

COUNTY OF SAN MATEO  
Departmental Correspondence

DATE **MAY 09 2001**  
HEARING DATE: **MAY 22 2001**

TO Honorable Board of Supervisors  
FROM Beverly Abbott, Director, Mental Health Services  
SUBJECT Amendment to the Agreement with Mental Health Association of San Mateo County

RECOMMENDATION

Adopt a resolution authorizing the President of the Board to execute an amendment to the agreement with Mental Health Association of San Mateo County (MHA) for emergency housing, rehabilitation services, administration of the adult services Wrap-Around Fund, and coordination of Shelter Plus Care for seriously mentally ill adults

Background

MHA has provided residential and other mental health rehabilitation services to San Mateo County clients for years. These services are all focused on providing low cost community-based alternatives for mental health clients who would otherwise be on an acute inpatient psychiatric unit, a locked skilled nursing facility, or on the streets.

MHA provides rehabilitation services for seriously mentally ill adults and emergency short-term housing for homeless mentally ill at the Spring Street emergency shelter. In addition, MHA provides Shelter Plus Care Project coordination and administers the Wrap-Around Fund. The Wrap-Around Fund purchases unique services for mental health clients to help maintain independent living in the community, thus avoiding costly hospitalization. An example of these services is the initial payment of an indigent client's housing rent, food and clothing, after discharge from the hospital and before receiving their first financial assistance check.

Discussion

This contract is being amended to increase the Wrap-Around Fund by \$30,000 to a maximum of \$190,300. \$27,273 will be used as flexible funding and the remaining \$2,727 will be used for the Wrap-Around Administration fees for the increased funding. The increase will provide flexible funds to help mental health clients cover increases in housing and utility costs.

Term

The term of this agreement continues unchanged and is effective July 1, 2000 through June 30, 2001. The agreement has been reviewed and approved by both County Counsel and Risk Management.

Fiscal Impact

The contract maximum is increased from \$915,808 to \$945,808. Mental Health Services has included the increase of \$30,000 in the division's 2000-01 budget. Of that amount, 81% or \$24,300 is funded through sales tax provided through realignment and the balance of \$5,700 represents the net county cost.

**RECOMMENDED**

  
\_\_\_\_\_  
HEALTH SERVICES DEPARTMENT

RESOLUTION NO. \_\_\_\_\_

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

\* \* \* \* \*

RESOLUTION AUTHORIZING EXECUTION OF  
AN AMENDMENT TO THE AGREEMENT WITH  
MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an Amendment to the Agreement, reference to which is hereby made for further particulars, whereby Mental Health Association of San Mateo County shall provide emergency housing, rehabilitation services, administration of the adult services Wrap Around Funds, and coordination of Shelter Plus Care for seriously mentally ill adults, and

WHEREAS, this Board has been presented with the Amendment to the Agreement and has examined and approved it as to both form and content and desires to enter into the Amendment to the Agreement:

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President of this Board of Supervisors be, and is hereby, authorized and directed to execute said Amendment to the Agreement for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

AMENDMENT TO THE AGREEMENT

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called County ) and MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY, (hereinafter called 'Contractor'),

W I T N E S S E T H

WHEREAS, on October 3, 2000, the parties hereto entered into an agreement (hereinafter referred to as the ' Original Agreement ) for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement,

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended as follows:

1. Section 2, Payments, Paragraph A, Maximum Amount, of the Original Agreement is hereby amended to read as follows:

“2. Payments

A. Maximum Amount In full consideration of Contractor's performance of the services described in Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed NINE HUNDRED FORTY-FIVE THOUSAND EIGHT HUNDRED AND EIGHT DOLLARS (\$945,808) for the contract term.”

