



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

February 1, 1999

AGENDA: February 23, 1999

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

RE: Approval of FY 1998199 State Department of Mental Health Performance Contract

Dear Board Members:

Since 1989, the County has entered into an annual Performance contract with the State for the provision of local mental health services. The contract for the current year, FY 1998/99, is attached for your Board's approval.

This contract includes provisions for Short-Doyle/MediCal (SDMC) rates, numbers of state hospital beds, costs for state hospitals, general requirements as specified in state law, descriptions of state allocations and general assurances. Each year, changes in state law may result in changes to the contract. However, this year, no major changes have been made to this contract and it is, in essence, the same as your Board approved for FY 1997/98.

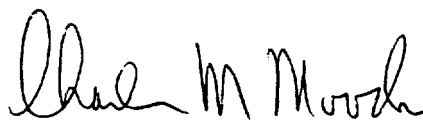
The SDMC rates reflected in this contract are equal to the rates included in the revenue estimates for the approved budget for FY 1998199. Therefore, the rate provisions in this contract do not negatively impact previously budgeted revenues.

As required in Statute, the Local Mental Health Advisory Board has reviewed and accepted the attached State Performance contract.

It is, therefore, **RECOMMENDED** that your Board:

1. Adopt the attached resolution approving the State Performance Contract and authorize the Health Services Administrator to sign the contract; and
2. Direct the Clerk of the Board to prepare three certified copies of the Board Resolution for Health Services Agency to send to the State Department of Mental Health.

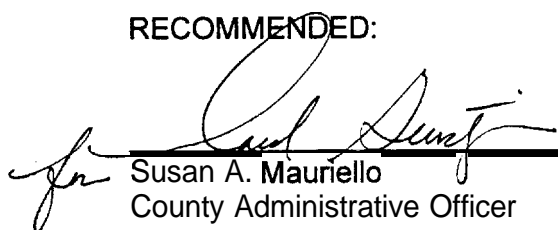
Sincerely,



Charles M. Moody, Administrator
Health Services Agency

1

RECOMMENDED:


Susan A. Mauriello
County Administrative Officer

CM:GK:js

Attachment

cc: CAO
Auditor-Controller
County Counsel
HSA Administration
Mental Health Administration

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION APPROVING THE "STATE PERFORMANCE CONTRACT"
BETWEEN THE STATE DEPARTMENT OF MENTAL HEALTH AND THE
COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY-MENTAL HEALTH

WHEREAS, the Board of Supervisors of Santa Cruz County desires to enter into a contract with the State Department of Mental Health as provided by the Welfare and Institutions Code for 1998-99, for purposes of providing mental health services for the mentally disabled and for continued funding of existing programs.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED, that the Board of Supervisors, are hereby authorizing the Health Services Administrator to sign and execute such a contract and its attachment on behalf of the County of Santa Cruz.

PASSED AND ADOPTED, by the Board of Supervisors of the County of Santa Cruz, State of California, this 23rd day of February 1999, by the following vote (requires four-fifths approval):

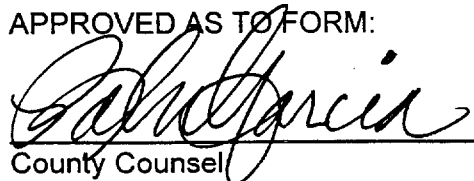
AYES: SUPERSVISORS
NOES: SUPERSVISORS
ABSTAIN: SUPERSVISORS

Chairperson of said Board

AI-I-EST:

CLERK OF THE BOARD

APPROVED AS TO FORM:



County Counsel

Distribution: CAO Auditor-Controller
County Counsel HSA
Community Mental Health Local Mental Health Board

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

274

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

FROM: Health Services Agency (Mental Health) (Dept.)
C. Morphy (Signature) 2/4/99 (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, the State of California Department of Mental Health, 1600 9th St., Sacramento CA 95814 (Name & Address)
- The agreement will provide mental health services funding and state hospital access for residents of Santa Cruz County.
- The agreement is needed to provide the above.
- Period of the agreement is from July 1, 1998 to June 30, 1999
- Anticipated cost is \$ N/A (Fixed amount; Monthly rate; Not to exceed)
- Remarks: _____
- Appropriations are budgeted in N/A (Index#) N/A (Subobject)

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

Appropriations are available and have been encumbered. Contract No. R-622 Date 2/8/99
are not N/A will be

GARY A. KNUTSON, Auditor - Controller
BY Linda Chen 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).

Remarks: gg (Analyst) By G. Sch... County Administrative Officer Date 2/9/99

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

38

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