County Behavioral Health Fiscal Institute
December 12, 2017

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- Welcome to the Small County Break out
- We want this time to be as useful as possible to Fiscal Staff from Small Counties.
- We will talk about some old problems in new ways.
- We also want this to be a dialog, so please feel free to stop with questions or observations.

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- I asked my Business Manager what are the biggest problems he deals with regularly?
- He reported five things:

1. Delayed SAPT payments from DHCS
2. Medi-Cal payments from DHCS that are not claim identified

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3. A Cost Report process that is at least five years behind the current year

4. No ability to get CGF as an overmatch to the State and Federal allocations

5. Always struggling to manage a budget that is constantly getting blown up due to unanticipated changes, requirements or new needs.

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- The first three items are entirely under the control of DHCS, so we will not go there today.
- The forth idea is an interesting one, but fairly unlikely; However, if your county has a Cannabis Tax, new revenue for treatment is possible.
- Today we will focus on one thing that can blow your budget to pieces during the fiscal year.

County Behavioral Health Fiscal Institute December 12, 2017The one

- Before we begin our conversation, I want to mention one other suggestion my fiscal manager made:
- "Small Counties really need to be flexible!" Our budgets tend to be small, and our responsibilities wide, thus, we have to be willing to adjust the budget as we go through the fiscal year.

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- Clearly flexibility does not change the the bottom line dollar amount available to Behavioral Health, but, it does add some fluidity and sanity to the process.
- As fiscal folks in your county, where do you see flexibility being helpful as you plow through the FY? Examples?

Developing local capacity to serve the FSP Consumer

- The topic I do want to focus upon that is very much in our control is the development of local capacity for the SMI population that need intensive intervention.
- Certainly this is a clinical issue, but I will propose it is equally a fiscal issue as well.

Developing local capacity to serve the FSP Consumer

- Yes, the placements of FSP consumers are certainly clinical matters, and are decided by clinical staff or Public Guardians.
- However, since fiscal staff have to figure out how to pay the bills, they should be equal partners in creating smart ways to serve this population.

Developing local capacity to serve the FSP Consumer

- The specifics of how a FSP receives the intervention they need really is the intersection between fiscal and clinical divisions.
- The underlying question Leadership Managers have to ask is, “How are we going to spend the dollars we have available to us?”

Developing local capacity to serve the FSP Consumer

- For those consumers with high need, are we going to contract for services, potentially out of County, or are we going to create local resources that may be more user friendly?

Developing local capacity to serve the FSP Consumer

- We cannot say that you will save money by spending your dollars locally, but by adopting this approach, the money spent will have far more impact in the community and on consumers as well as agency partners.
- As local capacity grows, the community notices this fact and it instills confidence in the Agency.
- Local efforts also create jobs!

Developing local capacity to serve the FSP Consumer

- By way of example:
- Trinity has two primary line items in our budget that deal with the high end needs of consumers.
- Line Item 2300: Professional and Specialized contracts $1,006,000.
- These contracts tend to be known at the beginning of the year.

Developing local capacity to serve the FSP Consumer

- 2300 contracts have a fixed ceiling so the Agency usually knows our maximum fiscal risk as we build the budget.
- 3100 is for Support and Care, and is only about a forth of the resource as the 2300 line item, or $225,000.
- This revenue is primarily used for out of county placements in hospitals or care centers.

Developing local capacity to serve the FSP Consumer

- On 3100, the fiscal risk is not known in advance, except from the actuals of the previous years.
- In the Trinity budget, this line item is where savings can be considerable if utilization is low.
- Budget adjustments from this line item can cover other unexpected costs if every effort is made to keep expenditures low in this area.

Developing local capacity to serve the FSP Consumer

- From a fiscal perspective, what we are really trying to do is define our risk ahead of time, perhaps with local contracts, that will better serve our consumers.
- Local contracts mean that Agency staff, already budgeted for, can draw down Medicaid, and consumers can live in their own community with family and Agency support.

Developing local capacity to serve the FSP Consumer

- By shifting resources away from the Support and Care (3100) to Professional and Specialized Contracts (2300) we are taking more control of our budget and attempting to create a system of care that is more predictable and potentially far more friendly to the consumer.
- Trinity's support and care used to be far higher, but we are intentionally shifting costs to 2300.

