



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: June 20, 2017
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, 681-5229
Contact Info: Pamela Fisher, PsyD, Deputy Director of Clinical Operations

SUBJECT: Behavioral Wellness FY 17-18 Contract Renewal – Child Abuse Listening and Mediation

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 and authorize the Chair to execute an Agreement for Services of Independent Contractor with Child Abuse Listening and Mediation, Inc. (a local vendor), for the provision of children's mental health services, for a total contract amount not to exceed **\$2,969,765** for the period of July 1, 2017 through June 30, 2018.

- B. Determine that the above action are organizational or administrative activities of government that will not result in direct or indirect physical changes in the environment, pursuant to section 15378(b)(5) of the California Environmental Quality Act (CEQA) guidelines.

Summary Text:

The Santa Barbara County Department of Behavioral Wellness provides specialty mental health services to Medi-Cal beneficiaries and other individuals to the extent resources allow, in part through contracted services. Approval of the recommended actions will provide for various specialty mental health services to children and adults with serious emotional disturbances (SED), including mental health services such as therapy and rehabilitation services.

Background:

The contract being considered for approval provides various specialty mental health services to children and adults with serious mental illness, including mental health services such as therapy and rehabilitation services.

Child Abuse Listening and Mediation (CALM):

Mental Health Services: CALM provides mental health services to children and families countywide. As part of the SPIRIT Program, CALM provides Child and Family Specialist to work in collaboration with Behavioral Wellness staff on three regional Wrap-around teams which serve children at greatest risk of out-of-home placement. CALM provides Intensive In-Home mental health services in homes and community settings of children and their families to improve client and family functioning. CALM's Therapeutic Foster Care program (HOPE) provides Intensive In-Home services to children in foster care. CALM also provides early childhood mental health services through Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) and Medi-Cal funding to children aged birth to five years and their families. In addition, CALM provides short-term brief therapy to children and their families in an outpatient setting.

Contract Renewals and Performance Outcomes:

CALM provides crisis services to children and families through the Intensive In-Home (IIH) program, Managed Care, SPIRIT (a Full Service Partnership), HOPE, Early Childhood Mental Health (ECMH), and Early Childhood Specialty Mental Health (ECSMH). The FY16-17 Quarter 1/Quarter 2 clients served by each program are as follows: Intensive In-Home 38/36 clients, HOPE 68/60, Managed Care 55/56 clients, SPIRIT 54/51 clients, ECMH 64/57 clients, ECSMH 128/124 clients.

Out-Of-Home Placements: SPIRIT and HOPE met the target of zero placements. However, the rest of the programs did not meet the target. There were 4 out-of-home placements in IIH, 1 in Managed Care, 2 in ECSMH and 1 in ECMH during Quarters 1 and 2 of FY16-17.

Purposeful Activity: All programs met the target of 100% of clients enrolled in school, employed or volunteering except for Managed Care, which achieved a 97% rate of purposeful activity.

Incarcerations: In the first two quarters of the fiscal year, HOPE met the goal of less than 1% incarcerations. Intensive In-Home had 2 incarcerations and SPIRIT had 4 incarcerations, but both programs met the goal of 4% or less.

Inpatient Care: Intensive In-Home and HOPE met the target for inpatient admissions. HOPE had 1 hospitalization and IIH had zero. SPIRIT had a total of 4 admissions during the first 6 months of FY16/17 and did not meet the target of 1 admission.

Stable/Permanent Housing: The majority of clients in CALM's programs maintained stable/permanent housing. Over 90% of the ECMH and ECSMH clients were in stable/permanent housing (target 100%). Nearly 100% (97%) of clients in Managed Care, 92% of SPIRIT clients and 97% of IIH clients maintained housing. HOPE exceeded the goal of 61% by having 99% of clients in housing.

Child & Adolescent Needs and Strengths (CANS): See table below.

