

Behavioral Wellness

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Director

Administration & Support

Mental Health Inpatient Services

Quality Care Management

Mental Health Outpatient & Community

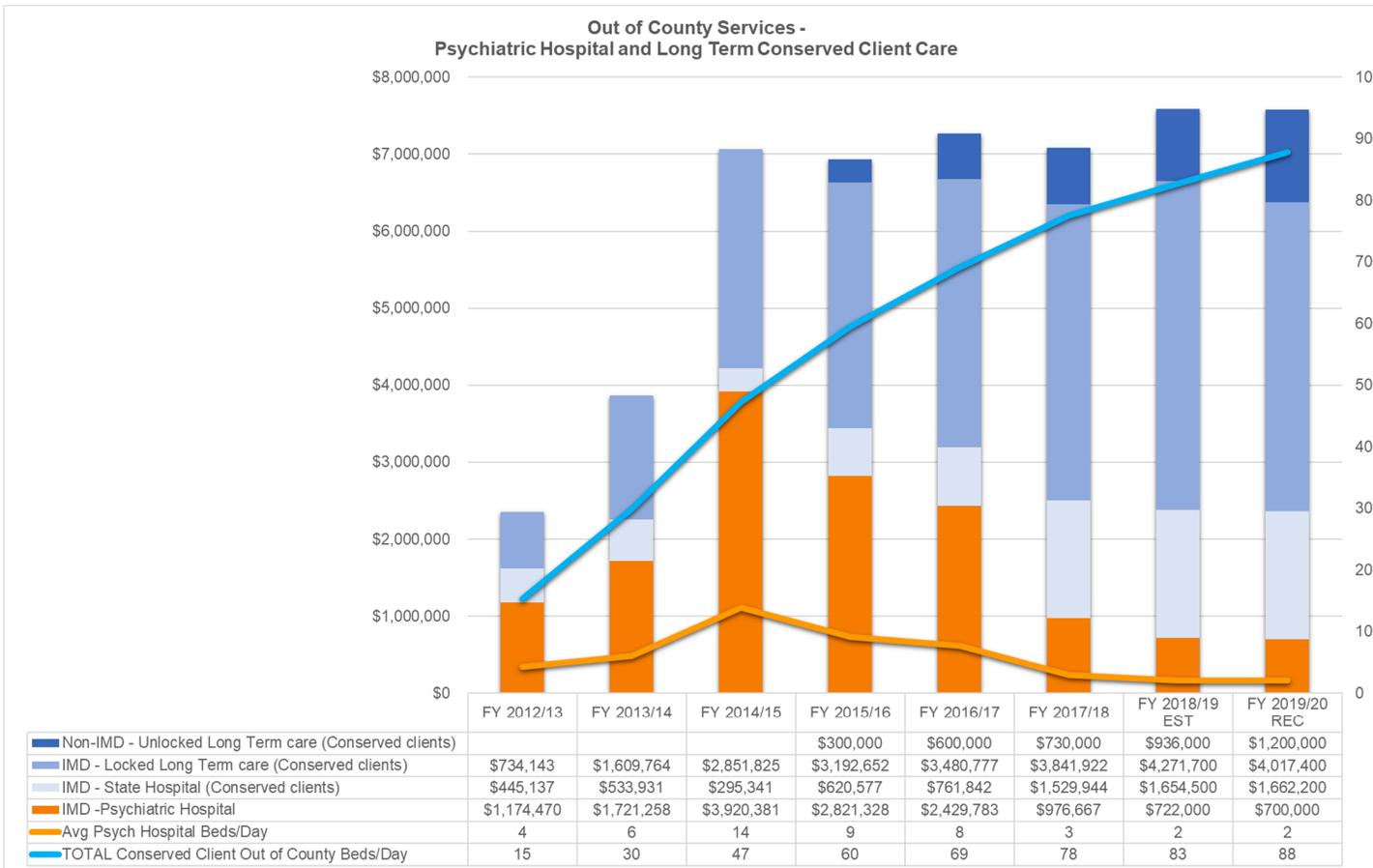
Alcohol & Drug Programs



FY 2019-20 BUDGET WORKSHOP



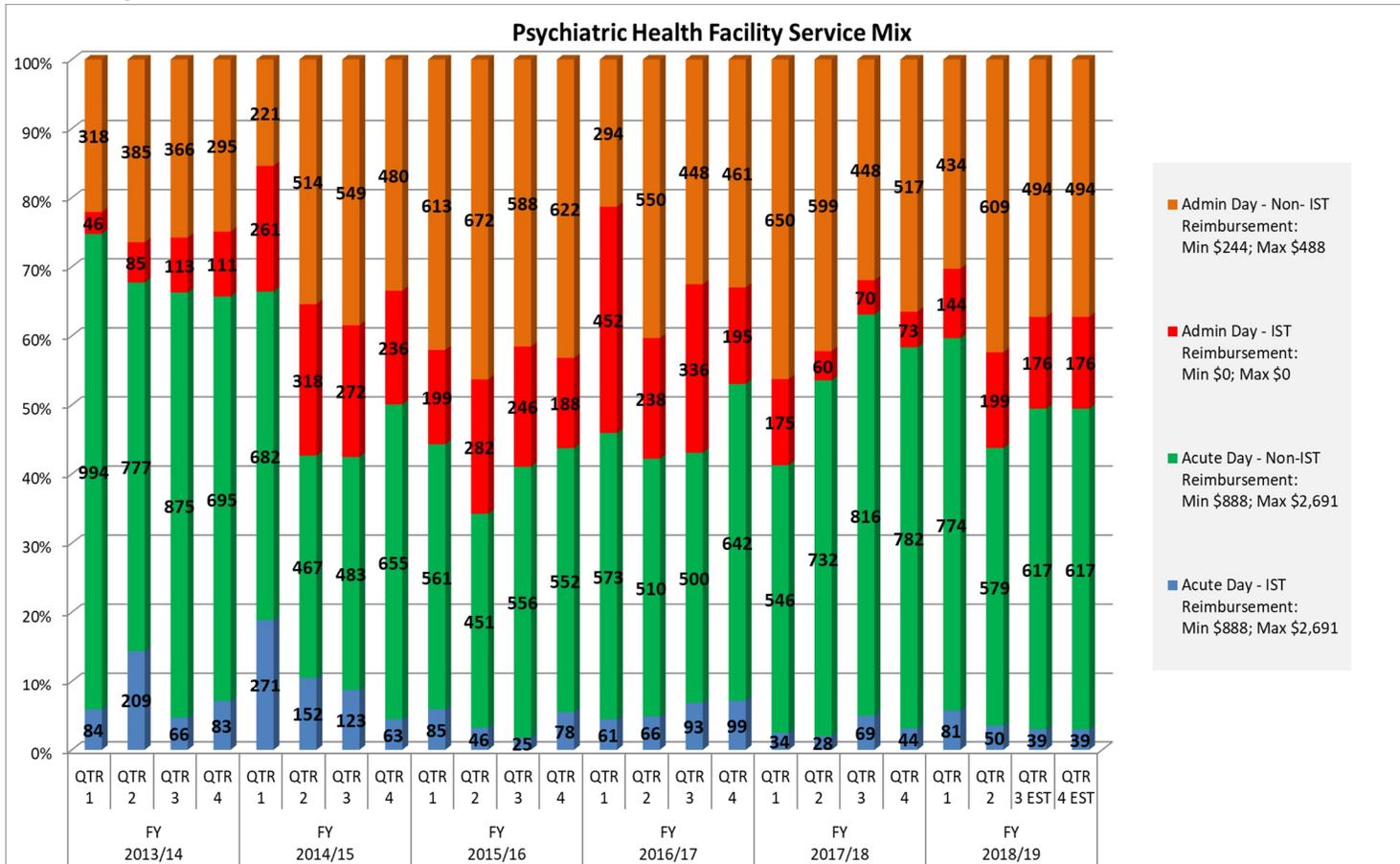
Key Challenges / Emerging Issues



Conserved Client Cost:
 FY 2014/15 Actual= \$2.9M
 FY 2015/16 Actual= \$3.5M
 FY 2016/17 Actual= \$4.1M
 FY 2017/18 Actual= \$4.6M
 FY 2018/19 Estimate = \$5.2M
 -Average increase of 20%/yr.
 -Costs leveling out in FY 2019/20 due to shift to lower cost Unlocked care.



Key Challenges / Emerging Issues



IST ADMIN Days:

FY 2015/16 Actual= 915
 FY 2016/17 Actual= 1,221
 FY 2017/18 Actual= 378
 FY 2018/19 Est = 695
** 84% increase from FY 2017/18 to FY 2018/19*

Average net revenue loss per IST Admin bed day in FY 2018/19 is \$680/day. Est lost revenue in FY 2018/19 is \$473k.

When PHF is full, Out of County Hospital is used; Additional Costs are incurred at \$870/day. Estimate of additional costs incurred in FY 2018/19 is \$605k.

