

IV

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Community Services Agency

BOARD AGENDA # *B-4

Urgent Routine

AGENDA DATE May 5, 2015

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval for the Community Services Agency to Accept a Grant of \$9,000 From the National Children's Alliance and to Sign the Sub-Award Agreement with the Children's Advocacy Centers of California for the Child Abuse Interview, Referral and Evaluation (CAIRE) Center

STAFF RECOMMENDATIONS:

1. Accept a Grant from the National Children's Alliance for the Child Abuse Interview, Referral and Evaluation (CAIRE) Center.
2. Authorize the Community Services Agency Director, or her Assistant Director Designee, to sign the Sub-Award Agreement with the California Network of Child Advocacy Centers not to exceed the total contract amount of \$9,000 for the period of January 1, 2015 through December 31, 2015.

FISCAL IMPACT:

The total amount of the grant award is \$9,000. Appropriations and corresponding revenues are included in the Community Services Agency's Fiscal Year 2015-2016 Proposed Budget. There is no cost to the County General Fund.

BOARD ACTION AS FOLLOWS:

No. 2015-196

On motion of Supervisor Chiesa, Seconded by Supervisor Monteith
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Monteith, De Martini, and Chairman Withrow

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

- 1) X Approved as recommended
- 2) _____ Denied
- 3) _____ Approved as amended
- 4) _____ Other:

MOTION:

ATTEST: Christine Ferraro
CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

The Child Abuse Interview, Referral and Evaluation (CAIRE) Center is a component of Child Welfare Services Emergency Response and a partnership project of the District Attorney, the Community Services Agency (CSA)-Child & Family Services and all of the law enforcement agencies of Stanislaus County, as well as various other community partners located at the Stanislaus Family Justice Center. The CAIRE Center provides forensic interviewing services on child abuse cases; the services are available to any child in the County who is a victim of or a witness to a crime. The goal of the CAIRE Center is to prevent retraumatization of children by minimizing the number of investigative interviews to which they must be subjected, and to provide a professional video interview for the investigators. Children are interviewed by a forensic interviewer while other members of the investigating team observe out of sight in an observation room. After the interview, the child and family are provided behavioral health treatment and referral services.

Since 2005 the CAIRE Center has been accredited through the National Children's Alliance (NCA) in Washington DC. NCA is a nationwide not-for-profit membership organization whose mission is to promote and support communities in providing a coordinated investigation and comprehensive response to victims of severe child abuse. NCA requires best practice standards be provided in order to receive accreditation.

One of the many benefits of being accredited through NCA is the ability to apply for a \$9,000 noncompetitive grant each calendar year to support child advocacy center services. This grant is offered through the Children's Advocacy Centers of California, a regional chapter of NCA, and is collaboration between the United States Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP) and National Children's Alliance. CSA has been awarded this grant since 2006. In April 2015, CSA applied on behalf of the CAIRE Center for the grant and will be awarded \$9,000 for Calendar Year 2015.

The grant money will be used for staff training which is vital to the continued growth and success of the CAIRE Center and is essential to practicing culturally competent best practices. Training funds have traditionally been limited for CAIRE Center partners provided at annual conferences; this year the training is Crimes Against Children Conference in Dallas Texas. Training will be provided to a team of CAIRE Center partner staff, including a representative from the District Attorney's Office, law enforcement, child welfare, mental health, a forensic interviewer, and a victim's advocate.

It is recommended that the Board of Supervisors authorize the acceptance of this grant for Calendar Year 2015.

Approval for the Community Services Agency to Accept a Grant from the National Children's Alliance and to Sign the Sub-Award Agreement with the California Network of Child Advocacy Centers for the Child Abuse Interview, Referral and Evaluation (CAIRE) Center
Page 3

POLICY ISSUES:

Acceptance of this grant supports the Board's priorities of A Safe Community, Effective Partnerships and Efficient Delivery of Public Services by supporting continued collaboration to coordinate investigation and provide a comprehensive response to victims of severe child abuse.

STAFFING ISSUES:

There is no staffing impact associated with this request.

CONTACT PERSON:

Kathryn M. Harwell, Director 558-2500

(For CHAPTER use only)
#



SUB-AWARD COVER PAGE

Please use only the provided cover form, replications will not be accepted.

