



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 5(j)

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
- Electronic Transmission Checklist: ☒ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: October 3, 2011

FROM: HHSA- Mental Health Branch MEETING DATE: October 25, 2011

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 Present ☐ On Call ☒
 Secondary Contact: Pat Meek PHONE: 463-7902 Present ☐ On Call ☒
 Additional Contact: Doug Gherkin PHONE: 463-7882 Present ☐ On Call ☒

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ **AGENDA TITLE:** Approve Agreement with Summitview Child Treatment Center (Placerville) in the Amount of \$100,000 to provide Mental Health Treatment to Children of Mendocino County in Fiscal-Year 2011/2012 - Health and Human Services Agency (HHSA) - Mental Health Branch (MHB)

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS** BOS #10-003, BOS#08-127, BOS #07-192, BOS #06-196, BOS#10-062

■ **SUMMARY OF REQUEST:** Summitview Child Treatment Center provides rehabilitative day treatment services to children in its level 14 residential program. Children from Mendocino County in need of out-of-home placement are placed at Summitview and the Health and Human Services Agency Mental Health Branch reimburses a rate for services not to exceed the State Maximum Allowable (SMA) amount allowed by Medi-Cal. The annual cost will fluctuate depending on the number of children who are placed at this facility. As it is difficult for staff to determine daily census (based on need and availability of bed space), the Branch is requesting an agreement limit not to exceed \$100,000. This agreement will run from July 1, 2011 through June 30, 2012.

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:**

■ **ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):** ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
Medi-Cal/EPSTDT and, Social Services for Board and Care portion	\$100,000	\$100,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

■ **Grant Related:** ☐ yes ☒ no If yes, is there a County match? ☐ yes ☒ no Amount: _____

■ **SUPERVISORIAL DISTRICT:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ **VOTE REQUIREMENT:** Majority ☒ 4/5ths ☐

■ **RECOMMENDED ACTION/MOTION:** Approve and authorize the Board Chair to sign agreement with Summitview Child Treatment Center (Placerville) in the amount of \$100,000 to provide mental health treatment to children of Mendocino County in fiscal-year 2011/2012; and authorize the Health and Human Service Agency Director to sign any future amendments to the agreement that do not affect the annual maximum amount.

■ **ALTERNATIVES:** Instruct staff to seek alternate placement facility.

■ **CEO REVIEW (NAME):** _____ **PHONE:** _____

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____