

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND
YOUTH AND FAMILY ENRICHMENT SERVICES**

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and YOUTH AND FAMILY ENRICHMENT SERVICES, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of providing Differential Response services.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Exhibits and Attachments

The following exhibits and attachments are included hereto and incorporated by reference herein:

- Exhibit A—Program/Project Description
- Exhibit B—Payment Schedule
- Exhibit C— Program Monitoring
- Attachment I – Differential Response Referral Process
- Exhibit D – Fingerprinting Certification Form
- Exhibit E– 504 Compliance
- Exhibit F– Contractor’s Declaration Form

2. Services to be performed by Contractor

In consideration of the payments set forth herein and in Exhibit “B,” Contractor shall perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibit “A, and pursuant to the performance standards set forth in Exhibit “C.”

3. Payments

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A," and pursuant to the performance standards set forth in Exhibit “C”, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County’s total fiscal obligation under this Agreement exceed **EIGHT HUNDRED TWENTY TWO THOUSAND SEVEN HUNDRED SIXTY FOUR DOLLARS, (\$822,764).**

4. Term and Termination

Subject to compliance with all terms and conditions, the term of this Agreement shall be from **July 1, 2007 through June 30, 2008.**

This Agreement may be terminated by Contractor, the Director of the Human Services Agency or his/her designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment which is determined by comparing the work/services completed to the work/services required by the Agreement.

5. Availability of Funds

The County may terminate this Agreement or a portion of the services referenced in the Attachments and Exhibits based upon unavailability of Federal, State, or County funds, by providing written notice to Contractor as soon as is reasonably possible after the county learns of said unavailability of outside funding.

6. Relationship of Parties

Contractor agrees and understands that the work/services performed under this Agreement are performed as an independent Contractor and not as an employee of the County and that Contractor acquires none of the rights, privileges, powers, or advantages of County employees.

7. Hold Harmless

To the extent permitted by law, and as authorized by Government Code section 895.4, the Contractor shall indemnify, defend and hold harmless the County, its officers, agents and employees from and against all claims, damages, losses and expenses arising out of, resulting from or in any manner related to any work performed or services provided pursuant to this Agreement, to and including sanctions, penalties or claims of damages resulting from Contractor's failure to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, and all federal regulations promulgated thereunder, as amended.

Notwithstanding the foregoing, nothing herein shall be construed to require Contractor to indemnify a party indemnified hereunder from any claim arising from the sole negligence or willful misconduct of the party to be indemnified.

8. Assignability and Subcontracting

Contractor shall not assign this Agreement or any portion thereof to a third party or subcontract with a third party to provide services required by contractor under this Agreement without the prior written consent of County. Any such assignment or subcontract without the County's prior written consent shall give County the right to automatically and immediately terminate this Agreement.

9. Insurance

The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by Risk Management, and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the Department/Division with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending the Contractor's coverage to include the contractual liability assumed by the Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the Department/Division of any pending change in the limits of liability or of any cancellation or modification of the policy.

(1) **Worker's Compensation and Employer's Liability Insurance** The Contractor shall have in effect during the entire life of this Agreement Workers' Compensation and Employer's Liability Insurance providing full statutory coverage. In signing this Agreement, the Contractor certifies, as required by Section 1861 of the California Labor Code, that it is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

(2) **Liability Insurance** The Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him/her while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from contractors operations under this Agreement, whether such operations be by himself/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall be not less than the amount specified below.

Such insurance shall include:

- (a) Comprehensive General Liability \$1,000,000
- . . .
- (b) Motor Vehicle Liability Insurance \$1,000,000
- . . .

(c) Professional Liability \$1,000,000

. . .

County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to the County, its officers, agents, employees and servants shall be primary insurance to the full limits of liability of the policy, and that if the County or its officers and employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only.

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, the County of San Mateo at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

10. Compliance with laws; payment of Permits/Licenses

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable Federal, State, County, and municipal laws, including, but not limited to, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, and the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment "II," which prohibits discrimination on the basis of handicap in programs and activities receiving any Federal or County financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations.

In the event of a conflict between the terms of this agreement and State, Federal, County, or municipal law or regulations, the requirements of the applicable law will take precedence over the requirements set forth in this Agreement.

Contractor will timely and accurately complete, sign, and submit all necessary documentation of compliance.

11. Non-Discrimination

- A. *Section 504 applies only to Contractor who are providing services to members of the public.* Contractor shall comply with § 504 of the Rehabilitation Act of 1973, which provides that no otherwise qualified handicapped individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of this Agreement.
- B. *General non-discrimination.* No person shall, on the grounds of race, color, religion, ancestry, gender, age (over 40), national origin, medical condition (cancer), physical or mental disability, sexual orientation, pregnancy, childbirth or related medical condition, marital status, or political affiliation be denied any benefits or subject to discrimination under this Agreement.

- C. *Equal employment opportunity.* Contractor shall ensure equal employment opportunity based on objective standards of recruitment, classification, selection, promotion, compensation, performance evaluation, and management relations for all employees under this Agreement. Contractor's equal employment policies shall be made available to County of San Mateo upon request.
- D. *Violation of Non-discrimination provisions.* Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject the Contractor to penalties, to be determined by the County Manager, including but not limited to
 - i) termination of this Agreement;
 - ii) disqualification of the Contractor from bidding on or being awarded a County contract for a period of up to 3 years;
 - iii) liquidated damages of \$2,500 per violation;
 - iv) imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of this section, the County Manager shall have the authority to examine Contractor's employment records with respect to compliance with this paragraph and/or to set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other Contract between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint, and a description of the circumstance. Contractor shall provide County with a copy of their response to the Complaint when filed.

