

Section 14

Alcohol, Drug & Mental Health Services



ADMHS
June 7, 2010

ADMHS FY09-10 & 10-11

Financial Issues

- Increase in benefit related costs
- Elimination of ARRA funds (12/31/2010)
- Continuing loss of State Mental Health Realignment, Substance Abuse and Crime Prevention Act (SACPA), and Offender Treatment Program (OTP) funds
- Reduction in State Managed Care dollars
- Increase in County allocated costs (legal & accounting)
- Reduction in General Fund Contribution
- Delay in State Medi-Cal payments (up to 5 months)
- Serious threat from Governor's May Revise: 60% cut in Realignment funds, 33% reduction in alcohol and drug resources and 100% cut to CalWORKS.

ADMHS ADP Services FY10-11 Budget Gap

Total Revenue Loss: \$1.2 M

- Substance Abuse and Crime Prevention Act (SACPA) and Offender Treatment Program (OTP) offering treatment alternatives to persons with non-violent drug offenses: (\$236,000)
- SACPA funding completely eliminated by FY11-12 (with cumulative loss of \$1.6 M since FY08-09)
- CalWORKS providing substance abuse and mental health treatment for low income families: (\$388,000)
- Reserves: (\$649,000) with balance of \$250,000 at start of FY10-11.

ADP Service Priorities: FY10-11



- Residential detox services
- Support to homeless providers
- Residential treatment/housing for perinatal women and women with children
- Perinatal treatment services
- Youth prevention and treatment services
- Sheriff's jail substance abuse services
- HIV/AIDS services.

Service Impact: ADP

FY10-11 Funding Reductions

- Access to SACPA treatment reduced, allowing for only 170 individuals to receive treatment. (Represents over 70 % reduction in capacity since FY08-09)
- Treatment duration shortened, waiting lists established and self-help groups created for those without resources
- Loss of sober living services for 50 persons and more intensive residential services for 10 persons
- Fewer reserves for Drug Court services, allowing for only 230 individual treatment sessions and 155 group treatment sessions
- Decreasing resources for prevention activities.

GAP Analysis: ADMHS MH Services (Fund 44)

Total Estimated Budget Gap : (\$6.2M)

■ Increases

- Salaries and Benefits
- Cost Allocation (Self Disclosure)

■ Decreases

- ARRA
- EPSDT
- Realignment/VLF/Mgd. Care Allocation
- ECMHS Grant
- GFC

ADMHS Mandate and Priority Population

- ADMHS is the Mental Health Plan Provider for **all** Medi-Cal beneficiaries in Santa Barbara County who meet the criteria for medical necessity as defined in California Code of Regulations, Title 9, Chapter 11.