Developing local capacity to serve the FSP Consumer

- The total Trinity budget is a little over 6 million for both MH &SUD
- For Trinity, Line item 1010 is our Permanent Salaries, which is about a quarter of our total budget or $1,485,609.
- Since we know this defined risk already, why not use our own staff to support consumers locally?
- Line item 7738 is our SDMC Medicaid revenue @ about $850,000 annually.

Developing local capacity to serve the FSP Consumer

- Since we have the staff already budgeted for, and since we are projecting a set amount of Medicaid revenue, by thinking local, we are playing into our own budget, rather than shipping money out of town.

Assessing the needs in serving the FSP Consumer

- So, where to begin?
- The fiscal manager could work with a clinical manager, an Agency Director, or simply alone.
- A team approach would be best.
- First step is to look at your Support and Care line item and see what your actual expenditure has been over the past three years.

Assessing the needs in serving the FSP Consumer

- Is there a trend? How many consumers are out of county in treatment placements?
- Is there trend?
- Examine your placements.
- Going up or down, or fairly stable?
- Break these placements down by level of care:

Assessing the needs in serving the FSP Consumer

- State Hospital?
- IMD?
- Mental Health Rehabilitation Centers?
- Social Rehabilitation Centers?
- Adult Residential Facilities?

Assessing the needs in serving the FSP Consumer

- The other out of County facilities to check are the short term crisis placements.
- How many inpatient bed days did you utilize/purchase each year over the past three years?
- What was the total number of inpatient admissions for each year?

Assessing the needs in serving the FSP Consumer

- Are there trends in your crisis placements?
- The relationship between types and numbers of out of county placements and the variation in your support and care line item is most likely closely linked.
- This is not rocket science, but it is the key to your fiscal analysis.

Assessing the local capacity to serve the FSP Consumer

- When you know this information, ask, “where do the obvious gaps lie within our system of care?”
- What can we do to keep our folks from needing a placement?
- What can we do to shore up our capacity?
- It is not easy to create new services, but certainly the first step is to identify needs.

Assessing the local capacity to serve the FSP Consumer

- Once the Agency knows where the holes in your services are, the Leadership Team can begin to formulate a plan.
- Determining what you need is far more important than knowing what it will cost.
- Once you know the need, a vision can be established. The money will follow with a strong vision.

Assessing the local capacity to serve the FSP Consumer

- I know it seems trite to say the money does not matter, but the truth is that there are many grant resources out there, and grantors are looking to award money where the need is greatest.
- By having a strong vision, and data to support your plan, your grant application will stand out and the money will likely follow.

The Wellness Center

- From my perspective, the first step in this process is to examine your Wellness Center.
- This is the hub of your local capacity.
- Are there recovery oriented activities happening every day?
- Consumers who stay in county must have a place to go in the daytime that is constructive.

The Wellness Center

- Having County Classified Peer Specialists can be quite effective, and are not as expensive as case managers.
- Although they typically do not invoice for Medi-Cal, although legally they can, they provide invaluable support to FSPs.
- They can relate to consumers in a manner clinical staff cannot.

The Wellness Center

- In Trinity, the Crisis Response is embedded in the Wellness Center, making this service more user friendly.
- The Wellness Center is set up to be the first crisis response.
- Consumers may frequent the Wellness Center when they are not yet ready to receive formal mental health or SUD services.

The Wellness Center

- The fact that the Wellness Center is open as many as six days a week, allows the high need consumer to deal with issues in a routine manner that might otherwise become a crisis and perhaps lead to (an expensive) hospitalization.
- So, yes, there is a cost to operating the Wellness Center, but the cost avoidance can also be significant.

The Adult Residential Facility

- The next step is to consider establishing an Adult residential facility, ranging from six to 12 beds.
- Most likely, the county will want contract out to a private provider.
- Unless it is established as a social rehabilitation model, it will not be a Medi-Cal generating service, except for the case management and rehabilitation work that your own staff do with the residents.

The Adult Residential Facility

* The home is often referred to as a "Board and Care" facility, known by the legal name of "Adult Residential Facility".
* Community Care Licensing over sees the facility and does inspections several times a year.
* Welfare and Institutions Code speaks to the conditions that must be present in the home for it to operate with the blessing of Community Care Licensing.

The Adult Residential Facility

- Trinity County owns a six bed adult residential facility. Alpine House has been operational for six years now.
- The original goal has been achieved which was to bring county residents back to their own community.
- The home is based upon recovery principles, and residents are highly encouraged to frequent the wellness center if not daily, then often.

