

Behavioral Wellness

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Department Director

Administration & Support

Mental Health Inpatient Services

Quality Care Management

Mental Health Outpatient &
Community

Alcohol & Drug Programs



FY 2020-21

BUDGET WORKSHOPS

Key Challenges & Emerging Issues

- Behavioral Health Payment reform (CalAIM)
- Prioritization changes for Mental Health Services Act (MHSA) proposed in State budget
 - Criminal Justice
 - School
 - Homeless
- Pandemic Impact
 - Mitigate impacts to service delivery to extent possible with technology
 - Economic impact on sales taxes and personal income taxes unknown (~\$38M revenue tied directly to taxes)

Budget Summary

Operating Budget	\$ 145,042,400	
Use of One-Time for Ongoing Operations	\$ 1,500,000	1.03%
Capital Budget	\$ 200,000	
General Fund Contribution	\$ 5,693,800	
Full-Time Equivalents	403.8	
Service Level Reductions	\$ 0	
Restoration Requests	\$ 0	
Expansion Requests	\$ 0	

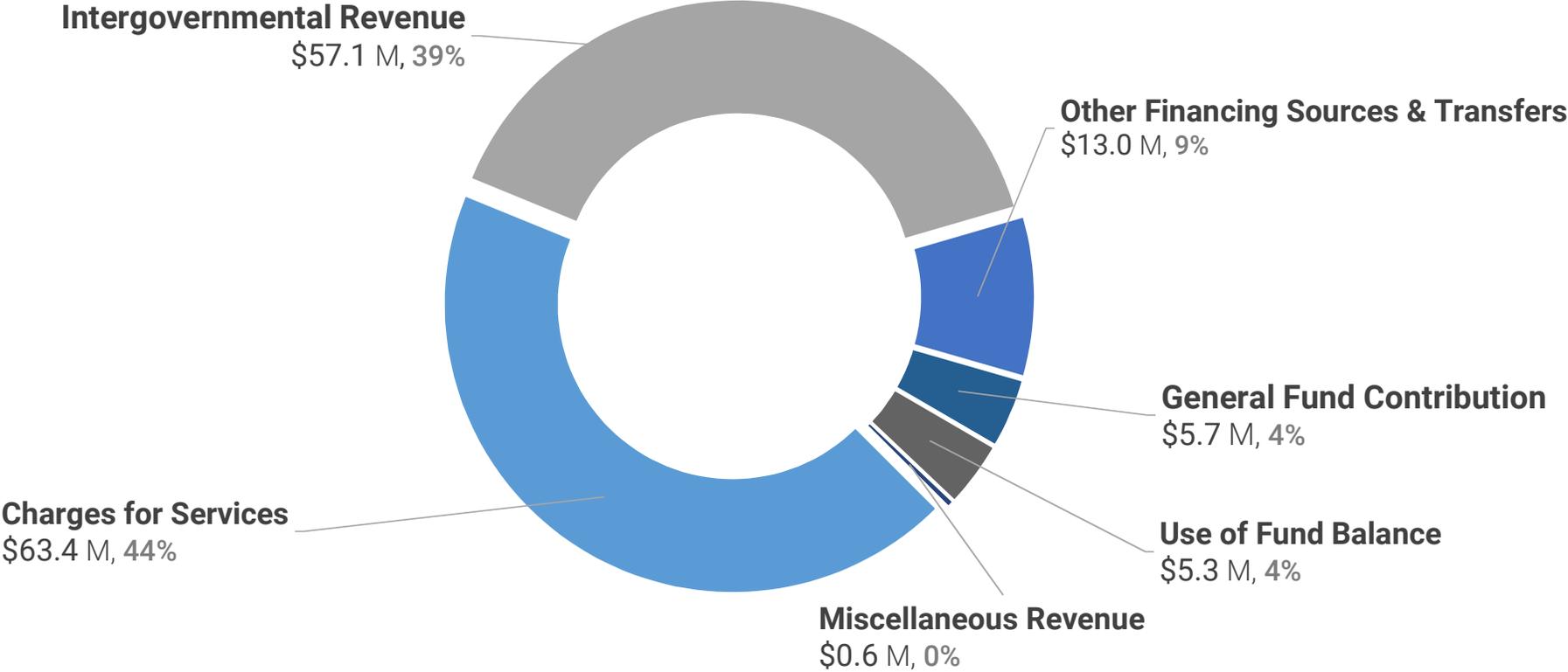
Capital Projects Detail

PHF Information Technology (IT) Infrastructure and Operations

\$ 200,000

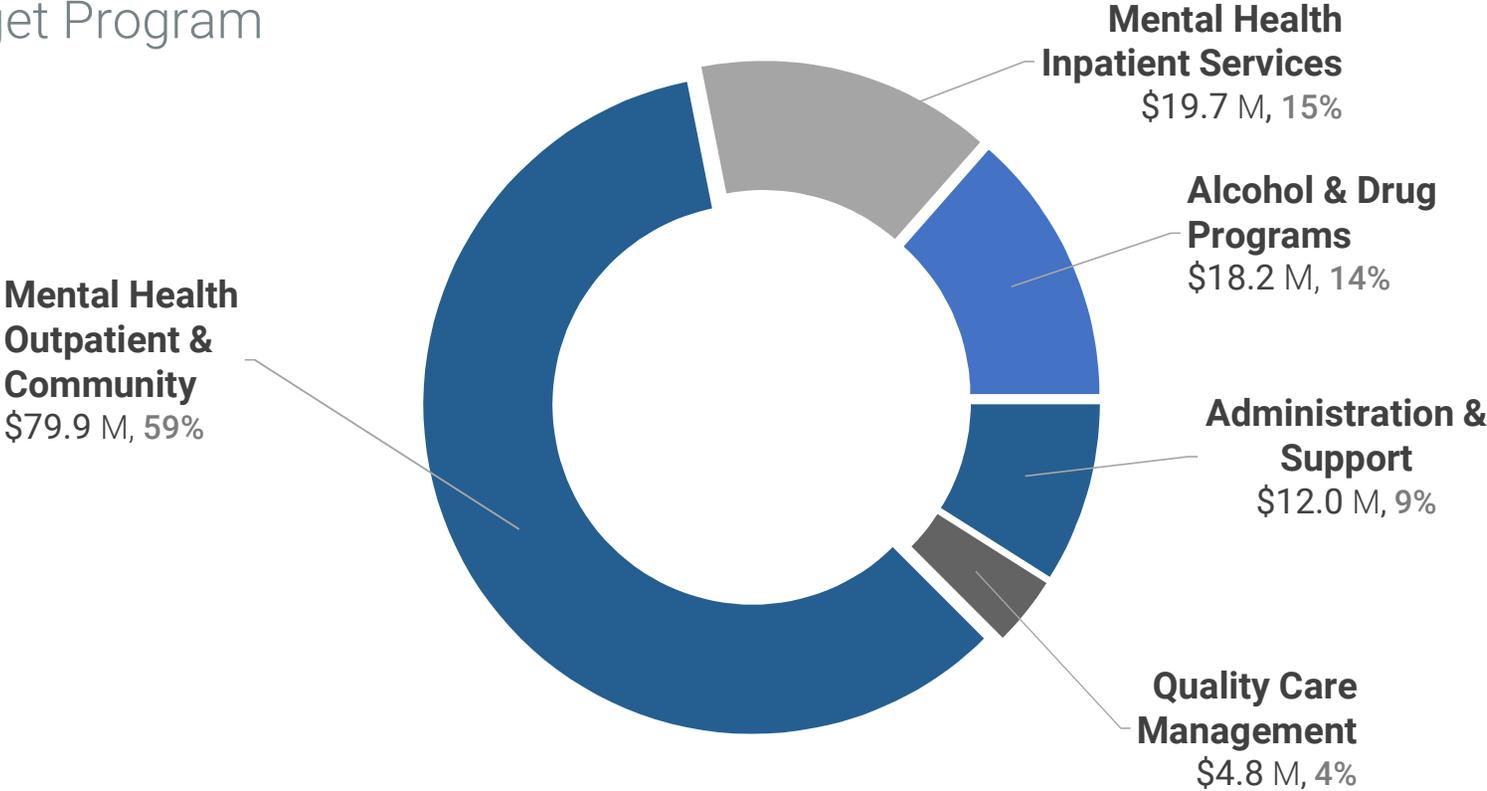
Select Psychiatric Health Facility Electronic Health Record (EHR) / Electronic medication administration record system (eMar) and begin implementation.

