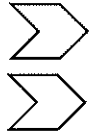


HEALTH & HUMAN SERVICES AGENCY

Jeffrey Brown, Director



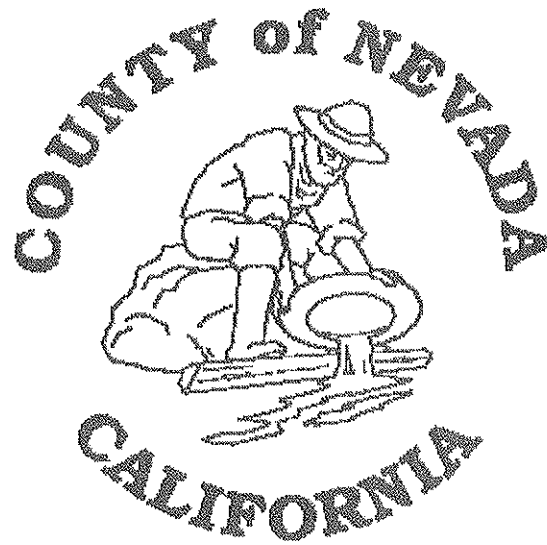
BEHAVIORAL HEALTH

Michael Heggarty, Director

<input type="checkbox"/>	Behavioral Health Administration (40103)	\$ 1,833,518
<input type="checkbox"/>	Children's Behavioral Health (40104)	7,502,806
<input type="checkbox"/>	Alcohol & Drug Programs (40105)	1,568,923
<input type="checkbox"/>	Adult Behavioral Health (40110)	8,585,072
<input type="checkbox"/>	Behavioral Health Realignment (40119)	2,038,298

Total \$ 21,528,617





Behavioral Health Summary

	<u>09/10</u> <u>Actual</u>	<u>10/11</u> <u>Adopted</u>	<u>10/11</u> <u>Estimated</u>	<u>11/12</u> <u>Proposed</u>	<u>11/12</u> <u>Adopted</u>	<u>% Change</u> <u>From Prior</u> <u>Adopted</u>
Revenues						
Taxes	-	-	-	-	-	NA
Licenses, Permits & Franchises	-	-	-	-	-	NA
Fines, Forfeitures, & Penalties	-	-	-	-	-	NA
Use of Money & Property	18,562	13,742	27,764	32,208	32,208	134.4%
Federal/State Intergovernmental	17,522,331	15,705,194	15,845,415	16,910,570	16,910,570	7.7%
Charges for Services	476,696	454,889	525,698	517,813	517,813	13.8%
Miscellaneous Revenues	262,819	47,358	47,873	46,840	46,840	-1.1%
Other Financing Sources	1,104,592	1,802,036	1,645,155	2,483,382	2,483,382	37.8%
General Fund Transfers	30,893	30,893	30,893	30,893	30,893	0.0%
General Fund Allocation	-	-	-	-	-	NA
Total Revenues	19,415,893	18,054,112	18,122,798	20,021,706	20,021,706	11%
Expenses						
Salaries & Benefits	3,872,787	4,377,303	4,090,770	4,539,231	4,539,231	3.7%
Services & Supplies	12,927,104	14,598,730	14,989,352	16,534,139	16,534,139	13.3%
Other Charges	65,492	80,728	29,535	54,900	54,900	-32.0%
Overhead Cost Allocation (A87)	686,197	743,632	743,632	790,044	790,044	6.2%
Capital Assets	119,570	177,067	54,098	159,487	159,487	-9.9%
Other Financing Uses	1,270,778	1,830,829	1,802,549	2,483,382	2,483,382	35.6%
Interfund Activity	(2,662,033)	(2,539,033)	(2,434,467)	(3,032,566)	(3,032,566)	NA
Contingency	-	-	-	-	-	NA
Total Expenses	16,279,895	19,269,256	19,275,469	21,528,617	21,528,617	12%
Fund Balance Added (Used)	3,135,998	(1,215,144)	(1,152,671)	(1,506,911)	(1,506,911)	
Staffing:	44.00	40.50	40.50	40.50	40.50	

		June 30, 2011 Projected Fund Balance	FY 11/12 Revenue	FY 11/12 Expense	FY 11/12 Net Change	June 30, 2012 Projected Fund Balance
Health & Human Services Agency	Fund #1589	798,932	14,742,611	14,773,283	(30,672)	768,260
Mental Health Services Act	Fund #1512	5,016,180	3,303,453	4,261,952	(958,499)	4,057,681
Children's Trust	Fund #1156	19,434	10,000	10,000	-	19,434
Prop 36 SACPA	Fund #1136	81,493	1,000	75,636	(74,636)	6,857
Nevada Co. Council on Alcohol	Fund #1144	142,279	22,841	22,000	841	143,120
Drug Education Trust	Fund #1145	11,751	1,773	-	1,773	13,524
Alcohol Education Program	Fund #1146	84,874	22,226	31,122	(8,896)	75,978
Managed Care	Fund #1623	37,293	316,426	316,326	100	37,393
Health & Welfare Local Trust: BH	Fund #1480	1,871,116	1,601,376	2,038,298	(436,922)	1,434,194
			20,021,706	21,528,617	(1,506,911)	



Behavioral Health Administration

Mission Statement:

The mission of this Budget Unit is to provide direction, quality assurance, and clerical support for all programs of the Behavioral Health Department.

Service Description:

The Behavioral Health Department (BH) is part of the Health and Human Services Agency. BH provides services to individuals with serious emotional disturbances, serious mental illnesses, and substance abuse disorders. This is the administrative budget unit, which is comprised of three sub-units: General Administration, Quality Assurance, and Clerical.

