

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

| | | | |
|---|---|--|----------------------|
| (1) DEPARTMENT Behavioral Health | (2) MEETING DATE 8/18/2015 | (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 Community Action Partnership of San Luis Obispo (CAPSLO) in an amount not to exceed \$290,829, to provide mental health services to youth and adults. All Districts. | | | |
| (5) RECOMMENDED ACTION It is recommended that the Board approve the FY 2015-16 renewal contract, with the option to renew for two additional years, with Community Action Partnership of San Luis Obispo (CAPSLO) in an amount not to exceed \$290,829, to provide mental health services to youth and adults. | | | |
| (6) FUNDING SOURCE(S) MHSA, AB109 | (7) CURRENT YEAR FINANCIAL IMPACT \$290,829.00 | (8) ANNUAL FINANCIAL IMPACT \$290,829.00 | (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) 19001573 | | (13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: <input type="checkbox"/> 4/5 Vote Required <input checked="" type="checkbox"/> N/A | |
| (14) LOCATION MAP N/A | (15) BUSINESS IMPACT STATEMENT? N/A | (16) AGENDA ITEM HISTORY <input type="checkbox"/> N/A Date: <u>09/09/2014</u> Item <u>8</u> | |
| (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 18, 2015

SUBJECT: Request to approve a FY 2015-16 renewal contract, with the option to renew for two additional years, with Community Action Partnership of San Luis Obispo (CAPSLO) in an amount not to exceed \$290,829, to provide mental health services to youth and adults. All Districts.

RECOMMENDATION

It is recommended that the Board approve the FY 2015-16 renewal contract, with the option to renew for two additional years, with Community Action Partnership of San Luis Obispo (CAPSLO) in an amount not to exceed \$290,829, to provide mental health services to youth and adults.

DISCUSSION

[Community Action Partnership of San Luis Obispo County](#) (CAPSLO), is a private, nonprofit local agency. CAPSLO is committed to eliminating the causes of poverty by empowering low income individuals and families to achieve self-sufficiency. CAPSLO serves approximately 40,000 children, youth, and families annually ([2013-14 CAPSLO Annual report](#)).

The MHSA programs included in this contract were approved by the Board on [July 14, 2015](#) as part of the Mental Health Services Act Annual Update and Three Year Plan. This contract also includes services for the Collaborative Re-Entry Program, funded by the 2011 Public Safety Realignment Act (AB 109). The AB 109 programs are administered through a collaborative effort between CAPSLO and several County departments, including the Probation Department, Behavioral Health and Sheriff-Coroner/Jail Services.

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.

A recap of each program and services provided by CAPSLO as outlined in the contract is provided below.

MHSA: School and Family Empowerment

CAPSLO will provide Family Advocates to provide resource support within an integrated School and Family Empowerment (SFE) team for Youth 0-21 years with a history of mental illness and involuntary admission into the psychiatric health facility, emergency room (ER) visits, and/or law enforcement involvement. The Family Advocates will also provide outreach services to potential SFE clients at community health fairs, school meetings and events, parenting classes, and parent leadership activities.

MHSA: Positive Development Program

CAPSLO will provide a Child Development Specialist their Child Care Resource Connection to provide side-by-side bilingual facilitation of the "I Can Problem Solve" and "I Can Problem Solve Kindergarten" curricula with private childcare programs primarily serving children under six years old and which do not traditionally receive training in the field of mental

health. The program aims to build problem-solving skills, self-esteem, social, emotional and behavioral control competencies of children and provide training and support for childcare staff and providers on the usage of standardized behavioral health assessment tools to further evaluate the need for social, emotional and/or behavioral health interventions and referral to more intensive services.

AB 109: Case Management Services for the Collaborative Re-entry Program

CAPSLO will provide a Case Manager to work with the jail’s re-entry team. The Case Manager will provide case management services and system navigation to Post-Release Treatment Services clients, including those on Post-Release Community Supervision, Mandatory Supervision, and Jail Services (Sheriff’s Parole) clients. Services may include assistance with housing applications, application for social security income, appointments for services, and other direct support services (e.g., household needs, bus passes, health needs, etc.). These services support the AB109 Plan Update as adopted by the Board of Supervisors on October 30, 2012.