Source of Funds

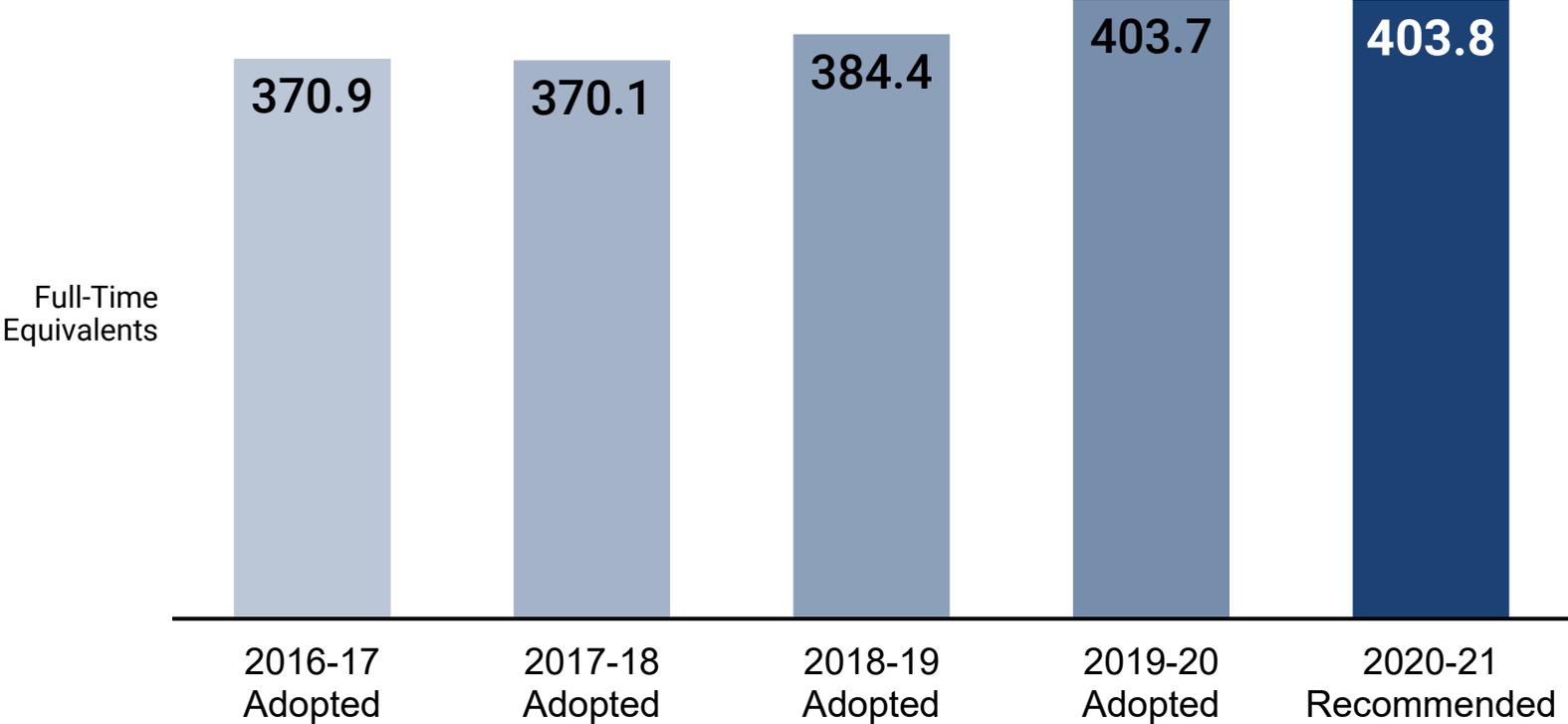


Use of Operating Funds

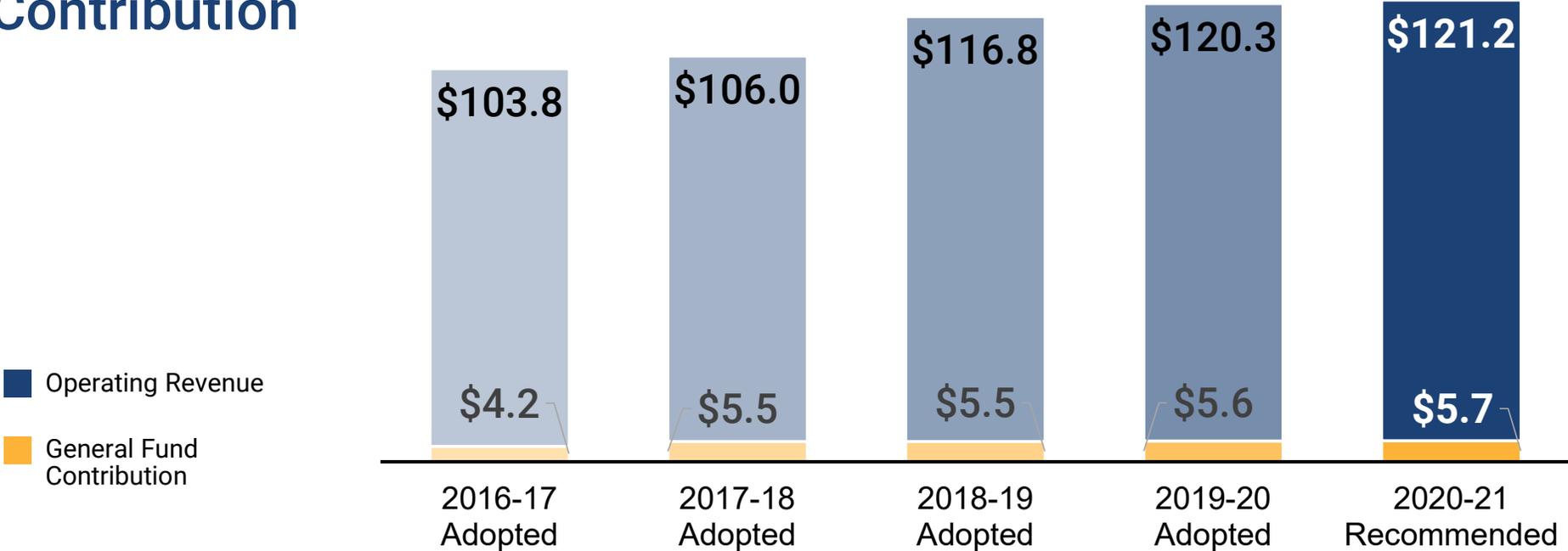
By Budget Program



Staffing Summary



Operating Revenue & General Fund Contribution



FY 2019-20 Anticipated Accomplishments

- Third Crisis Residential Treatment opened (Agnes St.)
- Opening of a Jail Diversion/Sobering Center through Prop 47 funding
- Expansion of Co-Response with Law Enforcement 
- Centralization of Access Line for Substance Use Disorder and Mental Health referrals 
- Transition of Crisis Residential facility in Santa Maria to Forensic specialization (AB1810 grant funding)
- Expanded Housing – Polly’s House, Depot Street
- Finalize design of forensic MHRC and release Request for Proposals for construction
- Identify navigation center site and locations for emergency shelter homes

