

**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: 8/28/03
Department Name: Alcohol, Drug & Mental Health
Department No.: 043
Agenda Date: 9/16/03
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: Carrie Topliffe, Assistant Director, Administration
805.681.4092

SUBJECT: Aurora Vista del Mar, Casa Pacifica and Crestwood Behavioral Health Contract Amendments

Recommendation(s):

That the Board of Supervisors:

1. Approve and execute an amendment and authorize payment for services rendered to mentally ill adults by Crestwood Behavioral Health through the period 6/30/03. The addition amount of the contract is \$59,100.
2. Approve and execute an amendment and authorize payment for services rendered to mentally ill youth by Casa Pacifica through the period 6/30/03. The addition amount of the contract is \$154,000.
3. Approve and execute an amendment and authorize payment for services rendered to mentally ill adults by Aurora Vista del Mar Hospital through the period 6/30/03. The addition amount of the contract is \$174,000.

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:

During Fiscal Year 2002/2003, two well known Southern California treatment providers came under investigation for alleged improprieties. As a result, alternative placement resources were utilized at a significantly higher pace than was originally allocated to them in the 2002/2003, budget. It was not known until the close of the fiscal year the extent to which these alternative placement resources such as Crestwood Behavioral Health and Aurora Vista del Mar Hospital were utilized due in part to billing delays and issues associated with tracking the admissions to these facilities. Due to the above circumstances the need for the additional bed usage at these providers placed them in excess of their original estimated contract amounts. The revenue to be added to these contracts has been budgeted for other providers and billed to the state and was accrued for payment prior to the close of FY2002/2003. These requests merely shift the funds from one provider to another. The overall budget amount is not affected.

ADMHS renewed existing contracts with Casa Pacifica, Crestwood Behavioral Health, and Aurora Vista del Mar Hospital effective July 1, 2002. Treatment and housing resources available in Santa Barbara County had proven to be insufficient to meet the needs of Santa Barbara County residents and youth thus requiring the use of out-of-county service providers. Based on year-end usage figures, Santa Barbara County residents needed the types of services provided by these placements at a higher pace than what was estimated in the original contract amounts. Additionally, Casa Pacifica began providing shelter care services to their clients, which was not available at the time of the original budget and the capacity for which was not known. Due to the above mentioned factors, an increase in allocated funds of \$154,000, for Casa Pacifica for services rendered to mentally ill children in FY 2002/2003. The changing placement resource situation brought on by the investigation and additional billing factors indicate the need for an increase in allocated funds to Crestwood Behavioral Health and Aurora Vista del Mar of \$59,100, and \$174,000, respectively for services rendered to mentally ill adults.

ADMHS has hired a new Contracts Analyst to improve processes related to contract monitoring. The new Contracts Analyst, with the support from the Administrative Division, will restructure the systems and processes used to track and monitor contracts with treatment providers. This will result in more timely processing of the more than 250 contracts and the attendant contract amendments.

Your Board is now requested to approve the amendments to the contracts with Crestwood Behavioral Health, Casa Pacifica, and Aurora Vista del Mar Hospital. Amending these contracts will allow payment for services rendered in Fiscal Year 2002/2003 and will ensure the continued provision of services in the current year.

Mandates and Service Levels:

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

Fiscal and Facilities Impacts:

There are no county facilities impacted from these expenditures.

Funding for these additional services have been billed to State and Federal Revenue Sources and do not impact general fund monies. The types of services provided for in these contracts are a benefit to the community in that appropriate treatment and management of acutely mentally ill youth and adults improve the quality of life for those impacted and promote a safe and healthy community. The revenue for the proposed amendments to the contracts was included in the Adopted Budget FY 2002-2003, State and Federal Revenue – page D-124, and has been accrued for this purpose.

Special Instructions:

Please send the second fully executed original signature page and one (1) copy of the minute order to:

Alcohol, Drug & Mental Health Services
ATTN: Dana Fahey, J.D., Departmental Analyst-Programs
300 N. San Antonio Road
Santa Barbara, CA 93110

Concurrence:

County Counsel
Auditor-Controller
Risk Management

CONTRACT SUMMARY PAGE

BC_03-029

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 FY 02-03
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person..... Cathy Fox
 D6. Telephone (805) 681-5168

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose MHRC Services for Adults
 K3. Original Contract Amount \$204,400
 K4. Contract Begin Date 7/1/02
 K5. Original Contract End Date 6/30/03
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	6/1/03	\$59,100	\$59,100	\$263,500	06/30/03	Add funds

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 \$263,500
 F3. Fund Number 0044
 F4. Department Number 4663
 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 Crestwood Behavioral Health
 V3. Mailing Address 7590 Shore Line Drive
 V4. City, State (two-letter) Zip (include +4 if known) Stockton, CA 95219
 V5. Telephone Number 2094785291
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 68-0399495
 V7. Contact Person Gary Zeyen
 V8. Workers Comp Insurance Expiration Date
 V9. Liability Insurance Expiration Date[s] (G=Genl;
 V10. Professional License Number
 V11. Verified by (name of county staff) Cathy Fox
 V12. Company Type (Check one): Individual SoleProprietorship Corporation

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

Date: _____ Authorized Signature: _____

CONTRACT SUMMARY PAGE

BC _____

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D1. Fiscal Year FY 02-03
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person..... Cathy Fox
 D6. Telephone (805) 681-5168

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Group Home Services
 K3. Original Contract Amount \$180,000
 K4. Contract Begin Date 7/1/2003
 K5. Original Contract End Date 6/30/2004
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	6/1/03	\$154,000	\$154,000	\$334,000	06/30/03	Add funds

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) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$334,000
 F3. Fund Number 0044
 F4. Department Number 5771
 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 Casa Pacifica
 V3. Mailing Address 1722 S. Lewis Road
 V4. City, State (two-letter) Zip (include +4 if known) Camarillo, CA 93012
 V5. Telephone Number 8054457800
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 77-0195022
 V7. Contact Person Steve Elson
 V8. Workers Comp Insurance Expiration Date
 V9. Liability Insurance Expiration Date[s] (G=Genl;
 V10. Professional License Number
 V11. Verified by (name of county staff) Cathy Fox
 V12. Company Type (Check one): Individual SoleProprietorship Corporation

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D1. Fiscal Year FY 02-03
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person..... Cathy Fox
 D6. Telephone (805) 681-5168

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Acute Inpatient Services
 K3. Original Contract Amount \$125,000
 K4. Contract Begin Date 7/1/2003
 K5. Original Contract End Date 6/30/2004
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	6/1/03	\$174,000	\$174,000	\$299,000	06/30/03	Add funds

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) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$299,000
 F3. Fund Number 0044
 F4. Department Number 4664
 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 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 (EIN or SSN) 33-0986642
 V7. Contact Person Mayla Krebsbach
 V8. Workers Comp Insurance Expiration Date
 V9. Liability Insurance Expiration Date[s] (G=Genl;
 V10. Professional License Number
 V11. Verified by (name of county staff) Cathy Fox
 V12. Company Type (Check one): Individual SoleProprietorship Corporation

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