

A-3



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

2015 MAR -4 PM 2:34

COUNTY OF SANTA BARBARA
OFFICE OF THE

Department Name: ADMHS
Department No.:
For Agenda Of: March 10, 2015
Placement: Administrative
Estimated Time: N/A
Continued Item: No
If Yes, date from:
Vote Required: 4/5

TO: Board of Supervisors
FROM: Department Alice Gleghorn, PhD, Director AG
Director(s) Alcohol, Drug, and Mental Health Services 805-681-5220
Contact Info: Lindsay Walter, JD, Interim Chief Financial Office
Alcohol, Drug, and Mental Health Services 805-681-5220
SUBJECT: ADMHS Board Contract Aurora Vista del Mar Hospital

County Counsel Concurrence

As to form: Yes

Auditor-Controller Concurrence

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

1. Approve and authorize the Chair to execute the First Amendment to the Agreement for Services of Independent Contractor with Aurora Vista del Mar Hospital (not a local vendor), for the provision of Acute Inpatient Services, to increase the contract by \$1,700,000 for a total contract amount not to exceed \$4,000,000 through June 30, 2015; and
2. Approve a budget revision request BRR #0003837 increasing appropriations of \$1,700,000 in ADMHS Mental Health Fund for Services and Supplies funded by Other Financing Sources. Increase appropriations of \$1,700,000 in the General County Program Fund for Other Financing Uses funded by a release of Committed Fund Balance.
3. Determine that the above actions are government fiscal activities or funding mechanisms which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment, and are therefore not a project under the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(4) of the CEQA guidelines.

Summary Text:

The Alcohol, Drug and Mental Health Services (ADMHS) Department provides a continuum of mental

health and substance use disorder services to Santa Barbara County residents, in part through contracted providers including Community-Based Organizations (CBOs). Approval of the recommended actions will allow ADMHS to continue to provide mandated mental health, substance use, and ancillary services.

Background:

ADMHS provides a continuum of services, including inpatient treatment services to best meet the needs of individuals with severe mental illness. Institutions for Mental Disease (IMD) are facilities including hospitals, nursing facilities, or other institutions of more than 16 beds that are primarily engaged in providing diagnosis, treatment, or care of persons with mental illness, including medical attention, nursing care, and related services. Due to the Federal IMD Exclusion, these services are not reimbursable by Medi-Cal for clients between the ages of 21 and 65. There are a limited number of these highly structured residential treatment services in California and none in Santa Barbara County. ADMHS examines the current caseload and historical use of IMD facilities in order to project the following year's contract amounts within the Department's budget constraints. ADMHS contracts with IMDS that are licensed as Acute Psychiatric Hospitals such as Aurora Vista del Mar. Acute Psychiatric Hospitals are used only for clients with emergency mental health needs meeting the criteria of Welfare and Institutions Code (WIC) Section 5150, and rates are significantly higher due to the hospital license, versus other types of IMDs, which are locked facilities used to treat ongoing psychiatric needs. Due to limited bed availability at each IMD, ADMHS contracts with a number of IMDs throughout the State.

Aurora Vista is the primary acute psychiatric inpatient hospital providing services to County clients in need of hospitalization when Santa Barbara County Psychiatric Health Facility (PHF) is at capacity. Individuals are admitted involuntarily if they are determined to be in danger to themselves or others or gravely disabled pursuant to Welfare and Institutions Code §5150, and meet medical necessity criteria, as defined in the California Code of Regulations Title 9 §1820.205. Aurora Vista provides psychiatric inpatient hospital services such as psychiatric assessment, medication management, individual and group psychotherapy, and intensive one to one supervision, as appropriate. ADMHS is continuing to utilize the services of Aurora Vista del Mar at the current bed usage while ADMHS analyzes the effects of changes to the ADMHS crisis system on the need for acute psychiatric inpatient hospitalizations. Currently, there are an increased number of clients needing a higher level of care than can be served at the PHF.

Fiscal and Facilities Impacts:

Budgeted: No

Fiscal Analysis:

<u>Funding Sources</u>	<u>Current FY Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund			\$1,700,000
State	\$2,300,000		
Federal			
Fees			
Other:			
Total	\$ 2,300,000.00	\$ -	\$1,700,000

Narrative:

The above referenced contract is funded by State and County General funds. The funding source is included in the FY 2014-15 Adopted Budget, but are not sufficient to cover the increased costs, as outlined in ADMHS' budget presentation to the Board on February 17, 2015. The \$1,700,000 expansion of this contract will be funded by use of the Contingency Fund Balance. After funding this contract expansion, the Contingency account will have a remaining balance of approximately \$1,872,000.

