County of Santa Cruz

HEALTH SERVICES AGENCY

P.O. BOX 962,1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(831) 454-4000 Fax: (831) 454-4770

HEALTH SERVICES AGENCY
ADMINISTRATION

April 12, 2008 **AGENDA: April 29,2008**

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

SUBJECT: Approval of Mental Health Contract Amendments

Dear Members of the Board:

The Health Services Agency (HSA) requests your Board's approval of amendments to three existing Mental Health agreements with Volunteer Center of Santa Cruz, Mental Health Client Action Network, and NADHAN Creekside. These agencies provide a wide array of mental health services to County of Santa Cruz consumers. These amendments address evolving program needs and related funding. Funds are included in the 2007-2008 budget and represent no additional cost to the County.

Volunteer Center of Santa Cruz (VC)

HSA Mental Health has a long-standing contractual relationship with VC for outpatient treatment, vocational, advocacy, family and peer support services to adult and adolescent consumers of the Santa Cruz County Mental Health System. HSA informed your Board in a December 11, 2007 letter of Proposition 63 Mental Health Services Act (MHSA) Plan developments and steps needed to implement related actions. The HSA report informed your Board of service expansion to existing programs. VC had expanded services under MHSA. The attached amendment incorporates these MHSA steps by allocating the previously approved MHSA one-time expansion funds to VC for (a) increasing family and youth partnerships regarding system of care support, outreach, education, and services, and (b) adding one-time facility enhancements to the Mariposa Wellness Center to expand countywide access to and availability of culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services. The amendment also includes adjustment of service rates reflecting recently concluded negotiations, in line with State DMH requirements for negotiated rates. This amendment will increase the total contract amount by $87,636 for a new total contract amount of $1,369,660.

Mental Health Client Action Network (MHCAN)

HSA Mental Health has contracted many years with MHCAN as a consumer operated service program that provides a Peer Support Center, a safe and clean and sober community center for adults with psychiatric disabilities. MHCAN offers a large array of consumer based support and outreach programs to assist individuals with serious mental

illness to seek services through County mental health services and through other community-based programs offering appropriate services. The attached amendment incorporates another MHSA service expansion (December 11, 2007 letter to your Board) by allocating previously approved MHSA one-time expansion funds to the existing MHCAN contract. This amendment provides for new mental health consumer leadership development and expansion of existing training opportunities. This amendment will increase the total contract amount by $30,000 for a new total contract amount of $345,330.

NADHAN Creekside

HSA Mental Health has contracted with Institutes for Mental Disease (IMD) for providing placements and services to County patients since Realignment in 1992-93. An IMD is a 24-hour program for severely disabled adults who require locked care in a skilled nursing facility. As such, IMDs are a primary alternative to placing these patients in the State Hospital system. HSA Mental Health uses the NADHAN Creekside Mental Health Rehabilitation Program to provide locked skilled nursing beds in an IMD. The County currently contracts with NADHAN for seven beds. This amendment will incorporate a 2007-2008 rate increase for five of seven beds from $117 per day to $125 per day. The other two beds will remain unchanged at $125 per day. This amendment will also extend the contract period one year to end on June 30, 2009. These services are completely funded through Realignment revenues.

Sufficient appropriations exist within the HSA budget to fund this amendment to the agreement and no new County general funds are needed nor requested.

It is, therefore, RECOMMENDED that your Board:

Approve the attached amendments with: Volunteer Center of Santa Cruz, Contract 0205, to increase family and youth partnership services, provide for one-time facility enhancements to the Mariposa Wellness Center, and adjust service rates for a maximum amount of $1,369,660; Mental Health Client Action Network, Contract 1460, to add consumer leadership development and expand training opportunities for a maximum amount of $345,330; NADHAN Creekside, Contract 2758, to increase day rate from $117 to $125 for five of seven residential treatment beds, and extend the contract period one year to end on June 30, 2009, and authorize the Health Services Agency Director to sign.

Sincerely,

Rama Khalsa, Ph.D.
Health Services Agency Director

RECOMMENDED:

Susan A. Mauriello
County Administrative Officer

RK:ab

Attachments: Contracts (3), ADM-29 (3)

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration

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COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

TO. Board of Supervisors
County Administrative Office
Auditor Controller

FROM: **Health Services Agency** (Department)

BY; _____ (Signature) **4/15/08** (Date)

Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement ☐ Revenue Agreement ☐

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

1. Said agreement is between the **Health Services Agency - Mental Health** (DepartmentlAgency)

   and **Volunteer Center of Santa Cruz, 1010 Emeline Ave., Santa Cruz, CA. 95060** (Name/Address)

2. The agreement will provide **a variety of mental health services in the Community Connections program, the Mental Health Resource Center and Family Partnership program**

3. Period of the agreement is from **July 1, 2007** to **June 30,2008**

4. Anticipated Cost Is $ **1,369,660** ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

   Remarks: **Auditor: Increase encumbrance per attached schedule**

5. Detail: ☐ On Continuing Agreements List for FY **07 - 08** Page CC- **8** Contract, No: **0205** OR ☐ 1st Time Agreement

   ☐ Section II No Board letter required, will be listed under Item 8
   ☒ Section III Board letter required
   ☐ Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in **363210 & 363117** (Index) **3638** (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations (are) / are not available and (have been) / will be encumbered.

Contract No: **CT70205-01,-02**

By: _____ Auditor-Controller Deputy Date: 4/16/08

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize **Health Services Agency Director** (DeptlAgency Head) to execute on behalf of the **Health Services Agency** (DepartmentlAgency)

Date: 4/16/08

By: _____ County Administrative Office

Distribution:
Board of Supervisors - White
Auditor Controller - Canary
Auditor-Controller - Pink
Department - Gold

State of California
County of Santa Cruz
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 Office by an order duly entered in the minutes of said Board on _____ 20___

ADM - 29 (8101)
Title I, Section 300 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO_____ $_____ _____ _____
Document No. JE Amount Lines H/TL Keyed By Date

TC110_____ $_____ /_____
Auditor Description Amount Index Sub object User Code

Contract No. 0205
Index Nos. 363210,363117
Subobject No. 3638

VOLUNTEERCENTEROFSANTACRUZ

AMENDMENT No.1 to 2007-2008 Agreement

The parties hereto agree to amend that certain above agreement dated July 1, 2007, by changes as follows:

1. Coversheet

Increase Index 363210 (Part 01) amount by $59,052, for a new index total of $1,047,538.
Increase Index 363117 (Part 02) amount by $28,584, for a new index total of $322,122.
Increase Total Contract Amount by $87,636 for a new Total Contract Amount of $1,369,660.

2. Exhibit A – Scope of Services

Delete existing Exhibit A - Scope of Services, Parts 01 and 02, and replace with new attached Exhibit A - Scope of Services, Parts 01 and 02.

3. Exhibit B – Budget, Fiscal and Payment Provisions

Delete existing Exhibit B – Budget, Fiscal and Payment Provisions pages 1 thru 3, and replace with new attached Exhibit B - Budget, Fiscal and Payment Provisions pages 1 thru 3.

