



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 5(b)

- 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 25, 2011

FROM: HHSA- Adult & Older Adult System of Care MEETING DATE: November 15, 2011

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7823 Present ☐ On Call ☒
Secondary Contact: Doug Gherkin PHONE: 463-7882 Present ☐ On Call ☒

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

■ **AGENDA TITLE:** Approve Amendment to BOS Agreement No. 10-193 with Ukiah Community Center, Inc. Increasing the Wraparound Services Case Management Allocation by \$5,117 - Health & Human Services Agency (HHSA) - Adult & Older Adult System of Care

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** November 9, 2010, BOS No. 10-193

■ **SUMMARY OF REQUEST:** Amend 2010-11 agreement with Ukiah Community Center, Inc. to increase the case management allocation for direct Wraparound Services by \$5,117 to benefit homeless clients enrolled in Ukiah's AT HOME program who have co-occurring substance abuse and mental health disorders. Due to short-term staff vacancies this year, the AT HOME budget has SAMHSA grant funds available for this purpose.

■ **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
AT HOME grant from SAMHSA	FY 10/11 \$59,983	FY 10/11 \$59,983	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 amendment to BOS Agreement No. 10-193 with Ukiah Community Center, Inc. increasing the Wraparound Services case management allocation by \$5,117; and authorize the HHSA Director to sign any future amendments to the agreement that do not affect the annual maximum amount

■ **ALTERNATIVES:** Do not approve amendment and maintain Wraparound Services allocation at current level.

■ **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 _____