

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 8/11/2015	(3) CONTACT/PHONE Darci Hafley 805-788-2156	
(4) SUBJECT Request to approve a FY 2015-16 renewal contract, with the option to renew for two additional years, with Family Care Network, Inc. in an amount not to exceed \$4,997,580 to provide mental health services for at-risk youth throughout the county. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board approve a FY 2015-16 renewal contract, with the option to renew for two additional years, with Family Care Network, Inc. in an amount not to exceed \$4,997,580 to provide mental health services for high risk children and youth throughout the county.			
(6) FUNDING SOURCE(S) Medi-Cal, Realignment 2011, MHSA, DSS, School Contracts	(7) CURRENT YEAR FINANCIAL IMPACT \$4,997,580.00	(8) ANNUAL FINANCIAL IMPACT \$4,997,580.00	(9) BUDGETED? Yes
(10) AGENDA PLACEMENT <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Presentation <input type="checkbox"/> Hearing (Time Est. ___) <input type="checkbox"/> Board Business (Time Est. ___)			
(11) EXECUTED DOCUMENTS <input type="checkbox"/> Resolutions <input checked="" type="checkbox"/> Contracts <input type="checkbox"/> Ordinances <input type="checkbox"/> N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) 19001576		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: <input type="checkbox"/> 4/5 Vote Required <input type="checkbox"/> N/A	
(14) LOCATION MAP	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY <input type="checkbox"/> N/A Date: August 26,2014 Item 9	
(17) ADMINISTRATIVE OFFICE REVIEW Leslie Brown			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, L.M.F.T., Behavioral Health Administrator

DATE: August 11, 2015

SUBJECT: Request to approve a FY 2015-16 renewal contract, with the option to renew for two additional years, with Family Care Network, Inc. in an amount not to exceed \$4,997,580 to provide mental health services for at-risk youth throughout the County. All Districts.

RECOMMENDATION

It is recommended that the Board approve a FY 2015-16 renewal contract, with the option to renew for two additional years, with Family Care Network, Inc. in an amount not to exceed \$4,997,580 to provide mental health services for high risk children and youth throughout the County.

DISCUSSION

The Behavioral Health Department contracts with various mental health service practitioners to provide traditional mental health programs as well as programs implemented through the Mental Health Services Act (MHSA).

[Family Care Network, Inc.](#) (FCNI) is a private, nonprofit local agency that has been providing services since 1987 with the purpose of creating a family-based treatment programs as an alternative to group home or institutional care for children and youth. The agency's mission is "to enhance the well-being of children and families in partnership with our community". FCNI serves approximately 1,600 children, youth, and families annually ([2013-14 FCNI Annual report](#)). FCNI provides extensive services and currently operates seventeen (17) accredited programs wherein Behavioral Health contracts for services within six (6) programs.

Exhibit C. 4. allows for the option to renew this agreement for two successive one-year terms. By approval of this contract, the Board is delegating authority to the Health Agency Director to determine whether to renew this contract without additional approval by your Board. Renewal of this agreement must be done in writing, approved by County Counsel, and be consistent with the limits described in Section 30 of Exhibit D.

Renewal of this contract will help ensure that children who are seriously emotionally disturbed or suffering from a serious mental disorder from ages 5 to 21 will receive the mental health care they need to aid in their recovery process (as required by Welfare & Institutions Code 5600.3).

The services provided by FCNI as part of this contract are:

Traditional Mental Health Services

Therapeutic Behavioral Services (TBS)

The County is required by the State Department of Health Care Services to assess the need for TBS services for Medi-Cal eligible children and youth under the age of 21 that are currently in a high rate classification level (RCL) 12-14 group home or at risk of placement in an RCL 12-14 group home ([group homes are classified into one of fourteen \(14\) RCL's according to the level of care and services provided](#)). FCNI provides an average of 15.0 FTE Rehabilitation Specialists for the TBS program. The number of Rehabilitation Specialists used in the program is dependent on the number of clients

served in the year.

