



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

August 23, 1999

AGENDA: September 21, 1999

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

RE: **Approval of Implementation of STOP Program and Related Budget
and Personnel Actions**

Dear Members of the Board:

The California Department of Social Services recently created the Supportive and Therapeutic Options Program (STOP) in response to the Group Home Reform legislation which addressed the needs of children in the foster care system who are not eligible for Medi-Cal. The goals of the program are:

1. To prevent children from entering or re-entering foster care placement through Child Welfare and Probation systems by providing family-centered, community-based supportive and therapeutic services;
2. To promote successful transition from placement back to the family home; and to minimize trauma to children and families through the development of aftercare alternatives that provide continuity in service delivery by maintaining already established provider relationships; and
3. To maximize funding resources for service delivery through collaborative partnerships among local public and private agencies such as Community Mental Health, Probation and other service providers.

Santa Cruz County has been allocated \$52,301 from the State General Fund to develop a program to address these service gaps. This allocation requires a \$22,415 local match. The Human Resources Agency, Probation Department, and Community Mental Health have collaborated in an interagency planning process on how best to meet the goals of the STOP Program. The interagency plan calls for expanding the existing Family Conferencing Unit in the Human Resources Agency through the addition of one Senior Mental Health Client Specialist in

the Community Mental Health budget, making the Family Conferencing Program a true interagency unit serving a range of Child Welfare, Probation, and Mental Health families in need of this service. The Family Conferencing unit uses a support model of organized wrap-around services focusing on family empowerment, decision-making/problem solving, and responsibility building.

Sufficient funds exist within the existing Community Mental Health budget to provide the required match and no additional funds are needed nor requested.

It is, therefore, RECOMMENDED that your Board:

1. Approve the attached \$52,301 Transfer of Appropriations between various expense accounts in the HSA Community Mental Health Budget, and
2. Authorize the addition of 1 .0 FTE Senior Mental Health Client Specialist position within the Community Mental Health Division of HSA and direct the Personnel Department to take the necessary actions to classify the position.

Sincerely,



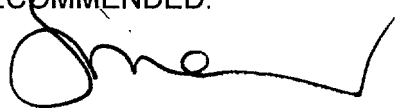
Charles M. Moody.
Health Services Administrator



Cecilia Espinola
Human Resources Administrator

GK:DC:Ij

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

- cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Mental Health & Substance Abuse Services
Personnel
SEIU Local 415
HRA Administration
Probation Department

-- COUNTY OF SANTA CRUZ
REQUEST FOR TRANSFER OR REVISION
OF BUDGET APPROPRIATIONS AND/OR FUNDS

Date: 9/21/99

Department: Health Services Agency

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, ~~19~~2000

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
<u>77 6</u>	<u>11,041,602:0.0</u>	<u>12</u>	<u>253</u>

BATCH #	
DATE	Keyed By:

	T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
TRANSFER	0 2 1		SEE	ATTACHED		
	0 2 2	3 6 3 1 1 4	9 2 2 8		5,230,100	Cost Applied

Explanation: Funding for STOP Program. The expenditures will be recognized in Mental Health and Cost Applied to HRA for inclusion in their STOP claim.

Name: Charles M. Morphy Title: HSA Administrator

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated:
Auditor-Controller, by Russell J. Silson, Deputy Date 9/8/99

County Administrative Officer's Action: Recommended to Board Approved Not Recommended or App
County Administrative Officer Edu Schuy Date 9/14/99

State of California }
County of Santa Cruz } ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by duly entered in the minutes of said Board on

_____ 19____, By _____, De

(A-C)* Desc: _____ # _____ - Budget Transfer

Distribution: BRD. NAME AGENDA DATE ITEM NO.
White-Board of Supervisors
Yellow-Auditor-Controller
Green-County Administrative Officer
Pink-Originating Department
Goldenrod-Departmental Control Copy

A-C Review	

HEALTH SERVICES AGENCY
AUD-74 ATTACHMENT
STOP Program

FISCAL YEAR 199912000

APPROPRIATIONS:

TIC	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	363114	3100		REGULAR PAY-PERMANENT	35,616
021	363114	3150		OASDI-SOCIAL SECURITY	2,725
021	363114	3155		PERS	5,068
021	363114	3160		EMPLOYEE INSURANCE AND BE	2,448
021	363114	3440		EMPLOYEE CERTS & LICENSES	200
021	363114	3975		SPECIAL DEPT EXPENSE	3,894
021	363114	4060		REC & THERAPY SUPPLIES	300
021	363114	4110		SUBSCRIPTIONS, BOOKS	150
021	363114	4154		TRAINING	400
021	363114	4164		MEALS	300
021	363114	4166		MILEAGE	1,200
Total					\$ 52,301

C:\Data\12319900\AUD74.xls