



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061-0962
(408) 454-4066 FAX: (408) 454-4488
TDD: (408) 454-4123

April 6, 1998

AGENDA: May 19, 1998

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean St., Fifth Floor
Santa Cruz, CA. 95061

SUBJECT: Front St., Inc., Contract Amendment for Residential Services

Dear Members of the Board:

Background:

Several reports have been provided to your Board recently on the urgent need for housing for disabled and elderly citizens. As part of the effort to address this problem, HSA and County Mental Health have worked with the Redevelopment Agency to identify properties at risk of being lost to the affordable housing resources of the county. One property of concern in Ben Lomond was in foreclosure and at risk of being lost as a residential care resource. Working with the Redevelopment Agency, HSA has been coordinating efforts for a local mental health provider, Front St. Inc., to purchase the property, improve the buildings and grounds, improve the care program at the site, and thereby maintain this resource for affordable housing. On May 5th your Board authorized the director of the Redevelopment Agency to enter into contract negotiations for a loan to Front St. to purchase and renovate the property.

In the interim, Front St. Inc. has assumed a lease for the property and is operating a program there under the name of Willowbrook. In order to support the program, a contract amendment is needed. Mental Health will redirect unused residential service funds to Willowbrook. Mental Health will enrich the program and staffing, which will then be eligible for Medical reimbursement. The contract amendments will add Medical rehabilitation services at Willowbrook, delete another program (Homefront Services), and add Medical revenues.

When final Planning permits are approved, RDA will release funds for the renovation and purchase of the property. Final approval is anticipated in May.

Analysis:

This change allows the county to preserve 40 beds of affordable housing which have been used by disabled and elderly residents for the past 17 years.

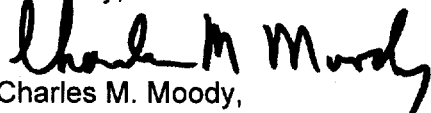
Since this substantial new program is being added mid-year, the FY 1997/98 contract maximum amount does not reflect the annual cost associated with operating the facilities included in this contract. In order to provide sufficient funds to Front St, Inc. in July and August 1998 to operate these facilities, Board approval is requested to authorize contract advances in those months based upon the final annualized contract amount required for this contract. Attachment A reflects the monthly amount needed for each Front St. program. Sufficient funds exist within the Mental Health budget to fund the Short-Doyle Medi-Cal match of this contract amendment and no new county funds are required nor requested.

Recommendations:

It is, therefore, RECOMMENDED that your Board take the following actions:

1. Approve the attached Resolution Accepting and Appropriating Unanticipated Revenue of \$68,850; and
2. Approve the contract amendment with Front St. Inc. (Budget Index 363149, Subobject 4616) in the amount of \$167,600 and authorize the HSA Administrator to sign; and
3. Authorize the Auditor-Controller to make monthly contract payments to Front St, Inc. in July and August 1998 in the amounts specified on Attachment A.

Sincerely,


Charles M. Moody,
Health Services Agency Administrator

RECOMMENDED



Susan Mauriello
County Administrative Officer

cc: HSA Administration
County Mental Health Services
County Counsel
Auditor Controller
County Administrative Office
Local Mental Health Board

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

2 8 7

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Health Services Agency (Mental Health) (Dept.)
C Moody (Signature) 4/26/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz (Community Mental Health) (Agency)
and, Front Street, Inc., 126 Frost Street, Santa Cruz CA 95060 (Name & Address)
- The agreement will provide for residential care programs and residential treatment programs
for adults and older adults with behavioral and emotional disorders; and for the
operation of Home Front wrap-around services.
- The agreement is needed. to amend the current Agreement.
- Period of the agreement is from July 1, 1997 to June 30, 1998
an additional \$167,600 For a total of \$1,457,158
- Anticipated cost is \$ through June 30, 1998 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: On 1997-98 Continuing Agreements List - Section II (539A) and Section III (539B)

