

**SANTA BARBARA COUNTY
BOARD AGENDA LETTER**



Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Agenda Number:
Prepared on: 10/3/05
Department Name: Social Services
Department No.: 044
Agenda Date: 11/22/05
Placement: Administrative
Estimate Time:
Continued Item: NO
If Yes, date from:

TO: Board of Supervisors

FROM: Kathy Gallagher
Social Services Department

STAFF CONTACT: Edna Terrell, Deputy Director
ext 4485

SUBJECT: CONTRACT AMENDMENT TO PROVIDE THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM'S EMPLOYMENT SERVICES AND POST EMPLOYMENT / JOB RETENTION SERVICES WITH AFFILIATED COMPUTER SERVICES (ACS), INC.

Recommendation(s):

That the Board of Supervisors:

Approve and authorize the Chair to execute a contract amendment with Affiliated Computer Services (ACS) Inc., to expand the contract in the areas of Client Pre-assessment evaluation and Client Orientation support by an additional \$105,000. Additional funding has become available through the recently received State CalWORKs allocation. This augmentation will raise the total cost of the contract to \$3,857,504.

Alignment with Board Strategic Plan:

The recommendation is primarily aligned with Goal No. 7. A Community that Fosters the Safety and Well-Being of Families and Children

Executive Summary and Discussion:

CalWORKs caseloads in Santa Barbara County experienced a steady rise since July 2002 and throughout the period of the current contract. In spite of the rising caseloads funding for CalWORKs was reduce by the State over the past three years. Consequently the Department was forced to reduce some Welfare to Work activities and that directly related to reductions in contract funding. The result of these reductions meant that fewer clients were served and placed in unsubsidized employment Job placements dropped from a high of 48% of the average monthly caseload in Fiscal Year 2001/02 to the rate of 29.2 % in early 2004. This reduction is directly related to the reductions we were forced to take in our Welfare to Work program. Last year the Governor initiated a rigorous program to re-emphasize Welfare to Work. This initiative and added funding allowed us to expand our Job Club/Job Services activities over the past year. Since these changes were implemented the number of Clients served by the contractor increased by 52%. Exercising the

contract expansion at this time will allow the contractor to assist line staff serve clients by continuing to conduct client orientations and monitoring and scoring pre-assessment testing throughout the fiscal year.

Mandates and Service Levels:

The CalWORKs program is mandated by AB 1542, Statutes of 1997. The level of Job Service is mandated for recipients who are not exempt from Welfare to Work. As part of our plan to help clients reach self-sufficiency our department has also elected to again offer these services to our applicant and volunteer populations. The Post-Employment/Job Retention Services are an additional option given to the County by AB 1542 and were included in our County Plan, approved by the Board of Supervisors on 12/16/97.

Fiscal and Facilities Impacts:

The original contract amount is included in the Adopted FY 2005-2006 Budget. Funding for the original contract and contract expansion will come from a mixture of Federal and State Funds, with no increase in General Fund contribution required. The allotment for the original contract amount is included in the Cal-Works cost center of the Client Services and Benefits Division on Page D-220 of the Budget. As previously indicated in this Board item, approval of this contract expansion will assist us in meeting mandated level of Job Service for recipients who are not exempt from Welfare to Work.

Special Instructions:

After execution by the Chair, please return one (1) originally signed agreement for the contractor, the Department copies of the agreements, and one (1) copy of the minute order, attention: Diana Klopp.

Concurrence:

Auditor-Controller
County Counsel
Risk Management

Contract Summary Form:

Contract Number : BC - 98-459

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<=\$25,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

- D1. Fiscal Year.....: FY05/06
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
D3. Requisition Number.....: N/A
D4. Department Name.....: Social Services
D5. Contact Person.....: Christina Groppetti
D6. Phone.....: 346-7302

- K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Extension of current contract pursuant to renewal clause contained within the original contact language for employment and post employment/retention services to Welfare-to-Work participants.

- K3. Original Contract Amount.....: \$3,232,266
K4. Contract Begin Date.....: 7/1/02
K5. Original Contract End Date.....: 6/30/05
K6. Amendment History (leave blank if no prior amendments):
Seq#EffectiveDate ThisAmndtAmtCumAmndtToDate NewTotalAmtNewEndDate Purpose (2-4 words)
1 7/1/02 \$,520,238 \$520,238 \$3,752,504 06/30/05 One-year extension

K7. Department Project Number.....:

- B1. Is this a Board Contract? (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: None
B3. Number of Competitive Bids (if any).....: 1
B4. Lowest Bid Amount (if bid).....: \$ N/A
B5. If Board waived bids, show Agenda Date.....:
B6. ... and Agenda Item Number.....: #N/A
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : 5; Exhibit B

- F1. Encumbrance Transaction Code.....: 1701
F2. Current Year Encumbrance Amount.....: \$ 520,238 FY05/06
F3. Fund Number.....: 0055
F4. Department Number.....: 044
F5. Program Number.....:
F6. Account Number.....:
F7. Org. Unit Number.....:
F8. Payment Terms..... Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing).....: A
V2. Payee/Contractor Name.....: Affiliated Computer Services, Inc.
V3. Mailing Address.....: 1414 S. Broadway, Suite C
V4. City State (two-letter) Zip (include +4 if known).....: Santa Maria, CA, 93454
V5. Telephone Number.....: (805) 614 1398
V6. Contractor's Federal Tax ID Number (EIN or SSN).....:
V7. Contact Person.....:
V8. Workers Comp Insurance Expiration Date.....:
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl):
V10. Professional License Number.....: #
V11. Verified by (name of County staff).....: Christina Groppetti
V12. Company Type (Check one): [] Individual [] Sole Proprietorship [] Partnership [X] Corporation [] Educational Institution

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature