### COUNTY OF SHASTA OFFICE OF AUDITOR-CONTROLLER REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER 6/27/2017

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
40401/799390	MENTAL HEALTH	MOUNTAIN VALLEYS	OUTPATIENT MENTAL HEALTH	\$ 19,988.27	Per Admin Policy 2-201 and Gov Code	SEE ATTACHED MEMO FROM
		HEALTH CENTERS INC	SERVICES 12/15		sections 910 and 911.2 invoices older	DEPARTMENT
	_				than one year require Board approval.	
40401/799390	MENTAL HEALTH	MOUNTAIN VALLEYS HEALTH CENTERS INC	OUTPATIENT MENTAL HEALTH SERVICES 1/16		Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
	TOTAL			\$ 30,045.08		

Auditor's Certification:
I certify that the foregoing is a true list of claims properly and regularly coming before the Shasta County Board of Supervisors, and that the computations are correct.

# Approval of Claims:

These claims were allowed and the Claims List was approved as correct, by vote of the Board of Supervisors on this date.

Date:

Chairman Board of Supervisors County of Shasta State of California



# **Business and Support Services Branch**

Tracy Tedder, Branch Director

Redding, CA 96001-1930 P.O. Box 496005 Redding, CA 96049-6005 Phone: (530) 229-8419 Fax: (530) 225-5555 CA Relay Service: (800) 735-2922

# **Inter-Office Memorandum**

To:

Brian Muir, Auditor-Controller

From:

Tracy Tedder, HHSA Branch Director

Date:

June 14, 2017

Re:

Board Claim for Mountain Valleys Health Centers

Shasta County HHSA previously had a contract agreement with Mountain Valley Health Centers to provide outpatient services for Mental Health clients in the Intermountain area of Shasta County. The agreement expired on June 30, 2016. Three invoices were presented for payment totaling \$20,931.53. The following three invoices for services were provided to HHSA more than a year past the date that services were provided and now require Board of Supervisors approval for payment:

- December 1, 2015 in the amount of \$19,988.27,
- January 1, 2016 in the amount of \$10,056.81, and
- February 1, 2016 in the amount of a credit of \$(9,113.55).

Pursuant to Welfare & Institution Code section 17000, County Mental Health is statutorily responsible for responding and providing mental health services to individuals.

<sup>&</sup>quot;Engaging individuals, families and communities to protect and improve health and wellbeing." www.shastahhsa.net

# Vend004114-02

MHOLOII6A

MOUNTA	IN VALLEYS HEALTI	H CF	NTFRS. P	n Re	sy 277. Bie	her	CA. 96009	(	C-42	43
Shasta County Department of						××.	( ) (		1 - 799	000
P.O. Box 496048										
Redding, CA 96001-4246			ж.				MHOC	0	1-MH	3100
Check for final report:	Date of Report:		12/1/2015				181	19	SVC	7
Term of Contract:	Budget Period 07/15-	06/1	5							
Period of Report:	Dec 2015									
				Pres	ious Periods				Remaining	
Budget Category (1)	Approved Budget (2)	This	s Period (3)		(4)		YTD (5)		Balance (7)	
Personnel/Position	,,			_						
Psychologist/LSCW	\$ 100,000.00	\$	11,005.48	\$	46,985.97	\$	57,991.45	\$	42,008.55	
Case Manager	\$ 27,040.00	\$		\$	•	\$	-	\$	27,040.00	_
LCSW	\$ -	\$	•	\$	•	\$	-	\$		
MSW	\$ 65,000.00	\$	6,766.737	\$	24,948.67	\$	31,715.40	\$	33,284.60	
Fringe Benefits	\$ 48,010.00	\$	1,296.87	\$	6,731.41	\$	8,028.28	\$	39,981.72	
									·	
Total Salary and Benefits	\$ 240,050.00	\$	19,069.08	\$	78,666.05	\$	97,735,13	\$	142,314.87	
								_		
Operating Expenses				_		_				
Office Expenses/Supplies	\$ 3,000.00	\$		\$		\$		\$	3,000.00	
Equipment'	\$ -	\$	-	\$	•	\$		\$		
Rents/Leases	\$ -	\$	- -	\$		\$		\$		_
Utilities/Communications	\$ 3,000.00	\$		\$	445.42	\$	535.26	\$	2,464.74	
Travel	\$ 4,000.00	\$	·	\$	-	\$	-	\$	4,000.00	
Software		\$	-			-				
Total Operating Expenses	\$ 10,000.00	\$	89.84	\$	445.42	\$	535.26	\$	9,464.74	/
A 6'	A		45454	4	*** *** ***	-	22 244 A	ž.	4 W 4 WHO 0	/
Total Expenses	\$ 250,050.00	\$	19,158.92	\$	79,111.47	\$	98,270.39	\$	151,779.61	
Administrative Expenses	\$ 37,507.00	\$	2,873.84	\$	11,866.72	\$	14,740.56	É	22,765.44	/
Mullimustrative Expenses	\$ \$7,307.00	3	2,073.04	3	11,000.72	3	14,740,30	3	22,700,44	
Totals 1	\$ 287,557.00	\$	22,032.76	₹	90,978.19	\$	113,010.95	\$	174,546.05	
Revenüe	\$ 173,782.00	-	2,044.49	-	86,307.77		88,352.26	Ś	85,429.74	
Nét Contract Costs	\$ 113,775.00	_	19,588,27	Ś	4,670,42	-	24,658.69	5	89,116.31	
		_	<u>in</u>		,			· ·		
Invoice Total	\$ 19,988.27	10	K700	щ	3/6/1	7				
			4	Ċ	K					
Prepared by: Stephanie House	:		1/1/2016			Tele	ephone #: 530	-29	4-5241	
I certify that this claim is in all	respects true, correct,	supp	portable by	avail	able docume	ntat	ion, and in			
compliance with all terms/con	iditions, laws, and regu	latio	ns governin	g its	payment.					
8+1 H										
Authorized Fiscal Signature				Date	: 01/01/2016					
Matter tocal altitude	/PIIII									
, 1	Program aer	ans	reviewean	ח עט	nsa. Ansu	ppc	אוינוחפ			
,	documen	tatic	on is on tile	a in	Dont Dani					
	Regulations	411 CC	ninential	into	rmation is	blo	cked.			



