

# 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:** 09/11/2006  
**Department Name:** Alcohol, Drug & Mental Health  
**Department No.:** 043  
**Agenda Date:** 10/03/2006  
**Placement:** Administrative  
**Estimate Time:**  
**Continued Item:** NO  
**If Yes, date from:**

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**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:** Contract Amendment for Aurora Vista del Mar Hospital

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## **Recommendation(s):**

1. Approve and execute a contract amendment in the amount of \$600,000, with Aurora Vista del Mar Hospital (Vista del Mar), not a local vendor, to continue providing acute hospital services to seriously mentally ill adults. The contract term is from July 1, 2004, through June 30, 2006, and the new total contract amount will be adjusted from \$1,900,000 to \$2,500,000.
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:**

**Aurora Vista Del Mar** provides adult acute Psychiatric Inpatient Hospital Services to Medi-Cal beneficiaries exhibiting severe mental illness (SMI). Vista del Mar is a fully licensed hospital designated as a "5150" facility. This designation allows for clients to be involuntarily admitted there for treatment. Routine hospital services and all hospital-based ancillary services are among those services provided. Intensive Psychiatric Inpatient Day Services consist of hospital services and hospital-based ancillary services provided to clients requiring one-to-one intensive supervision. Intensive one-to-one staffing may be ordered by an attending physician should the client meet the threshold of medical necessity.

Aurora Vista Del Mar is the primary acute inpatient hospital providing services to county clients in need of hospitalization when the Santa Barbara County Psychiatric Health Facility (PHF) is at capacity. North County clients are referred to the San Luis Obispo County PHF when there is an opening.

ADMHS has experienced a very large and unanticipated increase in involuntary hospitalizations since Cottage Hospital relinquished its "5150" designation and continues to not accept involuntary clients. This, combined with scarce other local resources and a PHF that is nearly always at capacity, has resulted in significant growth in the number of individuals with acutely severe mental illness being placed with Vista Del Mar. From January to July 2006, more than 300 clients experiencing over 350 different episodes have been admitted to Aurora Vista del Mar Hospital. The average length of stay was 8.4 days and the total hospital days for the period were 2,967.

This Amended Contract is required to allow for payment of a significant amount of unanticipated involuntary care services which occurred at the end of Fiscal Year 2005-2006, and were not invoiced by the hospital until after the end of that fiscal year.

Consequently the Board is now requested to approve the amendment to the Aurora Vista del Mar Hospital contract. Approval of this contract allows for continued care to the County's Seriously Mentally Ill residents.

**Outcomes:**

The **Aurora Vista del Mar** contract helps ADMHS meet **Recurring Performance Measure 0219** to provide 900 hospital bed days per month for individuals in acute crisis and also helps ADMHS meet **Recurring Performance Measure 0215**, to provide effective mental health care to 4,200 seriously mentally ill adults.

**Mandates and Service Levels:**

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

**Fiscal and Facilities Impacts:**

The requested increase of \$600,000.00 was budgeted in line item 7460 (Professional and Special Services) in FY0506 and has been reflected (accrued) in FY0506 actuals for this line item. The increase was funded by State Realignment. This funding source is identified in the Adopted FY 2005-06, Budget, Federal and State Funding, Realignment line item 4102, in the County Budget Book, Hospital and Jail Services Division, page D-144.

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

**Special Instructions:**

Please send one (1) fully executed copy of 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:**  
Auditor-Controller  
Risk Management

## AMENDMENT 4

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the fourth amendment (hereafter referred to as the "Fourth Amended Contract") to the Agreement for Services of Independent **CONTRACTOR**, number «**ContractID**», by and between the **County of Santa Barbara (COUNTY)** and «**Contractor**» (**CONTRACTOR**), for the continued provision of «**BriefSummary**».

