Behavioral Wellness

Alice Gleghorn, PhD
Department Director

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

• Behavioral Health Payment reform (CalAIM)

• Prioritization changes for Mental Health Services Act (MHSA) proposed in State budget
  • Criminal Justice
  • School
  • Homeless

• Pandemic Impact
  • Mitigate impacts to service delivery to extent possible with technology
  • Economic impact on sales taxes and personal income taxes unknown (~$38M revenue tied directly to taxes)
## Budget Summary

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Budget</td>
<td>$145,042,400</td>
<td></td>
</tr>
<tr>
<td>Use of One-Time for Ongoing Operations</td>
<td>$1,500,000</td>
<td>1.03%</td>
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<tr>
<td>Capital Budget</td>
<td>$200,000</td>
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<tr>
<td>General Fund Contribution</td>
<td>$5,693,800</td>
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<tr>
<td>Full-Time Equivalents</td>
<td>403.8</td>
<td></td>
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<tr>
<td>Service Level Reductions</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Restoration Requests</td>
<td>$0</td>
<td></td>
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<tr>
<td>Expansion Requests</td>
<td>$0</td>
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Capital Projects Detail

PHF Information Technology (IT) Infrastructure and Operations

$ 200,000

Select Psychiatric Health Facility Electronic Health Record (EHR) / Electronic medication administration record system (eMar) and begin implementation.
Source of Funds

- **Charges for Services**
  - $63.4 M, 44%
- **Intergovernmental Revenue**
  - $57.1 M, 39%
- **Other Financing Sources & Transfers**
  - $13.0 M, 9%
- **General Fund Contribution**
  - $5.7 M, 4%
- **Use of Fund Balance**
  - $5.3 M, 4%
- **Miscellaneous Revenue**
  - $0.6 M, 0%
Use of Operating Funds
By Budget Program

- Mental Health Outpatient & Community: $79.9 M, 59%
- Mental Health Inpatient Services: $19.7 M, 15%
- Alcohol & Drug Programs: $18.2 M, 14%
- Administration & Support: $12.0 M, 9%
- Quality Care Management: $4.8 M, 4%
Staffing Summary

- **2016-17**: 370.9 Full-Time Equivalents
- **2017-18**: 370.1 Full-Time Equivalents
- **2018-19**: 384.4 Full-Time Equivalents
- **2019-20**: 403.7 Full-Time Equivalents
- **2020-21 Recommended**: 403.8 Full-Time Equivalents
Operating Revenue & General Fund Contribution

<table>
<thead>
<tr>
<th>Year</th>
<th>Operating Revenue</th>
<th>General Fund Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>$103.8</td>
<td>$4.2</td>
</tr>
<tr>
<td>2017-18</td>
<td>$106.0</td>
<td>$5.5</td>
</tr>
<tr>
<td>2018-19</td>
<td>$116.8</td>
<td>$5.5</td>
</tr>
<tr>
<td>2019-20</td>
<td>$120.3</td>
<td>$5.6</td>
</tr>
<tr>
<td>2020-21</td>
<td>$121.2</td>
<td>$5.7</td>
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</table>
FY 2019-20 Anticipated Accomplishments

- Third Crisis Residential Treatment opened (Agnes St.)
- Opening of a Jail Diversion/Sobering Center through Prop 47 funding
- Expansion of Co-Response with Law Enforcement
- Centralization of Access Line for Substance Use Disorder and Mental Health referrals
- Transition of Crisis Residential facility in Santa Maria to Forensic specialization (AB1810 grant funding)
- Expanded Housing – Polly’s House, Depot Street
- Finalize design of forensic MHRC and release Request for Proposals for construction
- Identify navigation center site and locations for emergency shelter homes
FY 2020-21 Objectives

