

Alcohol, Drug and Mental Health



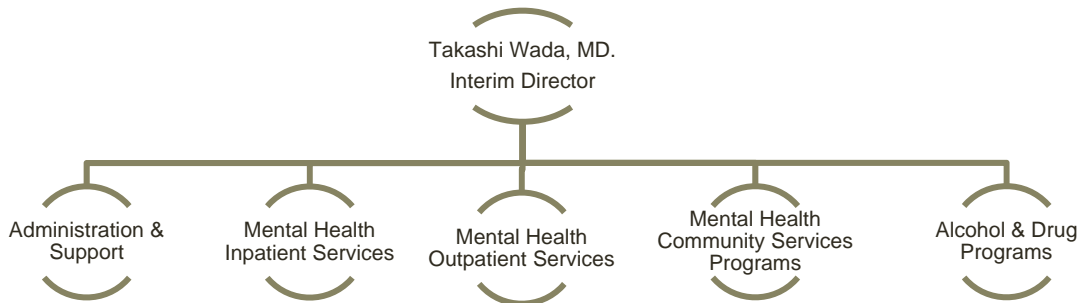
Artwork by Jo Ann Myers consumer of Alcohol, Drug and Mental Health services and chosen by the Consumer and Family Committee.

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Budget & Full-Time Equivalents (FTEs) Summary

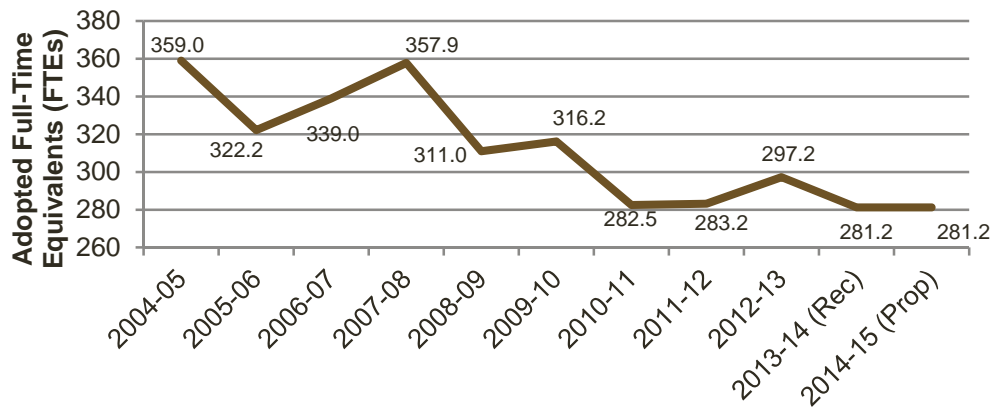
Operating	\$ 78,127,216
Capital	\$ 110,000
FTEs	281.2

Budget Programs Chart



Staffing Trend

The staffing trend values will differ from prior year budget books in order to show amounts without the impact of any vacancy factors.



Alcohol, Drug and Mental Health

Mission Statement

The mission of Alcohol, Drug & Mental Health Services is to promote the prevention of and recovery from addiction and mental illness among individuals, families, and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.

Department Description

The Department of Alcohol, Drug, and Mental Health Services (ADMHS) provides treatment, rehabilitation, and support services to approximately 7,600 clients with mental illness and 4,500 clients with substance use disorders annually. The Department employs 281 staff and contracts with 23 community-based providers.

The Department provides for the mental health services mandated by the State of California for all Medi-Cal beneficiaries with specialty mental health needs, and to the extent resources allow, children with serious emotional disturbances and adults with serious mental illness. This is accomplished through a system of both community-based and County-operated services including: Child and Adult Outpatient Clinics, the Crisis and Recovery Emergency Services (CARES) program, acute inpatient services in the Psychiatric Health Facility (PHF), Contracted Adult and Children's services through Community Based Organizations (CBOs), Contracted inpatient acute, and long-term psychiatric beds.

