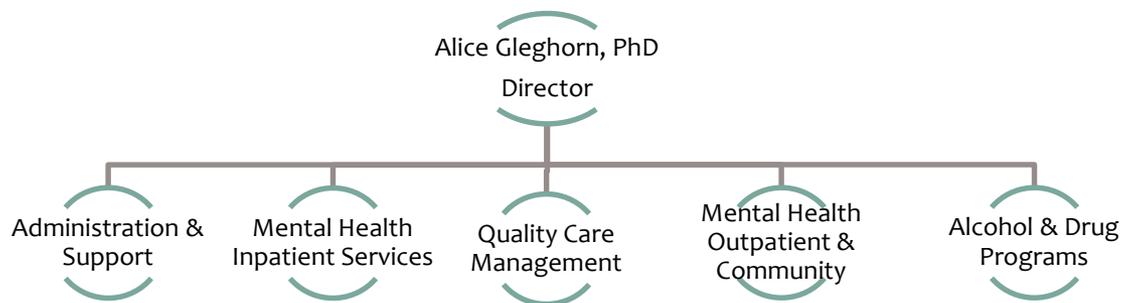


# 2017-2019 BUDGET WORKSHOP

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## Behavioral Wellness

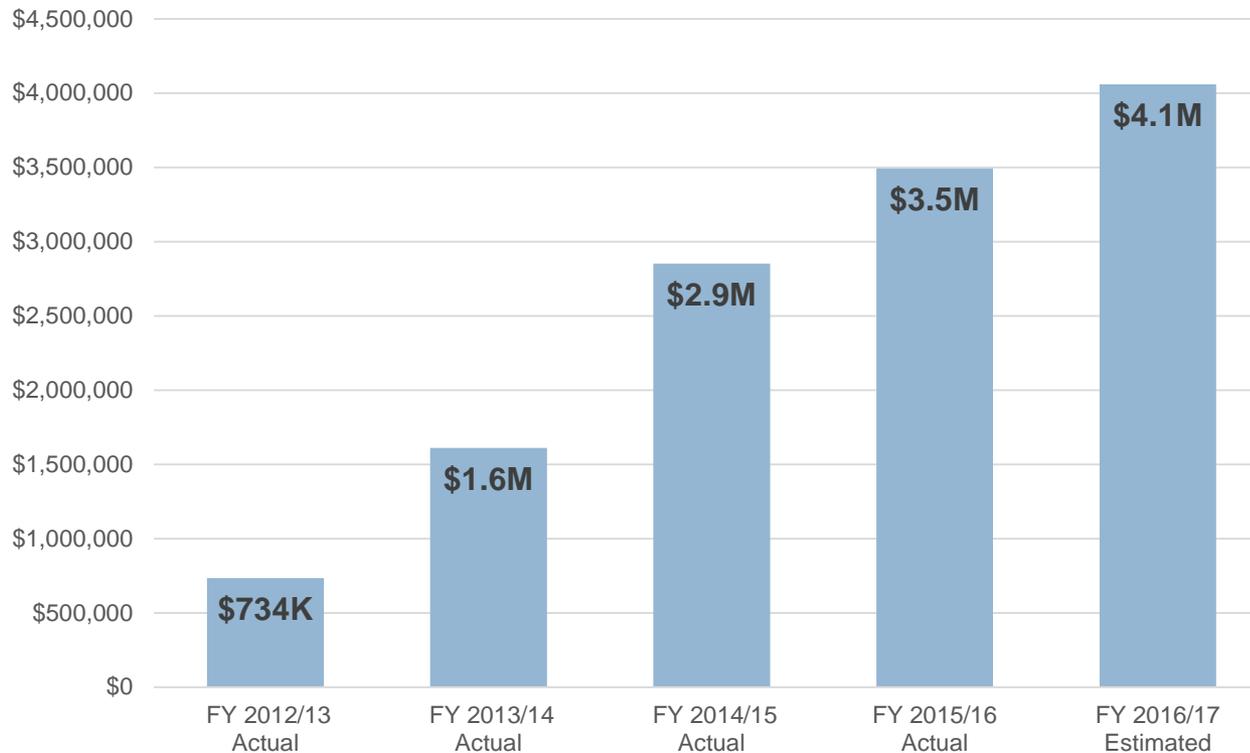


# Key Challenges / Emerging Issues

