



County of Santa Cruz⁰⁴³⁷

HEALTH SERVICES AGENCY

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SANTA CRUZ, CA 95061
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HEALTH SERVICES AGENCY
ADMINISTRATION

March 26, 2002

AGENDA: April 9, 2002

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: Mental Health Treatment Services of Adolescents in Residential Placements

Dear Members of the Board:

The Children's Interagency System of Care works together to meet the out-of-home placement and treatment needs of Santa Cruz County's highest risk children and youth. This System includes key partnerships between the Health Services Agency (HSA), the Human Resources Agency (HRA) and Probation. Most required out-of-home placements are made by the primary placement agencies of HRA for court dependents, or Probation for court wards. These placements come under the jurisdiction of the Juvenile Court, are initiated by HRA or Probation, and primarily funded through AFDC foster care payments through HRA. HSA Mental Health works collaboratively with these partner agencies to ensure access to necessary treatment services, which sometimes requires the establishment of Mental Health contracts specific to the vendor providing the service, either here or in another county.

Occasionally, Mental Health will also make an out-of-home placement in collaboration with Special Education under section 26.5 of the Government Code for specialized residential/treatment needs for emotionally disturbed youth. Finally, Mental Health is responsible for securing necessary treatment from vendors for specialized services that cannot otherwise be provided, such as for certain deaf clients, or Aid to Adoptive Parents (AAP) youth with Medi-Cal from one county while residing in another.

The departments mentioned above have worked together over the last few months to find the most appropriate placement and treatment options for four youth whose needs

could not be met within current placement venues. Mental Health has been working with the identified vendors below in developing the required mental health treatment contracts. As of March 26, 2002, two youth are being served on an outpatient basis for specialized mental health services and two youth are placed in residential facilities that serve Seriously Emotionally Disturbed adolescents. Four agreements for these services are attached for your Board's approval.

HSA is requesting that your Board approve these agreements retroactive to the dates that the children were placed at each facility. These placements are made on an immediate basis through regular HRA or Probation processes. At that same time, HSA assessed the child's mental health treatment needs and negotiated the services to be delivered and the cost associated with each service. HSA then worked with County Counsel, Risk Management and the vendor to develop a contract for your Board's approval.

Following is a description of each facility and the mental health services HSA is contracting for.

1. Families First, Davis, CA.: In September 2001, HRA placed a seriously emotionally disturbed adolescent in this specialized sub-acute facility. Families First has a high staff to client ratio and includes a full-day Medi-Cal certified intensive day treatment program. No other program in the state was available, nor appropriate, at the time of placement to meet the needs of this high-risk youth.

This facility's rate for the day treatment program is \$120 per day. This rate is within the maximum allowable amount for Short-Doyle/Medi-Cal services, allowing full reimbursement to the County from EPSDT Federal and State funds for these services.

2. Alliance for Community Care, San Jose, CA: In November 2001, HRA placed a seriously emotionally disturbed adolescent in this specialized sub-acute facility. Alliance for Community Care has a high staff to client ratio and includes a full-day Medi-Cal certified intensive day treatment program. At the time of placement, this vendor was the only one with an available opening at the required level of care. In addition, the Alliance was able to provide necessary Therapeutic Behavioral Services (TBS) billable through Medi-Cal, which involves the provision of 1:1 behavioral support for youth with serious emotional and behavioral problems.

This facility's rate for the day treatment program is \$168.98 per day. The reimbursement for Therapeutic Behavioral Services will be actual cost up state maximum reimbursement limits. These rates are within the maximum allowable amount for Short-Doyle/Medi-Cal services, allowing full reimbursement to the County from EPSDT Federal and State funds for these services.

3. National Deaf Academy, Mt. Dora, FL: In November 2001, HSA Children's Mental Health placed a seriously emotionally disturbed, deaf adolescent in this specialized

sub-acute facility. This youth was also a Juvenile Probation ward at the time, and is still being followed by the Juvenile Court. In addition, this youth was concurrently a Special Education pupil, and was ultimately placed out-of-state through 26.5 of the Government Code--in part because this facility could only be accessed through this legal route. This youth had just failed a similar placement at Desert Hills in New Mexico, and required immediate re-placement. The National Deaf Academy in Florida is the only facility in the country found to have a program that will meet this youth's needs. It has a high staff to client ratio and includes a full-day certified intensive day treatment program. The National Deaf Academy will provide the necessary therapies to address the minor's identified needs within a safe and therapeutic environment.

