



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

March 2, 1999

AGENDA: March 23, 1999

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95060

Re: APPROVAL OF MENTAL HEALTH CONTRACT AMENDMENTS

Dear Board Members:

As a part of its provision of long term residential care services, Community Mental Health contracts for beds in various residential facilities including Institutes for Mental Disease (IMDs) and skilled nursing facilities (SNFs).

One such contract with Crestwood Behavioral Health, Inc. provides access to beds at the provider's San Jose, Fremont and Redding facilities. The attached contract amendment expands the current Agreement to include three additional Crestwood facilities (Vallejo Manor, Angwin and Vallejo-Solano). It has been necessary during the current year to place, on an emergency basis, County patients in these three facilities due to unique medical and psychiatric needs which could not be met in other available facilities.

The second proposed contract amendment with Rehabilitation Institutes of America, Inc., operators of Harbor Hills Hospital, deletes the five-day maximum period for one-on-one supervision services at that facility. This intensive level of care has been required since September 22, 1998, for one specific County patient whose medical needs and level of acuity have demanded close monitoring and supervision.

For many years, Community Mental Health has been able to operate within the initial budget for long-term residential care approved by your Board. This year Mental Health's budget was predicated on full utilization of the Willowbrook facility in the San Lorenzo Valley. As your Board is aware, utilization of this facility is being phased in over many months as a result of agreements reached with Willowbrook neighbors. These delays have resulted in increased costs in existing, more costly IMD facilities as well as unanticipated Willowbrook costs. This financial dilemma is now resolved and is not expected to have an adverse impact on the 1999100 fiscal year

For the current year, Community Mental Health projects an increase of \$364,782 in long-term residential care costs beyond the \$3,792,982 originally budgeted. To offset a portion of this increase, \$224,782 in revenue is available from various sources within the Mental Health budget. The balance will be funded with savings from the Mental Health Managed Care program as indicated on the attached budget transfer. No new County funds are needed nor requested to fund these contract amendments.

It is therefore, RECOMMENDED that your Board:


1. Approve the attached \$140,000 request for Transfer or Revision of Budget Appropriations and/or Funds (AUD-74) to allow for sufficient appropriations for long term residential care;
2. Adopt the attached Resolution Accepting Unanticipated Revenue (AUD-60) of \$224,782 from various IMD reimbursement programs; and
3. Approve the attached amendments to the 1997/2001 agreements with Crestwood Behavioral Health, Inc., Contract No. 593A (Budget Index 363149, Subobject No. 4616) retroactive to August 14, 1998 and Rehabilitation Institutes of America, Inc., Contract No. 527A (Budget Index 363149, Subobject No. 4616) retroactive to September 22, 1998, and authorize the Health Services Agency Administrator to sign.

Sincerely,


Charles Moody
Health Services Agency Administrator

CM/PS/ep
Attachments

RECOMMENDED



Susan Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Community Mental Health

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

173

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 Medi-Cal Administrative Activities, IMD SSI Reimbursement and Patient Fees program; and

WHEREAS, the County is a recipient of funds in the amount of \$ 224,782 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 \$ 224,782 into Department Mental Health

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	363101	0534	State Aid - Medical Admin	58,782
001	363101	0894	State Other - IMD	106,000
001	363101	1678	Patient Revenue	60,000

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	224,782

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 Date 3/12/98
Department Head

COUNTY ADMINISTRATIVE OFFICER

65
 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:

Ralu Garcia

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Linda Chou, 3/11/99

Auditor-Controller

Distribution:

- Auditor-Controller
- County Council
- County Administrative. Officer
- Originating Department

COUNTY OF SANTA CRUZ
 REQUEST FOR TRANSFER OR REVISION
 OF BUDGET APPROPRIATIONS AND/OR FUNDS

175

Department: HSA (Mental Health)

Date: March 23, 1999

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 1899

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
BD			

BATCH #	
DATE	

	T/C	INDEX	SUBJECT	PRJ/UCD	AMOUNT				DESCRIPTION
T O	0, 2, 1	3, 6, 3, 1, 4, 9	4, 6, 1, 6	I I I I I	1	4	0	0 0 0 0 0	Other charges
	I I								
	I I								
F R O M	0, 2, 2	3, 6, 3, 3, 0, 1	4, 3, 8, 0		1	4	0	0 0 0 0 0	Aid to mentally ill
	I I								
	I I								

Explanation: Transfer savings from Managed Care Program to fund unanticipated utilization of IMD beds.

Name Shawn M. Moody Title HSA Administrator

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by Linda Chou, Deputy Date 3/11/99

County Administrative Officer's Action: Recommended to Board Approved Not Recommended or Approved

County Administrative Officer G. S. S. S. Date 3/12/99

State of California)
 ss. county of Santa Cruz) As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for transfer 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

_____, 19____, By _____, Deputy Clerk

Distribution:
 White-Board of Supervisors
 Yellow-Auditor-Controller
 Green-County Administrative Officer
 Pink-Originating Department
 Goldenrod-Departmental Control Copy

COUNTY OF SANTA CRUZ

REQUEST FOR APPROVAL OF AGREEMENT

176

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

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)

(Signature) (Date) 3/12/99

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

- 1. Said agreement is between the County of Santa Cruz (Community Mental Health) (Agency) and Crestwood Behavioral Health, Inc., P.O.Box 7877, Stockton, CA 95267 (Name & Address)
2. The agreement will provide IMD beds for adult County mental health patients.
3. The agreement is needed, to amend the existing Agreement.
4. Period of the agreement is from July 1, 1998 to June 30, 1999
5. Anticipated cost is \$ 126,000 through June 30, 1999 (Fixed amount; Monthly rate (Not to exceed))
6. Remarks: Auditor: Encumber an additional \$26,000 for 1998/99. New contract total is now \$126,000.
7. Appropriations are budgeted in 363199 (Index#) 4616 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C080593A Date 3/11/99
GARY A. KNUTSON, Auditor - Controller
By Linda Chau Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Service Administration to execute the same on behalf of the Health Services (Agency).

