

Attachment A –

FY 2024-2025 & FY 2025-2026,

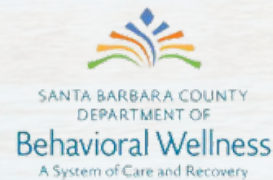
Quarters 1 & 2 PHF Report

PowerPoint

PHF Governing Board Report

Psychiatric Health Facility Update

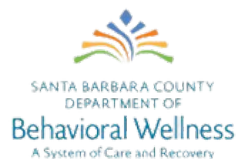
April 2026



What is the PHF?

16 bed acute psychiatric inpatient hospital dedicated to serve Santa Barbara County residents
The facility is Lanterman-Petris-Short (LPS) designated so can accommodate individuals on 5150 holds as well as those coming in voluntarily and on conservatorship

The PHF is one of only 2 “Super-PHF’s” in the State of California, distinguished from other Psychiatric Health Facilities by their ability to receive Medicare reimbursement

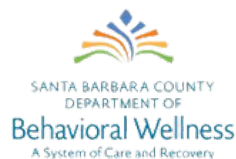


A Day at the PHF

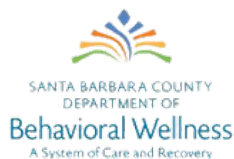
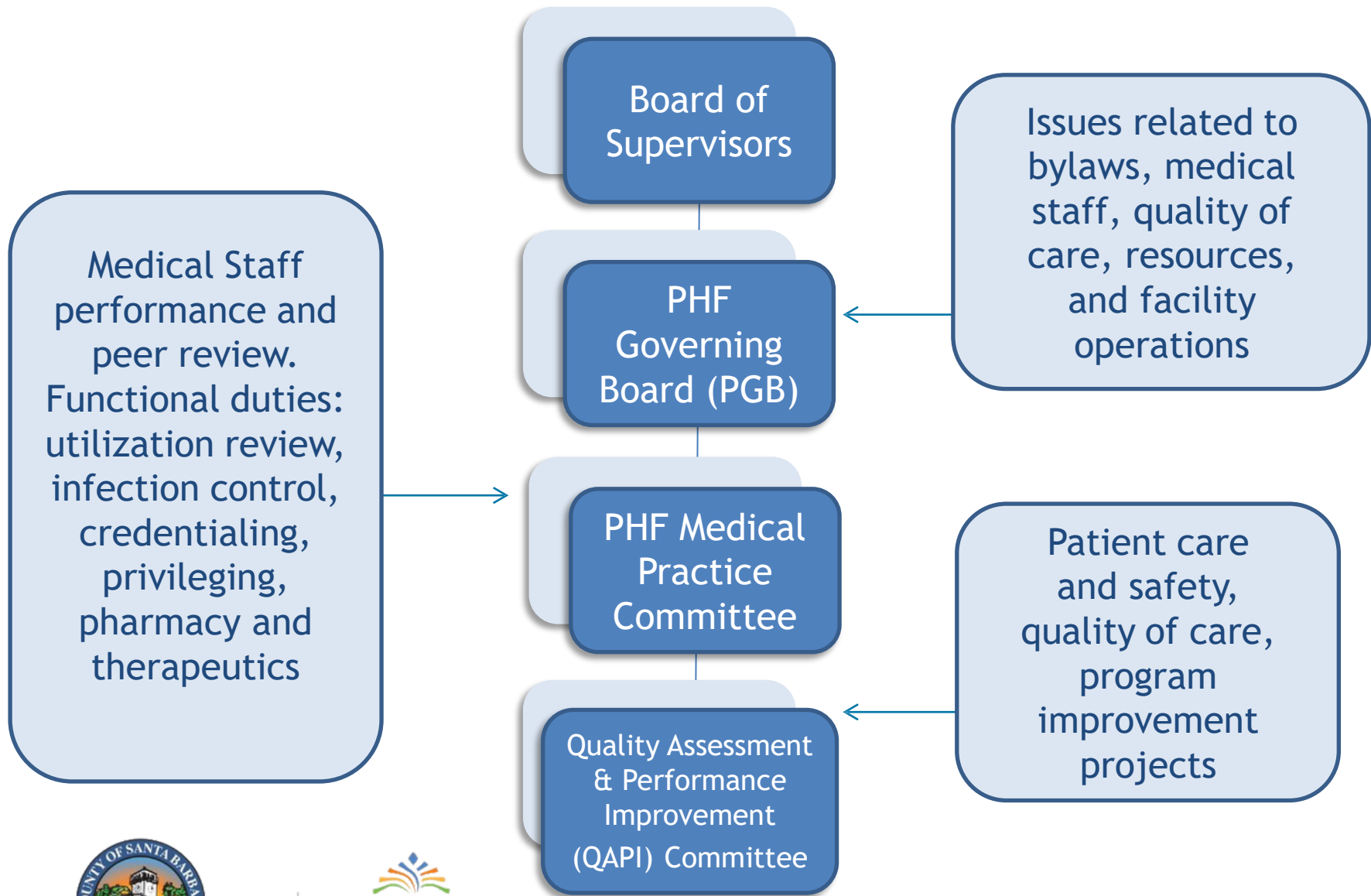
- Daily Multidisciplinary Team meeting
- Structured meals and snack time
- Outside recreational time
- Community meeting with patients in morning and evening
- Multiple holistic group activities including the following:



- Daily psychiatrist rounds
- Client centered treatment planning
- Nutrition education
- Exercise-equipment and groups
- Sobriety support/ Alcoholics Anonymous
- Anger management
- Music and Art Therapy
- Stress management
- Medication education
- Legal issues/know your rights
- Patients' Rights Group



PHF Governing Board Structure



PHF Governing Board Members

Tanja Heitman, Assistant County Executive Officer, Health and Human Services and Public Safety, CEO; Chair

Dr. Mouhanad Hammami, Director, County Health Department; Vice Chair

Supervisor Laura Capps, Santa Barbara County Board of Supervisors, 2nd District

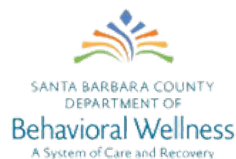
Supervisor Roy Lee, Santa Barbara County Board of Supervisors, 1st District; Alternate

Ryan Sullivan, Custody Chief of Custody Operations, Sheriff's Office

Tracy Macuga, Public Defender, Office of Public Defender

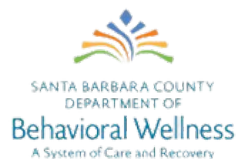
Arlene Diaz, Public Services Division Chief, Office of the Public Administrator - Public Guardian

Dr. Josephine Preciado, Chief Medical Officer, County Health Department



PHF Governing Board Agenda

- The PHF Governing Board (PGB) generally meets monthly. Agenda items include but are not limited to:
 - Report on Quality Indicators
 - Policies and Procedures
 - Medical Staff Bylaws
 - Medical Staff Credentialing and Privileging
 - Contract Monitoring
 - Licensing Survey Reviews
 - Patient Satisfaction Survey



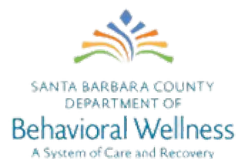
Quality Assessment and Performance Improvement (QAPI) Quality Indicators

The QAPI Committee is responsible to maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program.

The QAPI Committee, along with the Medical Practice committee, are both subject to the ultimate authority of the PGB.

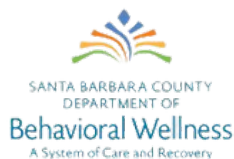
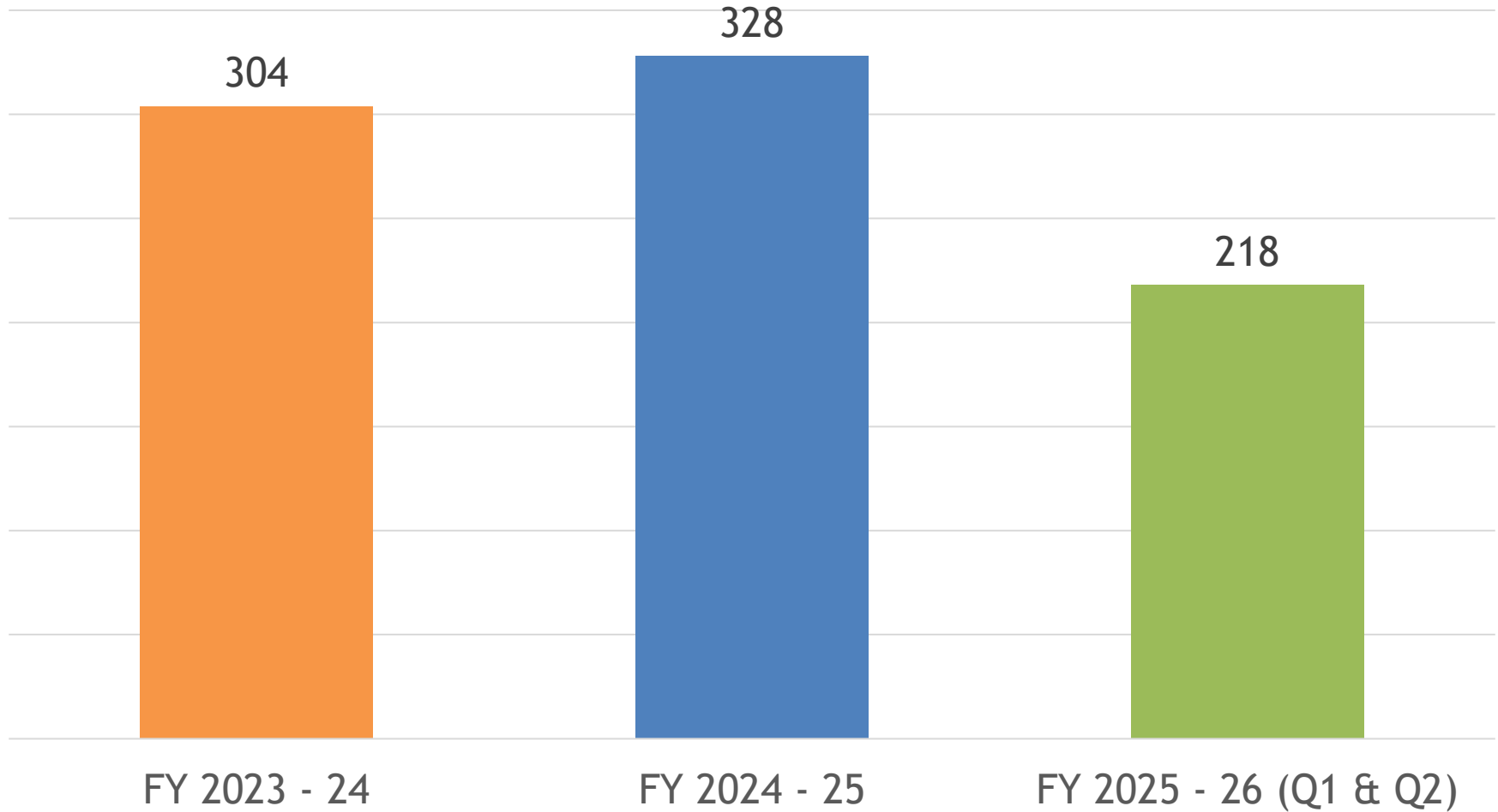
The committee has monthly reports on quality indicators related to health outcomes, patient safety, quality of patient care and utilization review as well as facility services.

