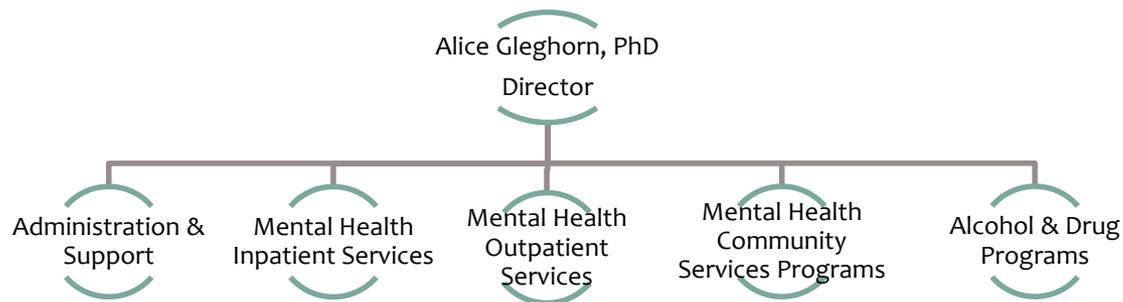


2016-2018 BUDGET WORKSHOP

Behavioral Wellness



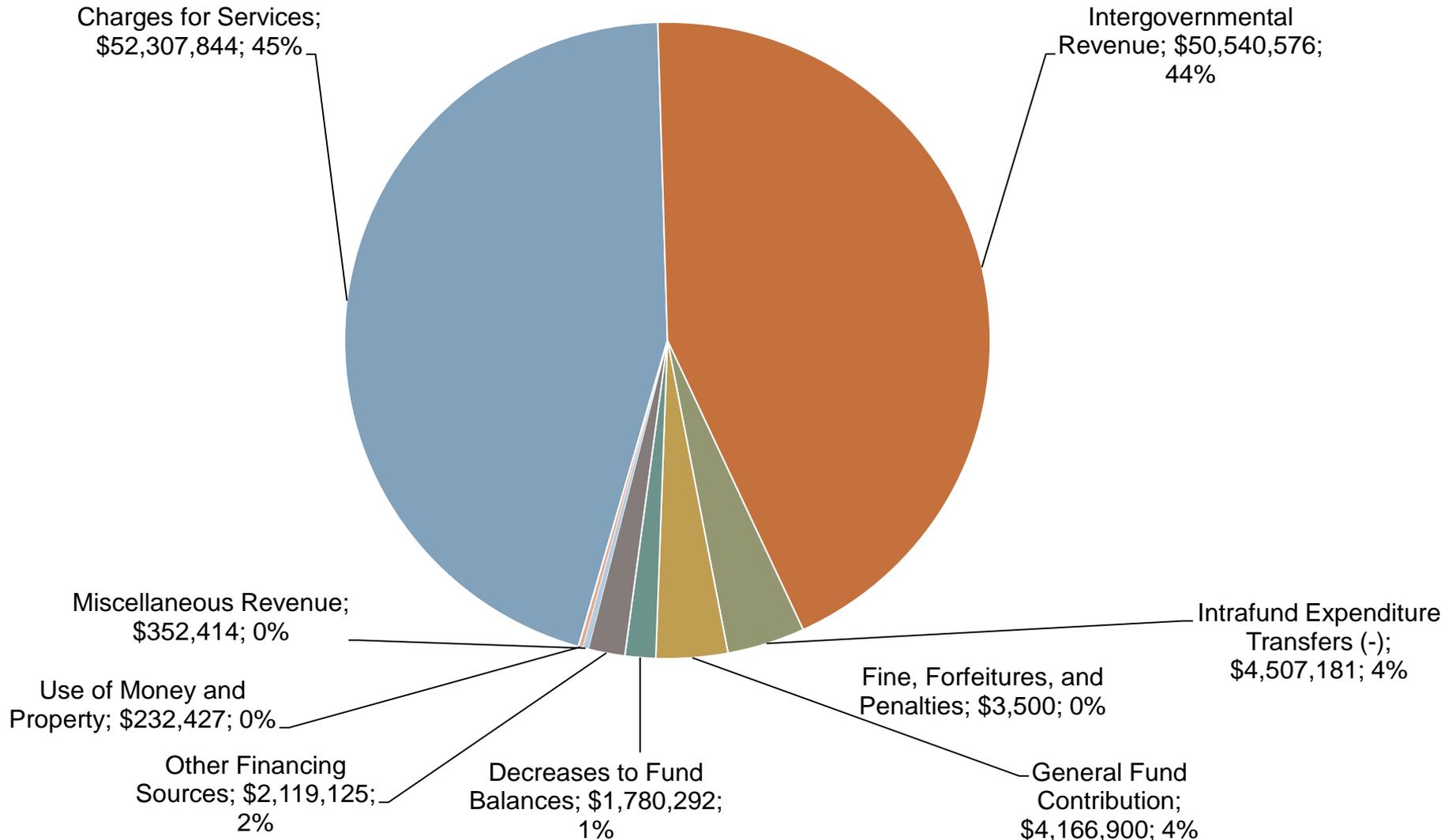
Overarching Business Trends

- Continued high demand for inpatient and acute care services
- Affordable Care Act (ACA) implementation and Medi-Cal enrollment stable with ongoing uncertainty of long term impacts, such as demand from new Organized Delivery System
- System Change of activity driving program development based on client need
- Sustainability is key focus due to revenue variability