- Expanded Housing/sheltering – No Place Like Home projects
- Champions Healing Center - opening Spring 2020 – bring clients back in county and improve PHF bed mix 🔷 *COVID accelerated timeline
- Fully implement diversion grants (Prop 47 & AB1810) with data collection focus to evaluate outcomes 🔷
- Operationalizing of Innovations funded Peer to Peer Chat and Digital Therapeutics (PPCDT) application (Tech Suite)
- Ongoing Community Trauma Support for Mass Casualty Incidents (COVID)
- Implement a local Assisted Outpatient Treatment (AOT) program to incorporate with a more assertive proactive model including co-response (per Governor’s budget recommendation) and lessons learned from the pilot
RENEW ‘22 | Big Picture Goals

Migrate County Services Online
- Select and implement an Electronic Health Records System at the Psychiatric Health Facility in transition to 100% paperless practice.
- Implement DocuSign across administrative programs to eliminate the need for paper exchange and wet signatures.

Process Improvement Training
- Several Behavioral Wellness employees will attend the County-provided process improvement training and innovation training

Enhance Financial Resiliency
- Increase federal and state revenue drawdowns at the Psychiatric Health Facility by improving the ratio of acute to admin clients. This will be achieved with the opening of Champion Center, which will improve the flow of clients ready to transition from the PHF to lower levels of care.
## RENEW ‘22 | Big Picture Goals

### Respond

**Conduct Satisfactory Surveys**
- Conduct Mental Health and Alcohol and Other Drug customer satisfaction surveys twice per year.
- Conduct customer satisfaction survey of Psychiatric Health Facility clients upon discharge.

### Retain

**Manager Leadership Development**
- Send managers through the California Institute for Behavioral Health Solutions (CIBHS) Leadership Institute, which is specifically designed to develop great leaders in the field of public behavioral health care.
- Continue to send managers through the County-provided Leadership Certificate Program (LCP).

**New Employee Retention**
- Continue to offer training and Continuing Professional Education (CPE) opportunities for all practitioner disciplines.
## Performance Measures

<table>
<thead>
<tr>
<th>Description</th>
<th>2017-18 Actual</th>
<th>2018-19 Actual</th>
<th>2019-20 Est. Actual</th>
<th>2020-21 Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Inpatient Services</strong></td>
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<td></td>
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<tr>
<td>Percentage of clients readmitted to the PHF within 30 days of discharge</td>
<td>13%</td>
<td>13%</td>
<td>11%</td>
<td>10%</td>
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<tr>
<td></td>
<td>55/345</td>
<td>58/313</td>
<td>27/233</td>
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</tr>
<tr>
<td>Average inpatient length of stay at the PHF</td>
<td>13 days</td>
<td>13 days</td>
<td>11 days</td>
<td>7 days</td>
</tr>
<tr>
<td></td>
<td>436</td>
<td>419</td>
<td>233</td>
<td></td>
</tr>
<tr>
<td>Average number of days to appointment following PHF discharge</td>
<td>4 days</td>
<td>5 days</td>
<td>7.6 days</td>
<td>7 days</td>
</tr>
<tr>
<td></td>
<td>252/434</td>
<td>281/412</td>
<td>153/215</td>
<td></td>
</tr>
<tr>
<td>Percentage of PHF clients on administrative day status</td>
<td>44%</td>
<td>48%</td>
<td>54%</td>
<td>55%</td>
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<tr>
<td></td>
<td>2,214/5,060</td>
<td>2,186/4,570</td>
<td>1,072/1,998</td>
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</table>
## Performance Measures