The committee oversees implementation of any corrective actions and reports progress of same to the PHF Medical Practice Committee and the PHF Governing Board.



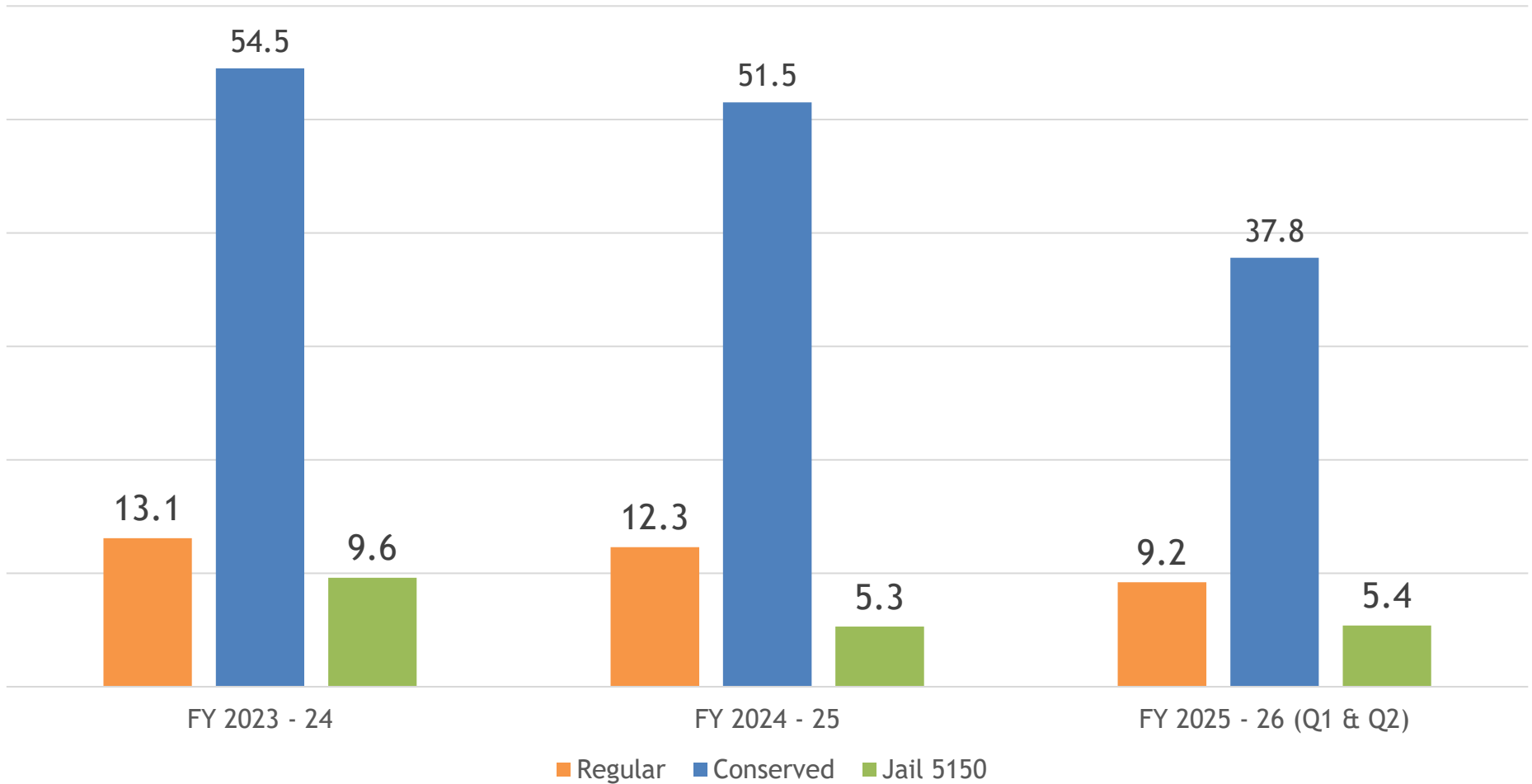
Inpatient Hospitalizations

PHF Admissions Per Year



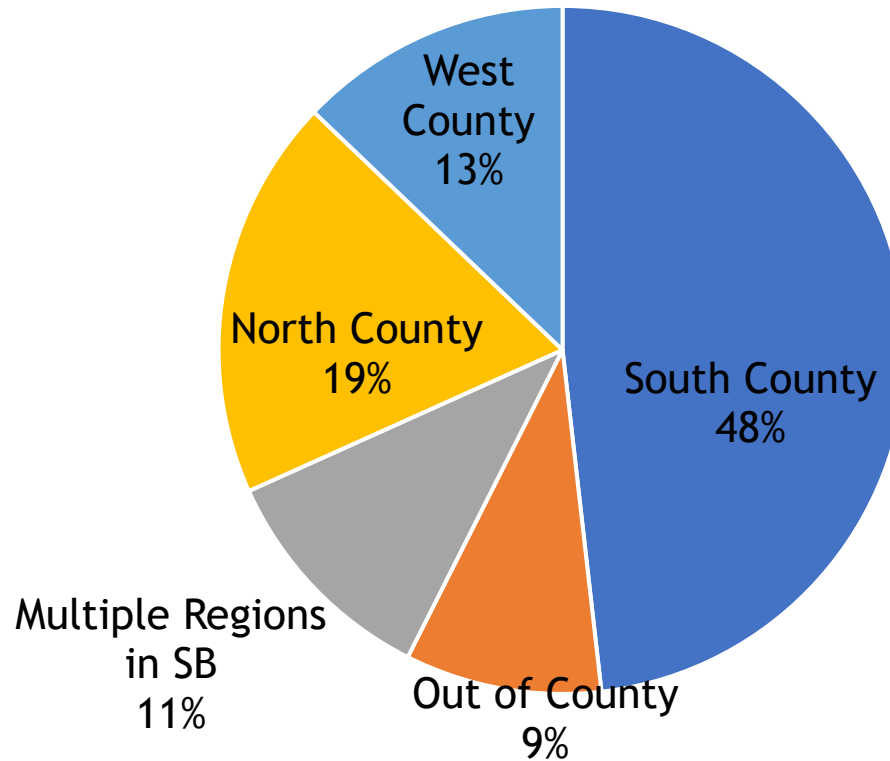
Average Length of Stay Data

Average Length of Stay

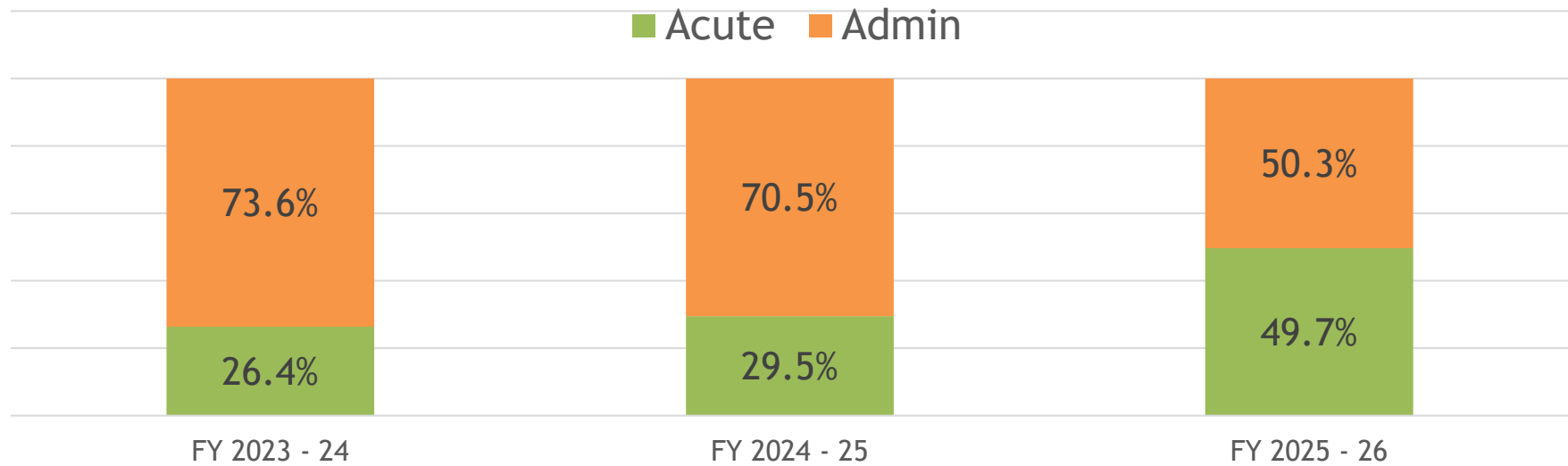


