



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:** July 18, 2023  
**Placement:** Administrative  
**Estimated Time:** N/A  
**Continued Item:** No  
**If Yes, date from:**  
**Vote Required:** Majority

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**TO:** Board of Supervisors  
**FROM:** Department Antonette Navarro, LMFT, Director  
Director(s) Department of Behavioral Wellness, (805) 681-5220  
Contact Info: Melissa Wilkins, MPH, CADC-II, CCPS  
Division Chief of Alcohol and Drug Programs, (805) 681-5220  
**SUBJECT:** Council on Alcoholism and Drug Abuse (CADA) FY 21-24 Third Amendment and Termination, and FY 23-27 New Services Agreement for Alcohol and Drug Program and Mental Health Services

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**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 Third Amendment to the FY 21-24 Agreement for Services of Independent Contractor with **Council on Alcoholism and Drug Abuse (CADA)** (BC 21-013), a California nonprofit (a local vendor), to add \$750,000 in Alcohol and Drug Program funding as the service volume was greater than anticipated at these sites for FY 22-23, for a new total maximum contract amount not to exceed \$8,605,912, inclusive of \$8,278,966 in Alcohol and Drug Program funding (\$2,194,640 for FY 21-22, \$3,417,163 for FY 22-23, and \$2,667,163 for FY 23-24) and \$326,946 in Mental Health Services funding (\$108,982 per fiscal year), for the period of **July 1, 2021 through June 30, 2024;**
- b) Approve, ratify, and authorize the termination of the FY 21-24 Agreement for Services of Independent Contractor with **Council on Alcoholism and Drug Abuse (CADA)** (BC 21-013) for convenience, effective June 30, 2023, to enter into a new services agreement with CADA as set forth below in Recommended Action C following the award of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Outpatient Services and Residential Treatment Services Request for Proposals for FY 23-27 to CADA;
  - i. Authorize the Director of the Department of Behavioral Wellness or designee to issue a letter to CADA terminating the FY 21-24 Agreement that is substantially similar to the draft provided in Attachment F;

- ii. Delegate to the Director of the Department of Behavioral Wellness or designee the authority to take actions necessary for the winddown of the FY 21-24 Agreement, subject to the Board's ability to rescind this delegated authority at any time;
- c) Approve, ratify, and authorize the Chair to execute a FY 23-27 Agreement for Services of Independent Contractor with **Council on Alcoholism and Drug Abuse (CADA)**, a California nonprofit (a local vendor), for the provision of substance use disorder services for adolescents, youth, and adults and mental health services for youth, for a total maximum contract amount not to exceed **\$15,102,450**, inclusive of \$3,606,650 for FY 23-24 and \$3,575,400 annually for FYs 24-27, in Alcohol and Drug Program (ADP) funding with a total ADP funding amount of **\$14,332,850** and \$192,400 per fiscal year in Mental Health Services (MHS) funding with a total MHS funding amount of **\$769,600**, for the period of July 1, 2023 through June 30, 2027;
    - i. Delegate to the Director of the Department of Behavioral Wellness or designee the authority to suspend, delay, or interrupt services for convenience and make immaterial changes to the Agreement per Sections 20 and 26 of the Agreement; amend program staffing requirements and authorize additional services per Exhibit A-6; reallocate funds between funding sources per Exhibits B ADP and MHS; adjust the incentive rate per Exhibits B ADP and MHS; and amend the program goals, outcomes, and measures per Exhibits E ADP and MHS, 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
  - d) Determine that the above recommended actions are government funding mechanisms or other government fiscal activities, which 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:**

The above-referenced contract is on the agenda to request the Board of Supervisors (BOS) execute a Third Amendment to the FY 21-24 Agreement with **Council on Alcoholism and Drug Abuse (CADA)** (BC 21-013), to add \$750,000 in Alcohol and Drug Program funding for FY 22-23 for a new total maximum contract amount not to exceed \$8,605,912; to terminate the FY 21-24 contract effective June 30, 2023; and to approve a new services Agreement for FY 23-27, for Services of Independent Contractor with Council on Alcoholism and Drug Abuse (CADA) to provide substance use disorder services for adolescents, youth, and adults and mental health services for youth for a total Maximum Contract Amount not to exceed \$15,102,450. Approval of the recommended actions will allow the Department to continue to provide these primary treatment and prevention services to the community.

