance/Bond	500
9400 Miscellaneous	0
9600 Dist. of Program Costs	11,838
9691 Payment/Affiliated Orgs.	
TOTAL SERVICES/SUPPLIES:	21,043
GRAND TOTAL EXPENSES:	116,603

1. Please fill out this page for each program funded separately by the County.

2. For classification of basic account codes, refer to: Accounting & Financial Reporting: A Guide for United Way and Not-for-Profit Human Service Organizations, revised Second Edition, March 1989.

N:\ADMIN\VELYN\ABC GRANT\ABC Budgets\[ABC BUD 02-03 TO EVELYN 8-01-02 again.xls]County

Agency: Santa Cruz Community Counseling Center Program: Answers Benefiting Children (ABC)

Contractor shall work toward achieving the following goals and 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/or outcome.

COMPONENT 2: GREAT BEGINNINGS

GOAL 2: In accordance with the Santa Cruz County/CalSAHF model described in the County ABC OCAP grant, and consistent with TANF incentive regulations, implement the Family Support Home Visiting program with in-home and center based services designed to support families at risk with children aged 0-5 years, with a primary purpose of supporting the family to ensure the safety and development of the child, and encouraging the formation and maintenance of two-parent families.

OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	EVALUATION OF PROGRESS
<p>Objective 1: Maintain a Home Visiting Team that will serve a minimum of 65 (and a maximum of 150) at risk families of children 0-5 years over a 7-month period.</p>	<p>1-a: Maintain full staffing as per model requirements 1-b: Recruit and train staff and team per model requirements as appropriate. 1-c: Ensure ongoing supervision through individual staff sessions and multi-disciplinary team meetings.</p>	<p>7/1 02 - 6/30/03</p>	<p>1-a: Documentation of staffing through time cards. 1-b: Documentation of recruitment, hiring and training. Multidisciplinary team composition is consistent with RFP. 1-c: Document supervision and team meetings.</p>
<p>Objective 2: Implement ongoing intensive Home Visiting services for identified families.</p>	<p>2-a: Ensure identification and referral of risk families. 2-b: Assign home visitor and conduct initial visits to complete intake/assessment for all families. 2-c: Maintain active caseload of 75 families in program services. 2-d: Develop Service Plan for each enrolled family and maintain regular home visitation schedule.</p>	<p>2-a: 7/1/02 - 6/30/03 2-b: First contact by Home Visitor w/in 10 days of referral 2-c: 7/1 02-6/30/03 2-d: Frequency (Level) determined by Service Plan</p>	<p>2-a: Referral protocol on file. 2-b: Documentation of home visits and service plan in client file. 2-c: Documented by case files. 2-d: Case/activity records</p>

N:\ADMIN\LEVEL\ABCGRANT\Scope of Work Exhibit\SCCCScope of Work 02-03.doc

Initials: POE/CE
 CONTRACTOR/COUNTY

COMPONENT 2: GREAT BEGINNINGS

GOAL 2: (Continued)

OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	EVALUATION OF PROGRESS
<p>Objective 3:</p> <p>a) Team nurse will visit all 75 families at least once; additional visits as required.</p> <p>b) As needed, families will develop a linkage to primary health care facility.</p>	<p>3-a: Establish visiting schedule</p> <p>3-b: Determine need and facilitate the linkage to primary health care facility.</p>	<p>3-a: Within 30 days of enrollment and ongoing as required</p> <p>3-b: Ongoing as needed from 7/1/02-6/30/03</p>	<p>3-a and 3-b: Case files including completed Health Assessment and Public Health Nurse Progress Notes.</p>
<p>Objective 4: Maintain functioning of Multidisciplinary Team (MDT)</p>	<p>Facilitate regular meetings of MDTs to staff all cases on a rotating basis.</p>	<p>Ongoing 7/1/02 – 6/30/03</p>	<p>MDT log and case files.</p>
<p>Objective 5: Maintain programs to include fathers/resident male figures</p>	<p>5-a: Conduct outreach activities to engage existing fathers/resident males. 5-b: Offer programs/activities that are targeted to support/enhance male involvement.</p>	<p>5-a and 5-b: Ongoing 7/1/02 – 6/30/03</p>	<p>5-a: Outreach Log; Outreach Materials 5-b: Program Activity Calendar; Group Participation Log</p>

Initials: Bob/Pe CG/MS
CONTRACTOR/COUNTY

0227

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) POLICY NO. 7

PRODUCER
D C 3 Insurance Services
 P.O. Box 1807
 1123 Soquel Ave
 Santa Cruz CA 95062
 Phone: 831-423-8542 Fax: 831-423-8599

INSURED
 Santa Cruz Community
 Counseling Center Inc., CFSC,
 Inc., Stepping Out Housing,
 Casa Linda, Inc. and
 Casa de Exito, Inc.
 195 Harvey West Blvd, Ste A
 Santa Cruz CA 95060

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: N I A C
 INSURER B: Hartford Ins
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	2002 00240A	06/30/02	06/30/03	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	2002 00240A	06/30/02	06/30/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
Garage Liability <input type="checkbox"/> AUTO ONLY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	2002 00240UMB	06/30/02	06/30/03	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER Fidelity Bond / Fmp. Dishonesty	57DDDGG7859	06/30/02	06/30/03	Crime Coverage \$200,000 w/\$1000 dec

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 The County of Santa Cruz, its officials, employees, agents and volunteers are added as additional insured as respects the operations and activities of, or on behalf of, the named insured performed under agreement with the County of Santa Cruz. Project: ABC HRA County Contract.

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Prevention & Early Intervention Services Human Resources Agency 1000 Emeline Ave Santa Cruz CA 95060	TREY100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO DOES NOT IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. Craig Deane 