Key Contract Risks:

There is risk that the number of contracted beds at Aurora Vista del Mar may increase beyond what the department has projected. In that case, the department would return to the Board of Supervisors to request an increase to the contract maximums where needed.

Special Instructions:

Please return one (1) Minute Order to admhscontractsstaff@co.santa-barbara.ca.us.

Attachments:

1. Amendment to FY 14-15 contract with Aurora Vista del Mar Hospital
2. BRR #0003837

Authored by:

Q. Lopez

cc:

First Amendment 2014-2015

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 15-036**, by and between the **County of Santa Barbara** (County) and **Aurora Vista del Mar Hospital** (Contractor), for the continued provision of **BC 15-036**.

Whereas, Contractor represents that it is specially trained, skilled, experienced and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2014.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds in the amount of \$1,700,000 to the Agreement so as to compensate Contractor for services to be rendered under this Agreement.

NOW, THEREFORE, for good and valuable consideration, in consideration of the mutual covenants and conditions contained herein, County and Contractor agree as follows:

I. Delete Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount shall not exceed **\$4,000,000**, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

II. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

First Amendment 2014-2015

Exhibit B-1

SCHEDULE OF RATES AND CONTRACT MAXIMUM

Accommodation Code/Service	Per Diem Rate
Adult Mental Health Inpatient (clients described in Exhibit A, Section 3.B) 114 Room and Board, Private, Psychiatric 124 Room and Board, Semi-Private 2 Bed, Psychiatric 134 Room and Board, Semi-Private 3 or 4 Bed, Psychiatric 154 Room and Board - Ward (Medical or General), Psychiatric 204 Intensive Care, Psychiatric	\$700/day
Adolescent and Older Adult Mental Health (clients described in Exhibit A, Section 3.A)	Services will be paid at the county-negotiated rates in effect at the time that services were rendered under this Agreement, and reimbursed directly through State EDS through submission of TARs
Administrative Day Rate – for stays meeting Medi-Cal requirements	Paid at the rate approved by the State DHCS for the current Fiscal Year in which this Agreement is in effect, plus a supplemental amount paid by COUNTY funds for an equivalent of the county-negotiated Medi-Cal rate.
Total Contract Maximum Value	\$4,000,000

CONTRACTOR SIGNATURE:

Maria Krelbach

STAFF ANALYST SIGNATURE:

Quiana Lopez

FISCAL SERVICES SIGNATURE:

Wa

First Amendment 2014-2015

Exhibit B-1

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CONTRACTOR SIGNATURE:

Margo Kresbach

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

First Amendment 2014-2015

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Aurora Vista Del Mar Hospital.

IN WITNESS WHEREOF, the parties have executed this First Amended Contract to be effective on the date executed by the County.

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

COUNTY OF SANTA BARBARA

By: _____
Deputy


By: _____
JANET WOLF, CHAIR
BOARD OF SUPERVISORS

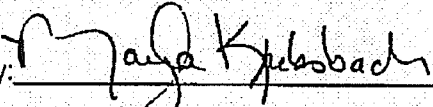
Date: _____

Date: _____

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ALICE A. GLEGHORN, PHD
DIRECTOR

CONTRACTOR:
AURORA VISTA DEL MAR HOPTIAL

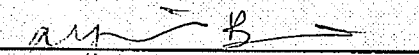
By: 
Director

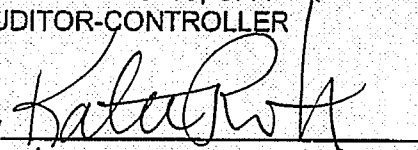
By: 
Date: 3/2/15

Date: 3/3/15

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

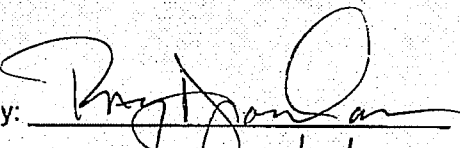
By: 
Deputy County Counsel

By: 
Deputy

Date: 3/3/15

Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: 
Date: 3/3/15

First Amendment 2014-2015

SIGNATURE PAGE

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MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

COUNTY OF SANTA BARBARA

By: _____
Deputy

By: _____
JANET WOLF, CHAIR
BOARD OF SUPERVISORS

Date: _____

Date: _____

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ALICE A. GLEGHORN, PHD
DIRECTOR