- 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

# Key Challenges / Emerging Issues

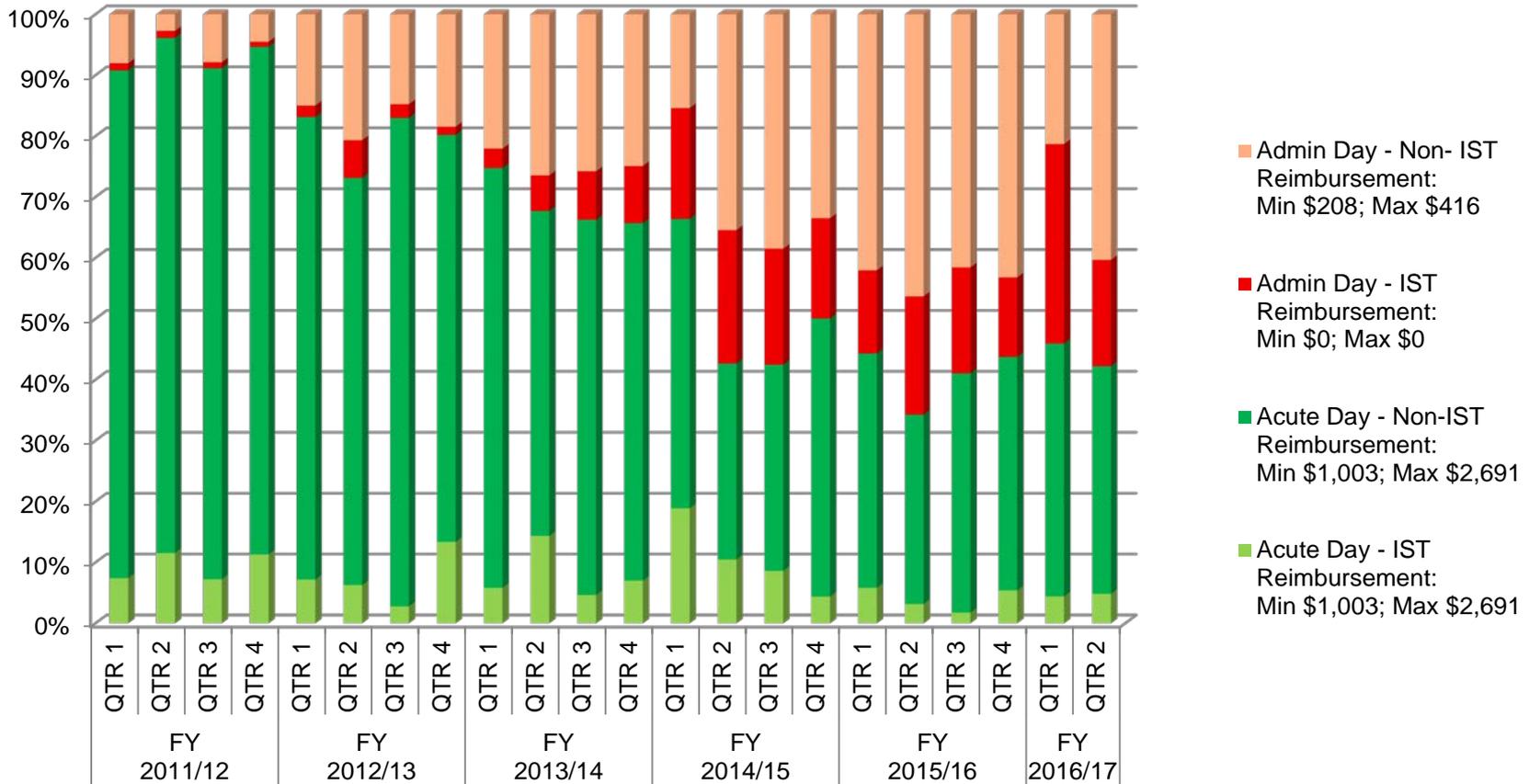
Conserved Clients Adult - Out of County IMD Contract  
Costs Since Fiscal Year 2012-13\*



