



FY 2018-19

BUDGET WORKSHOP

BEHAVIORAL WELLNESS



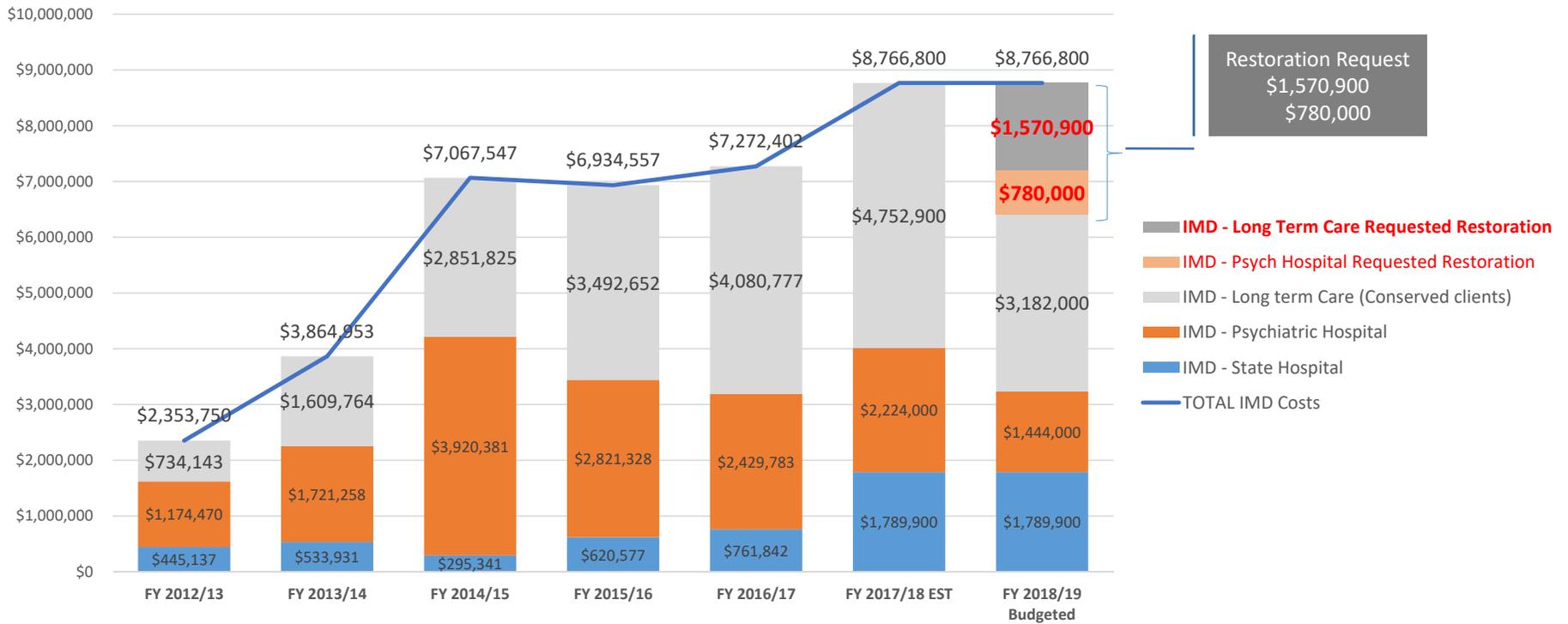
KEY CHALLENGES / EMERGING ISSUES

- Mental Health Plan Managed Care Final Rule and Network Adequacy requirements
- Successful implementation of the Drug MediCal Organized Delivery System
- High numbers of Mentally Ill incarcerated, implementation of Stepping Up initiative
- State's redirection of 1991 Mental Health Realignment of \$500K for In-Home Supportive Services reduced funds available to support increases in cost for IMD/Inpatient care annually.