CONTRACTOR:
AURORA VISTA DEL MAR HOPTIAL

By _____
Director

By: Marya Kurbach
Date: 3/2/15

Date: _____

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel

By _____
Deputy

Date: _____

Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

Date: _____

Budget Revision Requests

Document Number: BJE - 0003837 Agenda Item: Agenda Date: 3/10/2015 Approval: BOS 4/5 Has Board Letter: Yes
 Title: See instructions.
 Budget Action: Increase Appropriations of \$1,700,000 in ADMHS Mental Health Fund for Services & Supplies funded by Other Financing Sources. Increase appropriations of \$1,700,000 in the General County Programs General Fund for Other Financing Uses funded by a release of Committed Fund Balance.

Justification: This budget revision recognizes \$1.7 million of expenses that are expected to exceed the budgeted amounts in the Mental Health Fund associated with inpatient acute contract beds. The expenses will be covered by General Fund Contingency Committed fund balance from unanticipated revenue that was set aside in contingency for various issues such as the ADMHS inpatient contract bed costs. The amount will be transferred to ADMHS when the expenditure for the bed costs is incurred.

Financial Summary

Fund	Department	Project	Object Level	Source Amount	Use Amount
0044 - Mental Health Services	043 - Alcohol, Drug, & Mental Hlth Svcs		40 - Other Financing Sources	1,700,000.00	0.00
0044 - Mental Health Services	043 - Alcohol, Drug, & Mental Hlth Svcs		55 - Services and Supplies	0.00	1,700,000.00
			Fund: 0044 - Mental Health Services, Department: 043 - Alcohol, Drug, & Mental Hlth Svcs Total:	<u>1,700,000.00</u>	<u>1,700,000.00</u>
0001 - General	990 - General County Programs		70 - Other Financing Uses	0.00	1,700,000.00
0001 - General	990 - General County Programs		93 - Changes to Committed	1,700,000.00	0.00
			Fund: 0001 - General, Department: 990 - General County Programs Total:	<u>1,700,000.00</u>	<u>1,700,000.00</u>

Signatures

Signed By _____ Signed On _____ Department/Agency _____ Approval Level _____ Valid

CONTRACT SUMMARY

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.

D1. Fiscal Year 14-15
 D2. Department Name..... Alcohol, Drug, & Mental Health Services
 D3. Contact Person Quiana Lopez
 D4. Telephone (805) 681-5229

K1. Contract Type (check one): X Personal Service ρ Capital
 K2. Brief Summary of Contract Description/Purpose..... Acute Inpatient Services
 K3. Department Project Number N/A
 K4. Original Contract Amount..... \$2,300,000
 K5. Contract Begin Date..... 7/1/2014
 K6. Original Contract End Date 6/30/2015
 K7. Amendment? (Yes or No)..... Yes
 K8. - Total Number of Amendments 1
 K9. - This Amendment Amount..... \$1,700,000
 K10. - Total Previous Amendment Amounts..... N/A
 K11. - Revised Total Contract Amount \$4,000,000

B1. Is this a Board Contract? (Yes/No)..... True
 B2. Number of Workers Displaced (if any) N/A
 B3. Number of Competitive Bids (if any)..... N/A
 B4. Lowest Bid Amount (if bid) N/A
 B5. If Board waived bids, show Agenda Date..... N/A
 and Agenda Item Number
 B6. Boilerplate Contract Text Changed? (If Yes, cite Paragraph) No

F1. Fund Number 0044
 F2. Department Number..... 043
 F3. Line Item Account Number..... 7462
 F4. Project Number (if applicable) N/A
 F5. Program Number (if applicable) Multi
 F6. Org Unit Number (if applicable) N/A
 F7. Payment Terms..... Net 30

V1. Auditor-Controller Vendor Number A=119525
 V2. Payee/Contractor Name..... Aurora Vista del Mar Hospital
 V3. Mailing Address..... 801 Seneca Street
 V4. City, State (two-letter) Zip (include +4 if known)..... Ventura, CA 93001
 V5. Telephone Number 8056536434
 V6. Contractor's Federal Tax ID Number 33-0986642
 V7. Vendor Contact Person..... Mayla Krebsbach CEO
 V8. Workers Comp Insurance Expiration Date 09/01/2015
 V9. Liability Insurance Expiration Date[s] 09/08/2015
 V10. Professional License Number N/A
 V11. Verified by (name of county staff)..... Lindsay Walter
 V12. Company Type (Check one): Individual ρ Sole Proprietorship ρ Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 3-3-15 Authorized Signature: 