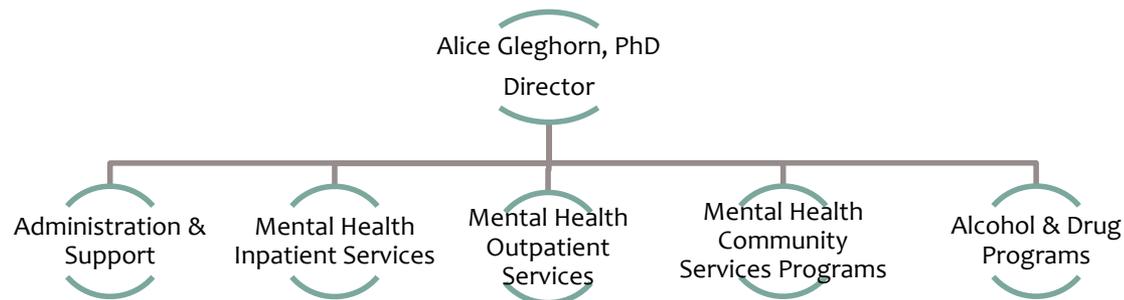


2015-2017 BUDGET WORKSHOP

Alcohol, Drug and Mental Health Services



Overarching Business Trends

- Increased demand for inpatient and acute care services
- Affordable Care Act (ACA) implementation began and Medi-Cal enrollment is increasing with ongoing uncertainty of long term impacts
- New safety services legislation impacting the department
- System change roll-out in beginning phases

