



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

Department Name: Behavioral Wellness
Department No.: 043
For Agenda Of: December 15, 2020
Placement: Administrative
Estimated Time: N/A
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Alice Gleghorn, PhD, Director
Director(s) Behavioral Wellness, (805) 681-5220
Contact Info: Pam Fisher, PsyD, Deputy Director of Clinical Operations
Behavioral Wellness, (805) 681-5220
SUBJECT: Behavioral Wellness–Third Amendment Council on Alcoholism and Drug Abuse
(CADA) FY 18-21

County Counsel Concurrence

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Auditor-Controller Concurrence

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- A. Approve, ratify, and authorize the Chair to execute a Third Amendment to the Agreement for Services of Independent Contractor with the **Council on Alcoholism and Drug Abuse (CADA)** (a local vendor), **BC# 19-137** to update contract language for compliance with state and federal requirements and for consistency with the Department of Behavioral Wellness policies and procedures and to update the financial exhibits to account for the reallocation of funds for the START program and to remove the County Maximum Allowable rate for FY 19-20 with no change to the overall Maximum Contract Amount of **\$5,814,183**, inclusive of ADP funds of **\$5,596,219** for FY 18-21 and MHS funds of **\$217,964** for FY 19-21 for the period December 1, 2018 through June 30, 2021;
- B. Delegate to the Director of the Department of Behavioral Wellness or her designee the authority to make immaterial changes to the Agreement; amend the program staffing requirements for Exhibit A-8 MHS Carpinteria START of the Agreement of the Agreement; amend the program goals, outcomes, and measures in Exhibit E: ADP and Exhibit E: MHS of the Agreement; reallocate funds between funding sources during the term of the Agreement and in the year-end cost settlement; to increase or remove the MHS County Maximum Allowable rate (CMA) based on operating needs for FY 20-21 and approved in writing in the year end cost settlement that the CMA was waived for settlement purposes, all without altering the Maximum Contract Amount,

without requiring a formal amendment to the Agreement, and subject to the Board's ability to rescind this delegated authority at any time; and

- C. Determine that the above actions are government fiscal activities that 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 item is on the agenda to request an amendment to the CADA Agreement for FYs 18-21 to update both ADP and MHS contract language to comply with changes to State and Federal requirements and Behavioral Wellness policy and procedure to the following sections: Agreement due to a CADA staffing change, Exhibit A-1 ADP General Provisions, Exhibit A-2 ADP Outpatient Services (OS) and Intensive Outpatient Services (IOS), Exhibit A-5 ADP Residential Treatment Services, Exhibit A-7 MHS General Provisions, Exhibit A-8 MHS Statement of Work Carpinteria START, the Exhibit B-1 ADP Schedule of Rates and Contract Maximum for FY 18-19, Exhibit B MHS Financial Provisions, Exhibit B-1 MHS Schedule of Rates and Contract Maximum for FY 19-20 and FY 20-21, and add Exhibit B-3 ADP Sliding Fee Scale for FY 20-21. Though the ADP and MHS Exhibit B-1 are being updated due to the reallocation of ADP program funds and for the removal of the CMA rate for cost settlement purposes, it does not change the overall Maximum Contract Amount of \$5,814,183 for FYs 18-21, consisting of ADP funds of \$5,596,219 inclusive of \$1,206,937 for FY 18-19, \$2,194,641 for FY 19-20, and \$2,194,641 for FY 20-21 and Mental Health funds of \$217,964 inclusive of \$108,982 for FY 19-20 and \$108,982 for FY 20-21.

An additional request to the Board is to delegate the authority to make immaterial changes to the Agreement; amend the program staffing requirements for Exhibit A-8 MHS Carpinteria START of the Agreement; amend the program goals, outcomes, and measures in Exhibit E: ADP and Exhibit E: MHS of the Agreement; reallocate funds between funding sources during the term of the Agreement and in the year-end cost settlement; increase or remove the MHS County Maximum Allowable rate (CMA) based on operating needs for FY 20-21 and approve in writing in the year-end cost settlement that the CMA was waived for settlement purposes, all without altering the Maximum Contract Amount, without requiring a formal amendment to the Agreement, subject to the Board's ability to rescind this delegated authority at any time in order to respond and adapt to changes in program service needs.

Background:

BWell 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). Behavioral Wellness contracted with CADA (BC 19-137) to deliver Alcohol and Drug Program services and Mental Health Services, which was approved by the Board in November 2018. CADA provides outpatient alcohol and other drug treatment to adolescent, Transition Age Youth (TAY), adult, and perinatal clients. CADA serves clients at two Santa Barbara sites and one Santa Maria site providing Outpatient Services (OS) ASAM Level 1, Intensive Outpatient Services (IOS) American Society of Addiction Medicine (ASAM) Level 2.1, Case Management, Recovery Services, Drug Testing, Medication Assisted Treatment, Residential Treatment, and Physicians' Consultation service. Under Substance Abuse Prevention and Treatment (SAPT) funding, CADA provides the Friday Night Live and Club Live prevention programs, utilizing a youth leadership model designed for junior and senior high school youth in Santa Barbara County. In addition, CADA provides mental health services and operates the Carpinteria Support, Treatment, Advocacy, and Referral Team (START) that focuses on prevention and treatment at each school in the Carpinteria area.