The Department's Alcohol and Drug Program Division (ADP) delivers publicly funded alcohol and drug prevention, early intervention, treatment, and recovery support services provided primarily by CBOs.

2012-13 Anticipated Accomplishments

Administration & Support

- Created a revenue management team consisting of Fiscal and Information Technology staff assigned to manage all aspects of the Department's billing, collection, and revenue monitoring systems.
- Implemented new Federal Medicare procedure codes within the ADMHS billing system. Developed and rolled out departmental comprehensive coding training that meets Medicare compliance guidelines.
- Successfully launched the re-designed ADMHS website with significant sections of content translated into Spanish.

Mental Health Inpatient Services

- The PHF, with the division of Quality Improvement, instituted a program to reduce the number of patients who are prescribed more than one antipsychotic medication, because the available scientific evidence supports the best practice of using a single antipsychotic.

Mental Health Outpatient Services

- Developed policies and procedures related to the involuntary hold process, reflecting legal changes that mandate a time limit in emergency rooms. The involuntary hold process is performed by the Mobile Crisis units stationed at the CARES clinics. The California Code Section 5150 certification process was updated and applied Countywide to improve the timeliness of these critical services.
- New electronic Clinical Assessment templates were generated and customized for specific populations. The templates directly link symptoms or impairments to interventions

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noted on the treatment plan and customized for specific populations.

- Established new clinics within Probation (staffed by a dedicated psychiatrist and psychiatric technician) to serve individuals under community supervision per AB 109 – Public Safety Realignment.
- Effectuated the transition of behavioral health services for Healthy Family beneficiaries through Medi-Cal.

Mental Health Community Services Programs

- Secured approval for the purchase of five additional Mental Health Services Act (MHSA) Housing Units in Lompoc.
- Initiated preliminary steps for approval of 17 permanent supported housing units in Isla Vista and Guadalupe utilizing MHSA funding.
- Trained 34 consumer and family peers through the annual Workforce Education Training (WET) Peer Specialist Training. Placed eight graduates in internships at ADMHS service sites Countywide.

Alcohol & Drug Programs

- Received a State Incentive Grant (SIG) to address underage and excessive drinking among adolescents and youth within the City of Santa Barbara.
- Worked with the Advisory Board on Alcohol & Drug Program (ADP) to complete the ADP Strategic Prevention Plan 2012-2017.
- Successfully managed three grants from the Federal Substance Abuse and Mental Health Services Administration. Funding has expanded and enhanced treatment services as well as evidenced-based practices to underserved clients.

- Engaged the Advisory Board on Alcohol and Drug Problems in assisting staff to develop a tool to evaluate treatment programs, as well as organizing town hall meetings and forums on prescription drug abuse.
- Partnered with the Council on Alcoholism and Drug Abuse (CADA) to relocate the Santa Barbara Detoxification program from being located at a local homeless shelter to being located at a stand-alone facility in South County. The relocation broadens the population served.

2013-15 Objectives

Administration & Support

- Implement effective policies for providing services to clients with private insurance and improving the collection of revenues from all payor sources.
- Work with State and local agencies to streamline and assist in the enrollment processes for ADMHS clients who may be eligible as part of the Affordable Care Act's (ACA) Medicaid Expansion. The expansion goes into effect on January 1, 2014.
- Working with the Consumer and Family Member Subcommittee, the Department will analyze the recently developed consumer satisfaction survey results to develop recommendations and monitor future surveys for continued quality improvements.
- Pending direction from the Board of Supervisors, ADMHS in conjunction with the Tiger Team, will implement plan regarding recommendations from consulting teams retained in 2012 to review Department systems.

Mental Health Inpatient Services

- The duration of hospitalization is determined by a combination of factors related to both

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inpatient and outpatient services, as well as community resources. The inpatient factors will be closely examined and amended where possible to reduce the lengths of inpatient hospital stays.