The TBS program assists children and youth with mental health challenges in developing self-directed appropriate behaviors, reducing inappropriate behaviors, and improving social, family and peer relationships. Examples of services provided include: behavior modeling, immediate behavioral reinforcement and corrections, appropriate discipline strategies, structure and support, and developing behavioral management skills in parents and caregivers.

Specialty Mental Health Services to SB163 Wrap-around Clients (WRAP)

The WRAP program is administered by the Department of Social Services (DSS), which provides funding for 15 of the 55 available client slots. During FY 13-14, this program was increased as additional services were mandated by the State pursuant to the [Katie A. v. Bonta](#) lawsuit. The WRAP program is designed to “wrap” in-home support services around youth at risk of out-of-county residential placements. These youth have emotional and behavioral problems typically coupled with serious social and academic skill deficits.

The caseworker identifies children/youth within the program that may benefit from mental health services and schedules an assessment with a licensed clinician. A mental health site authorization team reviews the clinical assessment recommendations and authorizes medically necessary mental health services. The FCNI contract with Behavioral Health is specific to these medically necessary mental health services.

Out-of-county placements occur when youth have proven too difficult to remain in the home or foster home setting and require intensive residential treatment services. Out-of-home treatment services are avoided whenever possible as not only are they more expensive than in-home and local treatment, but changes to a youth’s residential situation generally provides a less favorable behavioral health outcome compared to local treatment.

FCNI provides an average of 20.0 FTE Rehabilitation Specialists for the WRAP program. The number of Rehabilitation Specialists used in the program is dependent on the number of clients served in the year. Examples of services provided by FCNI within this program include: case management, clinical supervision of staff, mental health treatment, in-home counseling, rehabilitation services and crisis planning.

Mental Health Services for Therapeutic Foster Care Program (TFC)

This program provides enhanced mental health services for transitional age youth (ages 16 - 18) in a supported living program to assist them in successfully moving from the foster care system to independent living. The services provided in this program are for youth in foster homes and transitional housing located throughout San Luis Obispo County, including Transitional Housing Placement. FCNI provides an average of 9.0 FTE Rehabilitation Specialists for the TFC program. Examples of Services provided by FCNI in this program include: case management, clinical supervision, mental health treatment, in-home counseling, crisis planning and intervention.

Therapeutic Learning Classrooms (TLC)

This program provides educationally related mental health services to students with behavioral health needs in classes in three elementary schools, two middle schools, and three high schools throughout San Luis Obispo County. FCNI will provide 12.0 FTE Behavioral Rehabilitation Specialists to work alongside San Luis Obispo Behavioral Health Department Therapists and school staff to address coordinate services for each student as specified in the student’s [Individualized Education Plan](#) (IEP). FCNI staff and provide support systems to aid these students in becoming more successful in achieving their educational goals. Services are provided on-site in non-traditional school settings and designed to improve the students’ school, social, and community competencies.

Mental Health Services Act Programs:

Children’s Full Service Partnership (FSP)

All Mental Health Services Act Programs were adopted by your Board on July 14, 2015 as part of the [Mental Health Services Act Annual Update and Three Year Program and Expenditure Plan](#).

The Children’s FSP program provides 2.0 FTE Personal Services Specialists (PSS) to provide resource support within two integrated FSP teams for 15-25 youth ages 0-17 who are experiencing serious emotional disturbances and if underserved are at risk of institutional care. The Children’s FSP is an integrated program that includes FCNI and Behavioral Health staff working as a team to assist the target population. The PSS will be involved in day-to-day client skills-building and resource support. Examples of services provided by FCNI as part of FSP specialists include: assisting

with day to day care (dress, grooming, and household management), symptom management, shopping, interfacing with treatment providers, crisis care, and appropriate behavioral interventions, and individual rehabilitative activities.