Child & Adolescent Needs & Strengths Assessment (CANS)	Intensive In-Home	SPIRIT
	Percent Improvement	
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	9%	13%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	23%	27%
Child Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	15%	22%
School (e.g., behavior, attendance and grades)	20%	9%
Caregiver Needs & Strengths (e.g., child supervision skills, family stress levels, residential stability, and caregiver physical/mental health status)	0%	0%
Child Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	19%	7%

Child Behavior: At the end of each fiscal year, the ECSMH and ECMH programs provide outcome data measuring children’s externalizing (e.g., anger, aggression, defiance) and internalizing (e.g., anxiety, depression, withdrawal) behaviors, as measured by the Child Behavior Checklist. In FY15-16, the target was for the children’s average level of internalizing and externalizing behaviors to drop from the 75th percentile to the 50th percentile. This was achieved, as children decreased from the 68th to 50th percentile for internalizing behaviors, and from 71st to 52nd percentile for externalizing behaviors.

Parenting Stress/Skill Improvement: In the ECSMH, ECMH and Managed Care programs, 100% of the parents were linked to services. Parenting-related stress was measured with the Parenting Stress Index. The target was that parenting stress would decrease from the 75th to the 50th percentile. Parent stress decreased, but only from the 69th to the 56nd percentile. CALM also increased the percent of mothers reporting non-clinical levels of depression from 52% to 72%.

Fiscal and Facilities Impacts:

Budgeted: Yes

Fiscal Analysis:

Funding Sources	Current FY Cost:	Annualized On-going Cost:	Total One-Time Project Cost
General Fund			
State	\$ 1,484,882.50		
Federal	\$ 1,484,882.50		
Fees			
Other:			
Total	\$ 2,969,765.00	\$ -	\$ -

Narrative: The above referenced contracts are funded by State and Federal funds. The funding sources are included in the FY 2017-2018 Proposed Budget.

Key Contract Risks:

As with any contract funded by State and Federal sources, there is a risk of future audit disallowances and repayments. The dollars Behavioral Wellness collects from the Centers for Medicare and Medicaid Services (CMS) via the State for specialty mental health services provided to Medi-Cal beneficiaries are subject to a complex and lengthy cost settlement process. Behavioral Wellness is required to submit an annual cost report which reports all costs associated with providing mental health services for a given Fiscal Year (actual cost). The actual cost is one component that the State reviews when it performs its “cost settlement” process. In this process, the State settles to the lower of actual cost or Published Charges, which are the fees charged to the general public (as adopted by the contractor’s Board of Directors). The cost settlement process results in a preliminary settlement, which typically takes place two years after the close of a Fiscal Year; however, the settlement process is not complete until the State completes the final audit. State audits for Medi-Cal funds for specialty mental health services typically occur five years after the end of the fiscal year being audited. To address these risks and to minimize settlement amounts with contract providers, Behavioral Wellness calculates rates for Medi-Cal services provided by organizational providers on a quarterly basis. Regular reports to contractors on unclaimed and denied units allow providers to correct errors and maximize Medi-Cal penetration rates. Even with these measures, there is the risk that the State will disallow units of service or determine costs to be non-allowable, resulting in repayment. Behavioral Wellness contracts include language requiring contractors to repay any amounts disallowed in audit findings, minimizing financial risks to County.

Behavioral Wellness is also required to submit an annual cost report which reports all costs associated with providing Alcohol and Drug Program services for a given Fiscal year (actual cost). There is the risk that the State will disallow units of service or determine costs to be non-allowable, resulting in repayment. Behavioral Wellness contracts include language requiring contractors to repay any amounts disallowed in audit findings, minimizing financial risks to County.

Special Instructions:

Please send one (1) completely executed contract and one (1) minute order to: gilopez@co.santa-barbara.ca.us.

Attachments:

Attachment A: Child Abuse Listening and Mediation FY 17-18 BC

Authored by:

Q. Lopez