- Expand the electronic health record system to include the inpatient setting. This will result in a seamless clinical integration of inpatient and outpatient services.
- Pending direction from the Board of Supervisors, implement recommendations as appropriate from inpatient consulting team to improve clinical inpatient services.

Mental Health Outpatient Services

- As part of the Children's Process Improvement Project (PIP), ADMHS will identify and review high utilization cases. Based on the continued goal of keeping children in their community in the least restrictive setting, ADMHS teams will develop focused treatment plans.
- Evaluate opportunities for more cooperation between Mental Health, ADP, and Primary Health Care to provide cost-efficient and high quality services.
- Improve mental health care of children who have been evaluated by Child Welfare Services.

Mental Health Community Services Programs

- Use the FY 2014-15 MHSA Plan Update process to align the annual MHSA expense budget with projected annual recurring MHSA revenues.
- Train at least 30 Law Enforcement Personnel in Crisis Intervention Training annually.
- Conduct a two-day Benefits Acquisition Training for at least 40 staff from ADMHS, Community Based Organizations (CBOs), or interested community members.

Alcohol & Drug Programs

- Develop pilot programs pending additional benefits approved through the Affordable Care Act, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medicated Assisted Treatment (MAT).
- Sustain and expand treatment services for drug court in South County and for adolescents throughout the County.

*Changes & Operational Impact:
2012-13 Adopted to
2013-14 Recommended*

Staffing

- Decrease of 16.0 FTEs. The changes in FTEs are as follows:
 - **Administration and Support: +19.2 FTE** (but actual increase is only 0.5 FTE, net of staff transfers between Budget Programs)

Of the 19.2 FTE increase shown on the Budget Overview table, 18.7 FTEs were purely transfers of staff from other ADMHS Budget Programs. This transfer of administrative staff between Budget Programs was prompted by new instructions from the Department of Healthcare Services (DHCS) regarding classification of these positions and costs. The Department believes that this change allows for a more accurate accounting of administrative costs that are more readily accessible for full reimbursement from Medi-Cal, MHSA, ADP, and other funding sources. There were no changes to the existing FTEs, tasks, or functions performed by the staff members that were transferred. These staff members continue to provide administrative support services to all of the ADMHS programs.

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- The net increase is 0.50 FTE in Administration and Support is for the Medical Director position, which is budgeted as 1.0 FTE in FY 2013-14 compared to 0.50 FTE in FY 2012-13.

- **Inpatient Services: + 0.71 FTE**

This is due to an increase in contract psychiatrist hours in the PHF.

- **Outpatient Services: - 17.9 FTE**

-10.9 FTE reduction is due to the elimination of the clinical staff providing services to the Juvenile Justice Mental Health System (JJMHS) and court ordered evaluations to the Probation and Social Services Departments.

-7.0 FTE are due to transferring clinical administrative positions into the Administration and Support Budget Program for accounting purposes as previously described.

- **Community Services Programs: - 14.2 FTE**

-6.3 FTE, despite this reduction, there will be no changes in the service levels provided by these programs to clients. A reduction of 3.7 FTE's in the Workforce, Education and Training (WET) program is due to program modifications planned for FY 2013-14. The remaining reduction of 2.6 FTEs is spread among 16 MHSAs programs and is the result of the FY 2013-14 salary model more accurately reflecting the level of FTEs required by these programs.

-7.9 FTEs are due to transferring administrative positions into the Administration and Support Budget Program for accounting purposes as previously described.

- **Alcohol and Drug Programs: -3.8 FTE**

-3.8 FTEs reduction shown on the Budget Overview table is due to transferring

administrative positions into the Administration and Support Budget Program for accounting purposes as previously described.