 Renew '22
Departmental Initiative

FY 2020-21 Objectives

- Expanded Housing/sheltering – No Place Like Home projects
- Champions Healing Center - opening Spring 2020 – bring clients back in county and improve PHF bed mix ♦ *COVID accelerated timeline
- Fully implement diversion grants (Prop 47 & AB1810) with data collection focus to evaluate outcomes ♦
- Operationalizing of Innovations funded Peer to Peer Chat and Digital Therapeutics (PPCDT) application (Tech Suite)
- Ongoing Community Trauma Support for Mass Casualty Incidents (COVID)
- Implement a local Assisted Outpatient Treatment (AOT) program to incorporate with a more assertive proactive model including co-response (per Governor’s budget recommendation) and lessons learned from the pilot

♦ Renew '22
Departmental Initiative

RENEW '22 | Big Picture Goals

RE-DESIGN

Migrate County Services Online

- Select and implement an Electronic Health Records System at the Psychiatric Health Facility in transition to 100% paperless practice.
 - Implement DocuSign across administrative programs to eliminate the need for paper exchange and wet signatures.
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Process Improvement Training

- Several Behavioral Wellness employees will attend the County-provided process improvement training and innovation training
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RE-BALANCE

Enhance Financial Resiliency

- Increase federal and state revenue drawdowns at the Psychiatric Health Facility by improving the ratio of acute to admin clients. This will be achieved with the opening of Champion Center, which will improve the flow of clients ready to transition from the PHF to lower levels of care.

RENEW '22 | Big Picture Goals

RESPOND

Conduct Satisfactory Surveys

- Conduct Mental Health and Alcohol and Other Drug customer satisfaction surveys twice per year.
- Conduct customer satisfaction survey of Psychiatric Health Facility clients upon discharge.

RETAIN

Manager Leadership Development

- Send managers through the California Institute for Behavioral Health Solutions (CIBHS) Leadership Institute, which is specifically designed to develop great leaders in the field of public behavioral health care.
- Continue to send managers through the County-provided Leadership Certificate Program (LCP).

New Employee Retention

- Continue to offer training and Continuing Professional Education (CPE) opportunities for all practitioner disciplines.

Performance Measures

Description	2017-18 Actual	2018-19 Actual	2019-20 Est. Actual	2020-21 Recommended
Mental Health Inpatient Services				
Percentage of clients readmitted to the PHF within 30 days of discharge	13% 55/345	13% 58/313	11% 27/233	10%
Average inpatient length of stay at the PHF	13 days 436	13 days 419	11 days 233	7 days
Average number of days to appointment following PHF discharge	4 days 252/434	5 days 281/412	7.6 days 153/215	7 days
Percentage of PHF clients on administrative day status	44% 2,214/5,060	48% 2,186/4,570	54% 1,072/1,998	55%

Performance Measures

Description	2017-18 Actual	2018-19 Actual	2019-20 Est. Actual	2020-21 Recommended
Quality Care Management				
Percentage of call center requests for MH crisis services offered appointment within one day	98% 2,258/2,288	98% 1,965/1,987	99% 894/901	100%
Mental Health Outpatient & Community Services				
Percentage of adult Crisis Stabilization Unit clients that stabilize in the community (do not need involuntary inpatient care within 30 days)	92% 383/416	92% 383/416	91% 187/205	85%
Alcohol and Drug Programs				
Percentage of adults who successfully completed treatment	43% 101/234	55% 94/172	57% 141/248	50%
Percentage of youth who successfully completed treatment	59%	48% 120/248	52% 90/172	45%

