2017-2019
BUDGET WORKSHOP

Behavioral Wellness

Alice Gleghorn, PhD
Director

Administration & Support
Mental Health Inpatient Services
Quality Care Management
Mental Health Outpatient & Community
Alcohol & Drug Programs
Key Challenges / Emerging Issues

- Increasing numbers of conserved patients needing care in IMDs
- Continued increased incarceration of mentally ill in jail ordered to PHF
- Uncertain future of existing state (MHSA) and federal (ACA) funding streams with ongoing potential healthcare reform changes
The county is required to care for clients under supervision of the Public Guardian. IMD services are required to be covered only to the extent that funding is available.
Key Challenges / Emerging Issues

Psychiatric Health Facility Service Type

- **Admin Day - Non-IST**
  - Reimbursement: Min $208; Max $416

- **Admin Day - IST**
  - Reimbursement: Min $0; Max $0

- **Acute Day - Non-IST**
  - Reimbursement: Min $1,003; Max $2,691

- **Acute Day - IST**
  - Reimbursement: Min $1,003; Max $2,691
Summary

- Operating $109.9M
- Capital $10,000
- General Fund $4,029,600
- FTEs 431.6
- Use of One-Time for Ongoing Operations $1.59M, 1.4%
- Service Level Reductions $3,583,971
- Restoration Requests $2,118,172
- Expansion Requests $1,663,659
Capital Projects Detail

- **Forensic MHRC, $4M** (funded in CCP Budget)
  Renovation of SB Juvenile Hall for 15 bed secure MH treatment for justice involved clients (full ongoing operational funding source not yet determined- service to open month 11-12 of FY1718 with $750k of annual on-going CCP funds)

- **Crisis Residential Treatment Program- SM, $1.1M** (budget expansion)
  Grant funded renovation for 6-8 bed step down facility for 30 days post crisis/hospital discharge

- **Additional Cap Fac Projects- TBD** Planning-
  No Place Like Home, Marian IMD
FY 2017-18 Source of Funds

- Charges for Services: 55,519,429; 47%
- Decreases to Fund Balances: 1,594,957; 1%
- Fine, Forfeitures, and Penalties: 3,500; 0%
- Intergovernmental: 48,874,775; 42%
- General Fund Contribution: 4,029,600; 4%
- Miscellaneous Revenue: 105,630; 0%
- Intrafund Expenditure Transfers (-): 4,735,246; 4%
- Use of Money and Property: 218,900; 0%
- Other Financing Sources: 2,181,474; 2%
- Miscellaneous Revenue: 105,630; 0%
- Other Financing Sources: 2,181,474; 2%
- Use of Money and Property: 218,900; 0%

Behavioral Wellness
FY 2017-18 Use of Operating Funds

- Mental Health Inpatient Services; $11,897,723; 10%
- Mental Health Outpatient & Community; $75,016,823; 64%
- Alcohol & Drug Programs; $13,227,251; 11%
- Administration & Support; $11,811,042; 10%
- Quality Care Management; $5,310,672; 5%
Staffing Summary

- 434.10 FTE FY 16-17 Adopted
- 431.60 FTE FY 17-18 Recommended; FY 18-19 Proposed
Operating Revenue 5-Year Summary

- $78.35 (2013-2014)
- $91.27 (2014-2015)
- $95.22 (2015-2016)
- $103.83 (2016-2017)
- $104.72 (2017-2018)
GFC 5-Year Summary

*$6.6M consists of:
1. $0.8M restoration of IMD in Adopted FY2016/17 Budget
2. $1.3M restoration of Inpatient Hospital (IH) in Adopted FY2016/17 Budget
3. $0.6M AOT
4. $0.2M Capital
5. $3.0M PHF (est.)
6. $0.7M Inpatient Hosp. (est.)
FY 2016-17 Anticipated Accomplishments

- Successful implementation of coordinated centralized access point for mental health services
- Successful State and Federal audit prep and response
- Collaborative launch of Stepping Up initiative
- Creation of 5 bedroom house for homeless women with HACSB and MWC partners
FY 2017-19 Objectives

• Complete implementation of Tri West report to achieve a comprehensive, integrated, behavioral health system.

• Complete planning and implementation of a consolidated Behavioral Health Center to provide for additional services with Marian Medical Center.

• Utilize MHSA housing funds to create permanent safe and stable housing.

• Implement new Crisis Residential Program facility-North County.