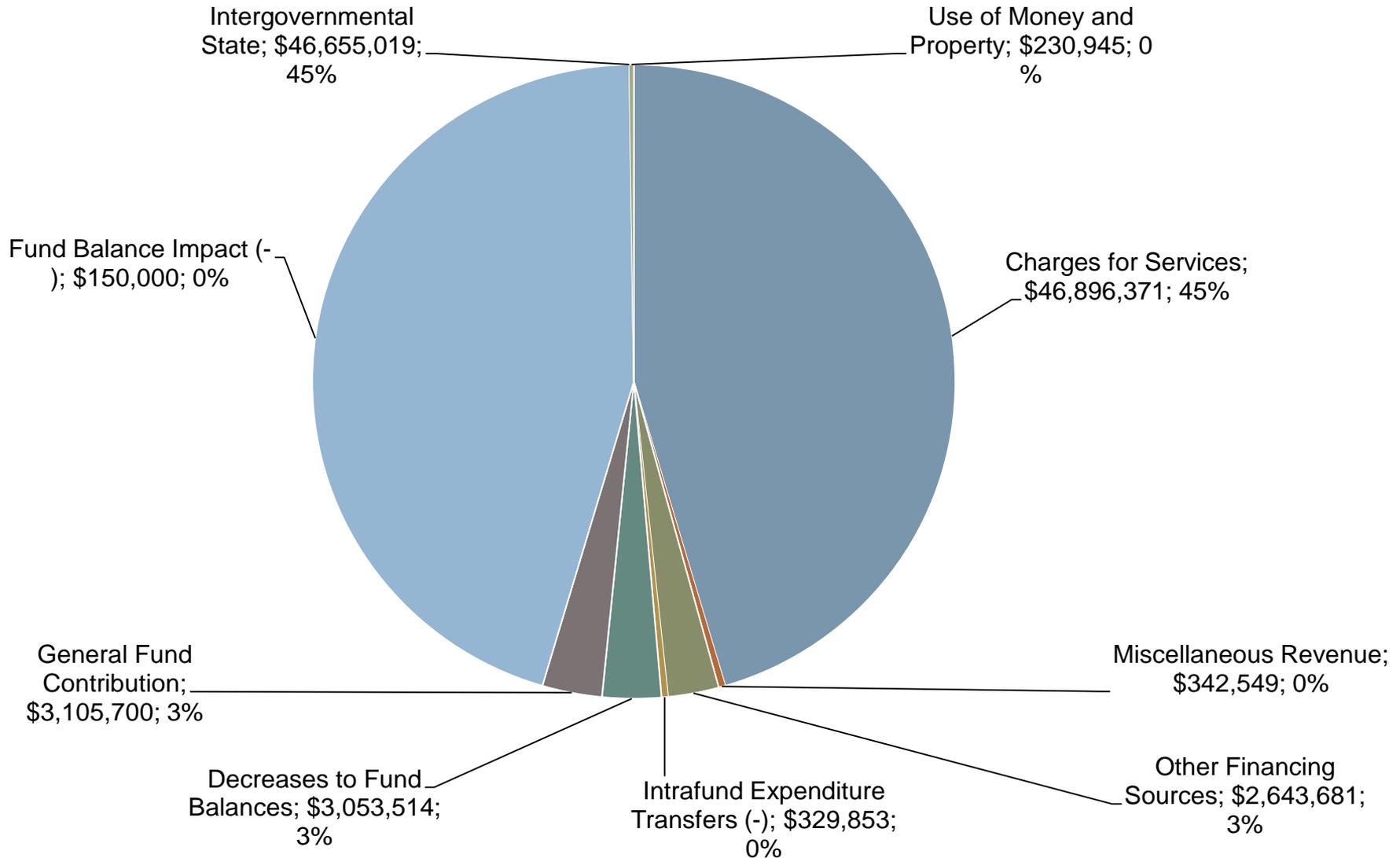
Summary

- Operating \$99,470,112
- Capital \$1,154,994
- General Fund \$3,105,700
- FTE's 405.86
- One Time Use of Fund Balance \$3.1M
- Service Level Reductions \$0
- Expansion Requests \$6,016,510