KEY CHALLENGES / EMERGING ISSUES *Continued*

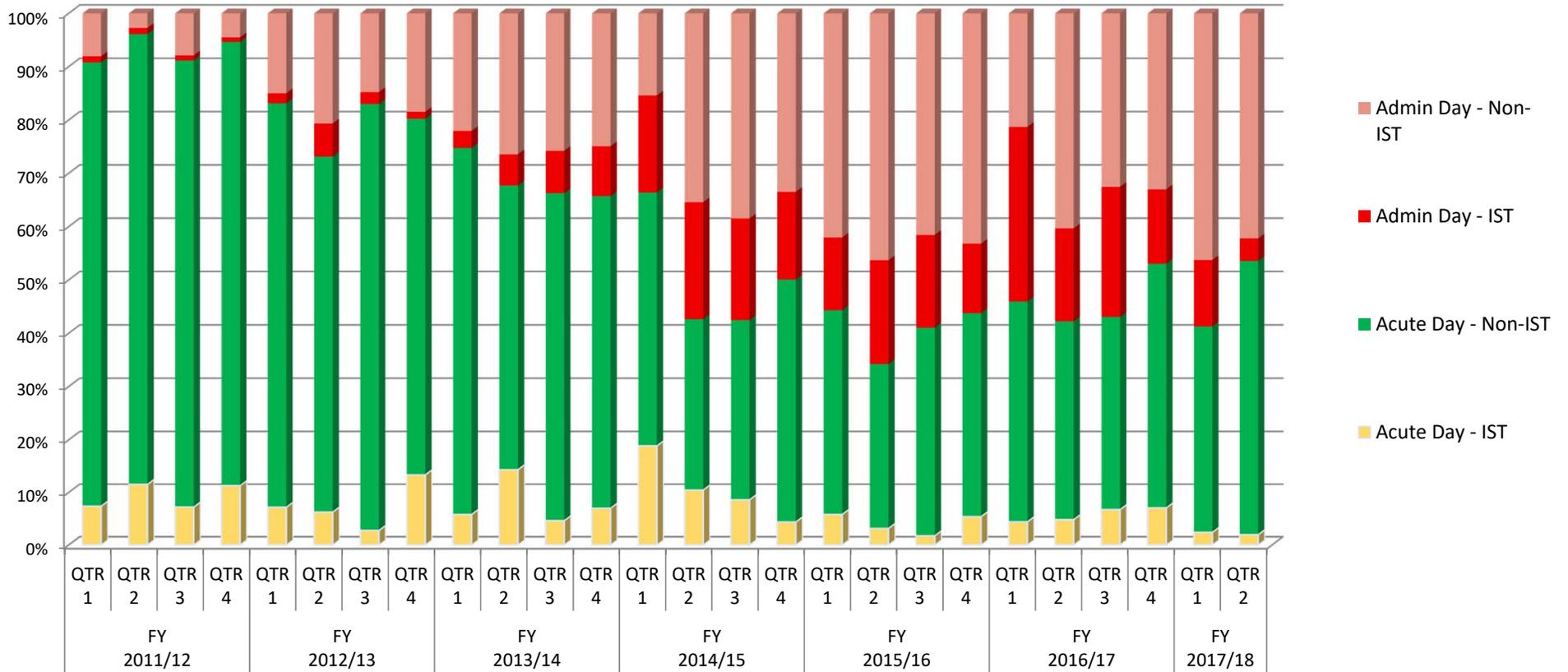
Adult Clients Institute for Mental Disease (IMD)
Historical Costs for All IMD categories



KEY CHALLENGES / EMERGING ISSUES

Continued

Psychiatric Health Facility Service Type



SUMMARY

Operating	\$ 133.8M
Capital	\$ 0
General Fund	\$ 5.5M
FTEs	384.4
Use of One-Time for Ongoing Operations	\$ 0
Service Level Reductions	\$ 2.35M
Restoration Requests	\$ 2.35M
Expansion Requests	\$ 0



