

SANTA BARBARA COUNTY BOARD AGENDA LETTER



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

Agenda Number:
Prepared on: 07/31/2006
Department Name: Alcohol, Drug & Mental Health
Department No.: 043
Agenda Date: 08/15/2006
Placement: Administrative
Estimate Time:
Continued Item: NO
If Yes, date from:

TO: Board of Supervisors

FROM: James L. Broderick, Ph.D., Director
Alcohol, Drug & Mental Health Services

STAFF CONTACT: Marianne Garrity, ADMHS Assistant Director, Administration
805-681-4092

SUBJECT: Santa Maria Valley Youth & Family Center Contract

Recommendation(s):

That the Board of Supervisors:

1. Approve and execute a contract in the amount of \$1,250,100 with Santa Maria Valley Youth & Family Center (SMVY&F), a local vendor, to provide therapeutic foster care services to children and their families. The contract term is from July 1, 2006 through June 30, 2007.
2. Authorize the Director of ADMHS to approve amendments to the proposed contracts, provided that any such amendments do not exceed ten percent (10%) of the contract's dollar amount.

Alignment with Board Strategic Plan:

The recommendation(s) are primarily aligned with Goal No. 2. A Safe and Healthy Community in Which to Live, Work and Visit.

Executive Summary and Discussion:

The **Santa Maria Valley Youth & Family Center** contract for FY 06/07 provides funding to support therapeutic foster care services. The therapeutic foster care program creates a structure for all foster home and extended family home placements to have Intensive In-Home (IIH) services available to them. IIH services are intensive, short-term, home-based, crisis or urgent intervention services offering extended family placements or foster homes the support and tools necessary to maintain the placement of a child in their homes and reduce multiple placement moves of the child. The IIH services program combines skill-based intervention with maximum flexibility so that services are available to families and foster homes according

to their unique needs. Services are focused upon assisting in the management of situations that would otherwise cause a child to experience multiple placements and aim toward restoring the family unit to an acceptable level of functioning. In addition, IHH services assist families to become knowledgeable of support and natural resources within their community to enable a family to remain safely together.

The therapeutic foster care program will improve the likelihood that children will remain in their community thereby reducing out of county placements. The program will also increase the time a child remains in a foster care or extended family home and, through the intensive service provided, the program will reduce children's acute admissions and probation violations.

The programs are staffed with LMFT Program Managers, two Family Therapists, an In-School Therapist (10 month position), three Family Specialists and additional therapists/counselors. The staff is comprised of Master's level counselors, LMFT license-tracked therapists and/or licensed therapists.

For FY 06-07, the Santa Maria Valley Youth & Family Center contract was included on the Board of Supervisors approved ongoing contracts list at \$1,041,529. However due to increased service requirements it was agreed to increase their contract to \$1,250,100 resulting in the contract exceeding the 10% variance allowed. ADMHS requests the Board approve and execute the Santa Maria Valley Youth & Family Center contract renewal with variance exceeding 10% of the amount approved in the ongoing contract list.

Performance Measures:

The Santa Maria Valley Youth & Family Center contract will assist ADMHS in meeting **Recurring Performance Measures (RPM) 214 and 0198**, to provide effective mental health services to 2,450 youth and their families and to provide high quality Mental Health services to children in order to keep the number of new out of home placements below 100 per year.

Mandates and Service Levels:

Mental Health Services are mandated by the Welfare and Institutions Code, Section 5600.

Fiscal and Facilities Impacts:

The recommended actions have no impact on the General Fund Contribution. The funding source for the Santa Maria Valley Youth & Family Center contract is Medi-Cal and EPSDT revenue. These funding sources are identified in the Proposed FY 2006-07 Adopted Budget, Federal and State Funding, Medi-Cal line item 5404; and EPSDT, line item 5405; in the County Budget Book, Children's Services Division, page D-154.

These actions will not result in a need for any additional facilities.

Special Instructions:

Please send one (1) fully executed copy of each contract and endorsed minute order to:

Alcohol, Drug & Mental Health Services

ATTN: Jack Juntunen, Contracts Analyst
300 N. San Antonio Road
Santa Barbara, CA 93110

Concurrence:

Co-Counsel
Auditor-Controller
Risk Management

AMENDMENT 2006-2007

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Amended Contract") to the Agreement for Services of Independent **CONTRACTOR**, number **BC05-029** by and between the **COUNTY of Santa Barbara (COUNTY)** and **Santa Maria Valley Youth & Family Center (CONTRACTOR)**, for the continued provision of Mental Health Plan (MHP)/family therapy services.

