



# County of Santa Cruz 0081

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE  
SANTA CRUZ, CA 95061  
(831) 454-4066 FAX: (831) 454-4770

### HEALTH SERVICES AGENCY ADMINISTRATION

May 15, 2001

**AGENDA: June 12, 2001**

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

### **RE: APPROVAL OF MENTAL HEALTH CONTRACT AMENDMENTS**

Dear Board Members:

This letter seeks Board approval for two contract amendments

The attached amendment to the 2000-2001 agreement with Food and Nutrition Services (Contract No. 2046) adds \$4,000 to the existing contract in order to provide additional respite services to clients and families in the Children's Mental Health program. Food and Nutrition Services provides respite services to parents of children with serious emotional disturbances who are served by Children's Mental Health. Respite services consist of providing trained child care providers to parents of these special needs children for specified periods of time either at home or in the community. These services are considered an important component of the Children's Interagency System of Care in Santa Cruz County and have proven to be a valuable resource to the families served within this system. The additional funds will help in meeting the increasing demand for respite services from these system of care families.

The attached amendment to the 2000-2001 agreement with Santa Cruz Community Counseling Center, Inc. (County Contract No. 028) adds an additional \$183,500 to a new component of the existing contract for administration of housing subsidies, housing loan funds, revolving loan and case service funds on behalf of mental health clients receiving services from the Homeless Persons Health Project as part of the newly implemented Homeless Mentally Ill Grant (AB 2034) funded by the State Department of Mental Health. These housing, case service and loan funds will be utilized to stabilize clients in the community (e.g., providing first/last month's rent, security deposits, etc.).

On March 7, 2000, your Board approved an amendment to this agreement with Santa Cruz Community Counseling Center, Inc. for administration of loan and case service funds on behalf of mental health clients served by the Mentally Ill Offender (MIO) grant funded by the State Department of Corrections. The attached amendment also adds an additional \$15,000 to the


existing MIO component of the contract to continue to make case service funds available to MIO clients.

Sufficient funds exist within the 2000/2001 Mental Health budget and no additional County funds are needed or requested for either contract amendment.

It is, therefore, RECOMMENDED that your Board:

1. Approve the attached amendment to the 2000/2001 agreement with Food and Nutrition Services, Contract No. 2046 (Budget Index 363114, Subobject 3665), increasing the contract by \$4,000 for a new contract maximum of \$14,000, and authorize the Health Services Administrator to sign; and
2. Approve the attached amendment to the 2000/2001 agreement with Santa Cruz Community Counseling Center, Inc., County Contract No. 028 (Budget Index 363210/363173/363174, Subobject 3665), increasing the contract by \$198,500 for a new contract maximum of \$353,500, and authorize the Health Services Administrator to sign.

Sincerely,



Rama Khalsa  
Health Services Administrator

RK:AP

Attachments: ADM-29  
Contract Amendment

RECOMMENDED




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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

0083

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

FROM:

HEALTH SERVICES AGENCY (Mental Health)

(Dept.)

(Signature) SP/LK (Date) 5/24/01

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, Food & Nutrition Services, 236 Santa Cruz Ave. Aptos, CA 95003 (Name & Address)
- The agreement will provide respite services to seriously emotionally disturbed children and their families.
- The agreement is needed, to provide the above.
- Period of the agreement is from July 1, 2000 to June 30, 2001
- Anticipated cost is \$ 14,000 through June 30, 2001 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: Auditor: Encumber an additional \$4,000 for a new maximum of \$14,000.
- Appropriations are budgeted in 363114 (Index#) 3665 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C002046-01 Date 6-1-01  
are not will be

GARY A. KNUTSON, Auditor - Controller

By P. S. Waugh 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:

LA (Analyst)

County Administrative Officer  
By Ed E. Sch... Date 6/1/01

Agreement approved as to form. Date

Distribut on:

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

\_\_\_\_\_, 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

\_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Deputy Clerk

24

Index No. 363114  
Subobject No. 3665  
Contract No. CO02046-01

Food & Nutrition Services  
**Respite Program Services**  
Amendment to 2000-01 Agreement

The parties hereto agree to amend that certain agreement dated July 1, 2000, County Contract No. 2046-01, by changes as follows:

**1. Cover Sheet**

Increase contract by an additional \$4,000 for a new total contract maximum of \$14,000.