**Background:**

The Santa Barbara County Department of Behavioral Wellness (BWell) provides a continuum of mental health and substance use disorder services to Santa Barbara County residents, in part, through contracted providers, including Community-Based Organizations (CBOs).

BWell is required by the California Department of Health Care Services (DHCS) to select providers for Outpatient Treatment Services (OTS) and Residential Treatment Services (RTS) through a competitive bidding process. BWell's previous Requests for Proposals (RFP) for OTS/RTS services took place in 2018. In anticipation of statewide California Advancing and Innovating Medi-Cal (CalAIM) reforms,

effective July 1, 2023, BWell released six RFP's for various Alcohol and Drug Program services, including substance use disorder services.

CADA will provide the following substance use disorder services under the new Agreement: Early Intervention, Outpatient, and Intensive Outpatient Services to adults, and adolescents. Contingency Management services will also be offered to individuals with Stimulant Use Disorders, who are in outpatient treatment programs. Additionally, CADA will operate a residential treatment program. The residential treatment program provides monitored residential treatment services to help clients withdraw from alcohol and/or other drugs. Residential treatment provides a safe, sober, and supportive living environment for acute withdrawal and stabilization of clients to help them achieve sobriety and abstinence. CADA will also operate the Carpinteria Support, Treatment, Advocacy, and Referral Team (START). START staff who specialize in substance abuse and mental health prevention, are assigned to each school site in the Carpinteria area to provide mental health services for students to address mental health issues related to learning, behavior, and emotional problems as well as other school issues such as anxiety, alienation, and disengagement from classroom learning.

CalAIM Payment Reform has resulted in significant changes to contract boilerplate language and the entire payment and reimbursement structure for Medi-Cal providers. In response, providers have taken this opportunity to renegotiate their rates as they transition to a Fee-for-Service based payment, resulting in a higher maximum contract amount.

**Performance Measure:**

The FY 23-27 Agreement contains performance measures to monitor program implementation and improve staff proficiency. Program goals, outcomes, and measures can be found in Exhibit E (pages 139-141) of the Agreement. CADA provides reports on program outcomes every quarter, by program and level of care, and overall, they have met and/or are exceeding outcomes.

**Performance Outcomes:**

For the first three quarters of FY 2022-23, CADA had the following outcomes:

- Daniel Bryant Santa Barbara Youth Outpatient Treatment Program (Level 1.0): They met all 5 of their 5 goals. They served an average of 50 clients per quarter with an average of 16 discharges per quarter; 98% initiated treatment with a goal of 80% or more; 1% immediately dropped out of treatment with a goal of 6% or less; 84% were engaged in treatment with a goal of 75% or more; 73% were retained in treatment with a goal of 45% or more and 69% successfully completed treatment with a goal of 50% or more.
- Daniel Bryant Santa Barbara Youth Outpatient Treatment Program (Level 2.1): They did not meet any of their 5 goals. They served an average of 2 clients per quarter with an average of 1 discharge per quarter; 61% initiated treatment with a goal of 80% or more; 33% immediately dropped out of treatment with a goal of 6% or less; 11% were engaged in treatment with a goal of 75% or more; no one was retained in treatment with a goal of 45% or more and no one successfully completed treatment with a goal of 50% or more.
- Daniel Bryant Santa Maria Youth Outpatient Treatment Program (Level 1.0): They met 4 of their 5 goals. They served an average of 65 clients per quarter with an average of 21 discharges per quarter; 99% initiated treatment with a goal of 80% or more; 3% immediately dropped out of treatment with a goal of 6% or less; 83% were engaged in treatment with a goal of 75% or more; 45% were retained in treatment with a goal of 45% or more and 47% successfully completed treatment with a goal of 50% or more.