• Coordination with community partners to address needs of high utilizers of multiple systems including intensive outreach, linkage to care, and housing.
FY 2017-19 Objectives (Continued)

- Continue coordination and integration of all acute/crisis services (PHF, CSU, CRT, crisis response)
- Implement the Organized Delivery System (ODS) for expanded Drug Medi-Cal services
- Continued integration of alcohol and other drug (AOD) with mental health through Medication Assisted Treatment (MAT) and the certification of existing mental health clinics for Drug Medi-Cal (DMC) services.
## Performance Measures

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<tbody>
<tr>
<td><strong>The percentage of “high cost” Medi-Cal beneficiaries (greater than $30k per beneficiary, per year)</strong> (Goal: Maintain less than 5% per year)</td>
<td>4.2% 282/6,745</td>
<td>6.13% 408/6,661</td>
<td>4.6% 384/8,330</td>
<td>5% 430/8,600</td>
<td>5% 430/8,600</td>
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<tr>
<td><strong>Percent of departmental Employee Performance Reviews (EPRs) completed by the due date.</strong></td>
<td>26% 49/185</td>
<td>32% 80/253</td>
<td>37% 110/296</td>
<td>40% 117/296</td>
<td>45% 134/296</td>
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<tr>
<td><strong>The percentage of clients who are readmitted to the PHF within 30 days of discharge</strong> (Goal: Keep below 10%)</td>
<td>12.8% 37/290</td>
<td>9.7% 41/421</td>
<td>4.5% 18/400</td>
<td>8% 30/372</td>
<td>7% 25/372</td>
</tr>
<tr>
<td><strong>The average acute inpatient length of stay (AVDM PHF)</strong> (Goal: 7 days)</td>
<td>10 days</td>
<td>10 days</td>
<td>9 days</td>
<td>7 days</td>
<td>7 days</td>
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## Performance Measures (Continued)

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<tr>
<td>To increase the likelihood of successful treatment and recovery, 60% of adults in substance abuse treatment will stay 90 days or more.</td>
<td>57% 1,633/2,847</td>
<td>54% 1,606/2,961</td>
<td>46% 1,444/3,116</td>
<td>60%</td>
<td>60%</td>
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<tr>
<td>50% of adults receiving services in substance abuse programs will successfully complete treatment.</td>
<td>44% 1,263/2,847</td>
<td>64% 833/1,305</td>
<td>51% 1,200/2,370</td>
<td>50%</td>
<td>50%</td>
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<td>To increase the likelihood of successful treatment and recovery, 75% of youth in substance abuse treatment will stay 90 days or more.</td>
<td>76% 526/696</td>
<td>75% 525/700</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
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<tr>
<td>70% of youth receiving services in substance abuse programs will successfully complete treatment.</td>
<td>61% 423/696</td>
<td>60% 420/700</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
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<tr>
<td>85% of adult clients served by the Crisis Stabilization Unit will stabilize the community without need for involuntary inpatient care.</td>
<td>N/A</td>
<td>97.6% 243/249</td>
<td>95.9% 518/540</td>
<td>85%</td>
<td>85%</td>
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</table>
FY 2017-18 Efficiencies

- To reduce the use of acute Inpatient Hospital services:
  - Continued improvement of clinical processes allowing for greater utilization of crisis stabilization services
  - Add 6-8 additional crisis residential program beds to North County for additional step-down options to minimize hospital length of stay
  - Ensure appropriate placement of incarcerated mentally ill who may be incompetent to stand trial (IST) by expanding access to treatment/competency restoration services in contracted community residential settings or secure MHRC both in and out of county
  - Develop in-county MHRC facility
## FY 2017-18 Service Level Reductions

<table>
<thead>
<tr>
<th>Program – Description of Reduction</th>
<th>FTEs</th>
<th>Amount (GFC)</th>
<th>Amount (Non-GFC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conserved Clients Services - Institute for Mental Disease (IMD) and Augmented Board and Care</td>
<td></td>
<td>(1,518,422)</td>
<td></td>
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<tr>
<td>Limit availability of beds for Institute for Mental Disease and Augmented Board and Care services from 47 to 28 beds/day; due to lack of funding.**</td>
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<tr>
<td>2. Out of County Inpatient Psychiatric Hospital</td>
<td></td>
<td>(599,750)</td>
<td></td>
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<tr>
<td>Limit the number of out of county acute inpatient psychiatric hospital beds from 7 to 5 beds/day; due to lack of funding.**</td>
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* Mandatory Program