Major Accomplishments in 2010-11:

- Implemented, analyzed and reported on the results of the annual department consumer survey. Detailed results were presented to the Management and Quality Committees and the Mental Health Board to identify barriers to improvement related to clinical practice and/or administrative aspects of the delivery system.
- Completed and reported on the Performance Improvement Project to study hospitalization/re-hospitalization rates following specific intensive case management interventions to reduce those rates. Continued the project to improve services to children transitioning to intensive outpatient services via our wraparound programs.
- Implemented an Outcomes measurement program for BH adult and children's programs as well as for our Wraparound and Assertive Community Treatment contracted programs to measure outcomes of treatment over time.
- Significantly increased training opportunities for staff including clinical, Cultural Competency and pharmaceutical presentations and education.
- Achieved overall expansion of services to Medi-Cal beneficiaries as evidenced by: overall 10.75% penetration rate (2009) for Medi-Cal beneficiaries compared to Small County average of 7.38% and state average of 5.98% (higher is better). Also, exceeded small county and state averages for women, Hispanic and foster children penetration.
- Involved contractors, consumers and family members in quality improvement committees to facilitate a multifaceted approach to improving services to consumers.
- Increased Medi-Cal billings by 3% from prior year from an average of \$815,000 per month to \$837,000; sustained Medi-Cal for administration at \$61,500 per month average.
- Submitted plans and received approval for \$262,300 for Mental Health Services Act (MHSA) Community Services and Supports, \$583,800 for Prevention and Early Intervention, \$627,200 for Innovation.
- Maintained a MHSA Prudent Reserve of \$1,129,150.
- Electronic Health Record (EHR) system--completed majority of Stage I of the project (billing system implementation); re-evaluated staffing and knowledge base needs, and revised/added contracts with Anasazi and Kings View. The department expects to go live on billing on July 1, 2011.
- Refined cost report methodologies to maximize federal and state funding for MHSA related projects. We continued participation in California Mental Health Director Association (CMHDA) and discussions on claiming revenue related to revised State Plan Amendment.
- Regularly reviewed productivity standards and revised as needed to ensure maximization of billable services and appropriate individual staff productivity goals; shifted administrative duties to balance workloads and increase administrative staff productivity.
- Participated and took leadership roles in county associations and workgroups—presented multiple times to various groups on Laura's Law success and implementation; chaired CMHDA Claims Reconciliation workgroup; lead counties in bringing Short-Doyle II system change problems to DMH. Regularly attended CMHDA Committee and MHSA meetings and conference calls.
- Continued to develop Accounts Receivable Tracking system to ensure proper follow-up; refined process for major funding; streamlined Private Insurance collections and added Drug-Medi-Cal and other funding sources.



Behavioral Health Administration

- Implemented mental health and alcohol and drug claims tracking system for Short-Doyle II, including tracking denials and tracking submitted claims back to payments, warrants, and denials. System captures data that was not previously available, such as EPSDT detail on monthly claims.

Objectives & Performance Measures for 2011-12:

Objective:

Ensure that the Quality Assurance (QA) Program meets all state and federal requirements, including appropriate review and analysis of quality measures for services, and ensure measures are implemented to cure deficiencies and improve quality. Ensure that the Electronic Health Record (EHR) planning and implementation meets the detailed requirements of the state and federal governments.

Performance Measures:

- Review and analyze results of annual External Quality Review Organization (EQRO) and the triennial DMH review, provide results to QA committees and implement necessary changes.
- Prepare and implement the annual Quality Improvement Work Plan in accord with state and federal requirements including the following special projects for 2011: outcome measurement program; EPSDT Performance Improvement Project; comprehensive consumer survey; ongoing data collection and analysis of access to services; collection and analysis of penetration and retention data; implementation of an improvement plan for client transportation to the Crown Point clinic; implement the billing component and plan for implementation of the clinical component of the new EHR.
- Organize and carry out utilization and documentation reviews twice annually for NCBH clinics and providers. Plan and implement a Performance Improvement Project to correct deficiencies through staff training and supervision.
- Conduct bi-monthly meetings of the QA committees to provide the overview and actions mandated by our MHP Implementation Plan.

Objective:

Implement a new EHR system, including billing and clinical, to allow for best practice approach to billing and clinical components.

Performance Measures:

- Related to new EHR system, revise business processes and workflows, create enhanced reports and data analysis by September 30, 2011.
- Train 8 staff on new system, including submitting Medi-Cal and other claims, revenue receipting, and tracking claims and payments, by December 31, 2011.
- Minimize negative billing impact during system transition by utilizing consulting expertise and new system functionality, through Fall 2011.
- Go live on clinical system by July 1, 2012.

Objective:

Provide strong fiscal management through timely and accurate reporting, continual review of individual program fiscal status, and maximization of revenue sources according to program guidelines.

Performance Measures:

- Provide quarterly fiscal trainings for all management staff.
- Continue to develop dashboard with key indicators of service and fiscal health
- Review and improve cost allocation methodologies to include new funding sources to maximize revenue and review use of model for other departments.
- Review Cost Report methodologies to maximize revenue under new State Plan Amendment federal financial participation guidelines.
- Continue developing long term sustainability plans for Behavioral Health Services.

Objective:

Provide sound personnel management for the department through managing staff resources and adhering to county policies.

Performance Measures:

- Review 100% of staff assignments for appropriateness of skills and job descriptions and revise staff assignments to best meet program objectives. Review contracts and new projects to ensure staff resources are available to effectively implement and monitor.



Behavioral Health Administration

- Ensure that productivity standards for billable direct service for each position are kept updated and that 100% of employees have written, individualized productivity goals that are monitored throughout the year and reflected in performance evaluations.

Objective:

Maximize the efficiency and effectiveness of the Department through the provision of leadership for departmental programs and fostering of partnerships with community based organizations and stakeholders.

Performance Measures:

- Director to meet at least 10 times per year with Mental Health Board.
- Director to meet at least 3 times in the FY with the general membership &/or executive committee of the local chapter of the National Alliance on Mental Illness (NAMI).
- Participate regularly in monthly meetings of the Forensic Task Force on Mental Illness, the MHSA Steering Committee, and the Children’s System of Care Executive Committee.
- Participate regularly in meetings of the CMHDA and County Alcohol and Drug Program Administrators Association of California (CADPAAC) and their subsidiaries, e.g., Small Counties and Superior Region, to gather current information and advocate on behalf of the interests of Nevada County.
- Attend and participate in monthly CMHDA Governing Board meetings as part of the Finance Committee.
- Quality Assurance Manager or designee to attend monthly meetings and annual conference of the Northern California Quality Improvement Coordinators.
- MHSA Coordinator or designee to participate in monthly conference calls, CMHDA MHSA monthly committee meetings, and attend quarterly meetings for CMHDA Small Counties MHSA Coordinators.

Objective:

Implement the MHSA Community Services and Supports, Housing, Prevention and Early Intervention (PEI), Capital Facilities and Technologies, Innovation, and Workforce Development and Training Plans (WET); as approved by the State Department of Mental Health.