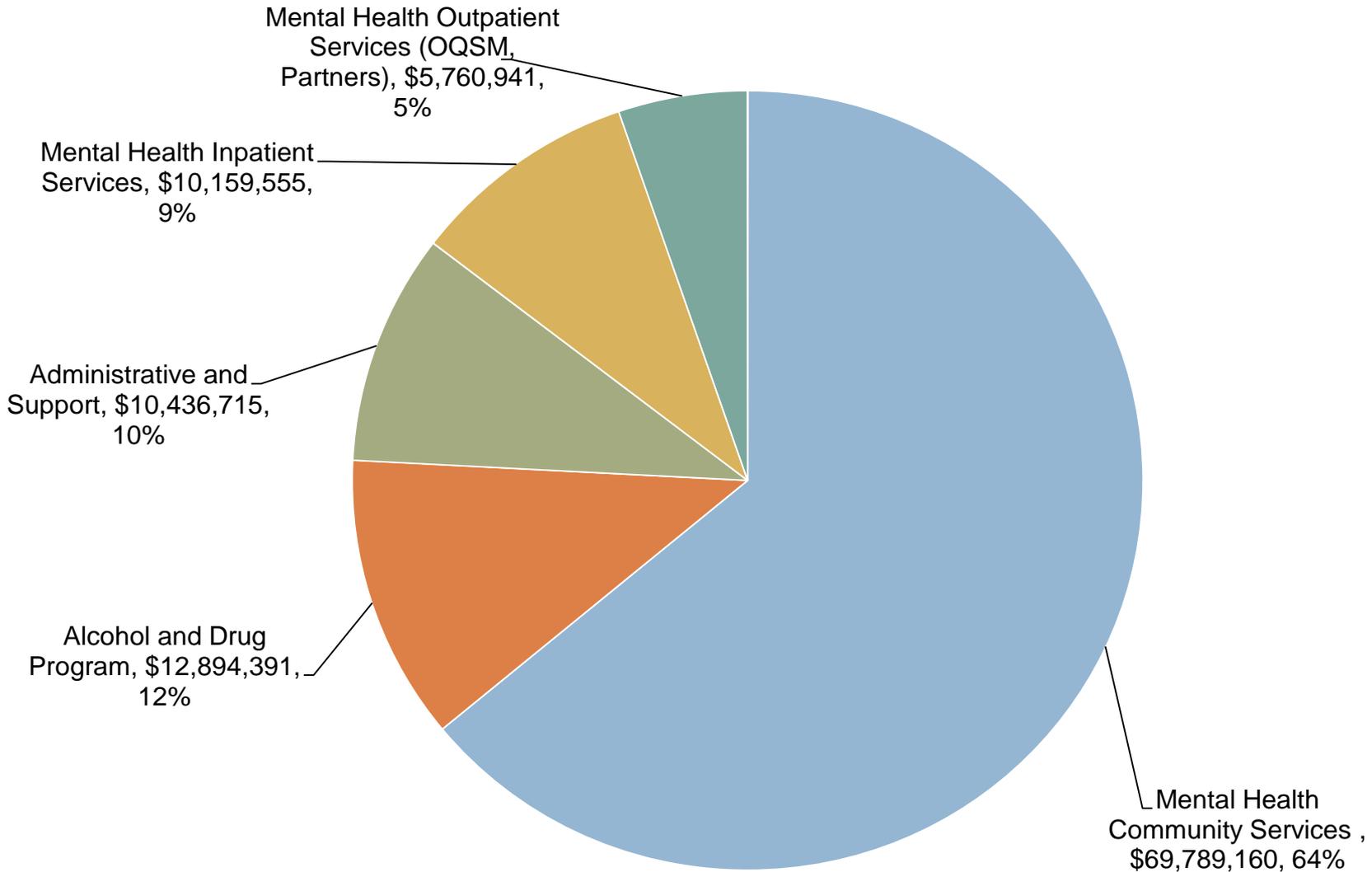
Summary

- Operating \$109,040,762
- Capital \$46,000
- General Fund \$4,166,900
- FTE's 432.10
- Use of One Time for On-Going Operations \$1.8M
- Service Level Reductions \$2.8M
- Expansion Requests \$1.6M

