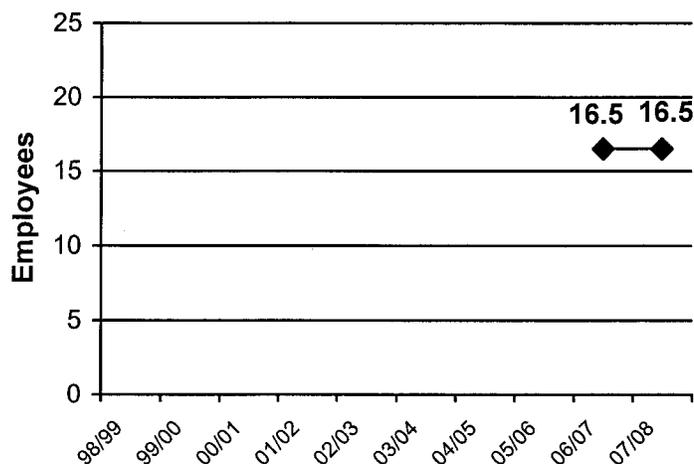


MISSION STATEMENT

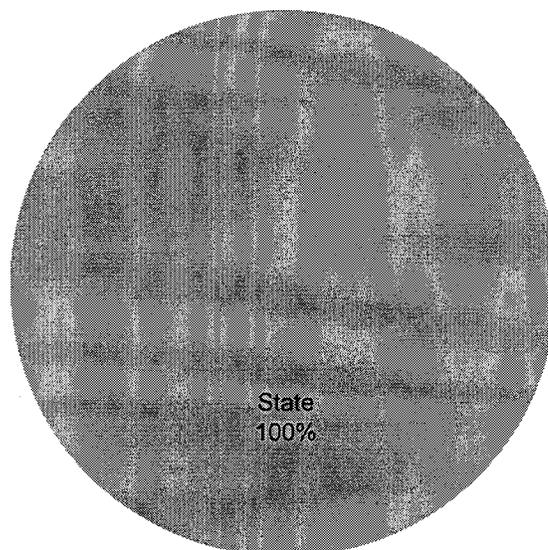
The Health Agency's Behavioral Health Department provides services funded by the Mental Health Services Act designed to create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.

	2006-07 Budget	2006-07 Projected	2007-08 Requested	2007-08 Recommended	Change From 2006-07
<u>Financial Summary</u>					
Revenues	\$ 3,376,075	\$ 2,583,178	\$ 3,976,739	\$ 3,976,739	\$ 600,664
Salary and Benefits	1,700,766	574,234	1,664,365	1,700,436	(330)
Services and Supplies	1,675,309	2,014,568	2,312,374	2,276,303	600,994
Other Charges	0	25,955	0	0	0
**Gross Expenditures	\$ 3,376,075	\$ 2,614,757	\$ 3,976,739	\$ 3,976,739	\$ 600,664
General Fund Support (G.F.S.)	\$ 0	\$ 31,579	\$ 0	\$ 0	\$ 0