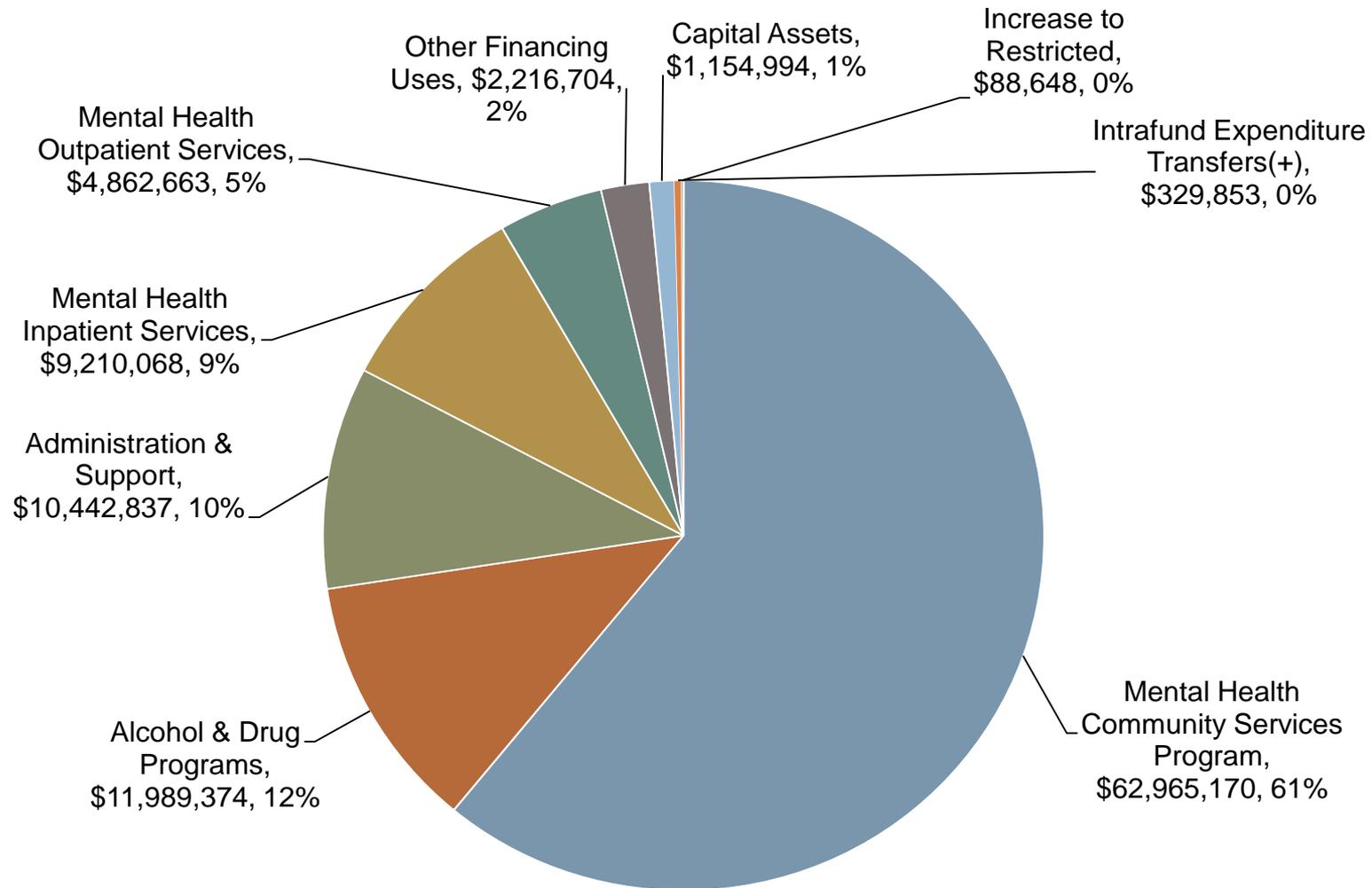
Summary

- Capital Major Projects
 - Crisis Stabilization North: (\$1,099,994) : Senate Bill 82 California Health Facilities Financing Authority (CHFFA) grant provides for building purchase, rehabilitation and furniture associated with establishing a Crisis Stabilization Unit in North County.
 - Capital & IT Equipment: \$45,000