Est. Net Fiscal Impact = -\$1,078M



Key Challenges / Emerging Issues

- **No Place Like Home**
 - Mental Health Services Act revenue flat due to redirection of funds for No Place Like Home
 - \$700k reduction to MHSA funding in FY 2019/20; \$1.4M reduction in FY 2020/21
- **Electronic Health Record and IT security infrastructure and upgrade challenges**
 - Considering alternative systems to address
 - Funding strategy in planning stage
- **Office of the Inspector General (OIG) Audit: \$180M Disallowed statewide**
 - Audit of State DHCS Medi-Cal oversight of Mental Health Plans
 - Counties repay disallowances on the basis of statewide proportion of Medi-Cal claims
 - Santa Barbara share of disallowance is \$2.3M; pay back is over four years

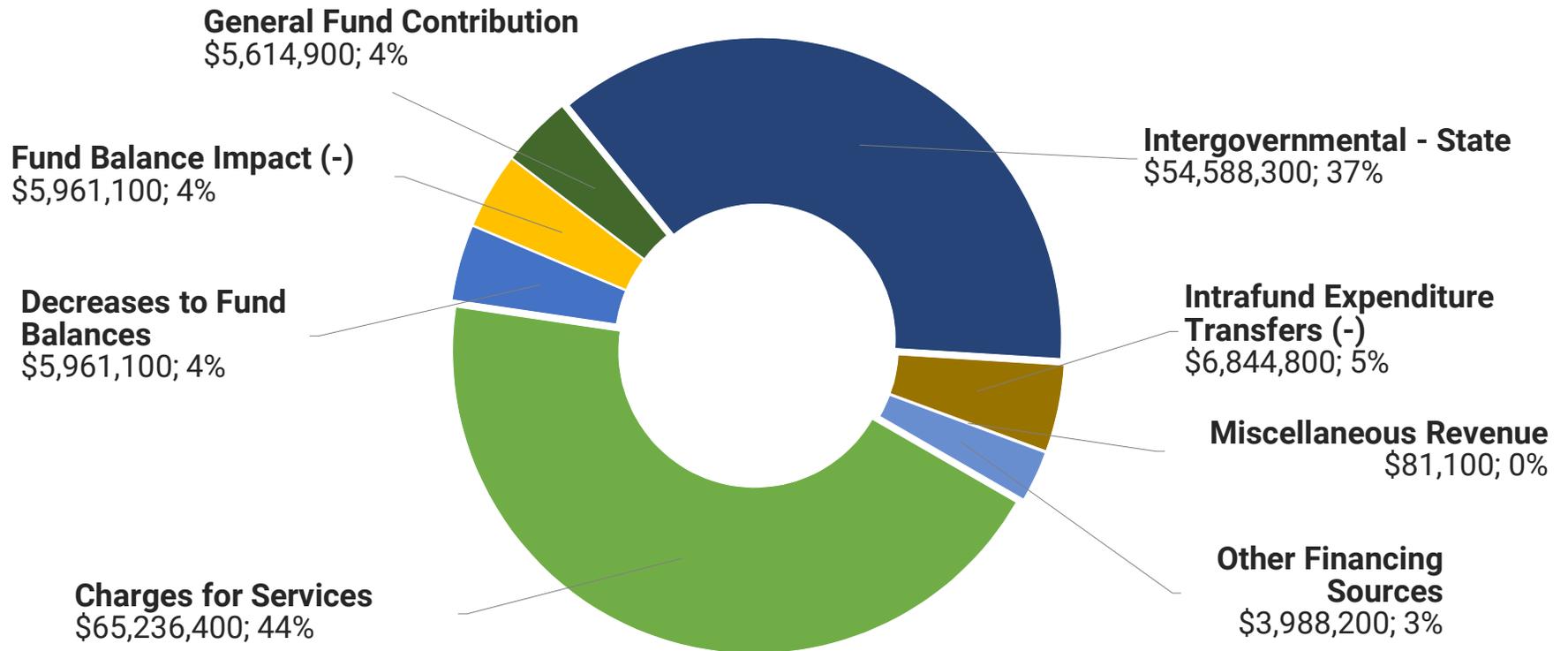


Summary

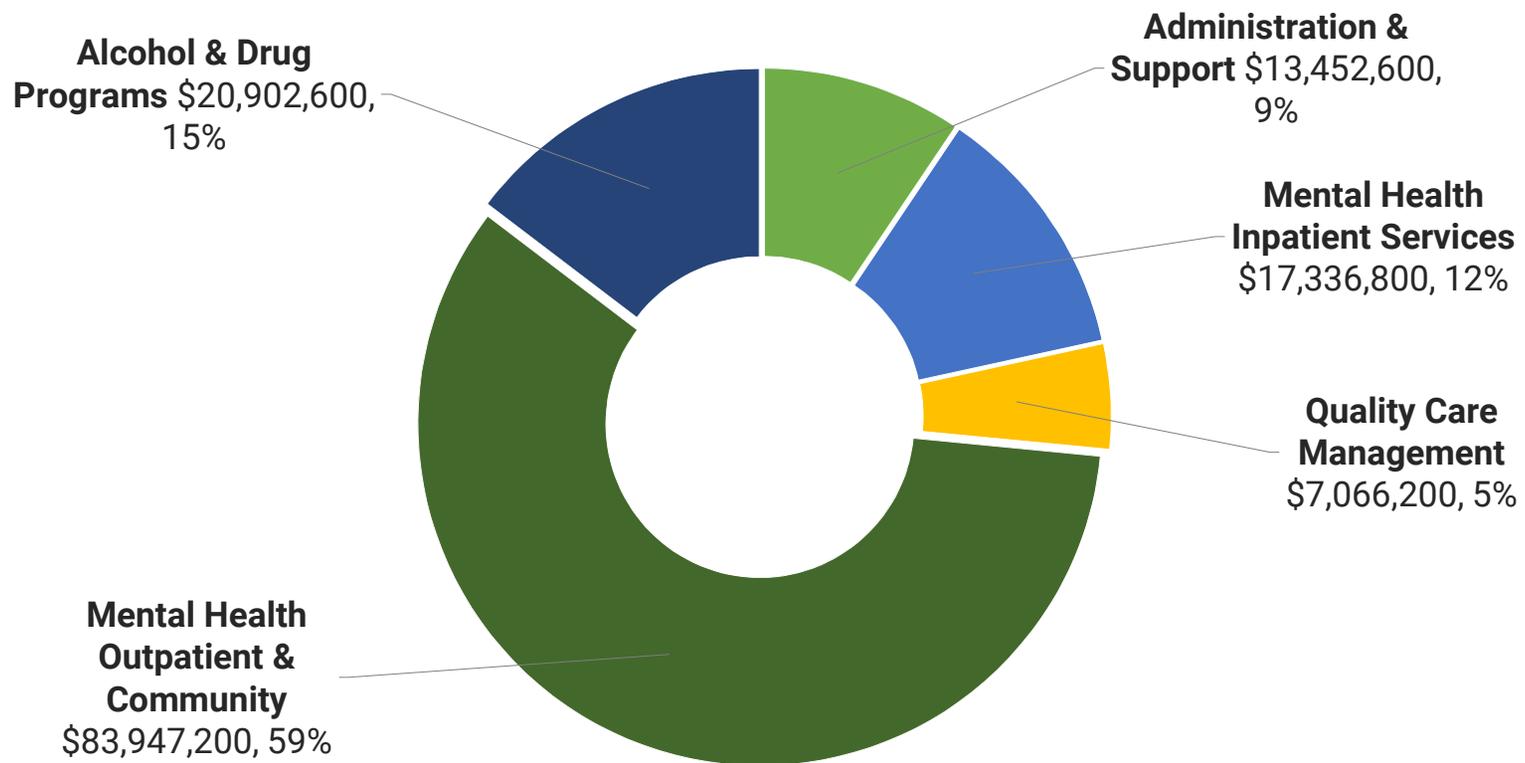
Operating	\$ 142.7M
Capital	\$ 0
General Fund	\$ 5.6M
FTEs	403.7
Use of One-Time for Ongoing Operations	\$ 0.8M
Service Level Reductions	\$ 0
Restoration Requests	\$ 0
Expansion Requests	\$ 0