\*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



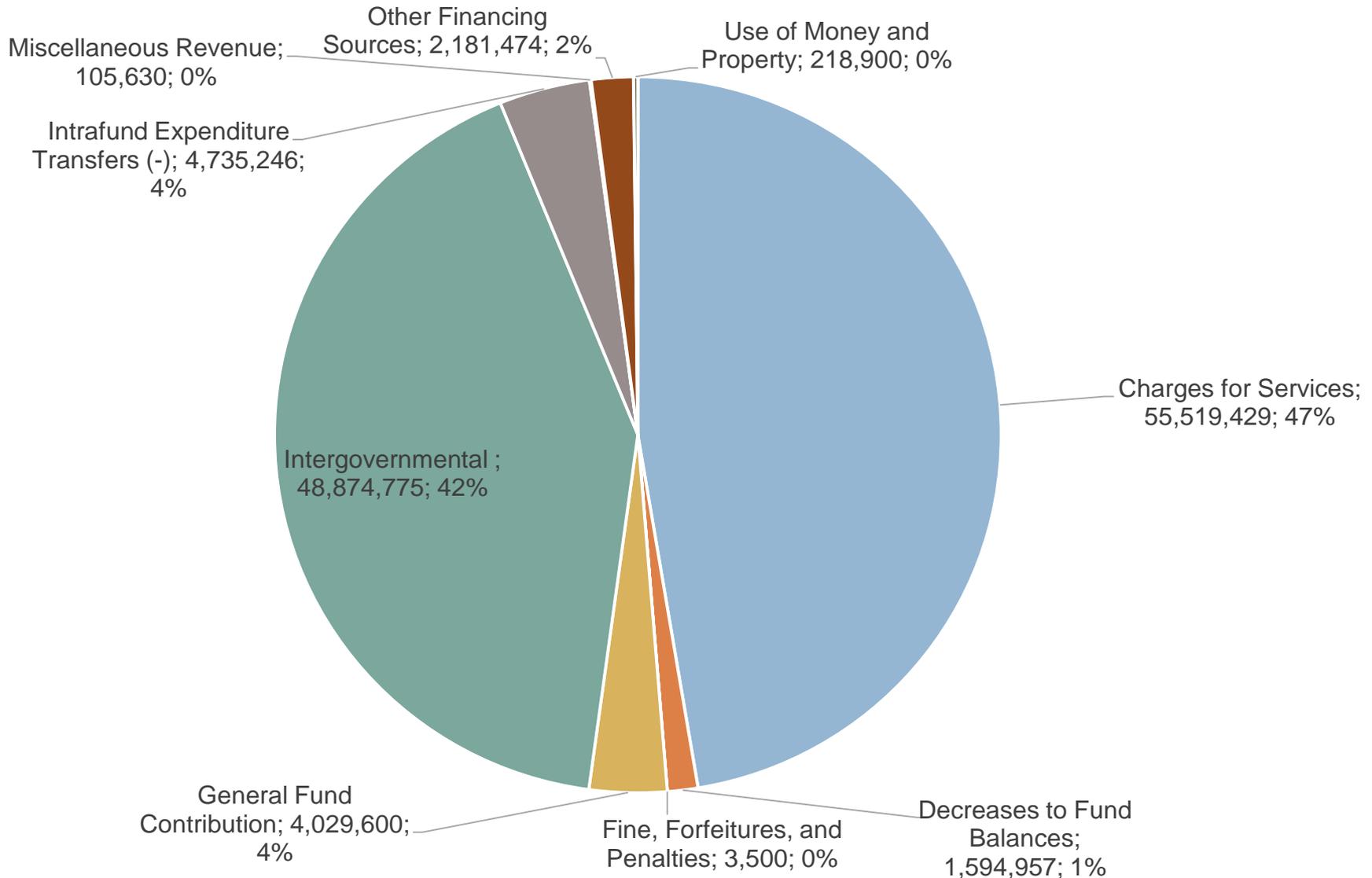
# Summary

- 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