Whereas, **COUNTY** intends to extend the term of the existing contract through Fiscal Year 06-07 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the **COUNTY** Board of Supervisors on 7/30/04 except as modified by this Amended Contract.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **COUNTY** and **CONTRACTOR** agree as follows:

- I. **Delete Item 4, TERM, of the Agreement and replace with the following:**
 4. **TERM. CONTRACTOR** shall commence performance on **July 1, 2006**, and end performance upon completion, but no later than **June 30, 2007**, unless otherwise directed by **COUNTY** or unless earlier terminated.
- II. **Delete Item 1, (Paragraph 1 and 2) of Exhibit B, Payment Arrangements, and replace with the following:**

**EXHIBIT B
PAYMENT ARRANGEMENTS**

1. **CONTRACTOR SERVICES.** For **CONTRACTOR** services to be rendered under this Agreement, **CONTRACTOR** shall be paid at the rate specified in the Schedule of Fees (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$1,250,100.**

- III. **Delete Exhibit B-1, Payment Arrangements, and replace with the following:**

**EXHIBIT B-1
SCHEDULE OF RATES:**

AMENDMENT 2006-2007

**ALCOHOL DRUG AND MENTAL HEALTH SERVICES
EXHIBIT B -1
SCHEDULE OF RATES & CONTRACT MAXIMUM
FY0607**

SANTA MARIA VALLEY YOUTH & FAMILY CENTER			Amount
<u>TOTAL CONTRACT GROSS VALUE</u>			\$ 1,250,100
	Therapeutic Foster Treatment		
	FFS:	460,209	
	Managed Care FFS:	314,374	
	Subtotal:	774,583	
	Less Administrative Fee (15%):	116,187	
	NET CONTRACT AMOUNT		
	FFS:	<u>658,396</u>	
	<u>Children System of Care</u>		
	Intensive In Home/School:	475,517	
<u>MEDI-CAL PRODUCTIVITY TARGET</u>			\$ 1,250,100
	Therapeutic Foster Treatment		
	FFS:	460,209	
	Managed Care FFS:	314,374	
	Intensive In Home/School:	475,517	
		<u>1,250,100</u>	
<u>County Subsidy Allowance</u>			118,879
	Intensive In Home/School(25%):	118,879	
	<u>Location</u>	<u>Reporting Unit</u>	<u>Name</u>
	9120	21201	SMVYFC -Intensive Home/School
	9120	21202	SMVYFC - Managed Care
	9120	21203	SMVYFC - HOPE(TFC)
			N/A

NEGOTIATED RATES FY 0506

Category	Mode of Service	Service Function Code	Negotiated Rates / Per min FY 0506 **
Case Management, Brokerage	15	01 - 09	1.93
Mental Health Services	15	10 - 19	1.93
Mental Health Services	15	30 - 59	1.93

**** To be revised upon receipt of State approved rates for FY 0607**

AMENDMENT 2006-2007

SIGNATURE PAGE

Amended Contract for Services of Independent Contractor between the County of Santa Barbara and **Santa Maria Valley Youth & Family Center** for FY 2006-2007.

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

COUNTY OF SANTA BARBARA

By:

Chair, Board of Supervisors

Date: _____

CONTRACTOR:

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

By: _____
Tax ID No. 95-3144808

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

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

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____
Director

By: _____
Risk Program Administrator

AMENDMENT 2006-2007

CONTRACT SUMMARY PAGE

BC05-029

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year..... 06-07
 D2. Budget Unit Number 043
 D3. Requisition Number
 D4. Department Name Alcohol, Drug, & Mental Health Services
 D5. Contact Person Jack Juntunen
 D6. Telephone..... (805) 681-4090

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Mental Health Plan (/family therapy services)
 K3. Contract Amount..... \$1,250,100
 K4. Contract Begin Date 7/1/2006
 K5. Original Contract End Date 6/30/2006
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/06	\$1,250,100	\$1,250,100	\$1,250,100	6/30/07	Add funds and change date

B1. Is this a Board Contract? (Yes/No)..... Yes
 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 Unaffected? (Yes / or cite)

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$1,250,100
 F3. Fund Number..... 0044
 F4. Department Number 043
 F5. Division Number (if applicable)
 F6. Account Number 7460
 F7. Cost Center number (if applicable)
 F8. Payment Terms

V1. Vendor Numbers (A=Auditor; P=Purchasing)
 V2. Payee/Contractor Name Santa Maria Valley Youth & Family
 V3. Mailing Address 105 N. Lincoln St.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Maria, CA 93458
 V5. Telephone Number 805 928-1707
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-3144808
 V7. Contact Person Will Rogers, Exec. Director
 V8. Workers Comp Insurance Expiration Date..... 6/8/2006
 V9. Liability Insurance Expiration Date[s] (G=Genl; GL 7/1/2006 PL 7/1/2006
 V10. Professional License Number.....
 V11. Verified by (name of county staff) Jack Juntunen
 V12. Company Type (Check one): Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____