FY 15-16 Source of Funds

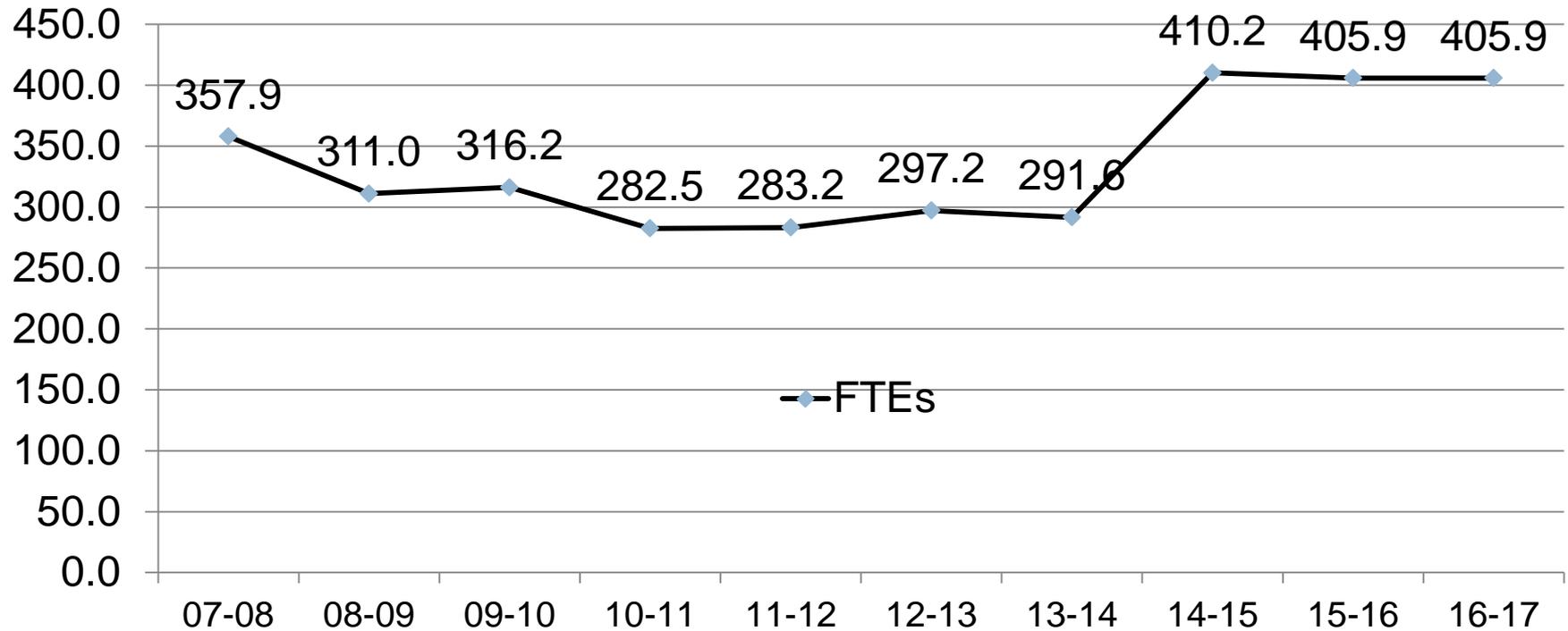


FY 15-16 Use of Funds



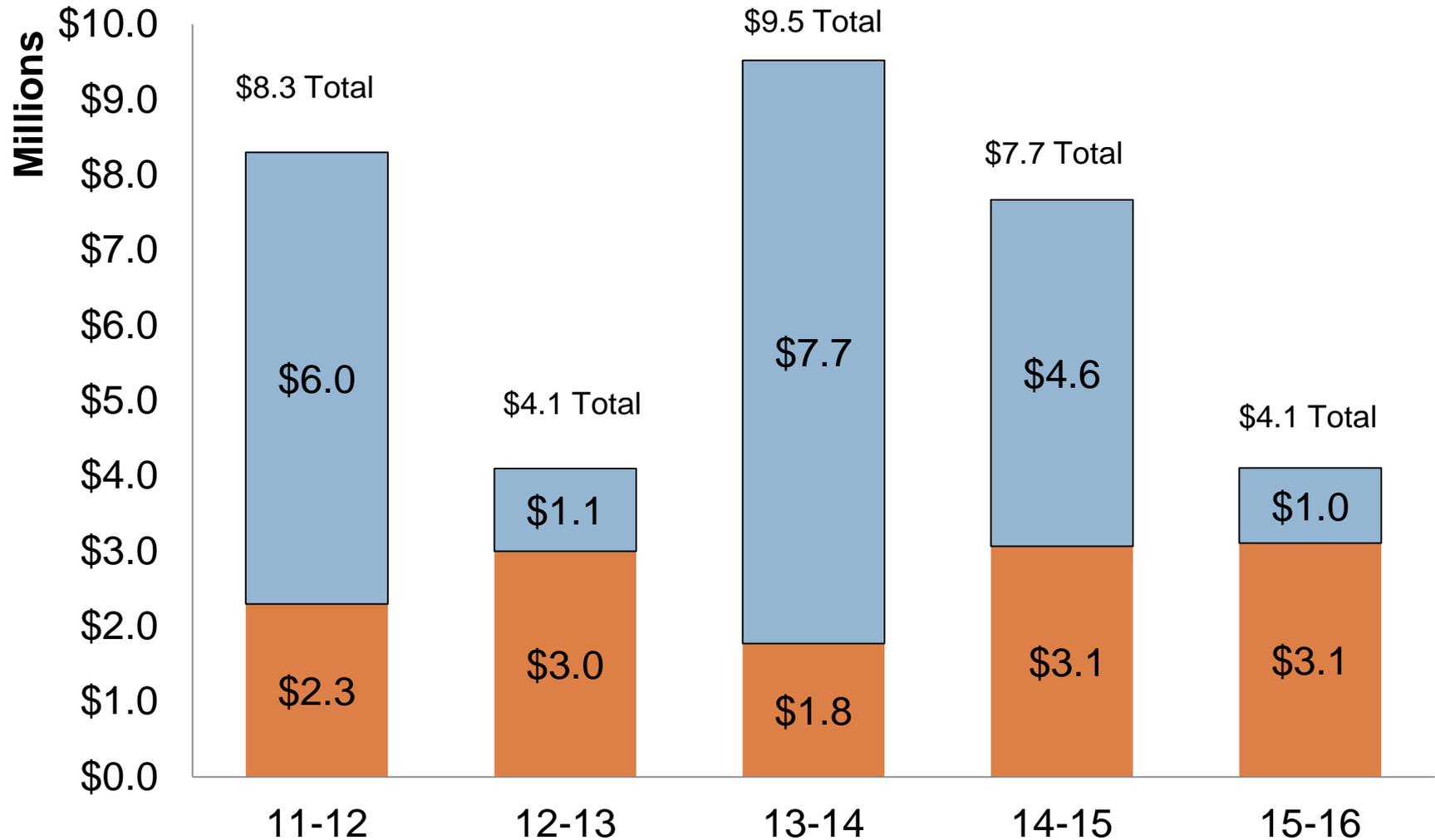
Staffing Summary

- 410.2 FTE FY 14-15 Adopted
- 405.9 FTE FY 15-16 Recommended; FY 16-17 Proposed



GFC 5 Year Summary

■ Budgeted GFC ■ Additional GFC for settlements and deficits



FY 2014-15 Anticipated Accomplishments

- Continued development of comprehensive 21st Century Behavioral Health System (System transformation)
- Continued planning of Consolidated Mental Health Treatment Center in Santa Maria in conjunction with Marian Medical Center
- Began implementation of MHSA based Outpatient programs that target specific populations using evidence based practices.
- Enhanced collaboration with the Sheriff's Department and other key partners.

FY 2014-15 Anticipated Accomplishments

- Celebrated the establishment of the new Lompoc Children's services Clinic.
- Actively sought grants to support system transformation efforts receiving:
 - Mental Health Block Grant (\$80k) to provide linkage and access to intervention for individuals experiencing first episode psychosis.
 - California Office of Statewide Health Planning and Development (OSHPD) grant (\$150k) to strengthen the skills and retention of people with "lived experience" -- consumers, family members and caregivers -- working in the public mental health system.
 - Investment in Mental Health Wellness Act of 2013 Grants (\$8.3M) to provide triage services to persons with mental illness requiring crisis intervention.
 - Senate Bill 82 CHFFA Grants (\$2.6M) to enhance crisis services by developing a new Crisis Residential facility, Crisis Stabilization Unit, and Lompoc Mobile Crisis team.

FY 2015-17 Objectives

- Continued Implementation of comprehensive 21 Century Behavioral Health System (System transformation)
- Complete planning of Consolidated Mental Health Treatment Center in Santa Maria in conjunction with Marian Medical Center
- Utilize MHSA housing funds to create permanent housing units
- Develop strategies to expand safe and stable housing options within Santa Barbara County for complex clients
- Complete implementation of integrated substance abuse and mental health services
- Begin operations of new Crisis Stabilization Units and a Crisis Residential program