- E. *Compliance with Equal Benefits Ordinance.* With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.
- F. The Contractor shall comply fully with the non-discrimination requirements required by 41 CFR 60-741.5(a), which is incorporated herein as if fully set forth.
- G. *Compliance with Contractor Employee Jury Service Ordinance.* Contractor shall comply with the County Ordinance with respect to provision of jury duty pay to employees and have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service in San Mateo County. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees regular pay the fees received for jury service.

12. Retention of Records, Right to Monitor and Audit

(a) CONTRACTOR shall maintain all required records for three (3) years after the COUNTY makes final payment and all other pending matters are closed, and shall be subject to the examination and/or audit of the County, a Federal grantor agency, and the State of California.

(b) Reporting and Record Keeping: CONTRACTOR shall comply with all program and fiscal reporting requirements set forth by appropriate Federal, State and local agencies, and as required by the COUNTY.

(c) CONTRACTOR agrees to provide to COUNTY, to any Federal or State department having monitoring or review authority, to COUNTY's authorized representatives, and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

13. Merger Clause

This Agreement, including the Exhibits attached hereto and incorporated herein by reference, constitutes the sole Agreement of the parties hereto and correctly states the rights, duties, and obligations of each party as of this document's date. Any prior agreement, promises, negotiations, or representations between the parties not expressly stated in this document are not binding. All subsequent modifications shall be in writing and signed by the parties.

14. Controlling Law

The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation, and performance of this Agreement shall be governed by the laws of the State of California.

15. Notices

Any notice, request, demand, or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United State mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed to:

In the case of County, to:

Renee Smylie, Director, Children and Family Services Agency
County of San Mateo Human Services Agency
400 Harbor Boulevard, Building B
Belmont, CA 94002

In the case of Contractor, to:

Pete Nannarone, Interim Executive Director
Youth and Family Enrichment Services
610 Elm Street, Suite 212
San Carlos, CA 94070

16. A. Contractor's Outcome Based Management Responsibilities:

Contractor will engage in activities and supply information required to implement the County's Outcome-Based Management and Budgeting (OBM) initiative. Activities include, but are not limited to:

- a. Attending planning and informational meetings;
- b. Developing program performance and outcome measurements;
- c. Collecting and submitting data necessary to fulfill measurement requirements;
- d. Participating in technical assistance and training events offered by the Human Services Agency and seeking technical assistance and training necessary to fulfill measurement requirements; and
- e. Participating in a review of performance and outcome information;
- f. Comply with OBM Implementation Guidelines as specified in memos released by the Human Services Agency.

B. Human Services Agency's Outcome Based Management Responsibilities:

- a. Provide technical assistance and support to assist contractor's implementation of the County's Outcome-Based Management and Budgeting (OBM) initiative.
- b. Issue and review OBM Implementation Guidelines.
- c. Conduct review of performance and outcome information.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
Rose Jacobs Gibson, President
Board of Supervisors

Date: _____

ATTEST:

By: _____
Clerk of Said Board

Robert Rybicki, Executive Director
Youth and Family Enrichment Services

Contractor's Signature

Date: _____

Program/Project Description

**Youth and Family Enrichment Services
Differential Response
July 1, 2007 through June 30, 2008**

Contractor will provide, to the satisfaction of the Director of Human Services Agency (HSA) or his designee, services in connection with the specified Differential Response (DR) services, as described in Attachment I, to Path One and Path Two families in the following zip code areas:

North County: 94005 (Brisbane), 94030 (Millbrae), 94044 (Pacifica and Sharp Park), 94066 (San Bruno), 94080 and 94083 (South San Francisco).

Central: 94002 (Belmont), 94010 (Burlingame and Hillsborough), 94011 (Burlingame), 94018 (El Granada), 94019 (Half Moon Bay and Princeton by the Sea), 94037 (Montara), 94038 (Moss Beach), 94070 (San Carlos), 94401, 94402, 94403 (San Mateo), 94404 (San Mateo and Foster City),

South: 94020 (La Honda), 94021 (Loma Mar), 94025 (Menlo Park and West Menlo Park), 94026 (Menlo Park), 94027 (Atherton, Atherton Contract Branch and Menlo Park), 94028 (Portola Valley and Menlo Park), 94060 (Pescadero), 94074 (San Gregorio), 94303 (Palo Alto and East Palo Alto).

Contractor Will:

I. Training and Standardized Assessments

Determine the appropriate staff to attend the training, including but not limited to, Case Managers, Intake Worker, Project Manager, supervisors, managers and multi-disciplinary team members.

II. Initial Assessments and Contact

1. Path One - Contractor's Intake Worker shall meet with County Community Worker (CCW) through a Multi-Disciplinary Team (MDT) process, to jointly identify families to be served. Intake Worker shall determine the assignment of referrals to Case Managers.

2. Path Two – Contractor's Intake Worker will meet with CCW through an MDT process to jointly identify families to be served. Intake Worker will determine the assignment of referrals to Case Managers. Case Manager will contact Social Worker (SW) to arrange joint response. Case Manager and SW will conduct joint response. The SW will assess for risk using Comprehensive Assessment Tool (CAT). Case Manager will assess for service needs using Family Assessment Screening Tool (FAST).

III. Case Management

1. Path One Referrals,
 - Develop service plan and assume all case management duties.
 - Visit the client and assess families' services needs using FAST.
 - Track and monitor case activities through the life of a case and case closure using the web-based Community Approach to Relating and Engaging with Families (CARE) tracking system.
 - Follow DR process as described in Attachment I.
 - Re-refer cases to Children and Family Services (CFS) Hotline, as appropriate.