AB 109: Supportive Housing for Collaborative Re-entry program

Many of the AB109 offenders have felony offenses which disqualify them for standard public housing programs and make them difficult to place. CAPSLO will provide supportive housing assistance to clients who have achieved their goals (e.g., successful completion of sober living, referral from Re-Entry program, etc.) and are ready to enter into permanent housing. The supportive housing requirements are similar to the Housing Authority of San Luis Obispo and other housing programs in place.

OTHER AGENCY INVOLVEMENT/IMPACT

County Counsel has approved the contract as to form and legal effect.

FINANCIAL CONSIDERATIONS

The FY 2015-16 Behavioral Health Adopted Budget includes \$290,829 for CAPSLO services. Of the total, MHSA services are budgeted at \$160,000 and AB 109 services at \$130,829. The recommended action will have no impact on the Department’s adopted level of General Fund support.

| Program Name | 2014-15 Budget | 2014-15 Actual | 2015-16 Budget |
|---------------------------------------|-----------------------|-----------------------|-----------------------|
| MHSA School and Family Empowerment | \$80,000 | \$80,000 | \$80,000 |
| MHSA PEI Positive Development Program | \$80,000 | \$80,000 | \$80,000 |
| AB109 Case Management | \$90,504 | \$84,725 | \$90,829 |
| AB109 Supportive Housing | \$40,000 | \$33,454 | \$40,000 |

RESULTS

CAPSLO submits qualitative and quantitative reports quarterly. Behavioral Health staff have ongoing contact and collaborative relationships with CAPSLO management and direct service staff to review results against budgeted targets, promote ongoing improvement of programs, and discuss community climate and upcoming needs of individuals in our county. Behavioral Health staff conduct site visits to non-confidential events and services provided by contractors. Ongoing technical assistance is provided to contractors regarding data collection, instrument development, regulation changes, and software usage.

As demands for data have increased at the state and local levels contractors have utilized many unique strategies to increase evaluation capacity without reducing services or incurring more costs including utilizing volunteer student interns. Program outcomes and output targets are set at based upon the MHSA Plan. Mental Health Services Act regulations are set by the MHSOAC, and community need as determined by stakeholders.

It is important to note that a contracted outcome does not equate to an entire program evaluation, and that evaluation of all Behavioral Health projects utilize multiple methods of measurement including: service logs and rosters, pre-post surveys, pre-and post-need assessments, standardized instruments (such as the Quality of Life Survey, and Ages and Stages Questionnaire) clinical progress notes, and satisfaction surveys. Many of these tools are lengthy and multiple

indicators are used to arrive at the contracted stated outcome. Contracted outcomes are a piece of what is used to determine the value and efficacy of Behavioral Health programs.

A snapshot of the contracted outputs and outcomes for each contractor are indicated below:

MHSA: School and Family Empowerment

| Fiscal Year | 2014-15 Target | 2014-15 Actual | 2015-16 Target |
|--|----------------|----------------|----------------|
| Outputs | | | |
| Clients Served | 25 | 31 | 25 |
| Client Contacts | 230 | 349 | 230 |
| Outcomes | | | |
| Percent of clients who demonstrated stable functioning at home when interacting positively with all other persons at current residents | 95% | 94 (29/31) | 95% |
| Percent of clients who demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life | 90% | 91 (28/31) | 90% |
| Percent of clients who demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior | 90% | 97 (30/31) | 95% |

CAPSLO served 31 unduplicated clients during FY 2014-15. A “client contact” is defined as the number of times a client was contacted and/or received a Behavioral Health service. Client contacts may fluctuate from year to year depending on the level of need for each client. As this variable is beyond the control of the contractor, Behavioral Health and CAPSLO determined not to increase contract minimums, unless this peak in need continues for multiple years.