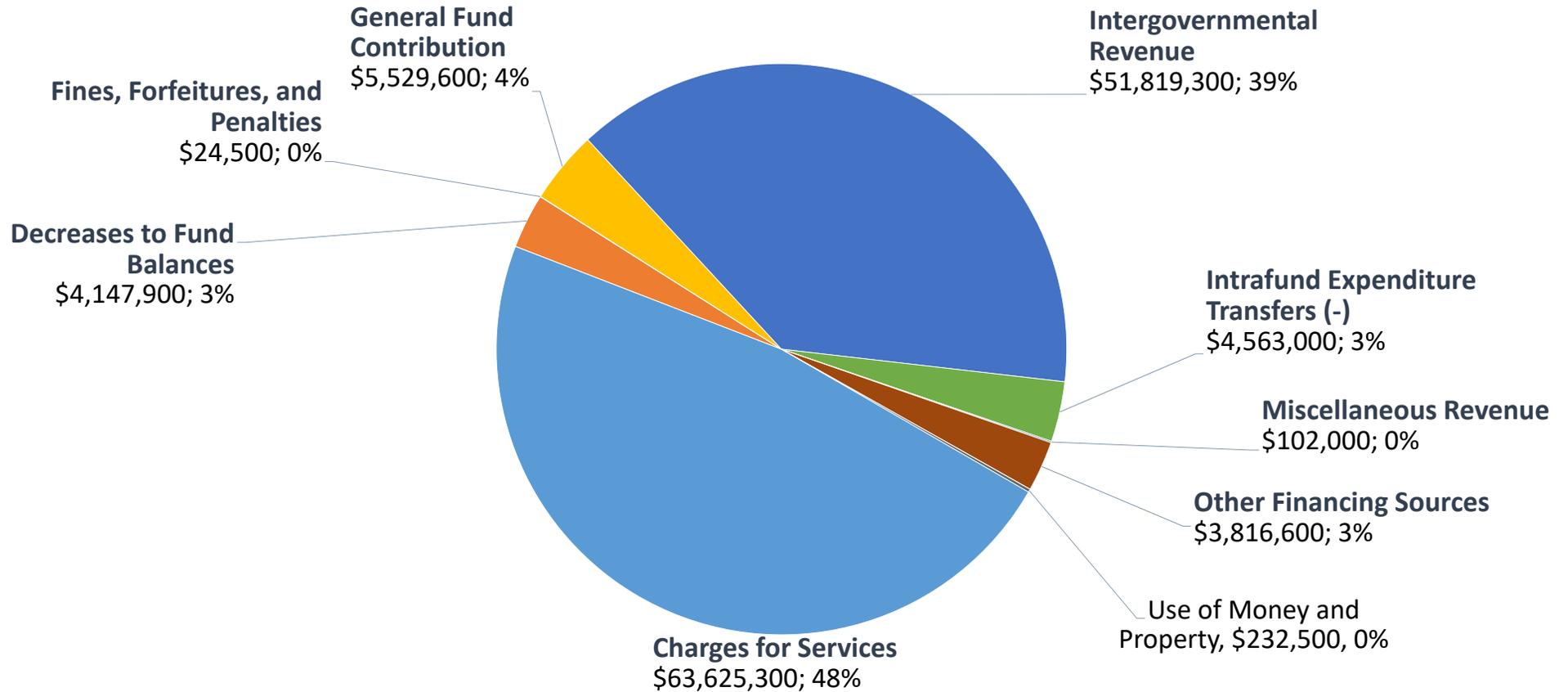
CAPITAL PROJECTS DETAIL

- **Crisis Residential Treatment North Grant, \$950K**

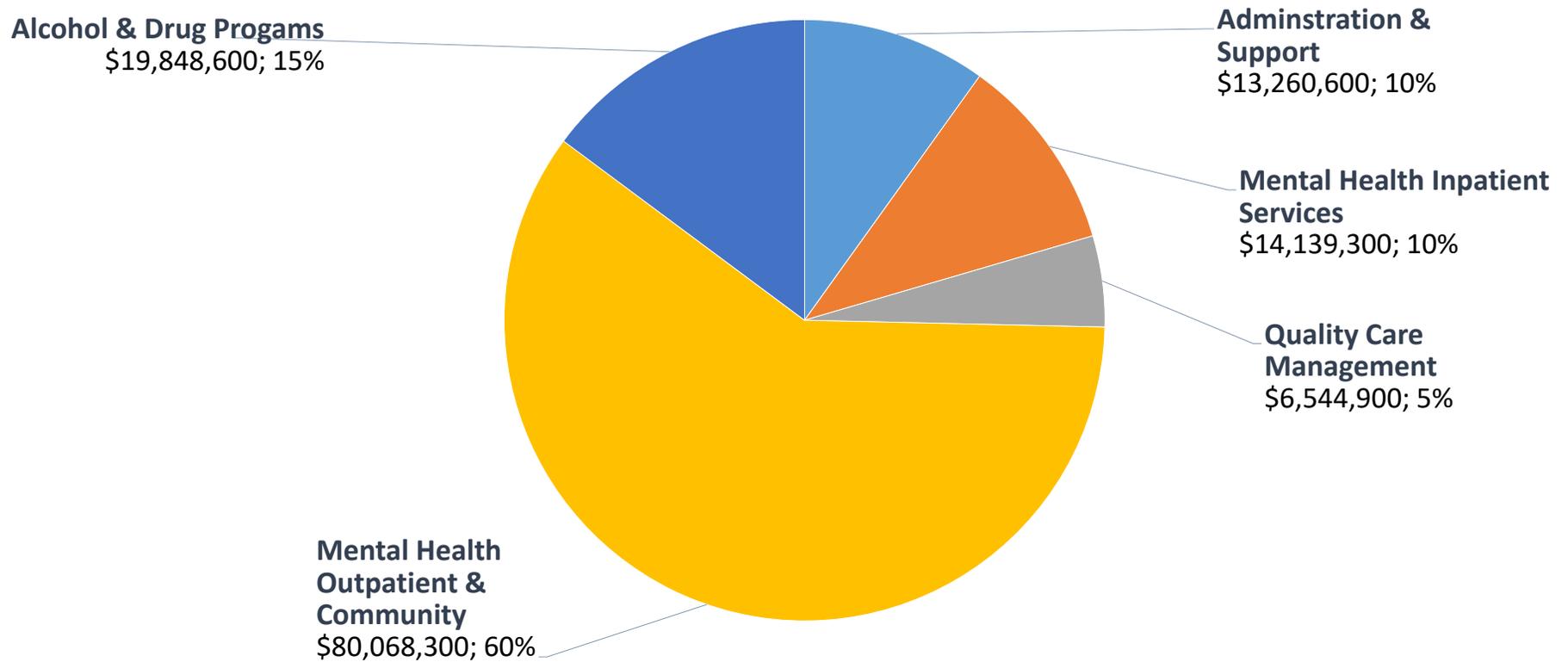
Retrofit and rehabilitation of an existing building located at in Santa Maria as a Crisis Residential Treatment (CRT) center for individuals at risk. Expenditures are reflected as an operating transfer to General Services.