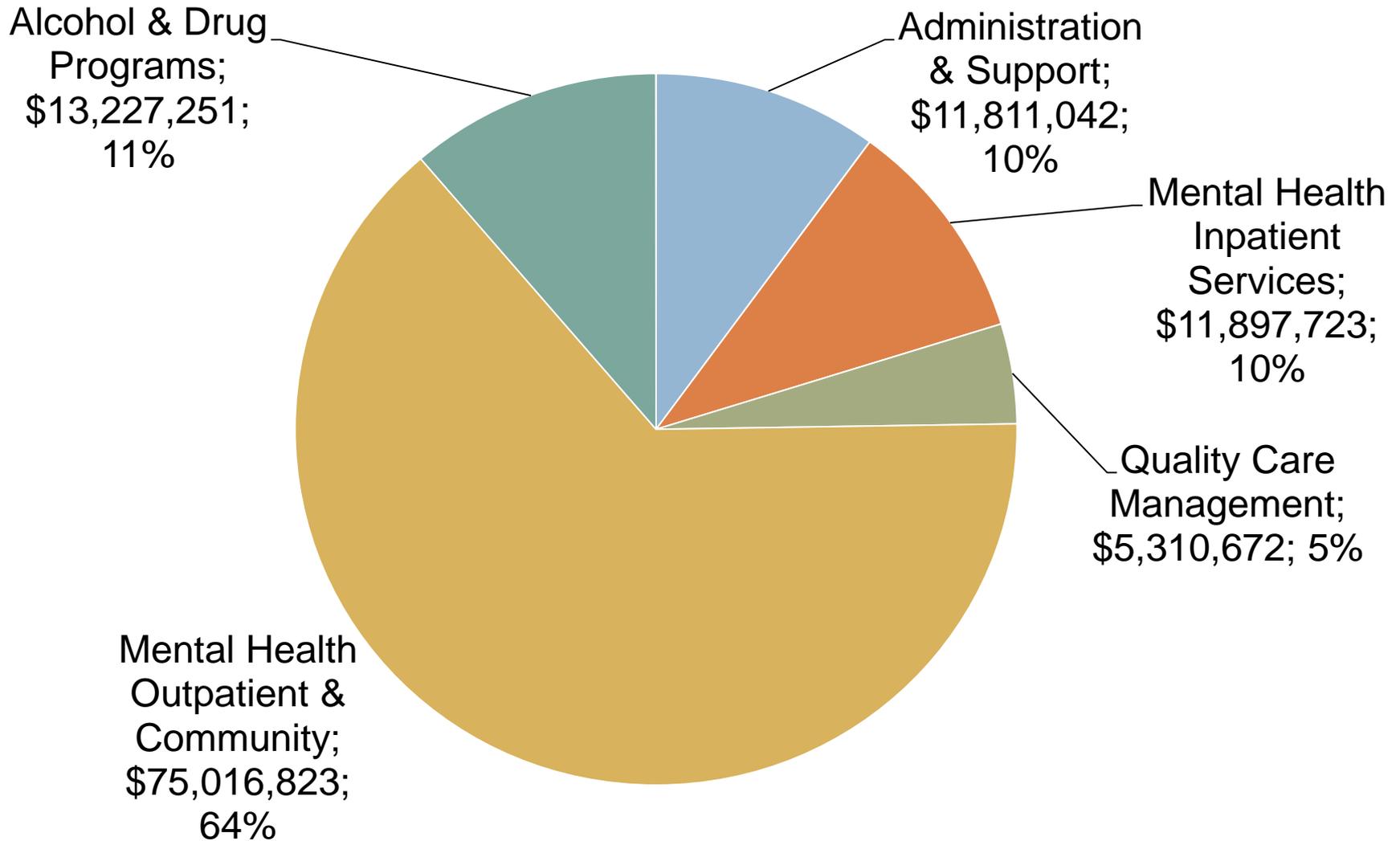
# Capital Projects Detail

- **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

