

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

139



FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES

SUBMITTAL DATE:
October 19, 2010

**SUBJECT: AMENDMENT #4 WITH COACHELLA VALLEY ASSOCIATION OF
GOVERNMENTS [HO-01500-04]**

RECOMMENDED MOTION: That the Board of Supervisors ratify and:

1. Authorize the Chairman of the Board to sign the attached Amendment #4 [HO-01500-04] between DPSS and Coachella Valley Association of Governments for the operation of Roy's Desert Resource Center, in the amount of \$2,552,897, for the period of December 1, 2009 through June 30, 2012;
2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to sign amendments that do not change the substantive terms of the Agreement, including amendments to the compensation provision that do not exceed annual CPI rates; and
3. Authorize the Director of DPSS to administer the Agreement with Coachella Valley Association of Governments.

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipnis* DATE: *10/19/10*
Neal R. Kipnis
Departmental Concurrence

PURCHASING & FLEET SERVICES
BY: *Robert Howdysshell*
Robert Howdysshell, Director

Dep't Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Susan Loew

Susan Loew, Director

(CONTINUED – 2 pages in total)

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 978,645	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 978,645	Budget Adjustment:	No
	Annual Net County Cost:	\$ 851,241	For Fiscal Year:	2010-11

SOURCE OF FUNDS: 100% County General Funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

Prev. Agn. Ref.: (2/9/10, #3.43) **District:** 4 **Agenda Number:**

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3.35

TO: BOARD OF SUPERVISORS

DATE: October 19, 2010

SUBJECT: AMENDMENT #4 WITH COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS [HO-01500-04]

BACKGROUND:

Roy's Desert Resource Center (RDRC), named in honor of Fourth District Supervisor-emeritus, Roy Wilson, in Palm Springs, opened for operation on December 22, 2009. The building, located at 19-531 McLane Street, was converted into a "one-stop" multi-service shelter that provides housing (90 emergency shelter beds) and supportive services to the homeless and individuals at risk of homelessness in the Coachella Valley.

At this time, DPSS is requesting to be authorized to amend its current contract with CVAG—operator of Roy's Desert Resource Center—to accomplish the following:

1. Increase the maximum reimbursable amount by \$127,404 to assist in offsetting the cost of operations, information technology, transportation, supportive services, and administration.

The \$127,404 increase in the CVAG contract is made possible by dollar-for-dollar reductions to the homeless shelter contracts of Coachella Valley Rescue Mission (\$63,702) and Martha's Village & Kitchen (\$63,702), both of which received additional funding from other local agencies.

2. Require CVAG to register its agency and program(s) with 2-1-1 Riverside County—the County's designated 3-digit number that allows callers to receive up-to-date information and referrals to health and human service agencies.
3. Update the Homeless Management Information System (HMIS) data input requirements to align more closely with those mandated by the U.S. Department of Housing and Urban Development (HUD).

The approval of the attached amendment will not interrupt services to clients or modify the manner in which services are provided by CVAG to the homeless of Coachella Valley.

FINANCIAL DATA: 100% County General Fund. The total Agreement amount is \$2,552,897; however, funds are split between three (3) years [FY 2009-10: \$723,011; FY 2010-11: \$978,645; FY 2011-12: \$851,241]. The \$978,645 allocated for FY 2010-11 is included in the DPSS budget.

CONCUR/EXECUTE: County Purchasing

ATTACHMENTS:

1. Amendment #4 HO-01500-04 between DPSS and the Coachella Valley Association of Governments [3 copies]

SL:mr

RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
AMENDMENT #4
PROFESSIONAL SERVICES AGREEMENT WITH
Coachella Valley Association of Governments

PROFESSIONAL
SERVICES CONTRACT: HO-01500-04

CONTRACT TERM: December 1, 2009 through June 30, 2012

EFFECTIVE DATE
OF AMENDMENT: October 1, 2010

MAXIMUM AMOUNT: \$2,552,897.00

The agreement between the Riverside County Department of Public Social Services, hereinafter referred to as DPSS, and Coachella Valley Association of Governments, hereinafter referred to as Contractor, is amended in the following particulars and no others:

1. On the Recitals Page, change the Maximum Amount to read:
"2,552,897"
2. On page 3 of 22, under List of Exhibits, add the following:
"Exhibit F – 2-1-1- Riverside County Agency Registration Form"
"Exhibit G – 2-1-1 Riverside County Program Registration Form"
3. On page 7 of 22, Section III. CVAG Responsibilities, add the following paragraph:
"D. Register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, using the 2-1-1 registration forms attached hereto as **Exhibits F and G**, respectively, and incorporated herein by these references, to (951) 686-7417. Registration is to take place at the time of execution of this Agreement, and updated on a quarterly basis, at minimum, if agency and/or program changes occur through the term of this Agreement.

CVAG, or its subcontractor, may contact 2-1-1 by one of the following methods:

- **Telephone:** (800) 464-1123 or at (951) 686-4402, Monday through Friday, 8:00am to 5:00pm;
- **U.S. Postal Service:** P.O. 5376, Riverside, CA 92517-5376; or
- **E-mail:** 211info@vcrivco.org"

4. On page 7 of 22, Section IV. Fiscal Provisions, revise Paragraph C. Cost of Service Rate to read as follows:

“For fiscal years 2009-10 [473,011], 2010-11 [978,645], and 2011-12 [\$851,241], the Contractor shall be paid a unit of cost of \$30.00 per bed night, beginning December 22, 2009, for up to ninety [90] beds, regardless if the bed is occupied or not.”