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

CONTRACTOR

By_____
Karen Delaney, Executive Director
Volunteer Center of Santa Cruz
1010 Emeline Ave.
Santa Cruz, CA 95060

COUNTY OF SANTA CRUZ

By_____
Health Services Agency

APPROVED AS TO FORM

By_____
County Counsel

COUNTY OF SANTA CRUZ

EXHIBIT A -- Scope of Service

Volunteer Center of Santa Cruz

PART 01 (Amendment No. 1)

Provider:	Volunteer Center of Santa Cruz
Provider Nos.:	4403, 44CM
Programs:	Community Connection, Mariposa Wellness Center, and Facility Enhancement
Program Address:	300 Harvey West Blvd. Santa Cruz, CA 95060
Provider Telephone:	(831) 427-5070
Program Telephone:	(831) 425-8132

1. Primary Task:

Community Connection, through several subsidiary programs, assists and supports adults with serious mental illnesses in living meaningful and productive lives and achieving greater independence and competence as members of the community through provision of mental health services, advocacy, educational support, pre-employment and supported employment services. Advocacy services include assisting consumers, their family members and support persons in learning about, accessing and utilizing system of care services. Mental health services emphasize overcoming barriers to employment, maintaining emotional stability, achieving vocational goals and enhancing social/community integration.

2. Description of Se

Community Connection provides mental health services, counseling for people in the CALWORKS Welfare to Work program, community trainings regarding mental illness, family advocacy and supported employment services. All services have a special emphasis on improving quality of life with a focus on employment, education and community integration. A representative from Community Connection is assigned to every treatment team in the Santa Cruz County Adult Mental Health System of Care. Specific service programs and components are as follows:

A. Mental Health Services (MHS):

These services will be offered to at least 200 Community Connection clients per year in order to facilitate the achievement of individualized, personal goals related to recovery, employment, education and community integration. These services will consist of assessment, individual or group treatment and a range of employment-related services based on the individual's need. These services are available to all Community Mental Health (CMH) clients. Services will be delivered in the community and at the Community Connection site in Santa Cruz and at the Cabrillo College campus in Aptos. One staff member will be available to provide MHS at Cabrillo College during the academic year.

Coordinated Care will be provided for those clients who are "meds only" and who are stable and primarily working on quality of life activities, i.e. employment, education and socialization. These "meds only" clients will be open to coordinated care by Community Connection.

B. Supported Employment Access Service (SEAS):

The Supported Employment Access Service (SEAS) creates a team comprised of employment and education specialists dedicated to improving service integration and increasing the mental health consumers' access to community college classes, competitive jobs in the community, volunteer work opportunities and other trainings and supportive employment opportunities in agency settings.

Employment specialists will be assigned to Full Service Partnership mental health teams to assist teams with vocational planning and to help clients attain educational and employment goals. Specialists will provide job development, individualized employment counseling, job search assistance, benefits counseling and job coaching to clients. They will facilitate work readiness and employment preparation groups, help link consumers to a range of vocationally focused services and activities, and conduct outreach to employers and businesses in order to generate more jobs for consumers in the competitive labor market. An education specialist will assist consumers at the local community college with enrolling in classes and applying for financial aide.

C. CALWORKS Counseling Program:

This program component provides counseling, referral and support services to clients enrolled in the County's Welfare to Work employment service program for recipients of Temporary Assistance to Needy Families (TANF). Participants in the CALWORKs program who are having difficulty following through with vocational training, job search, basic skills, and obtaining or maintaining employment due to mental health issues may be assessed by the County Access Team or referred directly to this program for services by the CalWORKS Social Worker or the Health Services Agency (HSA) Behavioral Health Specialist.

This program provides mental health services directed primarily toward relieving symptoms and reducing dysfunctional behaviors that interfere with job seeking and employment activities. These services will be provided at or near Human Resources Agency (HRA) CALWORKS Service Centers, One-Stop Career Centers, the Mariposa Center, at the Community Connection office site, and in private clinician offices throughout the county. Services will be delivered in a culturally and linguistically sensitive manner. Counseling services will be provided by licensed clinicians or license-eligible clinical interns. This program will work in close collaboration with the COUNTY Access Team to ensure that additional mental health services, that are medically necessary, are provided as needed.

CONTRACTOR shall participate, as requested, in multi-disciplinary team meetings to coordinate mental health treatment activities with CALWORKS Welfare to Work program staff. CONTRACTOR shall also monitor individual service and treatment outcomes. Team meetings will address service delivery issues and promote the development of an integrated case management approach that is employment

focused. Participant service plan objectives will address family self-sufficiency and employment goals as well as mental health treatment goals. Treatment goals developed by the CONTRACTOR are to be incorporated into Welfare to Work Plan Activity Assessments when the CALWORKS Social Worker and/or CALWORKS Employment and Training Specialist develop these plans.

CONTRACTOR will work in close collaboration with CALWORKS Social Workers, the HSA Behavioral Health Specialist and COUNTY Access Team to implement client tracking and reporting systems as well as protocols for protecting client confidentiality and exchanging confidential information.

D. Family Mental Health Advocacy Service (FMHAS):

Family Advocacy Services are intended to enhance ease of access and utilization of system of care services for consumers, family members and their support system. The program helps consumers and family members communicate their perspectives within the system of care and expand opportunities for participation and input into decision and priorities concerning service provision.

Specific services include outreach, linkage, psycho-education, care coordination, advocacy and community programming as well as information and referrals to parents, caregivers and other relatives of adults who need or receive mental health services through the Adult Mental Health System of Care. Community outreach and education will include, but not be limited to, presenting two "Hearing Voices" trainings and one "Journey of Hope" or "Family to Family" education series. The Adult Mental Health Family Advocate provides advocacy for adults and families at the community, county and state level, including representing families at or soliciting families' participation in Quality Improvement Steering Committee meetings, in policy-making discussions and sub-committees for the MHSA Steering Committee, as appropriate.

In addition to the services described above, CONTRACTOR service provision shall include, but not be limited to, some or all of the following Medi-Cal Administrative Activities related to indirect patient care (as referenced in the COUNTY'S Mental Health MAA Plan: Intake/Benefit Assistance **(71**5), Medi-Cal Outreach **(717),** Referral in Crisis Situations **(713),** Case Management of Non-Open Cases **(718),** General Administration **(721**), Day Program Support **(741**), Residential Support **(751**), Clinical Availability (761), Medi-Cal contract Administration **(724),** MAA Related Training **(71**9), General Mental Health Outreach **(71**6) and Paid Time Off **(731).**

E. Mariposa Wellness Center:

The Mariposa Wellness Center program will serve as a "step-down" mental health service program for adult and older adult mental health clients in stable housing who do not need intensive treatment or crisis intervention services. Activities/services will include an array of center-based classes; groups, activities and services designed to support and promote independent living. On-site services will include employment services, healthy living classes, peer-led social integration and recovery support groups, and linkages and referrals to health care resources in the immediate community. The Center will be open five days per week with customized services available on site for transition age youth (ages **18-25).** Consumers will participate as staff members and volunteers in facilitating on-site classes and groups, as well as

in leading community-based activities and outings, such as visits to farmers markets, neighborhood hikes and employment excursion outings.

F. Community Vocational Program:

The Community Vocational Program will assist mental health consumers in accessing and maintaining employment in pre-designated jobs or apprentice placements in city, county or community settings. Services will include recruiting, screening and hiring consumer or family member candidates, administering payroll, job coaching and benefits coaching as needed.