7. Appropriations are budgeted in 363149 \$1,314,158 (539A/C) 4616
363301 \$143,000 (539B) (Index#) 4380 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74 . /

Appropriations are available and will be encumbered. Contract No. C070539 A/B/C Date 5/7/98
GARY A. KNUTSON, Auditor - Controller
By Jana Ward Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
Health Services Administrator to execute the same on behalf of the HEALTH SERVICES (Agency).
County Administrative Officer

Remarks: lfh (Analyst) By lfh Date 5/8/98
Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. • White
Auditor-Controller • Blue
County Counsel • Green •
Co. Admin. Officer • Canary
Auditor-Controller • Pink
Originating Dept. • Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
By _____ Deputy Clerk

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

288

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds Short-Doyle Medi-Cal
_____ program; and

WHEREAS, the County is a recipient of funds in the amount of \$ 68,850
which are either in excess of those anticipated or are not specifically set
in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$ 68,850 into
Department Mental Health

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	363101	0624	Short Doyle Medi-Cal	68,850

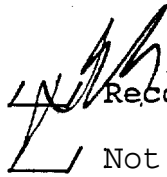
and that such funds be and are hereby appropriated as follows:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	363149	4616		Other Charges	68,850

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been
researched and that the Revenue(s) (has been) (will be) received within the
current fiscal year.

By Charles M. Moody 5/4/99 _____ ate _____
Department Head

COUNTY ADMINISTRATIVE OFFICER



Recommended to Board

☐ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,
State of California, this _____ day of _____ 19____
by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

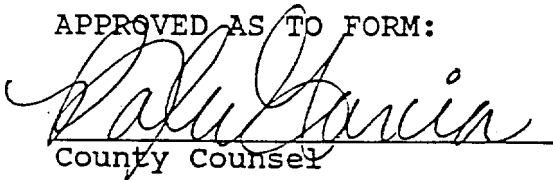
ABSENT: SUPERVISORS

CHAIR OF THE BOARD

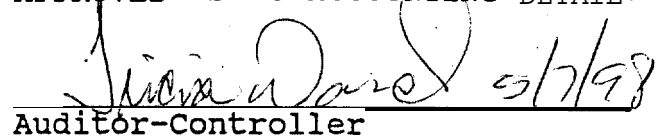
ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:


Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative- Officer
Originating Department

Index No. 363149/363301
Subobject No. 4616/4380
Contract No. CO70539A/B

Front Street, Inc.
Various Residential Facilities and Home Front Services
AMENDMENT to 1997/98 Agreement

The parties hereto agree to amend that certain agreement dated July 1, 1997, County Contract No. 539A/B, by changes as follows:

1. Cover Sheet

Change the contract maximum from \$1,289,558 to \$1,457,158.

2. Exhibit C, Scope of Service and Budget

Add the attached Exhibit C, Scope of Service and Budget for the new Willowbrook day treatment and residential programs to the existing Exhibit C and Budget.

This Amendment will become CO70539C. All other provisions, excepting those mentioned above, shall remain the same.

Dated: April 16, 1998

COUNTY OF SANTA CRUZ

CONTRACTOR

By _____
Health Services Administrator

By Ann Butler
Ann Butler, President
Front St., Inc.
126 Front Street
Santa Cruz, CA 95060

APPROVED AS TO FORM:

[Signature]
County Counsel

ATTACHMENT A

Front St, Inc. Contract Number 539 Monthly Advance
based upon annualized FY 1997198 contract amount:

Program	Contract Suffix	Annual Amount	Monthly Amount
Front St, Opal Cliff,			
Westbranch, Kamson	A	1,146,558	95,547
Home Front	B	discontinued	
Willowbrook	C	1,400,000	116,667
		-----	-----
Total		2,546,558	212,214

COUNTY OF SANTA CRUZ

EXHIBIT C -- Scope of Service and Budget

FRONT STREET, INC.

