Overview of the

2013-14 and 2014-15 Mental Health Services Act Plan Update

Santa Barbara County Department of Alcohol, Drug and Mental Health Services

Presented to the
Board of Supervisors
April 22, 2014

What is MHSA?

- Proposition 63 (2004) – “Millionaire Tax”

- Purpose
  - Expand or improve care, especially for underserved
  - Innovation, prevention, and early intervention

- County mental health programs must:
  - Submit a Three-Year Program and Expenditure Plan
  - Post for 30-Day Comment Period
  - Conduct hearing at Mental Health Commission
  - Obtain Board of Supervisors’ approval

How to integrate MHSA, Systems Change & ACA?

- MHSA Intention and Principles
- Steering Committee Values, Vision & Guiding Principles
- Stakeholder Activities & Participants
- Feedback & Revisions
- Formal Plan Update
- Implementation Planning & Stages

System Change & MHSA Principles

- **Client- and Family-Driven System of Care**
- **Partnership Culture**
- Peer Employment
- **Integrated Service Experiences**
- **Cultural Competence, Diversity, and Inclusivity**
- **Focus on Wellness, Recovery, and Resilience**
- Strengths-Based Perspective
- Fiscal Responsibility
- Transparency & Accountability
- Continuous Quality Improvement

Bold = MHSA Principle

New SB Co MHSA Process

- Steering Committee & MH Commission
  - MHSA Planning Committee
- Expand stakeholder input (internal and external)
- Synchronize MHSA Process with Budget
- Stakeholder Review Prior to Posting of Plan
- Board Approval (tied to budget)

Stakeholder Events

1. MHSA Plan Update planning team
2. Steering Committee discussion
3. MH Commission discussions
4. Action Teams Interviews
5. Stakeholder Event (12/05/13)
6. ADMHS Team Supervisors' input (collected from their teams)
7. CBO Meetings (Adult, Child, Coalition)
8. Consultation with MHSA-OAC on stakeholder process
9. Sys-Wide Survey on Treatments and Training Needs
10. Regional Department Meetings
11. April 11, 2014 Stakeholder Forum

Stakeholder Participants

- County Departments
- Community Based Organizations
- Consumers / Family Members
- Diverse Populations / Underrepresented populations
- ADMHS Staff
- Mental Health Commission
- Steering Committee
- Action Teams
- ADMHS Psychologists

Identified System Needs

- Increased Access
- Treatment based upon Need not Payer
- Recovery Model
- Value Focus (Improve outcomes & lower cost)
- Use System-Wide Approaches
  - Welcoming
  - Trauma-Sensitive
  - Culturally Competent
  - Peers & Family Members
  - Integration
  - Complexity Capable
- Specialized Services
- Improved Collaboration in all directions
- Access and Assessment

Stakeholder-Identified Services

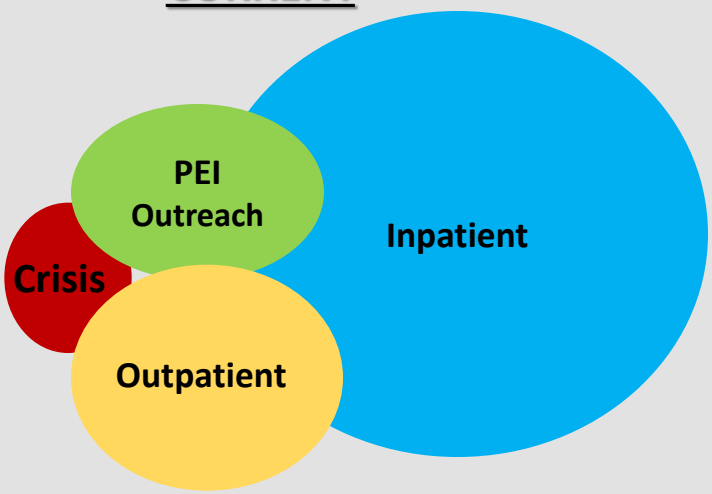
- Maintain Current Programs: PEI, TAY, SPIRIT, ACT, Supported Housing, Partners in Hope
- Co-Occurring (Substances + MH)
- Medical Integration (including Geriatric)
- Wellness, Resiliency and Recovery (Adult)
- Wellness, Resiliency and Recovery (Child)
- Katie A
- Update ACT
- Housing & Care
- Forensic Team
- Access & Assessment
- Crisis
  - Triage Teams
    - Pre-crisis
    - Post Discharge
  - 3 Mobile Crisis Teams Fully Staffed
  - Crisis Stabilization Unit
  - Crisis Residential Unit
- New Innovation program
  - Girls Resiliency, Restoration, and Recovery Alliance (GRRRLs)
  - System-Wide Training

Plan Update (13-14 and 14-15)