FY 16-17 Source of Funds

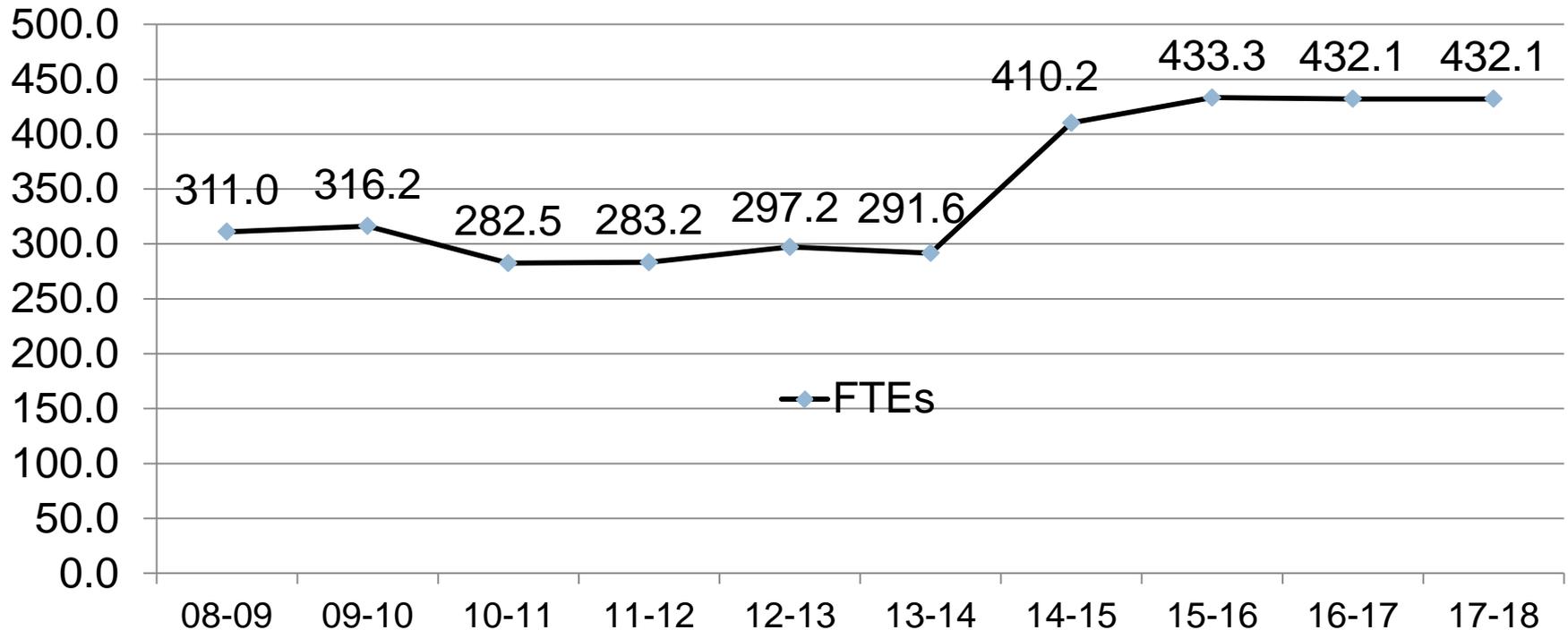


FY 16-17 Use of Operating Funds

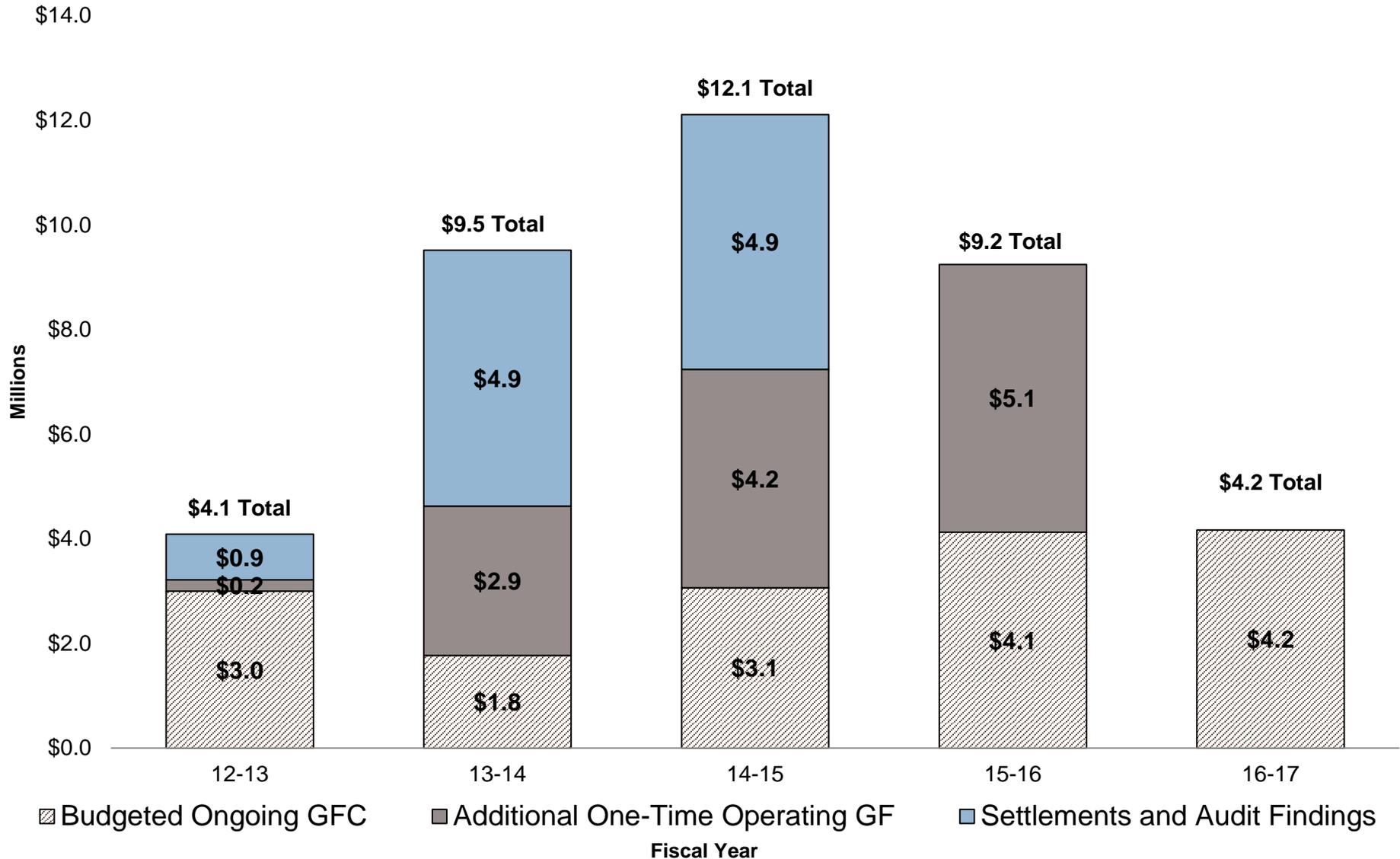


Staffing Summary

- 433.26 FTE FY 15-16 Adopted
- 432.10 FTE FY 16-17 Recommended; FY 17-18 Proposed



GFC 5 Year Summary



FY 2015-16 Anticipated Accomplishments

- New departmental identity and name change
- Crisis stabilization unit (12 slots) and respite residential program (8 beds) in South County now in operation
- Continued improving access to care through increased ACA clients served
- Expansion of Forensic Programming and Homeless Services Countywide to improve continuity of care, divert individuals from jail, and reduce acute hospitalizations

FY 2015-16 Anticipated Accomplishments

- Safe and Stable Housing locations established at Alameda and Cottage Grove (estimated Q4)
- System change progressing
- Organizational Leadership structure developed
- Data dashboard and client reports used to gauge client outcomes, document deadlines & monitor staff workload
