Attachment A

FY 2023-2024 and
FY 2024-2025, Quarters 1 & 2
PHF Report

FY 2023-2024 & FY 2024-2025 (Q1 & Q2)

PSYCHIATRIC HEALTH FACILITY

REPORT

one COUNTY one FUTURE

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SANTA BARBARA COUNTY BEHAVIORAL WELLNESS

Antonette Navarro, LMFT, Director
anavarro@sbcbwell.org
(805) 681 – 5220

Annual Psychiatric Health Facility Report – 2025

Introduction

The Santa Barbara Psychiatric Health Facility (PHF) is a 16-bed acute psychiatric inpatient hospital that can serve clients on a voluntary basis as well as anyone who meets the criteria under the Lanterman-Petris-Short (LPS) Act for involuntary holds or are under conservatorship. The facility is licensed by the Department of Health Care Services (DHCS) and adheres to federal and state laws and regulations. The PHF is only one of two "super-PHFs" in the State, distinguished from other psychiatric health facilities by its ability to receive Medi-Cal and Medicare reimbursement.

Per federal regulation, the PHF is guided by a Governing Board (PGB). Under the by-laws, the PGB is required to provide an annual report to the County Board of Supervisors. This report presents utilization, outcomes, and operational improvement activities for the previous fiscal year and the first two quarters of fiscal year 2024-25. Moreover, historical comparisons with fiscal year 2023-24 on some measures will also be presented.

PHF Governance Structure

The structure for the governance and oversight of the PHF is stipulated in Title 42 of the Code of Federal Regulations Section 482 and the California Code of Regulations Title 22, Chapter 9 and consists of four branches:

1) The Board of Supervisors
2) The PHF Governing Board
3) Medical Practice Committee
4) Quality Assessment and Performance Improvement Committee

Per the bylaws governing the PHF, the County Board of Supervisors retains authority to set general policy on fiscal and personnel matters within the county, including financial management practices, labor relations, and conditions of employment. The County Board of Supervisors also appoints PHF Governing Board (PGB) members by Resolution.

The PGB is comprised of County Supervisors, Department Directors and/or their designated staff. Currently, Assistant County Executive Officer, Tanja Heitman, is the Governing Board's Chair, and Sheriff's Office Chief Deputy of Custody Operations, Vincent Wasilewski, is the Vice Chair. County Supervisors are represented by Steve Lavagnino and Laura Capps, and department directors and/or staff designees represent the Public Guardian's Office (Arlene Diaz), Public Health (Director Mouhanad Hammami and Chief Medical Officer, Dr. Josephine Preciado) and General Services (Director Kirk Lagerquist). The Behavioral Wellness (BWell) Department Director acts as the PHF's Chief Executive Officer.

PGB membership and departmental participation changes periodically to adjust oversight and input from departments that interface more often and/or are regular partners with PHF functions and its staff. Recently, the PGB voted to have the Public Defender's Office to join the PGB, replacing the General Services Department staff representative. The PGB generally meets monthly to receive reports and updates on PHF operations and functioning including outcomes on quality indicators, policies and procedures, medical staff credentialing and privileging, contract monitoring, and survey reviews.

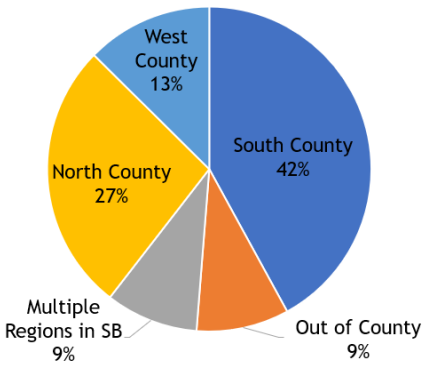
The PHF Governance structure also includes Medical Practice and Quality Assessment and Performance Improvement (QAPI) committees. Both Committees are subject to the ultimate authority of the PGB. The Medical Practice Committee is responsible for medical practice and peer review. Its functional duties include the utilization review, and the monitoring of infection control, privileging and credentialing of psychiatrists, as well as pharmacy and therapeutic services. The QAPI Committee is responsible for maintaining an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. QAPI provides monthly reports on quality indicators related to health outcomes, client safety, quality of client care and utilization review as well as facility services; and oversees the implementation of any corrective actions and reports the progress of these to the PHF Medical Practice Committee and the PHF Governing Board.