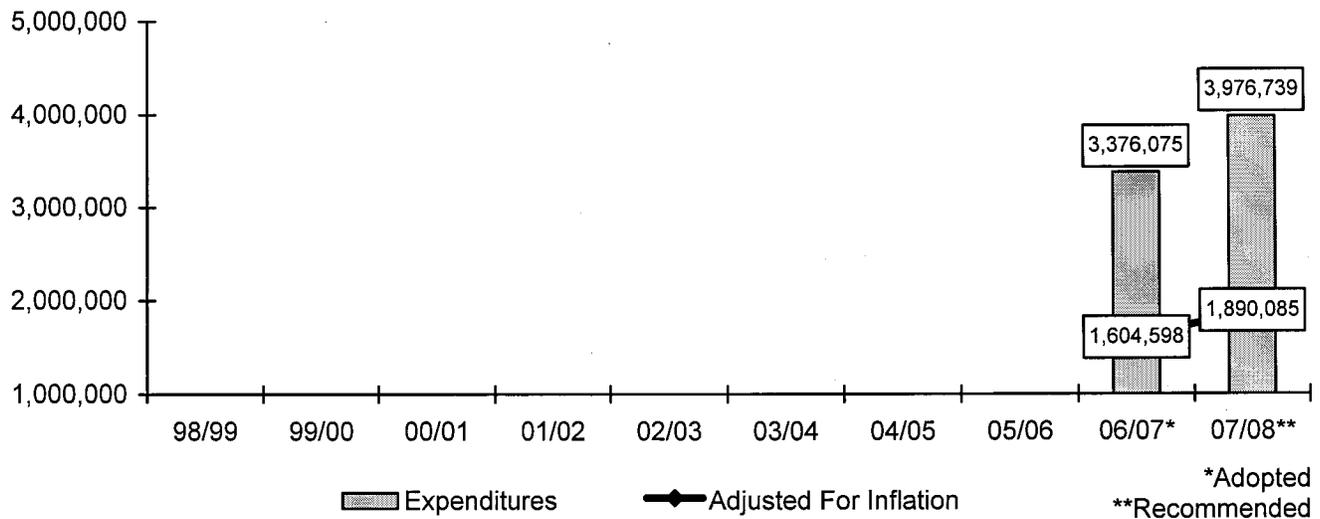
Number of Employees
(Full Time Equivalent)



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Full Service Partnership (FSP)

Full Service Partnerships provide wraparound-like and intensive services to targeted populations of adults and older adults with severe mental illness; and, children, youth and transitional age youth with serious emotional disturbance. Services are provided in the community and in the individual’s home with an emphasis on “whatever it takes” to strive toward increased wellness, recovery and resiliency and keep the individual in their home and community.

Total Expenditures: \$2,473,309 Total Staffing (FTE): 11.5

Client and Family Wellness and Recovery

These programs provide an array of services designed to facilitate and support wellness, recovery and resiliency for persons with severe mental illness. These services will improve the clients’ quality of life and will be offered in the community. The services provided include: supportive vocational training, housing, family-led mentoring and education, co-occurring substance abuse treatment, Client & Family Partners, Case management, Mentally Ill Probationers’ Services, and community mental health school services.

Total Expenditures: \$801,786 Total Staffing (FTE): 3.25

Latino Outreach and Engagement Services

Coordinated culturally appropriate outreach, engagement and treatment services are provided to the un-served and under-served Latino community.

Total Expenditures: \$214,970 Total Staffing (FTE): 0.75

Enhanced Crisis Response and Aftercare

The mobile crisis program provides crisis intervention response throughout the County. Wellness-focused interventions are provided such as in-home crisis stabilization and next day follow up to person and family if not transported to the Psychiatric Health Facility (PHF). Aftercare services will be provided to individuals discharged from the PHF.

Total Expenditures: \$486,674 Total Staffing (FTE): 1.0

DEPARTMENT COMMENTS

Key Accomplishments of Mental Health Service Act (MHSA) for FY 2006 - 2007

Customer Service

- Services for Full Service Partnerships began January, 2007.

- Expanded Mobile Crisis Unit to two responders on duty 24/7. Mobile Crisis Unit served more clients and provided more services along with next day follow-up services. Law enforcement has been increasing the use of the mobile crisis services and the department has received a number of compliments on the service. The increase in crisis services has decreased the number of clients requiring hospitalization from 50% to 45%.
- Implemented Latino Outreach services and vocational services through Transitions Mental Health Association (TMHA) which results in more services provided to the community. Clients served increased from six in the first month of the fiscal year to over one hundred for the last month of the fiscal year.
- In collaboration with the County Office of Education, placed mental health therapists in Community Schools in the North County. We are currently obtaining baseline data of prior hospitalizations, out-of-county placements, school attendance and juvenile justice involvement for tracking purposes.

Improved Business Processes

- Mobile Crisis Unit has been able to divert a number of clients from the Psychiatric Health Facility (PHF) due to their expansion of staff.
- The PHF Aftercare Specialist has been able to provide clients with resources upon discharge from the Psychiatric Health Facility, which prevents increased use of the mental health system.