Inpatient Hospitalization

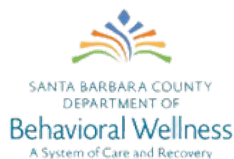
PHF PATIENT REGION OF RESIDENCE
Largest percentage (48%) lived in South County



PHF Bed Day Mix: Acute vs. Administrative

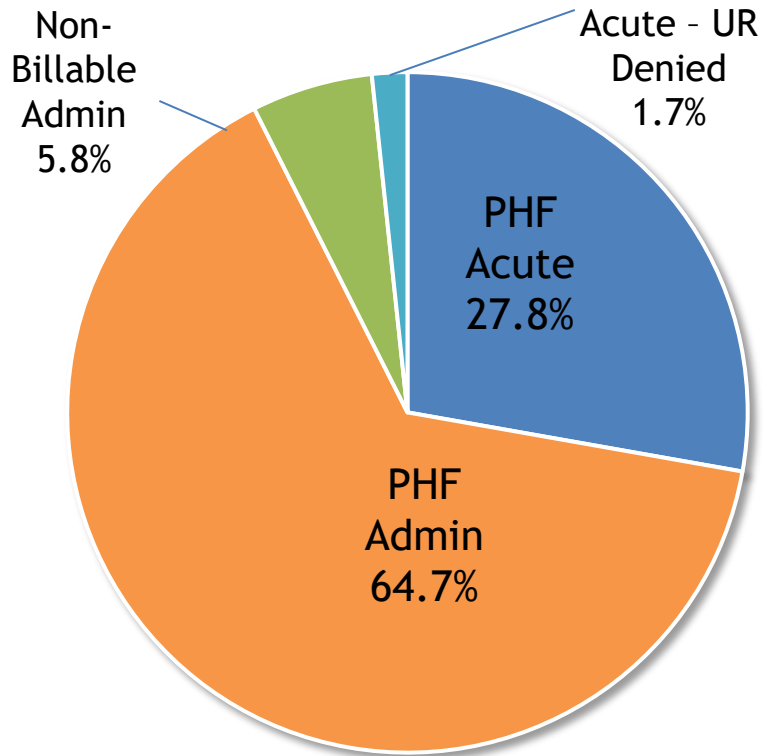


	FY 2023 - 24	FY 2024 - 25	FY 2025 - 26 (Q1 & Q2)
Acute	1,409	1,493	1,259
Admin	3,938	3,575	1,277
Total Bed Days	5,347	5,068	2,536

