



County of Santa Cruz⁰¹⁶⁹

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE SANTA CRUZ, CA 95060

(831) 454-4170 FAX: (831) 454-463 TDD: (831) 454-4123

MENTAL HEALTH AND SUBSTANCE ABUSE **ADMINISTRATION**

October 3, 2000

AC ENDA: October 24, 2000

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

RE: APPROVAL OF MENTAL HEALTH CONTRACT AMENDMENT

Dear Board Members:

A portion of Mental Health's current agreement with the Volunteer Center of Santa Cruz (County Contract No. 205-03) provides funding to the Mental Health Resource Center/Family Partnership program.

The program helps parents and families of children and adolescents with serious emotional disturbances in gaining access to a variety of community resources. Family Partnership seeks to increase volunteer and self-help resources within the mental health system by focussing on building natural support systems. Through family education and support, the program assists parents by increasing families' capacity to provide emotional and practical resources including respite care coordination.

The attached contract amendment increases the Mental Health Resource Center/Family Partnership budget to allow the addition of one full-time Parent Partner position in FY 2000/01. This additional position will enable the program to improve its ability to coordinate respite care, operate parent support groups, and provide one to one mentoring, support and advocacy to additional families.

Sufficient funds exist within the current Mental Health budget and no additional county funds are needed or requested.

It is, therefore, RECOMMENDED that your Board;

1. Approve the attached amendment to the 2000/01 agreement with the Volunteer Center of Santa Cruz, County Contract No. 205 (Budget Index 36311 1/363210, Subobject 3665), increasing the contract by \$48,100 effective July 1, 2000 for a new contract maximum of \$879,700, and authorize the Health Services Administrator to sign.

Sincerely,



Rama Khalsa
Health Services Administrator

RK: PS
Attachment

RECOMMENDED




Susan Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
Health Services Agency
Mental Health & Substance Abuse Administration

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0171

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

FROM: Health Services Agency (Mental Health) (Dept.)
 (Signature) 10/13/00 (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, Volunteer Center of Santa Cruz, 1010 Emeline Ave., Santa Cruz CA 95060 (Name & Address)
- The agreement will provide a vocational day program including sheltered workshop, the Mental Health Resource Center, and the MHRC/Family Partnership program.
- The agreement is needed. to amend the existing Agreement.
- Period of the agreement is from July 1, 2000 to June 30, 2001
- Anticipated cost is \$ 879,700 through June 30, 2001 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: Auditor: Encumber an additional \$48,100 for #205-03; new total contract maximum is now \$879,700.
- Appropriations are budgeted in 363210 (\$786,900) 363111 (\$92,800) (Index#) 3665 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C00205-01/02/03 Date 10/12/00
are not will be

GARY A. KNUTSON, Auditor - Controller

By  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:

 (Analyst)

By  Date 10/16/00

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.

ADM - 29 (6/95)

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  duly entered in the minutes of said Board on _____

By _____ Deputy Clerk

Index No. 363111
Subobject No. 3665
Contract No. C000205-03

Volunteer Center of Santa Cruz
Mental Health Resource Center/Family Partnership Program
Amendment to 2000-01 Agreement

The parties hereto agree to amend that certain agreement dated July 1, 2000, County Contract No. 205-03, by changes as follows:

1. Cover Sheet

Increase Index # 363111 amount by \$48,100 for a new Index total of \$92,800. Increase total contract maximum by \$48,100 for a new total contract maximum of \$879,700.

2. Exhibit C, Scope of Service and Budget (Part C)

Delete existing Part C Budget (page 6 of 6) and replace with new attached Part C Budget (page 6 of 6).

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

Dated: October 3, 2000

CONTRACTOR

By 

Karen Delaney, Executive Director
Volunteer Center of Santa Cruz
1010 Emeline Avenue
Santa Cruz, California 95060

COUNTY OF SANTA CRUZ

By _____

Rama Khalsa
Health Services Administrator

APPROVED AS TO FORM


County Counsel

LEGAL ENTITY: Volunteer Center
 PROGRAM NAME: MH Res Ctr Family Partnership
 INDEX NUMBER: 363111

FISCAL YEAR: 2000/01
 CONTRACT #: COO020503
 DATE: 10/2/00

SANTA CRUZ COUNTY
 COMMUNITY MENTAL HEALTH
 SERVICE AGREEMENT BUDGET
 EXHIBIT C

	CONTRACT TOTAL						
PROGRAM COMPONENT		MHRC					
PROVIDER #		4403					
MODE		45					
SERVICE FUNCTION		20					
CONTRACTOR'S COSTS	92,800	92,800					
REVENUES							
GRANTS							
PATIENT FEES							
PATIENT INSURANCE							
OTHER							
TOTAL REVENUES							
NET CONTRACT AMOUNT		92,800					
FUNDING SOURCES							
MEDI-CAL (FFP & MATCH)							
MAC (FFP & MATCH)	51,968	51,968					
MEDICARE							
REALIGNMENT/COUNTY	40,832	40,832					
OTHER							
TOTAL FUNDING SOURCES	92,800	92,800					
UNIT COST CALCULATION							
CONTRACTOR'S COSTS	92,800	92,800					
COUNTY'S DIRECT COSTS							
TOTAL DIRECT COSTS	92,800	92,800					
UNITS OF SERVICE		N/A					
COST PER UNIT - TOTAL							
CONTRACT COST PER UNIT							
COUNTY COST PER UNIT							

The COUNTY agrees to reimburse CONTRACTOR actual costs up to the maximum shown in Net Contract Amount by type of service.

CONTRACT UNITS	N/A						
CONTRACT MEDI-CAL UNITS							
CONTRACT INDIGENT UNITS							
CONTRACT OTHER UNITS							