Expenditures

- Net operating expenditure increase of \$1,138,000:
 - Salaries and Benefits: -\$100,000 reflects the elimination of the clinical positions associated with providing services to the JJMHS program and court ordered evaluations, offset by the increase in costs associated with negotiated labor agreements, County retirement contributions, and Workers' Compensation premiums.
 - Services and Supplies: +\$879,000 is due primarily to expanded ADP cost reimbursable contracts with CBOs.
 - Other Charges: +\$359,000 is due to primarily to increases in the Department's liability and malpractice insurance premiums.
- Net non-operating expenditure decrease of \$4,068,000:
 - This is due primarily to a decrease in the amount of funds added to the ADP Fund 0049 fund balance (-\$1.1 million) and the assumption that prior known liabilities are fully paid in FY 2012-13 (-\$2.9 million).

These changes result in recommended operating expenditures of \$78,127,000, non-operating expenditures of \$1,869,000, for total expenditures of \$79,997,000. Non-operating expenditures primarily include capital assets, transfers, and increases to fund balances.

Revenues

- Net operating revenue increase of \$2,454,000:
 - Intergovernmental Revenue: +\$6,386,000
 - +\$6.5 million due to the Realignment of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) revenue that is now being accounted for as

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Intergovernmental Revenue rather than Charges for Services;

- +\$0.5 million in increased State Realignment revenue, offset by a decrease of -\$0.7 million in Federal grants.
- Charges for Service: -\$3,880,000
 - -\$6.5 million of EPSDT revenue being accounted for as Intergovernmental Revenue rather than Charges for Services,
 - -\$1.3 million due to the elimination of revenue for Juvenile Justice Mental Health Services (JJMHS) and court ordered evaluations, offset by an increase of \$3.9 million in Medi-Cal related revenue and revenue from other funds and departments.
- Net non-operating revenue decrease of \$5,384,000:
 - This is due to the assumption that prior known liabilities are fully paid in FY 2012-13 (-\$3.3 million), through
 - Reduction in the amount of transfers within the ADP Fund 0049 (-\$0.2 million),
 - Reduction in the use of fund balances (-\$0.7 million), and
 - Reduction in the amount of General Fund Contribution (-\$1.2 million).

These changes result in recommended operating revenues of \$70,703,000, non-operating revenues of \$9,294,000, resulting in total revenues of \$79,997,000. Non-operating revenues primarily include General Fund Contribution, transfers, and decreases to fund balances.

*Changes & Operational Impact:
2013-14 Recommended to
2014-15 Proposed*

Expenditures

- Net operating expenditure increase of \$461,000.
 - Salaries and Benefits: +\$897,000 reflects negotiated labor agreements, as well as increases in County retirement and health insurance contributions.
 - Services and Supplies: -\$436,000 is due to 1% reduction in various operating expense categories.

Revenues

- Net operating revenue increase of \$3,019,000.
 - Intergovernmental Revenue: +\$1,198,000 reflects an increase in 2011 Realignment and MHSA revenue.
 - Charges for Service: +\$1,820,000 reflects an increase in Medi-Cal revenue due to the Affordable Care Act (ACA).

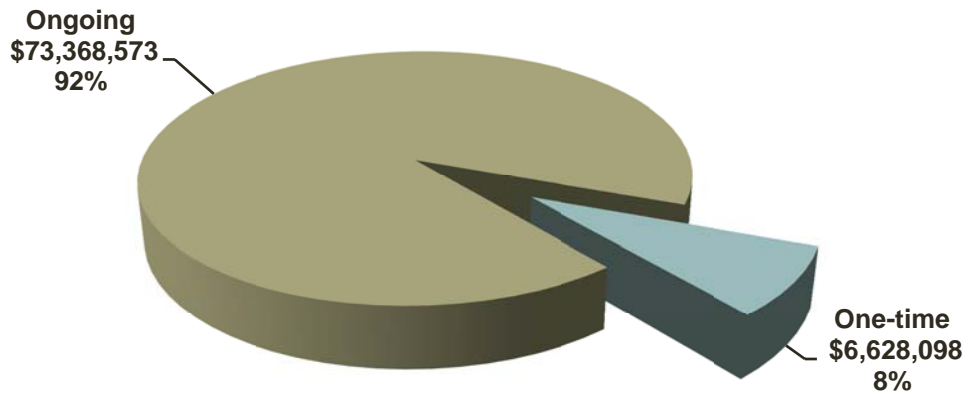
Related Links

For more information on the Alcohol, Drug and Mental Health Department, refer to the Web site at <http://www.countyofsb.org/admhs>.

