



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 4(i)

- 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: February 16, 2012
 FROM: HHSA- Mental Health MEETING DATE: March 13, 2012
 DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 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 Agreement #BOS 11-119 with FamiliesFirst, Inc. Increasing Agreement Amount by \$50,000 for a New Total Agreement Amount of \$150,000 to Provide Mental Health Services for Children of Mendocino County in Fiscal Year 2011/2012 - Health and Human Services Agency (HHSA) – Mental Health**

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS: BOS #07-236, BOS #08-100 and BOS #11-119 on September 13, 2011**

■ **SUMMARY OF REQUEST** FamiliesFirst, Inc., located in Davis, CA, provides intensive day treatment services to children in its level 14 residential program as well as a variety of other mental health treatment services that are not available from sources in Mendocino County. All proposed rates are within the State Maximum Allowable rate for Medi-Cal reimbursement and services must be pre-authorized by Mendocino County Mental Health Branch. A previous contract for \$100,000 was executed September 13, 2011. The Mental Health Branch underestimated the number of children that would be placed with FamiliesFirst, Inc. therefore a contract amendment to pay for the Mental Health services for the additional children placed there is required. The contract amount is not to exceed \$150,000 but will be based on actual usage. This contract will run 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/EPSTD	Up to \$150,000	Up to \$150,000	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 amendment to agreement #BOS 11-119 with FamiliesFirst, Inc., increasing agreement amount by \$50,000 for a new total agreement amount of \$150,000 to provide mental health services for children of Mendocino County in fiscal year 2011/2012; and authorize the HHSA Director to sign any future amendments to the agreement that do not increase the annual maximum amount.

■ **ALTERNATIVES:** Return to staff for alternative handling.

■ **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 _____