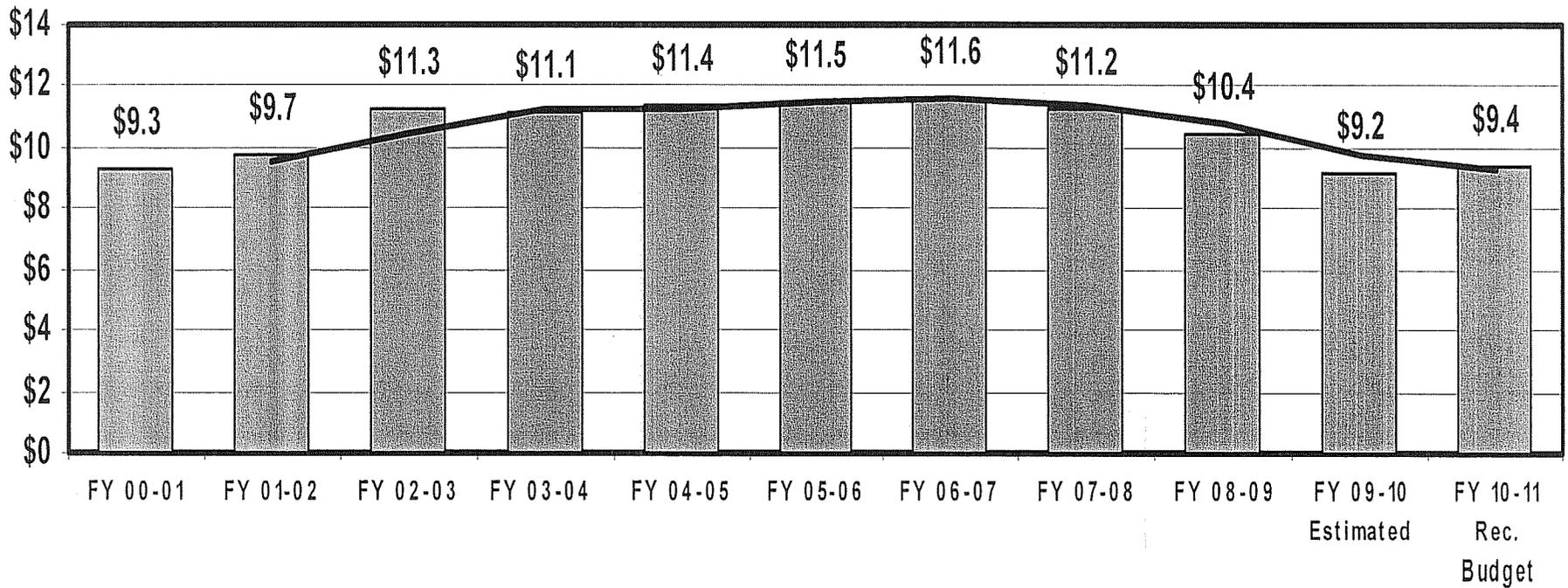
Uninsured And/Or Indigent Persons To The Extent Resources Are Available

- Children with serious emotional disturbance
- Adults and older adults with severe and persistent mental illness, other than a substance use disorder, who:
 - Have substantial impairments in independent living, social relationships, vocational skills, or physical health
 - Are likely to become disabled and in need of public assistance.

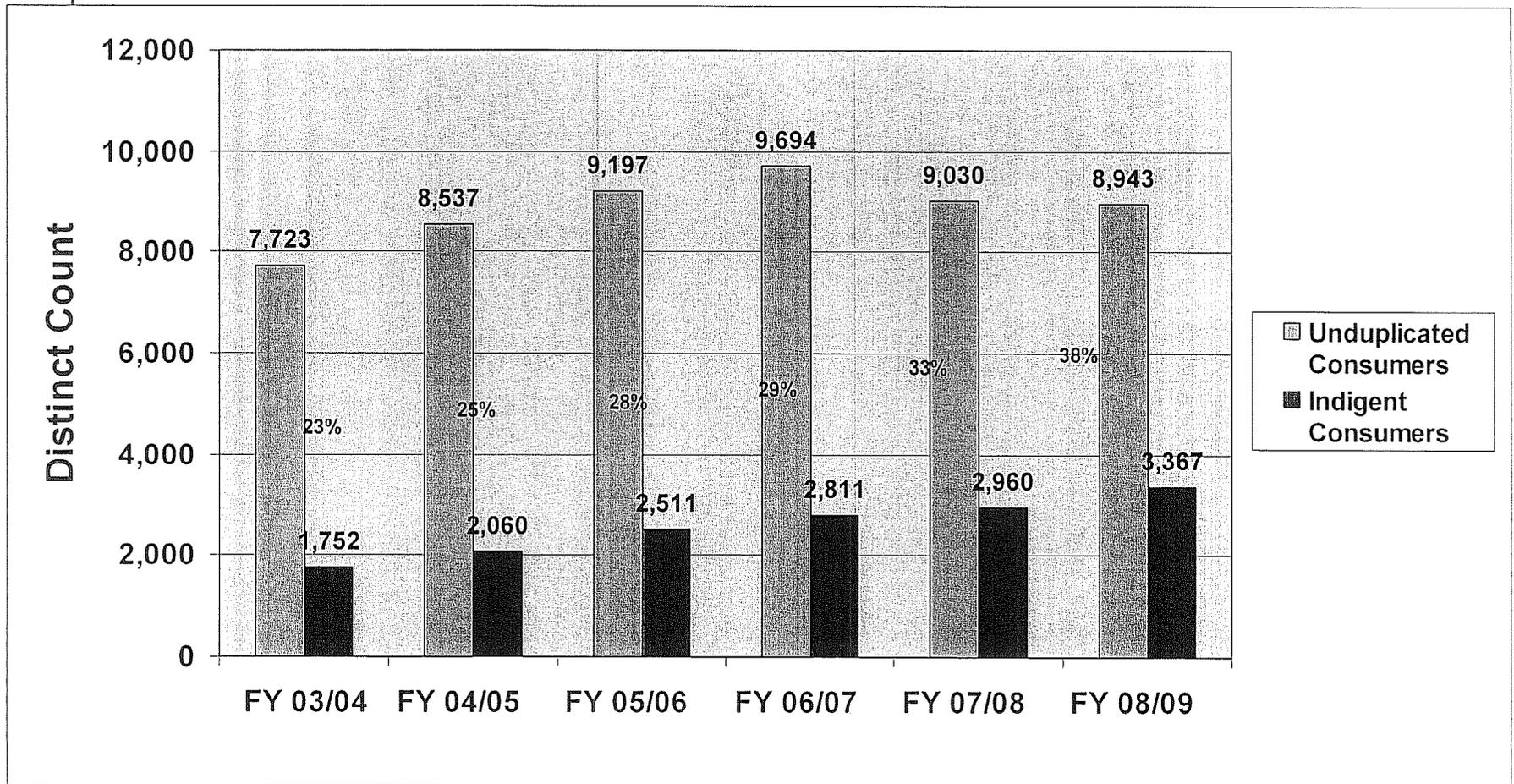
History of Realignment Revenue 2000 - 2010



