MARIPOSA COUNTY
BOARD OF SUPERVISORS
DEPARTMENT: Human Services Dept.

AGENDA ACTION FORM
DATE: 4/07/98
AGENDA ITEM NO.: CA-10
BY: Tom Archer
PHONE: 966-3609
Mental Health/Alcohol and Drug

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No_x_)

Authorize Chair to sign Fiscal Year 1997-98 Exhibit "C" of the 3-year Mental Health Service Agreement with KingsView Corporation.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The County has contracted with KingsView Corporation to provide mental health services since the early 1970's which has continued to be a beneficial arrangement for the county and community residents. All funds for this agreement are provided by State and Federal sources. The second three-year negotiated agreement for services under the Bronzan-McCorquodale Act, was approved by the Board of Supervisors on February 21, 1995 by Resolution No. 95-71, subject to annual renewal of Exhibit "C".

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Develop and operate a mental health program staffed by county employees.
2. Attempt to locate a different contract services provider and negotiate agreement.

COSTS: ( ) Not Applicable
A. Budgeted current FY $545,635
B. Total anticipated costs $545,635
C. Required additional funding $-
D. Internal Transfers $-

SOURCE: ( ) 4/5ths Vote Required
A. Unanticipated revenues $-
B. Reserve for contingencies $-
C. Source description:
Balance in Reserve for Contingencies, if approved: $-

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
3 pgs.

CLERK'S USE ONLY:
Res. No.: X-R-108
Vote - Ayes: 4
Absent:
( ) Approved ( ) Denied
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date:

ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
BY: Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended
Not Recommended
For Policy Determination
Submitted with Comment
Returned for Further Action

Comment:

A.O. Initials: 

Action Form Revised 5/92
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No X)

Authorize Chair to sign Fiscal Year 1997-98 Exhibit "C" of the 3-year Mental Health Service Agreement with KingsView Corporation.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

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LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Develop and operate a mental health program staffed by county employees.
2. Attempt to locate a different contract services provider and negotiate agreement.

COSTS:  ( ) Not Applicable
A. Budgeted current FY $545,435
B. Total anticipated costs $545,435
C. Required additional funding $  
D. Internal Transfers $ 

SOURCE:  ( ) 4/5ths Vote Required
A. Unanticipated revenues $   
B. Reserve for contingencies $   
C. Source description: 
   Balance in Reserve for Contingencies, if approved: $  

SPECIAL INSTRUCTIONS:  
List the attachments and number the pages consecutively:  
3 pgs.

CLERK'S USE ONLY:
Res. No.:  98-103  
Vote - Ayes:  
Noes:  
Absent:  
Approved ( ) Denied ( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date:  
ATTEST: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
BY: Deputy  

ADMINISTRATIVE OFFICER'S RECOMMENDATION:  
This item on agenda as:  

✓ Recommended  
Not Recommended  
For Policy Determination  
Submitted with Comment  
Returned for Further Action  

Comment:  

A.O. Initials:  

Action Form Revised 5/92
MENTAL HEALTH SERVICES
FOR MARIPOSA COUNTY

NEGOTIATED NET AMOUNT
for
FY 1997-98

Per Clause 20 of the three (3) year contract between the County of Mariposa and Kings View beginning July 1, 1995 and continuing until June 30, 1998, the Exhibit "C" (The Projected Gross Budget Showing the Negotiated Net Amount) for FY 1997-98 is attached.

IN WITNESS WHEREOF, the parties hereto have set their hands.

COUNTY OF MARIPOSA

BY: Bob Pickard
Vice-Chairman
Dated 4/7/98

KINGS VIEW CORPORATION

BY: Chief Executive Officer
Dated 2/25/98

APPROVED AS TO LEGAL FORM:
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
AUDITOR-CONTROLLER

By: Jeffrey G. 

By: 

EXHIBIT C
MENTAL HEALTH SERVICES FOR MARIPOSA COUNTY
NEGOTIATED NET AMOUNT DERIVATION
1997/98
PROJECTED GROSS BUDGET SHOWING
THE NEGOTIATED NET AMOUNT

ALLOCATIONS:

<table>
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<tr>
<th>Allocation</th>
<th>Amount</th>
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<tr>
<td>Community Services Allocation</td>
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<td>Hospital Consolidated M/C</td>
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<td>Path Grant</td>
<td>1,359</td>
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<td>Vehicle License Fee</td>
<td>4,400</td>
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<td>Realignment</td>
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<td>IMD</td>
<td>22,103</td>
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<td>State Hospital</td>
<td>106,204</td>
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<td>SOC Grant</td>
<td>80,956</td>
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<td>Cal-Works</td>
<td>8,628</td>
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<td><strong>Total</strong></td>
<td><strong>585,293</strong></td>
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LESS:

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<th>Operation</th>
<th>Amount</th>
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<tr>
<td>County Operations</td>
<td>39,858</td>
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**NEGOTIATED NET AMOUNT**

545,435

Amended 3/20/98bp
**CERTIFICATE OF INSURANCE**

**ISSUE DATE:** 09/18/97

**COMPANIES AFFORDING COVERAGE**

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<tr>
<th>COMPANY</th>
<th>LETTER</th>
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<tr>
<td>A</td>
<td>AIG SPECIALTY - SAN FRANCISCO</td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>C</td>
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<td>D</td>
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<td>E</td>
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**COVERAGE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

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<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE (MM/DD/YY)</th>
<th>POLICY EXPIRATION DATE (MM/DD/YY)</th>
<th>LIMITS</th>
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<td>07/01/97</td>
<td>07/01/98</td>
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<td>EACH OCCURRENCE</td>
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<td>FIRE DAMAGE (Any one fire)</td>
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<td>MED. EXP. (Any one person)</td>
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<td>COMBINED SINGLE LIMIT</td>
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<td>BODILY INJURY</td>
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<td>(Per accident)</td>
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<td>PROPERTY DAMAGE</td>
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<td>PROPERTY DAMAGE</td>
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<td>OTHER THAN UMBRELLA FORM</td>
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**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

- PSYCHIATRIC, SUBSTANCE ABUSE AND ALCOHOLISM PROGRAMS (& OTHERS) PER CONTRACT WITH COUNTY. CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED AS RESPECTS LIABILITY COVERAGE - ENDORSEMENT PENDING ISSUANCE BY INS COMPANY.

**CERTIFICATE HOLDER**

MARIPOSA COUNTY

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail **10** days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**AUTHORIZED REPRESENTATIVE**

[Signature]