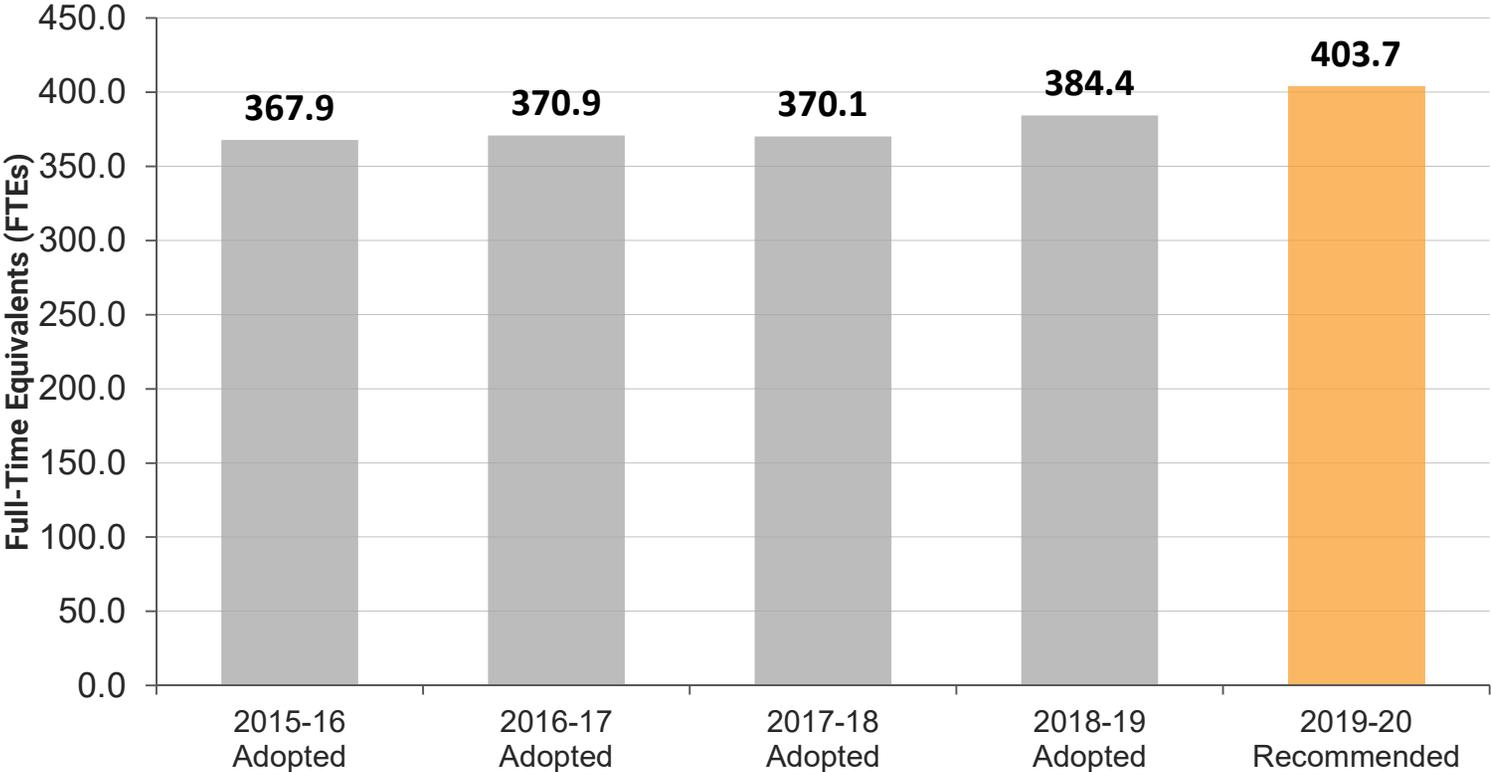
FY 2019-20 Source of Funds



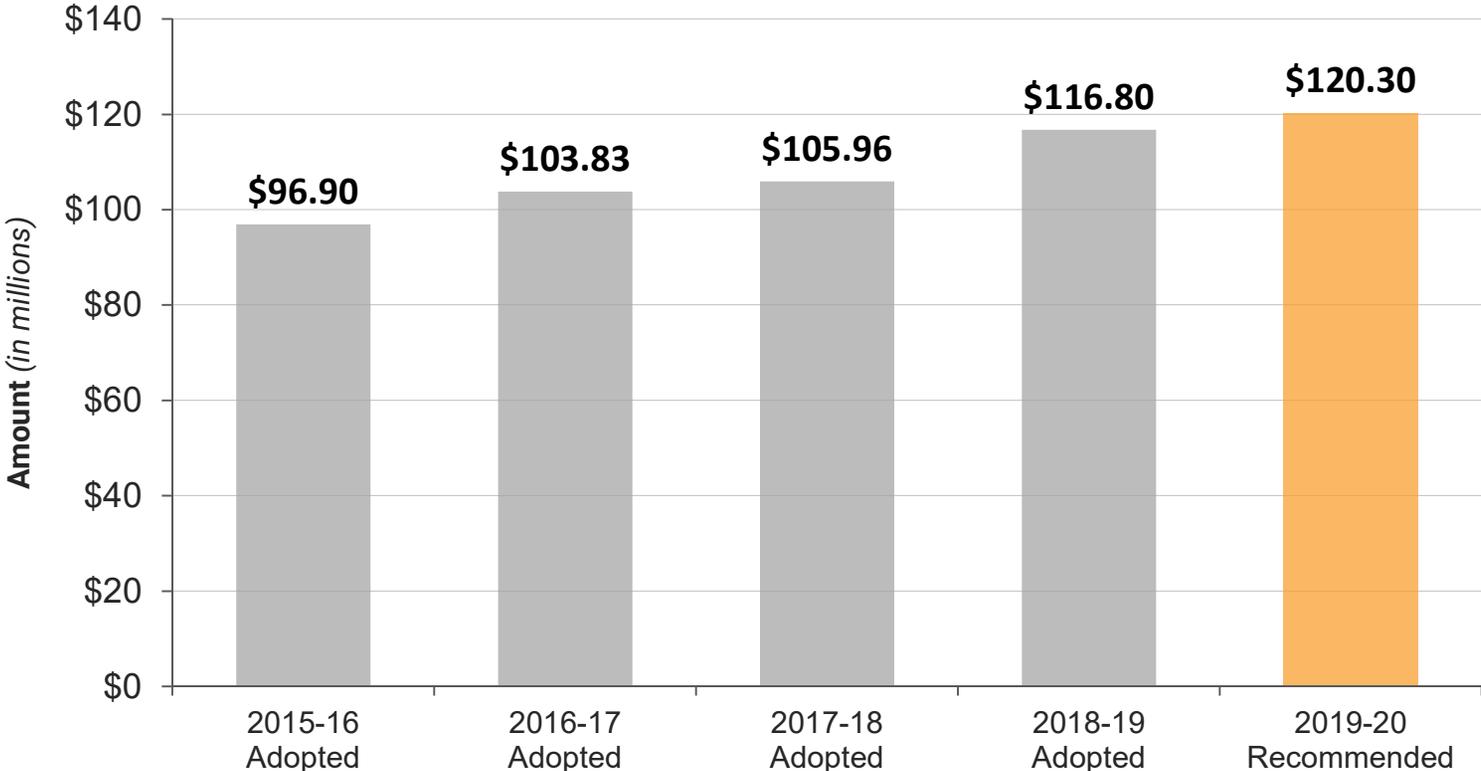
FY 2019-20 Use of Operating Funds



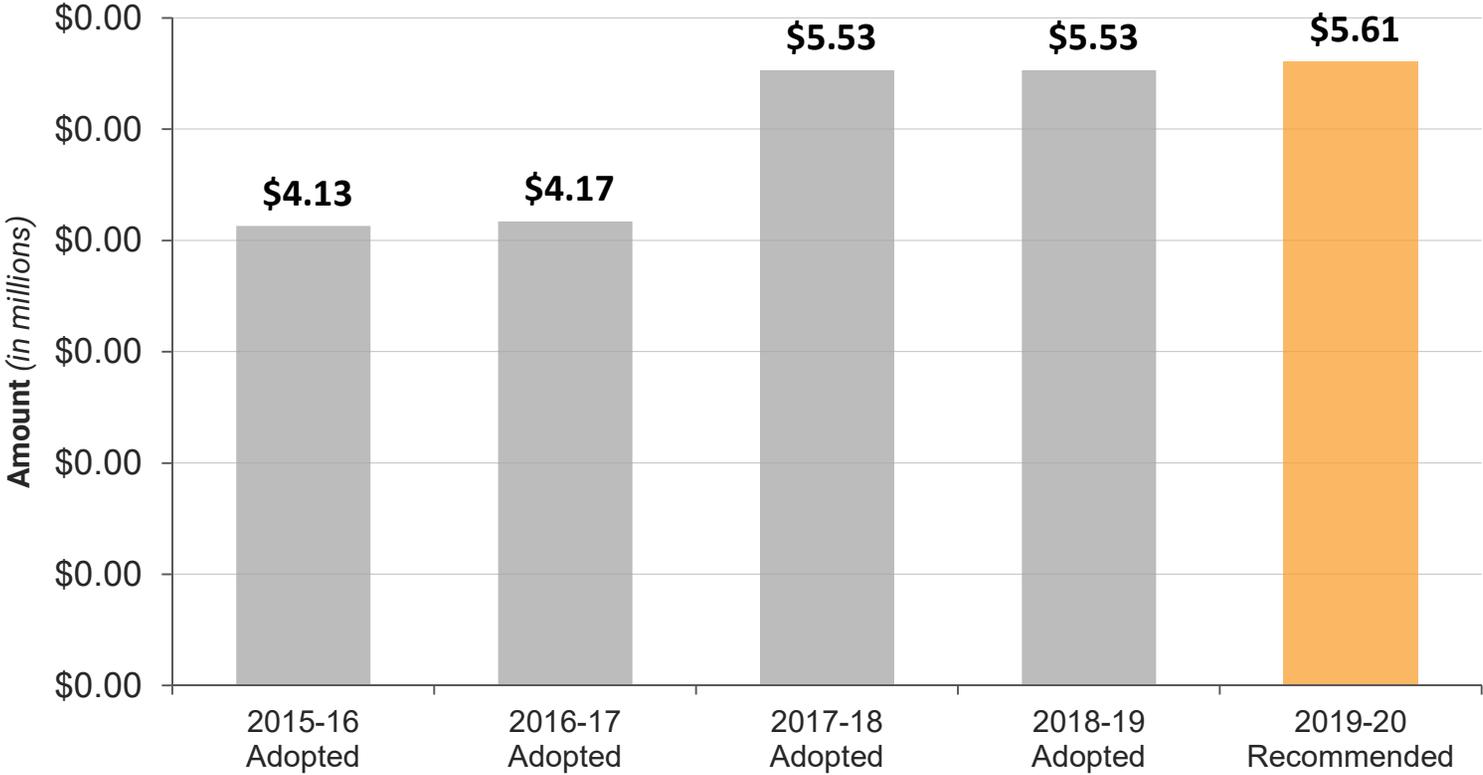
Staffing Summary



Operating Revenue | 5-Year Summary



GFC | 5-Year Summary



FY 2018-19 Anticipated Accomplishments

- Completed implementation of inpatient pharmacy and system wide review and improvement of pharmaceutical procedures.
- Completed implementation of the consolidated crisis services hub.
- Implemented Residential services for Drug Medi-Cal Organized Delivery System; enrolled 97 people in residential care for substance use disorder since December 2018.
- Trained all staff on disaster service worker roles and responsibilities.
- Completed implementation of State DHCS requirements for Managed Care Plan Final Rule and Network Adequacy.
- Completed renovations for the new Crisis Residential Treatment facility in North County.
- Achieved Medi-Cal approval rate for PHF services of 78%; up from 42% five years ago.



FY 2019-20 Objectives

- Begin planning for the expansion of safe and stable housing through No Place Like Home funding.