2. Path Two Referrals,

- Visit the client in a joint response with SW. SW will assess risk using CAT.
- Assess families' service needs and develop service plan using FAST.
- Track and monitor case activities through the life of a case and case closure using the web-based CARE tracking system.
- Follow DR process as described in Attachment I.
 - Re-refer clients to CFS Hotline, as appropriate.
- If determined to be a Path Three, Case Manager will close the case and SW will develop the case plan and assume case management duties.

IV. Case Manager

Case Manager - the primary service coordinator for families assessed to receive non-County services. The Contractor will supervise and train the Case Managers to work with children and families. Case Managers will perform the following activities, including but not limited to:

- Complete all County-provided training related to DR, as determined by the County, such as the Community Worker curriculum, DR process, FAST, CARE, MDT and Mandated Reporter Training (MRT).
- Participate in on-going training activities, as required by the County.
- Conduct standardized Path One family assessments using pre-FAST. As indicated, develop service plans through the use of strength-based assessment tools that identify family strengths and needs.
- Work jointly with SWs to conduct standardized Path Two family assessments using pre-FAST. SW will conduct assessment including safety, risk and protective capacity using CAT, and develop service plans as indicated and described above.
- Provide services to a caseload of no more than 20 cases per Case Manager.
- Engage families in services through a strength-based working relationship by meeting with families in their homes whenever possible.
- Identify, establish, and link families to services and resources including on-site services as well as neighborhood-based services.
- Provide family support through home visitation and informational services (i.e., home-teaching, motivational support, parent education, coaching, supportive problem solving, when appropriate, linkages to drug and alcohol treatment programs and domestic violence services, etc.).
- Conduct periodic reassessments and service plan updates as indicated.
- Consult with other Family Resource Center (FRC) staff when clinical expertise is needed in development of service plans.
- Close cases as appropriate, conducting post-FAST at time of closure.
- Assist in coordinating transportation to appointments, meetings, and classes.
- Participate in regular MDTs, Family Self Sufficiency Team (FSST) meetings, individual supervision sessions and other meetings as appropriate.
- Identify and invite additional parties to FSSTs.
- Participate in community outreach activities.
- Maintain up-to-date case records in CARE system.
- Develop and maintain case files in CARE system containing assessment information, case plan, and record of contacts with clients.
- Perform other duties as assigned.

Intake Worker will perform the following activities, including but not limited to:

- Perform duties of a case manager (please see above) and carry a partial caseload.
- Serve as the single point of entry for all referrals made by CFS and assign referrals to Case Managers.
- Maintain and improve community resource databases for case management use.

V. Administration of Case Manager

Be responsible for administrative services related to recruiting and training nine (9) Case Managers and one (1) Intake Worker to meet DR demands. Administrative services shall include:

- Approving and signing timecards, leave, sick, etc.
- Conducting performance evaluation.
- Providing coaching and mentoring.
- Identifying other appropriate training.

VI. Multi-Disciplinary Teams (MDT)

Assemble an FSST jointly with County, as appropriate, to review and provide input to the Case Manager concerning family service plans. The FSST may be comprised of professionals with individual expertise in public health nursing, family counseling, alcohol and drug abuse, CalWORKS, child welfare, and child development.

VII. Supervision

Program Director will:

- Be responsible for developing, implementing, and maintaining program operations at in accordance with the requirements of this Agreement.
- Be responsible for ensuring compliance with all policies and guidelines, stay current with any changes and updates.
- Prepare, administer and monitor the program budget to ensure the accomplishment of program and service objectives within budget restrictions.
- Hire, train and supervise two (2) Program Managers who have clinical and community based experience, preferably with masters level education.
- Oversee the hiring, training and supervision of the nine (9) Case Managers and one (1) Intake Worker.

Two Program Managers will:

- Be responsible for the day-to-day management of the collaborative program.
- Hire, train, supervise and coordinate the nine (9) Case Managers and one (1) Intake Worker. Majority of Case Managers will be bilingual.
- Be responsible for reviewing Path One and Path Two referrals and service plans.
- Coordinate and participate in the implementation of differential response, its goals, objectives, policies, and procedures.
- Ensure cases are up-to-date and case information is current to ensure validity and accuracy of reports.

- Participate in the evaluation of the effectiveness of DR.
- Conduct regular meetings with DR staff to ensure all appropriate policies and guidelines are followed.
- Coordinate all community efforts around DR to ensure seamless process for families.
- Act as liaison and maintain an effective working relationship with HSA, FRCs, Core Service Agencies, public and private organizations, and the community.
- Act as advocate and spokesperson in the community in support of DR programs and services.

VIII. Suspected Child Abuse and Neglect/Mandated Reporter Responsibilities

Ensure that all staff working with families are trained regarding mandated reporting requirements and report suspected child abuse and neglect as required by law. This includes but is not limited to: Case Managers, Intake Worker, Volunteers, Supervisors, Clerical staff, Home Visitors, Team Leaders, and Program Managers.

IX. Community and Facility Capacity

Coordinate the delivery of services to the families assessed for DR within the family's neighborhood or community.

The following are services and linkages required under this project, including but not limited to:

- Alcohol and Drug Treatment and Counseling
- Mental Health Services
- Domestic Violence Services
- CalWORKs, Food Stamps, and other public assistance programs
- Health Services (Public Health Nurse)
- Probation/Juvenile Justice
- Parenting and Child Development
- Employment, Education and Skills Development
- Ancillary services designed to assist children, families and foster youth to participate in activities to fulfill their service plan goals (i.e., on-site child care, transportation assistance, etc.)
- Informal supports and activities designed to enhance family well being (i.e., Support groups, community events, enrichment activities, etc.)

