

# **Attachment B –**

## **2026 PHF Annual Report - Narrative**

# 2026 ANNUAL PSYCHIATRIC HEALTH FACILITY REPORT

For the

**SANTA BARBARA COUNTY  
BOARD OF SUPERVISORS**



April 22, 2026

**SANTA BARBARA COUNTY  
DEPARTMENT OF BEHAVIORAL WELLNESS**

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## Annual Psychiatric Health Facility Report - 2026

### **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-PHF’s” 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 2025-26.

### **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. County Supervisors are represented by Laura Capps and Roy Lee, and department directors and/or staff designees represent the Sheriff’s Office (Ryan Sullivan), County Health (Director Mouhanad Hammami (also serves as Vice Chair) and Chief Medical Officer Dr. Josephine Preciado), the Public Defender’s Office (Tracy Macuga), and the Public Administrator’s Office (Arlene Diaz). 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 join the PGB, replacing the General Services Department staff representative. The PGB meets monthly, in person and virtually, 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.

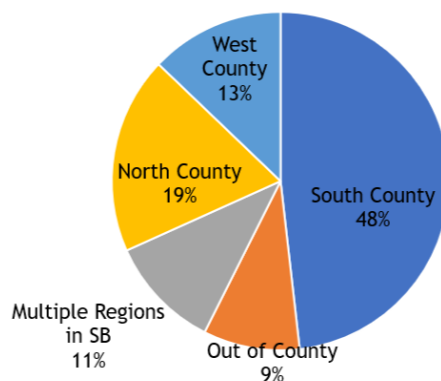
The PHF Governance structure also includes Medical Practice and Quality Assessment and Performance Improvement (QAPI) committees. Both committees are subject to the ultimate authority of the PGB. The Medical Practice Committee is responsible for medical practice and peer review. Its functional duties 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 psychiatrist 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 the Patient’s Rights Group.

**Annual Outcome Highlights**

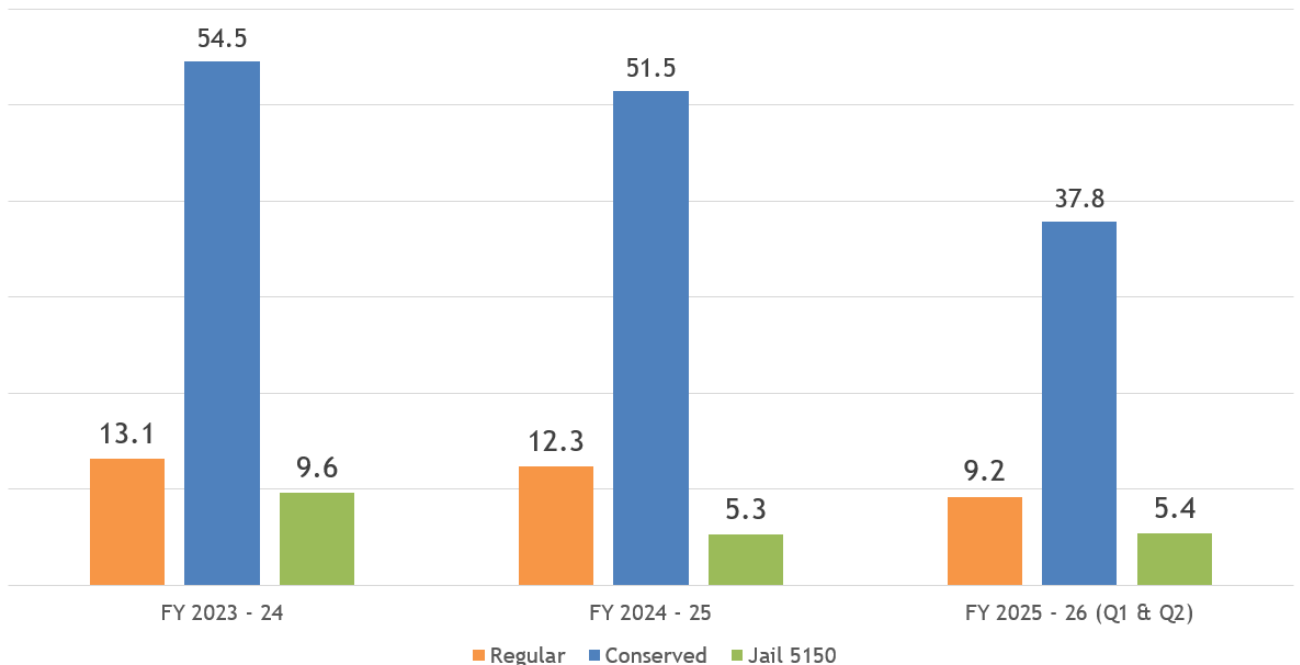
**PHF PATIENT REGION OF RESIDENCE**  
 Largest percentage (48%) lived in South County



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.

