

DEPARTMENT: Human Services Dept. 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		SPECIAL INSTRUCTIONS:
A. Budgeted current FY	\$ <u>545,435</u>	List the attachments and number
B. Total anticipated costs	\$ <u>545,435</u>	the pages consecutively:
C. Required additional funding	\$ <u>-</u>	<u>3 pgs.</u>
D. Internal Transfers	\$ <u>-</u>	
SOURCE: ( ) 4/5ths Vote Required		
A. Unanticipated revenues	\$ <u>-</u>	
B. Reserve for contingencies	\$ <u>-</u>	
C. Source description:		
Balance in Reserve for Contingencies,		
if approved: \$		

CLERK'S USE ONLY:

Res. No.: 98-108 Ord. No. \_\_\_\_\_

Vote - Ayes: 4 Noes: \_\_\_\_\_

Approved: Reilly Abstained: \_\_\_\_\_

( ) Minute Order Attached ( ) No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

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

Comment: \_\_\_\_\_

A.O. Initials: JA

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

CLERK'S USE ONLY:	ADMINISTRATIVE OFFICER'S RECOMMENDATION:
Res. No.: <u>98-108</u>	This item on agenda as:
Vote - Ayes: <u>4</u>	<input checked="" type="checkbox"/> Recommended
Absent: <u>Reilly</u>	<input type="checkbox"/> Not Recommended
Approved _____	<input type="checkbox"/> For Policy Determination
( ) Minute Order Attached ( ) No Action Necessary	<input type="checkbox"/> Submitted with Comment
	<input type="checkbox"/> Returned for Further Action
The foregoing instrument is a correct copy of the original on file in this office.	Comment: _____
Date: _____	
ATTEST: MARGIE WILLIAMS, Clerk of the Board	A.O. Initials: <u>JA</u>
County of Mariposa, State of California	
BY: _____	
Deputy	

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 Dated 4/7/98  
Vice-Chairman Bob Pickard

KINGS VIEW CORPORATION

BY Mike Waters Dated 2/25/98  
Chief Executive Officer

APPROVED AS TO LEGAL FORM:  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
AUDITOR-CONTROLLER

By Jeffrey G. Lee

By [Signature]

EXHIBIT C

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

ALLOCATIONS:

Community Services Allocation	12,883
Hospital Consolidated M/C	72,484
Path Grant	1,359
Vehicle License Fee	4,400
Realignment	276,276
IMD	22,103
State Hospital	106,204
SOC Grant	80,956
Cal-Works	8,628

Total 585,293

LESS:

County Operations 39,858

NEGOTIATED NET AMOUNT 545,435

Amended 3/20/98bp

# ACORD. CERTIFICATE OF INSURANCE 1 9 12144

ISSUE DATE (MM/DD/YY)

09/18/97

PRODUCER

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.

## COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** AIG SPECIALTY - SAN FRANCISCO
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

HRH INSURANCE SERVICES  
265 WEST BULLARD #101  
FRESNO CA 93704

INSURED  
KINGS VIEW CORPORATION  
42675 ROAD 44  
Reedley, CA 93654

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	8193724	07/01/97	07/01/98	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXP. (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	8193725	07/01/97	07/01/98	EACH OCCURRENCE \$ 19,000,000 AGGREGATE \$ 38,000,000
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
A	<b>OTHER PROFESSIONAL LIABILITY</b>	8193724	07/01/97	07/01/98	\$1,000,000 EACH WRONGFUL ACT/ \$2,000,000 AGGREGATE

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: 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. End #20

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