X. Service Integration

1. Collaborate with other agencies involved in the DR implementation to ensure seamless process for clients.
2. Attend CFS unit meetings, as agreed upon by Contractor and County, to help foster relationship with CFS staff.
3. Outstation Case Managers in FRCs and Core Service Agencies located throughout the County, as schedule and space permit.
4. Coordinate case plan with existing CalWORKS, food stamps and employment service plans.
5. Assist in filling out the forms and completing the application process for cases where the family has applied for aid programs.
6. Provide web and e-mail access, maintenance and technical support.

XI. Policies and Procedures

Submit the following policies and procedures to County:

1. Incident Reporting Guidelines
2. Confidentiality

XII. Data and Evaluation

1. Ensure data in CARE System is current and accurate.
2. Develop, jointly with the County, data and evaluation procedures.
3. Participate in Quarterly Customer Service Survey as determined by the County.

XIII. Additional Service Deliverables

1. Participate in the DR Workgroup, Breakthrough Series Collaborative, and additional subcommittees as determined jointly by both County and Contractor.
2. Participate in the preparation and presentation of information and education forums about DR, through DR Workgroup, System Improvement Plan (SIP) Oversight meetings, community forums or other avenues, in collaboration with the County. Forums shall be held at mutually agreed upon locations, dates, and times, when possible.
3. Establish and maintain a Community Advisory Board that will meet regularly, to promote partnership with the community and incorporate community feedback into DR implementation. This Advisory Board will be comprised of HSA regional personnel, regional community members, families who have received DR services, and other community members and county staff as determined by the County and the Contractor.
4. Respond to all referrals. If referrals exceed capacity, Contractor will notify County to discuss.
5. Service plans will be determined on a case-by-case basis and will provide appropriate services as itemized in Attachment I.

County will:

I. Training and Standardized Assessments

1. Provide initial and on-going DR training for appropriate County and Contractor staff.
2. Train appropriate County and Contractor staff on DR process, FAST, CARE and MDT.

II. Initial Assessments and Contact

1. Assess Child Abuse Hotline referrals for Path One, Path Two, and Path Three response using standardized assessment tools.
2. For Path One and Path Two, CCW receives referral from CPS intake unit and convenes an MDT with Contractor's Intake Worker and other staff as determined by Contractor.

III. Case Management

1. Perform all case management duties for Path Three referrals.
2. A SW will conduct a joint response with Contractor for Path Two referrals. SW will determine risk and Contractor's Case Manager will complete the service needs assessment using FAST tool.

IV. County Community Worker

Be responsible for hiring, training and supervising CCWs. The CCWs will perform the following activities, including but not limited to:

- Coordinate and facilitate MDT meetings.
- Participate in community outreach activities.
- Assist and participate in FRC activities such as parenting workshops, as time allows.
- Perform short-term case management; identify, establish and utilize a variety of community resources.
- Work with community agencies as required to assist clients in their case plan.
- Attend FSST meetings, staff conferences and related meetings.
- Complete initial and on-going DR training including DR process, FAST, CARE, MDT and MRT.
- Perform other duties as assigned.

V. Administration of County Community Worker

Be responsible for providing administrative services to the CCWs including:

- Approving and signing timecards, leave, sick, etc.
- Conducting performance evaluation.
- Providing coaching and mentoring.
- Identifying other appropriate training.

VI. Multi-Disciplinary Teams (MDTs)

Provide Contractor with policies and procedures related to MDTs.

VII. Service Integration

Provide the following resources to serve and support families that are referred for DR services:

- CCWs

VIII. Policies and Procedures

Provide the following policies and procedures:

- DR
- MDTs
- FSSTs

IX. Data and Evaluation

1. Gather data and reports using the CARE system.
2. Provide Quarterly Customer Service Survey forms to Contractor.

Payment Schedule

**Youth and Family Enrichment Services
Differential Response
July 1, 2007 through June 30, 2008**

County shall pay Contractor monthly according to the following payment schedule listed below in consideration for Differential Response Case Management services as described in Exhibit A, and other services provided by Contractor pursuant to the Agreement. Such monthly payments will be made as follows:

A. Operational Costs: FY 2007-08

July 2007	\$12,244
August 2007	\$12,244
September 2007	\$12,244
October 2007	\$12,244
November 2007	\$12,244
December 2007	\$12,244
January 2008	\$12,244
February 2008	\$12,244
March 2008	\$12,244
April 2008	\$12,244
May 2008	\$12,244
June 2008	<u>\$12,252</u>

SUBTOTAL \$146,936

- B. Salaries & Benefits: County shall pay Contractor for actual salaries and benefits associated with required program staffing as described in Exhibit A. Costs will not exceed SIX HUNDRED SEVENTY FIVE THOUSAND EIGHT HUNDRED TWENTY EIGHT DOLLARS (\$675,828) for FY 2007-08. Contractor must provide detailed invoice with actual salaries and benefits for each staff.
- C. Payment for the above-referenced services shall not exceed EIGHT HUNDRED TWENTY TWO THOUSAND SEVEN HUNDRED SIXTY FOUR DOLLARS (\$822,764) for FY 2007-08.
- II. Invoices shall be sent to: Barb Joos, County of San Mateo, Human Services Agency, 400 Harbor Blvd., Bldg. B, Belmont, CA 94002. Payments shall be made within thirty days upon receipt of Contractor's invoice.
- III. All payments under this Agreement must directly support services specified in this Agreement.
- IV. County may withhold all or part of Contractor's total payment if the Director of Human Services or his designee reasonably determines that Contractor has not satisfactorily performed the services described in Exhibit A.
- V. County will give thirty (30) days prior written notice to Contractor of County's intent to withhold payment.