- Establishment of Alcohol and Drug Program Intensive Outpatient Treatment (IOT) services in every region of the county

FY 2016-18 Objectives

- Creation of a comprehensive, integrated, behavioral health system
- Complete planning of a consolidated Mental Health Treatment Center to provide for additional services in conjunction with Marian Medical Center
- Utilize MHSA housing funds to create permanent safe and stable housing
- Coordination with community partners to address needs of high utilizers of multiple systems

FY 2016-18 Objectives

- Development of Screening, Brief Intervention and Referral to Treatment (SBIRT) services and Sobering Center in Isla Vista
- Continued integration of alcohol and other drug (AOD) with mental health through the certification of existing mental health clinics for Drug Medi-Cal(DMC) services.
- Develop and initiate the Organized Delivery System for Alcohol and Drug Programs
- Implement Crisis Stabilization in North County

Performance Measures

Description	2013-14 Actual	2014-15 Actual	2015-16 Est.Act	2016-17 Rec.	2017-18 Prop
The percentage of “high cost” Medi-Cal beneficiaries (greater than \$30k per beneficiary, per year) (Goal: reduce by 7.5% per year)	4.76% 273/5,740	4.18% 282/6,745	4.00% 240/6,000	3.70% 220/6,000	3.42% 220/6,000
Percentage of departmental Employee Performance Reviews (EPRs) completed by the due date.	Not Used in Prior Years	25.6% 53/207	37.8% 96/254	80.0%	100%
The percentage of clients who are readmitted to the PHF within 30 days of discharge (Goal: decrease by 20% per year)	10.0% 42/421	12.8% 37/290	12.4% 46/372	10.0% 37/372	8.0% 37/372
The average acute inpatient length of stay (VDM, Hillmont, PHF) (Goal: decrease to 7 days)	10 days	10 days	11 days	7 days	7 days
Percentage of children referred for mental health screenings and receiving mental health services, will receive specialty mental health services (Katie A class and subclass criteria) (Goal: 50%)	58%	61%	48%	50%	50%