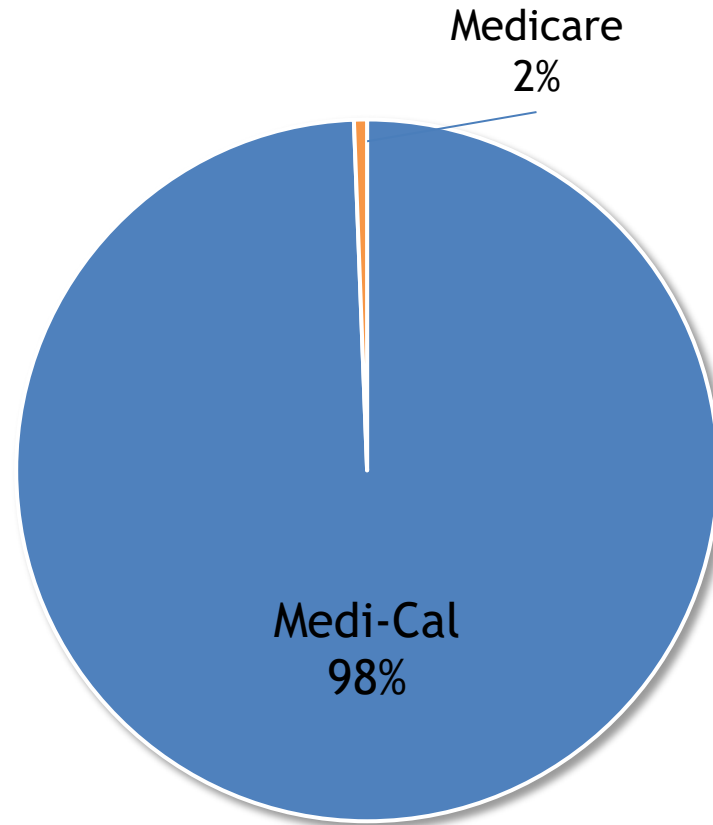


PHF Revenue and Funding FY 2024-25

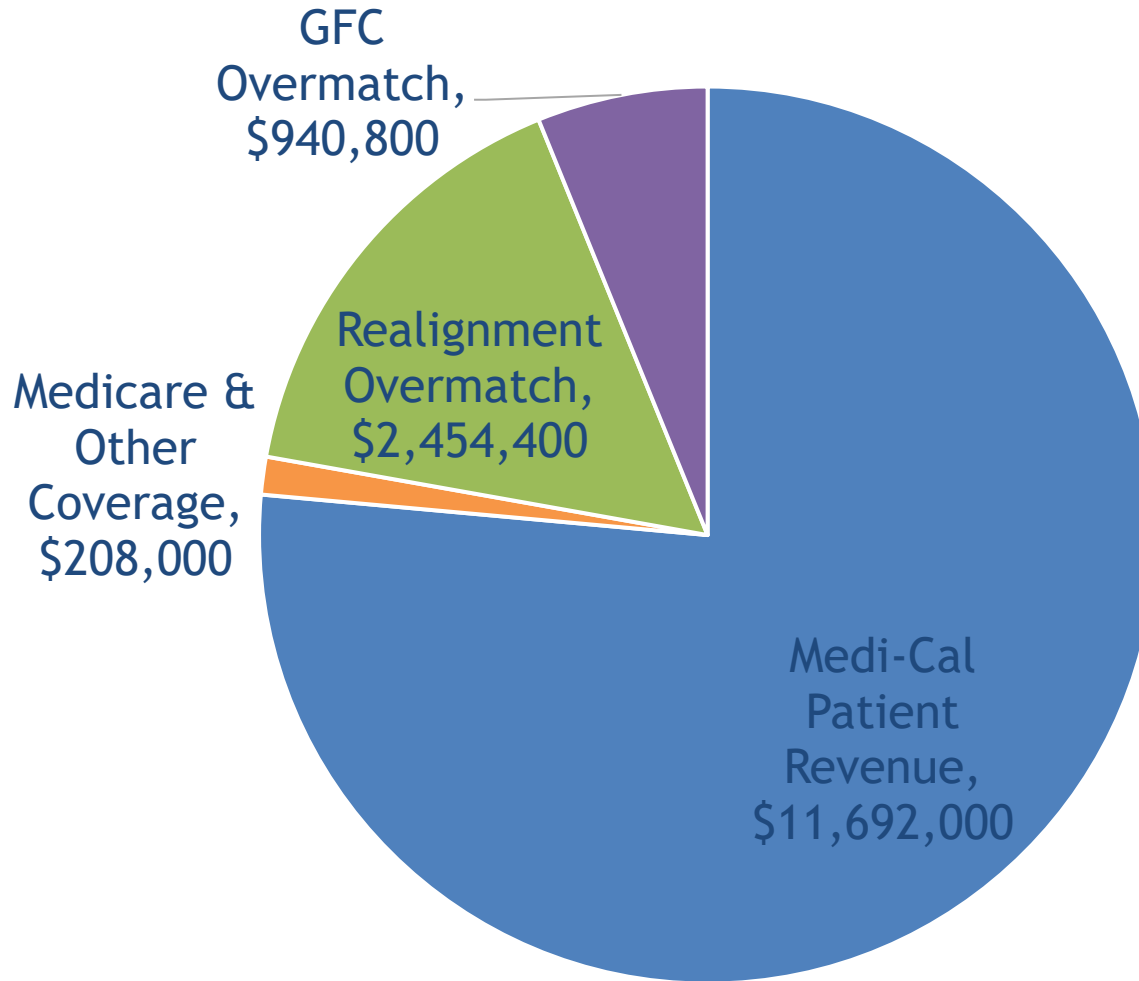
Billed Services Breakdown



PHF Revenue Mix

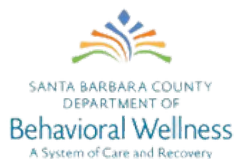


PHF Budget by Funding Stream FY 2025-26 EST



PHF Revenue - Acute Day vs. Admin Day

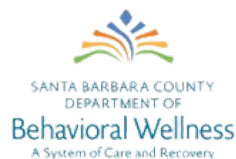
PHF Medi-Cal Revenue Comparison - Acute Day vs Administrative Day				
		Acute Day	Admin Day	Diff.
Bed Day (DHCS Rate)		\$2,245	\$844	\$1,401
Physician Svcs Average Daily (DHCS Rate)		\$708	\$334	\$374
Estimated Gross Medi-Cal Patient Revenue		\$2,953	\$1,178	\$1,775
Estimated Medi-Cal Patient Revenue - Local Match*	32.5%	\$960	\$383	
Net Medi-Cal Patient Revenue (FFP+SGF Only)		\$1,993	\$795	\$1,198
Estimated Additional Net Medi-Cal Patient Revenue from Acute		\$1,198		
* Local Match for Patient Revenue is based on each client's Medi-Cal Aid Code on date of service - 32.5% is system average				