A Day at the PHF

Activities include a daily Multidisciplinary Team meeting, structured meals and snack time, outside recreational time, community meetings with clients in the morning and evening, and multiple holistic group activities. Other activities include Medical Director rounds, client centered treatment planning, nutrition education, exercise equipment and groups, sobriety support and Alcoholics Anonymous, anger management, music and art therapy, stress management, medication education, legal issues, and Patient's Rights Group.

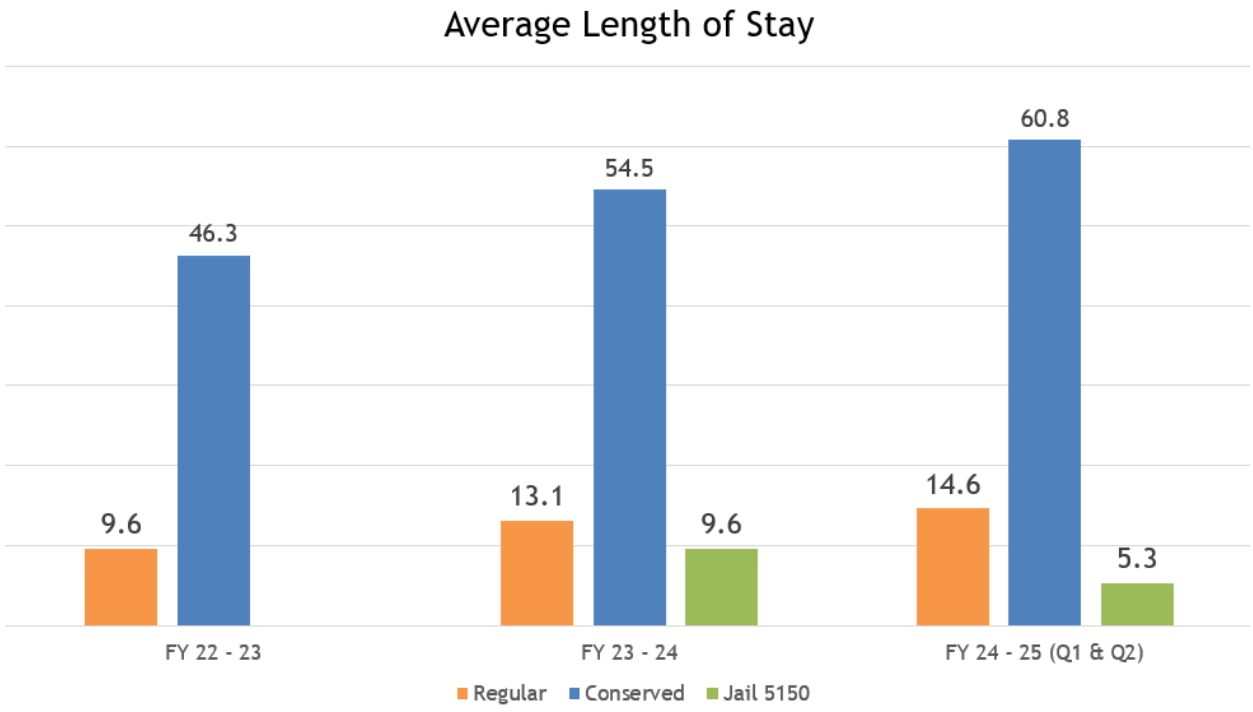
Annual Outcome Highlights

PHF PATIENT REGION OF RESIDENCE
Largest percentage (42%) lived in South County



The PHF is located on the county's Calle Real Campus in Santa Barbara. Due to the urgency and acuity of issues experienced by individuals requiring PHF services, this location offers direct access and higher utilization rates.

The overall number of persons admitted to the PHF declined approximately 9% from 2022-23 to 2023-24, from 331 to 302. In first and second quarter data in 2024-25, there have been 141 total admissions indicating a likely further overall reduction this year. A primary factor in the number of PHF admissions each year is tied to the length of stay for persons admitted to the PHF. Below is a graph showing average length of stay data for three primary population groups: persons who are Conserved, persons brought to the PHF from jail, persons generally accessing the PHF who are not Conserved.