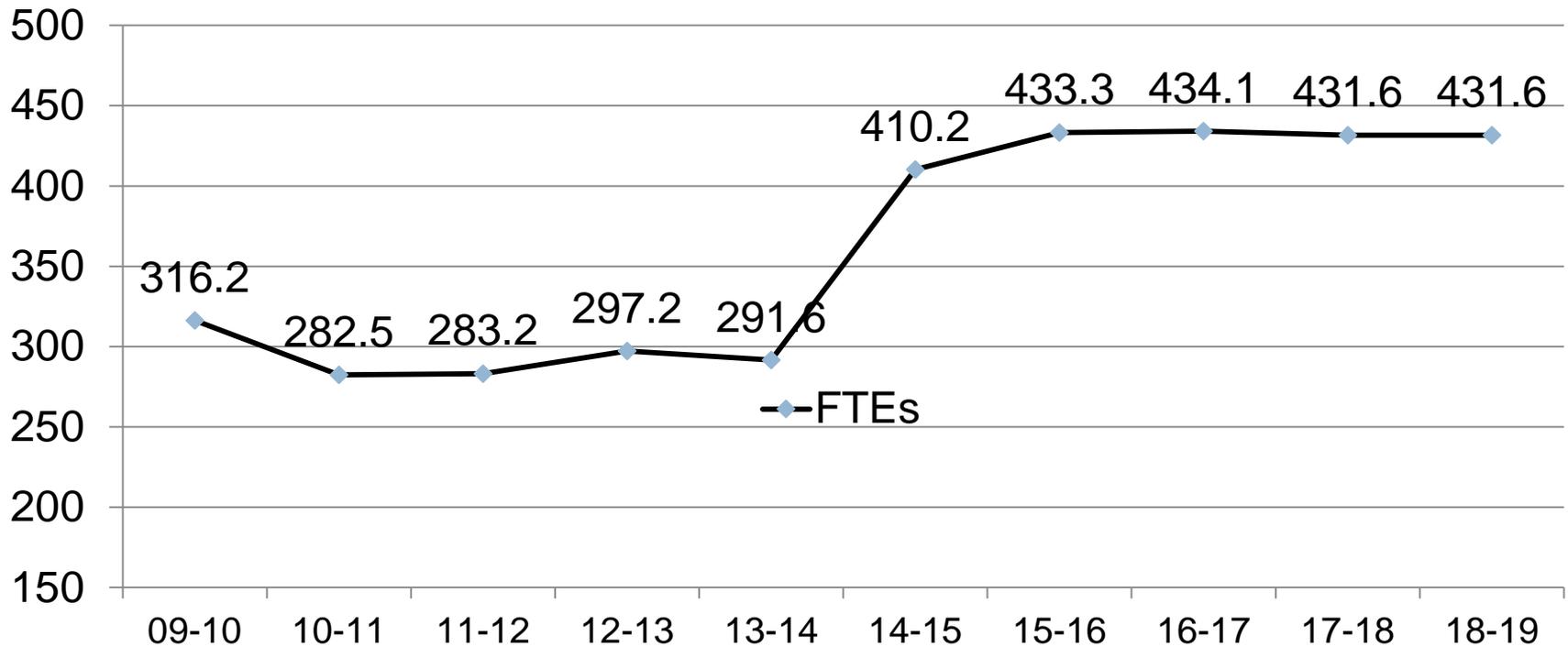


# FY 2017-18 Use of Operating Funds

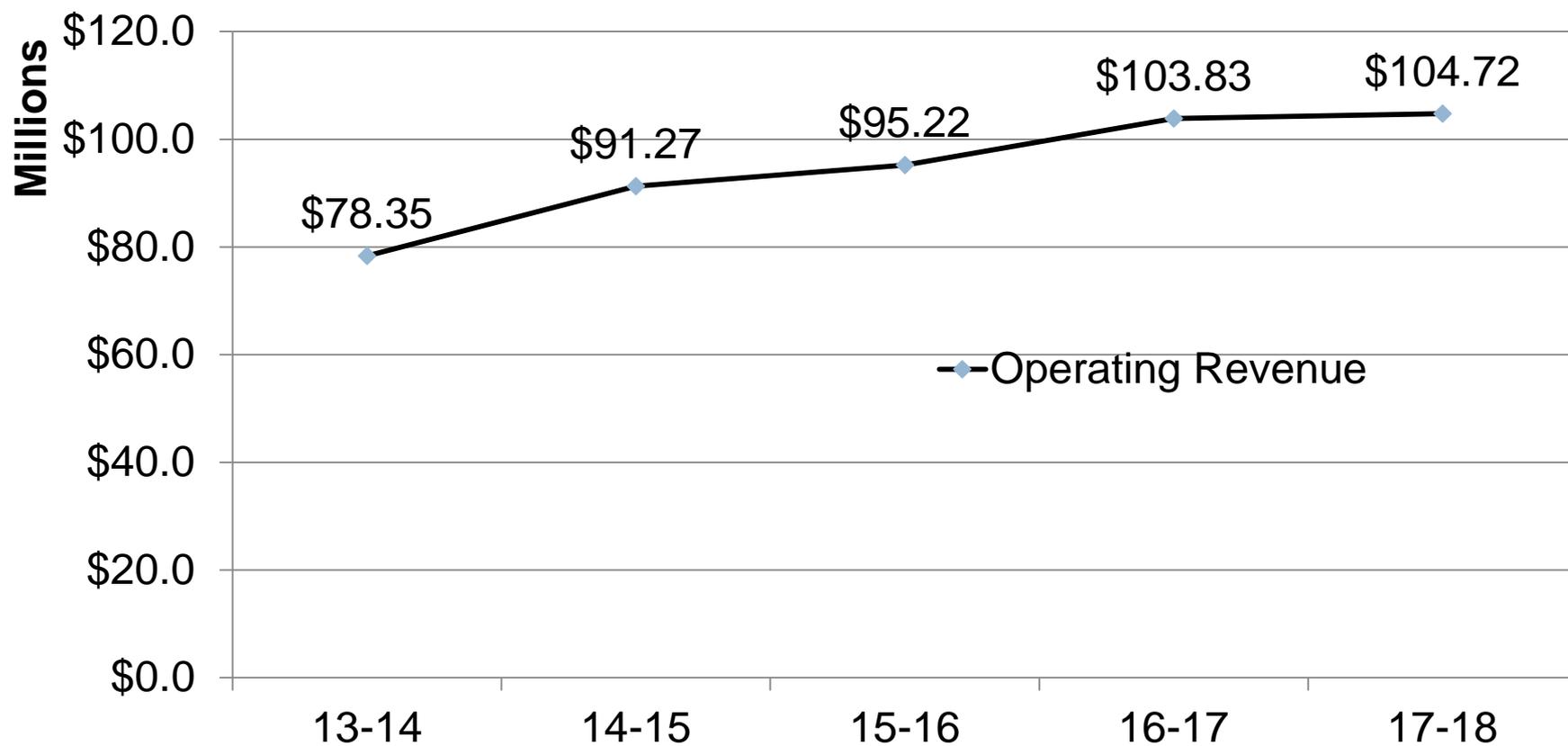