Service Level Reductions

NONE

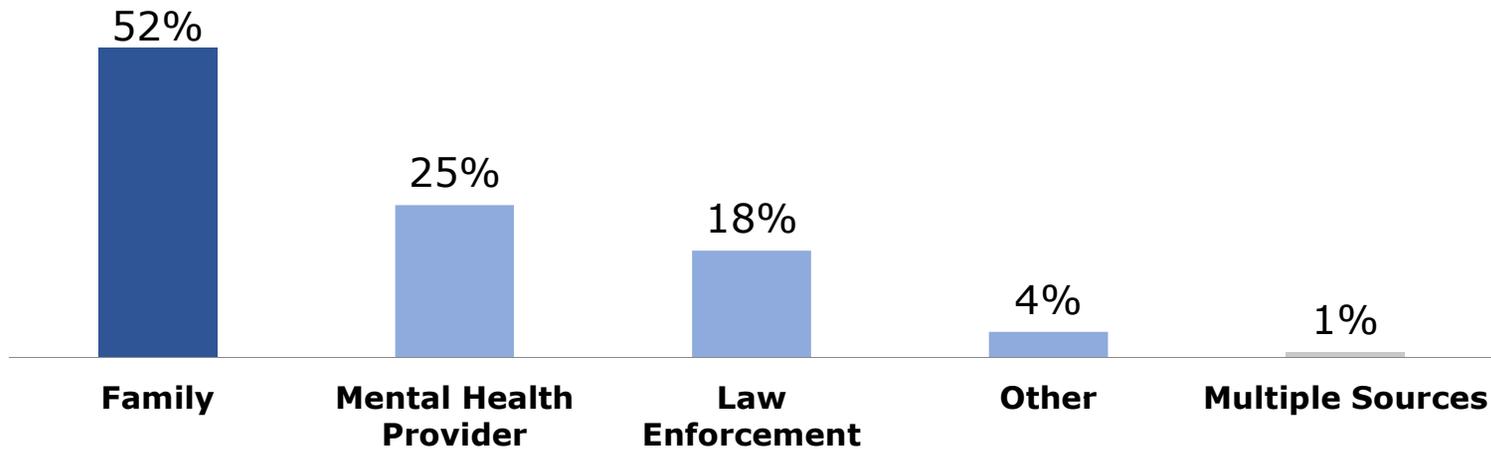
***Pre-COVID Impact**

Assisted Outpatient Treatment Pilot



Referrals received averaged 3 per month

- 52% referrals from family, 25% MH Tx, 18% Law Enforcement
- 67% of referrals were under age 45
- 77% were dual diagnosis
- 52% were homeless
- 38% on Probation



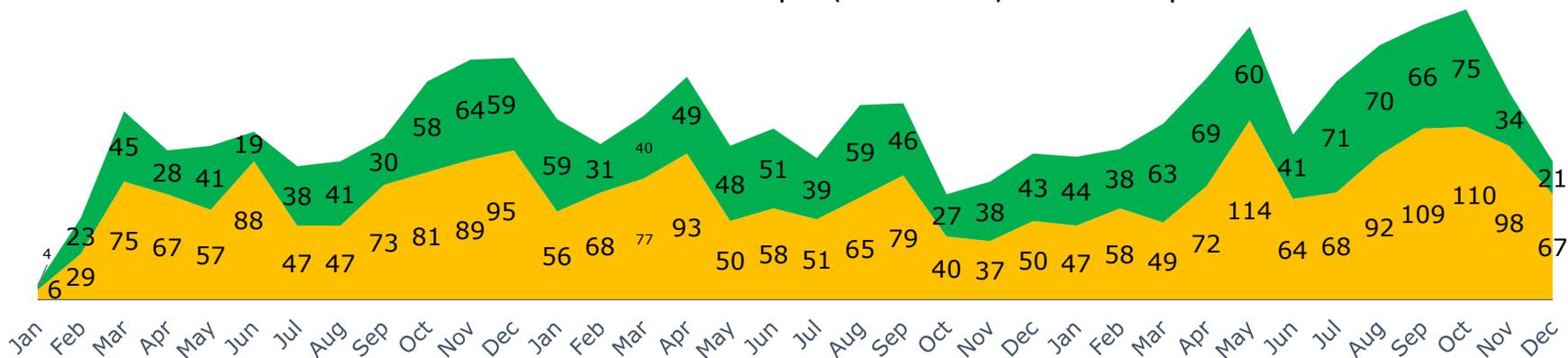
Assisted Outpatient Treatment Pilot

Outreach visits averaged **3 times a week per eligible referral**

- Referrals contacted on average **39 times** (median 33, range 1-234 attempts)
- Difficult-to-reach population: 4 successful contacts for every 10 attempts
 - 44% of referrals voluntarily accepted treatment
 - 7% court ordered to treatment
 - 22% continued outreach
 - 30% closed/refused

