



**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 25, 2024  
**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) Behavioral Wellness, (805) 681-5220  
Contact Info: John Winckler, LMFT, Division Chief of Clinical Operations  
Katie Cohen, Psy.D., LMFT, Branch Chief of Clinical  
Outpatient Operations  
Natalia Rossi, JD, MHSA Manager  
Behavioral Wellness (805) 681-5220

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**SUBJECT: Telecare Corporation Mental Health Services Agreement FY 2024-26**

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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 and authorize the Chair to execute an Agreement for Services of Independent Contractor with **Telecare Corporation** (“Telecare”), a California nonprofit organization (not a local vendor), for the provision of Adult Mental Health services, for a contract maximum not to exceed **\$13,559,660**, inclusive of \$6,779,830 for FY 2024-25 and \$6,779,830 for FY 2025-26, for the period of July 1, 2024, through June 30, 2026;
- b) Delegate to the Director of the Department of Behavioral Wellness or designee the authority to suspend, delay, or interrupt services under the Agreement for convenience and make immaterial changes to the Agreement per Sections 20 and 26 of the Agreement, amend the program goals, outcomes, and measures per Exhibit E, modify the client caseload and amend program staffing requirements per Exhibit A-2, and authorize, in writing, changes to the rates, per the Exhibit B-1 and B-3 and to reallocate funds between funding sources per Exhibit B, 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 Bs, 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, 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:**

This item is on the agenda to request approval to renew the mental health service provider agreement with Telecare Corporation (Telecare) for the period of July 1, 2024, through June 30, 2026 for the maximum contract amount of \$13,559,660, inclusive of \$6,779,830 for FY 2024-25 and \$6,779,830 for FY 2025-26. The services agreement will include Crisis Residential Treatment (CRT) services, McMillan Ranch Program services, and Santa Maria Full Service Partnership (FSP) and Assisted Outpatient Treatment (AOT) services.

**Background:**

The Department of Behavioral Wellness (BWell) provides specialty mental health services to Medi-Cal beneficiaries and other individuals to the extent resources allow, in part, through contracted services. Telecare provides an array of mental health services to adult clients, ages 18 and up, with serious mental illness pursuant to the County of Santa Barbara's obligation to provide such services under the Mental Health Plan and the Mental Health Services Act. These services include CRT services, FSP, AOT services, and McMillan Ranch Program services, and rehabilitative services.

A CRT facility is a safe and therapeutic environment where clients are assisted to stabilize the symptoms of mental illness and co-occurring conditions; gain skills to manage their condition more effectively; make progress on the path to personal recovery; and engage community supports that will enable them to leave the facility, participate fully in necessary follow-up treatment, and improve networks of support for community life including linkage to community services. Typically, these services are provided to clients upon discharge from a Psychiatric Health Facility (PHF).

Telecare provides adult crisis respite residential treatment and intervention services at two County-owned facilities, 116 Agnes Avenue, Santa Maria, CA and 212 Carmen Lane, Santa Maria, CA. In 2022, a Request for Proposal (RFP) for CRT services was issued for competitive bidding purposes. Telecare was awarded a contract on November 23, 2022 to provide CRT services in North Santa Barbara County at the above locations. This contract renews this program.

Telecare provides twenty-four (24) hour, structured mental health rehabilitation services, residential care, and room and board to adults at McMillan Ranch. Following an RFP, on April 2, 2021, Telecare was awarded a contract for Assertive Community Treatment (ACT) and Supportive Community Services. The program is an evidence-based psychiatric treatment rehabilitation and support service for clients with serious mental illness who demonstrate the need for this most intensive level of non-residential community service. Telecare also provides FSP outpatient mental health services to adults 18 years of age or older, 24 hours a day, 7 days a week, 365 days a year where the client is at in the community. These services include treatment, rehabilitative, and supportive services to clients in regular community settings (e.g., home, apartment, job site).

Approval of the above recommended actions will allow for the continued provision of specialty mental health services to clients without a gap in services.

**Performance Measures and Outcomes – FSP and McMillan Ranch:**

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.

