

CMHDA UPDATE TO MHSOAC JANUARY 26, 2012

COUNTY MENTAL HEALTH PERSPECTIVE ON
THE GOVERNOR'S JANUARY BUDGET PROPOSAL
& A.B. 109 IMPLEMENTATION



California Mental Health Directors Association

January 26, 2012

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Governor's January Budget Proposal for FY 12-13

*Key Questions & Concerns from a County
Mental Health Perspective*

Patricia Ryan, MPA
Executive Director
California Mental Health Directors Association

Primary Areas of Concern

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- Baseline Allocations for Mental Health Programs in 2011 Realignment
- Transfer of Department of Mental Health Functions
- Mental Health Services Fund
- Elimination of Healthy Families
- Additional Mental Health Proposals

New Baseline Allocations for Realigned Mental Health Programs

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- In total, reduced by \$34.9 M in new figures.
- Critical to determine adequacy of baseline figures.
- EPSDT impacted by Katie A., Healthy Families proposal.

	2011-12		2012 13		2013-14		2014-15	
	Original Figures	New Figures						
Mental Health Managed Care	-	-	\$183.7	\$188.8	\$183.7	\$188.8	\$183.7	\$188.8
EPSDT	-	-	\$629	\$544	\$629	\$544	\$629	\$544
1991 MH Responsibilities	\$1,083.6	\$1,104.8	\$1,119.4	\$1,164.4	\$1,119.4	\$1,164.4	\$1,119.4	\$1,164.4

DMH Functions Transferred to DHCS

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MHSA Specific Functions

- MHSA state level issue resolution
- Suicide prevention
- Stigma and discrimination
- Student Mental Health Initiative
- MHSA housing
- Training contracts

Other Functions

- Financial oversight
- County data collection, reporting
- Certification, compliance, quality improvement
- Co-occurring disorders
- Veterans mental health
- SAMHSA, PATH grants
- CA Health Interview Survey
- MH Planning Council

DMH Functions Transferred to DCCHS: Key Questions

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- What are the specific functions and activities DCCHS is proposed to perform in some of the areas proposed to be transferred from DMH, such as:
 - *Financial oversight*
 - *MHSA state-level issue resolution process*
 - *County data collection & reporting*
- Who would handle beneficiary protection and quality assurance activities?

DMH Functions Transferred to MHSOAC: Key Questions

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- What are the specific functions, activities, and personnel for the functions listed below that are proposed to be transferred to the MHSOAC, including a 2012-13 augmentation \$1.7 million in MHSOAC funds?
 - *“Administer contracts that advance consumer voice and empowerment via mental health organizations and benefits counties by the training offered by the California Institute for Mental Health”*
 - *“Training and Technical Assistance”*
 - *“Evaluation”*

Mental Health Services Fund

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- New estimates show significant growth in revenues when compared to May 2011 estimates.
 - ▣ 2010-11 \$1.01 billion
 - ▣ 2011-12 \$1.15 billion
 - ▣ 2012-13 \$1.46 billion
- Need clarification on Fund Condition Statement showing 2012-13 fund balance of \$423.7 million.
- Need clarification on proposed MHSOAC state administrative expenditures in DHCS budget, including those going to other agencies/depts.

Elimination of Healthy Families

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- *Impact of the proposed Healthy Families transfer to the EPSDT program.* Need to better understand whether the proposed 2011 Realignment base funding for EPSDT in 2012-13 (\$544 million) took into account the caseload and cost impacts of these new beneficiaries?
- *Details and estimates.* For example, does the proposal include maintaining SCHIP sharing ratios; would a separate set of aid codes for these enrollees be established?

Additional Mental Health Proposals

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- Save \$20 million GF by increasing counties' bed rates for civil commitments in state hospitals.
- Save \$3 million GF by treating Incompetent to State Trial (IST) defendants in county jails instead of state hospitals.
- Reduce 2011-12 local assistance reimbursements by \$87.4 million to reflect decreases in claims and costs:
 - Short-Doyle/Medi-Cal \$28.7 million
 - EPSDT \$47.1 million
 - Healthy Families \$11.6 million

Managed Care Expansion/Proposed Care Coordination for Dual Eligible Beneficiaries

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- Long-term care, IHSS, home and community based services, nursing home care become managed care benefits.
- Dual eligible beneficiaries to be transitioned into managed care over 3 year roll out.
- According to HHS Budget Summary, “Behavioral health services will generally be provided by counties.”

Next Steps

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- Seek additional information and rationale
- Legislative Budget Committee Hearings
- Legislative Analyst Office Analysis
- Administration’s Trailer Bill Language
- May Revise

A.B. 109 Implementation

The Experiences of Two California Counties

Butte County

Anne Robin, MFT, Behavioral Health Director

Sonoma County

Mike Kennedy, MFT, Mental Health Director

Brief Overview

- County mental health directors are in the midst of working at the local level with their probation departments in developing their Community Corrections Partnership Plans pursuant to AB 109 – the public safety realignment of low level parolees from the state to the local level.
- The state provided funding for these parolees, and counties must determine how to make the best and most cost-effective use of the limited funding to help limit avoid recidivism.
- Many of these parolees have mental health issues and/or substance use disorders that require treatment.

