



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 4(ee)

- 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: January 19, 2012

FROM: HHSA- Adult and Older Adult System of Care MEETING DATE: February 14, 2012

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 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 FY 2011/2012 V.1 Amended Negotiated Net Amount and Drug Medi-Cal Contract Agreement #10-NNA23 - Health and Human Services Agency (HHSA) - Adult and Older Adult System of Care Branch**

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** #07-070 A (V1 06/07); #07-158 A (V2 06/07); #08-040 A (V1 07/08); #08-160 A (V2 07/08); 09-030 A (V1 08/09); #09-060 A (V2 08/09); #09-096 A (V2 09/09); #10-002A (V1 09/10); #10-069A (V2 09/10); #10-068 (V.0 10/13).
Longstanding Annual Negotiated Net Amount (NNA) and Drug Medi-Cal contract agreements with ongoing amendments.

SUMMARY OF REQUEST: Mendocino County's FY 2011-2012 V.1 amended Negotiated Net Amount and Drug Medi-Cal Contract Agreement #10-NNA23 obligates State and General Funds with Federal Block Grant funding for substance abuse treatment, intervention and prevention, safe and drug free schools, communities development and Medicaid reimbursement. Funding adjustments at the state and federal level require contract amendments during its life cycle and are sent to the County for approval as budgetary adjustments are made. FY 2011-12 contract amount is decreased by \$254,498 for a new total of \$992,625 and FY 2012-13 contract amount is decreased by \$363,926 for a new total of \$849,506. The budget reflects the core State allocation received by AODP on a yearly basis. This FY 2011/2012 V.1 amended Negotiated Net Amount and Drug Medi-Cal Contract does not result in any appreciable difference to the County's final settlement but incorporates amended provisions for Negotiated Net Amount and Drug Medi-Cal funds.

■ **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
State Department of Alcohol and Drug Programs	11/12 \$992,625	11/12 \$992,625	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	12/13 \$849,506	12/13 \$849,506	

■ **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 the FY 2011/2012 V.1 Amended Negotiated Net Amount and Drug Medi-Cal Contract Agreement #10-NNA23. Please return 4 standard agreement amendment forms with original signatures and one minute order.

■ **ALTERNATIVES:** Do not approve. Return funds and discontinue alcohol and drug treatment services.

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

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

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

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