- Identify a facility for intensive beds for criminal justice involved clients and begin services—funded by Community Corrections Partnership.
- Implement a locked Mental Health Rehabilitation Center to help step clients down and bring them back into our community.
- Implement the new Crisis Residential Treatment program in North County.



FY 2019-20 Objectives

- Implement the AB1810 Pre-Trial Felony Mental Health Diversion Program.
- Collaborate with hospitals on system of care improvements.



RENEW '22

Promote the prevention of and recovery from addiction and mental illness among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.



- Pilot Co-response by law enforcement and mobile crisis mental health
- *Countywide permanent Co-response; Dedicated CIT*

- Implement paperless initiatives, including DocuSign & ServiceNow
- *Evaluate new paperless workflows and improve paperless processes*

- Non-Emergency Medical Transportation Options
- *Behavioral Health Center of Care - develop strategy*



RENEW '22 | Additional Information

- **Rebalancing of Resources to a Paperless System**
 - Institute healthcare signature pads for all Behavioral Wellness contract based agencies.
 - Implement Contracts module within ServiceNow.
 - Initiate DocuSign for electronic signatures in conjunction with several other county departments.
 - *Move paper applications to electronic systems and suspend paper applications and documentation through e-signatures, verbal attestation, telephonic signatures and other electronic means*
 - *Continue to leverage information technology systems and applications to streamline other areas including Human Resources and Fiscal Operations, that have workflows that rely heavily on document processing.*



RENEW '22 | Additional Information

- **Non-Emergency Medical Transportation Option**
 - Increase client and provider awareness and utilization of this benefit.
- ***Behavioral Health Center of Care***
 - *Determine system needs and resources to develop and implement a comprehensive behavioral health center.*
- **Co-Response by Law Enforcement and Mobile Crisis Mental Health**
 - Pilot of a co-response team in South County with Sheriff's Deputies operating four 10-hour shifts.
 - Model reduces potential incarcerations inpatient stays.
 - *Initiate MOU to begin co-response pilot with SB Police Department*
 - *Expand current co-response pilot to a countywide dedicated CIT*



