



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 18, 2024
Placement: Administrative
Estimated Time: N/A
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Antonette Navarro, LMFT, Director
Director(s) Department of Behavioral Wellness, (805) 681-5220
Contact Info: Chris Ribeiro, Chief Financial Officer
Katie Cohen, Division Chief of Clinical Operations
Natalia Rossi, JD, MHS Manager
Department of Behavioral Wellness, (805) 805-681-5220
SUBJECT: Casa Pacifica Centers for Children and Families First Amendment to the FY 22-24 Services Agreement for Mental Health Services

County Counsel Concurrence:

As to form: Yes

Auditor-Controller Concurrence:

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- a.) Approve, ratify, and authorize the Chair to execute a First Amendment to the Agreement for Services of Independent Contractor with **Casa Pacifica Centers for Children and Families** (not a local vendor) to update staffing requirements for both Exhibit A-3 Mental Health Services (MHS) In-Home Therapeutic Programs and Exhibit A-5 MHS SB163 Wraparound, add a new Suicide Prevention Services program, implement California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform changes, to add contingency payment and cost settlement provisions, and incorporate Medicare Practitioner billing and California Department of Health Care Services rate changes for FY 23-24, and to increase the FY 23-24 amount by \$689,153 for a new total contract maximum amount not to exceed **\$8,730,613**, inclusive of \$4,020,730 for FY 22-23 and \$4,709,883 for FY 23-24, for the period of July 1, 2022, through June 30, 2024;
- b.) Delegate to the Director of the Department of Behavioral Wellness or designee the authority to suspend, delay, or interrupt the services under the Agreement for convenience per Section 20 of the Agreement; make immaterial changes to the Agreement per Section 26; authorize additional services per Exhibits A-2 through A-6; amend program staffing requirements per Exhibits A-2 through A-7; reallocate the subsidy and funds between funding sources, revise or waive the County Maximum Allowable rate, and reallocate between the contract allocations in the Exhibit B-1 MHS

to increase or decrease the incentive payment with discretion per the Exhibit Bs; incorporate new codes and make fee-for-service rate changes or updates and to reimburse on a cost reimbursement basis for Medi-Cal fee-for-service programs per Exhibit B Mental Health Services (MHS); and amend the program goals, outcomes, and measures per the Exhibit Es, all without altering the maximum contract amount and without requiring the Board's approval of an amendment of the Agreement, subject to the Board's ability to rescind this delegated authority at any time; and

- c.) Determine that the above actions are government funding mechanisms or other government fiscal activities that do not involve any commitment to any specific project that 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:

This item is on the agenda to request that the Board of Supervisors authorize the Department of Behavioral Wellness (BWell) to execute a first amendment to the Casa Pacifica Centers for Children and Families (Casa Pacifica) Fiscal Year (FY) 22-24 board contract to:

1. Update the agreement language for Exhibit A-3 Statement of Work: MHS In-Home Therapeutic Programs. Section 10. Staffing Requirements;
2. Update the Agreement language for Exhibit A-5 Statement of Work: MHS SB163 Wraparound. Section 8. Staffing Requirements;
3. Add a new Exhibit A-7 Suicide Prevention Program amounting to \$123,000;
4. Eliminate the \$25,000 funding allocation for Short Term Residential Therapeutic Program funding due to a transition to direct county-to-county billing;
5. Implement California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform changes; and
6. Add contingency payment and contingency cost settlement provisions and incorporate Medicare Practitioner billing and California Department of Health Care Services rate changes for mental health services to the Agreement through the addition of a new Exhibit B-MHS (Financial Provisions) for FY 23-24, updated Exhibit B-1s (Schedule of Rates and Contract Maximum) and Exhibit B-2s (Entity Budget by Program) for FY 22-23 and FY 23-24, and add a new Exhibit B-3s (Entity Rates and Codes by Service Type) for FY 23-24, with an increase of \$689,153 and revised total contract maximum amount of **\$8,730,613**, inclusive of \$4,020,730 for FY 22-23 and \$4,709,883 for FY 23-24, for the period of July 1, 2022 through June 30, 2024.