The Adult Residential Facility

- One advantage of a Adult Residential Facility is that it will have 24/7 awake staff to provide support to residents.
- Residents can take their medications on site in a supervised manner.
- Some public guardians believe conserved consumers need, at a minimum, to be in this level of care.

The Adult Residential Facility

So, what are the disadvantages of an Adult Residential facility?

- Onerous admission process; Consumers must be ambulatory; not have certain medical conditions; and have a recent TB test as well as a physical;
- The consumer must be emotionally stable and able to understand and comply with the house rules and routines.

The Adult Residential Facility

- Trinity contracts out our six bed facility for operation to Willow Glen Care Center out of Yuba City.
- The contract is for $295,000 annually.
- Trinity pays for every bed every day whether it is full or not.
- In this way, both the county and the operator know what their exact fiscal risk will be for the year to come.
- Trinity collects the SSI of the resident, offsetting our total cost by $45,000.
- So, each bed costs the county about $114. daily, and costs about $250,000 annually.

The Adult Residential Facility

- The facility was purchased in 2009 out of housing and MHSA dollars.
- The facility officially opened on June 1, 2010 and the first clients arrived within days, mostly from out of county locations.
- We have an occupancy rate of about 80%.
- From an administrator's perspective, this is good news as it means we have a place to house someone when needed.

The Adult Residential Facility

- The County Board of Supervisors established an enterprise fund for maintenance allowing $130,000 of Capital Facilities Funds to be transferred into the new account with a commitment that each year TCBHS would add $7,500 of CSS dollars into the fund to keep it healthy.
- This commitment of maintenance funds is what allowed the local governing board to feel comfortable about purchasing a home that the county did not believe they would have the resources to adequately keep up

The Adult Residential Facility

- The fund has been helpful when unexpected situations arise. Examples are: The backup propane driven generator needed replacement; Installation of a State required sprinkler system for house fires to meet new requirements; A kitchen remodel happened and a new roof was just installed.

The Adult Residential Facility

- All of the Beds are fiscally underwritten by MHSA Dollars.
- There is never a charge to consumers except their SSI.
- Medi-Cal will be utilized for case management services. If the client is homeless and has no insurance yet, PATH funds or FSP funds are used to provide case management.

The Adult Residential Facility

- Willow Glen Care Center also operates a PHF in Yuba City, as well as a Mental Health Rehabilitation Center, directly across the street.
- They also operate an Adult Residential Facility on the same campus, enclosed by a locked fence, for which they have a waiver from Community Care Licensing.
- In terms of creating a complete system of care, this is an ideal situation for Trinity County. Persons who need a more intensive intervention can go to Yuba City.

The Adult Residential Facility

- Persons who are ready to step down and back to the community, can return to the County owned facility, which is also operated by Willow Glen Care Center in Weaverville.
- The staff in Weaverville will be well appraised of the needs of the consumer from records that will have been generated in the Yuba City facilities. The doctors can converse.

The Adult Residential Facility

ADVANTAGES TO A LOCAL BOARD AND CARE FACILITY:

* CREATES SEVEN FULL TIME JOBS IN WEAVERVILLE
* AVOIDS CONTRACT WITH AN OUT OF COUNTY FACILITY
* AVOIDS TRANSPORTATION COSTS TO VISIT CLIENTS
* GENERATES POTENTIAL FOR LOCAL MEDI-CAL BILLING
* ALLOWS FOR LOCAL FAMILY SUPPORT AND INVOLVEMENT
* ENCOURAGES RESIDENTS TO ATTEND AND BECOME INVOLVED IN THE LOCAL WELLNESS CENTER.
* RESIDENTS CAN SEE THE LOCAL BEHAVIORAL HEALTH DOCTOR AND THE CASE MANAGER.

Crisis Residential or Crisis Stabilization

- Unless you are a fairly large small county, around 100,000 population or above, it is difficult to fiscally pencil out the Crisis Residential.
- Two awake staff are required 24/7
- The Crisis Stabilization is even more costly.
- Because you likely will not be able to fill the beds, you will run a significant deficit for operational costs

Peer Respite

- A different example of developing local capacity is the Peer Respite Home.
- Through a grant from CHFFA, Trinity is in the process of building an 1800 square foot home that will house six adults that need an intervention but not hospitalization.
- This facility will be staffed 24/7 by County Peer Specialists, and under the immediate oversite of the Behavioral Health Crisis Team.

Peer Respite

- The Cedar Home is scheduled to open May 1, 2018.
- The expectation is that there will be a cost of about $160. a day per bed with an annual cost of $350,000
- There is also an assumption that there will be cost avoidance from hospitalization, and a safe place for consumers who are in more intensive care to be discharged to while discharge steps are planned.