# Staffing Summary

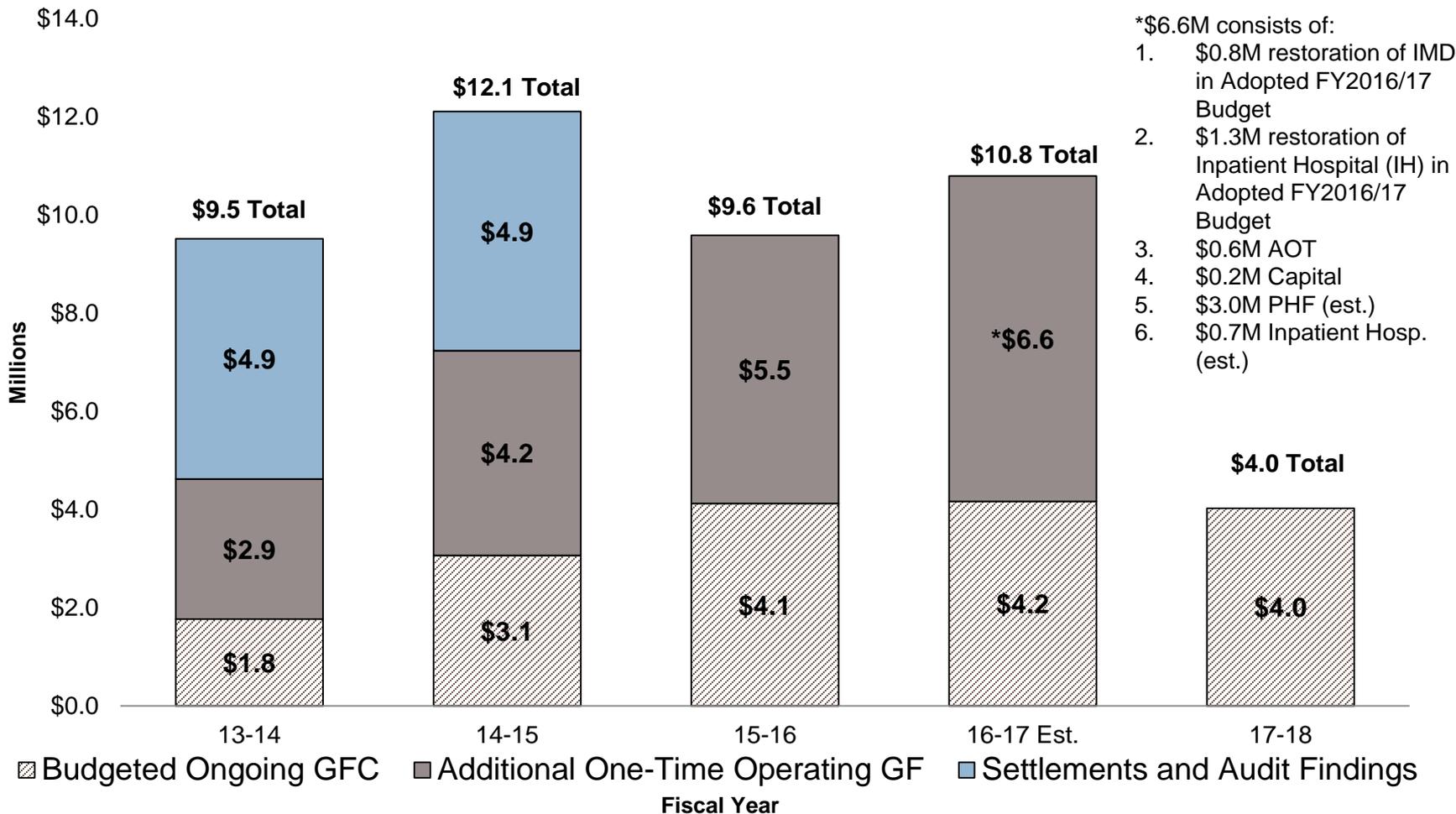
- 434.10 FTE FY 16-17 Adopted
- 431.60 FTE FY 17-18 Recommended; FY 18-19 Proposed