MHSA: Positive Development Program

| Fiscal Year | 2014-15 Target | 2014-15 Actual | 2015-16 Target |
|--|----------------|------------------|----------------|
| Outputs | | | |
| Child Care Centers Served | 50 | 50 | 50 |
| Children Served | 350 | 535 | 350 |
| Outcomes | | | |
| 50% of all children assessed (using a standardized instrument such as the Behavior Rating Scale or Ages and Stages Questionnaire) will demonstrate improved social competence and improved skills in responding to social, emotional, and behavioral issues | 50% | 67% (201/300) | 50% |
| 50% of children initially assessed as impulsive (using a standardized instrument such as the Behavior Rating Scale or Ages and Stages Questionnaire) will demonstrate a decrease in impulsivity | 50% | 59% (64/108) | 50% |
| 50% of children initially assessed as emotionally aggressive (using a standardized instrument such as the Behavior Rating Scale or Ages and Stages Questionnaire) will demonstrate a decrease in their emotionally aggressive behavioral scores | 50% | 50% (5/10) | 50% |
| 85% of parents surveyed will indicate an improvement in their parenting as a result of an increase in training and support of social, emotional, and behavioral health issues related to their child | 85% | 96% (72/75) | 85% |

There was a higher number of children receiving services due to higher enrollments in child care providers, a variable out of control of the contractor. Historically, this number can be lower during times of high unemployment and low economic growth. As more parents return to work, the number of children enrolled per center increases, though the contractor still provides services at the same number of childcare facilities.

Because of this variable, the target for FY 2015-16 will remain the same as the prior year. Behavioral Health staff may adjust the target amounts during the FY 2016-17 contract renewal process during the year if increased demand for assessments continue.

In addition to the contracted outcomes, CAPSLO continues to meet the MHSA goal of reaching the underserved Spanish speaking population, and 74% of the services and materials are provided in Spanish. CAPSLO utilizes standardized assessment tools such as the Behavior Rating Scale and the Ages and Stages Questionnaire to measure behavioral changes in the children as a result of the services provided. The instruments must be administered and interpreted by a trained professional.

All of the child care centers have been trained in utilizing these instruments. Not all children are initially assessed as needing specific behavioral interventions (e.g.; demonstrating aggression) so sample sizes vary according to the results of each individual. The numbers reported include data only for children who received both a pre and post assessment (300). It does not include data for children who left a child care center prior to receiving a final assessment.

Parent self-report surveys are voluntary. In FY 2014-15, 75 surveys were returned back to the centers out of 225 sent home. This is an appropriate response rate for this type of survey.

More detail about the MHSA Programs can be found in the [Annual Update](#).

AB 109: Case Management Services for the collaborative Re-entry Program

Outputs for FY 2014-15 were adjusted from the prior year based on actuals. The Departments involved and contractor took a conservative approach on FY 2015-16 target figures. “Unduplicated Offenders Served” is defined as the number of clients who received case management services. “Client Contact” is defined as the number of times an offender was contacted and/or received a service from the Case Manager.

AB 109: Supportive Housing for Collaborative Re-entry program

The target amount for offenders served in the Supportive Housing program is determined by the maximum allowable cost of \$6,667 per offender served (6 offenders x \$6,667 = \$40,000).

| Year | 2014-15 Target | 2014-15 Actual | 2015-16 Target |
|---|-------------------|-------------------|-------------------|
| Case Management Services for Collaborative Re-entry Program - AB 109 | | | |
| Unduplicated Clients Served | 60 | 74 | 60 |
| Client Contact | 300 | 277 | 300 |
| Supportive Housing for Collaborative Re-entry Program - AB 109 | | | |
| Unduplicated Clients Served | 6 | 17 | 6 |

Community Action Partnership of San Luis Obispo County is a valued partner in providing services to 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 goal of a safe, healthy, and livable community.

ATTACHMENTS

1. Community Action Partnership FY 2015-16 Contract