

**INTERDEPARTMENTAL AGREEMENT
BETWEEN
THE CITY OF SAN ANTONIO
DEPARTMENT OF HUMAN SERVICES
AND THE
SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

This Interdepartmental Agreement (“Agreement”) between the City of San Antonio (“City”) Department of Human Services (“DHS”) and the City’s Metropolitan Health District (hereafter referred to as “Metro Health”), each individually referred to herein as “Party” and collectively referred to herein as “Parties,” sets forth the Parties’ understanding concerning the establishment and operation of a local project under the Corporation for National and Community Service’s (“CNCS”) AmeriCorps VISTA program, pursuant to Title I, Part A of the Domestic Volunteer Service Act, as amended, (42 U.S.C. §§4951 et seq.) (“the Act”).

PURPOSE

The primary purpose of this Agreement is for DHS to provide Metro Health with one (1) AmeriCorps VISTA member (“VISTA”) to perform volunteer service to increase engagement of City-supported programs, program participants and program partners to improve communication and program efficiencies as specified in the City’s project application to CNCS. The project described in the City’s project application is hereinafter referred to as the “Project”.

As a component of the Project, the VISTA will work with Metro Health as part of the **Community Diabetes Program** (the “Program”), to increase community engagement in close coordination with the Program managers.

Neither CNCS nor the AmeriCorps VISTA program is a party to this Agreement.

I. GENERAL PROVISIONS

1. Term

This Agreement is effective on the date of _____ and shall remain in effect for one year, unless earlier terminated in writing by either or both of the Parties. The Parties shall have the option to renew this Agreement for two additional one-year periods, subject to City’s award of the grant from CNCS for the Project. DHS may immediately terminate, or may terminate with written notice that specifies an effective date of termination, this Agreement if directed by CNCS, if funding for the Project is reduced or terminated by CNCS or by City Council, or Metro Health fails to comply with any of this Agreement’s terms.

II. STATEMENT OF WORK

Metro Health shall adhere to the Statement of Work below, including the description of the work to be performed, and the budget submitted by the City and/or DHS to CNCS for the Project.

Metro Health shall assign its VISTA to the Project, supervising and managing them in their performance of the following duties, among others related to the Project:

1. Increase engagement of City-supported programs as host sites for self-management workshops
 - Assist with increasing outreach to staff of City-supported programs, i.e. Senior Nutrition Program and Pre K for SA, by planning and implementing targeted outreach to recruit sites to host self-management workshops
 - Identify best practices for planning, communicating, and scheduling workshops at City-supported program sites
 - Assist with scheduling and recruiting participants for self-management workshops
2. Increase client engagement
 - Design and implement a participant feedback survey for the self-management workshops, and analyze results and present recommendations for improved operations
 - Develop and analyze custom data reports from the results of a self-management self-efficacy survey and present recommendations for Program improvement
 - Develop process for follow up of Program participants who do not complete the full series of self-management workshops
3. Increase partner engagement
 - Develop process for follow up with program partners who refer patients for participation in self-management workshops
 - Develop and analyze custom data reports to fully illustrate the impact of the Program
 - Develop a mechanism to obtain feedback from partners who refer patients for participation in a self-management workshops, implement survey, analyze results, and present recommendations for improved partner relationships

III. COMPENSATION

1. In consideration of the assignment and work of one (1) VISTA placed with Metro Health, Metro Health agrees to transfer funds in the amount of **\$2,335.20**, which is the amount equal to Metro Health's share of the City's cash match to CNCS, to the City's Grant Fund Account for the VISTA AmeriCorps Program FY 2014, IO 138000001248, GL 6101100, on or before **May 30, 2016**. At such time as funds are transferred, Metro Health shall notify DHS of the transfer of funds in accordance with this Agreement.

2. DHS shall not be obligated or liable under this Agreement to any party, including any VISTA, for payment of any monies for provision of any goods or services.

IV. RESPONSIBILITIES OF THE PARTIES

1. **DHS Responsibilities.** DHS will:

- a. Facilitate the selection and assignment of one (1) VISTA to Metro Health at its discretion and assign replacements, as directed by CNCS, for any VISTA who resigns, transfers to other projects or is terminated.
- b. Coordinate the collection of progress reports from Metro Health, the submission of which is required by CNCS.

2. **Metro Health Responsibilities.** Metro Health will:

- a. Assist in the recruitment of applicants for one (1) VISTA position.
- b. Arrange and be responsible for providing on-site orientation and training for all incoming VISTA(s) within the first month of their service.
- c. Assist in the provision of pre-service and in-service training, as specified in the City's Project application to CNCS.
- d. Indicate to DHS the actual departure date(s) of any VISTA(s) who leave prior to completion of service date(s).
- e. Report to DHS, within 24 hours, the unscheduled departure of any VISTA(s), and otherwise keep DHS timely informed of unscheduled changes of status and conditions of VISTA(s), such as arrests, hospitalization, and absence without leave.
- f. Submit Program / Project Progress Reports within the time frame required by DHS for reporting to CNCS.

V. COMPLIANCE

The Parties understand that the VISTAs provided have been made available to the City by CNCS and will observe and comply with the Memorandum of Agreement and Amendment, as applicable, between the City and CNCS attached hereto and incorporated herein for all purposes as **Attachment I**. Further, the Parties understand that they may be held financially responsible to CNCS for inappropriate use of VISTA resources.

VI. NOTICE

Any notice required, permitted or appropriate under this Agreement shall be deemed sufficient, if in writing, and if delivered in person, by mail or via email, between the Parties at the respective addresses set forth below.

DHS
Department of Human Services
Attn: AmeriCorps Program Manager
106 St. Mary's Street, 7th Floor
San Antonio, Texas 78205
victor.obevoen@sanantonio.gov

Metro Health
San Antonio Metropolitan Health District
Attn: Community Diabetes Program Manager
332 W. Commerce Street
San Antonio, TX 78205
stacy.maines@sanantonio.gov

VII. AMENDMENTS

This Agreement may be amended at any time, in writing, and must be executed by authorized representatives of both Parties.

EXECUTED this day of _____, 2015.

DHS
Department of Human Services

METRO HEALTH
San Antonio Metropolitan Health District

BY: _____
Melody Woosley
Director

BY: _____
Thomas L. Schlenker, M.D., M.P.H.
Director of Public Health

Date: _____

Date: _____

APPROVED AS TO FORM:

Assistant City Attorney