The overall number of persons admitted to the PHF increased from 304 to 328 in Fiscal Year (FY) 2023-24 to FY 2024-25. In first and second quarter data in 2025-26, there have been 218 total admissions. A primary factor in the number of PHF admissions each year is the length of stay for persons admitted to the PHF. Below is a graph showing average length of stay data for the following population groups: persons who are conserved, persons brought to the PHF from jail, persons generally accessing the PHF who are not conserved.

**Average Length of Stay**

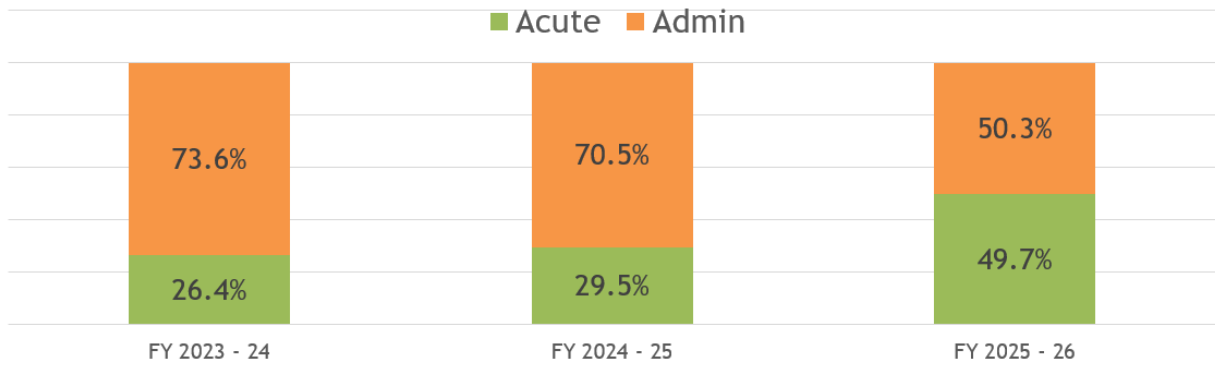


Lengths of Stay are separated by Acute versus Administrative days. Acute status refers to whether a client is and/or remains eligible to be maintained on an involuntary hold. Once a client is no longer identified as a danger to themselves, others, nor gravely disabled by their condition, they are eligible for discharge and referred to lower levels of service known as a “stepdown placement.”

Options for stepdown care are increasingly limited which can result in a significant increase of Administrative days for individuals with complex needs. Administrative days are defined as days in which a client no longer meets medical necessity criteria for observation or inpatient stay but has no discharge options.



## 2026 Annual Psychiatric Health Facility Report FINAL REPORT



	FY 2023 - 24	FY 2024 - 25	FY 2025 - 26 (Q1 & Q2)
Acute	1,409	1,493	1,259
Admin	3,938	3,575	1,277
<b>Total Bed Days</b>	<b>5,347</b>	<b>5,068</b>	<b>2,536</b>

### **Audit Highlights**

PHF is subject to reviews by multiple agencies by Center for Medicare and Medical Services, The California Dept of Public Health, and the Department of Health Care Services (DHCS). In general, these audits are unscheduled and surprises. The PHF prepares to be audit ready and prepares for audits with external consultants. During this reporting period there was one on-site review in March 2025, DHCS completed an on-site review of the PHF. No deficiencies were found for the physical plant or chart review. DHCS identified five deficiencies within the survey report within the pharmacy and nursing, and one deficiency regarding minimum staffing ratios which was later rescinded. A Plan of Corrections was submitted and approved in October, outlining interventions for improvement regarding temperature logs, controlled drug disposal documentation, and documentation of patient’s own medications on the unit. While deficiencies are found in every audit, the amount and nature of the findings were minor and easily corrected.