Brief Overview

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- CMHDA staff and members are also working closely with CDCR at the state level to develop processes for the safe transfer of these individuals from state prisons to counties.
- This includes how to transfer appropriate medical information to county mental health clinicians for those parolees who have been identified as having high mental health needs.

Butte County

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Community Corrections Partnership:
A Work in Progress...

A Collaborative Effort

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Executive Committee

- Ken Morgan, Interim Chief Probation Officer, Probation Department
- Jerry Smith, Sheriff, Sheriff's Office
- Mike Ramsey, District Attorney, District Attorney
- Anne Robin, Director, Department of Behavioral Health
- Ron Reed, Public Defender, Public Defender Consortium
- Gary Keeler, Chief of Police, Gridley, Local Law Enforcement
- Steven J. Howell, Presiding Judge, Superior Court

Advisory Members

- Paul Hahn, Chief Administrative Officer, Administration
- Don McNelis, Superintendent, Office of Education
- Cathi Grams, Director, Department of Employment and Social Services
- Bob Michels, Northern Valley Catholic Social Services; Community Agency

Board of Supervisors

- CCP Plan ratified by BOS on September 27, 2011

Impact to Butte County

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- At full implementation, Butte County will assume responsibility for approximately 449 offenders (268 inmates and 181 Post-release Community Supervision Participants) in average daily population
- Initial estimate was that 100 PCS would require specialty mental health and substance use disorder treatment...

Behavioral Health Model

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- The initial plan for behavioral health services was closely modeled after successful MIOCR and FSP programs
- Initial estimate of 25 PCS with serious mental health diagnoses and 75 PCS with serious substance use diagnoses and mild to moderate mental health needs

Present Day...

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- Probation has received 135 PCS
- 88 additional have been held in “local prison”
- Currently have enrolled 25 PCS in Behavioral Health
- Mental Health acuity much higher than anticipated
- Inmates in Prison on “CCCMS” need much higher level of care and support in community settings

Program Stories

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- **What kind of mental health and AOD issues** – 12 with psychotic symptoms needing expedited appts. 13 AOD, and 7 of those with sexual charges (290s). All 7 are on ankle bracelets and live at Northern California Treatment Services in an approved place. It is \$500 a month, and BH is paying the first 60 days. 2 are now working, and the rest are looking for work.
- **What resources they need** - About 90% need housing at admit. Some go to Torres Shelter, a few with family members until SSI kicks in (depending on the prison, some have had the SSI process started and their SSI starts in about a month). Staff is filling out the paperwork for the other mentally ill to get them started with psychiatrist. All need employment, and are referred to DESS specific staff for CMSP, GA, food stamps, and assistance with employment search.

Program Stories Continued

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- **Success** – With only 2 months in, the success story is a severely mentally ill client was released from Chino with the SSI paperwork already started, arrived in Butte County on Nov 8th and had his SSI check on Dec 8th. Had enough meds to last until psychiatrist appt. Is cooperative and doing well.
- **Challenges** – Two clearly substance dependent individuals placed in residential, walked away. Probation looking for them. One parolee was released from prison, did not report to probation, went straight to a person's home to do a "pay back" for a friend in prison, and was shot in the chest and died. One mentally ill female parolee from Patton State Hospital is currently in Butte County Jail refusing meds, non-cooperative. Probation will try to get a court order to require meds. One individual already required inpatient care.

System Challenges

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- Data sharing between Behavioral Health and Probation Department for tracking
- Accessing records from CDCR in timely fashion
- Capacity of local system to receive PCS in behavioral health services during ramp-up
- Funding insufficient for number of consumers who may require higher levels of care (IMD's, etc.)

Opportunities & Benefits

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- Closer working relationship with local law enforcement to reduce recidivism either in jail or inpatient facilities
- Opportunity to include families and peer supports (mentors) in providing services to PCS consumers
- Keeping consumers home rather than sending out to state prisons; potential for better continuity of care

Sonoma County

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Community Corrections Partnership

Collaboration

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Executive Committee:

- Steve Freitas, Sheriff
- Jill Ravitch, District Attorney
- Dana Simonds, Supervising Criminal Judge
- John Abrahams, Public Defender
- Michael Kennedy, Director, Behavioral Health
- Tom Schwedhelm, Chief of Police, City of Santa Rosa
- Robert Ochs, Chief Probation Officer

Local Impact

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- The State projects that at full implementation (3-4 years), Sonoma County will have approximately 400 additional offenders in the local system. This will include offenders supervised in the community, and those incarcerated in the County Jail.
- A Day Reporting Center will be the key, central point for community-based programming, treatment, and services.

Day Reporting Center

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- Evidence-based criminal justice model
- Direct delivery of curriculum targeting risk factors
- Referrals and connections to existing services
- Can serve a variety of offenders
- Services include: daily check-ins, drug testing, substance use counseling, cognitive-behavioral programs, educational and vocational assistance, parenting classes.

Can it Work?

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What it will take:

- Systems approach – continued collaboration
- Evidence-based approach
- Risk-based – resources must follow risk
- Data, self-assessment, recalibration
- Adequate and stable funding

Sonoma County Strengths

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- Criminal Justice Master Plan
- Belief in upstream initiatives
- Culture of collaboration
- Extraordinary employees!

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Questions?

CMHDA Contact Information

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