** Mandatory Program and Service Level
<table>
<thead>
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<th>Program – Description of Reduction</th>
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<th>Amount (Non-GFC)</th>
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<tbody>
<tr>
<td>3. Non Drug Medi-Cal Screening Brief Intervention, Referral to Treatment (SBIRT) services</td>
<td>-</td>
<td>-</td>
<td>(240,000)</td>
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<tr>
<td>Reduce program contract; due to lack of funding.</td>
<td></td>
<td></td>
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<tr>
<td>4. Assisted Outpatient Treatment</td>
<td>-</td>
<td>(606,888)</td>
<td>-</td>
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<tr>
<td>The Board adopted AB 1421 as a pilot program (previously referred to as Laura's Law) for an initial three year period now in year 2 of 3. Budget was subject to annual General Fund appropriations; due to lack of general funding.</td>
<td></td>
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</tr>
<tr>
<td>Program – Description of Reduction</td>
<td>FTEs</td>
<td>Amount (GFC)</td>
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</tr>
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<tr>
<td>5. Mental Health (Administration) Eliminate two positions - Business Specialist and Supervisor Case Worker; due to lack of funding.</td>
<td>2.00</td>
<td>(137,300)</td>
<td>(89,191)</td>
</tr>
<tr>
<td>6. Mental Health Services Act (Administration) Eliminate one Manager position; due to lack of funding.</td>
<td>1.00</td>
<td>-</td>
<td>(176,424)</td>
</tr>
<tr>
<td>7. Alcohol and Drug Programs (Administration) Eliminate one Program Coordinator position; due to lack of funding.</td>
<td>1.00</td>
<td>-</td>
<td>(112,166)</td>
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### FY 2017-18 Service Level Reductions (Continued)

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<th>Program – Description of Reduction</th>
<th>FTEs</th>
<th>Amount (GFC)</th>
<th>Amount (Non-GFC)</th>
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<tr>
<td>8. Non Drug Medi-Cal Big Brothers Big Sisters and School Based Counseling Reduce program contract; due to lack of funding.</td>
<td>-</td>
<td>-</td>
<td>(103,830)</td>
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<tr>
<td>Department by Fund, Subtotal</td>
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<td></td>
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<tr>
<td>Mental Health Services (Fund 44)</td>
<td>2.00</td>
<td>(2,255,472)</td>
<td>(89,191)</td>
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<tr>
<td>Mental Health Services Act (Fund 48)</td>
<td>1.00</td>
<td>(606,888)</td>
<td>(176,424)</td>
</tr>
<tr>
<td>Alcohol and Drug Programs (Fund 49)</td>
<td>1.00</td>
<td>-</td>
<td>(455,996)</td>
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<tr>
<td>Department Grand Total</td>
<td>4.00</td>
<td>(3,583,971)</td>
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Future Rebalancing Efforts

• Create in county placements for LPS conserved clients.

• The increased IST population has created unprecedented impacts on the system - create secure alternatives to inpatient treatment.
Restoration/Expansion Requests (Continued)

• Requesting the restoration and expansion of IMD beds to meet current demand of a total of 54 beds/day.
  • Restoration to add back 19 IMD beds to total 47 beds/day for $1.5M.
  • Expansion will add 7 additional IMD beds for $0.6M

• Behavioral Wellness is requesting $2.1M total for restoration/expansion of 26 IMD beds. If granted, these beds would be available to support estimated community needs.
Restoration/Expansion Requests

- Requesting the restoration of Inpatient Hospital beds to meet current demand of 7 beds per day
  - Restoration to add back 2 beds to fund a total of 7 – cost is $0.6M
- Behavioral Wellness is requesting $0.6M for restoration of 2 Inpatient Hospital Beds
- Budget Expansion for the Crisis Residential Treatment Program - $1.1M Grant funded renovation for 6-8 bed step down facility for 30 days post crisis/hospital discharge
Summary

- Factors beyond BeWell control (# ISTs, # LPS conserved, facility repairs) continue to unbalance inpatient budget
- Required Mental Health Plan services (outpatient) meeting program review standards, reduced audit findings, and continued decrease in liabilities
- ADP Drug Medi-Cal Organized Delivery System (ODS) program expansion proceeding to implementation