Background:

Casa Pacifica provides mandated mental health services to Medi-Cal eligible children with Serious Emotional Disturbance (SED) Countywide, such as therapy, rehabilitation, residential treatment, shelter beds, and ancillary services. They provide crisis services to children and families through the Safe Alternatives for Treating Youth (SAFTY) Program, intensive individual services through Therapeutic Behavioral Services (TBS), wraparound services to keep children in their homes, and group home placement in their Short-Term Residential Therapeutic Program (STRTP). BWell, in collaboration with the Department of Social Services, also contracts with Casa Pacifica to provide Family Urgent Response System (FURS) services for current and former foster children, youth, nonminor dependents, and their caregivers. Approval of the recommended actions will allow BWell to continue to deliver mandated services to children and youth with SED.

On June 28, 2022, the Board of Supervisors authorized BWell to enter into an agreement with Casa Pacifica (BC 22-030) (Attachment B), for the provision of youth mental health services for the period of July 1, 2022, through June 30, 2024.

Suicide Prevention Program

The proposed amendment to the Casa Pacifica agreement Exhibit A Statement of Works includes provisions for a \$123,000 suicide prevention program funded with Mental Health Services Act (MHSA) dollars. The Prevention and Early Intervention component of MHSA allows for one or more suicide prevention programs (Cal. Code Regs. Tit. 9, § 3705).

This program will have a full-time bilingual outreach coordinator to provide Suicide Prevention trainings to students across the county and promote suicide awareness and mental health resources at school-based events for students and families. This program will also offer Risk Assessment trainings to school staff and others who work with youth throughout the County. The goal of this program is to address suicide prevention, and increase protective factors and decrease risk factors for junior high and high school students throughout Santa Barbara County. Outreach coupled with suicide prevention education and training are important steps to prevent youth crises which can lead to youth engaging in suicidal and self-harm behaviors.

CalAIM Payment Reform

The proposed amendment eliminates \$25,000 for Short Term Residential Therapeutic Program funding due to the transition to direct county-to-county billing under the new California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform. CalAIM is a multi-year California Department of Health Care Services (DHCS) initiative to improve the quality of life and health outcomes of our population by implementing broad delivery system, program, and payment reform across the Medi-Cal program. The behavioral health components of CalAIM are designed to support whole-person, integrated care; move the administration of Medi-Cal behavioral health to a more consistent and seamless system by reducing complexity and increasing flexibility; and improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through improvements to behavioral health policies and the launch of behavioral health payment reform. The majority of these policy changes launched in 2022, but implementation will continue through 2027.

Through realignment efforts in 1991 and 2011, funding for the majority of the non-federal share of costs associated with the Specialty Mental Health Services (SMH) and Substance Use Disorder (SUD) services became the responsibility of the counties. Currently, counties are reimbursed for these programs via Medicaid Certified Public Expenditure (CPE) methodologies. Under the CPE structure, reimbursements to counties are limited to costs incurred by the counties and are subject to a lengthy and labor-intensive cost reconciliation process. The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries. Payment reform will transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs.

Contingency Payment and Contingency Cost Settlement

During this fiscal year, BWell implemented a new electronic health record system, SmartCare, that community benefit organizations (CBOs) are required to use for submitting claims for payment. The claiming functionality of the new SmartCare application was delayed by approximately 10 months resulting in limited to no data on the amount of services approved by Medi-Cal during this time period. CBOs rely

on this data, in part, to track and adjust service delivery to ensure that their costs are being covered. BWell also relies on this data to monitor whether provider rates are sufficient to cover the anticipated cost of service. BWell has determined that there is a need to amend the Casa Pacifica agreement to add contingency settlement terms specifically for FY 2023-2024, which give the CBO the option for reimbursement based on cost or the fee-for-service schedule. This is in consideration of the extenuating claiming issues and to ensure that local CBOs are compensated for services performed. BWell is also recommending adding contingency payment provisions to the agreement to reflect the change in payment terms should system implementation issues arise again. The contingency payment and settlement provisions do not alter the maximum contract amount set forth in Exhibit B.

