



County of Fresno

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Legislation Text

File #: 17-0195, **Version:** 1

DATE: April 4, 2017
TO: Board of Supervisors
FROM: Dawan Utecht, Director of Behavioral Health
SUBJECT: Amendment III to Agreement with Turning Point of Central California, Inc.

RECOMMENDED ACTIONS:

- 1. Approve and authorize the Chairman to execute Amendment III to Agreement No. 13-393 with Turning Point of Central California, Inc., to increase access to Mental Health Services Act Full Service Partnership, Intensive Case Management and Outpatient mental health services in rural Fresno County, effective upon execution through June 30, 2018 and increasing the maximum compensation by \$2,897,874 to a total maximum of \$32,195,287.**
- 2. Adopt Budget Resolution increasing FY 2016-17 appropriations and estimated revenues for Behavioral Health Org 5630 in the amount of \$643,153 (4/5 vote).**
- 3. Adopt Budget Resolution increasing FY 2016-17 appropriations for Community Services Supports (CSS) Org 1051 in the amount of \$643,153 (4/5 vote).**

Approval of the first recommended action will allow the Department of Behavioral Health to provide additional mental health services for approximately 300 clients, including children that are severely emotionally disturbed and adults that are seriously mentally ill. The target service areas include Pinedale, Sanger, Reedley, Selma, Kerman, and Coalinga. The recommended budget resolutions will allow Mental Health Services Act (MHSA) funding to be used in FY 2016-17 to increase the mandated services, with no increase in Net County Cost.

ALTERNATIVE ACTION:

Non-approval of the recommended actions would result in continued long wait times for clients in rural areas in need of mental health services, which could directly affect the demand for more costly mental health and/or emergency crisis services.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended actions. The maximum compensation will increase from \$29,297,413 to \$32,195,287, a 10% (\$2,897,874) increase. Approval of the second recommended action will increase the FY 2016-17 appropriations and estimated revenues for Behavioral Health Org 5630 in the amount of \$643,153 through an Operating Transfer In from the Community Services Supports (CSS) Org 1051 to fund additional mental health services. Approval of the third recommended action will increase the FY 2016-17 appropriations for CSS Org 1051 in the amount of \$643,153 to fund an Operating Transfers Out to the Behavioral Health Org 5630 using resources available in the Fund Balance of the Mental Health Services Act Special Revenue Fund 0135. The agreement with Turning Point, Inc. (TP) is funded with Medi-Cal Federal Financial Participation, Behavioral Health Realignment and MHSA monies. The annual contract amounts will increase as follows:

- FY 2016-17 from \$6,474,205 to \$7,117,358; a 10% (\$643,153) increase
- FY 2017-18 from \$6,474,205 to \$8,728,926; a 35% (\$2,254,721) increase

The three treatment services [Full Service Partnership (FSP), Intensive Case Management (ICM) and Outpatient Mental Health Services (OP)] will be funded as follows:

<u>FY</u>	<u>Amounts</u>	<u>Clients</u>
<u>2016-17</u>	<u>Total \$7,117,359</u>	<u>2,753</u>
	FSP - \$1,505,850	175
	ICM - \$4,185,280	1,800
	OP - \$1,426,229	778
<u>2017-18</u>	<u>Total \$8,728,927</u>	<u>3,053</u>
	FSP - \$1,876,188	175
	ICM - \$5,056,825	1,900
	OP - \$1,795,914	978

DISCUSSION:

On June 18, 2013, your Board approved Agreement No. 13-393 with TP for MSHA FSP, ICM and OP in rural Fresno County for children that are severely emotionally disturbed and adults that are seriously mentally ill. On June 16, 2015, your Board approved Amendment I to Agreement No. 13-393, which increased funding to allow Turning Point to serve additional mental health clients. Amendment I also allowed Turning Point to make changes between the three program (OP, ICM and FSP) budgets. On February 2, 2016, your Board approved Amendment II to Agreement No. 13-393, which allowed Turning Point to gain full access to the Department's Electronic Health Record (EHR) System in order to be able to enter and pull mental health data from the EHR system.