Performance Measures:

- Establish and implement tracking mechanisms for program performance and data. Ensure that Latino outreach/engagement activities outlined in the PEI plan occur as stated in the plan.
- Submit and get approval for MHSA Shared Housing Loan Application.
- Implement MHSA Innovation Plan.
- Continue MHSA Steering Committee and subcommittees, with new goals and functions related to implementation and new integrated plan review and recommendation. Provide training to 250 staff, contractors, and community services providers as detailed in the MHSA WET Plan.
- Plan and write an integrated MHSA Plan with all major components represented.

Objective:

Ensure that accounts receivable and billing systems and processes work efficiently and reliably and provide tools for billing, reporting to the DMH and administrative management.

Performance Measures:

- Maintain a denial rate consistent with changing Short-Doyle II and new EHR system; bring denials for Medi-Cal services to less than 5% and minimize Cost Report Audit paybacks.
- Work with State ADP to ensure that all Drug-Medi-Cal claims are paid 100%, and monitor related contracts so that contractors are responsible for all eligibility and denials.
- Improve system to monitor Short-Doyle II State General Fund payments related to Early Periodic, Screening, Diagnosis and Treatment (EPSDT) and Medi-Cal revenues. Timely reconciliation of discrepancies between expected revenue and actual payments.
- Develop, complete and review full complement of standing reports, including acute inpatient utilization, Institute for Mental Disease utilization, and Board and Care costs for administrative use.
- Develop expertise in creation of ad hoc reports.

Service Budget Unit Code	- 40103
Office/Department	- HHSA/Behavioral Health
Major Service Area	- Health & Sanitation/Health



Behavioral Health Administration (40103)

	09/10 <u>Actual</u>	10/11 <u>Adopted</u>	10/11 <u>Estimated</u>	11/12 <u>Proposed</u>	11/12 <u>Adopted</u>	% Change From Prior <u>Adopted</u>
Revenues						
Taxes	-	-	-	-	-	NA
Licenses, Permits & Franchises	-	-	-	-	-	NA
Fines, Forfeitures, & Penalties	-	-	-	-	-	NA
Use of Money & Property	18,111	13,642	26,664	31,108	31,108	128.0%
Federal/State Intergovernmental	2,199,860	1,253,071	1,450,935	1,398,085	1,398,085	11.6%
Charges for Services	-	137,671	137,671	160,944	160,944	16.9%
Miscellaneous Revenues	5,731	-	-	-	-	NA
Other Financing Sources	-	-	-	-	-	NA
General Fund Transfers	-	-	-	-	-	NA
General Fund Allocation	-	-	-	-	-	NA
Total Revenues	2,223,702	1,404,384	1,615,270	1,590,137	1,590,137	13%
Expenses						
Salaries & Benefits	1,018,287	921,844	871,716	1,017,082	1,017,082	10.3%
Services & Supplies	1,400,769	1,785,495	2,077,353	2,153,706	2,153,706	20.6%
Other Charges	-	-	-	-	-	NA
Overhead Cost Allocation (A87)	686,197	743,632	743,632	790,044	790,044	6.2%
Capital Assets	119,570	177,067	54,098	159,487	159,487	-9.9%
Other Financing Uses	-	-	-	-	-	NA
Interfund Activity	(1,966,072)	(2,085,561)	(1,960,780)	(2,286,801)	(2,286,801)	NA
Contingency	-	-	-	-	-	NA
Total Expenses	1,258,751	1,542,477	1,786,019	1,833,518	1,833,518	19%
Fund Balance Added (Used)	964,951	(138,093)	(170,749)	(243,381)	(243,381)	
Staffing:	12.25	10.00	10.00	9.75	9.75	
2011/12 Fund Analysis:						
		Revenues	Expenses	Fund Balance Added (Used)		
Health & Human Services Agency	Fund #1589	1,171,612	1,171,772	(160)		
Mental Health Services Act	Fund #1512	418,525	661,746	(243,221)		
		1,590,137	1,833,518	(243,381)		

Comments/Analysis of Differences:

Charges for Services revenues are now being allocated to the program SBUs the contracts belong to. The Capital Asset expenditures are for the Anasazi Software system for electronic health records; payments are being made in stages as the system is implemented. Interfund activity represents reimbursement from other SBUs for expenditures for services and supplies paid through this SBU.

Public Hearing Comments:

Adopted as proposed.



Children's Behavioral Health

Mission Statement:

The mission of the Children's Behavioral Health service budget unit is to address the mental health needs of Nevada County children and adolescents with serious emotional disturbances.

Service Description:

This service budget unit is part of the mental health services of the Behavioral Health Department. The Department itself is one of three in the Health and Human Services Agency.

The unit makes services available to residents of the community through direct provision and through contracting mechanisms. All acute inpatient care, residential care, Assertive Community Therapy, Wraparound Services, and some individual therapy, are provided by contractor providers. Services include assessment, case management, various forms of psychotherapeutic treatment, and early intervention services. The unit also provides prevention services in the form of consultation to families in shelters.

In addition to direct services and contract monitoring, the unit provides Case Management for Mental Health Services funded by Medi-Cal. Under this program, staff of this budget service unit acts as a managed care entity for all Specialty Mental Health Services serving eligible Nevada County Medi-Cal beneficiaries. This management includes authorization of payment for services subject to federal and state statutes and regulations. Medi-Cal is a Federal Entitlement program and therefore its Mental Health services must be provided to all eligible persons on an as needed basis, determined by "Medical Necessity."

In the provision of all services, the unit seeks to develop and maintain strong collaboration with and responsiveness to stakeholders in the community such as consumer and family organizations, public and private agencies. There is an emphasis on schools and the court related agencies, such as Juvenile Probation and Child Protective Services.