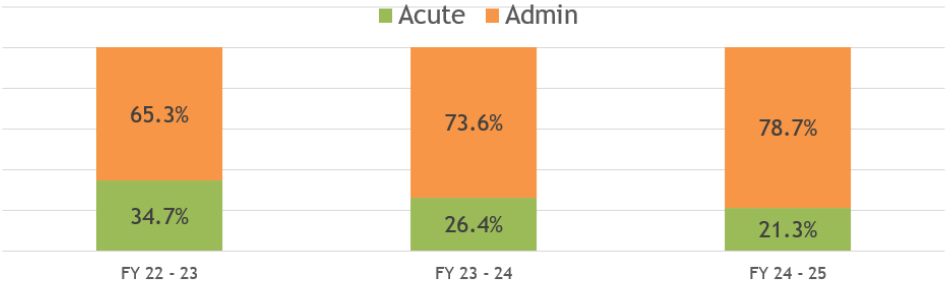


Since 2021, a variety of factors have contributed to longer lengths of stay. These include intermittent closures due to Covid outbreaks, the implementation of Senate Bill 317, and transfers from the jail.

Under SB 317, courts can refer individuals who are found incompetent to stand trial on misdemeanor charges to diversion or community treatment, consider a referral to conservatorship proceedings, or dismiss the charges. When Santa Barbara courts refer an individual to diversion, BWell's Justice Alliance staff and Public Defender conduct assessments to determine the person's appropriateness for community diversion. When found appropriate, the combined teams develop a treatment plan and link clients to community based mental health and substance use

services and follow the case until the client has successfully completed their treatment plan objectives, at which time their charges are dropped.

Lengths of Stay are separated by Acute versus Administrative days. Acute status refers to whether a client is and/or remains eligible to be maintained on an involuntary hold. Once a client is no longer identified as a danger to themselves, others, nor gravely disabled by their condition, they are eligible for discharge and referred to lower levels of service known as a "step-down placement." Options for step-down care are increasingly limited which has resulted in a significant increase of Administrative days, which are defined as days in which a client has met criteria for a hold in the past, but no longer meets medical necessity criteria for observation or inpatient stay. The number of Administrative days for FY24/25 is on track to be at their highest levels over past few years.



	FY 22 - 23	FY 23 - 24	FY 24 - 25 (Q1 & Q2)
Acute	1,621	1,409	580
Admin	3,056	3,938	2,148
Total Bed Days	**4,677**	**5,347**	**2,728**

At the start of FY24/25 Quarter 3, BWell enlisted the consultation support of former Assistant County Executive Officer and PGB Chair, Terri Maus-Nisich, to assist in an in-depth review of the Length of Stay data to identify, plan, and guide implementation of changes to protocols, processes and/or step-down facilities contracts that will serve to increase flow of clients through the PHF.

PHF Funding and Revenue

The primary funding source in the BWell budget for the operation and services provided at the PHF is Realignment. Services provided to Medi-Cal and Medicare recipients are reimbursed at varying rates based on the Fee-for-Service Payment models of these respective entitlement programs. These reimbursement payments are provided for qualified services, at DHCS

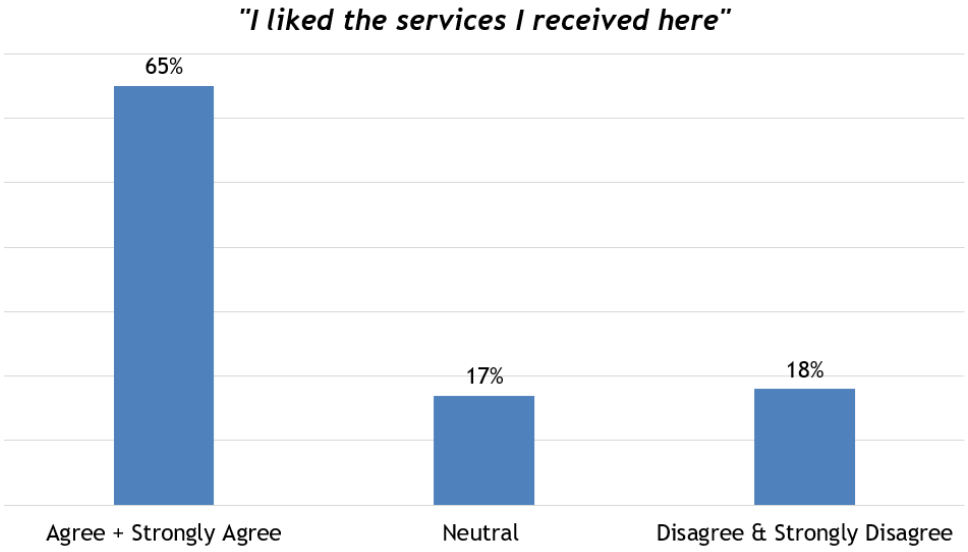
established rates. The county draws Federal Medical Assistance Program (FMAP) at an average of approximately 60% of the established rate. When services are not allowable billable Medi-Cal or Medicare services, BWell absorbs all costs within its Realignment allocation. Overall, 86% of persons served at the PHF in 2023-24 had Medi-Cal, Medicare or Medi-Cal/Medicare insurance. 14% of persons had other or no insurance. For those 86% of entitlement program members, approximately 86% of all services provided were allowable billable services, and 14% were non-billable. Of those services eligible for FMAP, 98% were from the Medi-Cal program and 2% were Medicare funded. While FMAP contributes significantly to the operations of the PHF annually it does not fully fund the PHF operations. Realignment covers the remainder and is categorized as the "unfunded portion" of PHF operations. In 2023-24 the unfunded portion was just about $7 million, funding just over half of the PHF total budget.