Whereas, this Fourth Amended Contract is required to allow for payment of unanticipated services occurring specifically in this contract term for Fiscal Year 2005-2006, and invoiced subsequent to the end of that fiscal year, and

Whereas, this Fourth Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the **COUNTY** Board of Supervisors on 9/28/04, and the First Amended Contract, approved by **COUNTY** Board of Supervisors on 1/11/05, and the Second Amended Contract, approved by **COUNTY** Board of Supervisors on 6/28/05, and the Third Amended Contract, approved by **COUNTY** Board of Supervisors on 12/08/05, except as modified by this Fourth 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, 2004**, and end performance upon completion, but no later than **June 30, 2006**, 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 **\$2,500,000.**
- III. **Delete Exhibit B-1, Payment Arrangements, and replace with the following:**

AMENDMENT 4

**SCHEDULE OF RATES:**

<b>Procedure Code</b>	<b>Description of Service</b>	<b>Rate</b>
	Adolescent, Mental Health I/P	Services will be paid at the county-negotiated rates in effect at the time that services were rendered under this Agreement
114, 124, 134, 154, 204	Adult Mental Health I/P	\$650/day

<b>Contract Maximum FY 04-06</b>	<b>\$1,900,000</b>
<b>Amendment FY 05-06</b>	<b>600,000</b>
 <b>Total Contract Maximum Value</b>	 <b>\$2,500,000</b>

**AMENDMENT 4**

**SIGNATURE PAGE**

Fourth Amended Contract for Services of Independent **CONTRACTOR** between the **COUNTY** of Santa Barbara and «Contractor».

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

COUNTY OF SANTA BARBARA

By:

\_\_\_\_\_  
Chair, Board of Supervisors  
Date: \_\_\_\_\_

**CONTRACTOR:**

By: \_\_\_\_\_  
Tax ID No. 33-0986642

APPROVED AS TO FORM:  
STEPHEN SHANE STARK  
COUNTY COUNSEL

By: \_\_\_\_\_  
Deputy COUNTY Counsel

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

By: \_\_\_\_\_  
Deputy

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

By: \_\_\_\_\_  
Director

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK PROGRAM MANAGER

By: \_\_\_\_\_  
Risk Program Administrator

## AMENDMENT 4

### SUMMARY PAGE

«ContractID»

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..... 04-06  
 D2. Budget Unit Number ..... «BudgetUnit»  
 D3. Requisition Number .....  
 D4. Department Name ..... Alcohol, Drug, & Mental Health  
 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 ..... «BriefSummary»  
 K3. Original Contract Amount ..... \$300,000 (FY 04-05)  
 K4. Contract Begin Date ..... 7/1/2004  
 K5. Original Contract End Date ..... «ContractEndDate»  
 K6. Amendment ..... History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	07/01/04	\$300,000	\$300,000	\$600,000	6/30/05	Add funds
2	07/01/04	\$700,000	\$1,000,000	\$1,300,000	06/30/05	Add funds
3	07/01/04	\$600,000	\$1,300,000	\$1,900,000	06/30/06	Add funds/extend date
4	07/01/05	\$600,000	\$1,900,000	\$2,500,000	06/30/06	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..... \$2,500,000 (FY 04-06)  
 F3. Fund Number..... «Fund»  
 F4. Department Number ..... «BudgetUnit»  
 F5. Division Number (if applicable) .....  
 F6. Account Number ..... «Acct»  
 F7. Cost Center number (if applicable) .....  
 F8. Payment Terms .....

V1. Vendor Numbers (A=Auditor; P=Purchasing) .....  
 V2. Payee/Contractor Name ..... «Contractor»  
 V3. Mailing Address ..... «Address»  
 V4. City, State (two-letter) Zip (include +4 if known) ..... «City», «State» «Zip»  
 V5. Telephone Number ..... «Phone»  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... «TaxID»  
 V7. Contact Person ..... «ContrFName» «ContrLName»  
 V8. Workers Comp Insurance Expiration Date..... «WorkComplnsExpDate»  
 V9. Liability Insurance Expiration Date[s] (G=Genl; GL «GenLiablnsExpDate»6, PL  
 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: \_\_\_\_\_