- Daniel Bryant Santa Maria Youth Outpatient Treatment Program (Level 2.1): They met 1 of their 5 goals. They served an average of 4 clients per quarter with an average of 2 discharges per quarter; 100% initiated treatment with a goal of 80% or more; 8% immediately dropped out of treatment with a goal of 6% or less; 54% were engaged in treatment with a goal of 75% or more; no one was retained in treatment with a goal of 45% or more and no one successfully completed treatment with a goal of 50% or more.
- Daniel Bryant Lompoc Youth Outpatient Treatment Program (Level 1.0): They met 3 of their 5 goals. They served an average of 15 clients per quarter with an average of 4 discharges per quarter; 100% initiated treatment with a goal of 80% or more; no one immediately dropped out of treatment with a goal of 6% or less; 81% were engaged in treatment with a goal of 75% or more; no one was retained in treatment with a goal of 45% or more and 45% successfully completed treatment with a goal of 50% or more.
- Daniel Bryant Lompoc Youth Outpatient Treatment Program (Level 2.1): They met 4 of their 5 goals. They served 1 client during the first 3 quarters of this FY who discharged from the program. The client initiated treatment (100%) with a goal of 80% or more; did not immediately drop out of treatment with a goal of 6% or less; was engaged in treatment (100%) with a goal of 60% or more; was not retained in treatment with a goal of 30% or more and successfully completed treatment (100%) with a goal of 35% or more.
- Project Recovery – Santa Barbara - Adult Outpatient Treatment Program (Level 1.0): They met all 5 of their 5 goals. They served an average of 75 clients per quarter with an average of 34 discharges per quarter; 100% initiated treatment with a goal of 80% or more; no one immediately dropped out of treatment with a goal of 6% or less; 96% engaged in treatment with a goal of 75% or more; 48% were retained in treatment with a goal of 45% or more; and 50% successfully completed treatment with a goal of 50% or more.
- Project Recovery – Santa Barbara - Adult Outpatient Treatment Program (Level 2.1): They met 4 of their 5 goals. They served an average of 9 clients per quarter with an average of 7 discharges per quarter; 100% initiated treatment with a goal of 80% or more; 6% immediately dropped out of treatment with a goal of 6% or less; 92% were engaged in treatment with a goal of 60% or more; 6% were retained in treatment with a goal of 30% or more and 64% successfully completed treatment with a goal of 35% or more.
- Project Recovery – Lompoc - Adult Outpatient Treatment Program (Level 1.0): They met 4 of their 5 goals. They served an average of 46 clients per quarter with an average of 20 discharges per quarter; 100% initiated treatment with a goal of 80% or more; no one immediately dropped out of treatment with a goal of 6% or less; 83% engaged in treatment with a goal of 75% or more; no one was retained in treatment with a goal of 45% or more; and 52% successfully completed treatment with a goal of 50% or more.
- Project Recovery – Lompoc - Adult Outpatient Treatment Program (Level 2.1): They met 4 of their 5 goals. They served an average of 3 clients per quarter with an average of 3 discharges per quarter; 100% initiated treatment with a goal of 80% or more; no one immediately dropped out of treatment with a goal of 6% or less; 76% were engaged in treatment with a goal of 60% or more; no one was retained in treatment with a goal of 30% or more and 83% successfully completed treatment with a goal of 35% or more.
- Santa Barbara Adult Residential Treatment (ART) (Level 3.1): They met all five of their goals. They served an average of 21 clients per quarter with an average of 16 discharges per quarter; 100% initiated treatment with a goal of 80% or more; 1% immediately dropped out of treatment with a goal of 2% or less; 97% were engaged in treatment with a goal of 60% or more; 88% were