Finances

- Informed that the county will receive an additional \$934,083 to the fiscal year 2007 – 2008 allocation.
- Developed a cooperative agreement with the Department of Rehabilitation using leveraged MHSA funds to provide an increase in vocational services to persons with mental illness.

Learning & Growth

- The Full Service Partnership teams are a collaboration between County Mental Health and other Community Based Providers. Monthly meetings are conducted with management staff from Mental Health and the Community Based Organizations in order to ensure clear communication and a consensus on mission and service delivery.
- All staff were provided training on Co-Occurring Disorders, Cognitive Behavior Therapy and cultural competency topics.

Major Focus for FY 2007 – 2008**Using Technology to Improve Customer Service**

- Implement Clinician's Gateway in order to improve efficiency with billing. Clinician's Gateway is a web-based front-end interface to the current billing system. Currently, Medical Record Technicians must input a service from a paper document. The new software will capture the service data needed for billing when an electronic progress note is created eliminating the data entry required by the Medical Records Technician.
- Convene a press conference announcing Network of Care with a demonstration from Trilogy. The Mental Health Network of Care Website is an online information resource designed for individuals with mental illness, their families and healthcare providers. The site provides critical information, communication, and advocacy tools with a single point of entry for those navigating the behavioral health services system.

Internal Business and Program Improvements

- Use the new technology to provide a higher level of oversight and accountability.
- Continue to hire and train staff until all of the MHSA programs have been implemented.

Finance

- Continue to find ways to leverage existing funding. Continue to participate in state meetings in order to advocate for more funding and to keep apprised of the state budget.

Learning and Growth

- Provide training on recovery, resiliency and wellness and implement those concepts into the culture of the organization.
- In continuing to provide quality service to County residents, the Behavioral Health Department will continue to seek opportunities to collaboratively train staff from Mental Health and Drug and Alcohol Services around issues such as co-occurring disorders.

Key Challenges and Strategies for Fiscal Year 2007 – 2008

- Progressive Technology
 - The replacement of the information system in the Department is crucial for efficient billing and for accurate reporting of data.
- Quality Assurance
 - Develop a policy and procedure manual.
 - Implement standards and protocols for auditing case records.
- Recruitment and Retention
 - Ability to recruit and retain psychiatrists, nurses and other professional and technical staff is critical.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The Mental Health Services Act (MHSA) was enacted into law January 1, 2005. This enactment followed the passage of Proposition 63 in November 2004, which imposed a 1% tax on adjusted annual income over \$1,000,000. This new stream of funding is dedicated to transforming the public mental health system and seeks to reduce the long-term adverse impact from untreated serious mental illness. The legislation also stipulates that the MHSA funding cannot be used for existing programs or services and must be used for new or expanded programs of services.

To access the funds, counties were required to develop a three-year work plan to carry out the goals and objectives of the MHSA. This plan was created in collaboration with clients, family members, providers, and other community stakeholders and was circulated for public comment prior to being submitted to the California Department of Health. The County's plan was approved during 2006. This fund center is supported 100% with funding from the state and does not receive any General Fund support.

The MHSA includes five primary programs and funding components: Community Services & Supports, Education & Training Component, Capital Facilities and Technology, Housing, and Prevention & Early Intervention. To date, the state has only provided details regarding the Community Services & Supports component, and it is this program that the County is currently implementing.

Revenues and expenditures are increasing by approximately \$600,000 or 17%. Of the \$600,000 revenue increase, \$557,000 is derived from additional MHSA Community Services & Supports funding and the remainder is derived by leveraging this funding for additional MediCal and Early, Periodic Screening, Diagnosis, & Testing (EPSDT) revenue. The majority of the increased expenditure is for expansion of housing for individuals with mental illness.

The County is expected to receive an additional \$900,000 of MHSA funding sometime during FY 2007-08. Further details are pending from the state and as they become available and the corresponding plans for the expenditure for these funds are solidified, a budget adjustment and plan will be brought forward to the Board of Supervisors for approval.