Intensive Outreach and Engagement Efforts by Month

■ Attempts (no contact) ■ Attempts that resulted in contacts

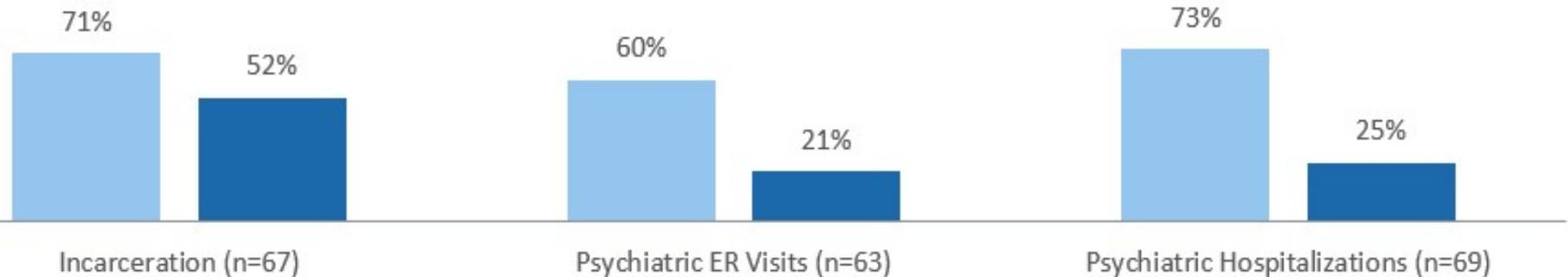


Assisted Outpatient Treatment Pilot Conclusions

- Intensive Outreach and Engagement (IOE) efforts have built a highly effective referral system
- Narrow criteria rejected potential SMI clients & sources resulting in far fewer referrals and eligible than anticipated; & minimal AOT petitions; outcomes related to IOE and ACT consistent with prior research
- **IOE** efforts are reducing the number of negative life events for participants. Reduction in use of crisis services, crisis calls and psychiatric hospitalizations **related to ACT treatment**

■ 12 Months Prior Pilot Program

■ Intensive Outreach and Engagement



Governor Newsom comments on AOT and involuntary treatment 2/19/2020

- “California’s behavioral health laws may have been ahead of their time, but today, call out for reform.
- we need better legal tools, ones that allow local governments, health providers, and law enforcement to more effectively help people access the treatment they need.
- Take Laura’s Law, which allows loved ones and service providers to ask courts to compel those who need treatment into community-based outpatient care. The problem is, it’s too hard to use. We need to remove some of the conditions imposed on counties trying to implement the law, so we can expand who benefits.
- And with Housing Conservatorships, we should authorize counties throughout the state to establish these programs.
- we know that the most urgent issue is not the legal inability to conserve people but the unavailability of housing and care for those who most need it.
- Policy is an empty promise without creating more placements.”

Recommendations from Pilot study

Use Pilot lessons to create SB-Better than AOT Program

- Broaden eligible initial referral resources (e.g. concerned citizens)
- Broaden program eligibility criteria so SMI receive IOE and opportunity for voluntary treatment
- When resistant, engage early through MH/LE Co-response team
- Create placements through continued GF support for effective components - Intensive Outreach and Engagement linked with ACT and housing
- Engage Public Guardian to initiate Conservatorship when appropriate
- Consider adopting Housing Conservatorship model
- Eliminate high cost AOT items - Evaluation \$81K, CC FTE

Summary

- **Medi-Cal Reform: CalAIM**
 - Many fundamental changes to Behavioral Health service delivery and funding models
- **Mental Health Services Act prioritization changes**
 - Focus on Criminal Justice, Schools, Homeless
- **Pandemic Impact**
 - Mitigate impacts to service delivery to extent possible with technology
 - Economic impact on sales taxes and personal income taxes unknown (~\$38M revenue tied directly to taxes)

“ High performance is the ability to deliver – over a prolonged period of time – meaningful, measurable, and financially sustainable results for the people or causes the organization it is in existence to serve. ”

The Performance Imperative

“There’s no one we’d rather do Disaster with than you”



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