Board Contract Exhibit B-3 (Entity Rates and Codes by Service Type) Changes

The Exhibit B-3 identifies the fee-for-service rates for Medi-Cal specialty mental health services, which are based, in part, on State-issued rates. BWell requires the ability to update contractor rates when new codes are added, rates are added or amended by the State, or for operational reasons.

Medicare Changes

Starting January 1, 2024, Medicare began to cover mental health services for new practitioner types, including Marriage and Family Therapist, Clinical Psychologist, Clinical Social Worker, Professional Clinical Counselor, Nurse Practitioner, Physician Assistant, and Medical Doctor. This change necessitated an update to the contract to identify the contractor's role and responsibilities for clients that are eligible for both Medicare and Medi-Cal as well as the claims processing and payment parameters.

Approval of the above recommended actions will allow the County to maintain compliance with DHCS requirements and implement the new payment methods necessary for partnership with community providers.

Performance Outcomes and Measures:

The goals for the Casa Pacifica FY 2022-2024 Agreement included:

1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives in the community.
3. Provide mental health (and/or substance abuse) services for children and their families in order to prevent out-of-home and out-of-county placements.

Performance Outcomes:

The following data is from the first three quarters of FY 23/24

SAFTY served an average of 46 clients and discharged an average of 33.

TBS served an average of 75 clients and discharged an average of 28.

Wrap-Around served an average of 32 clients and discharged an average of 9.

STRTP served 2 clients and discharged 1.

1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.

The programs met or is on target to meet all of these goals with the exception of Wrap-Around. The program states their clients have higher acuity than they have in the past which they attribute to more clients on probation and the fentanyl crisis.

- Incarcerations/Juvenile Hall:

TBS: goal is less than 5%. Outcome: 0%

Wrap-Around: goal is less than 5%. Outcome: 16%

STRTP: goal is less than 10%. Outcome: 0%

SAFTY: goal is less than 5%. Outcome: 0%

- Psychiatric inpatient admissions:

TBS: goal is less than 5%. Outcome: 7%

Wrap-Around: goal is less than 5%. Outcome: 6%

STRTP: goal is less than 10%. Outcome: 0%

SAFTY: goal is less than 5%. Outcome: 1%

2. Assist clients in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives in the community.

The TBS program met all goals. STRTP had a very small sample size (2 discharges total) which skewed their data. Wrap-Around did well with stable housing and engagement but is not meeting the goals for discharge. This is attributed to the higher acuity clients being referred.

- Stable/permanent housing:

TBS: goal is $\geq 95\%$. Outcome: 100%

Wrap-Around: goal is $\geq 95\%$. Outcome: 100%

STRTP: goal is $\geq 95\%$. Outcome: 50%

SAFTY: goal is $\geq 95\%$. Outcome: 100%

- Engaged in purposeful activity (educational, vocational, volunteer):

TBS: goal is $\geq 95\%$. Outcome: 98%

Wrap-Around: goal is $\geq 95\%$. Outcome: 99%

STRTP: goal is $\geq 95\%$. Outcome: 50%

SAFTY: goal is $\geq 95\%$. Outcome: 100%

- Of those who discharged, % who transitioned to a higher level of care:

TBS: goal is $< 15\%$. Outcome: 3%

Wrap-Around: goal is $< 15\%$. Outcome: 37%

STRTP: goal is $< 15\%$. Outcome: 100%

SAFTY: goal is $< 15\%$. Outcome: 4%

- Of those who discharged, % who transitioned to a lower level of care (or graduated / discharged because care no longer needed or medical necessity not met):

TBS: goal is $\geq 85\%$. Outcome: 97%

Wrap-Around: goal is $\geq 85\%$. Outcome: 63%

STRTP: goal is $\geq 85\%$. Outcome: 0%

SAFTY: goal is $\geq 85\%$. Outcome: 96%

3. Provide mental health (and/or substance abuse) services for children and their families in order to prevent out-of-home and out-of-county placements.

