

**Sierra County  
Board of Supervisors'  
Agenda Transmittal &  
Record of Proceedings**

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| <b>MEETING DATE:</b><br>November 1, 2016 | <b>TYPE OF AGENDA ITEM:</b><br><input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed<br><input type="checkbox"/> Consent |
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| <b>DEPARTMENT:</b> Health & Human Services<br><b>APPROVING PARTY:</b> Lea Salas, Assistant Director<br><b>PHONE NUMBER:</b> (530) 993-6700 |
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**AGENDA ITEM:** Approval to partner with California State University, Chico in their Master of Social Work program.

**SUPPORTIVE DOCUMENTS ATTACHED:** Memo Resolution Agreement Other

**BACKGROUND INFORMATION:** Sierra County Health and Human Services is partnering with the California State University, Chico in their Master of Social Work (MSW) program. Sierra County is one of three counties that are participating with Chico State in their program. This partnership or practicum as it's called, consists of 480 hours whereby students of which we have two, must be assigned a new program that benefits the agency and community with little or no impact fiscally. Supervision is provided by Chico State whom they have a contract with and is at no cost to the county.

**FUNDING SOURCE:**  
**GENERAL FUND IMPACT:** No General Fund Impact  
**OTHER FUND:**  
**AMOUNT:** \$0 N/A

**ARE ADDITIONAL PERSONNEL REQUIRED?**  
  
Yes, -- --  
No

**IS THIS ITEM ALLOCATED IN THE BUDGET?** Yes No  
  
**IS A BUDGET TRANSFER REQUIRED?** Yes No

**SPACE BELOW FOR CLERK'S USE**

|   |   |   |
|---|---|---|
| <b>BOARD ACTION:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved as amended<br><input type="checkbox"/> Adopted<br><input type="checkbox"/> Adopted as amended<br><input type="checkbox"/> Denied<br><input type="checkbox"/> Other<br><input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing<br>For: _____<br><input type="checkbox"/> Direction to: _____<br><input type="checkbox"/> Referred to: _____<br><input type="checkbox"/> Continued to: _____<br><input type="checkbox"/> Authorization given to:<br>_____ | Resolution 2016- _____<br>Agreement 2016- _____<br>Ordinance _____<br>Vote:<br>Ayes:<br>Noes:<br>Abstain:<br>Absent:<br><input type="checkbox"/> By Consensus |
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**COMMENTS:**  
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\_\_\_\_\_

CLERK TO THE BOARD \_\_\_\_\_ DATE \_\_\_\_\_



Darden Bynum, LCSW  
Director

**Social Services**

P.O. Box 1019  
Loyalton, California 96118  
202 Front Street  
**530-993-6720**  
Fax 530-993-6767

**Downieville, California**

P.O. Box 38  
Downieville, California 95936  
22 Maiden Lane  
**530-289-3711**  
CPS 530-289-3720  
Fax 530-289-3716

**Mental Health/Drug/Alcohol**

P.O. Box 265  
Loyalton, California 96118  
704 Mill Street  
**530-993-6746**  
Fax 530-993-6759

**Health Department**

P.O. Box 7  
Loyalton, California 96118  
202 Front Street  
**530-993-6700**  
Fax 530-993-6790

**Memorandum**

**To:** Sierra County Board of Supervisors

**From:** Lea Salas, Assistant Director, Health & Human Services

**Reference:** Agenda items

**Date of memo:** October 25, 2016

**Date of Board Meeting:** November 1, 2016

**Executive summary:** This memo is to request approval to partner with California State University, Chico in their Master of Social Work program.

**Background information:** Sierra County Health and Human Services is partnering with the California State University, Chico in their Master of Social Work (MSW) program. Sierra County is one of three counties that are participating with Chico State in their program. This partnership or practicum as it's called, consists of 480 hours whereby students of which we have two, must be assigned a new program that benefits the agency and community with little or no impact fiscally. Supervision is provided by Chico State whom they have a contract with and is at no cost to the county. The two practicums that we have chosen are; Resource Family Approval (RFA) which is a statewide mandated program that will be implemented in January 2017. The program improves the way caregivers are approved by preparing families to better meet the needs of children, in the county child welfare systems. The second practicum is the Student/Parent Navigator. This person will be collaborating with the Sierra Plumas Joint Unified School District and the Student Attendance Review Board (SARB) as an outreach vehicle in creating relationships with families to identify needs, provide linkage and timely access to appropriate services and supports. This linkage will be based on identified needs and strengths of families and be person and family centered, with a holistic approach to promote whole-person wellness of the student and family.

**Fiscal Impact:** This is an existing funded position within Health & Human Services and has no new implications for funding.

**Recommendation:** I respectfully request Board approval of this partnership with California State University, Chico.

## Student Placement Agreement

This agreement ("Agreement") is between the Trustees of the California State University on behalf of California State University, Chico ("University") and Sierra County Social Services ("Organization"). In consideration of the mutual promises set forth below, the University and Organization ("Parties") agree as follows:

### I. Organization's Responsibilities

- A. Identify the student's supervisor. The supervisor agrees to meet with the student regularly to facilitate the student's learning experience, provide support, review progress on assigned tasks, verify service hours and give feedback.
- B. Provide an orientation that includes a site tour; an introduction to staff; a description of the characteristics of and risks associated with the Organization's operations, services and/or clients; a discussion concerning safety policies and emergency procedures; patient confidentiality and HIPAA privacy and security (if applicable); and information detailing where students check in and how they log their time.
- C. Provide student with a written description of the student's tasks and responsibilities.
- D. Provide appropriate training, equipment, materials and work area for students prior to students performing assigned tasks or working with the Organization's clients.
- E. Inform student of the need for a background check, fingerprinting and/or a tuberculosis test (if applicable); obtain the student's fingerprints, background check and/or tuberculosis test (if applicable); and maintain the confidentiality of any results as required by federal and state law.
- F. Evaluate the student if requested by the University and contact the University if the student fails to perform assigned tasks or engages in misconduct.
- G. Notify the University as soon as is reasonably possible of any injury or illness to a student participating in a learning activity at the Organization.

### II. University's Responsibilities

- A. The University will advise the student(s) of their responsibility to:
  1. Participate in all training required by the Organization.
  2. Exhibit professional, ethical and appropriate behavior when at the Organization.
  3. Complete all assigned tasks and responsibilities in a timely and efficient manner.
  4. Abide by the Organization's rules and standards of conduct.
  5. Maintain the confidentiality of the Organization's proprietary information, records and information concerning its clients.
- B. Create a Learning Plan guiding faculty, student and site supervisor expectations of activities, performance of duties including hours of work required, evaluation of the student and expected learning outcomes.
- C. The University will advise student that neither the University nor the Organization assumes any financial responsibility in the event he/she is injured or becomes ill as a result of his/her participation in a learning activity at the Organization.
- D. Provide the student with general and professional liability insurance in the amount of \$1,000,000 per occurrence, \$2,000,000 general aggregate. This insurance only applies if both parties have signed this Agreement.

### III. General Provisions

- A. This Agreement will become effective as of the date last written below and continue for a period of 5 years unless terminated by either party after giving the other party 30 days written notice of the intent to terminate. If the Organization terminates this Agreement, it will permit any student working at the Organization at the time of termination to complete his/her work. At the 5-year termination date, the agreement can be renewed once it has been reviewed, updated as applicable and executed by the appropriate parties.
- B. The Organization and the University agree to indemnify, defend and hold harmless each other from any and all liability for any personal injury, damages, wrongful death or other losses and costs, including but not limited to reasonable attorney fees and defense costs, arising out of the negligence or willful misconduct of

their respective officers, employees, agents or volunteers in the performance of this Agreement. This paragraph will survive expiration or termination of this Agreement.

- C. Each party agrees to maintain general liability coverage of at least \$1,000,000 per occurrence, \$2,000,000 aggregate and to provide evidence of coverage upon request. Insurance must be placed with insurers with a current A.M. Best rating of at least A: VII. The Organization becomes an additional insured to the University student general and professional liability insurance (SAFECLIP/SPLIP) policies upon full execution of this Agreement.
- D. The Organization and the University will meet upon request or as necessary to resolve any potential conflicts and to facilitate a mutually beneficial experience for all involved.
- E. The Organization may dismiss a student if the student violates its standards, mission or goals. The Organization will document its rationale for terminating a student and provide the University with a copy of the rationale upon request.
- F. Students participating in a learning activity at the Organization are not officers, employees, agents or volunteers of the University. Students participating in a learning activity at the Organization are not officers, employees, agents or volunteers of the Organization, unless they are paid by the Organization in which case the Student(s) become employees of the Organization.
- G. Nothing contained in this Agreement confers on either party the right to use the other party's name without prior written permission, or constitutes an endorsement of any commercial product or service by the University.
- H. This Agreement may not be altered unless both parties agree in writing. The parties agree to follow all applicable federal, state and local laws and regulations, including but not limited to laws prohibiting discrimination and harassment.
- I. Any notices required by this Agreement will be deemed to have been duly given if communicated to the following individuals:

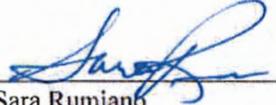
**UNIVERSITY:**  
 Name: Sara Rumiano  
 Title: Director, Procurement & Contract Services  
 Address: 400 West First St.  
 City, State, Zip: Chico, CA 95929-0244  
 Telephone Number: (530) 898-5134  
 E-mail Address: [rumiano@csuchico.edu](mailto:rumiano@csuchico.edu)

**ORGANIZATION:**  
 Name: Lisa Botzler  
 Title:  
 Address: 202 Front Street  
 City, State, Zip: Loyalton, CA 96118  
 Telephone Number: 530/993-6720  
 E-mail Address: lisabotzler@yahoo.com

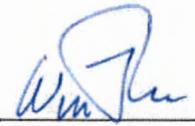
IN WITNESS WHEREOF, this Agreement has been executed by the parties as of the date last written below.

**CALIFORNIA STATE UNIVERSITY, CHICO**

**SIERRA COUNTY SOCIAL SERVICES,**

By:  Date: 8/25/16  
 Sara Rumiano  
 Director, Procurement & Contract Services

By:  Date: 8.18.16

 Date: 8/25/16  
 William Laker  
 Dean of Undergraduate Education

DARDEN BYNUM  
 Printed Name & Title  
 Director Sierra County  
 Health + Human  
 Services Agency