Audit Highlights

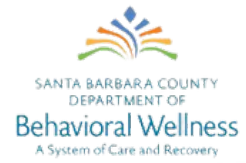
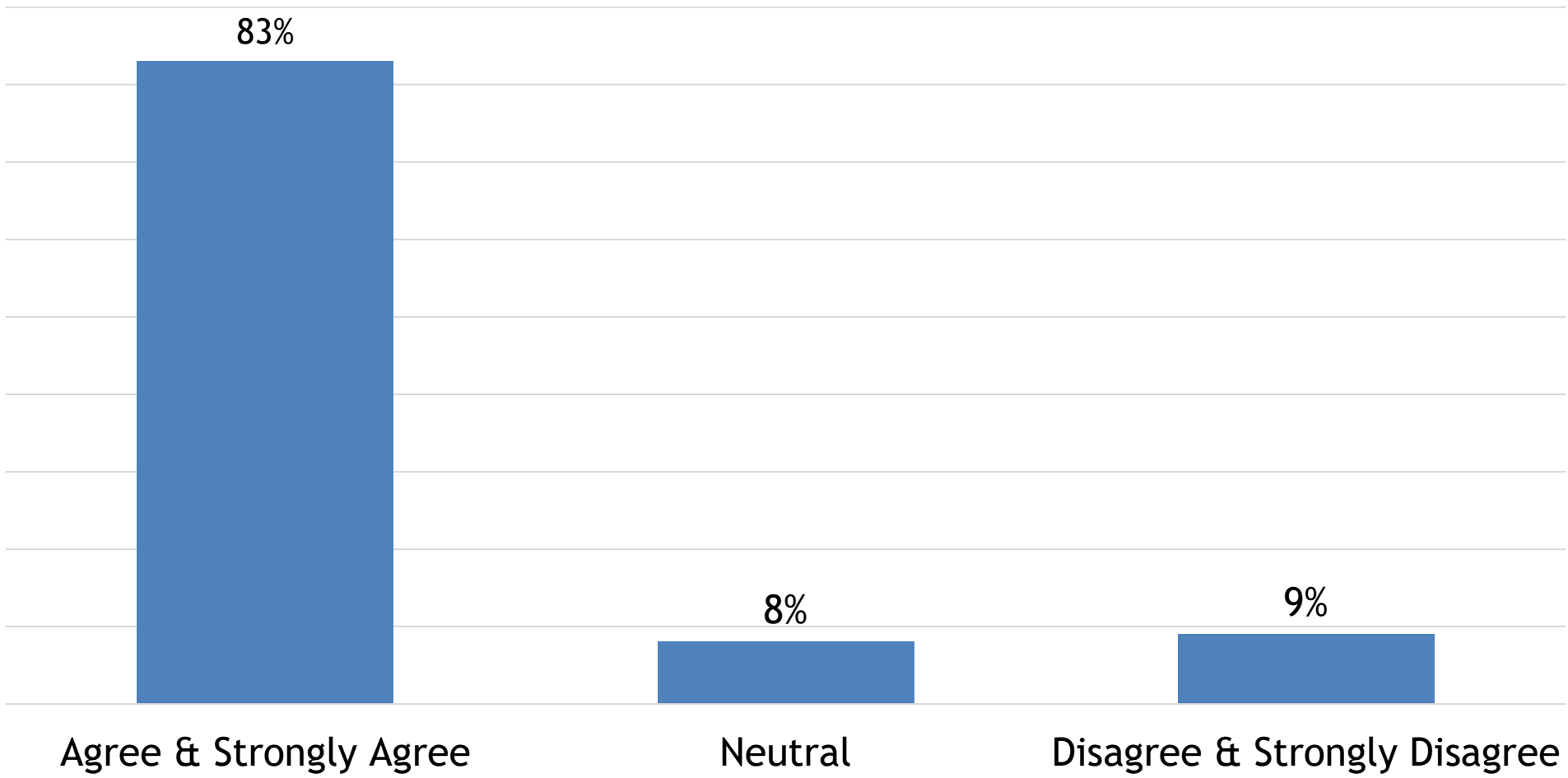
March 2025 DHCS On-Site Review

- ❑ No deficiencies found for physical plant or chart review.
- ❑ Deficiencies identified have been addressed through Plan of Corrections (POC) and was accepted by DHCS in October 2025.
- ❑ POC outlined interventions for improvement regarding temperature logs, controlled drug disposal documentation, and documentation of patient medications on the unit.