Remarks: (Analyst) By (Analyst) Date 3/12/99
Agreement approved as to form. Date

Distribution: Bd. of Supv. - White Auditor-Controller - Blue County Counsel - Green Co. Admin. Officer - Conroy Auditor-Controller - Pink Originating Dept. - Goldenrod
To Orig. Dept. if rejected.
3 IM-23 (6/95)

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
19 BY Deputy Clerk

Index No. 363149
Subobject No. 4616
Contract No. CO70593A

Crestwood Behavioral Health, Inc.
Various Institutes for Mental Disease (IMDs)
AMENDMENT to 1997-2001 Agreement

The parties hereto agree to amend that certain agreement dated July 1, 1997 and amended May 19, 1998, County Contract No. 593A, by changes as follows:

1. Exhibit C - IMD Provisions and Scope of Services, Paragraph 8A

Add to existing Paragraph 8A's (Reimbursement for Services) list of Crestwood facilities and total daily rate not to exceed:

Crestwood Vallejo Manor	\$141
Crestwood Angwin	\$90
Crestwood Vallejo-Solano	\$90

All other provisions, excepting that mentioned above, shall remain the same.

Dated: March 1, 1999

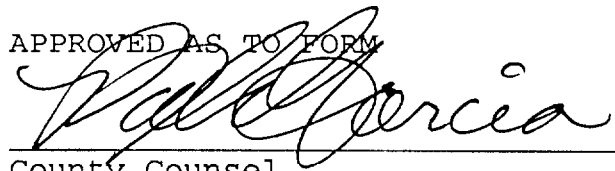
COUNTY OF SANTA CRUZ

CONTRACTOR

By _____
Health Services Administrator

By _____
Gary Zeyen, Controller
Crestwood Behavioral Health, Inc.
P.O. Box 7877
Stockton, CA 95267-0877

APPROVED AS TO FORM



County Counsel

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

178

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

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)
C. Morphy (Signature) 3/9/99 (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 Rehabilitation Institutes of America, Inc., 1171 Seventh Ave., Santa Cruz, CA (Name & Address) dba Harbor Hills Hospital 95062
- The agreement will provide IMD beds for adult County mental health patients.
- The agreement is needed, to amend the existing Agreement.
- Period of the agreement is from July 1, 1998 to June 30, 1999
- Anticipated cost is 912,300 through June 30, 1999 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: Auditor: Encumber an additional. \$365,000 for 1998/99. New contract total is now \$912,300.
- Appropriations are budgeted in 3631⁴⁹ (Index#) 4616 (Subobject)

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

Appropriations are available and have been encumbered. c t N o C080527A Date 3/11/99
are not available and will be encumbered.

GARY A. KNUTSON, Auditor - Controller

pending approval of AUD 60 \$224,781 By Linda Chou Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Administration to execute the same on behalf of the Health Services (Agency).

Remarks: ES (Analyst) By [Signature] County Administrative Officer Date 3/12/99

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
36 Dept. if rejected.
ADM - 29 (6/95)

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
_____ 19 ____ By _____ Deputy Clerk

Index No. 363149
 Subobject No. 4616
 Contract No. CO70527A

Rehabilitation Institutes of America, Inc.
 Harbor Hills Hospital
 AMENDMENT to 1997-2001 Agreement

The parties hereto agree to amend that certain agreement dated July 1, 1997, County Contract No. 527A, by changes as follows:

1. Exhibit C - IMD Provisions and Scope of Services, Paragraph 8F

Delete existing Paragraph 8F (One-On-One Supervision Services) and replace with the following new Paragraph 8F:

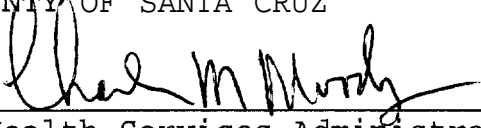
COUNTY agrees to reimburse CONTRACTOR for providing one-on-one supervision for those specific patients authorized in advance by COUNTY due to patient's level of clinical acuity. COUNTY will reimburse CONTRACTOR for this service at the rate of \$200.00 per day.

All other provisions, excepting that mentioned above, shall remain the same.

Dated: March 1, 1999

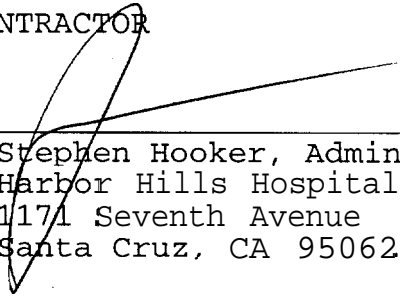
COUNTY OF SANTA CRUZ

By


 Health Services Administrator

CONTRACTOR

By


 Stephen Hooker, Administrator
 Harbor Hills Hospital
 1171 Seventh Avenue
 Santa Cruz, CA 95062

APPROVED AS TO FORM


 County Counsel