# COUNTY OF SHASTA

STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

-				-1	***	. 24	
~	E.A.	EBS	AR	FT	At.	R R	#C
		HW	7494		INA		

Mountain Valleys Health Centers, Inc.

PEID:
INV:#

Vend004114

ADDR TYPE (61,62,63,): 02

mH010116A

INV DATE: 03/06/47

1/1/1/1/1

AMUUNI	COSI	ACCI		AUIT	. D	ESCHIPTION (SUC	HAK			1099	
	CNTR		CODE	CODE				SECON	DARY REF	NC RE	PUAT
	Undo	nzum	M Hami	mff3100	Decemb	er 2015 Invoice				-	
10,000.21	7070	Dayou.	FI HIV	III II MO	25501112				***************************************		
				-							
						*****					
					_						
							· · · · · · · · · · · · · · · · · · ·				
		<b></b>						<u> </u>			
			<b></b>								
									·····		
				-							
	Lin Controls	Spilos i vis	14 1 . Same 2 . S					ADDRES	Er : Alfdillainn	from	
19,988.27	TOTAL	構造性性的		EXPLAN	ATION	(TEXT)					
POI CONTRACTI BLANKET PO #	2-1	1243						P.O.	Box	27	1
								Q ,,	01	`	
	PARTIAL	FULL						Dievo	er, u	1	
		_X							9/00	09	
									100	0 1	
-		all my righ	t,	No. Commence of the comment			DISTRI	CT USE O	NLY		
title and interest in t	ie within c	laim.		USE O	NLY				WAT	<del>-</del>	
Signed			_	I hereby	certify	DUARD WEMBER			DAI	_	
						BOARD MEMBER			DAT	E	
						BOARD MEMBER			DAT	F	
The undersigned, un	der penalty	of perjury, s	tates that			- Joseph Mandall		!	-/	_	
				OTHE	θ.	BOARD MEMBER			DAT	Ē	
been paid, and that th	e amount h	rerein is lust	y due this							7	
year after the las	e same is p st tem there	oresented was of has accr	ued.	. /		BUARD MEMBER		ļ	DAI	E	
				AUDITOR USE ONLY DATE  DATE  BOARD MEMBER  DATE  DATE							
personal gain I may	188.27 TOTAL SUBSTITUTE CODE  19,988.27 YOUN D3 4800 M thou M#3(00 Decemed to the substitute of the su	*									
Annual and the second of the second of the second				DAT	<u>E</u> .	necessary and were ord	ered by me f	or the purpos	e indicated abov	e; that th	ne
			(4			The second of th		rea or periorn	ieu as staied ne	reon exc	æpi as
	Λ.						11	•	1/ - 0		
CLAIMANT SIGNATURE STANDAUL STAND							Che	n	Koller		
DATE	7					DATE	316	117			
DATE		W		<del></del>		DATE	010	/			