Since implementation, annually the programs have yielded a need for additional services within the three treatment services (FSP, ICM and OP). The recommended amendment is necessary to adjust the contracted budget with funding alignment for the remainder of the agreement term. In FY 2015-16, the programs have resulted in successful reductions of:

- Homelessness 72%
- Incidents of inpatient psychiatric hospitalizations 34%
- Incidents of incarcerations 25%

Approval of recommended amendment will increase funding for the remainder of the term, enabling TP to serve more mental health clients in the specified rural areas within each treatment service.

The rural service increase will address the expanded number of clients and acuity of services, including:

- Increased demand for services from 2,753 clients in FY 2016-17 to 3,053 clients expected to be served in FY 2017-18.
- To reduce wait times for assessment and receiving Rural Mental Health program services. The existing wait time of five and a half weeks for assessment, except in Coalinga, which is approximately ten weeks out. The goal is to reduce wait time by two to four weeks to get clients assessed within 30 days. Expansion would help reduce the wait time to screen or triage a referral who may need care sooner with the added staffing and reduce wait times for appointments with clinicians or psychiatrist once a referral is enrolled in the program. The goal is to screen referrals within 3 business days. The goal is

for hospital inpatient discharges to be a priority because these referrals need care sooner and will be seen within 7-10 business days for the assessment/intake.

- The wait time to start therapy services is about four to six weeks. The goal is for there to be no waitlist for therapy and that a referral will start therapy within two weeks after completing the treatment plan.
- Wait time for medication services fluctuates depending on whether it is an initial evaluation or medical follow up appointment for adults or children. Generally, for adult psychiatric evaluation the wait time is an average of five weeks, except in Coalinga where the wait is ten weeks; for a child psychiatric evaluation it is a six-week wait time. The goal is to reduce wait time by two to four weeks.
- For medication services, the wait times vary from six to 12 weeks. The goal is to reduce wait time down to no more than four weeks out for a regular medication services appointment.
- Clinicians and doctors also have high caseloads which affects seeing open clients in a timely manner for services especially when the client is new to the program. For the doctors the caseload size varies by hours worked. The goal for clinicians is to reduce their caseloads to 1:60. Currently caseload ratios for clinicians is at 1:75.
- Maximize rural resources by linking referrals that can be served in a lower level of care in the community.
- Ability to triage non-urgent and/or urgent referrals ensuring those identified as truly urgent are seen sooner for an assessment.
- Preventions in hospitalizations or re-hospitalizations for those needing timely access and treatment.
- Turning Point to hire additional staff to increase the volume of assessments and intake appointments that can be scheduled. Turning Point currently schedules approximately 38 assessments/intakes a week. The goal is to schedule approximately 55 assessments/intakes with the expansion.

Referrals have significantly increased in Reedley, Selma, and Coalinga. Without the added funding, new referrals would result in extremely long waits for service, up to four months in the Coalinga/Huron area. Clinicians are struggling with the high volume of referrals and higher acuity of care needed, which in turn leads to a higher demand for assessments, treatment plans, and intake procedures in addition to the current therapy caseloads.

The treatment methods of service delivery afford the clients three levels of care with FSP being the highest level and OP being the lowest.

With your Board's approval, TP will be able to address the large number of individuals waiting to receive services in the rural area and determine what level of care will meet the needs of those clients.

OTHER REVIEWING AGENCIES:

The Fresno County Behavioral Health Board was informed of this item at their March 15, 2017 meeting.

REFERENCE MATERIAL:

- BAI #17, February 2, 2016 - Amendment II to Agreement No. 13-393
- BAI #41, June 16, 2015 - Retroactive Amendment I to Agreement No. 13-393
- BAI #48, June 18, 2013 - Agreement No. 13-393

ATTACHMENTS INCLUDED AND/OR ON FILE:

- On file with Clerk - Amendment III to Agreement No. 13-393 with Turning Point
- On file with Clerk - Resolution (Org 5630)
- On file with Clerk - Resolution (Org 1051)

CAO ANALYST:

Sonia De La Rosa