



Legislation Details (With Text)

File #: 16-1482

On agenda: 12/13/2016

Final action: 12/13/2016

Enactment date:

Enactment #: Agreement No. 16-691

Title: Approve and authorize the Chairman to execute an Agreement with Centro La Familia Advocacy Services for consumer/family advocacy services and coordination of supportive collaborations, effective January 1, 2017, not to exceed four and one-half consecutive years, which includes a two and one-half-year base contract and two optional one-year extensions, total not to exceed \$511,056

Attachments: 1. Agenda Item, 2. Agreement A-16-691 with Centro La Familia Advocacy Services

Date	Ver.	Action By	Action	Result
12/13/2016	1	Board of Supervisors	Consent Agenda be approved	Pass

DATE: December 13, 2016

TO: Board of Supervisors

SUBMITTED BY: Department of Behavioral Health

SUBJECT: Agreement for Consumer/Family Advocacy Services

RECOMMENDED ACTION(S):

**Approve and authorize the Chairman to execute an Agreement with Centro La Familia Advocacy Services for consumer/family advocacy services and coordination of supportive collaborations, effective January 1, 2017, not to exceed four and one-half consecutive years, which includes a two and one-half-year base contract and two optional one-year extensions, total not to exceed \$511,056.**

Approval of the recommended action will allow the Department of Behavioral Health to provide culturally sensitive consumer/family advocacy services through Centro La Familia Advocacy Services (CLFAS) for persons experiencing first onset serious mental illness or serious emotional disturbance in the County. CLFAS was selected following a Request for Proposals (RFP) for consumer/family advocacy services. The recommended Agreement will be financed with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds, with no increase in Net County Cost.

ALTERNATIVE ACTION:

Non-approval would leave underserved and unserved target populations without advocacy, outreach and education services needed to empower them, improve their well-being, and help them navigate the mental health system of care. These populations have been documented in mental health studies and through US Census analysis to have low levels of access and/or use of mental health services. Many individuals will not seek mental health services through traditional methods and need education, guidance, and service linkages provided by consumer/family advocacy services resulting in a possible escalation of a consumer's mental illness symptoms and referrals to hospital emergency departments.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. Services are fully funded

by MHSA PEI funds. The FY 2016-17 cost is \$56,784 (January 1, 2017-June 30, 2017); \$113,568 annual maximum cost for FYs 2017-18 through 2020-21; and \$511,056 for the term. Sufficient appropriations and estimated revenues are included in the Department Org 5630 FY 2016-17 Adopted Budget and will be included in future budget requests for the contract term. Total expenditures will be determined by actual services provided.

The recommended administrative costs for FY 2016-17 are at 8.1% as compared to the total budget, and at 6.3% as compared to the total budget for remaining fiscal years 2017-18, 2018-19, 2019-20, and 2020-21. The recommended employee benefits costs for each FY are at 29.4% as compared to the total salaries. The benefits calculation includes the full amount of employee health and retirement costs, life insurance, payroll taxes, State disability and unemployment insurance. Based on similar contract services, the percentages are both reasonable and necessary for the administration of the program.

#### DISCUSSION:

Under the provisions of MHSA, county mental health departments receive funding to provide services to underserved and unserved populations who may be experiencing a first break in mental illness. These populations include, but are not limited to, rural and suburban communities of all ages and ethnicities such as Latinos, African American, and Southeast Asians. Mental health PEI consumer/family advocacy services were initiated through the consumer/stakeholder process and approved by the State Department of Health Care Services (DHCS) as part of the MHSA Three-Year Plan. Funding provides services that include community based:

- outreach;
- suicide prevention, mental wellness and anti-stigma education; and,
- system navigation services; and, linkages to services.

Services are delivered in the community clients and their families frequent, such as in their homes, places of worship, community center and schools. Services embody:

- community collaboration;
- cultural and linguistic competency;
- individual/family driven values;
- a wellness/recovery focus;
- integrated services; and,
- performance outcomes based.

The program is instrumental in helping clients and their families navigate mental health systems of care to access services they may not be aware of, are unable to access, or are reluctant to seek out. Through these services, the clients shall learn to depend less on costlier crisis services such as emergency departments, and minimize or avoid more severe outcomes such as substance abuse, hospitalization or incarcerations. Prevention involves reducing risk factors or stressors, building protective factors and skills as well as increasing support. Prevention also promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in challenging circumstances. Early intervention is directed toward individuals and families for whom a short-duration (up to one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or prevent a serious mental illness or serious emotional disturbance from escalating.

Consumer/Family Advocacy services are available for consumers and their families experiencing a first break of mental illness or early onset of a crisis. Advocates:

- provide mental illness and recovery education to the family and community;
- assist the family and consumer in navigating the mental health systems of care available in the community;
- help build resiliency and de-escalation techniques in the family in an effort to prevent future mental health crisis that requires involuntary psychiatric assessment; and,
- coordinate and collaborate with other community providers, including the County, to ensure staff/providers and community members are aware of, and able to access appropriate and available services.

On August 31, 2016, RFP No. 17-013 was released by the Department and County Purchasing seeking a provider(s) for consumer/family advocacy services effective January 1, 2017. The RFP closed on October 5, 2016 and resulted in one response. The bid was reviewed by an evaluation committee comprised of five Department members: Senior/Fiscal Staff Analyst; Clinical Supervisor, Older Adult Services; Clinical Supervisor, Children and Family Services; Community Mental Health Specialist; and a Utilization Review Specialist. The evaluation committee determined the response met the requirements for services sought and unanimously recommend agreement award to Centro La Familia Advocacy Services.

Centro La Familia Advocacy Services is currently providing, and has provided consumer/family advocacy services under contract with the County since July 1, 2011, with satisfactory performance outcomes. Outcomes reported for FY 2015-16 include 2,106 individuals served at a cost of \$52.71 per client, with 88% of the clients reporting high satisfaction with services provided. Services were provided in suburban and rural areas of Fresno County, including, but not limited to, Mendota, Riverdale, Sanger and Kerman.

Upon approval by your Board, the agreement would be effective January 1, 2017 through June 30, 2019, with an option for two additional one year terms dependent upon satisfactory performance outcomes and available funding. The agreement differs from the standard agreement of five years (three-year base with two optional one-year extensions) due to services beginning mid-fiscal year (January 1, 2017) and the desire to align the contract term with the end of the fiscal year. The previous RFP (952-5411) issued on February 4, 2016 for services effective July 1, 2016 did not result in a recommended award. On May 24, 2016, Amendment I to Agreement No. 11-338 was approved to extend the agreement through December 31, 2016 to ensure there was no break in service while another RFP (17-013) process was completed.

OTHER REVIEWING AGENCIES:

The Behavioral Health Board was made aware of the recommended Agreement during the November 23, 2016 meeting.

REFERENCE MATERIAL:

BAI# 39, May 24, 2016  
BAI# 42, May 24, 2011

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Agreement with Centro La Familia Advocacy Services

CAO ANALYST:

Sonia De La Rosa