3. Description of Client Population:

Community Connection's mental health service programs serve residents of Santa Cruz County who are at least 18 years of age and who have a serious mental illness or a disability in at least one major functional area. All clients are opened to the System of Care with County Mental Health. Additionally, the MHRC program provides services to family members of the primary client population and to the community at large.

The CALWORKS component will serve adult individuals, age 18 years and older, who are Santa Cruz County residents and who are referred for services by HRA CareerWorks Program staff.

The Adult Mental Health Family Advocacy Service component is intended to assist consumers in navigating the system of care in order to maximize utilization of all potential services as well as family members, care providers, guardians or other identified support persons who need basic education regarding, mental illness and information about how to help their family member access existing services within the mental health system. Consumers who are eligible for services but have not yet engaged with entry points (such as Access Team) will receive care coordination assistance on a limited basis. In addition those needing assistance with benefit applications will be linked to the Benefit Representatives.

4. Outcome Goals:

A. Two "Hearing Voices" trainings will be provided in one year.

B. One Journey of Hope Series will be provided in one year.

C. Provide Adult Mental Health Family Advocacy Services quarterly reports to the County Contract Monitor including:

i. Number of outreach presentations given plus attendance,
ii. Number of individuals contacted via Warm Line and Drop-in Consults,
iii. List of Psycho-Educational groups offered and attendance,
iv. Report of Volunteer Activities, and
v. Summary of networking and advocacy meetings attended.

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5. Staffing:

See Contract file.

6. Quality Manaaement Proaram:

Participation in County's Quality Management program.

7. Facilities Enhancement:

CONTRACTOR is providing Mental Health Services Act (MHSA) program services at the Mariposa Wellness Center. MHSA funding for Mariposa facility enhancement was approved in the MHSA Community Support Services (CSS) Expansion/Amendment Plan. Enhancement will include various projects such as refurbishing counseling offices and kitchen, and upgrading telephone and office equipment. It is the intent that these enhancements will add safety and continued usage by consumers, and expand countywide access to and availability of MHSA funded mental health services.

CONTRACTOR shall submit a written request for funding of specific anticipated costs associated with the above enhancements. The Mental Health Director, at their sole discretion, shall approve in writing those enhancements itemized in the CONTRACTOR'Swritten request that are eligible for reimbursement under this agreement. CONTRACTOR shall resubmit a written request whenever anticipated costs of specific enhancements vary significantly or whenever new enhancements arise.

This agreement will provide reimbursement for enhancements to the Mariposa Wellness Center facility up to the amount specified in the Exhibit B budget of this agreement for the actual costs of the enhancements.

COUNTY OF SANTA CRUZ

EXHIBIT A -- Scope of Service

VOLUNTEER CENTER OF SANTA CRUZ

Amendment #1

PART 02

Provider:	Volunteer Center of Santa Cruz
Provider No.:	4403
Programs:	**Family Partnership Program, Family MH Advocacy Service**
Reporting Unit:	CMCNFP
Program Address:	300 Harvey West Blvd. Santa Cruz, CA 95060
Program Telephone:	(831) 425-8132

1. Primary Task:

   Family Partnership Program: The Family Partnership Program (FPP) assists families/caregivers of children/youth with serious emotional disturbances in gaining access to essential community services and resources and in coping effectively with the impact on healthy family life of parenting at-risk, special needs children/youth.

   Family Mental Health Advocacy Service: The Family Mental Health Advocacy Service (FMHAS) program is intended to enhance ease of access and utilization of system of care services for children, youth, parents, caregivers and their extended family networks. The program helps family members communicate their needs and perspectives within the system of care and expands opportunities for participation and input into decision-making and priorities for service provision.

2. Description of Services:

   FPP: Through family outreach, education, advocacy, referrals and support, FPP helps parents/caregivers of children/youth with serious emotional disturbances avoid more costly and restrictive institutional care by increasing families' capacity to provide emotional and practical resources. The program models its goals on the Federation of Family philosophy and principles with the intent of establishing and supporting full partnership between parents/caregivers and professionals at all levels of the Santa Cruz County Children's Mental Health System of Care.

   Community Connection, through FPP, will provide three specific types of service: **A)** mental health rehabilitation services, outreach, education, advocacy, support, information and referrals to parents, caregivers and other relatives of children and youth with serious emotional disturbances who receive services through the Children's Mental Health System of Care. These services include working with the SB163 Wraparound teams. B) Services related to the probation funded CPA 2000, Comprehensive Multi-Agency Juvenile Justice

Plan Grant (AB **1913).** C) Advocacy for families and youth at the community, county and state level.

Mental Health Services Component: The FPP will provide EPSDT Medi-Cal billable mental health rehabilitative services to parents, caregivers and other relatives of children/youth with serious emotional disturbances. Services will include individual, group, collateral and related rehabilitative services in support of client treatment plans, with particular attention to family needs that affect children's and youth's functioning.

Referrals for services will be solicited through weekly participation in clinical team meetings and monthly outreach to residential treatment programs, including Tyler House and Above the Line.

Implementation of SB163 Wraparound services is a component of the mental health services delivery. A portion of these services will be billed to EPSDT Medi-Cal with funds from the SB163 trust covering the match portion of the services. Other non-billable support to the Wraparound services will be provided.

FPP efforts will focus on engagement with families when youth enter placement and again when youth are preparing to re-unite with their families and return to living in the community. Most of these youth will qualify for EPSDT Medi-Cal. FPP services provided to non-Medi-Cal eligible youth and families will be funded out of AB1913 funds.

FMHAS: Community Connection, through FMHAS, will provide networking, outreach, linkage, education, advocacy services, volunteer peer support, information and referrals to parents, caregivers and community members who need help accessing mental health services for children and youth, as well as relatives of children and youth with serious emotional disturbances who currently receive services through the Children's Mental Health System of Care. **FMHAS staff** will provide walk-in consultation services and operate a warm-line phone system to help families obtain rapid, accurate information rapidly about existing county and community-based programs and services.

FMHAS provides advocacy for families and youth at the community, county and state level.

As part of or in addition to the services described above, CONTRACTOR service provision will include implementing and documenting the following Medi-Cal Administrative Activities related to indirect patient care (as referenced in the COUNTY'S Mental Health MAA Plan: Referral in Crisis Situations **(713),** Intake/Benefit Assistance **(715)**, Medi-Cal Outreach **(717)**, Case Management of Non-Open Cases **(718),** General Administration **(721)** Discounted Medi-Cal Outreach **(724)** and Paid Time Off **(731)**.

The Family Mental Health Advocate will participate in and provide representation for families and youth to the Quality Improvement Steering Committee, one or more subcommittees of the MHSA Steering Committee and other County-sponsored policy-making discussions as requested. The Family Advocate will provide representation and advocacy on behalf of families, youth and children at the regional and state level. This representation will include participation meetings of California Mental Health Advocates for Children and Youth (CMHACY), the Bay Area Children's SOC and United Advocates for Children of California (UACC) as needed

3. Description of Client Population:

FPP: Services will be provided to children/youth with serious emotional disturbances and/or alcohol or other drug issues and their families or caregivers. Services are available to Santa Cruz County residents between the ages of 0 and 21 who are served by the Children's System of Care and are EPSDT Medi-Cal eligible. A limited number of families with youth in this age group are not eligible for EPSDT reimbursement will also be served.