- VI. If County reasonably determines that circumstances warrant immediate action, County may withhold payment immediately, without the thirty (30) day waiting period, upon County's written notice with justification to Contractor.

EXHIBIT C

Program Monitoring

**Youth and Family Enrichment Services
Differential Response
July 1, 2007 through June 30, 2008**

PROGRAM MONITORING

- Contractor will be responsible for submitting 6-month and year-end narrative reports and year-end financial reports as follows:

January 31, 2008 and July 31, 2008

Reports will be submitted to: Marissa Saludes, Contract Monitor, Human Services Agency, 400 Harbor Blvd., Bldg. B, Belmont, CA 94002.

- Contractor will submit to the CFS Contract Monitor at 400 Harbor Blvd. Bldg. B., Belmont, CA 94002, a roster of the Board of Directors and meeting dates with the year-end report.
- Contractor will submit to the CFS Contract Monitor at 400 Harbor Blvd. Bldg. B., Belmont, CA 94002, a financial audit, as soon as it becomes available.
- County will conduct site visit during the term of the Agreement to review all aspects of program operations and review Contractor's documentation related to case management. This site visit will be arranged in advance with YFES.
- Contractor will be responsible in meeting the following Outcomes:

OUTCOME	Source of Data	Projected 2007-2008
Number of contacts with engaged (completed pre-FAST) families per month.	CARE System	4
% of referrals engaged in case management (completed service plan) and/or referral services.	CARE System	50%
Of those with a case plan, % of service needs that were met.	CARE System	50%
% of families engaged for whom a pre-FAST has been completed.	CARE System	100%
% of families with pre-FAST for whom a post-FAST has been completed.	CARE System	50%
Of those who completed a Customer Service Survey Form, % of families who rated their overall customer service satisfaction good or excellent.	Quarterly Customer Service Survey Form	75%

DIFFERENTIAL RESPONSE - Referral Process

Children & Family Services (CFS) Phone Screener:

1. Receives calls from the public.
2. Gathers referral information including information from additional questions.
 - Screener determines if a referral should be generated, i.e. does the allegation address child maltreatment according to statutory and state operational definitions.
 - Screener determines if the child is in immediate danger.
 - Screener gathers names, locations, telephone numbers, family members, schools children attend.
 - Screener documents reporter information.
 - Screener determines if the report concerns a vulnerable population, i.e. child 0-5 years, substance abusing parent, homelessness, chronic neglect, special needs.
 - Screens for prior reports.
 - Screener completes Comprehensive Assessment Tool (CAT)
3. Inputs referral into CWS/CMS.
4. Assigns path to referral. Documents path decision in CWS/CMS, Special Projects.
 - Path 1- referral meets the statutory definition of maltreatment but there are no safety issues identified and the risk to the child is low.
 - Path 2- referral meets the statutory definition of maltreatment and there is an identified concern of safety for the child and the risk to the child is low or moderate.
 - Path 3- referral meets the statutory definition of maltreatment and there is a safety issue identified that presents a danger of severe harm to the child.
 - Evaluates out.
5. Sends referral to Regional ER Supervisor for review of path designation, assignment and cross-reports to police as necessary.

Children & Family Services Regional Emergency Response (ER) Supervisor:

1. Receives ER referrals.
2. Reviews path assignments:
 - Reviews referral information
 - Contacts collaterals for information if appropriate
3. If it is concluded that it is a Path 2 situation, determines if joint family response is indicated or if Social Worker will contact child alone first with a joint family response to follow.

Criteria for determining Response Type:

1. Joint Assessment Response:

- Child does not receive proper supervision from a parent, guardian, custodian, or caretaker.
- Child does not receive proper care from a parent, guardian, custodian, or caretaker, such as lack of food, clothing, or shelter.
- Child does not receive proper discipline from a parent, guardian, custodian, or caretaker.
- Child is not provided necessary medical care.
- Child lives in an environment injurious to his/her welfare.
- Child is in need of assistance or placement because he/she has no parent, guardian, or custodian responsible for the juvenile's care or supervision; or
- Child's parent, guardian, or custodian is unable to provide for care or supervision and lacks an appropriate alternative childcare arrangement.

2. ER Investigative Assessment Response (joint response would follow):

- Parent/caretaker creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means.
- Parent/caretaker uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior.
- Parent/caretaker commits, permits, or encourages the commission of sexual offense against a child.
- Parent/caretaker creates or allows to be created serious emotional damage to the juvenile.

PATH 1 - Community Partner Response

Assessment of the referral is such that there is a low risk of harm to child, but child appears safe. The family, however, may need supportive services to overcome difficult life situations or parenting challenges. The Community Partner helps this family with immediate resources including counseling, parenting classes, and emergency food assistance; in addition, they help connect the family with the Family Self Sufficiency Team (FSST) to secure additional resources. Furthermore, the Community Partner continues their contact with the family on a regular basis to ensure engagement of services to resolve the problems and prevent further crisis. Families voluntarily use services.

ER Supervisor confirms/determines referral to be Path 1, closes the referral in CWS/CMS and releases the referral information to CARE.

The Agency Community Liaison will receive the information via CARE and conduct a MDT to assign Path 1 referral.

- MDT will be conducted to share referral information, including historical information.
- MDT may be conducted through teleconferencing but must occur at a formal time specifically scheduled to conduct the MDT. Community Partner will obtain the information via the CARE database.