Periodically, there are changes in state and federal program requirements to deliver ADP and MHS services. To comply with the Department of Health Care Service's state and federal requirements and regulation changes, the Board approved the ADP template on August 2020 and those changes are being incorporated into this third amendment and include, but are not limited to, changes in training, Network Adequacy Certification Tool, attendance at collaborative meetings, and uniform administration requirements. This third amendment updates the Agreement, Exhibit A-1 ADP General Provisions in accordance with changes to the Drug Medi-Cal Organized Delivery Systems (DMC-ODS), Exhibit A-2 ADP Outpatient Services (OS) and Intensive Outpatient Services, Exhibit A-5 ADP Residential Treatment, Exhibit A-7 MHS General Provisions, and Exhibit A-8 MHS Carpinteria START.

Also, since March 2020, the impact of the pandemic has resulted in a client service decrease for CADA. Accordingly, we are updating the financial exhibits to account for the reallocation of funds for the START program and to remove the CMA, which would allow CADA to recover the lower amount of their actual costs or their published charges for FY 19-20, in accordance with the federal financial participation (FFP) process approved by the Board in June 2020.

In addition, we are requesting that the Board authorize the Director of BWell or her designee the authority to: make immaterial changes to the Agreement; amend the program staffing requirements for Exhibit A-8 MHS Carpinteria START of the Agreement; amend the program goals, outcomes, and measures in Exhibit E: ADP and Exhibit E: MHS of the Agreement; to reallocate funds between funding sources during the term of the Agreement and in the year-end cost settlement; to increase or remove the MHS County Maximum Allowable rate (CMA) based on operating needs for FY 20-21, all without altering the Maximum Contract Amount, without requiring a formal amendment to the Agreement, subject to the Board's ability to rescind this delegated authority at any time.

The effects to the County would be minimal, as any County matching funds to the federal programs are already accounted for in the adopted budget and the changes to both the ADP and MHS programs do not change the overall amount of the contract Maximum. Approval of these changes would allow BWell to adapt to the changing needs of clients, respond to the current national health pandemic, and comply with state and federal requirements.

Performance Measures:

- A. Performance goals for the SUD programs:
 - 1. Successful SUD treatment and recovery.
- B. Performance measures for the SUD programs:
 - 1. Clients initiating treatment will be 80% or higher;
 - 2. Clients immediately dropping out of treatment will be 6% or lower;
 - 3. Clients engaged in treatment will be 75% or higher;
 - 4. Clients retained in treatment will be 45% or higher; and
 - 5. Clients successfully completing treatment will be 50% or higher.
- C. SAPT Prevention goals:
 - 1. Establish/maintain a minimum of twelve (12) school-based chapters, with six (6) chapters in North County and six (6) chapters in South County, and engage a minimum of 120 youth in school-based chapters throughout the school year.
 - 2. Annually train a minimum of twelve (12) adult advisors on the application of youth development practices and prevention strategies.
 - 3. Collaborate with chapters each school year to conduct a minimum of two (2) school-based prevention campaigns per site, reaching at least 50% of the school's total enrollment.

4. Establish/maintain a Youth Leadership Council with a minimum of ten (10) participants that meet year round at least two times a month (or six per quarter).
5. Engage the Youth Leadership Council in the implementation of a year-long prevention project utilizing the FNL Roadmap Chapter Project Guide.
6. Collaborate with County Staff in order to collect annual community and retailer surveys.

D. Performance measures for the mental health programs:

1. Reduce incarceration/juvenile hall to 5% or lower;
2. Reduce client psychiatric inpatient admissions to 5% or lower;
3. Clients with stable/permanent housing will be at 95% or higher;
4. Clients engaged in purposeful activities will be 95% or higher;
5. Clients discharged to a higher level of care will be at 15% or lower;
6. Clients discharged to a lower level of care will be at 85% or higher;
7. New, out-of-primary home placements (county and out-of-county) will be 5% or lower;
8. CANS will be completed on all clients (100%); and
9. PSCs will be completed on all clients (100%).