FMHAS: This service is intended to assist parents and caregivers in navigating the system of care on behalf of their children in order to maximize utilization of all potential services. Family members, care providers, guardians and other identified support persons who need basic information and education regarding, mental illness and how to access existing services within the mental health system will be the primary audience for or recipients of advocacy, outreach and education services. The client population will include families of youth who are eligible for services but who have not yet engaged with entry points, i.e. Access Services. In addition, families and individuals needing assistance with benefit applications will be linked to the Benefit Representatives.

4. Staffing:

FPP: 3.0 FTE Family Specialists
1.0 FTE Program Coordinator
0.3 FTE Program Director
0.2 FTE Clinical Coordinator

Staffing patterns may be changed at the contractor's sole discretion in order to meet contract needs.

A FPP staff member will be assigned to each Family Wraparound Team. FPP will participate in regularly scheduled planning and project coordination meetings to improve services and provide input on families perspectives, needs, and progress in achieving goals.

FPP staff will develop connections with Tyler House and Above the Line, dual diagnosis residential treatment facilities, and offer their services to youth and families participating in these programs.

FMHA: 0.8 FTE Family Mental Health Advocate for Children's Services
Volunteers as needed to support advocacy services

5. Service Measurements:

The projected units of service for all mental health services are a total of 113,290 with additional funding to provide for non-Medi-Cal billable services as part of the Mental Health Services Act funding.

A. FPP staff will provide services to a Wraparound Service Team caseload of up to 12 families and youth on an ongoing basis over the course of the year. Services to

Wraparound families and youth will be included in the total units of service set as a target goal under Mental Health Services.

B. FPP will assist with the goals of the Robert Wood Johnson/Reclaiming Futures objectives of assessing, reforming and improving Interagency System of Care services to substance using youth and their families to the extent possible, consistent with primary goals of FPP and FMHAS services.

C. AB1913 Grant Project: FPP staff facilitate at least one Cara y Corazon family strengths series. Additional Cara y Corazon training courses will be offered if they do not jeopardize other aspects of contract goal completion.

D. Advocacy for families and youth in public at the community, county and state level: The FPP program provides an essential role of advocacy and articulation of family needs and values within the Children's System of Care (SOC). This advocacy ensures that the administration of the SOC, at the community, county and state level is continually informed about how families engage with, utilize and contribute to the services they receive.

FPP staff will provide representation for families and youth at local administrative steering committees and in policy-making discussions. This representation will also include contact on a regional and state level at CMHACY, the Bay Area Children's SOC Partner meetings and with United Advocates for Children of California (UACC) as needed.

E. Mental Health Services Act (MHSA): 1) Target Medi-Cal eligible children ages 0 to 21, and their families who are involved with Children's System of Care and need assistance in maximizing the support they receive from the system. 2) Advocate for families and provide incentives for family participation in shaping the system of mental health care delivery.

F. FMHA: Provide quarterly reports to the County Contract Monitor:

a. Number of outreach presentations given plus attendance
b. List of how many individuals contacted via Warm Line and Drop in Consults
c. List of Psycho-Educational groups offered and attendance
d. Report of Volunteer Activities
e. Summary of networking and advocacy meetings attended

6. Quality Improvement Proaram:

CONTRACTOR shall not be considered a Children's Mental Health "gate" to services. They will work with families who are coordinated by other service providers within the Children's system of care. CONTRACTOR'S staff will participate in the COUNTY'S interagency collaborative efforts and are part of the Quality Improvement (QI) plan under the Medi-Cal Rehabilitative Option. CONTRACTOR'S staff will be assessed through the Quality Improvement Committee's guidelines as well as through the Children's Mental Health evaluation component. Attendance at scheduled Children's Mental Health Utilization Review (UR) meetings is required.

7. Fair Hearing Practice:

Complaints and/or grievances brought by clients participating in CONTRACTOR services may go through up to four levels of review. If the complaint cannot be

satisfactorily resolved at one level, the grievance proceeds to subsequent levels. These are: (1) Program Manager; (2) Program Director; (3) Executive Director; **(4)** External Systems, e.g., Legal.

COUNTY OF SANTA CRUZ

EXHIBIT B

BUDGET, FISCAL AND PAYMENT PROVISIONS

VOLUNTEERCENTEROFSANTACRUZ

1. PAYMENT:

A. For fiscal year beginning July 1,2007, COUNTY agrees to provide CONTRACTOR with monthly advances as follows:

Part -01 $76,123 for the 11 months July 2007 through May 2008, and $76,126 for the month of June 2008.

Part -02 $22,287 for the 11 months July 2007 through May 2008, and $22,281 for the month of June 2008.

B. In order to receive advance payment CONTRACTOR shall submit a claim, approved by the COUNTY, prior to the month of service. COUNTY shall approve and submit such claim to the auditor prior to the end of the month before the month of service.

C. In addition to the COUNTY monthly advances for the months from July 2007 through June 2008, CONTRACTOR will submit monthly claims in arrears documenting CONTRACTOR'S actual expenditures for the following:

i. Parts -01 and -02 Family Mental Health Advocacy Service (FMHAS) as described in this agreement Exhibit A Scope of Service. The COUNTY will reimburse these Advocacy services up to the amounts specified in this agreement Exhibit B, Service Agreement Budget (budget grid), FMHAS program component.

ii. Part -01 Facilities Enhancement as described in this agreement Exhibit A Scope of Service. The COUNTY will reimburse these facilities enhancements up to the amounts specified in this agreement Exhibit B, Service Agreement Budget (budget grid), Facilities program component.

D. Total funding for the term of this Agreement (12 months) for all Parts is $1,369,660.

2. BUDGET CONTROL:

A. All Mental Health Services Act funding identified in the Service Agreement Budgets (budget grids) of this Exhibit is exempt from the 5% budget transfer provision of Exhibit B1.4.A.

B. All source of funds pertaining to Parts-01 and -02 Family Mental Health Advocacy Service (FMHAS) identified in the Service Agreement Budgets (budget grids) of this Exhibit are exempt from the 5% budget transfer provision of Exhibit B1.4.A.

3. ADDITIONAL PROVISIONS:

Refer to Exhibit B1 of this Agreement for additional budget, fiscal, and payment provisions.

LEGAL ENTITY: #00439 Volunteer Center
PROGRAM NAME: Community Connection/MHRC
INDEX NUMBER: 363210/3638