Part C

Provider: Front Street., Inc.
Provider No.: 44AZ
Program: **Willowbrook Adult Day Care**
Program Address: 176 "A" Willowbrook Drive, Ben Lomond, CA 95005
Provider Telephone: (408) 464-8694
Program Telephone: TBD

Provider: Front Street., Inc.
Provider No.: TBD
Program: **Willowbrook Residential Care**
Program Address: 180 Willowbrook Drive, Ben Lomond, CA 95005
Provider Telephone: (408) 464-8694
Program Telephone: (408) 336-5196

1. PROGRAM INTENT

1.1 Primary Task: **Willowbrook Adult Day Care** is a Day Treatment Intensive program for adult and older adult clients who are, or who have been, frequent users of mental health services including psychiatric hospitalization.

Willowbrook Residential Care provides room, board, 24-hour care and supervision 7 days a week for 40 seriously mentally ill adults and older adults.

1.2 Description of Services and Staffing:

Willowbrook Adult Day Care is a State certified Day Treatment Intensive program - full day. Willowbrook will provide an organized and structured multi-disciplinary treatment program as an alternative to hospitalization, avoiding placement in a more restrictive setting, or maintaining the client in a community setting. The program will assist clients in decreasing "at risk" behaviors that can result in higher levels of care. Services will include, but are not limited to, assessment, evaluation, plan development, therapy rehabilitation and collateral. A multi-disciplinary team includes a licensed social worker, occupational therapist, registered nurse, mental health rehabilitation specialists and aides. The team will work closely with County CMH Coordinators to achieve individual and program goals. Staff ratio is one QMHP to eight clients (1:8). Program is open 360 days per year. Program

hours are: Monday-Friday 10:00 AM - 8:00 PM and Saturday and Sunday: 12:00 PM - 6:00 PM.

Willowbrook Residential Care is a State licensed 6-bed Residential Care Facility for the Elderly (RCFE) and a State licensed 34-bed Adult Residential Facility (ARF), which assists residents to improve in a variety of skills such as maintaining good grooming and appearance, housekeeping, constructive use of leisure time, medical appointments and medication compliance. Willowbrook Residential Care includes weekly Resident Council meetings, house meetings, staff meetings, money management and structured activities. The goal is to assist those who wish to do so to move onto an increased level of independence. This facility is licensed for ambulatory and non-ambulatory persons.

In addition, to the services described above, CONTRACTOR service provision shall include, but not be limited to, some or all of the following Medi-Cal Administrative Activities related to indirect patient care (as referenced in the County's Mental Health MAA Plan): Utilization Review/Quality Improvement (71 I), Medi-Cal Eligibility Intake/Benefit Assistance (715), Medi-Cal Outreach (717), Referral in Crisis Situations (713), Case Management of Non-Open Cases (718), General Administration (721), Day Program Support (741), Residential Support (751), Clinical Availability (761), Medi-Cal Contract Administration (724), MAA Related Training (719), General Mental Health Outreach (716) and Paid Time Off (731).

- 1.3 Description of Client Population: Seriously mentally ill adults and older adults who are residents of Santa Cruz County. The specific target population are adults and older adults who have required long-term institutional psychiatric care in the past, or are at risk of requiring long-term care without appropriate treatment supports.

- 1.4 Staffing: r a c t f i l e

2.0 SYSTEM INTENT

- 2.1 Geographic area serviced: County of Santa Cruz.

- 2.2 Quality Assurance Program: Community Care Licensing, State Department of Mental Health, and Santa Cruz County CMHS Coordinator reviews.

- 2.3 Organization and Administrative Structure: Contract file.

- 2.4 Internal System Affiliations: Agencies, programs with Bronzan-McCorquodale system with which these programs coordinate, i.e. County of Santa Cruz Community Mental Health, Community Connection, Community Support Services, etc.