Major Accomplishments in 2010-11:

- Served 537 children and youth in fiscal year 2010-2011 in conjunction with department contractors.
- Secured ongoing grant funding from the First 5 Commission to maintain our evening hours, shelter consultation and treating indigent children programs.
- Provided evening therapy services to 17 children and their families. Consulted with 39 families on an ongoing basis at homeless shelters, domestic violence shelters and drug treatment transitional housing programs. Clients were polled on how helpful the consultations were on a scale of 1-5; 5 being very helpful. The mean score was 4.75. Maintained a treatment service presence in the schools for the AB3632 Mental Health Services for Special Education Children program by assigning individual staff to school sites, until December 15, 2010. We treated 89 children under this funding source during this time period.
- Successfully transitioned the responsibility and service provision for AB 3632 Mental Health Service back to the school system.
- Referred our most needy youth to our intensive treatment, or full service partnerships, Victor Community Support Services and EMQ/Families First. These agencies provide intensive treatment services to the child and family in the family home, school or in the community. Served 176 youth during the FY 10-11, including 64 Juvenile Probation referrals, 56 Child Welfare referrals, 31 referrals from the schools, and 25 referrals from other community sources.
- Continued a multi-agency oversight committee to monitor and refer youth to our intensive full service partnerships' therapeutic services.
- Continued to refer Medi-Cal youth to contract private practice mental health providers. These providers worked with 63 youth in FY 10-11.
- Monitored a contract with Sierra Forever Families to provide psychotherapy to youth who have been removed from their biological homes. Sierra Forever Families has served 75 children in FY 10-11.



Children's Behavioral Health

- Monitored placements and the service contracts for the "SB 163 California Wraparound Program" providing intensive home and school based services to 11 non-Medi Cal youth and families during FY 10-11. The goal of these services is to keep children at home, in school and out of trouble.
- Monitored a contract with Sierra Family Services who served 8 children in the Truckee area during FY 10-11.
- Increased services to foster children. In the fiscal year 2010-11 we served 75% of Nevada County dependents, a significant increase compared to prior years.
- Partnered with the Nevada County Superintendent of Schools on their Safe Schools, Healthy Students grant which funds three Nevada County Behavioral Health (NCBH) children's therapists for four years to work in the schools, and treated 74 children.
- In collaboration with the Tahoe Truckee Unified School District and Nevada Joint Union High School District, created a Teen Suicide Prevention Program.
- Created a countywide Suicide Prevention education program.
- Educated 174 Nevada County citizens on suicide prevention.

Objectives & Performance Measures for 2011-12:

Objective:

Ensure access to individual, group, and family therapy services through providing services at school sites, the NCBH clinic, and other locations and hours for the benefit of Nevada County's emotionally disturbed and mentally ill children.

Performance Measures:

- Maintain Behavioral Health school site presence in Eastern and Western Nevada County schools as follows:
 - Provide School based services at the three elementary schools in the county that have the largest percentage of "free and reduced lunch program" students.
 - Provide services at 3 programs in Eastern Nevada County.
- Provide evening hour treatment and Parent Child Interaction Therapy (PCIT) services at the Laura

Wilcox building in Grass Valley one night per week.

- Provide consultation to families in shelters four to six hours per week.

Objective:

Ensure that mental health services are available to youth in targeted populations.

Performance Measures:

- Continue to conduct a Mental Health Screening and provide medically necessary treatment to 75% of children who are involved in the Child Welfare system and become dependents of the court. Treat 75% of the youth who are Probation Wards of the court with Medi-Cal.
- Refer an estimated 140 of our most needy youth to our intensive treatment, or full service partnerships that "do whatever it takes" for children's treatment: Victor Community Support Services and EMQ/Families First.
- Refer an estimated 70 Medi-Cal youth to contract mental health providers.
- Increase the number of children who are receiving Therapeutic Behavioral Services to 4% of total children's services.

Objective:

Strengthen prevention efforts through partnering with local schools and other providers to develop and implement programs supporting the mental health of Nevada County youth.

Performance Measures:

- Create a task force of high school teachers, counselors, parents, students and Behavioral Health staff to implement the Columbia Teen Screen.
- Start a teen mental health screening pilot project in one school in the eastern and western part of the county.
- Monitor Suicide Prevention contracts with the high school districts, for fidelity to the program. Train trainers for the program.
- Select and implement an evidence based practice that is effective with middle school youth who are starting to get into trouble with law enforcement by January 2012.



Children's Behavioral Health

Objective:

In partnership with Nevada County Superintendent of Schools, maintain a program for three therapists providing school based therapy in the schools that have the most "free and reduced" lunch students. This program is funded by the Safe Schools, Healthy Students grant.

Performance Measures:

- By fall 2011, three therapists will have full caseloads of emotionally disturbed children referred by the schools, for a total caseload of 75 children. These children will be seen at the school sites.

Objective:

Maintain clinical staff productivity to ensure that staff are maximizing the amount of time spent providing billable services.

Performance Measures:

- 90% of staff will continue to attain their individual benchmark.

Service Budget Unit Code	- 40104
Office/Department	- HHSA/Behavioral Health
Major Service Area	- Health & Sanitation/Health



Children's Behavioral Health (40104)

	09/10 <u>Actual</u>	10/11 <u>Adopted</u>	10/11 <u>Estimated</u>	11/12 <u>Proposed</u>	11/12 <u>Adopted</u>	% Change From Prior <u>Adopted</u>
Revenues						
Taxes	-	-	-	-	-	NA
Licenses, Permits & Franchises	-	-	-	-	-	NA
Fines, Forfeitures, & Penalties	-	-	-	-	-	NA
Use of Money & Property	9	-	-	-	-	NA
Federal/State Intergovernmental	6,530,485	6,309,816	6,080,983	6,947,515	6,947,515	10.1%
Charges for Services	351,626	211,756	258,306	207,201	207,201	-2.2%
Miscellaneous Revenues	67,568	-	-	-	-	NA
Other Financing Sources	-	-	-	62,669	62,669	NA
General Fund Transfers	-	-	-	-	-	NA
General Fund Allocation	-	-	-	-	-	NA
Total Revenues	6,949,688	6,521,572	6,339,289	7,217,385	7,217,385	11%
Expenses						
Salaries & Benefits	1,193,371	1,558,088	1,439,702	1,637,646	1,637,646	5.1%
Services & Supplies	4,298,074	5,316,980	5,483,819	6,219,986	6,219,986	17.0%
Other Charges	-	-	-	-	-	NA
Overhead Cost Allocation (A87)	-	-	-	-	-	NA
Capital Assets	-	-	-	-	-	NA
Other Financing Uses	14,793	18,793	-	-	-	-100.0%
Interfund Activity	(136,916)	(152,863)	(157,762)	(354,826)	(354,826)	NA
Contingency	-	-	-	-	-	NA
Total Expenses	5,369,322	6,740,998	6,765,759	7,502,806	7,502,806	11%
Fund Balance Added (Used)	1,580,366	(219,426)	(426,470)	(285,421)	(285,421)	
Staffing:	14.675	13.675	13.675	13.675	13.675	

2011/12 Fund Analysis:

		Revenues	Expenses	Fund Balance Added (Used)
Health & Human Services Agency	Fund #1589	6,056,198	6,056,198	-
Children's Trust	Fund #1156	10,000	10,000	-
Mental Health Services Act	Fund #1512	1,151,187	1,436,608	(285,421)
		7,217,385	7,502,806	(285,421)

Comments/Analysis of Differences:

Federal/State Intergovernmental Revenue increase is due to the launch of two new MHSA-funded initiatives. The related expenditure increases are seen in salaries and benefits and, for contracts, in Services and Supplies. Other Financing Sources reflects the expected use of realignment funds.