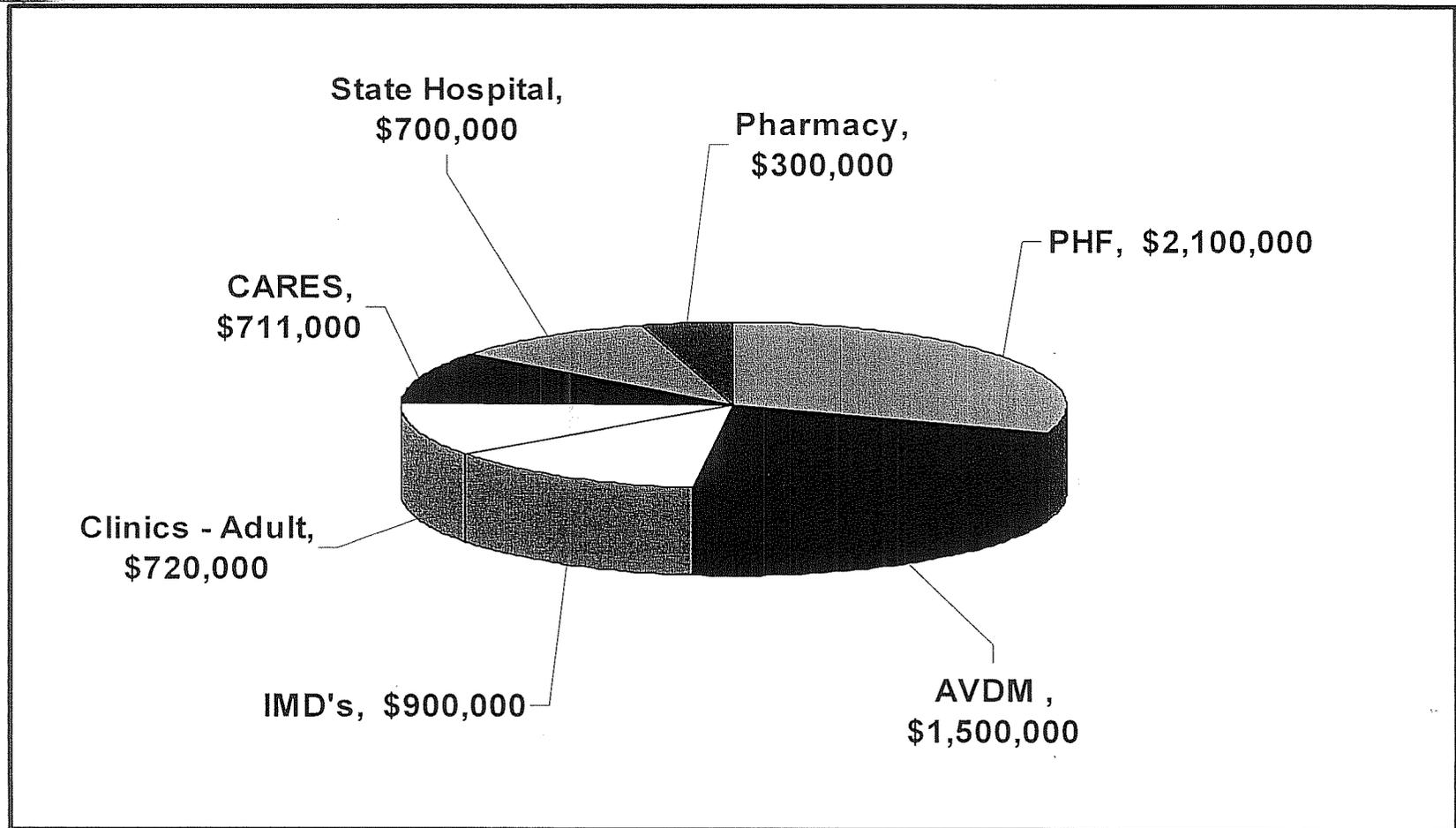
\$'s in millions



Increasing Rate of Persons Who are Indigent



FY09-10 MH Adult Indigent & Unfunded Services – Total \$6.9M

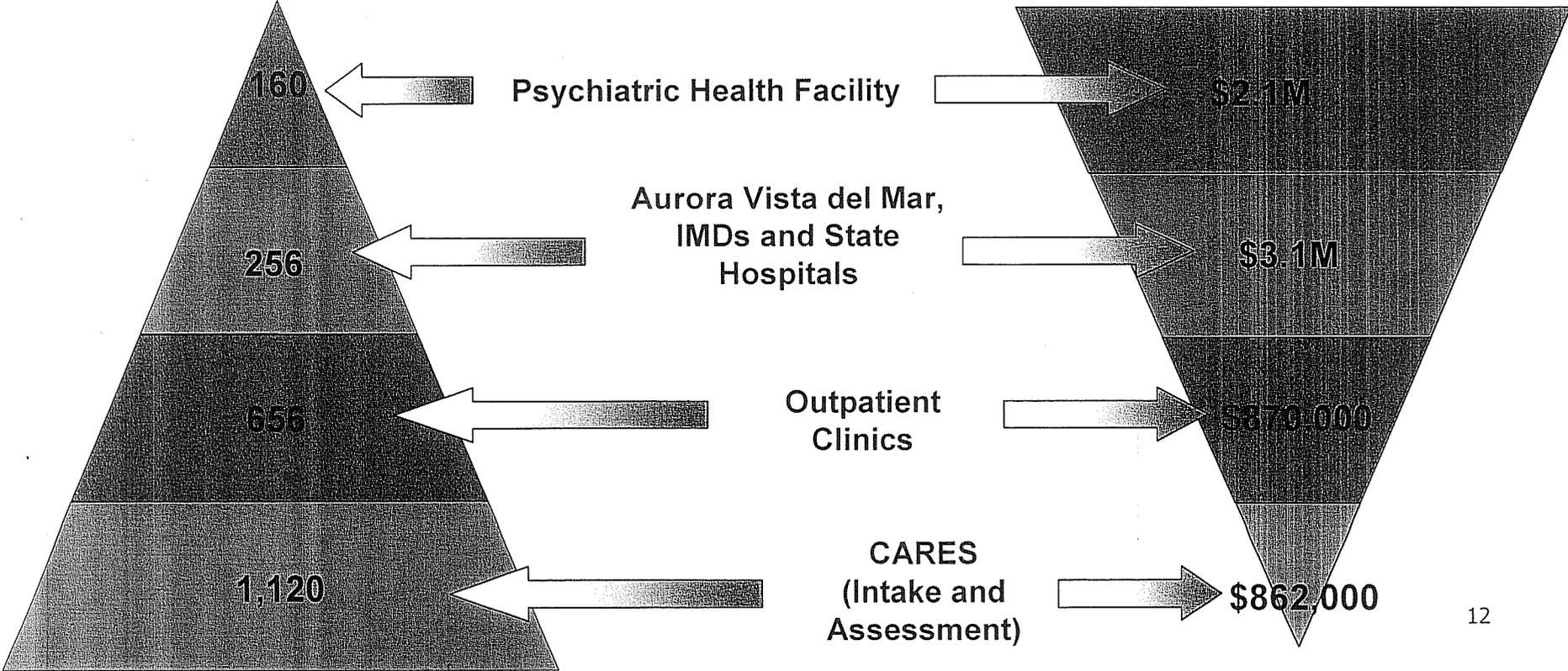


Cost of Indigent and Unfunded Care vs. Clients Served Estimate for FY 09-10



Clients Served: 2192

Costs: \$6.9M



Use of Matching Dollars for Indigent and Unfunded Services: \$12.4M

REVENUE SOURCES

Realignment/VLF:	\$9.4M
Managed Care:	\$.4M
County General Fund:	<u>\$2.6M</u>
Total	\$12.4M

EXPENSES

➤ Inpatient:	\$5.2M
• PHF	\$2.1M
• Aurora Vista	\$1.5M
• State Hospital/IMDs	\$1.6M
➤ Community Services:	\$7.2M
• Matching Dollars for Medi-Cal clients	\$5.5M
• Coverage of services for indigent persons	<u>\$1.7M</u>
Total	\$12.4M

ADMHS MH Services (Fund 44) FY10-11 Budget

Proposed Actions to Address Budget Gap: \$(6.2M)

- **Reduce staff in core mental health services (\$3.6M)**
 - 9.7 FTE layoffs previously assumed, now deferred
 - 14.7 FTE vacant positions: (9.0 FTE will be permanently eliminated)
 - 22.0 FTE filled staff positions moved to funded services

- **Improve management of inpatient resources (\$.9M)**

- **Re-focus treatment services to mandated Medi-Cal population (1.7M)**

Impact of \$1.7M Cost: Community Service for Indigent Persons

- ADMHS' services to indigent persons not sustainable
- Indigent services provided by approximately 11 FTE direct care staff and 3 FTE support staff, with Medi-Cal revenue loss of \$1.5M
- Basic treatment needs of core, mandated Medi-Cal population not fulfilled