Vend004114-02

		LLEYS HEALTI	H C	ENTERS, P	O B	ox 277, Bie	be			C-42	43
Shasta County Department of	f Ment	al Health						110,101		7993	
P.O. Box 496048								40401	_	7993	2
Redding, CA 96001-4246											
Check for final report:	Date	of Report:		1/1/2016			Y	n H 000		MH3 SVCS	100
Term of Contract:	Bude	et Period 07/15-	06/	16				110	0		
Period of Report:	Jan 2	•	,								
renou or report.	3011 2	010								<del></del>	
- 4	•				Pre	vious Periods		to the same of the		Remaining	
Budget Category (1)	Appr	oved Budget (2)	ın	is Period (3)		(4)		YTO (5)	1	Balance (7)	
Personnel/Position					-	,					
Psychologist/LSCW	\$	100,000.00	_	9,052.32-	\$	57,991.45	\$	67,043.77	\$	32,956.23	
Case Manager	\$	27,040.00	\$	-	\$		\$	-	\$	27,040.00	
rc2M	\$		\$	•	\$	•	\$	•	\$	-	_
MSW	\$	65,000.00	\$	5,381.26	\$	31,715.40	\$	37,096.66	\$	27,903.34	
Fringe Benefits	\$	48,010.00	\$	1,296.88	\$	8,028.28	\$	9,325.16	\$	38,584.84	
Total Salary and Benefits	\$	240,050.00	\$	15,730.46	\$	97,735.13	\$	113,465.59	\$	126,584.41	
Operating Expenses						· · · · · · · · · · · · · · · · · · ·			<u> </u>		
Office Expenses/Supplies	\$	3,000.00	\$	•	\$	-	\$	•	\$	3,000.00-	
Equipment	\$		\$	•	\$		\$	•	\$	-	
Rents/Leases	\$	•	\$		Ś	-	Ś	-	\$		
Utilities/Communications	\$	3,000.00	\$	121.04-	Š	535.26	\$	656.30	\$	2,343.70	—
Travěl	\$	4,000.00	\$		\$		\$	-	\$	4,000.00	_
Software	-	4,000.00	\$		7		1		۲	4,000.00	
outware	-		7				├		┝		
Total Onematicki Susanica	\$	10.000.00	\$	121.04	3	535.26	\$	656.30	ş	0.742.70	
Total Operating Expenses	3	10,000.00	3	121.04	3	333,20	3	030.30	3	9,343.70	-
Tatal Comences	*	355 555 AO	\$	15,851.50	\$	06 370 30	\$	444 496 00	é	135,928.11	
Total Expenses	\$	250,050.00	3	13,031.30	3	98,270.39	3	114,121.89	3	133,920.11	
A darlatabonkton Francisco	_	27 507 88	_	4 333 33	_	44.740.70	6	47 440 70	-	26 200 73	
Administrative Expenses	\$	37,507.00	\$	2,377.73	\$	14,740.56	\$	17,118.29	\$	20,388.72	
Takala	-	207 557 00	ė	18,229.23	\$	113,010.95	\$	131,240.18	خ	156,316.83	
Totals	\$	287,557.00	\$						~~		_
Revenue	\$	173,782.00	\$	8,172.42	3	88,352.26	\$	96,524.68	_	77,257.32	
Net Contract Costs	\$	113,775.00	\$	10,056.81	\$	24,658.69	\$	34,715.50	\$	79,059.51	
The state of the s	~		7	oktopa	ч					0	
Invoice Total	(\$_	10,056.81	J	CK 3/6	สเ-	7					
					11	,					
Prepared by: Stephanie Hous	e			2/1/2016			Tel	ephone #: 530	-29	4-5241	
										ENTE	RFI
I certify that this claim is in al	respe	cts true, correct,	5U¢	portable by	avai	lable docume	nta	tion, and in			I R Seems I
compliance with all terms/co	ndition	s, laws, and regu	lati	ons governin	g its	s payment.				JUN 15	201
1+1 10										0463	44.
Stephance How	se					Discontinuos anno anno anno				UMBS	10
Authorized Fiscal Signature						e: 02/01/2016					
	•	Program-detai	151	eviewen n	וח /	TSA. All sup	put na	ung -			
		documenta	itio	n is on tile	ın C	Dept. Per HI	14/	kod .			
		Regulations all	co	nfidential i	nto	rmation is b	10C	keu.			
		n	1			ICA All		<u>-</u>			



## **COUNTY OF SHASTA**

STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS

## CLAIMANT NAME:

Mountain Valleys Health Centers, Inc.