**2. Exhibit C, Scope of Service and Budget**

Delete existing Budget (page 4 of 4) and replace with new attached Budget (page 4 of 4).

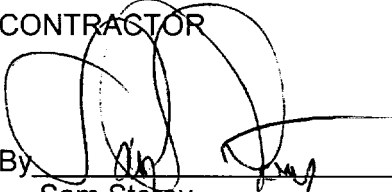
All other provisions, excepting those mentioned above, shall remain the same.

Dated: March 14, 2001

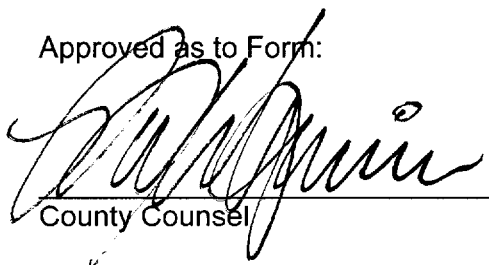
COUNTY OF SANTA CRUZ

BY \_\_\_\_\_  
Health Services Administrator

CONTRACTOR

By  \_\_\_\_\_  
Sam Storey  
Food & Nutrition Services  
236 Santa Cruz Avenue  
Aptos, California 95003

Approved as to Form:

  
County Counsel



## Exhibit C, 2000-2001

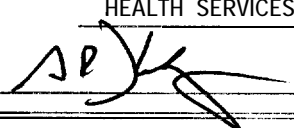
COUNTY OF SANTA CRUZ  
EXHIBIT C -CONTRACT BUDGET  
Food and Nutrition Services

July 1, 2000 – June 30, 2001	
RESPITE PROGRAM BUDGET CATEGORIES	TOTAL
Program Coordination Recruitment, scheduling, outreach	\$2,493
Workers Average reimbursement: \$1 O/hour 829 hours	7,789
Worker Security Checks	0
Training	500
Supplies, mailings	1,300
Grantee allocated 13.7%	1,918
TOTAL RESPITE PROGRAM BUDGET	\$14,000

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0086

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

FROM: HEALTH SERVICES AGENCY (MENTAL HEALTH) (Dept.)  
 (Signature) 5/24/11 (Date)


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

- Said agreement is between the County of Santa Cruz (Mental Health and Substance Abuse Services) (Agency) and Santa Cruz Community Counseling Center, Inc., 195-A Harvey West Blvd., Santa Cruz, CA 95060 (Name & Address)
- The agreement will provide administration of housing, loan and case service funds, check processing and reimbursement.
- The agreement is needed to amend this agreement.
- Period of the agreement is from July 1, 2000 to June 30, 2001
- Anticipated cost is \$ 353,500 through June 30, 2001 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: Auditor: Encumber an additional \$15,000 in Index 363173 and \$183,500 in new Index 363174 for a new maximum of \$353,500. The amendment to 363174 will become C000028-02.?
- Appropriations are budgeted in 363173 (\$40,000) and 363210 (\$130,000) (Index#) 3665 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C0 00028-01/02/03 - Date 6-1-01


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).


Remarks: County Administrative Officer

By  (Analyst)

By  Date 6/1/01

Agreement approved as to form. Date

Distribution:

Bd. Of Supv. - White  
Auditor-Controller - Blue  
County Counsel -  •  
Co. Admin. Officer - Canary  
Auditor-Controller - Pink  
Originating Dept. - Goldenrod

\*To Orig. Dept. if reject

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 an order duly entered in the minutes of said Board on

\_\_\_\_\_ 19 \_\_\_\_\_

County Administrative Officer  
By \_\_\_\_\_ Deputy Clerk

Index No. 363174/363173  
 Subobject No. 3665  
 Contract No. 028-02/03

Santa Cruz Community Counseling Center, Inc.  
**Administration of Housing, Loan, and Case Services Funds**  
 Amendment to the 2000-2001 Agreement

The parties hereto agree to amend that certain agreement dated July 1, 2000, County Contract No. 028-02/03, by changes as follows:

**1. Cover Sheet**

Add \$183,500 to new Index No. 363174; this new portion will become Contract No. 028-02. Add \$15,000 to Index No. 363173 (028-03). Change the total contract maximum from \$155,000 to 353,500.

**2. Exhibit C, Scope of Service and Budget, Part B**

Add new attached Exhibit C, Scope of Service and Budget, Part B regarding administration of housing subsidies and loan funds for clients served by the Homeless Mentally Ill Grant.