- 2.5 External System Affiliations: Santa Cruz City Schools, various residential care facilities, State Licensing and State Department of Mental Health.

2.4 Fair Hearing Practice: In-house Residential Council, Conflict Resolution with staff & CMH, House Policy Grievance Procedure & Community Care Licensing.

2.7 Community Care License: Shall be maintained at all times with all deficiencies corrected as required by the State Department of Community Care Licensing or State Department of Mental Health.

3.0 METHOD OF PAYMENT

a. CONTRACTOR assures COUNTY that an advance payment is necessary in order to maintain program integrity. CONTRACTOR will not use advances to provide working capital for non-County programs. When possible, advances will be deposited in interest-bearing accounts, with said interest being used to reduce program costs.

Once this 1997-98 contract amendment is approved by COUNTY, COUNTY agrees to advance CONTRACTOR the full amount of additional funding (\$167,600) so that program start-up costs as well as operational expenses can be incurred effective from the initial date of client care.

b. For the new fiscal year, COUNTY agrees to provide CONTRACTOR with monthly advances for these Willowbrook services equal to 1/12th per month of the 1998-99 total dollars budgeted for this portion of the Agreement.

c. At the end of each quarter, CONTRACTOR shall submit a statement of actual expenses incurred for the Willowbrook portion of this Agreement. If CONTRACTOR has provided 90% or more of the quarterly costs budgeted in Exhibit C for the Willowbrook portion, COUNTY will make full payment on the next 1/12th claim submitted by CONTRACTOR; if CONTRACTOR does not show 90% of budgeted costs, COUNTY will reduce CONTRACTOR'S next claim for Willowbrook services by that amount.

If, in subsequent quarters of the fiscal year, CONTRACTOR shows total year-to-date costs in excess of 90% of year-to-date budgeted costs, COUNTY will restore previously subtracted amounts on the next claim.

S:97-98 Contracts
Front Street Scope Part C (539)
4.20.98

LEGAL ENTITY: Front Street, Inc.
 PROGRAM NAME: Willowbrook
 INDEX NUMBER: 363149

FISCAL YEAR: 1997/98
 CONTRACT #: CO70539C
 DATE: 4/15/98

SANTA CRUZ COUNTY
 COMMUNITY MENTAL HEALTH
 SERVICE AGREEMENT BUDGET
 EXHIBIT C

	CONTRACT TOTAL							
PROGRAM COMPONENT		Day TX	Residential					
PROVIDER #		TBD	TBD					
MODE		10	05					
SERVICE FUNCTION		85	60					
CONTRACTORS COSTS	215,076	137,700	77,376					
REVENUES								
GRANTS								
PATIENT FEES	47,476		47,476					
PATIENT INSURANCE								
OTHER								
TOTAL REVENUES	47,476		47,476					
NET CONTRACT AMOUNT	167,600	137,700	29,900					
FUNDING SOURCES								
MEDI-CAL (FFP & MATCH)	68,850	68,850						
MAC (FFP & MATCH)								
MEDICARE								
REALIGNMENT/COUNTY	98,750	68,850	29,900					
OTHER								
TOTAL FUNDING SOURCES	167,600	137,700	29,900					
UNIT COST CALCULATION								
CONTRACTOR'S COSTS	167,600	137,700	29,900					
COUNTY'S DIRECT COSTS	15,147	15,147						
TOTAL DIRECT COSTS	182,747	152,847	29,900					
UNITS OF SERVICE		1,020	2,048					
COST PER UNIT - TOTAL		149.85	14.60					
CONTRACT COST PER UNIT		135.00	14.60					
COUNTY COST PER UNIT		14.85						

The COUNTY agrees to reimburse CONTRACTOR actual costs up to the maximum shown in Net Contract Amount by type of service.

CONTRACT UNITS
 CONTRACT MEDI-CAL UNITS

1,020	2,048						
1,020	N/A						