Both programs have low rates of out of out of home placements. Wrap-Around struggled in Q1 and Q2 with completing the CANS and PCS due to the EHR changeover but has been catching up in Q3.

- New out-of-primary home placements (county & out-of-county):

Wrap-Around: goal is $< 5\%$. Outcome: 2%

TBS: goal is $< 5\%$. Outcome: 3%

SAFTY: goal is $\leq 5\%$. Outcome: 0%

- CANS (% completed):

Wrap-Around: goal is 100%. Outcome: 56%

STRTP: goal is 100%. Outcome: 100%

- CANS Improvement in 3+ Domains (report % positive change by domain): $\geq 10\%$ in 3 of 6. Data not available due to EHR changeover.

- PSC (% completed):

Wrap-Around: goal is 100%. Outcome: 56%

STRTP: goal is 100%. Outcome: 100%

FURS Outcomes

FURS received an average of 5 calls/quarter. The program is on target to meet all outcomes for FY 23/24.

Responded to calls timely: goal 95%. Outcome: 100%

Calls successfully de-escalated: goal 90%. Outcome: 94%

Foster Youth Maintained Community Placement: goal 90%. Outcome: 83%

Participants Expressed Satisfaction: goal is 90%. Outcome: 100%

PEI Suicide Prevention Outcomes

This program had 3212 individuals and 25 families attend their events this fiscal year. So far, this fiscal year they have met 2 of their 5 goals. This program had a goal to provide a minimum of six (6) Prevention Activity workshops on school campuses annually and it provided 17. This program had a goal to provide suicide prevention education at a minimum of ten (10) school events annually and had 16.

They had a goal to provide at least four (4) presentations for students and families on how to access behavioral health services and how to recognize early signs of mental illness and they provided zero (0). Their goal was to provide up to twenty (20) Clinical Risk Assessment trainings for school staff and other professionals in the community such as medical personnel, law enforcement, social workers, etc. and they provided eleven (11). They did not meet their goal of disseminating information to students and parents at school event about how to access behavioral health services. Their goal was 18 times a year and they did zero (0).

Fiscal and Facilities Impacts:

Budgeted: Yes

Funding Sources	FY 22-23 Cost:	FY 23-24	Total FY 22-24
General Fund			
State	\$ 2,010,365	\$ 636,053	\$ 2,646,418
Federal	\$ 2,010,365		\$ 2,010,365
Fees			\$ -
Other: Medi-Cal Patient Revenue		\$ 4,073,830	\$ 4,073,830
Total	\$ 4,020,730	\$ 4,709,883	\$ 8,730,613

Fiscal Analysis:

The above-referenced contract is funded by State and Federal funds. Medi-Cal Patient Revenue is the fee-for-service revenue generated from patient services and is primarily funded with Federal funds. The amount of federal funds varies depending on the client’s aid code with youth services receiving a higher percentage of federal financial participation. DHCS’ new Medi-Cal rate structure has prompted service providers to increase rates as they transition to a Fee-for-Service based payment, resulting in a higher maximum contract amount. The funding sources are included in the FY 23-24 Adopted 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 agreement includes language requiring the contractor 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 to M. Simon-Gersuk at: msimongersuk@sbcbswell.org and to bwellcontractsstaff@sbcbswell.org.

Attachments:

- Attachment A: Casa Pacifica FY 22-24 Board Contract First Amendment
- Attachment B: Casa Pacifica FY 22-24 Board Contract (BC 22-030)

Authored by:

A. Foschaar & M. Simon-Gersuk