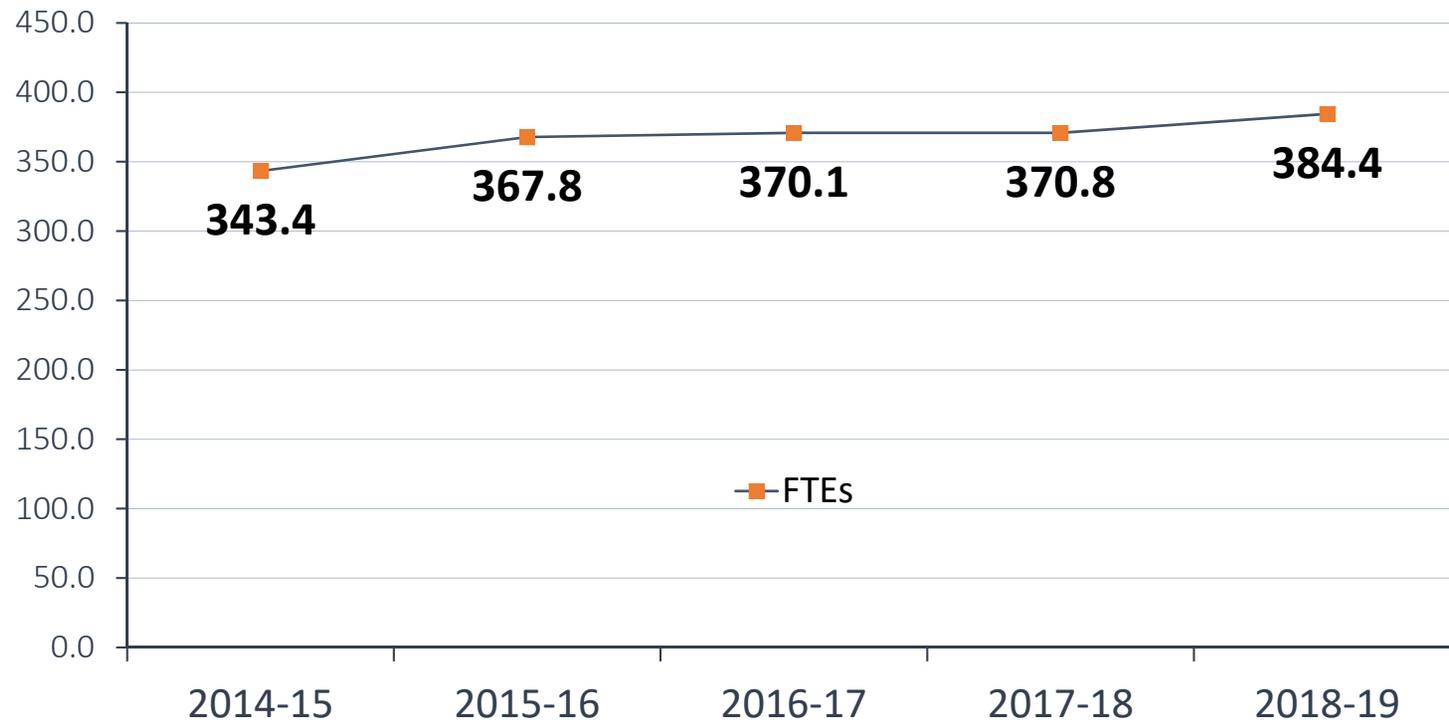
FY 2018-19 SOURCE OF FUNDS



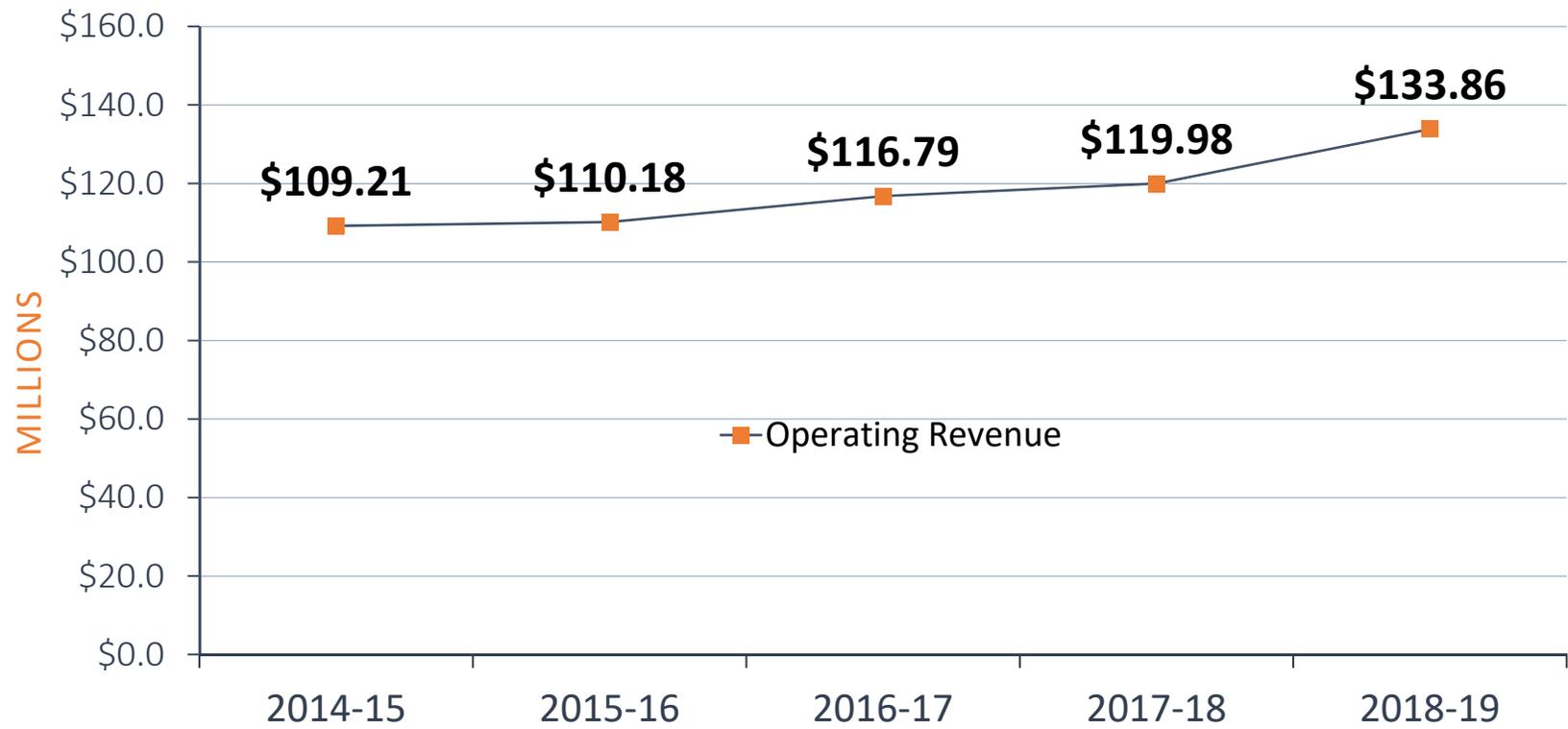
FY 2018-19 USE OF OPERATING FUNDS



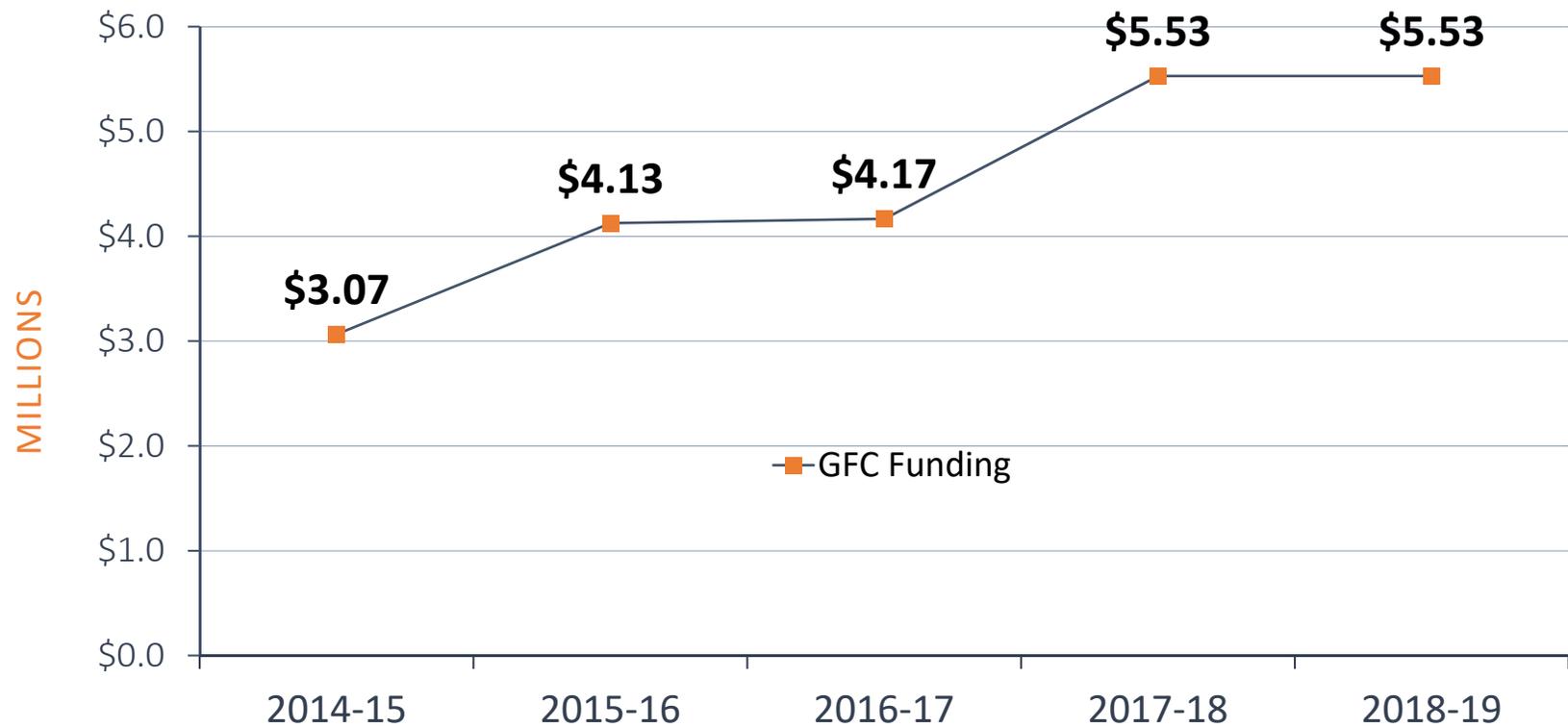
STAFFING SUMMARY



OPERATING REVENUE | 5-YEAR SUMMARY



GFC | 5-YEAR SUMMARY



FY 2017-18 ANTICIPATED ACCOMPLISHMENTS

- Approval of County Drug MediCal Organized Delivery System plan by State
- Established a competitive Request for Proposal process to create best-practice prevention, residential and outpatient treatment services for the Drug MediCal Organized Delivery System
- Continued integration of alcohol and other drug with mental health and Medication Assisted Treatment (MAT)
- Integrated Quality Care Management division to include specialized alcohol and other drug personnel to realize quality and cost efficiencies



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FY 2017-18 ANTICIPATED ACCOMPLISHMENTS

- Established new model for Psychiatric coverage at the PHF which also provides support to other Crisis System services
- Pharmacist hired, and beginning implementation of inpatient pharmacy for the PHF
