

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FOR

DATE: 10/08/02
AGENDA ITEM NO: CA-4

MARIPOSA COUNTY
DEPARTMENT OF HUMAN SERVICES
BY: Cheryle Rutherford-Kelly

PHONE: 966-2442

RECOMMENDED ACTION AND JUSTIFICATION: POLICY ITEM: YES () NO (X)

SEE ATTACHED

BACKGROUND AND HISTORY OF BOARD ACTIONS:

SEE ATTACHED

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

COSTS: (X) Not Applicable
A. Budgeted CURRENT FY \$ _____
B. Total anticipated costs \$ _____
C. Required add'l funding \$ _____
D. Internal transfers \$ _____
SOURCE: () 4/5's vote required
A. Unanticipated revenues \$ _____
B. Reserve for Contingencies \$ _____
C. Source description: _____

SPECIAL INSTRUCTIONS:
List the attachments and
number pages accordingly:
1 Board Memo
2 July 1989 Action Form
3, 4 CSUF Agreement

Balance in Reserve for Contingencies,
if approved: \$ _____

CLERK'S USE ONLY:
Resolution No.: 02-376
Ordinance No.: 5
Vote: Ayes: 5 Noes: _____
Absent: _____ Abstain: _____

ADMINISTRATIVE OFFICER'S
RECOMMENDATION:

This item on Agenda as:
____ Recommended ____ Returned for further action
____ Not recommended ____ Submitted w/ comment
____ Policy determination

Am
() Approved () Denied
() Minute Order attached.
() No Action Necessary.

The foregoing instrument is a
correct copy of the original
on file in this office.
Date: _____

Comment: _____

MARGIE WILLIAMS
Clerk of the Board,
County of Mariposa,
State of California

A.O. Initials: MP

BY: _____
Deputy



**MARIPOSA COUNTY
HUMAN SERVICES DEPARTMENT**

P.O. Box 7 • Mariposa, CA 95338 • (209) 966-2131 • Fax (209) 966-5943

Alcohol & Drug Community Action Housing Authority Mental Health Public Guardian/Conservator Social Services
CHERYLE RUTHERFORD-KELLY, MSW, DIRECTOR

September 26, 2002

TO: Members, Board of Supervisors
FROM: Cheryle Rutherford-Kelly *CRK*
RE: Continuation of MSW Internships

Recommendation

It is respectfully recommended that this department be authorized to: (1) continue to utilize MSW candidates as interns; and (2) enter into letters of agreement with the universities for the placement of those interns in our agency after the review and approval of County Counsel.

Background

Over the past decade, the department has utilized Master in Social Welfare/Work (MSW) interns. Such interns are placed in county agencies by the various graduate schools that educate social workers. The only written material that was archived on this matter was a Board of Supervisors memo dated July 1989. That memo (attached for your convenience) refers to the Board approving an intern from Fresno.

Current Situation

We would like to continue to utilize interns from accredited graduate schools. I would like to assign them to units based on their concentration. For example, if one were specializing in geriatrics, that person would be assigned to Adult Protection or In-Home-Supportive Services; if they were interested in family counseling or child welfare, they would be placed in the children's unit. Graduate students who are enrolled full time, generally have at least a 32-hour a week commitment to an internship for approximately two semesters. The length of the internship and hours allows them to offer consistent services to those clients or services assigned to them.

If those interns have a positive experience in an agency, they sometimes accept positions after graduation. This is simply one way to try to solve our difficulties securing this particular group of professionals.

Financial

There is no financial impact; no impact on the general fund.

**COUNTY OF MARIPOSA
AGENDA ACTION FORM**

CLERKS USE ONLY: Approved: <u>mw</u> Vote: <u>Agree: 5</u> Denied: _____ Res/Ord #: <u>0</u> Date: <u>9-11-89</u> Agenda Item #: <u>PA-12</u> Minute Order <input type="checkbox"/>	The following instrument is a correct copy of the original on file in this office. ATTEST: MARGIE WILLIAMS Clerk of the Board of Supervisors, County of Mariposa, State of California by _____ Deputy
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Department: Welfare By: M. Coppola Phone: 966-3609

AGENDA TITLE:
 Use of a student volunteer from California State University at Stanislaus by the Department of Social Welfare.

RECOMMENDED ACTION:

That the Board approve the use of a CSUS volunteer (Worker's Compensation and SDI to be paid by CSUS) by the Welfare Department.

HISTORY OF BOARD ACTIONS:

In 1986 the Board approved the use of an Intern from Fresno State University for the CAPP Program.

CONSEQUENCES OF NEGATIVE ACTION:

The Department of Social Welfare will loose the opportunity to participate in this CSUS program that will provide the department with extra help with no cost or liability to the County.

ALTERNATIVES:

Not Applicable.

