

TO: Workforce Investment Board

DATE: 05/12/2005

FROM: WIB Staff

For Action

For Information

For Discussion

SUBJECT: Operational Agreements

PROPOSED MOTION(S): Approve the Operational Agreements between Human Services Agency and the Workforce Investment Board and the Youth Council to work together toward the mutual goal of providing maximum available assistance for child crime victims residing in Merced County.

DISCUSSION: Human Services Agency has received a grant through the State Office of Emergency Services to provide counseling and victim witness support service to child victims of abuse and neglect. Operational Agreements between HSA and the WIB and Youth Council are grant requirements.

The Agreements state that HSA will accept child client referrals from representatives from the WIB and Youth Council, and will provide services to the youth and limited services to the non-offending parent if the referral involved domestic violence.

The program is referred to as Child Abuse Treatment (CHAT).

ATTACHMENT(S): Operational Agreements

OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the *Merced County Human Services Agency* and the *Merced County Workforce Investment Board* intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in *Merced County*. Both agencies believe that implementation of the *Child Abuse Treatment (CHAT)* proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The *Merced County* project will closely coordinate the following services with the *Merced County Workforce Investment Board* through:

- Project staff being responsive to *Merced County Human Services Agency* for service support by *referring children that are suspected victims of child abuse/neglect to the CHAT program for assessment;*
- Regularly scheduled meetings (*monthly*) between (*CHAT Program Manager and a Board Representative*) to discuss strategies, timetables and implementation of mandated services.
 - Specifically: Discussions will focus on the percentage of WIB youth eligible for CHAT services in relation to those referred and assessed for CHAT services.
 - List specific activities that will be undertaken between the two agencies or other specifics of the agreement.
 - Cases will be reviewed to determine effectiveness of CHAT services post-treatment
 - A review of needed vis-à-vis available services and exploration of methods/processes to improve existing services and increase the number and types of services in order to meet the needs of the service delivery population

We, the undersigned, as authorized representatives of *Merced County Human Services Agency* and *Merced County Workforce Investment Board*, do hereby approve this document.

For _____ For _____

Date _____ Date _____

OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the *Merced County Human Services Agency* and the *Merced County Youth Council* intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in *Merced County*. Both agencies believe that implementation of the *Child Abuse Treatment (CHAT)* proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The *Merced County* project will closely coordinate the following services with the *Merced County Youth Council* through:

- Project staff being responsive to *Merced County Human Services Agency* for service support by *referring children that are suspected victims of child abuse/neglect to the CHAT program for assessment;*
- Regularly scheduled meetings (*monthly*) between (*CHAT Program Manager and a Council Representative*) to discuss strategies, timetables and implementation of mandated services.
 - Specifically: Discussions will focus on the percentage of WIB youth eligible for CHAT services in relation to those referred and assessed for CHAT services.
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We, the undersigned, as authorized representatives of *Merced County Human Services Agency* and *Merced County Youth Council*, do hereby approve this document.

For _____ For _____

Date _____ Date _____