- **Create an Integrated System of Care and Recovery**
- Transform CARES and clinics into MHSA-funded **Recovery Centers**
- **Treatment is determined primarily by need**, not by payer source
- **Stakeholders define the programs**, treatments, and the resources
- Adopt a behavioral health **funding hierarchy** that uses MHSA funds to expand and improve services

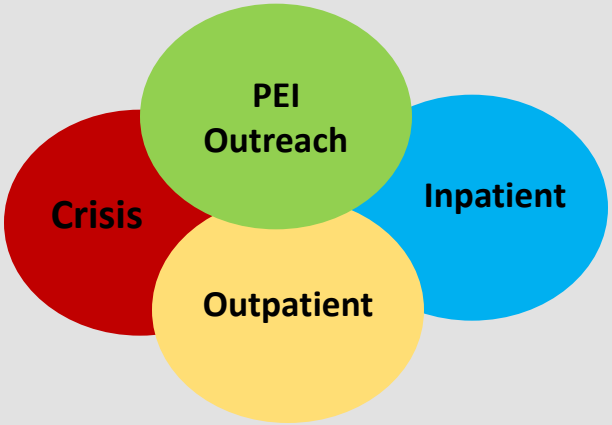
System Overview

CURRENT



Current
Unbalanced
Single Access Point
No Integrated Co-Occurring Program
Medi-Cal Driven
Generic Treatments
Siloed - Rigid Barriers

Transformed



Transformed
Balanced
Multiple Access Points
Co-Occurring Capable Throughout
Consumer Need Focused
Specialized Teams
Flowing Internal Access

