



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061-0962
(408) 454-4066 FAX: (408) 454-4488
TDD: (408) 454-4123

April 21, 1998

AGENDA: May 19, 1998

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

SUBJECT: Approval of Youth Resource Bank Contract Amendment

Dear Members of the Board:

Background:

Community Mental Health contracts with Youth Resource Bank to provide case service fund administrative services. These funds enable and facilitate the stabilization of individuals in the community in the least restrictive level of care/treatment possible by providing services, supplies and incentives to at-risk youth.

At the direction of your Board, Children's Mental Health has realigned its programs to include new collaborative efforts with Juvenile Probation and the Human Resource Agency to further stabilize at-risk youth within the community. The new Probation EPSDT (Early Periodic Screening, Diagnosis and Treatment) Program and HRA EPSDT Program will require a small increase in case service funds to provide wrap-around services to these targeted youth for the remainder of this fiscal year.

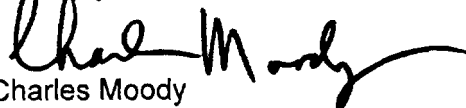
No new County funds are needed nor requested as sufficient dollars exist within the current Mental Health budget to fund this contract amendment.

It is, therefore, RECOMMENDED that your Board:

1. Approve the attached amendment to the 1997/198 agreement with Youth Resource Bank, Contract No. 1015A (Budget Index 363118, Subobject 3665) increasing the

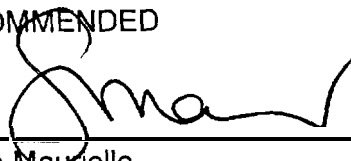
maximum amount by \$7,400 for a new maximum of \$50,000, and authorize the Health Services Administrator to sign.

Sincerely,


Charles Moody
Health Services Administrator

CM/GK/DC/lj

RECOMMENDED



Susan Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Community Mental Health

s:\MH Shared Area\YRB contract amend brdltr.doc

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

299

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)
C. Murry (Signature) _____ (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz (Community Mental Health) (Agency)
and, Youth Resource Bank, P.O. Box 1844, Capitola, CA 95010 (Name & Address)
- The agreement will provide administrative services of a children's case management "wrap around" fund.
- The agreement is needed to amend the existing Agreement.
- Period of the agreement is from July 1, 1997 to June 30, 1998
an additional \$7,400 for a new maximum of
- Anticipated cost is \$ 50,000 through June 30, 1998 (Fixed amount; Monthly rate; Not to exceed)
- Auditor: Encumber an additional \$7,400 r _____ k _____ s _____ : _____)
- Appropriations are budgeted in 363118 (Index#) 3665 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. C071015A Date 5/6/98
are not will be
GARY A. KNUTSON, Auditor - Controller
By Suzie Ward Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Administrator to execute the same on behalf of the _____

HEALTH SERVICES (Agency).

County Administrative Officer

Remarks:

69 (Analyst)

By 6/8/98 Date 5/8/98

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green *
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk

**Youth Resource Bank
Case Service (wrap-around) Fund Administrative Service
AMENDMENT to 1997/98 Agreement**

The parties hereto agree to amend that certain agreement dated JULY 1, 1997, County Contract No. 1015A, by changes as follows:

1. Cover Sheet

Change the contract maximum Amount from \$42,600 to \$50,000

2. Exhibit C -- Scope of Service and Budget

Delete the existing Exhibit C - Scope of Service and Budget and replace with the attached Exhibit C - Scope of Service and Budget increasing the contract amount by \$7,400.

All other provisions, excepting those mentioned above, shall remain the same.

Date: April 24, 1998

COUNTY OF SANTA CRUZ

CONTRACTOR

By: _____
Charles Moody
HEALTH SERVICES ADMINISTRATOR

By: _____
Lynn Miller, Vice - Chair
YOUTH RESOURCE BANK
P.O. Box 1844
Capitola, CA 95010

Approved as to Form: _____
County Counsel

COUNTY OF SANTA CRUZ

EXHIBIT C -- Scope of Service and Budget

YOUTH RESOURCE BANK

Case Service (wrap-around) Fund Administrative Service

CONTRACTOR will provide case services fund administrative services to seriously emotionally disturbed children and adolescents who live in Santa Cruz County as established by the **Bronzan-McCorquodale** Act and the California Health Services Reform Act of 1985 (AB2541).