INITIAL CONTACT WITH THE FAMILY

1. Community Partner receives Path 1 referral via MDT:
 1. Receives referral assignments on a flow basis
 2. Reviews information
 3. Determines key issues to explore in initial meeting
 4. Checks school records if accessible
 5. Accesses referral information in CARE database
2. Community Partner calls client to set up home visit within 10 days. If unable to contact the family, Community Partner will make at least 3 attempts in 30 days which will include at least:
 - One phone call to the family
 - One visit to the home (or other face- to- face contact)
 - One letter to the family
3. If family is contacted but declines family meeting, Community Partner inputs information into CARE database and closes the case.
4. Once contact with the client is made and appointment is set, Community Partner sees client on home visit and engages family using strength-based intervention:

- Introduces self and clarifies reason for the visit
- Reviews the referral information with the family
- Includes all family members and others living in the home in the discussion whenever possible
- Engages family in assessment process using observation and interviewing skills to gather information
- Completes Family Assessment Scale Tool (FAST) and enters the information into the CARE database.
- Assessment will focus on parental capacity but if any safety or risk issues are identified a referral is made back to the child abuse hotline (650 595-7922)

Case Planning and Case Management

1. Develops case plan with family.
 - Invites family members, support persons, Community Partners to participate in the case planning as appropriate
 - Reviews the initial information received in the referral
 - Reviews the information gathered in the family assessment reflecting the family's perception of their needs
 - Establishes specific, measurable, achievable, realistic, time specific goals
 - Clarifies roles and responsibilities
2. Provides case management services for a 30-90 day period.
 - Refers clients to community agencies for appropriate treatment
 - *Makes appointments and keeps records*
 - Assists in coordinating transportation to appointments, meetings and classes
 - Confers with other agencies or departments regarding needs of individual clients
 - Develops immediate solutions to emergency problems and expedites delivery of needed services if possible

NOTE: The services of FSST are available to the Community Partner at any point in this process.

3. Has weekly contact with the family, with face- to- face contact a minimum of twice monthly.
4. Contacts collaterals about family's progress in services.
5. Inputs info in CARE database about family's progress in services.
6. Completes re-assessment at 90 days or prior to closing case.
7. Conducts case closure review or 90 day reassessment.
8. Completes post FAST and enters closing summary in CARE database.

MANDATED REPORTER RESPONSIBILITIES

Community Partner must report new / suspected allegations of abuse or neglect immediately to the Children & Family Services hotline 650-595-7922.

PATH 2 - Joint Response

Assessment of the referral is such that there is low to moderate risk of harm to child. Staff from the Human Services Agency Children & Family Services and the Community Partner work as a team to assess the family's situation, offer supportive services, and follow-up to help the family. Families are encouraged to use services, but it is voluntary. The Social Worker closes the referral once the risk and safety assessment is completed, and then the Community Partner provides the indicated services. However, if a family situation deteriorates and child is at risk, the Community Partner will call the Children & Family Services hotline and make a new referral.

ER Supervisor confirms/determines referral to be Path 2 and releases the referral information into CARE. A Social Worker is assigned and a determination is made for a joint response with Community Partner staff.

The Agency Community Liaison is notified via CARE and will conduct a MDT with the Community Partner to assign the Path 2 referral.

- MDT will be conducted to share the referral information, including historical information.
- MDT may be conducted through teleconferencing but must occur at a formal time specifically scheduled to conduct the MDT. Community Partner will obtain the information via the CARE database.

INITIAL CONTACT WITH THE FAMILY

ER Social Worker:

1. Reviews referral:
 - Confers with CalWORKS staff if case is open to them
 - Reviews and organizes information
 - Determines key issues to explore in initial meeting
 - Contacts collaterals or background screener for additional information if necessary
2. Depending on circumstances, initiates visit to school to see child alone.
3. Coordinates with Community Partner and calls client to arrange home visit with Community Partner; obtains permission to include Community Partner.
4. Conducts face-to-face assessment in the client's home, Social Worker assessing for risk and safety issues and Community Partner assessing for parental capacity:
 - Introduces self and clarifies reason for the visit. Reviews the referral information with the family
 - Includes all family members and others living in the home in the discussion whenever possible
 - Engages family in assessment process using observation and interviewing skills to gather information
5. Completes CAT

6. If there are no safety issues, risk level is low to medium, and family does not require agency supervision then the Social Worker closes the referral and the Community Partner takes lead in case planning.

7. Attends case planning meeting with family, Community Partner and collaterals.

COMMUNITY PARTNER:

Community Partner receives Path 2 referral from the Agency Community Liaison following the MDT.

1. Reviews information
 - Determines key issues to explore in initial meeting with Social Worker
 - Checks school records if accessible
 - Accesses referral information in CARE database
2. Within 24 hours of receiving the referral, the Community Partner will contact the assigned Social Worker by telephone identifying that they have received the referral.
3. With Social Worker, conducts face-to-face assessment in the family's home, Social Worker assessing for risk and safety issues and Community Partner assessing for service needs.
 - Introduces self and clarifies reason for the visit
 - Reviews the referral information with the family
 - Includes all family members and others living in the home in the discussion whenever possible
 - Engages family in assessment process using observation and interviewing skills to gather information
 - If there are risk issues, Social Worker will advise the Community Partner that the referral has become a Path 3 and Differential Response is no longer appropriate
4. If the family is not at home, a second joint home visit will be attempted
5. If the Social Worker is closing the referral the Community Partner will:
 - One phone call to the family
 - One letter to the family
6. If there is no contact the Community Partner will complete the FAST and enter the closing summary into the CARE database
7. If family is contacted but declines family meeting, Community Partner inputs information into CARE database and closes the case.