Crisis System of Care

CURRENT

Pre-Crisis Support

Mobile Crisis Team dispatch to ER, Jail, Field

Crisis Residential North

5150 Hold?

Yes

No

PHF Psych Facility

Generic Outpatient Clinic

Transformed

Pre-Crisis Support

Mobile Triage Team & Mobile Crisis Team in every Region

Crisis Residential North
Crisis Residential South
Crisis Stabilization Unit

5150 Hold?

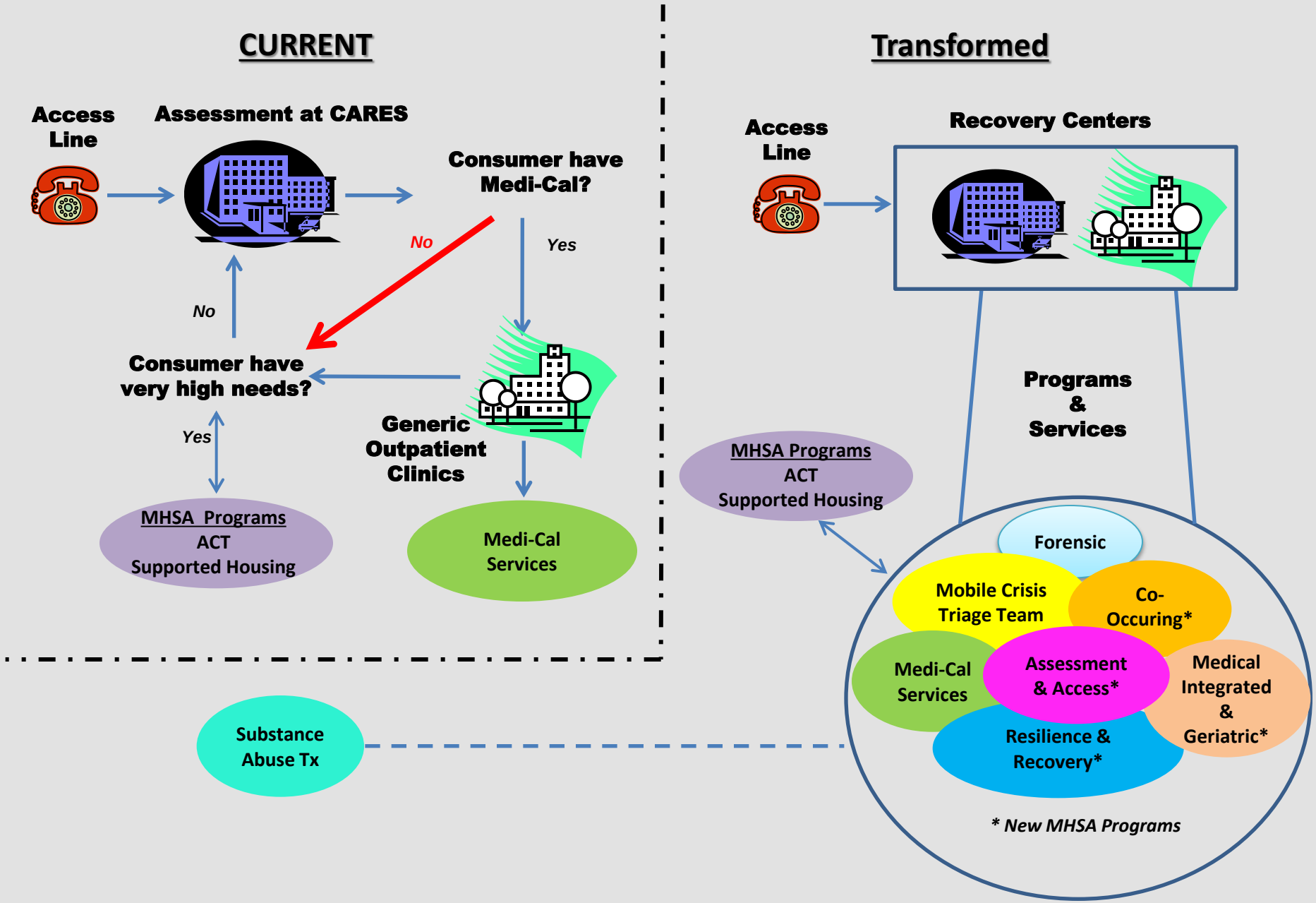
Yes

No

PHF Psych Facility

- **Pre-Crisis Support**
- **Discharge Planning**
- **Outpatient Tx**
- **MHSA Programs**

Adult Access to Care



Impact on FY 14-15 Budget

- Budget reflects MHSA Plan Update process
- Shifts Outpatient System to the MHSA Fund
- Funding hierarchy maximizes the use of limited revenue sources by funding (in order) those systems that have the greatest impact:
  - Prevention and Early Intervention (PEI) System
  - Outpatient System
  - Crisis System
  - Inpatient System

Funding Hierarchy

1. Grants and categorical funding
2. Federal Medicaid revenue via State (Medi-Cal)
3. MHSA revenue for non-Medi-Cal costs
   - Non-Inpatient and Non-ADP costs
4. MHSA revenue to match Medi-Cal revenue
   - Non-Inpatient and Non-ADP costs
5. State Realignment to match Medi-Cal revenue
6. State Realignment for non-Medi-Cal costs
7. General Fund for non-Medi-Cal costs

Balancing our Systems

- **MHSA Base Budget increases by $24.6M**
  - **$28.9M in FY 13-14 vs. $53.5M in FY 14-15**
- **$12.2M Budget Expansions "balance" the following systems:**
  - **Increase the PEI System**
  - **Increase the Outpatient System**
  - **Increase the Crisis System**
  - **Decrease the Inpatient System**

FY 14-15 Expansion Requests

Enhancement Request	Costs	FTE	Funding					Start
			GFC	State*	MHSA	Grant	Medi-Cal	
Crisis System Expansion	**$5.8M**	**29.50**	$0.0	$0.9M	$0.0	$2.9M	$2.0M	**Q3**
Temp. Housing Expansion	**$0.3M**	**0.00**	$0.0	$0.3M	$0.0	$0.0	$0.0	**Q1**
Clinics Transformation	**$1.3M**	**9.43**	$0.0	$0.4M	$0.2M	$0.0	$0.7M	**Q1**
Katie A. Excess Costs	**$1.7M**	**9.38**	$0.8M	$0.0	$0.0	$0.0	$0.9M	**Q1**
Homeless Services	**$0.3M**	**0.75**	$0.0	$0.0	$0.1M	$0.0	$0.2M	**Q2**
Forensic Services	**$0.7M**	**4.50**	$0.0	$0.0	$0.3M	$0.0	$0.4M	**Q2**
Administrative Support	**$1.1M**	**9.00**	$0.0	$0.0	$1.1M	$0.0	$0.0	**Q1**
Demand for Clinic Services	**$1.0M**	**18.50**	$0.0	$0.3M	$0.2M	$0.0	$0.5M	**Q3**
Totals	**$12.2M**	**81.06**	**$0.8M**	**$2.0M**	**$1.9M**	**$2.9M**	**$4.6M**	

Multi-year Design & Implementation

- Now
  - Stakeholders, Populations, Programs, & Plan
  - Budget & ACA Enrollment
  - System-Wide Changes
- During FY14-15
  - Annual MHSA Plan Update process
  - Program Training & Implementation
  - Minimum 5% MHSA Allocation to CBO contracts
  - Refinement of Programs
  - Who does What Where with Whom? (CBO roles)
  - Revise contract Statements of Work & Begin RFPs
  - Measures Selection and Implementation
  - Continuous Quality Improvement & Continued Revenue Management
- During FY15-16
  - Annual MHSA Plan Update process
  - Additional Measures
  - Resource & Program Adjustments

Thank You

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BOS Hearing
April 22, 2014