This facility's rate for the day treatment program is \$330.54 per day. Since this cost is for an AB 3632 out-of-state placement, this cost will be completely reimbursed via the SB 90 State Mandate claim process for 3632 services.

4. Lincoln Child Center, Oakland, CA.: In September 2001, HSA Children's Mental Health, through 26.5 of the Government Code, contracted for day treatment services with Lincoln Child Center for a Special Education youth on an outpatient basis. This was the most appropriate day treatment/educational placement for this child, who is living in Alameda County. He has Santa Cruz County Medi-Cal through Aid to Adoptive Families, and it is our responsibility to provide for his mental health related needs.

This facility's rate for the day treatment program is \$90.87 per day. This rate is within the maximum allowable amount for Short-Doyle/Medi-Cal services, allowing full reimbursement to the County from EPSDT Federal and State funds for these services.

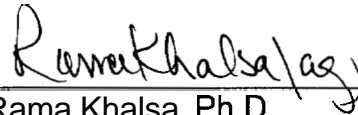
HSA's existing budget does not include estimated revenue or appropriations associated with the AB3632 residential placements listed above. These expenditures are completely reimbursed through the SB 90 State Mandate claim process. HSA requests approval of the attached resolution accepting and appropriating unanticipated revenue to fund these contracts. No new county funds are needed or requested to fund these four agreements.

It is, therefore, RECOMMENDED that your Board:

1. Adopt the attached resolution accepting and appropriating \$90,650 in unanticipated AB3632 mandate claim revenue into the HSA – Mental Health budget; and
2. Approve the attached agreements with: Families First, a new contract effective July 6, 2001 at a daily rate of \$120, Alliance for Community Care, a new contract effective October 23, 2001 at a daily rate of \$168.98, National Deaf Academy, a new contract effective December 4, 2001 at a daily rate of \$340.24, and Lincoln

Child Care Center, a new contract effective September 4, 2001 at a daily rate of \$90.87, to provide mental health treatment services delivered in adolescent residential placement and authorize the Health Services Administrator, or as their designee the Director of Administration, to sign.

Sincerely,



Rama Khalsa, Ph.D.,
Health Services Administrator

Attachments

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

Cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Mental Health/Substance Abuse

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

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 from the State of California for the AB3632 program: and

WHEREAS, the County is recipient of funds in the amount of \$ 90,650 which are either in excess of those anticipated or are not specifically set forth 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 \$ 90,650 into

Department Health Services Agency - Mental Health

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	363101	0872	State Aid - mandated cost	\$90,650

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	363112	4380		Aid to mentally ill	\$90,650

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 Ramathalsajeg
Department Head

Date 3/28/02

COUNTY ADMINISTRATIVE OFFICER

[Handwritten signature]

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:

[Handwritten signature]
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

[Handwritten signature] 03/27/02
Auditor-Controller

Distribution:

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

**COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT**

0443

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)
BY: [Signature] (Signature) 3/26/2 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement Revenue Agreement

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

- Said agreement is between the Health Services Agency - Mental Health (Department/Agency) and Families First, Inc. 2100 Fifth St., Davis, CA 95616 (Name/Address)
- The agreement will provide room, board, 24-hour care, supervision & treatment for seriously emotionally disturbed boys ages 8-15 years.
- Period of the agreement is from July 6, 2001 to June 30, 2002
- Anticipated Cost is \$ 120/day Fixed Monthly Rate Annual Rate Not to Exceed
Remarks: FY01/02 ENCUMBRANCE \$37,440
- Detail: On Continuing Agreements List for FY - . Page CC- - Contract No: - OR 1st Time Agreement
 Section II No Board letter required, will be listed under Item 8
 Section III Board letter required
 Section IV Revenue Agreement
- Appropriations/Revenues are available and are budgeted in 363114 (Index) 4380 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and will be encumbered. Contract No: 12746
are not available and will be encumbered. By: [Signature] Date: 03/27/02
Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize Health Services Administrator (Dept/Agency Head) to execute on behalf of the Health Services Agency (Department/Agency)

Date: 3/27/02 By: [Signature]
County Administrative Office

Distribution:
Board of Supervisors - White
Auditor Controller - Canary
Auditor-Controller - Pink
Department - Gold
State of California
County of Santa Cruz
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 Office by an order duly entered in the minutes of said Board on _____ 20__
ADM - 29 (8/01)
Title I, Section 300 Proc Man By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO	\$	Lines	H/TL	Keyed By	Date
Document No.	JE Amount				
TC110	\$	Amount	Index	Sub object	User Code
Auditor Description					

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