Transitional Age Youth (TAY) FSP

The TAY FSP program provides 2.0 FTE PSS to provide resource support within two integrated FSP teams serving 15 - 25 youth ages 16 to 21 who are experiencing serious emotional disturbances and are at risk of institutional care. The transitional age youth population is nearing a physical and emotional developmental stage where they may be confronted with increased obstacles as they prepare for social, environmental, and vocational challenges. The TAY FSP is an integrated program that includes FCNI and Behavioral Health staff working as a team to assist and prepare youth who are experiencing significant difficulty in effectively coping with this transitional period. Examples of services provided by FSP Rehabilitation Specialists include: assisting with day to day care (dress, grooming, and household management), symptom management, shopping, interfacing with treatment providers, crisis care, and appropriate behavioral interventions, and individual rehabilitative activities.

OTHER AGENCY INVOLVEMENT/IMPACT

County Counsel has approved the contract as to form and legal effect. The contract was coordinated with the Department of Social Services.

FINANCIAL CONSIDERATIONS

The FY 2015-16 Behavioral Health Adopted Budget includes appropriations for FCNI services. The FY 2015-16 contract amount is an increase of \$107,580 from the prior year contract. FCNI was allowed to increase their contract amount by 2.2% based on the State CPI for L.A. County. It has been several years since FCNI has received a contract increase based on CPI. The costs associated with the program are offset by Medi-Cal, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Mental Health Services ACT (MHSA) and school contracts. The overall increase will have no impact on the budgeted level of General Fund support for the Department.

Of the total requested amount, traditional mental health services are \$4,732,580 and MHSA services are \$265,000. The Traditional mental health programs provided by FCNI are funded as follows:

- Medi-Cal /Realignment 2011 (EPSDT): \$4,236,395
- Department of Social Services (TFC and Wraparound slots): \$67,873
- Other Revenue: \$204,255
- General Fund: \$224,057

The remaining FY 2015-16 requested amount of \$265,000 is for the MHSA funded programs. The MHSA programs provided by FCNI are funded by:

- Medi-Cal /Realignment 2011 (EPSDT): \$142,896
- Mental Health Services Act Trust funds: \$122,104

See chart below for costs by Program:

Program Name	2013-14 Actual	2014-15 Actual	2015-16 Contract Budget
Therapeutic Behavioral Services	\$1,798,222	\$1,440,483	\$1,660,000
WRAP Specialty Mental Health Services	\$1,529,677	\$1,401,759	\$1,550,000
Therapeutic Foster Care	\$509,957	\$790,300	\$840,000
Mental Health Therapeutic Learning Classes	\$545,318	\$630,648	\$682,580
Subtotal Traditional Programs	\$4,383,174	\$4,263,190	\$4,732,580
Children's Full Service Partnership	\$119,830	\$112,185	\$120,000
TAY Full Service Partnership	\$135,809	\$136,408	\$145,000
Subtotal MHSA Programs	\$255,639	\$248,593	\$265,000

Total Contract	\$4,638,813	\$4,511,783	\$4,997,580
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FY 2014-15 Contract Amount was \$4,890,000. Actual amount paid was \$4,511,783.

RESULTS

It is important to note that a contracted outcome does not equate to an entire program evaluation, and that evaluation of all Behavioral Health programs utilize multiple methods of measurement including clinical assessment tools, service logs and rosters, case management meetings, school records, and clinical progress notes. As reported to the Board on [March 17, 2015](#), the Behavioral Health Department is continuing to increase its capacity to collect and analyze data. Evaluation is ongoing and fluid, and programs and clinical interventions are adjusted to meet the needs of individuals and the community. Formal quarterly meetings and ongoing site visits with FCNI include review of data instruments and collection methods. The Behavioral Health Department also provides appropriate technical assistance to all contractors to ensure continual improvements in performance and quality.

During FY 2015-16 Performance and Quality improvement activities related to the FCNI contract included:

- Participation by FCNI in the formal request for proposal process for MHSA programs, and being re-awarded the Children and Youth FSP and TAY FSP programs.
- Development of a workgroup consisting of Behavioral Health and FCNI direct service staff and management to refine outcomes and develop a consolidated tool for measuring MHSA programs.
- Collaboration with the schools to develop more appropriate outcomes for Therapeutic Learning Classes which will be more meaningful to the population served.
- Working with information technology departments in both Behavioral Health and FCNI to develop more user friendly sharing of data between FCNI and Behavioral Health systems.

