



Legislation Details (With Text)

File #: 21-57 **Version:** 1 **Name:**

Type: Agreement **Status:** Agenda Ready

File created: 2/10/2021 **In control:** BOARD OF SUPERVISORS

On agenda: 2/23/2021 **Final action:**

Title: Approve Memorandum of Understanding Between Social Services and Behavioral Health Services for Residential Treatment Room and Board Payments for Welfare-to-Work Linkages Clients in the Amount of \$50,000 per Fiscal Year, and Authorize the Chair to Sign.

Sponsors: Social Services

Indexes:

Code sections:

Attachments: 1. LCBHS-LCDSS-SUD MOU.pdf.pdf

Date	Ver.	Action By	Action	Result
2/23/2021	1	BOARD OF SUPERVISORS		

Memorandum

Date: February 23, 2021

To: The Honorable Bruno Sabatier, Chair, Lake County Board of Supervisors

From: Crystal Markytan, Social Services Director

Subject: Approve Memorandum of Understanding between Social Services and Behavioral Health Services for Residential Treatment Room and Board Payments for Welfare -to-Work Linkages Clients in the amount of \$50,000 per fiscal year, and authorize the Chair to sign

Executive Summary: (include fiscal and staffing impact narrative):
 Lake County Social Services (DSS) partners with Behavioral Health Services (BHS) to provide mental health and substance abuse services to CalWORKs Welfare-to-Work clients under a separate Memorandum of Understanding (MOU) recently approved by your Board. Due to regulatory changes, Room and Board costs for clients in residential treatment can no longer be covered by Medi-Cal. Through this agreement, DSS will provide reimbursement payments to BHS for the Room and Board costs incurred when a client is in residential care.

Previously, Social Services would pay facilities directly for Room and Board costs, however, the process often lead to delays in payment. With this new process, BHS is able to pay the Room and Board costs directly to the facility after billing Medi-Cal, and then seek reimbursement from DSS. Funding for this MOU comes from the CalWORKs Single Allocation.

If not budgeted, fill in the blanks below only:

Estimated Cost: \$50,000 Amount Budgeted: \$50,000 Additional Requested: _____ Future Annual Cost: _____

Consistency with Vision 2028 and/or Fiscal Crisis Management Plan (check all that apply):

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Well-being of Residents | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Disaster Recovery | <input type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Revenue Generation</i> |
| <input type="checkbox"/> Community Collaboration | <input checked="" type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake | <input type="checkbox"/> <i>Cost Savings</i> |

Not applicable

If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:

Which exemption is being requested?
How long has Agreement been in place?
When was purchase last rebid?
Reason for request to waive bid?

Recommended Action:

Approve Memorandum of Understanding between Social Services and Behavioral Health Services for Residential Treatment Room and Board Payments for Welfare-to-Work Linkages Clients for \$50,000 per fiscal year, and authorize the Chair to sign.