Performance Measures (Continued)

Description	2013-14 Actual	2014-15 Actual	2015-16 Est.Act	2016-17 Rec.	2017-18 Prop
Percentage of adult clients served by the Crisis Stabilization Unit that stabilize in the community without need for involuntary inpatient care. (Goal: 85%)	N/A	N/A	85%	85%	85%
The time between admission and the first psychiatrist appointment for adults and children. (Goal: reduce by 20% per year)	30 days	39 days	25 days	20 days	16 days
Percentage of adults in substance abuse treatment will stay 90 days or more. (Goal: 60%)	58% 1,548/2,689	57% 1,633/2,847	53% 1,684/3,194	60%	60%
Percentage of adults receiving services in substance abuse programs will successfully complete treatment. (Goal: 50%)	40% 1,078/2,689	44% 1,263/2,847	40% 1,276/3,194	50%	50%
Percentage of youth in substance abuse treatment will stay 90 days or more. (Goal: 75%)	77% 529/687	76% 526/696	75% 525/700	75%	75%
Percentage of youth receiving services in substance abuse programs will successfully complete treatment. (Goal: 70%)	57% 392/687	61% 423/696	60% 420/700	70%	70%

FY 16-17 Efficiencies

- To ease the use of acute inpatient services:
 - Development of robust crisis intervention (Mobile and Triage teams) and stabilization services (8 slots)
 - Utilization of all 20 crisis residential beds and community beds to divert expenditures from inpatient to residential services
 - Enhancement of competency restoration services provided in community residential settings for incarcerated mentally ill who may be incompetent to stand trial

Service Level Reductions

- Reduction of contracted out of county services of \$2.8M including:
 - Short term acute bed usage from 11 beds/day to 3 beds/day (\$2.5M), and
 - Long term IMD bed usage from 43 beds/day to 38.3 beds/day (\$0.3M)

Behavioral Wellness anticipates service need decreases in FY 16-17 due to improved flow in the Inpatient System of Care resulting from full implementation of the Crisis Stabilization Unit, Crisis Residential Facility, and new safe and stable housing options.

Key Challenges and Emerging Issues

- Continued increase of 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

- MHPA 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
- Greater General Fund or other ongoing revenue support for Behavioral Wellness services would improve the ability to engage in long term fiscal planning and implementation of cost effective, high quality evidence based practices

Budget Enhancement Requests

Enhancement Request	Costs	Funding		Start
		GFC	Medi-Cal	
Out of County Short term beds – Existing 2015-16 usage, less benefit of new Crisis Units/B&C	\$1.3M	\$1.3M	\$0.0	Q1
Anticipated Long Term IMD beds – Existing 2015-16 usage of 43 beds by re-establishing funding of 4.7 beds	\$0.3M	\$0.3M	\$0.0	Q1
Housing, Outreach, and Assertive Community Treatment Expansion	TBD			
Totals	\$1.6M	\$1.6M	\$0.0M	

Budget Enhancement Requests

- Requesting the restoration of a portion of Out Of County Short Term Acute and Long Term inpatient (IMD) beds
 - Restoration will add back:
 - 4.0 short term beds to total 7.0 beds/day
 - 4.7 long term beds to total 43 beds/day
 - Behavioral Wellness is requesting \$1.6M for restoration of 8.7 beds. If the expansion is granted, these beds would be available to support estimated community needs.

Summary

- The goal of Behavioral Wellness 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.



Garden Fountain by Bridget Hochman