- Completed planning for consolidation of Mobile Crisis & Triage Programs into a fully integrated team and centralized hub
- Reduced the number of Incompetent to Stand Trial bed days (by over 50%) as well as their length of stay (by over 20%) at the PHF (as compared to FY 2016-17) working collaboratively with Public Defender
- Actively pursue identification of an appropriate site for a locked Mental Health Rehabilitation Center



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FY 2017-18 ANTICIPATED ACCOMPLISHMENTS

- Increased use of standardized data and reporting to measure and manage clinical programs
- Developed over 100 department-wide thorough and clear policies, procedures, manuals and practice guidelines with the goal of eliminating ambiguous practices and audit disallowances
- Implemented Service Now Platform for tracking IT Help Desk requests
- Redesigned MHSA planning process to include robust stakeholder participation
- Robust Staff response to Thomas fire and debris flow disasters- Nearly 42% of our workforce involved in broad efforts: Support for Community/family/school counseling, EOC/PIO/Call Center, Evacuation/Family/Local Assistance Centers, and Special efforts in keeping the PHF and Crisis services open and prepared



FY 2018-19 OBJECTIVES

- Successfully transform the alcohol and other drug program system of care to provide expanded client benefits and services by implementing the Drug MediCal Organized Delivery System
- Continue to integrate mental health and alcohol and other drug services with primary care to ensure whole-person care and avoid cost inefficiencies
- Implement a locked Mental Health Rehabilitation Center to help step clients down and bring them back into our community
- Continue to work with Community Corrections Partnership to identify facility for intensive beds for criminal justice involved clients
- Identify additional resources to secure adequate funding to open new PHF beds in-county



Continued

FY 2018-19 OBJECTIVES

- Complete implementation of consolidated Crisis services hub
- Complete implementation of Inpatient Pharmacy and system-wide review and improvement of pharmaceutical procedures
- Implement new Crisis Residential Treatment program facility in North County
- Implementation of Managed Care Plan Final Rule and Network Adequacy requirements