A. Case Services Fund

The purpose of the Case Services Fund is to enable and facilitate the stabilization of individuals in the community in the least restrictive level of care/treatment possible. Funds may be requested by COUNTY staff Coordinators for clinical needs deemed consistent with the purpose of this fund. Examples of appropriate expenditures include:

1. Emergency respite stays to diffuse an escalating circumstance that, in the assessment of the staff involved, might otherwise result in hospitalization or group home placement. Also day time and/or overnight respite activity services that stabilize placement in the least restrictive setting such as **after** school or evening day care, recreation and summer camps.
2. Emergency food and supplies (e.g. clothing) to stabilize a living situation, teach critical skills or to meet a specific urgent need.
3. Reimburse parents for costs associated with involvement in stabilizing SED youth in least restrictive environment. Also reimburse parents for family partnership activities such as facilitating Club Hope meetings, time and mailing of newsletter, attending meetings, child care, other assigned work.
4. Transportation for access to services where the provision of transportation resources is deemed by the Coordinator to be contributory to the stability of the individual in the community.
5. Youth Mentor Program: Payment to SED youth for time specific, staff directed peer projects plus associated supplies.
6. **Enrollment** fees for therapeutic activities.

Exhibit C, 1997-98

7. Reimburse vendor for development of life skills such as vocational, employment, social skills, education and sign language.
8. Purchase rewards/incentives for treatment and evaluation services, e.g., **Baskin Robbins** ice cream vouchers for participation in evaluation activities.

Case service funds will be made in the form of a check, payable to the vendor of services, or to COUNTY staff for reimbursements of expenditures already made. For staff reimbursements; receipts must be submitted and attached to the request for reimbursement with documentation as to the clinical justification.

There will be no minimum or maximum case service amounts. The COUNTY will provide a list of authorized personnel who will have access to this serve for their clients. The COUNTY will include on this list those staff with the authority to authorize case service funds.

B. CONTRACTOR shall:

1. Require a completed Case Services Fund Check Request.
2. Release checks to authorized personnel and vendors only for case service activities.
3. Submit a monthly cumulative cash flow summary to contract monitor including Beginning Case Services Fund Balance, Total Paid Out, Total Fund Reimbursements, Total Earned Interest, and Ending Balance, and a list of vendors payments and staff reimbursed for each specific case(s).
4. CONTRACTOR will develop procedures for administering the Case Services Fund. These procedures will be subject to review by the County's contract monitor. All Case Services Fund applications will have final approval by the CONTRACTOR'S administrator or his/her designee. No fund checks will be drawn without the CONTRACTORS administrator or designee's signature appearing on the Case Services Fund Advance Check Form.
5. CONTRACTOR agrees to make Case Services Funds available to COUNTY Coordinators for purposes stated in this Agreement.

C. METHOD OF PAYMENT

1. CONTRACTOR assures COUNTY that an advance payment is necessary in order to maintain program integrity. CONTRACTOR will not use advances to provide working capital for non COUNTY programs. When possible, advances will be deposited in interest-bearing accounts, with said interest being used to reduce program costs,
2. COUNTY agrees to advance the sum of \$10,000 upon execution of Agreement,

3. Upon receipt of monthly claim documenting the actual cost of Case Services Fund activity, COUNTY shall reimburse CONTRACTOR in monthly payments. Reimbursement for Case Services Fund activities shall not exceed \$47,400 for the 1997-98 fiscal year including the \$10,000 advance.
4. COUNTY agrees to reimburse the CONTRACTOR \$2,600 for administering the Case Services Fund during 1997-98. One-half of this amount will be payable upon execution of the contract and the balance will be payable after January 1, 1998.
5. Cost of services rendered for the Case Services Fund shall be reimbursed based upon actual Case Services Fund costs and administrative support fees up to the maximum amount of contract whichever is less, at the end of the contract year.

s:\Contracts\YRB 10 15A Scope Amend
4.23.98

COUNTY OF SANTA CRUZ
EXHIBIT C - CONTRACT BUDGET
YOUTH RESOURCE BANK

July 1, 1997- June 30, 1998

1. CASE SERVICES FUND (wraparound)	
Fund	\$47,400
Administrative Support (-5.5%)	2,600

TOTAL CASE SERVICES FUND	\$50,000