**3. Exhibit C, Scope of Service and Budget, Part C**

Delete existing Budget (page 4 of 4) and replace with new attached Budget (page 4 of 4).


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

Dated: May 16, 2001

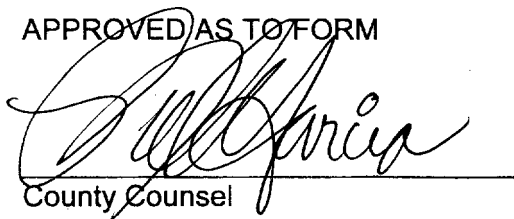
COUNTY OF SANTACRUZ

CONTRACTOR

BY \_\_\_\_\_  
 Rama Khalsa  
 Health Services Administrator

BY   
 Terry Moriarty, Director  
 Santa Cruz Community  
 Counseling Center, Inc.  
 195-A Harvey West Blvd.  
 Santa Cruz, CA 95060

APPROVED AS TO FORM

  
 County Counsel



LEGAL ENTITY: Santa Cruz Community Counseling Center  
 PROGRAM NAME: Housing Funds, Financial Svcs  
 INDEX NUMBER: 363174

FISCAL YEAR: 2000/2001  
 CONTRACT #: CO00028-0a  
 DATE: 5/9/01

SANTA CRUZ COUNTY  
 COMMUNITY MENTAL HEALTH  
 SERVICE AGREEMENT BUDGET  
 EXHIBIT C

	CONTRACT TOTAL						
PROGRAM COMPONENT		Housing					
PROVIDER #		4416					
MODE		45					
SERVICE FUNCTION		20					
CONTRACTORS COSTS	183,500	183,500					
REVENUES							
GRANTS							
PATIENT FEES							
PATIENT INSURANCE							
OTHER							
TOTAL REVENUES							
NET CONTRACT AMOUNT	183,500	183,500					
FUNDING SOURCES							
MEDI-CAL (FFP & MATCH)							
MAC (FFP & MATCH)							
MEDICARE							
REALIGNMENT/COUNTY							
OTHER	183,500	183,500					
TOTAL FUNDING SOURCES	183,500	183,500					
UNIT COST CALCULATION							
CONTRACTORS COSTS	183,500	183,500					
COUNTY'S DIRECT COSTS							
TOTAL DIRECT COSTS	183,500	183,500					
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							



## COUNTY OF SANTA CRUZ

**EXHIBIT C -- Scope of Service and Budget**

SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.

**PART B****I. Housing Fund and Case Services Fund Administrative Services**

CONTRACTOR will provide Housing funds and Case Services Fund administrative services to clients receiving services from the Homeless Persons Health Project as part of the Homeless Persons Grant funded by the State Department of Mental Health.

The goal of this service component is to provide permanent housing for the homeless mentally ill clients being served by the grant. The purpose of this fund is to provide money to these clients to establish permanent, independent housing within the community. Housing funds may be used for any housing related need that will assist in the goal of stable permanent housing. This may include rent subsidies, security deposits, first and last month's rent, utility deposits etc. It may also be used to assist with lease/option to purchase in collaboration with the Santa Cruz County Mental Health/Substance Abuse Housing Coordinator staffed by the Homeless Persons Grant. The Housing Coordinator will work with various community based housing developers. If the case coordinator believes that the client will have the ability to reimburse this fund then the money will be issued as a loan. In most cases the money will be issued without an expectation that the client re-pay the fund. Loans may be made within a 24-hour period in an emergency situation or otherwise issued in the normal business week cycle. No loans will be made on Saturday or Sunday. The loan will be made in the form of a check.

The County will provide a list of authorized personnel from the HPHP-Homeless Grant Team who will have access to this service for their clients. The COUNTY will include on this list those staff with the authority to authorize a loan.

**A. Homeless Grant Fund**

Additionally, CONTRACTOR agrees to abide by requirements made by the State relative to the specific program to be provided with these funds. They are as follows:

1. Services must address the homeless mentally disabled both in areas of the city and in remote, more rural areas; services must be available to this population countywide.
2. The funds appropriated here must supplement any other funding; these funds cannot supplant any existing services to the mentally disabled who are homeless or at risk of becoming homeless.
3. All services must be made available on a voluntary basis.