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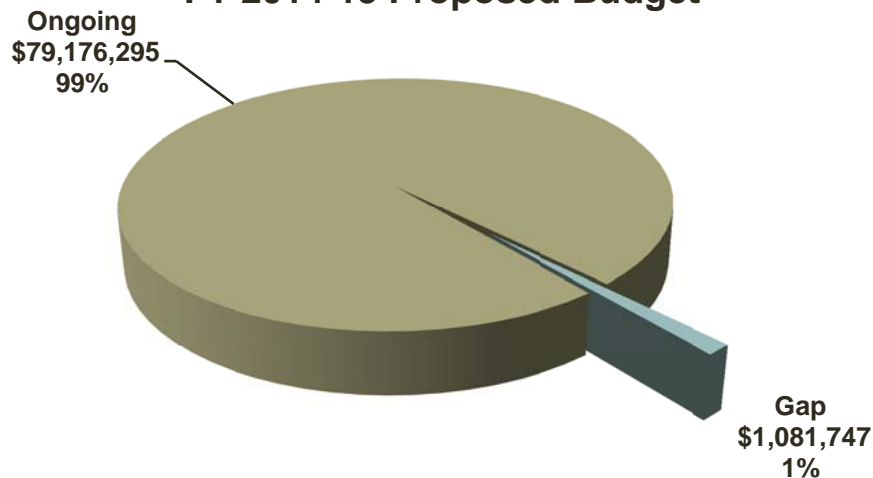
Gap Charts

FY 2013-14 Recommended Budget



The FY 2013-14 Recommended Budget relies on one-time sources to fund 8% of the department's ongoing operations. These funds include \$1,378,076 from the fund balance of Mental Health Services Fund (Fund 0044), \$4,665,115 from the fund balance of the Mental Health Services Act Fund (Fund 0048), and \$584,907 from the Alcohol and Drug Programs Fund (Fund 0049). These funds will allow the Department to maintain a higher level of service than would otherwise have been possible; however, because these funds are one-time in nature, they will not be available to fund operations in FY 2014-15.

FY 2014-15 Proposed Budget



The FY 2014-15 Proposed Budget projects a gap of \$1,081,147 between available funding and the funding required to maintain FY 2013-14 service levels. The available funding projected to be used in FY 2014-15 includes \$2,268,508 from the fund balance of the Mental Health Services Act Fund (Fund 0048), and \$466,546 from the Alcohol and Drug Programs Fund (Fund 0049).

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Performance Outcome Measures

Description	FY 2011-12 Actual	FY 2012-13 Adopted	FY 2013-14 Recommended	FY 2014-15 Proposed
Percent of children admitted or transferred into a non-crisis outpatient mental health program that have been seen within ten business days. (Target = 100%)	88%	100%	100%	100%
	1,308	1,434	1,660	1,660
	1,481	1,434	1,660	1,660
Percent of adults admitted or transferred into a non-crisis outpatient mental health program that have been seen within ten business days. (Target = 100%)	76%	100%	100%	100%
	1,120	1,124	1,642	1,642
	1,460	1,124	1,642	1,642
Percent of psychiatric hospital patients who are readmitted within 30 days of discharge. (Target = <10%)	14%	10%	10%	10%
	129	88	94	94
	925	882	946	946