Performance Measures

Description	2012-13 Actual	2013-14 Actual	2014-15 Est.Act.	2015-16 Rec.	2016-17 Prop
Reduce the percentage of “high cost” Medi-Cal beneficiaries (greater than \$30k per beneficiary, per year)	4.99% (269/5,387)	4.76% (273/5,740)	1.77% (106/6000)	1.77% (106/6000)	1.77% (106/6000)
Decrease the average inpatient length of stay to 7 days, while decreasing the number of acute bed days (AVDM, Hillmont, PHF)	8.33 days	10 days	12 days	12 days	12 days
Maintain the number of out-of-home placements for children at Level 13/14 residential care facilities at 5 or less.	6	4	4	4	4
To increase successful treatment and recovery, 60% of adults in substance abuse treatment will stay 90 days or more	45%	48%	45%	60%	60%

Service Level Reductions

There are no Service Level Reductions compared to ongoing Board approved service levels; however, during FY 2014-15, service demand for inpatient mental health beds far exceeded budgeted levels. This situation creates a need and departmental request for expanded services and is included in the following Budget Enhancement Request schedule.

FY 15-16 Efficiency Changes

- Increased access to care leading to more timely appointments and better consumer outcomes
- Create welcoming environment resulting in greater consumer engagement in care
- Increased access to crisis services diverting clients from use of more intensive services in restrictive settings (PHF/IMD)
- Explore the possibility of access to court ordered medications in the jail resulting in quicker stabilization of psychiatric symptoms and less deterioration of clients in acute psychiatric distress

Key Challenges and Emerging Issues

- Increasing community demands for expensive and restrictive treatment have significantly exceeded previous levels.
- Reduced options in county for safe and stable housing for complex clients in Santa Barbara County.
- Full engagement of staff and CBO's at all levels is necessary to achieve complete implementation of system transformation.
- For new program models Medi-Cal funding is difficult to project.
- Alcohol Drug Programs Medi-Cal waiver to create an Organized Delivery System (ODS) will change current service delivery models.

Key Challenges and Emerging Issues

- MHSA Outpatient System sustainability concerns as costs of programs exceed available funding from current year revenue sources and lack of fund balance to balance.
- Audits and Cost Settlements liabilities that are not closed for prior years may be unfunded; last closed audited year is FY 2008-09.
- General fund support for ADMHS services as compared to majority of other California counties reduces the ability to engage in responsible long term fiscal planning and implementation of cost effective, high quality evidence based practices.

Budget Enhancement Requests

Enhancement Request	Costs	FTE	Funding					Start
			GFC	State*	MHSA	Grant	Medi-Cal	
Outpatient Expansion- GRRLS program	\$0.7M	8.36	\$0.0	\$0.0	\$0.7M	\$0.0	\$0.0	Q1
Southern California Regional Partnership	\$0.2M	1.76	\$0.0	\$0.0	\$0.0	\$0.2M	\$0.0	Q1
Crisis System Expansion- CSU and Crisis Residential	\$1.4M	11.36	\$0.0	\$0.0	\$0.0	\$0.0	\$1.4M	Q1
Alcohol Drug Program Quality Assurance Expansion	\$0.3M	2.00	\$0.0	\$0.1M	\$0.0	\$0.0	\$0.2M	Q2
Acute Care Expansion – PHF Discharge Coordinator	\$0.1M	1.00	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1M	Q1
Safe and Stable Housing for Inpatient Discharge	\$1.0M	0.00	\$1.0M	\$0.0	\$0.0	\$0.0	\$0.0	Q1
Out of County Short and Long term beds – existing 2014-15 usage, less benefit of new Crisis Units/B&C	\$1.6M	0.00	\$1.6M	\$0.0	\$0.0	\$0.0	\$0.0	Q1
Anticipated increased IMD beds (8) beyond current usage	\$0.7M	0.00	\$0.7M	\$0.0	\$0.0	\$0.0	\$0.0	Q1
Totals	\$6.0M	24.48	\$3.3M	\$0.1M	\$0.7M	\$0.2M	\$1.7M	

Summary

- The goal of ADMHS is to transform the system to provide high quality, cost efficient, evidenced based services in the least restrictive environment, utilizing recovery oriented, client centered, strength based and culturally competent principles.