FISCAL YEAR: 2007/2008
CONTRACT # CT7 0205-01
DATE: 03/10/08
Amendment No. 1

SANTA CRUZ COUNTY
COMMUNITY MENTAL HEALTH
SERVICE AGREEMENT BUDGET (GRID)
EXHIBIT B

	CONTRACT TOTAL	MHS	MHS	VOCATIONAL	SEAS	CALWORKS	MARIPOSA	MARIPOSA	FMHAS	Facilities
PROGRAM COMPONENT		MHS	MHS	VOCATIONAL	SEAS	CALWORKS	MARIPOSA	MARIPOSA	FMHAS	Facilities
PROVIDER #		4403	4403	4403	4469	4403	44CM	44CM	4403	44CM
REPORTING UNIT (RU)		CMCNOP	NONBILLABLE	CVOC	N/A	CALWKS	CCMARI	N/A	CMCNOP	N/A
MODE		15	45	10	10	15	15	45	55	N/A
SERVICE FUNCTION		01-70	20	30	30	01-70	01-70	20	01-39	N/A
CONTRACTOR'S GROSS COSTS	1,441,803	492,018	71,750	22,523	393,365	207,000	86,625	33,563	62,379	72,580
CONTRACTOR REVENUES										
GRANTS - DEPT OF REHAB	393,365				393,365					
PATIENT FEES										
PATIENT INSURANCE										
OTHER	900								900	
TOTAL CONTRACTOR REVENUES	394,265				393,365				900	
NET CONTRACT AMOUNT	**1,047,538**	**492,018**	**71,750**	**22,523**		**207,000**	**86,625**	**33,563**	**61,479**	**72,580**
FUNDING SOURCES										
MEDI-CAL / MAA FFP	297,422	246,009					43,313		8,100	
REALIGNMENT/COUNTY	233,148	205,009		22,523					5,616	
MHSA FUNDS	309,968	41,000	71,750				43,312	33,563	47,763	72,580
OTHER - HRA COST APPLIED	207,000					207,000				
TOTAL FUNDING SOURCES	1,047,538	492,018	71,750	22,523		207,000	86,625	33,563	61,479	72,580
UNIT COST CALCULATION										
CONTRACTOR'S COSTS	1,047,538	492,018	71,750	22,523		207,000	86,625	33,563	61,479	72,580
COUNTY'S DIRECT COSTS	151,894	71,343	10,404	3,266		30,015	12,561	4,867	8,914	10,524
TOTAL DIRECT COSTS	1,199,432	563,361	82,154	25,789		237,015	99,186	38,430	70,393	83,104
UNITS OF SERVICE		313,793	N/A	N/A	N/A	125,455	55,227	N/A	N/A	N/A
COST PER UNIT - TOTAL		1.80				1.89	1.80			
CONTRACT COST PER UNIT		**1.57**				**1.65**	**1.57**			
COUNTY COST PER UNIT		0.23				0.24	0.23			
REIMBURSEMENT TYPE		RATE	COST	COST	N/A	RATE	COST-SMA	COST	COST	COST
MAXIMUM CONTRACT COST PER UNIT							1.65			

For all services, reimbursement is subject to LIMITATIONS as specified in the Exhibit B1 Provisions.

CONTRACT UNITS	313,793	N/A	N/A	N/A	125,455	55,227	N/A	N/A	N/A
CONTRACT MEDI-CAL UNITS	291,827					55,227			
CONTRACT MEDI-CAL %	93.0%					100.0%			
CONTRACT INDIGENT/OTHER UNITS	21,966				125,455	0			
CONTRACT MAXIMUM INDIGENT UNITS	51,149					5,523			

LEGAL ENTITY: #00439 Volunteer Center
PROGRAM NAME: Family Partnership
INDEX NUMBER: 363117/3638
Summary

FISCAL YEAR: 2007/08
CONTRACT # CT7 0205-02
DATE: 3/11/08

SANTA CRUZ COUNTY
COMMUNITY MENTAL HEALTH
SERVICE AGREEMENT BUDGET
EXHIBIT B

Amendment #1

	CONTRACT TOTAL							
PROGRAM COMPONENT		EPSDT	FAM PART	FMHAS				
PROVIDER #		4403	4403	4403				
REPORTING UNIT (RU)		CMCNFP	N/A	CMCNFP				
MODE		15	45	55				
SERVICE FUNCTION		01-70	20	20				
CONTRACTOR'S GROSS COSTS	322,122	226,580	40,858	54,684				
REVENUES								
GRANTS								
PATIENT FEES								
PATIENT INSURANCE								
OTHER								
TOTAL REVENUES								
NET CONTRACT AMOUNT	**322,122**	**226,580**	**40,858**	**54,684**				
FUNDING SOURCES								
MEDI-CAL / HF / MAA FFP	119,825	111,725		8,100				
EPSDT SGF	84,890	84,890						
MHSA	67,084	8,450	12,050	46,584				
SB163	25,000	13,420	11,580					
AB1913	15,000		15,000					
REALIGNMENT/COUNTY	10,323	8,095	2,228					
TOTAL FUNDING SOURCES	322,122	226,580	40,858	54,684				
UNIT COST CALCULATION								
CONTRACTOR'S NET COSTS	322,122	226,580	40,858	54,684				
COUNTY'S DIRECT COSTS	22,658	22,658						
TOTAL DIRECT COSTS	344,780	249,238	40,858	54,684				
UNITS OF SERVICE		113,290						
COST PER UNIT - TOTAL		2.20						
CONTRACT COST PER UNIT		**2.00**						
COUNTY COST PER UNIT		0.20						
REIMBURSEMENT TYPE		**RATE**	**COST**	**COST**				

For all services, reimbursement is subject to LIMITATIONS as specified in the Exhibit B1 Provisions.

CONTRACT UNITS	**113,290**						
CONTRACT MEDI-CAL UNITS	106,113						
CONTRACT MEDI-CAL %	93.7%						
CONTRACT MAX HF UNITS	4,677						
CONTRACT MAX HF %	4.1%						
CONTRACT INDIGENT UNITS	2,500						
CONTRACT MAX INDIGENT UNITS	13,111						

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

TO, Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: _____ (Signature) 4/15/08 (Date)

Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement [E] Revenue Agreement [ ]

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

1. Said agreement is between the Health Services Agency - Mental Health (DepartmentlAgency)
   and Mental Health Client Action Network, 1051 Cayuga St., Santa Cruz, CA 95062 (Name/Address)
2. The agreement will provide a client directed activity center & related services.
3. Period of the agreement is from July 1, 2007 to June 30,2008
4. Anticipated Cost Is $ 345,330 [ ] Fixed [ ] Monthly Rate [ ] Annual Rate [X] Not to Exceed

   Remarks: Auditor: Please encumber an additional $30,000
5. Detail: [ ] On Continuing Agreements List for FY 07 - 08 Page CC- 9 Contract, No: 1460 OR [ ] 1st Time Agreement
   - [ ] Section II No Board letter required, will be listed under Item 8
   - [E] Section III Board letter required
   - [ ] Section IV Revenue Agreement
6. Appropriations/Revenues are available and are budgeted in 363210 (Index) 3665 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT,ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are / are not available and have been / will be encumbered.

Contract No: CT71460-01

By: _____ Auditor-Controller Deputy Date: 4/16/08

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize Health Services Agency Director (Dept/Agency Head) to execute on behalf of the Health Services Agency (Department/Agency)

Date: 4/16/08

By: _____ County Administrative Office

Distribution:

Board of Supervisors - White
Auditor Controller - Canary
Auditor-Controller - Pink
Department - Gold

State of California
County of Santa Cruz
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 Office by an order duly entered in the minutes of said Board on _____ 20___

By: Deputy Clerk

ADM - 29 (8101)
Title I, Section 300 Proc Man

AUDITOR-CONTROLLER USE ONLY

CO_____ $_____ _____ _____
Document No. JE Amount Lines H/TL Keyed By Date

TC110_____ $_____ /_____
Auditor Description Amount Index Sub object User Code

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Contract No. 1460
Index No. 363210
Subobject No. 3665

MENTAL HEALTH CLIENT ACTION NETWORK

AMENDMENT No.1 to 2007-2008 Agreement

The parties hereto agree to amend that certain above agreement dated July 1, 2007, by changes as follows:

1. Coversheet

Increase Index 363210 amount by $30,000, for a new index total and new total contract maximum of $345,330.