# Operating Revenue 5-Year Summary



# GFC 5-Year Summary



# 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

Description	2014-15 Actual	2015-16 Actual	2016-17 Estimated	2017-18 Rec.	2018-19 Prop.
The percentage of “high cost” Medi-Cal beneficiaries (greater than \$30k per beneficiary, per year) (Goal: Maintain less than 5% per year)	4.2% 282/6,745	6.13% 408/6,661	4.6% 384/8,330	5% 430/8,600	5% 430/8,600
Percent of departmental Employee Performance Reviews (EPRs) completed by the due date.	26% 49/185	32% 80/253	37% 110/296	40% 117/296	45% 134/296
The percentage of clients who are readmitted to the PHF within 30 days of discharge (Goal: Keep below 10%)	12.8% 37/290	9.7% 41/421	4.5% 18/400	8% 30/372	7% 25/372
The average acute inpatient length of stay (AVDM PHF) (Goal: 7 days)	10 days	10 days	9 days	7 days	7 days

# Performance Measures (Continued)

Description	2014-15 Actual	2015-16 Actual	2016-17 Estimated	2017-18 Rec.	2018-19 Prop.
To increase the likelihood of successful treatment and recovery, 60% of adults in substance abuse treatment will stay 90 days or more.	57% 1,633/2,847	54% 1,606/2,961	46% 1,444/3,116	60%	60%
50% of adults receiving services in substance abuse programs will successfully complete treatment.	44% 1,263/2,847	64% 833/1,305	51% 1,200/2,370	50%	50%
To increase the likelihood of successful treatment and recovery, 75% of youth in substance abuse treatment will stay 90 days or more.	76% 526/696	75% 525/700	75%	75%	75%
70% of youth receiving services in substance abuse programs will successfully complete treatment.	61% 423/696	60% 420/700	70%	70%	70%
85% of adult clients served by the Crisis Stabilization Unit will stabilize the community without need for involuntary inpatient care.	N/A	97.6% 243/249	95.9% 518/540	85%	85%

# 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

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

\* Mandatory Program

\*\* Mandatory Program and Service Level

# FY 2017-18 Service Level Reductions (Continued)

Program – Description of Reduction	FTEs	Amount (GFC)	Amount (Non-GFC)
<p><b>3. Non Drug Medi-Cal Screening Brief Intervention, Referral to Treatment (SBIRT) services</b> Reduce program contract; due to lack of funding.</p>	-	-	(240,000)
<p><b>4. Assisted Outpatient Treatment</b> 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.</p>	-	(606,888)	-

# FY 2017-18 Service Level Reductions (Continued)

Program – Description of Reduction	FTEs	Amount (GFC)	Amount (Non-GFC)
<b>5. Mental Health (Administration)</b> Eliminate two positions - Business Specialist and Supervisor Case Worker; due to lack of funding.	2.00	(137,300)	(89,191)
<b>6. Mental Health Services Act (Administration)</b> Eliminate one Manager position; due to lack of funding.	1.00	-	(176,424)
<b>7. Alcohol and Drug Programs (Administration)</b> Eliminate one Program Coordinator position; due to lack of funding.	1.00	-	(112,166)

# FY 2017-18 Service Level Reductions (Continued)

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

# 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