Organization Information

Name of Agency: Stanislaus County Community Services Agency (CAIRE Center)

Address: 251 E. Hackett Road

City: Modesto

State: CA

Zip: 95358

Authorized Agency Representative: Kathryn M. Harwell

Authorized Agency Representative's Title: Director

Telephone (include extension): (209)558-2500

Fax: (209)558-3315

Email: HarwellK@stancounty.com

Website:

Tax Status

Independent Non-Profit

Tax I.D. Number: _____

Registration Date: _____

Organizations Under Umbrella Agencies

Umbrella Organization's Name: Stanislaus County

Umbrella Organization's Tax I.D. Number: _____

Umbrella Organization's Registration Date: _____

Please check the answer that applies to your organization:

Our center was granted a sub-award in 2014

Our center did not receive a sub-award in 2014

(For CHAPTER use only)
Amount: _____

Organization Type

Membership Status and Membership Date:
(Please check appropriate membership status)

- NCA Accredited Member
- NCA Associate/Developing Member
- NCA Affiliate Member
- Multidisciplinary team
- CAC serving Native American Communities

Internal Program Type

Please check the appropriate box that best describes your program.

- Hospital Based
- Independent Non-Profit
- Public-CPS
- Public Law Enforcement
- Public Prosecution
- Public – Other (please describe): _____
- Umbrella Organization (please describe): _____

Request

INDICATE GRANT AMOUNT REQUESTED: \$9,000
(Amount should match total amount requested on grant budget.)

Total Program Budget

TOTAL ANNUAL PROGRAM BUDGET: \$506,870

I certify that our CAC has a signed Memorandum of Understanding/ Interagency Agreement with our partnering agencies and will submit it upon request.

Background

Please write a brief statement describing how and why your program was started. Include an initial meeting date or important events that have helped spearhead your program. Please limit to **150** words or less.

The Stanislaus County District Attorney’s Office facilitated the formation of a multi-disciplinary task force in April 1998 subsequent to the Office of Criminal Justice Planning’s call for a Transfer of Knowledge Forum recommending all counties in California develop a multi-disciplinary protocol for the investigation of child abuse cases. The immediate goal of the task force was to set up a protocol for countywide use in the investigation of child abuse reports, with the formation of a Multi-Disciplinary Investigation Team (MDIT) as an end result. The task force includes experts from the District Attorney’s Office, law enforcement, Child Welfare, County Counsel, Probation, Health Services, Haven Women’s Center, Mental Health local hospitals, and educational institutions.

The protocol was designed specifically for Stanislaus County, allowing for strengths and weaknesses of exiting services. Areas addressed in the protocol included initial response, investigation and prosecution, with special attention to cross-reporting, joint response, forensic interviews, mental health services and victim advocacy.

Signature:

By signing this document, I certify to the best of my knowledge and belief that the document is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Authorized Agency Representative Signature: *Kathryn M. Howell*

Authorized Agency Representative Name/Title:
Kathryn M. Howell, Director

APPROVED AS TO FORM:
STANISLAUS COUNTY COUNSEL
BY *[Signature]*
DATE: 4/15/15

Sub-awardee Agreement (SA)

This form is for Children's Advocacy Centers of California 2015 approved Sub-awardee applicants. This is an official agreement between your agency and the State Chapter Children's Advocacy Centers of California acknowledging that your agency accepts the funding awarded through NCA under a cooperative agreement with the United States Department of Justice and will follow all requirements outlined in the NCA Grant Guidelines and Sub-awardee Request for Proposals.*

All future inquiries regarding your grant will be made to the appropriate designee at your agency. Please carefully consider who should be the appropriate grant designee. The grant designee will receive all updates. Her/his email address would be used for sending notifications. All funding will be disbursed in the agency name only. These funds will not be disbursed to those affiliated with the agency including the programmatic or fiscal contact person listed on this agreement, consultants or multidisciplinary team members. Funding checks will be mailed to the address indicated on this form only. If this information changes at any time during the grant period, promptly **notify** Children's Advocacy Centers of California in writing. **Please email a scanned copy and keep a copy for your files.**

Grant Award Identification Number (AIN): 5-MODE-CA-SA15

Grant Award Type and Purpose: Chapter Tier Sub-award for Support of Children's Advocacy Centers

Grant Award Period: January 1, 2015 - December 31, 2015

Catalog of Financial Domestic Assistance (CFDA) #: 16.758

Total Awarded Amount: \$9,000

Physical Address	Mailing Address (including checks) Fill out only if different from the physical address
Agency name: Stanislaus County Community Services Agency (CAIRE Center)	Agency name/Fiscal Agent: Stanislaus County Community Services Agency
Address: 251 E Hackett Road	Address: PO Box 42
City/State/Zip Modesto CA 95358	City/State/Zip: Modesto, CA 95353