2. Exhibit A – Scope of Services

Delete existing Exhibit A - Scope of Services and replace with new attached Exhibit A - Scope of Services.

3. Exhibit B – Budget, Fiscal and Payment Provisions

Delete existing Exhibit B – Budget, Fiscal and Payment Provisions pages 1 and 2 and replace with new attached Exhibit B - Budget, Fiscal and Payment Provisions pages 1 and 2.

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

CONTRACTOR

By L. Kiva
Linda Kiva, Executive Director
MHCAN
1051 Cayuga Street
Santa Cruz, CA 95062

COUNTY OF SANTA CRUZ

By_____
Health Services Agency

APPROVED AS TO FORM

By_____
County Counsel

County of Santa Cruz

EXHIBIT A - Scope of Services

Provider: Mental Health Client Action Network (MHCAN)
Provider No.: N/A
Program Address: 1051 Cayuga Street, Santa Cruz, CA 95062
Program Telephone: (831) 469-0462
Program FAX: (831) 469-9160

1.0 PROGRAM INTENT: PEER SUPPORT CENTER AND WELLNESS CENTER

1.1 Primary Task: The Mental Health Client Action Network (MHCAN) is a consumer-operated service program that provides a safe and clean and sober community center for adults with psychiatric disabilities. MHCAN is anchored in a strengths-based model that uses peer allies to emphasize wellness and responsibility for one's own health and behavior. MHCAN respects the diversity of participants, encourages personal growth and resiliency, and provides a sense of community belonging. MHCAN's staff helps people access services that will aid in their recovery. MHCAN strives to create strong and productive partnerships among consumers and service providers that will empower consumers to achieve their full potential. MHCAN seeks to instill hope for recovery in all clients and have the resources available for each individual's self-empowerment.

1.2 Description of Services: MHCAN is a drop-in Peer Support center open Monday through Friday, five hours each day. MHCAN is a welcoming place for persons with mental illness. The center provides a safe environment for people to congregate, socialize, network, learn about the various resources in the community, and get support from peers. Transportation is available for doctor appointments, social security office visits, County Mental Health appointments, and to pick up checks for persons on payeeship. A wide variety of services and activities are offered at the center, including a computer lab, peer support training, support groups, creative arts interest groups, advocacy, referrals, and consumer satisfaction feedback to the County.

a) Vocational Proaram: The Peer Support Center will provide at least 20 part-time jobs for mental health clients. MHCAN also offers selected clients meaningful volunteer job assignments and the promise of a recommendation letter for future jobs. MHCAN offers on-going support and appropriate accommodations to help individuals be successful in their employment.

b) Computer-Lab: With a 15-station computer lab on a DSL line, MHCAN will assist participants with Microsoft Word, Photoshop, Excel and Internet use. Two part-time computer lab managers and volunteers will help clients create resumes, write cover letters, print business cards, and research health topics.

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c) Peer Counseling/Support: Specially trained staff members will provide one-to-one listening and support to clients, especially those with diverse identities such as transgendered, mixed ethnicities, and homeless. MHCAN will continue to host support groups for those with schizophrenia and bipolar disorder, and Dual Diagnoses. Groups such as AA, NA, DRA, LGBTQI, and WRAP groups will meet throughout the year in both day and evening hours.

d) Friendship Program: MHCAN will employ a half-time peer coordinator to maintain the Friendship Program. The program supports matches between individuals with psychiatric disabilities and volunteers. MHCAN will pilot a program of telephone support that will make "phone friend" matches. Emphasis will be placed on recruiting volunteers who are far along in recovery and able to be supportive to people at earlier stages of recovery. In addition, the director of the Friendship program will provide an on-going weekly support group to assist people in building relationships.

e) Interest Groups: MHCAN will offer a variety of therapeutic activity groups such as art, music, yoga, writing, and film.

f) Advocacy Efforts: MHCAN staff will serve as public speakers for other agencies upon request. Staff will also provide at least one Consumer Culture presentation to the County's Cultural Competence Council each year. In addition, staff will participate in a variety of meetings throughout the County as consumers of mental health services. MHCAN believes in empowerment, recovery, and that clients have the capacity and obligation to improve the mental health service system for their peers and themselves. MHCAN is an active member of the California Network of Mental Health Clients, the Bay Area Coalition, Support Coalition International, and several disability rights groups.

g) Linkage: Staff is trained to refer clients to the services they seek for recovery.

h) Consumer Satisfaction Reporting: MHCAN will conduct/host two community meetings per year to gather input on consumer satisfaction.

i) Wellness Center: MHCAN's Wellness Center is a program where clients can transition to manage their recovery in conjunction with primary care physicians in a well-developed support network. Groups are offered for individuals who are taking responsibility for their own recovery and provide a peer support/network for others who are functioning at this independent level. MHCAN Peer Support Specialists (1.5 FTE) will provide individual and group support appropriate for Wellness Center clients. A half-time psychiatrist, half-time nurse practitioner, and a full-time social worker will provide additional services.

j) TAY Academy: MHCAN will support the on-going Transition Age Youth (TAY) Academy. The Academy is designed like college to provide structured opportunities for TAY to interact with their peers. MHCAN's role in the Academy is to provide meeting space, refreshments, a facilities coordinator, and stipends for those peers that are designated to lead elective classes.

k) Client/Family Member Trainina Opportunities: MHCAN will inform consumers and community members of training opportunities related to MHSA implementation and will assist selected participants in preparing for such trainings.

1. The Mental Health Director or designee shall have final approval on which consumers or community member attend selected trainings.
2. The expenditures associated with the training service shall be pre-approved solely by the Mental Health Director or designee.
3. CONTRACTOR will pay for all training and per diem for authorized events as per the COUNTY.
4. CONTRACTOR shall submit a monthly claim to COUNTY for all actual expenditures incurred under this service.

l) Peer Aides: Two half-time Peer Aides will provide on-going support to consumers of County System of Care teams. Peer support will be provided to the Recovery Team and Transition Age Youth Team. Peer Aides will provide individual peer support and assist individuals with the development of Wellness Plans. In addition, they will help with critical needs such as transportation, employment searches, and involvement in school and other daytime activities.

m) Client Leadership Training Development: MHCAN will provide Client Leadership Development throughout Santa Cruz County and will include:

1. Host and facilitate a monthly pool of client "champions" that will help with on-going recruitment and support meetings at both MHCAN and Mariposa Center (March/April 2008).
2. Create an event for Mental Health Awareness Month with 40 plus consumers attending by May 31, 2008.
3. Identify 12 plus consumers for a "core" team of members and collaeratively develop priorities and strategies for FY 08-09 by June 30, 2008.

2.0 POPULATION AND STAFFING:

2.1 Description of Client Population: MHCAN will provide services to Adults and Older Adults, 18 years and older who have been given a diagnosis of serious mental illness and have a disability in at least one major functional area including social skills. Outreach and engagement will be offered to individuals who have a mental health diagnosis but have not yet been opened to County Mental Health services. These individuals will be encouraged to seek services through the Access Team within two months of their first visit to MHCAN. Individuals, who do not qualify for County Mental Health Services, because they do not have a mental health diagnosis, will be referred to other programs. Clients who make others feel unsafe will be respectfully asked to leave temporarily.