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Budget Overview

Staffing By Budget Program	2011-12 Actual	2012-13 Adopted	Change from FY12-13 Ado to FY13-14 Rec	2013-14 Recommended	2014-15 Proposed
Administration & Support	32.54	37.28	19.22	56.50	56.50
Mental Health Inpatient Services	39.57	41.77	0.71	42.49	42.49
Mental Health Outpatient Services	85.19	83.31	(17.94)	65.37	65.37
Mental Health Community Services Progr	108.20	119.52	(14.21)	105.31	105.31
Alcohol & Drug Programs	16.04	15.35	(3.77)	11.58	11.58
Unallocated	1.27	-	-	-	-
Total	282.81	297.23	(15.98)	281.24	281.24
Budget By Budget Program					
Administration & Support	\$ 10,436,888	\$ 6,778,671	\$ 2,054,253	\$ 8,832,924	\$ 8,802,541
Mental Health Inpatient Services	9,648,952	8,837,137	362,091	9,199,228	9,323,652
Mental Health Outpatient Services	24,928,997	22,689,285	(234,105)	22,455,180	22,686,221
Mental Health Community Services Progr	31,583,961	29,866,230	(1,519,883)	28,346,347	28,346,301
Alcohol & Drug Programs	11,732,602	11,815,622	(652,630)	11,162,992	11,099,327
Fund Balance Impact (+)	1,535,334	2,939,743	(2,939,743)	-	-
Unallocated	(110,044)	-	-	-	-
Total	\$ 89,756,690	\$ 82,926,688	\$ (2,930,017)	\$ 79,996,671	\$ 80,258,042
Budget By Categories of Expenditures					
Salaries and Employee Benefits	\$ 34,126,030	\$ 36,046,648	\$ (100,118)	\$ 35,946,530	\$ 36,843,798
Services and Supplies	40,162,396	38,921,393	879,368	39,800,761	39,364,745
Other Charges	5,832,736	2,020,762	359,163	2,379,925	2,379,925
Total Operating Expenditures	80,121,163	76,988,803	1,138,413	78,127,216	78,588,468
Capital Assets	117,787	105,000	5,000	110,000	110,000
Other Financing Uses	4,218,035	854,511	176,521	1,031,032	836,441
Intrafund Expenditure Transfers (+)	839,206	785,130	(200,000)	585,130	605,130
Increases to Fund Balances	2,925,165	1,253,501	(1,110,208)	143,293	118,003
Fund Balance Impact (+)	1,535,334	2,939,743	(2,939,743)	-	-
Total	\$ 89,756,690	\$ 82,926,688	\$ (2,930,017)	\$ 79,996,671	\$ 80,258,042
Budget By Categories of Revenues					
Fines, Forfeitures, and Penalties	\$ 4,513	\$ 4,300	\$ -	\$ 4,300	\$ 4,300
Use of Money and Property	51,168	96,000	(51,286)	44,714	44,971
Intergovernmental Revenue	31,037,736	32,570,085	6,385,775	38,955,860	40,154,138
Charges for Services	31,591,597	35,379,700	(3,879,596)	31,500,104	33,320,437
Miscellaneous Revenue	5,081,170	198,631	(500)	198,131	198,131
Total Operating Revenues	67,766,185	68,248,716	2,454,393	70,703,109	73,721,977
Other Financing Sources	8,652,418	3,568,776	(3,255,742)	313,034	313,034
Intrafund Expenditure Transfers (-)	839,206	785,130	(200,000)	585,130	605,130
Decreases to Fund Balances	10,227,221	7,167,711	(539,613)	6,628,098	2,735,054
General Fund Contribution	2,271,535	3,005,544	(1,238,244)	1,767,300	1,801,100
Fund Balance Impact (-)	126	150,811	(150,811)	-	1,081,747
Total	\$ 89,756,690	\$ 82,926,688	\$ (2,930,017)	\$ 79,996,671	\$ 80,258,042