



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: January 29, 2019
Placement: Administrative
Estimated Time:
Continued Item: No
If Yes, date from:
Vote Required: 4/5

TO: Board of Supervisors
FROM: Department Alice Gleghorn, PhD, Director
Director(s) Department of Behavioral Wellness, 681-5220
Contact Info: Pam Fisher, PsyD. Deputy Director, Chief of Clinical Operations,
681-5220
SUBJECT: Memorandum of Understanding between Behavioral Wellness and Department
of Social Services for Specialty Mental Health Services provided to Child
Welfare Services Program Clients, Personnel Resolution, and Budget Revision
Request

County Counsel Concurrence:

As to form: Yes

Auditor-Controller Concurrence:

As to form: Yes

Other Concurrence: Human Resources

As to form: Yes

Other Concurrence: Department of Social Services

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- A. Approve, ratify and authorize the Directors of the Department of Behavioral Wellness and Department of Social Services (DSS), or designees, to execute the ongoing Memorandum of Understanding (MOU) between the departments for the provision of two (2) dedicated Behavioral Wellness Mental Health Practitioners to provide Specialty Mental Health Services screenings, assessments and services to eligible DSS Child Welfare Services program clients, for an estimated revenue to Behavioral Wellness of **\$306,871** per year, inclusive of an estimated \$171,463 paid by DSS to Behavioral Wellness and an estimated offset of Medi-Cal Federal Financial Participation of \$135,408, beginning in Fiscal Year 2018-19.
- B. Adopt the Resolution in Attachment B effective January 28, 2019, which amends the Salary Resolution to add two (2) 1.0 FTE Mental Health Practitioner Intern/I/II positions.
- C. Approve a Budget Revision Request (BR#0005919) increasing appropriations of an estimated amount of \$306,871 in the Department of Behavioral Wellness, Mental Health Services Fund for Salaries and Benefits funded by unanticipated revenue funding from a Memorandum of Understanding with Department of Social Services (\$171,463) and with a Behavioral Wellness offset of Medi-Cal Federal Financial Participation revenue (\$135,408).

- D. Determine that the above actions are government fiscal activities or funding mechanisms which do not involve any commitment to any specific project which 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 Santa Barbara County Department of Behavioral Wellness provides specialty mental health services to Medi-Cal beneficiaries, and, to the extent resources allow, to other individuals and in collaboration with other departments. Approval of the recommended actions will allow Behavioral Wellness to provide specialty mental health screening, assessment and services that is a shared mandate for Behavioral Wellness and the Department of Social Services to provide to clients between ages 6 and 21 meeting medical necessity who are in foster care or at imminent risk of entering into foster care (previously referred to as Katie A class/subclass clients).

Background:

Katie A. v. Bonta was a class action lawsuit filed in federal District Court in 2002 to address concerns in regards to the availability of intensive mental health services for children in California who are either in foster care or at imminent risk of coming into care. In 2011 the District Court for the Central District of California approved a settlement agreement, which required State child welfare and mental health to work together to establish a sustainable framework for the provision of an array of services that occur in community settings and in a coordinated manner.

Since 2011, Behavioral Wellness and DSS have had a Memorandum of Understanding to deliver collaborative services consistent with the *Katie A.* Core Practice Model, aimed at ensuring children in foster care or at risk of being in foster care receive the medically necessary mental health services to which they are entitled under Medicaid law in their own home, a family setting, or the most homelike setting appropriate to their needs, in order to facilitate reunification, and to meet their needs for safety, permanence, and well-being. Although the court's jurisdiction in *Katie A.* ended December 2014, the California Department of Social Services (CDSS) and the California Department of Health Care Services (DHCS) remain committed to continuing to strengthen California's child welfare and mental health systems with objectives of facilitating the provision of an array of services delivered in a coordinated, comprehensive, community-based fashion.

In addition, October 2015, the Governor signed legislation that comprehensively reforms placement and treatment options for youth in foster care, Assembly Bill 403 (AB 403) known as the Continuum of Care Reform. This drew together a series of existing and new reforms to the child welfare services program, designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family.

To better meet the needs of youth in foster care and to promote positive outcomes for youths, AB 403 transformed group homes into a new congregate facility care, which is limited to short-term, therapeutic interventions that are just one part of a continuum of care known as the Short Term Residential Therapeutic Program (STRTP). Also, the Pathways to Mental Health Service – Core Practice Model identifies specific required components that support the standards and expectations for practice behaviors by child welfare and mental health staff. It is intended to facilitate a common strategic and practical framework that integrates the planning, delivery, coordination, and management of services among all

those involved in working with children involved in multiple service systems. The practitioners providing these services will also participate in the Child & Family Team to ensure appropriate placement of youth into STRTP.