**B. 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. COUNTY Homeless Grant Team members may request funds for clinical needs deemed consistent with the purpose of this fund. Examples of appropriate expenditures include:

1. Emergency respite stays in a local motel to diffuse an escalating circumstance that, in the assessment of the staff involved, might otherwise result in hospitalization;
2. Emergency food and supplies to stabilize living situation or teach critical skills;
3. Clothes on an emergency basis or for a specific urgent need;
4. Transportation for access to services where the provision of transportation resources is deemed by the Homeless Grant staff to be contributory to the stability of the individual in the community; or
5. Enrollment fees for therapeutic activities.

Case Services Funds will be made in the form of a check, payable to the vendor of services. For reimbursement, receipts must be submitted by Homeless Grant staff and attached to the request for reimbursement with documentation of approval by the Homeless Grant supervisor. There will be no minimum or maximum case service amounts. The COUNTY will provide CONTRACTOR with a list of Homeless Grant Team authorized personnel who will have access to this service for their clients. The list will include those staff with the authority to authorize case service funds.

For loan transactions, CONTRACTOR shall:

1. Require a completed Revolving Loan Fund Advance Check Request and Repayment Agreement.
2. Release checks to authorized personnel only.
3. Submit a monthly cumulative cash flow summary including Beginning Loan Fund Balance, Total Loans Paid Out, Total Client Reimbursements, Total County Fund Reimbursements, Total Earned Interest, and the Ending Balance.
4. CONTRACTOR will develop procedures for administering the loan fund. These procedures will be subject to review by the COUNTY contract monitor. All fund and loan applications will have final approval by the COUNTY contract monitor or his/her designee. No checks will be drawn without the CONTRACTOR'S Administrator or designee's signature appearing on the Revolving Fund Advance Check Form.

5. CONTRACTOR agrees to make this Fund available to COUNTY Homeless Grant Team members for purposes stated in this Agreement.

For non-loan transactions, 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 by team to contract monitor including Beginning Case Services Fund Balance, Total Paid Out, Total Fund Reimbursements, Total Earned Interest, the Ending Balance, and a list of vendor's payments and staff reimbursed for specific case(s).
4. CONTRACTOR will develop procedures for administering the Case Services Fund. These procedures will be subject to review by COUNTY contract monitor. All Case Services Fund applications will have final approval by the COUNTY administrator or his/her designee. No fund checks will be drawn without the COUNTY 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 Homeless Grant Team members for purposes stated in this Agreement.

## **II. Method of Payment**

- a. Upon receipt of monthly claim documenting the actual cost of Loan and Case Service Funds and check disbursement activity, including CONTRACTOR's administrative fee at their approved indirect rate, COUNTY shall reimburse CONTRACTOR in monthly payments.
- b. Cost of services rendered for the case services fund and check processing services shall be reimbursed based on actual costs, including CONTRACTOR's administrative fee at their approved indirect rate, up to the maximum amount of contract, whichever is less, at the end of the contract year. CONTRACTOR shall remit any unearned funds to the COUNTY at the time CONTRACTOR submits cost report.

LEGAL ENTITY: Santa Cruz Community Counseling Center  
 PROGRAM NAME: Loan/Case Funds, Financial Svcs  
 INDEX NUMBER: 363173

FISCAL YEAR: 2000/2001  
 CONTRACT #: CO00028-03  
 DATE: 5/9/01

SANTA CRUZ COUNTY  
 COMMUNITY MENTAL HEALTH  
 SERVICE AGREEMENT BUDGET  
 EXHIBIT C

	CONTRACT TOTAL						
PROGRAM COMPONENT		Case Svcs					
PROVIDER #		4416					
MODE		15					
SERVICE FUNCTION		MHS					
CONTRACTOR'S COSTS	40,000	40,000					
REVENUES							
GRANTS							
PATIENT FEES							
PATIENT INSURANCE							
OTHER							
TOTAL REVENUES							
NET CONTRACT AMOUNT	40,000	40,000					
FUNDING SOURCES							
MEDI-CAL (FFP & MATCH)							
MAC (FFP & MATCH)							
MEDICARE							
REALIGNMENT/COUNTY							
OTHER	40,000	40,000					
TOTAL FUNDING SOURCES	40,000	40,000					
UNIT COST CALCULATION							
CONTRACTOR'S COSTS	40,000	40,000					
COUNTY'S DIRECT COSTS							
TOTAL DIRECT COSTS	40,000	40,000					
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							