



# Mendocino County

## Legislation Details (With Text)

**File #:** 17-1015      **Version:** 1      **Name:**  
**Type:** Resolution      **Status:** Adopted  
**File created:** 10/27/2017      **In control:** Health and Human Services Agency  
**On agenda:** 11/14/2017      **Final action:**  
**Title:** Adoption of Resolution Approving the 2017-18 Performance Contract (Agreement No. 17-94534) Between the Department of Health Care Services and the Mental Health Branch of Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services; and Authorization for the Mental Health Director/Behavioral Health and Recovery Services Director to Sign the Agreement on Behalf of the County

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Resolution 17-166, 2. CA Dept of Health Care Services, \$0, 17-18, BHRS, 17-94534.pdf

Date	Ver.	Action By	Action	Result
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**To: Board of Supervisors**

**From:** Health and Human Services Agency

**Meeting Date:** November 14, 2017

**Department Contact:** Anne Molgaard

**Phone:** 463-7885

**Department Contact:** Jenine Miller

**Phone:** 472-2341

**Item Type:** Consent Agenda

**Time Allocated for Item:** N/A

### **Agenda Title:**

Adoption of Resolution Approving the 2017-18 Performance Contract (Agreement No. 17-94534) Between the Department of Health Care Services and the Mental Health Branch of Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services; and Authorization for the Mental Health Director/Behavioral Health and Recovery Services Director to Sign the Agreement on Behalf of the County

### **Recommended Action/Motion:**

Adopt Resolution approving the 2017-18 Performance Contract (Agreement No. 17-94534) between the Department of Health Care Services and the Mental Health Branch of Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services; and authorize the Mental Health Director/Behavioral Health and Recovery Services Director to sign the Agreement and any amendment that does not affect the annual maximum amount; and authorize Chair to sign same.

### **Previous Board/Board Committee Actions:**

May 20, 2014, Item 4(g); February 17, 2015, Item 4(i); May 19, 2015, Item 4(i); June 20, 2017, Item 4(t)

**Summary of Request:**

The California Department of Health Care Services (DHCS) administers the Mental Health Services Act, Projects for Assistance in Transition from Homelessness (PATH) and Community Mental Health Services Grant (MHBG) programs and oversees county provision of community mental health services provided with realignment funds. In order to receive funding for these programs and community mental health services, the County must meet the conditions and requirements set forth in the proposed Agreement. This Agreement is the County's performance contract as required by Welfare and Institutions Code sections 5650(a), 5651, 5666, and 5897, and Title 9, California Code of Regulations, section 3310. The County agrees to comply with all such conditions and requirements. DHCS will monitor the Agreement to ensure compliance with applicable Federal and State laws and regulations. This Agreement does not cover Federal Financial Participation or State general funds as they relate to Medi-Cal services provided through the Mental Health Plan Contracts.

**Alternative Action/Motion:**

Return to staff for alternative handling.

**Supplemental Information Available Online at:** N/A

**Fiscal Impact:**

**Source of Funding:** N/A

**Current F/Y Cost:** N/A

**Budgeted in Current F/Y:** N/A

**Annual Recurring Cost:** N/A

**Supervisory District:** All

**Vote Requirement:** Majority

**Agreement/Resolution/Ordinance Approved by County Counsel:** Yes

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**CEO Liaison:** Jill Martin, Deputy CEO

**CEO Review:** Yes

**CEO Comments:**



**FOR COB USE ONLY**

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Executed By: Nadia Tipton

Final Status: **Adopted**

Date: November 15, 2017

Executed Item No.: **Resolution** Number: 17-166

Note to Department:

Executed Documents Returned to

Department: Originals \_\_\_\_\_ Copies

\_\_\_\_\_ Hand Delivered \_\_\_\_\_ Interoffice

Mail \_\_\_\_\_ Executed Agreement Sent to

Auditor? Y/N