2.2 Staffing: MHCAN operates with 8.0 FTEs (on file).

3.0 PROGRAM GOALS

MHCAN will submit no later than 60 days after the end of the contract period to the Mental Health Director an annual report with the following outcomes:

Goal #1: To offer a "safe place to find one's path to recovery," where recipients of mental health services help each other.

Measure: In FY 07-08, MHCAN will provide a welcoming, clean, and sober facility for at least 12,000 visits by individuals with mental illness.

Goal # 2: To provide advocacy for individuals with mental illnesses including those who are homeless.

Measure: In FY 07-08, at least **15** homeless people, without benefits, will be referred to ACCESS for evaluation.

Goal # 3: To provide safe transportation to mental health clients, including bringing them to MHCAN and taking them to health care appointments.

Measure: In FY 07-08, MHCAN van drivers will provide 1,500 rides to mental health clients.

Goal #4: To provide a variety of support groups and activity groups to benefit people in all stages recovery.

Measure: In FY 07-08, MHCAN will maintain a weekly calendar of at least 35 support and activity groups. New groups will be added based on client interests.

Goal #5: To provide on-going support to the TAY Academy.

Measure: In FY 07-08, at least 40 different TAY consumers will be served with weekly attendance averaging 20 consumers for a total of 1,000 contacts.

Goal #6: To offer supportive employment opportunities to people with psychiatric disabilities.

Measure: In FY 07-08, MHCAN will maintain a staff of at least 20 people. **All** staff hired at MHCAN will be individuals with psychiatric disabilities. Regular supervision and bi-weekly staff support groups will assist individuals to work as a person in recovery.

Goal #7: To help clients develop natural support systems such that they rely more on family and friends and less on professionals.

Measure: The Friendship Program will support 25 on-going matches, recruit 15 new volunteers, and launch a phone support program with 10 participants.

4.0 SYSTEM INTENT

4.1 Geographic Areas Served: County of Santa Cruz. Two bus lines run close to the Peer Support Center.

4.2 Internal System Affiliations: MHCAN will continue to participate with other agencies in training and supporting peer counselors. MHCAN visits weekly at the Behavioral Health Unit. Residents at 7th Ave. Center and Opal Cliffs Rehabilitation Centers come to special events in the community room and to evening Dual Recovery groups. MHCAN works collaboratively with Community Connection, HPHP, and coordinators at Community Mental Health with client's permission. MHCAN staff will make referrals to the ACCESS Team.

COUNTY OF SANTA CRUZ

EXHIBIT B - BUDGET, FISCAL AND PAYMENT PROVISIONS

1. Upon receipt of monthly claim documenting CONTRACTOR'S actual costs, COUNTY shall reimburse CONTRACTOR in monthly payments with an amount equal to CONTRACTOR'S expenditures for prior month. In those months when CONTRACTOR has significant costs (e.g. annual insurance premiums, etc.), COUNTY will provide multiple monthly reimbursements.

2. CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the Health Services Agency no later than the thirtieth (30th) day of the month following the month of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services.

3. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY's maximum liability under this Agreement.

4. If for any reason this Agreement is cancelled, COUNTY's maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed below.

5. Reimbursement is subject to limitations stated in Exhibit B1 of this Agreement.

6. All Mental Health Services Act funding identified in the SERVICE AGREEMENT BUDGET of this Exhibit is exempt from the 5% budget transfer provision of Exhibit B1.4.A.

7. Maximum reimbursement for the term of this Agreement (12 months) is $345,330.

LEGAL ENTITY: MHCAN
PROGRAM NAME: Client Activity Center
INDEX NUMBER/SUBOBJECT: 363210/3665

FISCAL YEAR: 2007/2008
CONTRACT # CT7 1460-01
DATE: 03/13/08
Amendment No. 1

SANTA CRUZ COUNTY
COMMUNITY MENTAL HEALTH
SERVICE AGREEMENT BUDGET
EXHIBIT B

PROGRAM COMPONENT	CONTRACT TOTAL	Peer Support Center	Wellness Center	Friendship Program	Client & Family Training	TAY Academy	Leadership Training	
PROVIDER #		N/A	N/A	N/A	N/A	N/A	N/A	
MODE		45	45	45	45	45	45	
SERVICE FUNCTION		20	20	20	20	20	20	
CONTRACTOR'S COSTS	432,000	238,525	125,050	20,500	22,300	5,625	20,000	
CONTRACTOR REVENUES								
GRANTS	33,000	33,000						
PATIENT FEES								
PATIENT INSURANCE								
OTHER	53,670	53,670						
TOTAL REVENUES	86,670	86,670						
NET CONTRACT AMOUNT	**345,330**	**151,855**	**125,050**	**20,500**	**22,300**	**5,625**	**20,000**	
FUNDING SOURCES								
MEDI-CAL (FFP)								
MEDICARE								
REALIGNMENT/COUNTY	100,810	100,810						
MHSA FUNDS	193,475		125,050	20,500	22,300	5,625	20,000	
OTHER - SAMHSA BLOCK GRANT	51,045	51,045						
TOTAL FUNDING SOURCES	345,330	151,855	125,050	20,500	22,300	5,625	20,000	
UNIT COST CALCULATION								
CONTRACTOR'S COSTS	345,330	151,855	125,050	20,500	22,300	5,625	20,000	
COUNTY'S DIRECT COSTS								
TOTAL DIRECT COSTS	345,330	151,855	125,050	20,500	22,300	5,625	20,000	
UNITS OF SERVICE		N/A	N/A	N/A	N/A	N/A	N/A	
COST PER UNIT - TOTAL								
NET CONTRACT COST PER UNIT		**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	
COUNTY COST PER UNIT								
REIMBURSEMENT TYPE		COST	COST	COST	COST	COST	COST	

For all services, reimbursement is subject to LIMITATIONS as specified in the Provisions of Exhibits B and B1.

CONTRACT UNITS OF SERVICE	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	
CONTRACT MEDI-CAL UNITS							
CONTRACT INDIGENT UNITS							
CONTRACT OTHER UNITS							

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

TO. Board of Supervisors
County Administrative Office
Auditor Controller

FROM: **Health Services Agency** (Department)

BY: _____ (Signature) **4/15/08** (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement [X] Revenue Agreement [ ]

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

1. Said agreement is between the **Health Services Agency - Mental Health** (Department/Agency)

and **NADHAN, Inc. /Creekside Mental Health Rehab. Prog. 850 Sonoma Ave., Santa Rosa, CA 95404** (Name/Address)

2. The agreement will provide **7 beds in a sub-acute residential rehabilitation program**

3. Period of the agreement is from **July 1, 2005** to **June 30, 2009** (new)

4. Anticipated Cost Is $**320,250 through June 30, 2008** [ ] Fixed [ ] Monthly Rate [ ] Annual Rate [ ] Not to Exceed

Remarks: **Auditor: Increase encumbrance by $6,332**

5. Detail: [ ] On Continuing Agreements List for FY **07 - 08** Page CC- **8** Contract, No: **2758** OR [ ] 1st Time Agreement
[ ] Section II No Board letter required, will be listed under Item 8
[X] Section III Board letter required
[ ] Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in **363149** (Index) **4616** (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations (are) / are not available and have been / (will be) encumbered.