*All programs are on target to meet their goals for the current fiscal year. McMillian Ranch residents went to the ED more often than targeted due to COVID and an aging population.*

- Incarcerations:

*FSP: goal is less than 5%. Outcome: 3%*

*McMillian Ranch: goal is less than 5%. Outcome: 0%*

- Psychiatric inpatient admissions:

*FSP: goal is less than 5%. Outcome: 9%*

*McMillian Ranch: goal is less than 5%. Outcome: 4%*

- Emergency Care for physical health:

*FSP: goal is less than 5%. Outcome: 9%*

*McMillian Ranch: goal is less than 10%. Outcome: 19%*

- Hospitalized for physical health

*FSP: goal is less than 5%. Outcome: 3%*

*McMillian Ranch: goal is less than 10%. Outcome: 0%*

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

*Discharge numbers from these programs are low, which is impacting the outcome data for the last two goals.*

- Stable/permanent housing:

*FSP: goal is more than 90%. Outcome: 94%*

*McMillian Ranch: goal is more than 95%. Outcome: 100%*

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

*FSP: goal is more than 15%. Outcome: 39%*

*McMillian Ranch: goal is more than 15%. Outcome: 100%*

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

*FSP: goal is less than 15%. Outcome: 25%*

*McMillian Ranch: goal is less than 15%. Outcome: 50%*

- 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):

*FSP: goal is more than 85%. Outcome: 25%*

*McMillian Ranch: goal is more than 85%. Outcome: 83%*

**Performance Measures and Outcomes - CRT:**

*The CRTs served an average of 59 clients per quarter. CRTs are on target to meet all goals this FY.*

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.

- Incarcerations:

Carmen Lane CRT: *goal is less than 5%. Outcome: 0%*

Agnes CRT: *goal is less than 5%. Outcome: 0%*

- Psychiatric inpatient admissions:

Carmen Lane CRT: *goal is less than 10%. Outcome: 3%*

Agnes CRT: *goal is less than 10%. Outcome: 4%*

- Emergency Care for physical health:

Carmen Lane CRT: *goal is less than 10%. Outcome: 1%*

Agnes CRT: *goal is less than 10%. Outcome: 1%*

- Hospitalized for physical health

Carmen Lane CRT: *goal is less than 10%. Outcome: 1%*

Agnes CRT: *goal is less than 10%. Outcome: 0%*

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

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

Carmen Lane CRT: *goal is less than 15%. Outcome: 7%*

Agnes CRT: *goal is less than 15%. Outcome: 1%*

- 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):

Carmen Lane CRT: *goal is more than 85%. Outcome: 91%*

Agnes CRT: *goal is more than 85%. Outcome: 96%*

- Clients with incidents requiring a higher level of supervision

Carmen Lane CRT: *goal is less than 5%. Outcome: 9%*

Agnes CRT: *goal is less than 5%. Outcome: 3%*

### **AOT Performance Outcomes**

*The AOT program served an average of 5.7 clients per quarter and discharged an average of 2 clients. There was an average of 63 outreach attempts per quarter to AOT candidate with a goal of more than 36 per quarter.*

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.

- Incarcerations: *goal is less than 30%. Outcome: 19%*

- Psychiatric inpatient admissions: *goal is less than 20%. Outcome: 8%*

- Emergency Care for physical health: goal is less than 30%. Outcome: 0%
  - Hospitalized for physical health: goal is less than 20%. Outcome: 0%
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives in the community.
- Stable/permanent housing: goal is greater than 25%. Outcome: 38%
  - Voluntarily Accepted Treatment: goal is greater than 35%. Outcome: 6%

**Fiscal and Facilities Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

<b><u>Funding Sources</u></b>	<b><u>FY 24-25</u></b>	<b><u>FY 25-26</u></b>	<b><u>Total</u></b>
General Fund			
State	\$ 796,730	\$ 796,730	\$ 1,593,460
Federal			
Fees			
Other: Medi-Cal Patient Revenue	\$ 5,983,100	\$ 5,983,100	\$ 11,966,200
<b>Total</b>	<b>\$ 6,779,830</b>	<b>\$ 6,779,830</b>	<b>\$ 13,559,660</b>

**Narrative:**

The above-referenced agreement is funded with a combination of State and federal funds. With the transition to CalAIM Payment Reform, the fee-for-service portion of the contract will be funded with Medi-Cal Patient Revenue which primarily consists of federal funds. The amount of federal funds is contingent on the client's aid code and the State-issued rate for the service. The Non-Medi-Cal portion of the contract is funded by Mental Health Service Act (MHSA) funding. Funding associated with this contract was included in the FY 2024-25 Recommended Budget and will also be included in future budgets presented to the Board.

**Key Contract Risks:**

As with any contract funded with State and Federal sources, there is a risk of future audit disallowances and repayments through the State's auditing process. The services contract includes language requiring the contractor to repay any amounts disallowed in audit findings, minimizing financial risks to County.

**Special Instructions:**

Please send one (1) Minute Order and one (1) complete signed Board Contract to M. Simon-Gersuk at [msimongersuk@sbcbswell.org](mailto:msimongersuk@sbcbswell.org) and to [bwelcontractsstaff@sbcbswell.org](mailto:bwelcontractsstaff@sbcbswell.org).

**Attachments:**

Attachment A: Telecare Corporation FY 24-26 Board Contract

**Authored by:**

M. Simon-Gersuk