Peer Respite

- There will be no cost to the consumer who can stay for up to two weeks.
- The primary advantage of the Peer Respite is that there is no requirement for Community Care Licensing oversite.
- The admission process is only the requirements that the county establishes.
- Peer Specialists can offer a unique support that consumers may find helpful.

Peer Respite

- Guests will be offered Behavioral Health Medi-Cal Services if needed and desired.
- Guests will be encouraged to utilize the Wellness Center
- Costs will be underwritten by MHSA Outreach and Engagement; MHSA Innovation; Medi-Cal IGT, and Managed Care 2011 realignment funds.

NPLH Housing

- Most rural counties are suffering from severe housing stock shortages.
- Without Supported Housing Units in which to place FSP consumers, the possibility of an unsuccessful placement is high.
- Counties really need to seize upon the opportunity of partnering with your housing collaborative and a developer and thinking big.

NPLH Housing

- The first step might be to hire a consultant from Technical Support funds to provide expertise.
- Creating a Request for Responses, using the knowledge of the consultant may bring the contract you need with the developer.

NPLH Housing

- Even though this will potentially be a five year process, the timing is critical to get started.
- Some developers claim that with the right circumstances, every dollar the County puts up can be matched by 7 state dollars.

Intensive Wrap Around for the FSP Consumer

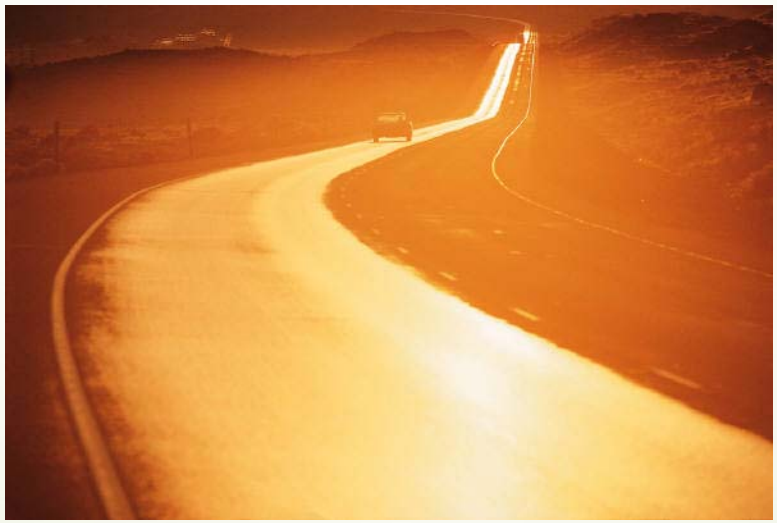
- Utilizing WRAP is essential
- Since the Agency's staff are already budgeted for the year, and the Agency goal is to generate a specified number of Medi-Cal Dollars, the rural clinic should do intensive local interventions to support the FSP in the county rather than contracting out of county.

Intensive Wrap around for the FSP Consumer

- Frequent meetings of clinical and crisis staff should track these high need consumers, and a “What ever it takes” approach should be in place.
- Looking to the strengths of the consumer, and encouraging their buy in will be hard work, but ultimately save the Agency dollars.

Putting it all together

So, where does this road lead the Rural Behavioral Health MHP



Putting it all together

- Of course every County will have a unique set of circumstances.
- But, the basic building blocks will be the same everywhere:

1. Wellness Center
2. Adult Residential Home
3. Crisis Residential or Peer Respite

Putting it all together

- 4. Housing Stock
- 5. Wrap Around Services
- By intentionally developing these resources, your Agency is moving toward the kind of System of Care that can stabilize the MHP budget.

Putting it all together

- As Fiscal Staff, there is a recognition that you do not run the clinical services for your Agency.
- However, as has been said in the beginning, your role is to build a budget that makes the most sense.
- Every Agency in the State wants to end the year in the black, and not have any fear of layoffs.

Putting it all together

1. Be aware of a model of operation that brings the budget more in your control,
2. Encourage your Agency to do the analysis of your trends and your needs,
3. Develop a vision, and plan
4. As fiscal folks you really are impacting your budget in a positive manner by taking these steps.

Putting it all together

- There is absolutely no guarantee that if you have a local system of care fully developed that you will not need to use out of county placements.
- But, it is assured that if your local system of care is weak, you will certainly have out of county placements.