Contract No: **CT72758-01**

By: _____ Date: 4/16/08
Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Health Services Agency Director (Dept/Agency Head) to execute on behalf of the

Health Services Agency (Department/Agency)

Date: 4/16/08

By: _____
County Administrative Office

Distribution:
Board of Supervisors - White
Auditor Controller - Canary
Auditor-Controller - Pink
Department - Gold

State of California
County of Santa Cruz
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 Office by an order duly entered in the minutes of said Board on _____ 20___

ADM - 29 (8101)
Title I, Section 300 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO_____ $_____ _____
Document No. JE Amount Lines H/TL Keyed By Date

TC110_____ $_____ /_____
Auditor Description Amount Index Sub object User Code

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Contract No. 2758
Index No. 363149
Subobject No. 4616

NADHAN, Inc. / Creekside Mental Health Rehabilitation Program
AMENDMENT No. 3 to 2005/06 - 2007/08 Agreement

The parties hereto agree to amend that certain Agreement No. 2758 dated July 1, 2005 and amended twice previously on October 24,2006 and February 13,2007, by and between the COUNTY OF SANTA CRUZ and NADHAN, Inc. by changes to be effective with fiscal years beginning on or after July 1, 2007, as follows:

1. Coversheet

A. Delete Index 363149 daily Bed Day rate of $117 per day, per bed.
B. Delete Index 363149 additional daily Bed Day rate of $125 per day, per bed for 2 beds.
C. Add Index 363149 daily Bed Day rate of $125 per day, per bed for 7 beds.
D. Retain Index 363149 Priority Bed rate of $160 per day, per client on usage only.
E. Extend the effective ending date of said Agreement from June 30, 2008 to June 30, 2009.

2. Exhibit B – Budget, Fiscal and Payment Provisions

Delete existing Exhibit B – Budget, Fiscal and Payment Provisions pages 1 and 2 and replace with new attached Exhibit B - Budget, Fiscal and Payment Provisions pages 1 through 3.

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

CONTRACTOR

By_____
Paul Duranczyk,
Administrator/Agency Designee
NADHAN, Inc.
850 Sonoma Ave.
Santa Rosa, CA 95404

COUNTY OF SANTA CRUZ

By_____
Health Services Agency

APPROVED AS TO FORM

By_____
County Counsel

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COUNTY OF SANTA CRUZ

EXHIBIT B - BUDGET, FISCAL AND PAYMENT PROVISIONS

NADHAN, Inc. / Creekside Mental Health Rehabilitation Program

1. FISCAL AND PAYMENT PROVISIONS:

For FY 2005-06:

A. This is a negotiated net amount agreement for five (5) beds in CONTRACTOR'S program. COUNTY will pay for 5 beds whether occupied or not by COUNTY referred clients. Contracted bed days shall not exceed 1830 bed days per fiscal year.

B. COUNTY shall pay CONTRACTOR negotiated net amount of $117 per bed per day for the first year of this agreement. CONTRACTOR shall bill COUNTY monthly for the prior month. In years two and three, any rate increase over the course of this contract will only take place on the 1st day of the fiscal year, July 1. CONTRACTOR must notify COUNTY of any anticipated rate increase by January 31 of each fiscal year preceding the increase. Any rate increase is subject to the approval of the COUNTY and shall not be binding on COUNTY unless so approved in writing.

For FY 2006-07:

A. This is a negotiated net amount agreement for seven (7) beds in CONTRACTOR'S program. COUNTY will pay, commencing on July 1,2006, for five (5) beds per month at a rate of $117/day and; COUNTY will also pay for two (2) beds per month, one bed space beginning July 25,2006 and the second bed beginning August 1, 2006 at a rate of $125/day, whether occupied by COUNTY referred clients or not. Furthermore, COUNTY will pay a "Priority Bed" rate of $160 per day per client for any Santa Cruz client placement that exceeds the COUNTY'S 7 purchased beds. Clients placed in a "Priority Bed" will be moved into one of COUNTY'S 7 purchased beds as soon as one becomes available and at no time will COUNTY be charged a Priority Bed Rate when there is a vacancy in one of the 7 other Purchased Beds. Priority Bed usage must be authorized by the Mental Health Director or her designee prior to placement of a Santa Cruz client.

B. COUNTY shall pay CONTRACTOR negotiated net amount of $117 per bed per day for 5 beds and $125 per bed per day for 2 beds. COUNTY shall also pay the negotiated net amount of the Priority Bed rate of $160 on usage only. CONTRACTOR shall bill COUNTY monthly for the prior month. In fiscal year 2007-08 any rate increase over the course of this contract will only take place on the 1st day of the fiscal year, July 1. CONTRACTOR must notify COUNTY of any anticipated rate increase by January 31 of each fiscal year preceding the increase.

Any rate increase is subject to the approval of the COUNTY and shall not be binding on COUNTY unless so approved in writing.

C. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as may be required by the County of Santa Cruz Health Services Agency.

D. CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the Health Services Agency no later than the thirtieth (30th) day of the month following the month of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services.

E. COUNTY shall review and certify CONTRACTOR's claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor-Controller. The Auditor-Controller shall pay the claim in the amount certified by the COUNTY.

F. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY's maximum liability under this Agreement.

G. If for any reason this Agreement is canceled, COUNTY's maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.

H. Any rate increase is subject to the approval of the COUNTY and shall not be binding on COUNTY unless so approved in writing.

For FY *2007-08* and 2008-09:

A. This is a negotiated net amount agreement for seven (7) beds in CONTRACTOR'S program. COUNTY will pay, commencing on July 1, 2007, for seven (7) beds per month at a rate of $125/day whether occupied by COUNTY referred clients or not. Furthermore, COUNTY will pay a "Priority Bed" rate of $160 per day per client for any Santa Cruz client placement that exceeds the COUNTY'S 7 purchased beds. Clients placed in a "Priority Bed" will be moved into one of COUNTY'S 7 purchased beds as soon as one becomes available and at no time will COUNTY be charged a Priority Bed Rate when there is a vacancy in one of the 7 other Purchased Beds. Priority Bed usage must be authorized by the Mental Health Director or her designee prior to placement of a Santa Cruz client.

B. COUNTY shall pay CONTRACTOR negotiated net amount of $125 per bed per day for 7 beds. COUNTY shall also pay the negotiated net amount of the Priority Bed rate of $160 on usage only. CONTRACTOR shall bill COUNTY monthly for the prior month.

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C. Subparagraphs C through H of this Exhibit, Paragraph 1, for FY 2006/07 are incorporated herein and applicable to FY 2007/08 and 2008/09.

2. SETTLEMENTS AND AUDITS:

A. **As** detailed in Exhibit D.11, CONTRACTOR must provide COUNTY with a cost report in the format prescribed by the State Department of Mental Health **no later than 60 days after the close of the fiscal year.** COUNTY reserves the right to withhold further interim payments if CONTRACTOR fails to submit cost report in a timely manner.

B. CONTRACTOR is referred to the following referenced Exhibits and Paragraphs in the contents of this Agreement for other Settlement and Audit requirements. They are as follows:

C.8: Retention and Audit of Records;

C.11: Financial Reporting;

C.12: Disallowance and Responsibility for Audit Exceptions;

C.29: Withholding of Final Payment;

C.30: Overpayments as Determined by Audits and;

D.8: Partial Performance.