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<tr>
<th>Description</th>
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<th>2019-20 Est. Actual</th>
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</thead>
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<tr>
<td><strong>Quality Care Management</strong></td>
<td></td>
<td></td>
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<tr>
<td>Percentage of call center requests for MH crisis services offered</td>
<td>98%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>appointment within one day</td>
<td>2,258/2,288</td>
<td>1,965/1,987</td>
<td>894/901</td>
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<tr>
<td><strong>Mental Health Outpatient &amp; Community Services</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Percentage of adult Crisis Stabilization Unit clients that stabilize in</td>
<td>92%</td>
<td>92%</td>
<td>91%</td>
<td>85%</td>
</tr>
<tr>
<td>the community (do not need involuntary inpatient care within 30 days)</td>
<td>383/416</td>
<td>383/416</td>
<td>187/205</td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol and Drug Programs</strong></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Percentage of adults who successfully completed treatment</td>
<td>43%</td>
<td>55%</td>
<td>57%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>101/234</td>
<td>94/172</td>
<td>141/248</td>
<td></td>
</tr>
<tr>
<td>Percentage of youth who successfully completed treatment</td>
<td>59%</td>
<td>48%</td>
<td>52%</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>120/248</td>
<td>90/172</td>
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Service Level Reductions

NONE

*Pre-COVID Impact
Assisted Outpatient Treatment Pilot

Referrals received averaged 3 per month

- 52% referrals from family, 25% MH Tx, 18% Law Enforcement
- 67% of referrals were under age 45
- 77% were dual diagnosis
- 52% were homeless
- 38% on Probation
Outreach visits averaged **3 times a week per eligible referral**

- Referrals contacted on average **39 times** (median 33, range 1-234 attempts)
- Difficult-to-reach population: 4 successful contacts for every 10 attempts
  - 44% of referrals voluntarily accepted treatment
  - 7% court ordered to treatment
  - 22% continued outreach
  - 30% closed/refused

**Assisted Outpatient Treatment Pilot**

**Intensive Outreach and Engagement Efforts by Month**

- Attempts (no contact)
- Attempts that resulted in contacts

FY 2020-21 Budget Workshops
Assisted Outpatient Treatment Pilot Conclusions

- Intensive Outreach and Engagement (IOE) efforts have built a highly effective referral system.
- Narrow criteria rejected potential SMI clients & sources resulting in far fewer referrals and eligible than anticipated; & minimal AOT petitions; outcomes related to IOE and ACT consistent with prior research.
- IOE efforts are reducing the number of negative life events for participants. Reduction in use of crisis services, crisis calls and psychiatric hospitalizations related to ACT treatment.
“California’s behavioral health laws may have been ahead of their time, but today, call out for reform.

we need better legal tools, ones that allow local governments, health providers, and law enforcement to more effectively help people access the treatment they need.

Take Laura’s Law, which allows loved ones and service providers to ask courts to compel those who need treatment into community-based outpatient care. The problem is, it’s too hard to use. We need to remove some of the conditions imposed on counties trying to implement the law, so we can expand who benefits.

And with Housing Conservatorships, we should authorize counties throughout the state to establish these programs.

we know that the most urgent issue is not the legal inability to conserve people but the unavailability of housing and care for those who most need it.

Policy is an empty promise without creating more placements.”
Use Pilot lessons to create SB-Better than AOT Program

- Broaden eligible initial referral resources (e.g. concerned citizens)
- Broaden program eligibility criteria so SMI receive IOE and opportunity for voluntary treatment
- When resistant, engage early through MH/LE Co-response team
- Create placements through continued GF support for effective components - Intensive Outreach and Engagement linked with ACT and housing
- Engage Public Guardian to initiate Conservatorship when appropriate
- Consider adopting Housing Conservatorship model
- Eliminate high cost AOT items - Evaluation $81K, CC FTE
Summary

• Medi-Cal Reform: CalAIM
  • Many fundamental changes to Behavioral Health service delivery and funding models

• Mental Health Services Act prioritization changes
  • Focus on Criminal Justice, Schools, Homeless

• Pandemic Impact
  • Mitigate impacts to service delivery to extent possible with technology
  • Economic impact on sales taxes and personal income taxes unknown (~$38M revenue tied directly to taxes)
High performance is the ability to deliver — over a prolonged period of time — meaningful, measurable, and financially sustainable results for the people or causes the organization it is in existence to serve.

“There’s no one we’d rather do Disaster with than you”