Public Hearing Comments:

Adopted as proposed.



Alcohol and Drug Programs

Mission Statement:

The mission of this service budget unit is to prevent, reduce, or discontinue the damage alcohol and other drug (AOD) abuse has on individuals, families, and communities.

Service Description:

This unit provides a full range of alcohol and drug services to residents of Nevada County. Services are offered by contract providers and by county employees. Outpatient contract providers deliver perinatal Outpatient Drug Free (ODF) and Day Rehabilitation (DR) services for substance dependent pregnant and/or parenting women. Contract providers also furnish alcohol and drug abuse prevention programs, outpatient counseling, and assessment and referral services. Residential treatment contract providers supply 24-hour recovery services for men and women and also offer clean and sober transitional housing with outpatient treatment. Nevada County's Alcohol and Drug (AOD) Program oversees the Public Health Department's provision of prevention and youth mentoring services, related to AOD services. The County Alcohol and Drug Program Manager directs the AOD budget, contracts, service coordination, and monitors cost and quality of AOD services with Adult Drug Courts, Prop 36 Court, and Juvenile Drug Court.

This unit collaborates with other county resources, schools, and non-profit agencies to develop, support, and implement AOD services that no one agency or program could provide alone.

Major Accomplishments in 2010/11:

- The Nevada County AOD program continued to successfully coordinate and provide high quality treatment services within federal Substance Abuse Prevention and Treatment (SAPT) and state alcohol and drug program (ADP) funding allocations.
- The Nevada County Alcohol and Drug Program successfully passed the ADP Negotiated Net Amount (NNA) Contract Compliance Review for Fiscal Year 2009/10. The successful management of this account protects the

\$1,031,404 Nevada County receives in AOD treatment and prevention funds. This is an increase of \$108,767 from 2009/2010 due primarily to a significant increase in the Drug Medi-Cal budget, currently \$1,187,330.

- The Nevada County AOD Program Manager worked with outpatient and residential treatment providers and the Prop 36 Alternative Court Treatment team to facilitate collaboration for the provision of fee for service treatment for Proposition 36 Alternative Court participants despite the elimination of Prop 36 Court state funding.
- The Nevada County AOD program worked for a second year with the HHS Director, Coalition for a Drug Free Nevada County, Law Enforcement, Public Health and the Alternative Court Program Manager, to gather prevalence data related to AOD including use, treatment and arrests. This data facilitates planning for prevention, treatment and law enforcement. This group also presented a comprehensive report to the Board of Supervisors describing trends, causes, consequences and goals to address problems of alcohol and illicit drug use.
- Nevada County AOD successfully collaborated with and provided fiscal oversight of the Public Health Department's operation of major County Alcohol and Drug Prevention Programs, including the successful implementation of a five year strategic plan to reduce underage drinking, Nevada County Friday Night Live Partnership, and Friday Night Live Mentoring.
- Over 60% of Nevada County AOD Program outpatient and residential clients not involved in a court ordered program successfully completed treatment programs.
- Over 70% of clients involved in a Nevada County Drug Court successfully completed recovery programs. These rates of program completion are significantly higher than the California state-wide rates. The UCLA study on the Proposition 36 Substance Abuse Crime Prevention Act Program found that statewide, the successful program completion rate is 34%.
- Completed revised Drug Medi-Cal Application to the State Department of Alcohol and Drug to certify County staff as billable service providers.



Alcohol and Drug Programs

- Planned pilot project (with Community Recovery Resources to partner on providing Co-Occurring Disorder treatment to adults and Juvenile Drug Court participants utilizing an Integrated Health Care Model. A total of ten adults and 20 Juveniles will be served for the fiscal year. This will entail ongoing individualized services throughout the fiscal year for these individuals including ongoing weekly individual and group therapy, case management and participation in the Juvenile Alternative Drug Court team.
- Developed a plan with an integrated health care consultant to expand and improve AOD treatment in primary care treatment settings.

Objectives & Performance Measures 20011/12:

Objective:

Maximize opportunities for Nevada County residents with substance abuse addiction to receive effective Alcohol and other Drug (AOD) outpatient and residential treatment program services.

Performance Measures:

- Provide AOD services to an estimated 175 new referrals.
- Complete an estimated 140 AOD assessments.
- Provide case coordination to an estimated 200 clients, ensuring that each is enrolled in appropriate programs.
- Provide residential treatment for an estimated 50 clients.
- Develop treatment funding source to off-set loss of State Offender Treatment Program funds (Prop 36).
- Institute Drug Medi-Cal billing for existing BH AOD services and expand existing services to include 2-3 weekly groups for individuals with co-occurring disorders and primary substance use disorders.
- Implement a pilot project with Community Recovery Resources, utilizing MHSA Prevention and Early Intervention Funds to provide evidenced based Co-Occurring Disorder Treatment to 10 adults as well as 20 juvenile participants of Juvenile Drug Court within community Integrated Health Care Model.

Objective:

Reduce the incidence of youth using drugs by partnering with the Public Health Department and continuing the operation of the Nevada County Friday Night Live and Club Live Programs.

Performance Measures:

- Provide services to approximately 165 youth per year through Friday Night Live and Club Live Programs. Chapters meet on a weekly or bi-weekly basis. Currently there are three active middle school chapters, four active high school chapters, two active Peer to Peer Mentoring sites (high school/middle school) and one Community based chapter.
- Engage youth in advocacy, by conducting an environmental prevention strategy of decreasing access to alcohol by minors in Nevada County.