COSTS: (x) Not Applicable

A. Budgeted current F.Y. \$ _____
 B. Total anticipated costs \$ _____
 C. Required Add'l. Funding \$ _____
 D. Source: _____

SOURCE: () 4/5ths Vote Required

A. Other budgeted funds \$ _____
 B. Unanticipated revenues \$ _____
 C. Reserve for contingencies \$ _____
 D. Other: _____

Balance in Reserve for Contingencies if Approved: \$ _____

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This Item on Agenda As:

Recommended /
 Not Recommended _____
 For Policy Determination _____
 Submitted with Comment _____
 Returned for Further Action _____

A.O. Initials mw

THIS AGREEMENT, made and entered into this 26th day of **September, 2002**, called the "BOARD OF TRUSTEES", on behalf of CALIFORNIA STATE UNIVERSITY, FRESNO, hereinafter called the "INSTITUTION", and, **Mariposa County Human Services**, hereafter called "Agency"

WITNESSETH:

WHEREAS, the INSTITUTION provides an accredited health care program, approved by the TRUSTEES which requires clinical experience and the use of clinical facilities; and

WHEREAS, the AGENCY has facilities suitable for providing clinical experience for the INSTITUTION'S program, and

WHEREAS, it is to the mutual benefit of the parties hereto that students have opportunities to use the facilities of the AGENCY for their learning experience.

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived therefrom, the parties hereto agree as follows:

I. AGENCY SHALL:

- a) Provide facilities as presently available and as necessary for the development and maintenance of a clinical educational experience for students of the program.
- b) Maintain the AGENCY facilities used for the clinical experience in such a manner that said facilities shall conform all requirements of applicable State Boards and/or Business and Professions Codes.
- c) Assure that staff is adequate in number and quality to insure safe and continuous management of the student program in cooperation with the INSTITUTION's instructor.
- d) Provide Instructors and students taking part in the field experience, whenever possible, other incidentals that may be mutually agreeable upon.
- e) Provide emergency first aid for any student who becomes sick or injured by conditions arising out of or in the course of said student's participation in the clinical experience at the AGENCY. Provide medical examinations or other protective measure that may be required by the AGENCY in addition to the health examination provided by the INSTITUTION.
- f) Have the right, after consultation with the INSTITUTION, to refuse to accept for further clinical experience any of the INSTITUTION'S students who in the AGENCY'S judgment, are not participating satisfactorily.

II. INSTITUTION SHALL:

- a) Designate the students who are enrolled in the program of the INSTITUTION to be assigned for clinical experience at the AGENCY, in such numbers as are mutually agreed to by both parties.
- b) Establish a rotational plan for the clinical experience by mutual agreement between appropriate representatives.
- c) Supervise all instruction and clinical experience given at the AGENCY to the assigned students and provide the necessary instructors for the clinical experience program provided for under this agreement. Keep all attendance and academic records of students participating in said program.
- d) Certify to AGENCY at the time each student first reports at AGENCY to participate in said program that said student will comply with all agreed upon health/insurance requirements for students of the program.
- e) Advise student to be responsible and professional while in the AGENCY. Require every student to conform to all applicable AGENCY policies, procedures, and regulations, and all requirements and restrictions specified jointly by representatives of the INSTITUTION and AGENCY.

- f) In consultation and coordination with the AGENCY'S representatives, plan for the clinical experience to be provided to students under this agreement.
- g) In consultation and coordination with the AGENCY'S staff arrange for periodic conferences between appropriate representatives of the INSTITUTION and AGENCY to evaluate the clinical experience program.

III. GENERAL PROVISIONS:

- a) Students are volunteers of the AGENCY and are not entitled to worker's compensation coverage. The INSTITUTION will provide workers' compensation to students for injury or disease arising out of their use of the AGENCY'S facility while participating in the INSTITUTION'S program.
- b) This agreement shall become effective on the date of countersignature and shall continue for a period of five (5) years provided, however, it may be terminated by either party after giving the other party sixty (60) days advance written notice of its intention to so terminate.
- c) TRUSTEES shall be responsible for damages caused by the negligence of its officers, agents and employees occurring in the performance of this agreement. AGENCY shall be responsible for damages caused by the negligence of its officers, agents and employees occurring in the performance of this agreement. It is the intention of INSTITUTION and AGENCY that the provision of this paragraph be interpreted to impose on each party responsibility for the negligence of their respective officers, agents and employees.
- d) There shall be no monetary obligation on the INSTITUTION or the AGENCY, one to the other.
- e) This agreement may at anytime be altered, changed or amended by mutual agreement of the parties in writing. Additionally, this agreement is not legal and binding upon any of the parties concerned until signed on behalf of the TRUSTEES by the INSTITUTION, and the AGENCY.

Any written notice given under this agreement shall be sent by registered mail to each address below:

Mariposa County Human Services
P.O. Box 7
Mariposa, CA 95338

California State University, Fresno
 State University
 400 Golden Shore
 Long Beach, CA 90802

Purchasing Department
 5150 N. Maple Avenue
 Fresno, CA 93740-0111

IN WITNESS WHEREOF, this agreement has been executed by and on behalf of the parties hereto, the day and year first above written.

INSTITUTION:
 CALIFORNIA STATE UNIVERSITY, FRESNO

AGENCY: **Mariposa County Human Services**

By: _____

By: _____

Title: _____

Date: _____

Date: _____