Performance Measures

Description	2016-17 Actual	2017-18 Actual	2018-19 Est. Actual	2019-20 Recommended
Mental Health Inpatient Services				
Percentage of clients readmitted to the PHF within 30 days of discharge	10%	7%	10%	10%
Average inpatient length of stay at the PHF (Target = 7 days)	9 days	13 days	13 days	7 days
Average number of days to appointment following PHF discharge (State standard = 7 days)	20 days	4 days	4 days	4 days
Percentage of PHF clients on administrative day status	54%	46%	49%	25%



Performance Measures

Description	2016-17 Actual	2017-18 Actual	2018-19 Est. Actual	2019-20 Recommended
Quality Care Management				
Percentage of clients reporting satisfaction with the services they received	92%	85%	90%	90%
Percentage of clients reporting satisfaction with the services received by their children	90%	96%	90%	90%
Percentage of call center requests for crisis services offered appointment within one day	99%	95%	98%	95%



Performance Measures

Description	2016-17 Actual	2017-18 Actual	2018-19 Est. Actual	2019-20 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. (Target = 85%)	86%	92%	95%	95%
Percentage of adult outpatient clients stabilized and improved (measured by MORS score)	77%	77%	79%	80%
Percentage of transition-age youth clients stabilized and improved	76%	85%	86%	85%



Performance Measures

Description	2016-17 Actual	2017-18 Actual	2018-19 Est. Actual	2019-20 Recommended
Alcohol and Drug Programs				
Percentage of clients initiating substance use disorder treatment services (Combined Youth/Adults) within 14 days of opening/admission	73%	87%	81%	80%
Percentage of youth who completed 90 days or more of treatment (Target = 50%)	68%	59%	54%	50%
Percentage of adults who completed 90 days or more of treatment (Target = 50%)	43%	60%	50%	50%



FY 2019-20 Service Level Reductions

NONE



Assisted Outpatient Treatment (AOT) Update

- In 2002, the California Legislature passed Assembly Bill 1421, an assisted outpatient treatment program designed to provide court-ordered treatment targeting adults with serious mental illness who are experiencing repeated crisis events and who are not engaging in treatment on a voluntary basis.
- May 10, 2016, the Board of Supervisors approved and directed Behavioral Wellness to develop and implement an Assisted Outpatient Treatment (AOT) three-year feasibility pilot program designed to serve approximately ten (10) persons at any given time.



Assisted Outpatient Treatment (AOT) Update

- Three-year pilot funded through 12/31/2019
 - \$882k funding allocated
 - \$673k expected to be spent as of 6/30/2019
 - \$209k remaining
- The remaining \$209k may be adequate to continue program through 6/30/2020
- An additional \$100k will be available from the mental health set aside in General County Programs in the FY 2019-20 budget to ensure program remains operational through 6/30/2020



Assisted Outpatient Treatment (AOT) Update

- Of 100 referrals received:
 - 67 were seen
 - 33 were determined to not meet criteria or were unable to be located
- Of the 67 people seen:
 - 48% -- Closed because the individual did not meet full AOT criteria
 - 25% -- Accepted voluntary treatment
 - 18% -- Closed because individuals were initially contacted but then unable to be located or moved out of the area
 - 7.5% -- Court ordered treatment through AOT
 - 1.5% -- Continue to attempt to engage
 - 0% -- Settlement agreement
 - 0% -- Court petition filed



Assisted Outpatient Treatment (AOT) Update

- Programs working in tandem or supporting same AOT population:
 - Mobile/Triage (continuation of program staffing after grant ended)
 - Homeless Outreach expansion (new HMIOT grant expands services to West and North county)
 - CIT/Co-Response Team Pilots (SB Sheriff and SB PD)
 - Assertive Community Treatment/Justice Alliance
- * New program on horizon with AB1810 funding: Diversion of Felony ISTs



Assisted Outpatient Treatment (AOT) Update

- Upon conclusion of 3-year pilot program, Behavioral Wellness will receive the program evaluation and return to the Board with a full report in Spring 2020.
- Information will inform program decisions for FY 2020-21.



Summary

- FY 2019-20 budget balanced without service level reductions - first time in recent history
- **Completely redesigned Crisis services system of care has resulted in:**
 - More efficient services delivery
 - Improved patient care
 - Fiscally sustainable model
- **Continuing to see increased needs for long-term care - conserved clients**
 - Strategies to bring clients home
- **No Place Like Home reduces services funding but increases housing resources**
 - \$2.6M housing funding available in FY 2019/20
 - Round 1 establishes \$52M set aside to be split between 14 medium sized counties
 - Awards based on competitive application



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“Impossible just takes a little longer.”