- free of primary drug use at time of discharge with a goal of 80% or more and 45% transferred to treatment at a lower level of care within 14 days with a goal of 15% or more.
- Santa Barbara Adult Residential Treatment - Withdrawal Management (Formerly Detoxification) (Level 3.2): They met 5 of their 6 goals. They served an average of 10 clients per quarter with an average of 9 discharges per quarter; 3% immediately dropped out of treatment with a goal of 4% or less; 59% successfully completed treatment with a goal of 50% or more; 89% were free of primary drug use at time of discharge with a goal of 100%; 78% transferred to treatment at a lower level of care within 14 days with a goal of 30% or more; 100% were not re-admitted within 14 days with a goal of 95% or more and 100% were not re-admitted within 30 days with a goal of 75% or more.
  - Santa Barbara Adult Residential Treatment (ART) (Level 3.5): They met 4 of their 6 goals. They served an average of 6 clients per quarter with an average of 5 discharges per quarter; no one immediately dropped out of treatment with a goal of 4% or less; 74% successfully completed treatment with a goal of 50% or more; 86% were free of primary drug use at time of discharge with a goal of 100%; 71% transferred to treatment at a lower level of care within 14 days with a goal of 30% or more; 79% were not re-admitted within 14 days with a goal of 95% or more and 86% were not re-admitted within 30 days with a goal of 75% or more.
  - Perinatal: They did not meet either of their two goals. They served an average of 2 clients per quarter with an average of 1 discharge per quarter; no client was abstinent at discharge with a drug-free birth with a goal of 100% and no clients successfully completed treatment with a goal of 70% or more.
  - Medication Assisted Treatment: Suboxone treatment was reported as 39; Vivitrol as 3, and “other MAT” as 20.
  - START Program: They served an average of 9 clients per quarter with just one discharge for the three quarters reported on. They met all seven goals. There were no new, out-of-primary home placements with a goal of 5% or less; 100% were employed, enrolled in school or training, or volunteering with a goal of 95% or more; there were no incarcerations/juvenile hall or psychiatric inpatient admissions with a goal of 5% or less for both; 100% had stable/permanent housing with a goal of 95% or more; no one was discharged to a higher level of care with a goal of 15% or less; and one client (100%) was discharged to a lower level of care with a goal of 85% or more. They did not report any changes in the CANS Domains and they completed 100% of PSC’s.

**Fiscal and Facilities Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

<u>Funding Sources</u>	<u>FY 21-22</u>	<u>FY 22-23</u>	<u>FY 23-24</u>	<u>Total FY 21-24</u>
General Fund				\$ -
State	\$ 939,485	\$ 1,576,861	\$ 1,201,861	\$ 3,718,207
Federal	\$ 1,364,137	\$ 1,949,284	\$ 1,574,284	\$ 4,887,705
Fees				\$ -
Other				\$ -
<b>Total</b>	<b>\$ 2,303,622</b>	<b>\$ 3,526,145</b>	<b>\$ 2,776,145</b>	<b>\$ 8,605,912</b>

<u>Funding Sources</u>	<u>FY 23-24</u>	<u>FY 24-25</u>	<u>FY 25-26</u>	<u>FY 26-27</u>	<u>Total FY 23-27</u>
General Fund					\$ -
State	\$ 1,885,645	\$ 1,854,395	\$ 1,854,395	\$ 1,854,395	\$ 7,448,830
Federal	\$ 1,913,405	\$ 1,913,405	\$ 1,913,405	\$ 1,913,405	\$ 7,653,620
Fees					\$ -
Other					\$ -
<b>Total</b>	<b>\$ 3,799,050</b>	<b>\$ 3,767,800</b>	<b>\$ 3,767,800</b>	<b>\$ 3,767,800</b>	<b>\$ 15,102,450</b>

Narrative: The above-referenced Services Agreement is funded by State and Federal funds. The funding sources are included in the FY 22-23 and FY 23-24 Adopted Budgets. Funding for FY 24-27 will be included in the department’s proposed budget and is contingent upon Board approval. Contract action would terminate the current contract for FY 23-24 and costs will be realized under the new contract for FY 23-27. In the new agreement, the FY 23-24 maximum contract amount is \$3,799,050, which represents approximately a 14% increase to the FY 23-24 annual contract amount of \$2,776,145 in BC 21-013. Department of Health Care Services Medi-Cal’s new 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.

**Key Contract Risks:**

As with any contract funded by State and Federal sources, there is a risk of future audit disallowances and repayments. Behavioral Wellness contracts include language requiring contractors to repay any amounts disallowed in audit findings, minimizing financial risks to the County.

**Special Instructions:**

Please email one (1) Minute Order and one (1) copy of each of the executed contracts to Marlene Zavala at [mazavala@sbcbswell.org](mailto:mazavala@sbcbswell.org) and to BWell Contracts Team at [bwellcontractsstaff@sbcbswell.org](mailto:bwellcontractsstaff@sbcbswell.org).

**Attachments:**

- Attachment A: CADA FY 23-27 BC
- Attachment B: CADA FY 21-24 BC 21-013 AM3
- Attachment C: CADA FY 21-24 BC 21-013 AM2
- Attachment D: CADA FY 21-24 BC 21-013 AM1
- Attachment E: CADA FY 21-24 BC 21-013
- Attachment F: CADA FY 21-24 Termination Letter

**Authored by:**

D. Morales/M. Zavala