

(563) 326-8723 Fax (563) 326-8730

May 21, 2012

TO: Dee F. Bruemmer

FROM: Lori A. Elam

Re: Mental Health Center Affiliation

Enclosed are two copies of the Community Mental Health Center Affiliation form which we complete each year. Each county must indicate affiliation with a mental health center or request a waiver.

The Affiliation form notifies the Department of Human Services where to direct the federal Mental Health Center Block Grant dollars in FY2013. The Block Grant dollars are being used for two programs at VFCMHC: Trauma Informed Care Initiative and Parent/Child Interactive Therapy. VFCMHC is responsible for sending in a budget, quarterly financials and reports regarding achievements and progress.

In the past, the completion of this form was required in order for the county to receive state funds as well as for VFCMHC to receive the federal block grant funds. Effective 7/1/12, the counties will no longer receive state dollars, so this form is merely directing the federal block grant dollars to the mental health center or entity the county is affiliated/contracting with. I have filled out the information requested, indicating that we are affiliated/contracting with the Vera French Community Mental Health Center. I will be available at the Committee of the Whole meeting to provide additional information if needed.

## IOWA DEPARTMENT OF HUMAN SERVICES COMMUNITY MENTAL HEALTH CENTER AFFILIATION

Insert information in the blanks provided.

Name of County: Scott

Fiscal Year: 2013

Chapter 225C.7(3) of the Code of Iowa requires, as a condition of eligibility for receiving Mental Health and Developmental Disabilities Community Services Fund dollars, that counties not currently affiliated with a community mental health center expend a portion of those funds to contract with a community mental health center. The MH/MR/DD/BI Commission may grant a waiver exempting a county from this requirement.

Enter the name and address of the community mental health center your county will affiliate or contract with during the fiscal year you indicated above. Please check either  $\mathbf{X}$  affiliate or  $\Box$  contract. If this changes, we must be notified.

Vera French Community Mental Health Center 1441 W. Central Park Ave. Davenport, Iowa 52804

If your county is not affiliated or contracting with a community mental health center, complete the following information:

Will you request a waiver from the requirement of affiliation with a community mental health center?

\_\_\_\_\_Yes <u>X</u>\_\_No

If you are requesting a waiver, you must complete the "Waiver Request" (Form 470-0887) and submit both documents completed and signed by May 31, 2012 to the MHDS division of the Department of Human Services. The MH/MR/DD/BI Commission may grant the waiver if all criteria are met.

Signature of Chair, County Board of Supervisors

Date

Form 470-3040 (3/08)

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES THAT THIS RESOLUTION HAS BEEN FORMALLY APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

## RESOLUTION

## SCOTT COUNTY BOARD OF SUPERVISORS

June 7, 2012

## APPROVING AFFILIATION WITH THE VERA FRENCH COMMUNITY MENTAL HEALTH CENTER

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That Scott County continues to be affiliated with the Vera French Community Mental Health Center.

Section 2. That the Chairman may sign the form indicating affiliation.

Section 3. This resolution shall take effect immediately.