Objective:

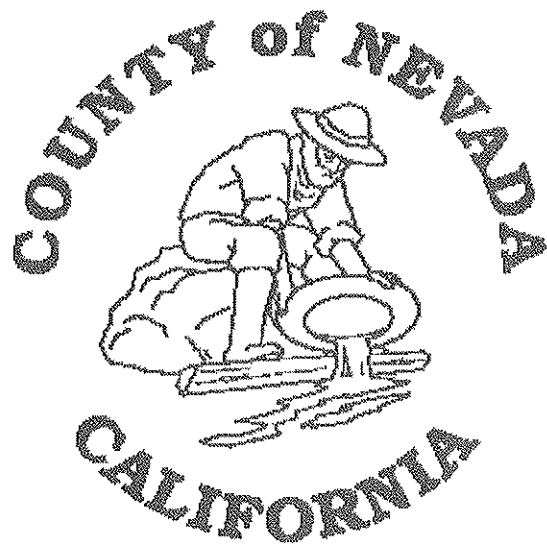
Inform and educate Nevada County residents of new, emerging, and dangerous illicit drugs involving highly addictive, synthetic opiates through organizing an information and education campaign.

Performance Measures:

- Collaborate with the Coalition for a Drug Free Nevada County and other community drug prevention programs, schools, and health care providers to maintain/continue county-wide media campaign.
- One youth and adult task force committee will be formed to look specifically at reducing alcohol access among youth in Nevada County.
- Continue Substance Abuse Data Subcommittee, and establish benchmark data on County-wide indicators, measure trends and report to the Board of Supervisors, which in turn will be disseminated to the public.

Service Budget Unit Code	- 40105
Office/Department	- HHSA/Behavioral Health
Major Service Area	- Health Sanitation/Health





Alcohol & Drug Programs (40105)

	09/10 Actual	10/11 Adopted	10/11 Estimated	11/12 Proposed	11/12 Adopted	% Change From Prior Adopted
Revenues						
Taxes	-	-	-	-	-	NA
Licenses, Permits & Franchises	-	-	-	-	-	NA
Fines, Forfeitures, & Penalties	-	-	-	-	-	NA
Use of Money & Property	30	-	1,000	1,000	1,000	NA
Federal/State Intergovernmental	1,349,776	1,398,691	1,281,915	1,326,267	1,326,267	-5.2%
Charges for Services	3,954	5,126	5,126	3,084	3,084	-39.8%
Miscellaneous Revenues	53,945	47,358	47,358	46,840	46,840	-1.1%
Other Financing Sources	6,000	6,000	-	128,758	128,758	2046.0%
General Fund Transfers	-	-	-	-	-	NA
General Fund Allocation	-	-	-	-	-	NA
Total Revenues	1,413,705	1,457,175	1,335,399	1,505,949	1,505,949	3%
Expenses						
Salaries & Benefits	278,900	227,496	171,710	234,384	234,384	3.0%
Services & Supplies	1,189,552	1,262,037	1,156,756	1,205,781	1,205,781	-4.5%
Other Charges	-	-	-	-	-	NA
Overhead Cost Allocation (A87)	-	-	-	-	-	NA
Capital Assets	-	-	-	-	-	NA
Other Financing Uses	-	6,000	-	128,758	128,758	2046.0%
Interfund Activity	(1,553)	(13,238)	-	-	-	NA
Contingency	-	-	-	-	-	NA
Total Expenses	1,466,899	1,482,295	1,328,466	1,568,923	1,568,923	6%
Fund Balance Added (Used)	(53,194)	(25,120)	6,933	(62,974)	(62,974)	
Staffing:	2.85	2.35	2.35	2.35	2.35	

2011/12 Fund Analysis:

		Revenues	Expenses	Fund Balance Added (Used)
Health & Human Services Agency	Fund #1589	1,458,109	1,440,165	17,944
Prop 36 SACPA	Fund #1136	1,000	75,636	(74,636)
Nevada Co. Council on Alcohol	Fund #1144	22,841	22,000	841
Drug Education Trust	Fund #1145	1,773	-	1,773
Alcohol Education Program	Fund #1146	22,226	31,122	(8,896)
		1,505,949	1,568,923	(62,974)

Comments/Analysis of Differences:

The decrease in Prop 36 SACPA Fund 1136 Fund Balance is the result of the elimination of that funding from the state in FY 09-10. The remaining fund balance will be used on residential placements.

Public Hearing Comments:

Adopted as proposed.



Adult Behavioral Health

Mission Statement:

The mission of the Adult Behavioral Health service budget unit is to provide direct treatment and related support services to mentally ill adults.

Service Description:

The services provided by this unit include:

- Psychiatric services, including diagnostic and medication evaluation and medication management and psychiatric input to treatment planning, and program development.
- Case Management services by both Behavioral Health Therapists and Behavioral Health Workers.
- Psychotherapy, for individuals and groups, by professionally trained Behavioral Health Therapists as well as community-based psychotherapists to provide medically necessary services to Nevada County Medi-Cal beneficiaries.
- Assertive Community Treatment services for adults on probation, incarcerated, dangerous to themselves and/or others, at risk of committing additional crimes, or at risk of institutional care and treatment.
- Crisis intervention, including evaluation of the need for inpatient services, by contracted Crisis Workers and Therapists on staff, as well as additional crisis services to the emergency departments at Sierra Nevada Memorial Hospital and Tahoe Forest Hospital.
- Administration of managed care program for Nevada County Medi-Cal beneficiaries, including authorization of care for recipients by professionally trained Therapists.
- Psychotherapy and Case Management for CALWORKS clients with mental health and/or substance abuse issues, which inhibit success in their CALWORKS program participation.
- Professional support to Mental Health Court.
- Acute inpatient care by contracted institutional facilities including hospitals and psychiatric health facilities.
- Locked skilled nursing care by contract Institutions for Mental Disease (IMD).
- Residential Care by contracted board and care and social rehabilitation transitional facilities;

and day treatment by both department staff and contracted facilities.