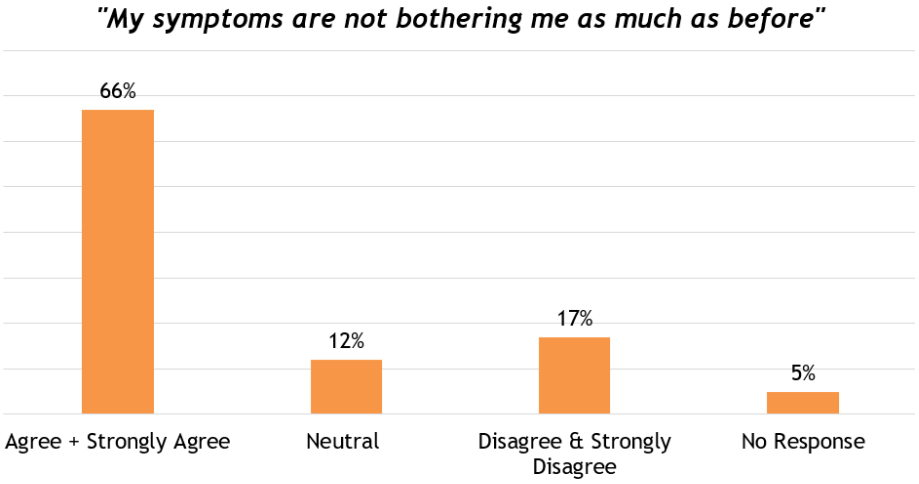
Audit Highlights

In January 2022, the Department of Health Care Services (DHCS) Triennial fiscal survey found that there were zero disallowances on acute days billed to DHCS. In June 2023, DHCS conducted a biennial licensing survey which indicated no findings related to environment of care/facilities, but indicated four findings regarding medication storage, labeling, and destruction. A plan of correction was submitted by the PHF and accepted. The most recent audit from DHCS took place the week of March 3, 2025. A final report from DHCS on this audit's findings will be provided within the next one to two months. Preliminary feedback again reported no findings related to the environment and care of patients, an aspect that the auditors noted as particularly commendable for two consecutive audits.

What Do PHF Patients Report?

Soliciting direct client feedback is an important component of accountability and ensuring that the practices and protocols of the PHF are having their intended impact in the care and treatment of its clients. All clients are offered the opportunity to engage in a survey of their experience at the PHF. As needed or requested, accommodations are provided for clients who need assistance to complete the surveys. Two key questions that target the client's overall experience of care and their perspective as to whether the interventions were effective are presented below.





Overall, two-thirds of clients in the past year reported that they had a positive and clinically effective experience while being treated for their conditions at the PHF.

Data-Driven Decision-Making

The Medical Practice and QAPI Committees monitor and review PHF practices, protocols, and a variety of performance measures each month to ensure a focus of continuous improvement for the operations, as well as both staff and client experiences. The following new initiatives were implemented this year related to this data-driven decision-making process:

- Medical care evaluation (MCE) on medication reconciliation to confirm that physicians review and integrate all information gathered at admission regarding client medication timely and accurately in the client record
- Further integration of SmartCare electronic health record to include dietary and recreation therapy to ensure best practice whole person care focus in the treatment record
- Enhanced and integrated data tracking using Smartsheet, including Conservatee placement data, to better identify and evaluate step-down placement needs and trends of patients
- Enhanced acuity tool to more accurately staff the unit to meet client need and regulatory requirements