



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: August 14, 2018
Placement: Administrative
Estimated Time: N/A
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors

FROM: Department Alice Gleghorn, Ph.D., Director
Director(s) Department of Behavioral Wellness, 681-5220
Contact Info: Lindsay Walter, J.D., Deputy Director of Administration and
Operations, Department of Behavioral Wellness 681-5220

**SUBJECT: California Mental Health Services Authority (CalMHSA) Participation Agreement
- Presumptive Transfers between Counties for FY 18-19**

County Counsel Concurrence

As to form: Yes

Other Concurrence: N/A

As to form: No

Auditor-Controller Concurrence

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- A. Approve and authorize the Director of Behavioral Wellness to sign the Inter-Member Transfer Program Participation Agreement on behalf of the County in the amount of \$59,689.29 including a 5% administrative fee of \$2984.46 for a total contract amount of \$62,673.75 for the period of July 1, 2018 to June 30, 2019.
- B. Determine that the approval of the recommended actions is exempt from the California Environmental Quality Act (CEQA) per CEQA Guidelines Section 15378(b)(4) since the recommended actions are government fiscal activities which do not involve commitment to any specific project which may result in potentially significant physical impact on the environment.

Summary Text:

The above referenced item is on the agenda to request approval to allow the Director of Behavioral Wellness to sign the Inter-Member Transfer Program Participation Agreement on behalf of the County.

Approval of the recommended action will allow the County to participate in the banking pool program and allow CalMHSA to be the fiscal and administrative agent to facilitate and transfer funds between Counties for presumptive transfer services.

Background:

Counties that provide foster youth specialty mental health services (SMHS) are reimbursed through federal financial participation (FFP) and matching county share Medi-Cal billing. A 2016 bill, AB 1299, added Welfare and Institutions Code Section 14717.1, which changed the responsibility for these services from the county of jurisdiction (sending county) to the county of residence (receiving county) in which the foster youth resides. AB 1299 requires that foster children placed outside of their county of original jurisdiction will now have access to specialty mental health services in a timely manner through “presumptive transfer” where the county of residence assures specialty mental health services are provided.

CalMHSA has been requested to provide a fiscal administrative solution to the implementation of AB1299 by creating a centralized process for exchanging the non-federal funds required for AB 1299 cash flow, namely a banking pool. The law failed to anticipate that the receiving Counties without adequate reserves would be unable to implement the current statute. Medi-Cal programs require uniformity in statewide access. The banking pool will meet this statewide goal through an efficient means of transferring county funds to provide treatment to vulnerable youth.

If Behavioral Wellness opted out of the CalMHSA banking pool program, we would be responsible for the additional administrative costs of contracting, including certification of providers, negotiation with vendors, accounts payable services, and monitoring. This program will make providing these services more cost efficient since CalMHSA, acting as the fiscal agent, will coordinate these activities and provide us with the reporting, thus better leveraging resources at a multi-county, possibly statewide, level.

On May 8, 2018, the Board executed a resolution authorizing the County’s participation in the program for the amount of \$59,689 for the first quarter (July 1 – September 30, 2018). This action authorized the transfer of County funds to CalMHSA and authorized CalMHSA to send and receive funds on behalf of the County. The Board also directed the Director of Behavioral Wellness to return with an estimate of any additional funding obligations under the FY 18-19 Program Participation Agreement.

Per the attached Participation Agreement sent to the Department by CalMHSA, the initial deposit by the County is \$62, 673.75. The additional \$2,984.75 includes a 5% CalMHSA administrative cost for their services. This initial deposit is calculated as one quarter of the County’s annual amount of nonfederal financial participation based on the most recent DHCS claiming data. Depending on actual expenditures, counties will be requested to make additional appropriations to this fund, or excess funding will be returned.

CalMHSA is requesting that Santa Barbara County approve their participation agreement specific to the transfer of funds between counties.

Performance Measure:

CalMHSA’s administration of programs or projects will result in more cost-effective rates for services, reduced demands on County administrative services, and increased efficiency in implementing services. CalMHSA will keep all necessary records and provide regular fiscal reports to the Department.

Fiscal and Facilities Impacts:

Budgeted: Yes

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			
State	\$ 62,673.75		
Federal			
Fees			
Other:			
Total	\$ 62,673.75	\$ -	\$ -

Narrative: Behavioral Wellness plans to use budgeted funds previously utilized by contractors who provided foster youth specialty mental health services. The referenced amount includes a 5% CalMHSA administrative cost for their services.

Key Contract Risks:

If Behavioral Wellness opted out of the CalMHSA banking pool program, we would be responsible for the additional administrative costs of contracting, including certification of providers, negotiation with vendors, accounts payable services, and monitoring. Once opting into the program, the County must provide CalMHSA with six months’ notice.

Special Instructions:

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

Attachments:

Attachment A: CalMHSA Participation Agreement

Authored by:

Q. Lopez