Case Planning and Case Management

Community Partner:

1. Develops case plan with family
 - Reviews the initial information received in the referral
 - Reviews the information gathered in the family assessment reflecting the family's perception of their needs
 - Establishes specific, measurable, achievable, realistic, time specific goals
 - Clarifies roles and responsibilities.
 - Case manager duties may be reassigned if needed
2. Provides case management services for a 30-90 day period.
 - Refers clients to community agencies for appropriate treatment
 - Makes appointments and keeps records
 - Assists in coordinating transportation to appointments, meetings and classes
 - Confers with other agencies or departments regarding needs of individual clients
 - Develops immediate solutions to emergency problems and expedites delivery of needed services if possible

NOTE: The services of FSST are available to the Community Partner at any point in this process.

3. Has weekly contact with the family, with face- to- face contact a minimum of twice monthly.
4. Contacts collaterals about family's progress in services.
5. Inputs info in CARE database about family's progress in services.
6. Completes assessment at 90 days or prior to closing case.
7. Conducts case closure review or 90 day reassessment.
8. Completes post FAST and enters the information into the CARE database.
9. Provides closing summary in CARE database.

MANDATED REPORTER RESPONSIBILITIES

Community Partner must report new / suspected allegations of abuse or neglect immediately to the Children & Family Services hotline 650-595-7922

PATH 3 - Traditional Child Welfare Response

Assessment of the referral is such that there is moderate to high risk of harm to a child. This path is most similar to the child welfare system's traditional response. Social Workers will do complete child safety and risk assessment and take immediate action, which may include filing of a petition in Juvenile Court to seek specific court orders, to ensure the safety of the child. Mandatory court ordered services are provided to engage families with solutions to make needed improvements.

It is expected that the majority of these referrals will be handled by the social worker even if the risk and safety issues cannot be substantiated. The social worker has already established a relationship with the family, is able to make the necessary referrals and provide short term services.

On 9/26/06, a decision was made by HSA Administration that, in the event that the family needs Differential Response services rather than services which can be provided by the social worker, an exception to the above can be made ONLY by the regional manager. The regional manager will call the liaison and advise him/her to call for a MDT. The liaisons will be sure the referral gets into the CARE system and will monitor the numbers so that this can be reevaluated in 6 months. The referral would then be handled as a Path 2 (see process above).

Special Situations

Alerts: *Under development*

Declining a Referral

The Community Partner may elect to decline a referral. Examples include a referral with an existing Child Welfare case or a referral for a child living out of County.

When the Community Partner has declined a referral, the Liaison will notify his/her supervisor or manager, who may wish to discuss the referral with the Community Partner Program Manager.

Declining a Referral - Historical Referral Information

Initially, historical information was not included as part of the information shared by the Liaisons with the community partners at MDTs. Effective December 2006, a decision was made by the Child Welfare Director that historical information can and should be shared with the community partners to assist them in assessing family situations.

If the Community Partner has concerns about the appropriateness of the referral based on historical referral information (e.g. a large number of previous referrals) a second MDT may be requested. The second MDT will be attended at a minimum by the DR Program Manager or a representative, the Intake worker, and the Liaison. If there is agreement that the referral is not appropriate for DR services, it may be declined by the Community Partner. The DR Program Manager will monitor declined referrals on a monthly basis.

Non- Familial Sex Abuse

Effective October 24, 2006, Non- Familial Sex Abuse referrals will not be referred for Differential Response services.

Open Children & Family Services Referrals and Cases

Open Path 3 referrals and open child welfare cases are to be case managed by the Social Worker and are not appropriate for Differential Response

Public Health Nursing

The PHNs attached to CFS Emergency Response units will only be involved at the request of the Social Worker. The CFS PHN case management activities will continue only as long as the referral is open. If further PHN services are required after the CFS referral is closed, the CFS PHN will initiate a PHN referral to field nursing. PHN field nurses provide case management services in homes, clinics and other sites to assist families.

Request by Client to Review Referral

If a client requests to review a referral that was made regarding his/her child, he/she may do so after the CWS/CMS referral and investigation have been closed. The client may call the Child Welfare hotline and request an appointment. He/she will be given a scheduled appointment time to go to the appropriate Regional office to review the referral in person.

Reopening of a Referral by Community Case Manager

If a client initially declines services but contacts the community case manager at a later date requesting services, the referral may be reopened if the request is made 30 days or less from the date the referral was declined. If the request is received more than 30 days after services were declined, the referral will not be reopened and the client will be referred to the nearest Family Resource Center.

Sensitive Referrals in CWS/CMS

These referrals are sensitive in nature due to the persons involved therefore, all identifying information is restricted from general viewing. Should the persons involved / being reported be employees of Children & Family Services or relatives of an employee, the situation may be handled by a neighboring county. In these situations, our Differential Response partners may interface with Social Worker staff from neighboring counties.

Community case managers will act with professionalism and will respect the confidentiality of the person being referred. Community case managers are responsible for reporting these referrals to the Community Partner Program Manager as soon as they become known.

These situations must be discussed with the county DR Program Manager who will discuss with the Community Partner Program Manager.

Sensitive Referrals for Community Partners

These referrals are sensitive in nature due to the persons involved therefore, all identifying information is restricted from general viewing. Should the persons involved / being reported be employees of our Community Partners, relatives of an employee HSA staff co-located with the Community Partners, or otherwise known to the community case manager to which the referral is assigned, the following options are available:

1. The concept of “perceived equity” may be followed (the Community Partner Program Manager determines if any uninvolved person would assume that the referral could be handled with equity if assigned to a particular community case manager)
2. The situation may be handled by another DR contractor
3. The referral may be declined for Path 1 or 2.

Community case managers will act with professionalism and will respect the confidentiality of the person being referred. Community case managers are responsible for reporting these referrals to the Community Partner Program Manager as soon as they become known.