	1		
PEID:	Vend	10041	14
	VUV		

ADDR TYPE (01,02,03,):

AMOUNT	COST	ACCT	PROJ		S D	ESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099 NC RE MH	PUAT PTID
10,056.81	40401	_	Mtown	Mtt3100	January	2016 Invoice			
							ļ	-	
								-	
							-	-	_
								-	
<del></del>								ļ	
								-	
								-	-
40.050.04			ances a	Legazonaris	razi.	productive control of the control of	ADDRESS: (If differe	of from	in a septe
	IOIAL			EXPLAN	LION	(TEXT)	remittance advice or if no in	vo(ce)	
PO/ GONTRACT/ BLANKET PO #	C-1	1243	3				P. O. Box	27	7
1		7 3.					Bulance	~ in	
	PARTIAL	Y					mean,	A	
For Value Received,							960	09	•
		all my right	t,	AUDIT	OR	DISTR	ICT USE ONLY		
itle and interest in t	he within c	faim.		USE O	NLY.	APPROVED BY:	b 64	TE	
Signed			_			BUARU MEMOER	DA	ie.	
	<del></del>					BOARD MEMBER	DA	TE	
				examine	d and	BOARD MEMBER	DA	TE	
the above claim and	the items a	s therein se	t out are			BOARD MEMBER	DA	TF	
been paid, and that th	ne amount h	erein is just	ly due this	By Dep	uty	7.7		16	
				County A	uditor	BOARD MEMBER	į DA	TE	
					12				
				DAT	É	articles or services have been deliv			
	touto =			outings in	esperatoria	otherwise indicated above by me.			
CLAIMANT SIGNATURE	M		4			AUTHORIZED SIGNATURE	rari Polli	W	
_	EXPLANATION (TEXT)  ADDRESS: (If different from remitteners advisor or introlinguical)  C - 4243  PARTIAL FULL  ed. I heraby self, and set over to all my right, in the within claim.  AUDITOR  all my right, in the within claim.  AUDITOR  USE ONLY  APPROVED BY:  BOARD MEMBER  DATE  I heraby self the sale is presented within one is at the same is presented within one is at the same is presented within one is all the mount here its is listly due this at the sale is presented within one is all fem mount here in a secretary of the interest of the sale is from the refer in self self the mount here is a lest self the same is presented within one cannot control of self de employee, it is the same is presented within one is all fem mount here is a lest self the mount here is a lest sel								
ATE	03/00/17					DATE	0111		

(ONE INVOICE P						INV#: INV DATE:	MH CORRECTION	11000				
AMOUNT	COST CNTR	ACCT	PROJ		D	ESCRIPTION (30 (	HAR)		R ACCT# DARY REF	R1 1099 NO RE	R2 CHH PUAT PT ID	
10,056.81	40401	034800	Mtown	Mtt3100	January	2016 Invoice					77.5	
-												
÷												
10,056.81	TOTAL			EXPLANA	TION	(TEXT)		remittance a	3: (If different dulce or if no in	/o[ce)	* * * ****** ** ******	
CONTRACT/ UNKET PO #	C-1	1243	3					P. 0	). Box ber, ( 9600	27	1	
	PARTIAL	FULL						Biel	ber, (	A		
Value Received, sign, transfer, and									9600	9		
and interest in t		all my righ faim.	t,	AUDIT USE O		APPROVED BY:	DISTRI	CT USE O				
ned			-	I hereby o		BOARD MEMBER BOARD MEMBER			DATE			
	•			cisim v examine	vas I and	BOARD MEMBER	Yadaa .	İ	DATE			
e undersigned, und e above claim and ite and correct; (ha	the items a	s therein se	t out are	approved office		BOARD MEMBER		DATE				
n paid, and that the almant, and that the year after the las	e same is parties there	resented without has accor	ithin one ued.	By Dep County A USER	uditor	BOARD MEMBER		E .	DATE			
urthermore, If I am also certify that it is ersonal gain I may ited to, cash back of frequent filer mil	ave deducte have receiv earned on a	ed the value ed including personal c	of any , but not redit card,	DATI		I hereby certify, under provisions of Article Fo code. Furthermore, the necessary and were or articles or services hav otherwise indicated about	ur, Chapter Oi at the articles of dered by me for a been deliver	rie, Division F or services sp or the purposi	our, Title One of ecified in the at a indicated abo	f the Cal love claim ve; that the	if. Gov. n were ne	
NATURE	Stipl	anil!	Anse			AUTHORIZED SIGNATURE	Ch	ari	Folle	N		
ne .	03/06/17					DATE	31	10/10				