PERFORMANCE MEASURES

DESCRIPTION	2015-16 ACTUAL	2016-17 ACTUAL	2017-18 EST. ACTUAL	2018-19 RECOMMENDED
Mental Health Outpatient & Community Services Percentage of adult clients served by the Crisis Stabilization Unit that stabilize in the community without need for involuntary inpatient care. (Goal: 85%)	83% 175/204	86% 333/387	85%	85%
The percentage of “high cost” MediCal beneficiaries (greater than \$30k per beneficiary, per year). (Goal: Maintain less than 5% per year)	6% 408/6,661	6% 448/6,518	5%	5%
Mental Health Inpatient Services The percentage of clients who are readmitted to the PHF within 30 days of discharge.	9% 31/338	10% 33/329	10%	8%
The average inpatient length of stay at the PHF (Goal: decrease to 7 days)	10 days	9 days	7 days	7 days



PERFORMANCE MEASURES

Continued

DESCRIPTION	2015-16 ACTUAL	2016-17 ACTUAL	2017-18 EST. ACTUAL	2018-19 RECOMMENDED
Alcohol and Drug Programs Percentage of adults' discharges in substance abuse who completed treatment staying 90 days or more. (Goal:45%)	40% 1,532/3,806	43% 1,540/3,568	45%	45%
Percentage of adults' discharges in substance abuse programs who successfully completed treatment. (Goal: 50%)	33% 1,270/3,806	39% 1,416/3,568	50%	50%
Percentage of youth discharges in substance abuse who completed treatment staying 90 days or more.(Goal: 50%)	56% 210/370	68% 212/310	50%	50%
Percentage of youth discharges in substance abuse programs who successfully completed treatment. (Goal: 55%)	45% 169/370	38% 119/310	55%	55%



RENEW '22 | FY 2018-19 IMPLEMENTATION

Actions or evaluations that are already underway

- Drug MediCal Organized Delivery System Waiver
- Implement Pilot Co-response by Law Enforcement and Crisis Mental Health
- Develop Locked Mental Health Rehabilitation Center (MHRC) in county
- Establish intensive MHRC beds for criminal justice involved clients.



RENEW '22 | FUTURE YEAR IMPLEMENTATION

- **Non-Emergency MediCal Transportation Options** – New requirements for MediCal Managed Care plans to cover non-emergency medical transportation will allow Public Health, CenCal Health, Behavioral Wellness and Social Services to collaborate on transportation to County services.
- **Paperless initiatives** – Move many processes to electronic systems and suspend paper applications/documentation through electronic signatures, verbal attestation, telephonic signatures and other electronic means.
- **Benefits and referral** – Create a quality improvement process to assess how new clients/patients are linked to appropriate services within the Health and Human Services Departments upon intake, regardless of initial point of contact.



FY 2018-19 SERVICE LEVEL REDUCTIONS

	PROGRAM – DESCRIPTION OF REDUCTION	POSITION IMPACT	AMOUNT (GFC)	AMOUNT (NON-GFC)
1	Limit availability of beds for Institute for Mental Disease and Augmented Board and Care services to 41 beds from 63 (-22). **	-	600,000	970,850
2	Limit the number of Out of County Acute Inpatient Psychiatric Hospital Beds to an average of 4.5 per day from 7 (-2.5).**	-	600,000	180,000
Total		-	1,200,000 ^{1.}	1,150,850 ^{2.}

- * Mandated Program
- ** Mandated Program and Service Level

- ^{1.} One-time funding GFC FY 2017-18
- ^{2.} 1991 Mental Health Realignment funding



RESTORATION / EXPANSION REQUESTS

	DESCRIPTION OF REQUEST	FTE(s)	AMOUNT (GFC)	AMOUNT (NON-GFC)
1	Restore 22 additional Beds for Conserved Clients Services for Institute for Mental Disease and Augmented Board and Care Restoration increases daily beds to a total of 63 per day (Current demand)	-	1,570,900	
2	Restore 2.5 Beds for Acute Out of County Inpatient Psychiatric Hospital For a total of 7 beds per day	-	780,000	
Total		-	2,350,900	



SUMMARY

- Continued increase in conserved clients in IMD's including state hospital are beyond BeWell control and significantly impacting inpatient cost
- County ADP will be greatly expanding its alcohol and other drug treatment services, providing improved client care through additional programs and service modalities

“You never change things by fighting the existing reality.

To change something, build a new model that makes the existing model obsolete.”

— R. Buckminster Fuller