2 SCHEDULE B, I. PAYMENTS, Paragraph A. Maximum Obligation and B Wrap Around Services Fund, is hereby amended to read as follows:

“Maximum Obligation

The maximum amount that County shall be obligated to pay for all services

provided under this Agreement shall not exceed the amount stated in Paragraph 2 A on page 2 of this Agreement Furthermore, of the total contract obligation, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement for the period July 1, 2000 through June 30, 2001

Rehabilitation Services	\$597,046
Emergency Short Term Services at Spring Street Shelter	112,336
Shelter Plus Care Coordination Project	46,126
Wrap-Around Fund Administration	<u>190,300</u>
TOTAL CONTRACT OBLIGATION	\$945,808”

“Wrap Around Services Fund

Contractor shall receive a maximum of ONE HUNDRED NINETY THOUSAND THREE HUNDRED DOLLARS (\$190,300) For the Wrap-Around Fund expenditures and administrative costs

- 1 Contractor shall receive a maximum amount of ONE HUNDRED NINETY THOUSAND THREE HUNDRED DOLLARS (\$190,300) for general Wrap-Around Fund expenditures and administrative costs. At the beginning of the fiscal year, Contractor may request an advance of 20% of the maximum expenditure amount Contractor is entitled to TWELVE THOUSAND SEVEN HUNDRED TWENTY-SEVEN DOLLARS (\$12,727) for administrative costs for managing the Wrap-Around Fund At the end of the fiscal year any unexpended funds remaining with contractor shall be returned to County ”

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that

1. This amendment is hereby incorporated and made a part of the Original Agreement and subject to all provisions therein
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement of October 3, 2000, be amended accordingly.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized

representatives, have affixed their hand on the day and year first above written

COUNTY OF SAN MATEO

MENTAL HEALTH ASSOCIATION OF  
SAN MATEO COUNTY

By: \_\_\_\_\_  
Michael D. Nevin, President  
Board of Supervisors, San Mateo County

By: Evelyn Stanton  
Executive Director

Date: \_\_\_\_\_

Date: April 13, 2001

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: September 7, 2000

TO: Priscilla Morse, Risk Management/Insurance Division  
FROM: Mary Vozikes, Mental Health Services/PONY #MLH 322

CONTRACTOR: Mental Health Association

DO THEY TRAVEL: Yes

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: Yes

DUTIES (SPECIFIC): See attached

COVERAGE:

Comprehensive General Liability:	\$1,000,000
Motor Vehicle Liability:	\$1,000,000
Professional Liability:	\$1,000,000
Worker's Compensation:	\$Yes

APPROVE X WAIVE \_\_\_\_\_ MODIFY \_\_\_\_\_

REMARKS/COMMENTS:

Priscilla Morse  
SIGNATURE

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (M/DD/YY)  
08/30/2000

PRODUCER (650)369-2921 FAX (650)369-2929  
Boring-Johndrow-Leveroni-Vreeburg, Inc.  
Insurance Services  
Marshall St  
Redwood City, CA 94063

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.

INSURERS AFFORDING COVERAGE

INSURED Mental Health Association of San Mateo County  
2686 Spring Street  
Redwood City, CA 94063

INSURER A	Great American Ins.
INSURER B	General Ins. Co. of America
INSURER C	
INSURER D	
INSURER E	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (M/DD/YY)	POLICY EXPIRATION DATE (M/DD/YY)	LIMITS	
A	GENERAL LIABILITY	PAC2254572	07/01/2000	07/01/2001	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY	\$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000	
				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	AUTOMOBILE LIABILITY	PAC2254572	07/01/2000	07/01/2001	COMB NED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC2329501D	07/01/2000	07/01/2001	W/C STATUTORY LIMITS	
					OTHER	
	E L EACH ACCIDENT				\$ 1,000,000	
					E L D SEASE - EA EMPLOYEE	\$ 1,000,000
					E L DISEASE - POLICY LIMIT	\$ 1,000,000
A	OTHER Professional Liability	PAC2254572	07/01/2000	07/01/2001	occurrence	1,000,000
					aggregate	2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
RE: All California Operations.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

San Mateo County Mental Health Services  
ATTN: Mary Vozikes  
225 W. 37th Avenue  
San Mateo, CA 94403

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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  
Daniel Johndrow/JIM

*[Signature]*