

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

(1) DEPARTMENT Drug and Alcohol/Behavioral Health		(2) MEETING DATE May 2, 2006		(3) CONTACT/PHONE Jason Wells (805)788-2060	
(4) SUBJECT Request that the Board authorize and direct Drug and Alcohol Services to request the State have a direct provider Drug Medi-Cal (DMC) contract with drug and alcohol treatment provider Mental Health Systems, Inc.					
(5) SUMMARY OF REQUEST Mental Health Systems, Inc. (MHS) provider of Drug Court and Proposition 36 services in San Luis Obispo County is a State certified Drug Medi-Cal provider. MHS has requested a direct Drug Medi-Cal contract with the State. This action is allowable provided the County requests that the State enter into a direct agreement with the provider. A direct Drug Medi-Cal contract with the State will place reporting and billing responsibilities with the provider, rather than with Drug and Alcohol Services. Approval of this item would serve as the authorization to request that the State have a direct provider Drug Medi-Cal contract with Mental Health Systems, Inc.					
(6) RECOMMENDED ACTION It is recommended that the Board authorize and direct Drug and Alcohol Services to request the State have a direct provider Drug Medi-Cal contract with drug and alcohol treatment provider Mental Health Systems, Inc.					
(7) FUNDING SOURCE(S) NA		(8) CURRENT YEAR COST NA		(9) ANNUAL COST NA	
(10) BUDGETED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A					
(11) OTHER AGENCY/ADVISORY GROUP INVOLVEMENT (LIST): This action involves San Luis Obispo County Drug and Alcohol Services, Mental Health Services, Inc, and the State Department of Alcohol and Drug Programs.					
(12) WILL REQUEST REQUIRE ADDITIONAL STAFF? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, How Many? _____ <input type="checkbox"/> Permanent _____ <input type="checkbox"/> Limited Term _____ <input type="checkbox"/> Contract _____ <input type="checkbox"/> Temporary Help _____					
(13) SUPERVISOR DISTRICT(S) <input type="checkbox"/> 1st, <input type="checkbox"/> 2nd, <input type="checkbox"/> 3rd, <input type="checkbox"/> 4th, <input type="checkbox"/> 5th, <input checked="" type="checkbox"/> All			(14) LOCATION MAP <input type="checkbox"/> Attached <input checked="" type="checkbox"/> N/A		(15) Maddy Act Appointments Signed-off by Clerk of the Board <input checked="" type="checkbox"/> N/A
(16) AGENDA PLACEMENT <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Hearing (Time Est. _____) <input type="checkbox"/> Presentation <input type="checkbox"/> Board Business (Time Est. _____)			(17) EXECUTED DOCUMENTS <input type="checkbox"/> Resolutions (Orig + 4 copies) <input type="checkbox"/> Contracts (Orig + 4 copies) <input type="checkbox"/> Ordinances (Orig + 4 copies) <input checked="" type="checkbox"/> N/A		
(18) NEED EXTRA EXECUTED COPIES? <input type="checkbox"/> Number: _____ <input type="checkbox"/> Attached <input checked="" type="checkbox"/> N/A			(19) BUDGET ADJUSTMENT REQUIRED? <input type="checkbox"/> Submitted <input type="checkbox"/> 4/5th's Vote Required <input checked="" type="checkbox"/> N/A		
(20) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) _____			(21) W-9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		(22) Agenda Item History <input checked="" type="checkbox"/> N/A Date _____
(23) ADMINISTRATIVE OFFICE REVIEW <div style="text-align: right;"><i>dk Dan Buehler</i></div> <div style="text-align: right; font-size: 2em; font-family: cursive;">B-10 (5.2.06)</div>					

BEHAVIORAL HEALTH SERVICES

COUNTY OF SAN LUIS OBISPO



Reply to:

MENTAL HEALTH SERVICES
2178 JOHNSON AVENUE
SAN LUIS OBISPO, CALIFORNIA 93401-4535
(805) 781-4700
(805) 781-1273 FAX

TO: San Luis Obispo County Board of Supervisors

FROM: Karen Baylor, Ph.D., MFT, Behavioral Health Administrator *Karen Baylor*
Paul Hyman, M.P.A., Drug and Alcohol Services Director *AS C/o Paul Hyman*

DATE: May 2, 2006

SUBJECT: Request that the Board authorize and direct Drug and Alcohol Services to request the State have a direct provider Drug Medi-Cal (DMC) contract with drug and alcohol treatment provider Mental Health Systems, Inc.

Recommendation

It is recommended that the Board authorize and direct Drug and Alcohol Services to request the State have a direct provider Drug Medi-Cal contract with drug and alcohol treatment provider Mental Health Systems, Inc.

Discussion

Mental Health Systems, Inc. (MHS) provider of Drug Court and Proposition 36 services in San Luis Obispo County has recently become a State certified Drug Medi-Cal provider. MHS has requested a direct Drug Medi-Cal contract with the State. This action is allowable under current statute, provided the County specifically requests that the State enter into a direct agreement with the provider. Drug and Alcohol Services supports this request by MHS. A direct Drug Medi-Cal contract with the State will place reporting and billing responsibilities with the provider, rather than with Drug and Alcohol Services. This creates a cost avoidance for the County with respect to the staff time that would be needed to meet Drug Medi-Cal reporting and billing requirements. Approval of this item would serve as the authorization to request that the State have a direct provider Drug Medi-Cal contract with Mental Health Systems, Inc.

Other Agency Involvement/Impact

This action involves San Luis Obispo County Drug and Alcohol Services, Mental Health Services, Inc, and the State Department of Alcohol and Drug Programs.

Financial Considerations

This item will have no net effect on the Drug and Alcohol Services budget. This item will have no General Fund impact.

Results

This action will result in the County requesting that the State enter in to a direct Drug Medi-Cal contract with Mental Health Services.

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