This MOU reflects the collaboration with DSS to combine service access, planning, delivery of service and resources to provide a coherent and all-inclusive approach. The approach includes the Core Practice Model (CPM) for Pathways to Well Being model service delivery and STRTP to fulfill two critical needs of the Child Welfare Continuum of Care Reform for children in foster care in need of critical mental health services in a manner that promotes healthy outcomes, stability and resilience.

DSS will provide revenue to Behavioral Wellness to hire two (2.0) FTE Mental Health staff dedicated to conduct the required assessments and services for children referred by DSS CWS who are in foster care, or who are at imminent risk of placement. Behavioral Wellness will bill DSS for clinician services provided to Medi-Cal beneficiaries and charge DSS with the net cost, after applying for Medi-Cal Federal Financial Participation.

Performance Measures and Outcomes:

The MOU is a new MOU for services. The following objectives are in alignment with the Integrated Core Practice Model (ICPM):

1. Facilitates the provision of an array of services delivered in a coordinated, comprehensive, community-based fashion that combines service access, planning, delivery, and transition into a coherent and all-inclusive approach;
2. Supports the development and delivery of a service structure and a fiscal system that supports a core practices and services model, as described in the previous bullet;
3. Address the need for children and youth with more intensive needs to receive medically necessary mental health services in the child's or youth's own home, a family setting, or the most homelike setting appropriate to the child's or youth's needs, in order to facilitate reunification, and to meet the child's or youth's needs for safety, permanence, and well-being;
4. Utilizes the ICPM principles and components, including:
 - a. Strong engagement with, and participation of, the child/youth and the family;
 - b. Focus on the identification of child/youth and family needs and strengths when assessing and planning services;
 - c. Teaming across formal and informal support systems; and
 - d. Use of Child and Family Teams (CFTs) to identify strengths and needs, make plans and track progress, and provide intensive home-based services;
5. Assists, supports, and encourages each eligible child/youth to achieve and maintain the highest possible level of health, well-being, and self-sufficiency;
6. Reduces timelines to permanency and lengths of stay within the child welfare system; and
7. Reduces reliance on congregate care.

Fiscal and Facilities Impacts:

Budgeted: No

Fiscal Analysis:

<u>Funding Sources</u>	<u>Current FY 18-19 Revenue</u>	<u>Annualized On-going Revenue</u>
General Fund		
State		
Federal	\$ 135,408	\$ 135,408
Fees		
Other:DSS CWS	\$ 171,463	\$ 171,463
Annual Revenue Total:	\$ 306,871	\$ 306,871

Narrative: A Budget Revision Request is necessary to adjust the Mental Health Fund budget to recognize the revenue from the MOU and the projected Medi-Cal revenue, and to establish an appropriations budget. There is no increase in General Fund contributions.

This multi-year MOU provides increased appropriations in the Behavioral Wellness Department, Mental Health Fund for Salaries and Benefits in the estimated amount of (\$306,871) with DSS funding 56% of the total cost and an estimated 44% being offset by Behavioral Wellness Medi-Cal Federal Financial Participation reimbursement. DSS will fund the new positions by utilizing restricted fund balance comprised of County Realignment funds eligible to match the Federal Medi-Cal funds.

Staffing Impacts:

<u>Legal Positions:</u>	<u>FTEs:</u>
Add 2.0	Add 2.0

Key Contract Risks:

This MOU is cost reimbursed; therefore DSS CWS will reimburse Behavioral Wellness based upon the services submitted for non-reimbursable Medi-Cal costs. The MOU also imposes procedural and reporting requirements implemented by Behavioral Wellness that could be subject to audit in the future.

Special Instructions:

Please email one (1) copy of the minute order and one (1) copy of the signed Resolution to:

1. Behavioral Wellness Contracts Division at bwellcontractsstaff@co.santa-barbara.ca.us;
2. Tricia Beebe, Contracts Coordinator, Department of Social Services at T.Beebe@sbcsocialserv.org;
3. Stefan Brewer, Position Control Division, Human Resources Department at Sbrewer@sbcountyhr.org;
4. Denise Morales, Contract Analyst, Behavioral Wellness at dmorales@co.santa-barbara.ca.us.

Attachments:

- Attachment A: DSS CWS MOU
- Attachment B: Salary Resolution
- Attachment C: Budget Revision Request #0005919

Authored by:

D. Morales