Total County staffing for this fund center is remaining the same as FY 2006-2007. The Position Allocation List (PAL) is changing as it is recommended that a Supervising Medical Records Technician be transferred to this fund center from the Mental Health fund center (FC 161) and a Medical Records Technician be transferred from this fund center to fund center 161. This transfer will better align the staffing for each of these distinct operations with the duties currently being conducted by these positions. Lastly, the impact of the 3.5% pension rate increase to this fund center is \$36,000. Because of this increase, a corresponding amount of expense is recommended to be reduced from services and supplies. The program impact of this change is expected to be minimal.

GOALS AND PERFORMANCE MEASURES

<p>Department Goal: To help individuals experiencing severe mental illness or serious emotional disturbance to be as functional and productive as possible in the least restrictive and least costly environments.</p> <p>Community-wide Result Link: A healthy and safe community.</p>							
<p>1. Performance Measure: Percent of adult full service partnership enrollees that are maintained in housing within the community and not placed in an Institution for Mental Disease (IMD) or State Hospital.</p>							
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target	
N/A	N/A	N/A	N/A	N/A	100%	100%	
<p>What: The MHSA full service partnership outcome tracking system includes measuring residential status for each enrollee in the full service partnership program.</p> <p>Why: Expending MHSA funds to “wrap” intensive services around full service partnership individuals is expected to help maintain individuals in the community. Retaining individuals in the community is part of the wellness and recovery model building on an individual's own strengths.</p> <p>How are we doing? This is a new program. Implementation has been delayed due to staffing and recruitment issues. Projected implementation is for March 2007.</p>							
<p>2. Performance Measure: Percent reduction in number of annualized hospital days after enrollment in MHSA children and youth full service partnership compared to 12-month period prior to enrollment.</p>							
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target	
N/A	N/A	N/A	N/A	N/A	55%	55%	
<p>What: The MHSA full service partnership outcome tracking system measures enrollee's percent reduction in hospital days after enrollment in the full service partnership program.</p> <p>Why: Expending MHSA funds to “wrap” intensive services around full service partnership individuals is expected to reduce the number of hospital days for these individuals. Not only does this indicate an increased level of functioning for these individuals it also provides a significant savings for the system as a whole as inpatient days are extremely expensive.</p> <p>How are we doing? This is a new program. Implementation has been delayed due to staffing and recruitment issues. Projected implementation is for January 2007.</p>							
<p>3. Performance Measure: Percent reduction in number of juvenile hall days after enrollment in MHSA children and youth full service partnership compared to 12-month period prior to enrollment.</p>							
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target	
N/A	N/A	N/A	N/A	N/A	70%	70%	
<p>What: The MHSA full service partnership outcome tracking system measures the percent reduction in juvenile hall days after enrollment in the full service partnership program.</p> <p>Why: Expending MHSA funds to “wrap” intensive services around full service partnership individuals is expected to reduce the number of juvenile hall days for these individuals. Not only does this indicate an increased level of functioning for these individuals it also provides a significant savings for the system as a whole as juvenile hall days are extremely expensive.</p> <p>How are we doing? This is a new program. Implementation has been delayed due to staffing and recruitment issues. Projected implementation is for January 2007.</p>							
<p>4. Performance Measure: Percent reduction in number of annualized hospital days after enrollment in MHSA transitional age youth full service partnership compared to 12-month period prior to enrollment.</p>							
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target	
N/A	N/A	N/A	N/A	N/A	55%	55%	
<p>What: The MHSA full service partnership outcome tracing system measures the percent reduction in hospital days after enrollment in the full service partnership program.</p> <p>Why: Expending MHSA funds to “wrap” intensive services around full service partnership individuals is expected to reduce the number of hospital days for these individuals. Not only does this indicate an increased level of functioning for these individuals it also provides a significant savings for the system as a whole as inpatient days are extremely expensive.</p>							