These situations must be discussed with the Community Partner Program Manager who will discuss with the DR Program Manager.

Service Extension

Community Partners may, under certain circumstances, provide services for longer than 90 days. These situations will be individually considered and approved/denied by the Community Partner Program Manager.

**Differential Response
CASE REVIEW PLAN**

1) Cases Over 90 Days

Cases over 90 days* will be reviewed at Case Review MDTs.

Community DR Partner Case Review MDT Participants	Human Services Agency Case Review MDT Participants
Must include: Program Director and/or Program Manager and/or Intake Supervisor	Must include: DR Program Manager and/or Human Services Manager I
May include: Assigned Case Manager; additional participants as designated by Program Director	May include: DR Liaison and/or CWS Contract Manager; additional participants as designated by DR Program Manager

*using joint visit or first contact date as first day open

DR Liaisons will schedule MDTs with designated MDT participants, to take place following receipt of monthly CARE report. Community Partners will provide referral case records on all cases under review. MDTs may be held at community partner or Agency location.

2) Random Case Review

DR Liaisons will conduct monthly random review of community partner referral files. DR Liaisons will select 1 referral per community case manager per month and will do review in person and in CARE.

Active referrals will be reviewed for:

- frequency of contact or contact attempts
- case plan if family has been engaged applicable
- evidence of services offered if family has been engaged
- evidence of service needs met if family has been engaged
- presence of pre- FAST if family has been engaged

Closed referrals will be reviewed for:

Engaged:

- frequency of contact
- case plan
- evidence of services offered
- evidence of service needs met, case plan completion
- presence of pre- and post- FAST
- increase/decrease/no change in FAST scores

Not Engaged:

- frequency of contacts or contact attempts
- appropriate closure reason

DR Liaisons will coordinate with community partner Intake Supervisor or schedule available dates and times for in person random reviews with community partner Program Manager or designee. Community partner will be given at least one week notice to prepare (pull cases) for case review. DR Liaison will complete approved DR Case Review Form when conducting reviews.

3) Declined Referrals

HSA DR Program Manager will review all declined referrals each month to monitor reasons that referrals were declined (e.g. non-familial sexual abuse, elevated to Path Three).

Definitions & Acronyms:

- **CalWORKS** refers to **California Work Opportunity and Responsibility to Kids**, a statewide cash assistance program for families.
- **CARE** refers to the web based computer system, **Community Approach to Relating and Engaging** with Families, used by Community Partners to enter assessment information, case plan and record of contacts with clients.
- **CAT** refers to **Comprehensive Assessment Tool** used by Children & Family Services Social Workers to assess safety and risk.
- **CFS** refers to **Children & Family Services**
- **CWS/CMS** refers to the statewide Children & Family Services computer system, **Child Welfare Services/Case Management System** used by the Social Workers
- **FAST** refers to **Family Assessment Screening Tool** used by Differential Response case managers to assess service needs.
- **FSST** refers to **Family Self-Sufficiency Team**, a multi-disciplinary team made up of professionals from various county and community-based organizations to address families' specific needs.
- **MDT** refers to **Multi-Disciplinary Team**, a meeting between County Community Workers and Case Managers, which includes the transfer of confidential client information.
- **PHN** refers to **Public Health Nurses** who provide case management services in homes, clinics and other sites to assist families in minimizing disability and maximizing healthy lifestyles and habits. Activities include outreach, assessment, referral and follow-up for high-risk families are stationed in most County-run clinics to assist patients with education, guidance, support and access to community resources.

Fingerprinting Certification Form
Youth and Family Enrichment Services
Differential Response
July 1, 2007 through June 30, 2008

- A. In accordance with the Child Abuse Prevention and Reporting section of this Agreement, Contractor agrees as follows: Each applicant for employment or a volunteer position at Contractor's program who will have a supervisory or disciplinary power over a minor or any person under his or her care will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of such minor(s) or person(s) under his or her care. (Penal Code 11105.3(a), as amended in 1990 by AB 2617). All fingerprinting will be at Contractor's sole expense.
- B. The fingerprinting process will be completed and the results of the process will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire date prior to obtaining fingerprinting results contingent on the applicant certifying that: (1) his or her employment application truthfully and completely discloses whether he or she has ever been convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant understands that a background check will be conducted, and that he or she will be dismissed from employment immediately if he or she has failed to provide information regarding convictions, has provided incomplete information regarding convictions, has or omitted information regarding convictions, or if the fingerprinting results reveal any conviction incompatible with this employment.
- C. Contractor will maintain, and will make available to County upon request, a written fingerprint certification for each applicant for employment or a volunteer position at the program for whom fingerprinting is required. Such certification shall state that the individual has been fingerprinted, that the process has disclosed no criminal history on the part of the individual which would compromise the safety of persons with whom that individual has contact. Fingerprint information received from the Department of Justice (DOJ) will be retained or disposed of pursuant to DOJ directive.

Name (Signature)

Title

Date

EXHIBIT E

(Required only from Contractors who provide services directly to the Public on the County's behalf.)

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulations, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. Employs fewer than 15 persons.
- b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Robert Rybicki
Name of 504 Person

Youth and Family Enrichment Services
Contractor

610 Elm Street, Suite 212

San Carlos, CA 94070

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of
Authorized Official

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking it's services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in it's existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

EXHIBIT F

**COUNTY OF SAN MATEO
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

Contractor Name:	Youth and Family Enrichment Services	Phone:	650.591.9623
Contact Person:	Robert Rybivki	Fax:	650.591.9750
Address:	610 Elm Street, Suite 212 San Carlos, CA 94070		

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for \$100,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Signature

Name

Date

Title