A standardized, clinical measurement tool, the [Child and Adolescent Needs and Strengths \(CANS\)](#) is being implemented throughout Behavioral Health including contractors such as FCNI in FY 2015-16 and integrated with the electronic health record.

An additional software engineer was added to the Health Agency in FY 2015-16 to assist with development of the needed tools to access and analyze the increased data collected via the CANS. Language related to the implementation of the CANS was added to the FCNI contract, and will be updated when baseline reports are able to be extracted.

The number of clients served, and intensity of services (service minutes) in each program can vary from year to year depending on community climate and client need for medically necessary mental health services. Behavioral Health works closely with Family Care Network to adjust contracted estimates throughout the year to meet the needs of the community.

Behavioral Health assessment tools consist of multiple scales, subscales, and matrices that can be administered and interpreted only with the proper training. Multiple indicators are used to arrive at the contracted stated outcome. As FCNI works as a team alongside Behavioral Health staff in all programs, contracted outcomes are a piece of what is used to determine the value and efficacy of Behavioral Health programs. Program service levels and contracted outcomes are tracked against targets for each program. The term “service minutes” defined as the number of Medi-Cal and EPSDT billable services entered in to the County’s Behavioral Health Electronic Health Record. “Number of clients served” is defined as the unduplicated number of clients who received services. A snapshot of the contracted outputs and outcomes for each program are indicated below:

Traditional Mental Health Programs:

Therapeutic Behavioral Services (TBS)

Fiscal Year	2013-14 Actual	2014-15 Actual	2015-16 Target
Outputs			
Service minutes	751,464	563,841	625,000
Number of clients served	85	95	110
Outcomes			
Percent of clients that were successfully stabilized and diverted from Rate Classification Level (RCL) 12-14 group	92% (78/85)	94% (89/95)	85%

home facility			
Percent of clients that are diverted from acute psychiatric hospitalization	94% (118/126)	99% (94/95)	85%

The number of clients served and percent diverted to lower level of care can fluctuate year-to-year depending on the severity level of the child and number of clients referred to the program. The County has a Level II certification from the Federal Court for these services. This certification requires the County to provide Therapeutic Behavioral Services to a minimum of 4% of children who are receiving Specialty Mental Health Services. FCNI has continually assisted the County in maintaining an average of 4-5% over the years.

Specialty Mental Health Services (WRAP)

Fiscal Year	2013-14 Actual	2014-15 Actual	2015-16 Target
Outputs			
Service minutes	965,243	933,739	975,000
Number of clients served	117	122	110
Outcomes			
Percent of clients that were successfully stabilized and diverted from Rate Classification Level (RCL) 12-14 group home facility	94% (110/117)	95% (116/122)	85%
Percent of clients that are diverted from incarceration.	94% (113/117)	97% (118/122)	85%

All FY 2014-15 outputs and outcomes are above target, but as numbers served are dependent upon amount of youth in Foster Care eligible for specialty mental health services, a variable beyond the control of the scope of this contract, FCNI and Behavioral Health determined that it was not appropriate to increase contract minimums.

Therapeutic Foster Care (TFC)

Fiscal Year	2013-14 Actual	2014-15 Actual	2015-16 Target
Outputs			
Service minutes	321,228	429,831	430,000
Number of clients served	57	63	50
Outcomes			
Percent of clients that are diverted from acute psychiatric hospitalization	100% (57/57)	100% (63/63)	80%
Percent of school aged clients served that demonstrated regular school attendance	100% (19/19)	90% (46/51)	85%
Percent of clients served that were diverted from RCL 10 or above group hospitalization	100% 19/19	89% (56/63)	85%
Percent of clients served that were diverted from incarceration	98% (18/19)	98% (62/63)	85%

All FY 2014-15 outputs and outcomes are above target. Numbers served are dependent upon amount of youth in Foster Care needing mental health services, a variable beyond the control of the scope of this contract, FCNI and Behavioral Health determined that it was not appropriate to increase contract minimums.