5. Performance Measure: Percent reduction in number of days of incarceration after enrollment in MHSA transitional age youth (youth ages 16-21) full service partnership compared to 12-month period prior to enrollment.						
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target
N/A	N/A	N/A	N/A	N/A	70%	70%
<p>What: The MHSA full service partnership outcome tracking system measures the percent reduction in days of incarceration after enrollment in the full service partnership program.</p> <p>Why: Expending MHSA funds to "wrap" intensive services around full service partnership individuals is expected to reduce the number of days of incarceration for these individuals. Not only does this indicate an increased level of functioning for these individuals it also provides a significant savings for the system as a whole as jail days are extremely expensive.</p> <p>How are we doing? This is a new program. Implementation has been delayed due to staffing and recruitment issues. Projected implementation is for January 2007.</p>						
6. Performance Measure: Transitional Age Youth and/or Adult clients will be placed in jobs or volunteer positions.						
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target
N/A	N/A	N/A	N/A	N/A	10	35
<p>What: MHSA programs were designed to provide services to clients with severe mental illness. A State established outcome for the Community Services and Supports program includes supportive employment and vocational training for transitional-aged youth and adults. Baseline data will be collected from enrollees on current employment or volunteer status at the beginning of enrollment. That data will be compared to the employment or volunteer status at the end of services.</p> <p>Why: Working or volunteering is a critical element of the wellness and recovery model by increasing feelings of value to those experiencing mental illness.</p> <p>How are we doing? This is a new program through a cooperative agreement with the San Luis Obispo Department of Rehabilitation and Transitions Mental Health Association. Projected implementation is for January 2007.</p>						
7. Performance Measure: Track the number of Latino individuals contacted through the Latino outreach and engagement program.						
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target
N/A	N/A	N/A	N/A	600	924	924
<p>What: The Latino Outreach and Service program was designed to reach unserved and underserved limited-English speaking individuals and provide community-based, culturally appropriate treatment and support to all age groups within this population. This program aims to reduce stigma and fear of mental health services, identify mental health issues and make appropriate, culturally competent social service and treatment referrals.</p> <p>Why: The Latino population is the largest ethnic minority group in the County, but significantly underrepresented in the population served by County Health Agency – Mental Health. The Latino outreach and engagement program was established to provide an appropriate system to facilitate and expand this group's access to mental health services.</p> <p>How are we doing? The Latino Outreach program was implemented in the North County in the last quarter of fiscal year 2005-06 and has been very successful. Our projected fiscal year 2006-07 results significantly exceed our target number.</p>						
8. Performance Measure: Percentage of individuals receiving crisis intervention services and diverted from psychiatric hospitalization.						
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target
N/A	N/A	N/A	N/A	N/A	55%	55%
<p>What: County Mental Health tracks the percentage of individuals receiving crisis intervention services and diverted from referral to a psychiatric hospital setting. The MHSA provided funding to double the number of crisis responders and to provide next day follow-up to those receiving crisis services. The increase in service level to individuals in crisis is expected to reduce the number of hospitalizations.</p> <p>Why: Maintaining individuals in their community setting is in keeping with the wellness and recovery model that strives to build upon each individual's own strengths.</p> <p>How are we doing? We've seen an increase in diversion from hospitalization from 50% in fiscal year 2005-06 to a projected result of 55% in fiscal year 2006-07.</p>						

9. Performance Measure: Operating cost per full service partnership enrollee.						
02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Actual Results	06-07 Adopted	06-07 Projected Results	07-08 Target
N/A	N/A	N/A	N/A	N/A	\$15,300	\$32,500
<p>What: The MHSA requires that over 50% of the Community Services and Support funding go to full service partnership (FSP) programs. These programs are a "whatever it takes" service and are very expensive. This is a measure of how much is spent on average per FSP enrollee.</p> <p>Why: This measure can be used to review relative spending per FSP enrollee compared to other counties. In addition, this measure provides a treatment cost comparison between FSP enrolled individuals and non-FSP enrolled individuals.</p> <p>How are we doing? Fiscal year 2006-07 was a start-up year so the full annual cost of the program per individual served was artificially low. The fiscal year 2007-08 provides the full budgeted cost level. It is apparent that, at an average annual cost nearly seven times the \$4,700 per Medi-Cal beneficiary, this service is extremely expensive.</p>						