5. On page 10 of 22, Section V. General Provisions, revise Section D. Reporting to read as follows:

“The Contractor shall ensure that subcontractors using HMIS for client intake, capture the following data:

The Required Universal Data Elements are:

- 1 Name
- 2 Social Security Number, if available
- 3 Date of Birth
- 4 Race
- 5 Ethnicity
- 6 Gender
- 7 Veteran's Status
- 8 Disabling Condition
- 9 Residence Prior to Program Entry
- 10 Zip code of last permanent address.
- 11 Housing Status
- 12 Program (Enrollment) Entry date
- 13 Program (Enrollment) Exit date
- 14 Personal Identification Number
- 15 Household Identification Number

Other Required Data Elements:

- 1 Housing Check-In
- 2 Housing Check-Out

In addition to the above data elements, programs that receive HUD homeless assistance funding through the annual Continuum of Care (CoC) competition and complete APRs will be required to report clients' progress on all Program-Specific Data Elements below.

The Program-Specific Data Elements are:

- 1 Income and Sources
- 2 Non-Cash Benefits
- 3 Physical Disability
- 4 Developmental Disability
- 5 Chronic Health Condition
- 6 HIV/AIDS
- 7 Mental Health
- 8 Substance Abuse
- 9 Domestic Violence
- 10 Destination (at exit)

- 11 Date of Contact (Outreach Programs Only)
- 12 Date of Engagement (Outreach Programs Only)
- 13 Financial Services Provided (Required for HPRP)
- 14 Housing Relocation & Stabilization Services Provided (Required for HPRP)

Additional Program-Specific Data Elements are (Optional):

- 15A Employment
- 15B Education
- 15C General Health Status
- 15D Pregnancy Status
- 15E Veteran's Information
- 15F Children's Education
- 15G Reason for Leaving
- 15H Services Provided


A sample Client Intake Form is attached hereto as **Exhibit D**, and incorporated herein by this reference."

The undersigned, as authorized representatives of DPSS and Contractor, respectively, certify the establishment of the Amendment #4 to the Contract.

Riverside County

Coachella Valley Association of Governments

Chair, Board of Supervisors

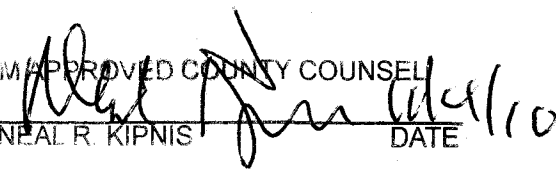


Tom Kirk,
Executive Director

Date

3/1/11

Date

FORM APPROVED COUNTY COUNSEL
BY  DATE 3/1/11
NEAL R. KIPNIS





Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

Riverside County Community Services Directory
AGENCY INFORMATION FORM

Information on this form should pertain to the agency only.
Please use the Program Information form to add or change program details.

Agency Name: _____

List Aliases/ known abbreviations/ other names: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Confidential location: Yes No

Handicap accessible? Yes No

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Main Phone: _____ Alternative Phone: _____

Fax: _____ TDD/TYY: _____

Hotline: _____ Other: _____

Website: _____

E-mail: _____

Legal Status

- Private, non-profit
 Public-County
 Public-State
 Public-Federal
 Faith Based
 For Profit
 Other _____

Tax Classification:

Year of Incorporation: _____

Office Days and Hours: _____

Eligibility/ Target Population:

Agency Description: _____

Languages spoken other than English: _____

Fees

- No Cost
- Low Cost
- Sliding Fee
- Donation
- Vary
- Other _____

Method of Payment

- Medi-Cal
- Cash
- Credit Cards
- Personal Check

Personnel

Agency Director: _____ Title: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Any additional Information you would like us to be aware of?

Submitted by: _____

Phone: _____

Date : _____



Volunteer Center of Riverside

Please enclose your brochure and return to
 2-1-1 Riverside County
 P.O Box 5376
 Riverside, CA 92517-5376
 Phone: (800) 464-1123
 or (951) 686-4402 Ext. 751
 Fax: (951) 686-7417



Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

**Riverside County Community Services Directory
PROGRAM INFORMATION FORM**

This form is to submit the program's details, additions or changes.
Please submit a separate form for each program.
Additional copies can be made of this form as needed.

Agency Name: _____

Program Name: _____

List Aliases/ known abbreviations/ other names: _____

Program Physical Address: _____

City: _____ State: _____ Zip code: _____

Confidential location: Yes No

Handicap accessible? Yes No

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Program Phone: _____ Alternative Phone: _____

Fax: _____ TDD/TYY: _____

Hotline: _____ Other: _____

Website: _____

E-mail: _____

Program Days and Hours: _____

Program Description: _____

Eligibility/Target Population: _____

Intake/Application Procedure:

- Phone Appointment required Walk-in Referral needed
- Mail Other _____

Documents Required: _____

Areas Served: (Please indicate specific areas program services)

Regions

- All Riverside County West County Central County Southwest County
- East County Coachella Valley Other

Cities: _____

Zip Codes: _____

Fees:

- No Cost Low Cost Sliding Fee Donation
- Vary Other _____

Method of Payment

- Medi-Cal Cash Credit Cards Personal Check

Languages spoken other than English: _____

Personnel

Program Director: _____ Title: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

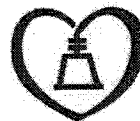
Phone: _____ Email: _____

Any additional Information you would like us to be aware of?

Submitted by: _____

Phone: _____

Date: _____



Please enclose your brochure and return to
 2-1-1 Riverside County
 P.O Box 5376
 Riverside, CA 92517-5376
 Phone: (800) 464-1123
 or (951) 686-4402 Ext. 160
 Fax: (951) 686-7417