Therapeutic Learning Classrooms (TLC)

Fiscal Year	2013-14 Actual	2014-15 Actual	2015-16 Target
Outputs			
Service minutes	306,462	457,599	500,000
Number of clients served	99	125	110
Outcomes			
Percent of clients who demonstrated regular school	83%	77%	N/A

attendance	(82/99)	(90/125)	Measure Replaced
Percent of clients who demonstrated positive peer relationship in school.	74% (73/99)	72% (90/125)	N/A Measure Replaced
Percent of clients who demonstrated stable functioning, out of trouble, and engaged in self-controlled positive and non-violent behavior	75% (74/99)	74% (92/125)	N/A Measure Replaced
Percentage of clients served that will show an improvement in the Behavioral and Emotional subscale as measured by the Child and Adolescent Needs and Strengths (CANS) standardized instrument.	N/A	New Measure 2015-16	80%
Percentage of children served who show progress toward IEP goals as measured by a validated curriculum based assessment.	N/A	New Measure 2015-16	80%

Success of these non-traditional students is better measured by using CANS and progress toward IEP goals. IEP goals may include attendance, grade promotion, credits obtained or behavioral goals but vary from student to student and are tracked by the schools.

Mental Health Services Act Funded Programs

Children's Full Service Partnership (FSP)

Fiscal Year	2013-14 Actual	2014-15 Actual	2015-16 Target
Outputs			
Service minutes	39,253	31,906	35,000
Number of clients served	21	19	25
Outcomes			
Percent of clients that were able to obtain housing stability (e.g.: living with family or independently)	62% (13/21)	79% (15/19)	75%
Percent of clients who demonstrated stable functioning at home receiving appropriate care, shelter, food and other necessities of life.	96% (20/21)	89% (17/19)	N/A Measure Replaced
Percent of clients who demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior	44% (9/21)	63% (12/19)	75%
Percent of clients who demonstrate an increase in protective factors. Factors may include: Family Bonding, Mental Wellness, Community Engagement, Peer and Sibling relationships.	N/A	New Measure 2015-16	75%
Percent of clients in school who will maintain or improve academic performance as demonstrated by: Grades or units completed, school attendance, classroom behavior.	N/A	New Measure 2015-16	75%

A data collection workgroup is still meeting to develop the tools needed to track the new measures, and more appropriately track other measures utilizing CANS. Implementation scheduled to begin in the second quarter of 2015-16.

Transitional Aged Youth (TAY) Full Service Partnership (FSP)

Fiscal Year	2013-14 Actual	2014-15 Actual	2015-16 Target
Outputs			
Service minutes	66,379	46,576	50,000
Number of clients served	29	26	25
Outcomes			
Percent of clients that were able to obtain housing stability	62%	81%	75%

(e.g.: living with family or independently)	(18/29)	(21/16)	
Percent of clients who demonstrated stable functioning at home receiving appropriate care, shelter, food and other necessities of life.	77% (22/29)	88% (23/26)	N/A Measure Replaced
Percent of clients who demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior	54% (16/29)	77% (20/26)	75%
Percent of clients who demonstrate an increase in protective factors. Factors may include: Family Bonding, Mental Wellness, Community Engagement, Peer and Sibling relationships.		New Measure 2015-16	75%
Percent of clients in school who will maintain or improve academic performance as demonstrated by: Grades or units completed, school attendance, classroom behavior.		New Measure 2015-16	75%

A data collection workgroup is still meeting to develop the tools needed to track the new measures, and more appropriately track other measures utilizing CANS. Implementation scheduled to begin in the second quarter of 2015-16.

Family Care Network is a valued partner in serving the community. Continuation of these contracted programs will help the Behavioral Health Department achieve its goal of increasing protective factors and reducing risk factors of families throughout the County. Promotion of positive mental health, and providing services to reduce the negative impact of mental illness contributes to the desired community wide goals of a safe, healthy, and livable community.

ATTACHMENTS

1. Family Care Network FY 2015-16 Renewal Contract