- CARES: Intake/assessment process lacks psychiatric access for new Medi-Cal clients (Two-month wait for a psychiatric evaluation)
- Adult Clinics have high caseloads, increasing from 70 per staff in FY07-08 to 103 per staff in FY09-10.

Proposed Change in Indigent Services

- 900 indigent adults served across three ADMHS Adult Clinics and two CARES Intake/Assessment Programs (point-in-time census)
- Two-thirds (600) have alcohol drug service needs and/or mental health service needs but are not identified to have severe and persistent mental illness
- Maintain services to 300 of the 900 indigent individuals most in need, with MHSA Innovation program targeting efforts to help these individuals gain disability benefits and Medi-Cal coverage.

Needs of Indigent Adults Not Meeting State Mental Health Mandated Population

Of 600 current AMDHS indigent adults who do not fall within the State Mental Health mandated population, significant needs will remain:

- Substance use/addictions
- Co-occurring mental health conditions (e.g., depression, anxiety, history of trauma)
- Homeless history or risk of homelessness
- Limited social support
- Health concerns
- Frequent use of emergency rooms
- Risk of arrest/jail.

Possible CBO Service Expansion for Indigent Adults Not Meeting State MH Mandate: 600 Adults/Year

Emphasis on Co-Occurring Substance Abuse and MH Service Needs

Service Type	Frequency	Cost
Medication Management: <ul style="list-style-type: none"> ■ MD Visits (1 FTE Psychiatrist across County) ■ Medication Costs 	Every 4-6 Weeks	\$360,000
Case Management and Outreach (6 FTE across County)	Every Two Weeks	\$300,000
Operating		\$50,000
Total		\$710,000