Contract Renewal and Performance Outcomes:

CADA accomplished the following during FY 19-20:

1. Adult Outpatient Treatment Programs (Level 1.0 and Level 2.1): On average, 99.1% initiated treatment, 1.25% immediately dropped out of treatment, 89% engaged in treatment, 46% were retained in treatment, and 67.8% successfully completed treatment.
2. Youth Outpatient Treatment Programs (Level 1.0): On average, 96.3% initiated treatment, 1% immediately dropped out of treatment, 73% engaged in treatment, 66% were retained in treatment, and 44% successfully completed treatment.
3. Withdrawal Management (Formerly Detoxification): CADA served 76 clients in FY 19-20. In keeping with their goal, 100% of clients had a negative drug test at discharge. Only about 5% dropped out of treatment. Clients successfully completing treatment averaged 76%. An average of 51% of clients were admitted to treatment or a lower level of care, and readmission rates to detox within 15 and 30 days of discharge averaged 90% and 92% respectively.
4. Residential Treatment (Level 3.1 and 3.2): On average, 97% of clients initiated treatment, 3.5% immediately dropped out of treatment, 94% engaged in treatment, 100% were free of primary drug use at time of discharge, and an average of 21% transferred to treatment or a lower level of care within 14 days.
5. Medication-Assisted Treatment: Treatment consisted of suboxone (44 clients); Vivitrol (3 clients); and “other” (27 clients).
6. Perinatal: CADA’s perinatal program exceeded expectations for successful completion of treatment. All (100%) clients were abstinent at discharge and had babies born free of alcohol and illicit drugs. About 76% of clients successfully completed treatment, exceeding their goal of 70%.
7. SAPT Prevention: The last half of the FY was challenging due to the COVID-19 pandemic. They were able to establish six (6) chapters in North County and five (5) chapters in South County during FY 19-20. Challenges this past year include chapters not running due to stay-at-home orders and school sites opting for remote learning for the remainder of the year. Advisors attempted to meet with youth, but the staff of CADA chose to lead the leadership program at their assigned school site. Chapters that are having difficulties recruiting students will postpone meetings until the next fiscal year. The Fesler School site met 13 times online and were able to combine both A and B lunch chapters. This school had two separate groups because its lunch system splits the student body into two halves for the lunch

period. They reached this goal and trained 12 advisors (six in South County, five in North County, and one in Buellton). They held a Red Ribbon Week Campaign (10/28/19–10/31/19) in four locations, reaching a total of 3,548 people. For Q1 they had eleven (11) unique members and held 10 meetings; for Q2, they had sixteen (16) unique members and held seven meetings. During Q3 and Q4, there were 16 unique members, but no meetings were held due to COVID-19 restrictions. CADA conducted Town Hall meetings regarding underage drinking in both North and South County. The target audience is youth and the meeting was held in both English and Spanish. They also had a Community Awareness Campaign targeting excessive drinking to be communicated in both English and Spanish, with the target audience being the community at-large. They had a Community Awareness Campaign focused on cannabis prevention, held in both English and Spanish, with the target audience being youth along with an Alcohol Retail-Merchant Education FNL Toolkit (“Not On My Watch”) with a focus on prevention for the community at-large, to be held in both English and Spanish. Lastly, there was an Alcohol Retail–Merchant Education campaign with a focus on prevention of underage drinking with a target audience of the community at-large, in both English and Spanish. They collected 23 surveys during Q3 of this past FY (Media Recall and Recognition Survey). They collected 34 surveys during Q4 (Retailer Survey–Educational Visit) and 1 additional survey (Retailer Survey–First Survey). Administration of Media Recall and Recognition Surveys was conducted via e-mail and social media in an effort to increase participation. Normally, surveys are collected in person at community events. Support from CADA program managers and media was an additional strategy used to engage more community participation. Youth program managers working in intervention services and adult intervention services, as well as treatment managers were asked to send out e-mails, the agency social media accounts were also activated to engage the community.

8. START Program: There were no new out-of-primary home placements; 100% of clients were enrolled in school, training programs, or volunteering; there were no hospital or jail days; 97% had stable/permanent housing; and there were no discharges to a higher level of care—all were either transferred to a lower level of care or the same level of care.

Fiscal and Facilities Impacts:

Budgeted: No

Funding Sources	Cost FY 18-19:	Cost FY -19-20	Cost FY 20-21
General Fund			
State	\$ 603,469	\$ 1,151,811.50	\$ 1,151,811.50
Federal	\$ 603,469	\$ 1,151,811.50	\$ 1,151,811.50
Fees			
Other:			
Total	\$ 1,206,937	\$ 2,303,623	\$ 2,303,623
Total FY 18-21			\$ 5,814,183

Fiscal Analysis:

Narrative: The above reference contracts are funded by State and Federal funds. The funding sources are included in the FY 18-19 Adopted Budget. For FY 19-20 and FY 20-21 the budget is contingent on Board approval.

Key Contract Risks:

As with any contract funded by State and Federal sources, there is a risk of future audit disallowances and repayments. Behavioral Wellness contracts include language requiring contractors to repay any amounts disallowed in audit findings, minimizing financial risks to the County.

Special Instructions:

Please email one (1) complete executed contract and one (1) minute order for each vendor to dmorales@co.santa-barbara.ca.us and bwellcontractsstaff@co.santa-barbara.ca.us.

Attachments:

Attachment A: CADA FY 18-21 BC 19-137 AM3

Attachment B: CADA FY 18-21 BC 19-137 AM2

Attachment C: CADA FY 18-21 BC 19-137 AM1

Attachment D: CADA FY 18-21 BC 19-137

Authored by:

D.Morales