Authorized Agency Representative (Executive Director/Chapter State Coordinator)

Name/Title: Kathryn M Harwell, Director

Phone: 209 558-2500 Fax: 209-558-2558 E-mail Address: harwellk@stancounty.com

Board President:

Name/Title: N/A

Phone: Fax: E-mail Address:

Authorized Fiscal Agent Representative for the Grant (Fill out only if the grantee agency uses a fiscal agent for the grant)

Agency Name: Stanislaus County Community Services Agency

Name/Title: Dan Wirtz, Assistant Director

Phone: 209-558-2500 Fax: 209-558-2558 E-mail Address: wirtzd@stancounty.com

***General Federal Award Information DOJ-NCA**

Recipient Name: National Children's Alliance ; *Recipient DUNS Number:* 036770691 ; *Federal Award Project Title:* Victims of Child Abuse (VOCA) Children's Advocacy Centers National Subgrants Program ; *Federal Award Program Title:* OJJDP FY14 Youth Development, Prevention and Safety Invited Awards ; *Federal Award Identification Number (FAIN):* 2014-CI-FX-K006 ; *Federal Award Date:* 08/25/2014 ; *Period of Performance Start and End Date:* from 10/01/2014 to 09/30/2015 ; *Total Amount of Award:* \$9,807,074 ; *Federal Award Project Description:* The VOCA Children's Advocacy Centers National Subgrants Program will provide funding for a national grant awards program for local children's advocacy center programs, state chapters, and multidisciplinary teams that provide a coordinated investigation and response to child abuse.; *Name of Federal awarding*

I, the undersigned, have read and understand the conditions outlined in the award letter, the Request for Proposals, NCA Electronic Grantee Handbook, and the conditions below required for the receipt of grant funding from Children's Advocacy Centers of California. By signing this statement, I am agreeing to comply with the requirements outlined in NCA Grant Guidelines, and herein. I understand the term of this grant is January 1, 2015 to December 31, 2015.

- I certify that the recipient agency is a member in good standing with National Children's Alliance.
 - I understand that all sub-awardees with annual actual expenses (as determined by United States generally accepted accounting principles) in excess of \$200,000 are required to have an audit of their financial statements. All sub-awardees with annual actual expenses (as determined by United States generally accepted accounting principles) equal to or less than \$200,000 are required to have a review of their financial statements. Our organization's annual audit will be available for review upon request.
 - I understand that remaining in good standing is a requirement of receiving these funds. This includes the timely submission of statistical reports as a condition of membership, in January and July and timely payment of annual membership dues.
 - I agree to submit, on deadline, all required fiscal and narrative reports as required by July 05, 2015 (first half of the year) and January 05, 2016 (second half of the year). I understand that failure to submit timely reports will result in forfeiture of funds.
 - I understand that National Children's Alliance can only reimburse federally allowable expenses that fit within the NCA Electronic Grantee Handbook, Sub-awardee RFP, and as designated by the U.S. Dept. of Justice. Submissions that fall outside these constraints will be disallowed. NCA may change its requirements regarding allowable expenses at any time to reflect changes in federally allowable costs or policies approved by the NCA Board of Directors. Grantees will be promptly notified of any changes.
 - I agree to provide to the Chapter information about our service coverage based on the current Memorandum of Understanding/Interagency agreement.
 - If an accredited center, I understand that submitting an annual Affidavit of Standard Compliance is part of the reporting requirements.
 - I understand that budget modifications are granted at Children's Advocacy Centers of California discretion and must be submitted at least 30 days prior to the end of the grant period.
 - I understand that grant extensions are not allowed under this grant.
 - As a part of the sub-awardee grant process, all Accredited Centers receiving sub-award funds under a chapter award are required to submit an Affidavit of Standards Compliance as part of their final report.
 - By my signature I am committing to meet the goals and objectives outlined in the grant and approved by Children's Advocacy Centers of California.
-

By signing this document, I certify to the best of my knowledge and belief that the document is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Authorized Agency Representative/Title (required):

Signature:

J. Miller for Kathryn Harwell

Date:

5-8-15

Board President (required):

N/A

Signature:

Date:

If grant agent is different than the above signed, the section below is required. A signature denotes agreement with all aforementioned conditions.

Authorized Fiscal Agent Representative/Title:

Kim DePue for Dan Witz

Signature:

Date:

5.8.15

Sincerely,

Chapter Representative

Please sign and return by 5/5/15 to ed@cacc-online.org

APPROVED AS TO FORM:
STANISLAUS COUNTY COUNSEL

E.Y.

[Signature]