Major Accomplishments in 2010-11:

- Reduced psychiatric hospitalizations by 14%, as compared to the last fiscal year, providing \$35,308 in cost savings compared to budget. This resulted from an effective utilization of the Nevada County Adult Services System, including Medication Services, Therapy Services, Turning Point Assertive Community Treatment (ACT), Intensive Case Management Services, Crisis Services, and others.
- Reduced utilization of Institutions for Mental Disease (IMD) days (a costly subset of the department's residential placements) for the most seriously ill members of our target population by 11%, as compared to the previous year. This resulted in a cost savings of \$45,946 from the previous year's budget.
- Transitioned four IMD clients to homes within our community by creating a combined program of Behavioral Health staff and Turning Point staff, called Intensive Support Services, to intensely case manage clients in need of twice daily medication deliveries to their homes.
- Contracted a new Forensic Service Coordination unit, which works under the outreach and engagement services of the Prevention and Early Intervention portion of Mental Health Services Act budget and served 23 individuals.
- NCBH and Turning Point jointly created a new Supported Independent Living Home, known as Catherine Lane, as a step down in care from Odyssey House for six individuals. Continued to support 45-50 clients in meeting their goals for employment, housing, reducing substance abuse and other meaningful activities in the community through intensive case management of the New Directions program.
- Supported 19 people in the Supported Independent Living Program (SIL), New Directions. Only one SIL resident was hospitalized. Implementation of contract between SPIRIT Peer Empowerment Center and NCBH to run supported day labor program designed to provide temporary employment to individuals with severe and persistent mental



Adult Behavioral Health

illness. New Directions Interns implemented Co-Occurring Disorder treatment groups two times per week for up to ten clients which treats individuals diagnosed with both a substance use disorder and severe and persistent mental illness.

- The New Directions Program successfully implemented “Saturday Adventure” program and provided transportation options to clients on Saturdays so that clients could engage in outdoor adventure therapeutic activities designed to increase self reliance and esteem.
- Adult Behavioral Health System provided an average of 634 adults with serious mental illness regular ongoing services: 91 clients served by our Network Provider Therapist System, 80 clients served by Turning Point Providence Center, 48 clients served in Truckee, and 415 clients served in Western Nevada County by the adult clinic.
- Increased the therapist intern program that provides assessment and therapy in the Grass Valley and Truckee adult clinics. Currently five interns are volunteering their time in order to accrue hours toward licensure, and two others are paid staff in this capacity.
- 100% of all active clients receiving medications at the clinic were able to see their psychiatrist within six weeks of their last appointment, unless it was clinically indicated for that client to go for a longer time between appointments.
- Case Managers saw 100% of new patients assigned by their team leader within 7 days of the assignment.
- Increased Service population of individuals with Medi-Cal to 93% of total clients in the adult clinic, which optimized service reimbursement.
- Contracted with the Welcome Home Veterans program to provide a combined 288 sessions of individual/family and group psychotherapy sessions to veterans with Post-Traumatic Stress Disorder and other disorders related to combat duty.
- Continued to assess and treat clients under AB1421, Assisted Outpatient Treatment or Laura’s Law, utilizing the court process to procure settlement or court mandated services for clients who deteriorate and refuse treatment. Eight referrals were made and 75% of the referrals engaged with the provider voluntarily, thereby avoiding the necessity for hearings. The program is estimated to have saved

approximately \$200,000 in reduced psychiatric hospitalizations in the last three years.

- Odyssey House continued the crisis line phone service for Placer County, resulting in more staff present at the facility to help with our own triage service, and an additional 10 full time jobs in the community at no cost to Nevada County.
- The New Directions Program graduated 14 individuals and awarded them certificates in Peer Counseling.

Objectives & Performance Measures for 2011-12:

Objective:

Provide Medication Services, Therapy Services, Case Management, and intensive Case Management services within our department and through contractors.

Performance Measures:

- Provide regular on-going Medication Services, Therapy, and Case Management to 634 clients, including intensive case management services to 75 clients.
- New Directions program, which provides intensive case management, will help 45-50 clients find their own housing or a competitive job.
- Coordinate SIL program with implementation of MHSA housing program for seamless services and transitions between housing options.
- Implement Supported Daily Employment program and track outcomes for an estimated 35 paid and 15 volunteer consumers.
- Provide transportation option for clients on Sundays and evenings to 12-step programs and other structured activities.
- Refine New Directions Co-Occurring Disorder treatment groups to closely follow evidenced based behavioral treatment methodology specifically designed for people with serious and persistent mental illness. Begin to assess the effectiveness of the program by analyzing measures outcomes being recorded for the first time this year with the Basis 24, an outcomes assessment tool.



Adult Behavioral Health

Objective:

Minimize utilization of Institutions for Mental Disease, out-of-county Board and Care and Day Treatment providers, and acute psychiatric hospitalizations through provision of case management and supportive services and the proactive monitoring of all placements and client needs, as well as by maintaining intensive SIL program for current clients transitioning from IMD and other residential programs.

Performance Measures:

- Maintain the successful transition of four clients from IMD to the intensive case management program using ACT model, living independently in the community.
- Successfully transition at least five clients who need daily assistance from family or professional staff at Odyssey, to living at Catherine Lane home, including one client with the highest IMD level of need.

Objective:

Continue to meet the benchmarks for Adult clinical staff productivity by ensuring that Behavioral Health Supervisors meet regularly with staff to provide training and support, and sign off on all EMS forms used to submit billable time.

Performance Measures:

- Support staff will provide monthly feedback to staff regarding their productivity.
- 90% of staff will attain their individual benchmark.

Objective:

Continue AB1421 Assisted Outpatient Treatment (Laura's Law).

Performance Measures:

- Serve at least 8 individuals in the Turning Point Program under AB1421.
- Continue improving coordination of Turning Point, Behavioral Health staff, County Counsel, and court personnel to effectively process petitions and meet needs for clients to be seen in a timely fashion to prevent hospitalizations.
- Provide Education Program to the community, including client and family advocacy organizations, to increase access of these services to clients who qualify for Laura's Law.
- Produce and show two Public Service Announcements to other county agencies, such as law enforcement, CPS, and primary care

clinics, creating more awareness of the program in this county.

Objective:

Assure that individuals are receiving insurance benefits that they are eligible for through programs such as SSI, Medi-Cal, CMSP, and Healthy Families, by providing a monthly report of all uninsured individuals to BH Supervisors, and collaboratively partnering with other departments and organizations to assist with appropriate applications.

Performance Measures:

- Review 100% of uninsured clients with collaborative team to identify potential eligibility and coordinate application assistance.
- Continue to increase the proportion of adult Medi-Cal clients to above 85% of total clients.
- Enroll 100% of those clients who qualify into a health benefit program.

Objective:

Continue to provide psychiatrist consultation to Miners Clinic and Sierra Family Medical Clinic for clients who are not eligible for Specialty Mental Health Services through NCBH.