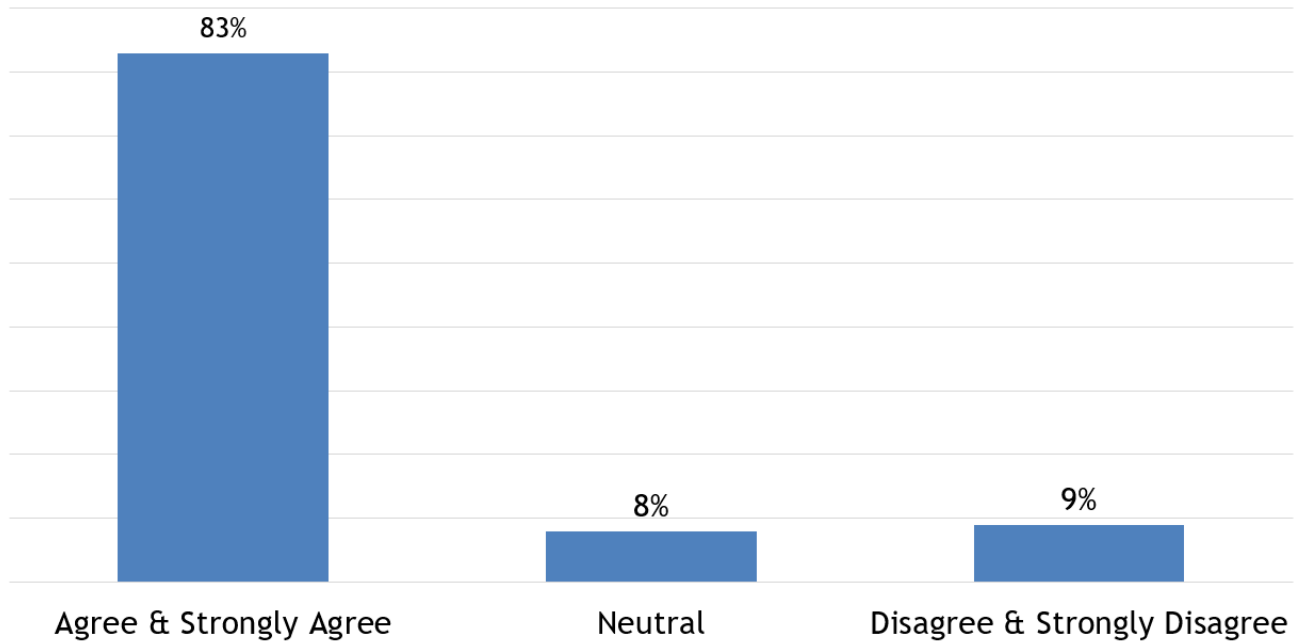
### **What Do PHF Patients Report?**

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

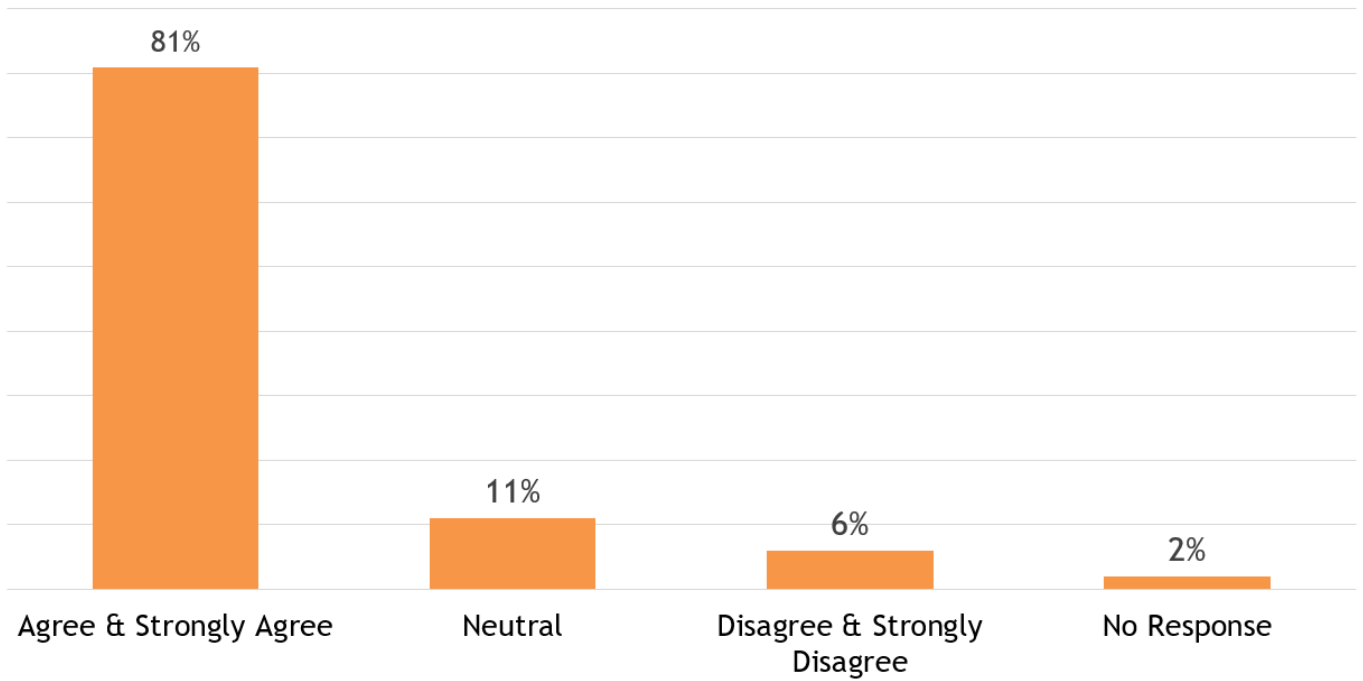


complete the surveys. Two key questions that target the client’s overall experience of care and their perspective as to whether the interventions were effective are presented below.

***“I liked the services I received here”***



***“My symptoms are not bothering me as much as before”***



Overall, two-thirds of clients surveyed 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:

- Hiring additional Psychiatric Nurse Senior positions to assist with staffing, compliance, and documentation review.
- Trained staff in California Senate Bill 43 (SB 43), signed in 2023, for the expanded definition of "gravely disabled" to allow inclusion of individuals with severe substance use disorders or co-occurring disorders.
- On-site Infection Prevention Assessment and Accreditation Readiness Assessment conducted by The Chartis Group.
- Implementation of electronic patient transfer health record system, Xferall.
- Acquisition of new furniture based on results from a staff safety survey.