Performance Measures:

- Provide 20 hours to Miners Clinic and 8 hours to Sierra Family Medical Clinic per month for psychiatrist consultations.

Objective:

Improve consistency and quality, while reducing cost, of Medication Services.

Performance Measures:

- Hire or contract a .75 FTE equivalent psychiatrist to replace current locum tenens psychiatrist rotation. This would save 30% of the current cost of the locum tenens psychiatrists and improve productivity.
- Implement quarterly meetings among psychiatrists, led by the Medical Director, to improve coordination of services and facilitate communication.

Service Budget Unit Code	- 40110
Office/Department	- HHSA/Behavioral Health
Major Service Area	- Health Sanitation/Health



Adult Behavioral Health (40110)

	09/10 <u>Actual</u>	10/11 <u>Adopted</u>	10/11 <u>Estimated</u>	11/12 <u>Proposed</u>	11/12 <u>Adopted</u>	% Change From Prior <u>Adopted</u>
Revenues						
Taxes	-	-	-	-	-	NA
Licenses, Permits & Franchises	-	-	-	-	-	NA
Fines, Forfeitures, & Penalties	-	-	-	-	-	NA
Use of Money & Property	412	100	100	100	100	0.0%
Federal/State Intergovernmental	5,868,271	5,248,284	5,461,099	5,668,220	5,668,220	8.0%
Charges for Services	121,116	100,336	124,595	146,584	146,584	46.1%
Miscellaneous Revenues	135,575	-	515	-	-	NA
Other Financing Sources	1,255,986	1,796,036	1,802,549	2,291,955	2,291,955	27.6%
General Fund Transfers	-	-	-	-	-	NA
General Fund Allocation	-	-	-	-	-	NA
Total Revenues	7,381,360	7,144,756	7,388,858	8,106,859	8,106,859	13%
Expenses						
Salaries & Benefits	1,382,229	1,669,875	1,607,642	1,650,119	1,650,119	-1.2%
Services & Supplies	6,038,709	6,234,218	6,271,424	6,954,666	6,954,666	11.6%
Other Charges	65,492	80,728	29,535	54,900	54,900	-32.0%
Overhead Cost Allocation (A87)	-	-	-	-	-	NA
Capital Assets	-	-	-	-	-	NA
Other Financing Uses	228,112	263,159	253,159	316,326	316,326	20.2%
Interfund Activity	(557,492)	(287,371)	(315,925)	(390,939)	(390,939)	NA
Contingency	-	-	-	-	-	NA
Total Expenses	7,157,050	7,960,609	7,845,835	8,585,072	8,585,072	8%
Fund Balance Added (Used)	224,310	(815,853)	(456,977)	(478,213)	(478,213)	
Staffing:	14.225	14.475	14.475	14.725	14.725	
2011/12 Fund Analysis:						
					Fund Balance	
		Revenues	Expenses		Added (Used)	
Health & Human Services Agency	Fund #1589	6,056,692	6,105,148		(48,456)	
Mental Health Services Act	Fund #1512	1,733,741	2,163,598		(429,857)	
Managed Care	Fund #1623	316,426	316,326		100	
		8,106,859	8,585,072		(478,213)	

Comments/Analysis of Differences:

Increases in Federal /State Intergovernmental revenues are due to additional MHSA funds for new programs. Other Financing Sources reflects the expected use of realignment funds. Increases in Services and Supplies and in Other Financing Uses reflect the additional service contracts and additional reimbursements to other SBUs for costs associated with the new MHSA initiatives.

Public Hearing Comments:

Adopted as proposed.



Behavioral Health Realignment

Service Description:

Funding for Health and Social Services Programs is provided to the County by the State of California from sales tax and motor vehicle license fees. These funds are maintained by the County in the Health and Welfare Trust Fund, more commonly known as the Realignment Fund. This Service Budget Unit represents that portion of the Realignment Fund allocated for Behavioral Health.

Service Budget Unit Code	- 40119
Office/Department	- HHS/Behavioral Health
Major Service Area	- Health & Sanitation/Health



Behavioral Health Realignment (40119)

	09/10 <u>Actual</u>	10/11 <u>Adopted</u>	10/11 <u>Estimated</u>	11/12 <u>Proposed</u>	11/12 <u>Adopted</u>	% Change From Prior <u>Adopted</u>
Revenues						
Taxes	-	-	-	-	-	NA
Licenses, Permits & Franchises	-	-	-	-	-	NA
Fines, Forfeitures, & Penalties	-	-	-	-	-	NA
Use of Money & Property	-	-	-	-	-	NA
Federal/State Intergovernmental	1,573,939	1,495,332	1,570,483	1,570,483	1,570,483	5.0%
Charges for Services	-	-	-	-	-	NA
Miscellaneous Revenues	-	-	-	-	-	NA
Other Financing Sources	(157,394)	-	(157,394)	-	-	NA
General Fund Transfers	30,893	30,893	30,893	30,893	30,893	0.0%
General Fund Allocation	-	-	-	-	-	NA
Total Revenues	1,447,438	1,526,225	1,443,982	1,601,376	1,601,376	5%
Expenses						
Salaries & Benefits	-	-	-	-	-	NA
Services & Supplies	-	-	-	-	-	NA
Other Charges	-	-	-	-	-	NA
Overhead Cost Allocation (A87)	-	-	-	-	-	NA
Capital Assets	-	-	-	-	-	NA
Other Financing Uses	1,027,873	1,542,877	1,549,390	2,038,298	2,038,298	32.1%
Interfund Activity	-	-	-	-	-	NA
Contingency	-	-	-	-	-	NA
Total Expenses	1,027,873	1,542,877	1,549,390	2,038,298	2,038,298	32%
Fund Balance Added (Used)	419,565	(16,652)	(105,408)	(436,922)	(436,922)	

Staffing: None

2011/12 Fund Analysis:

		Revenues	Expenses	Fund Balance Added (Used)
Health & Welfare Local Trust: BH	Fund # 1480	1,601,376	2,038,298	(436,922)
		1,601,376	2,038,298	(436,922)

Comments/Analysis of Differences:

Sales Tax Realignment revenues are not expected to change significantly in FY 11-12. Other Financing Sources represents a 10% shift into Public Health in 09-10 and a 10% shift expected in 10-11.

Public Hearing Comments:

Adopted as proposed.