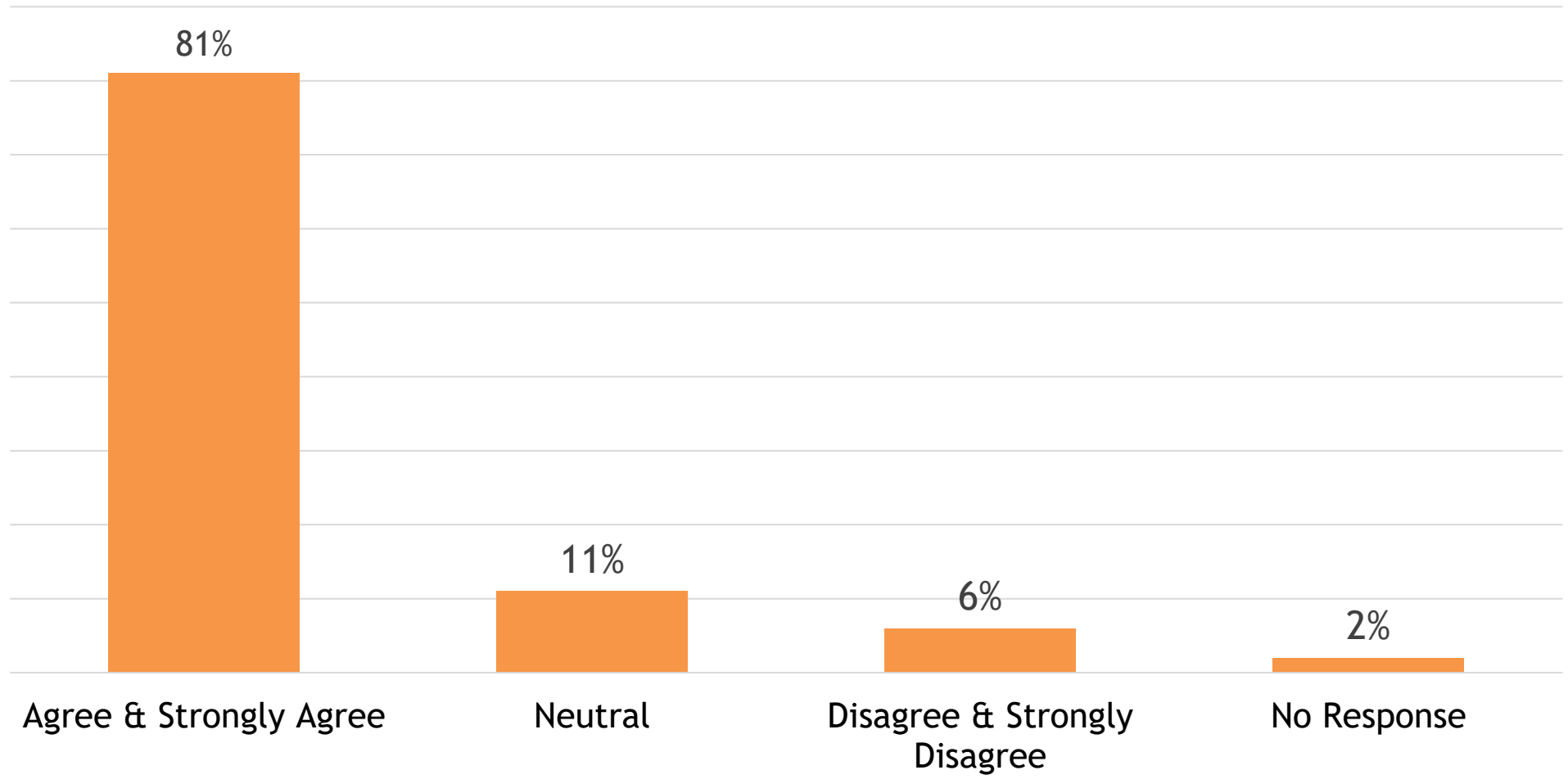
Patient Survey Results

“I liked the services I received here”



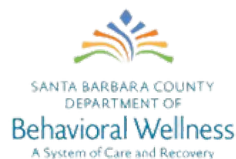
Patient Survey Results

"My symptoms are not bothering me as much as before"



New Initiatives

- ❑ Hiring additional Psychiatric Nurse Senior positions to assist with staffing, compliance, and documentation review.
- ❑ Provided training for SB 43 which expanded the definition of “gravely disabled” to include 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 (patient referral system to next level of care.)
- ❑ Acquisition of new furniture after staff safety survey.



Report to Board of Supervisors

It is requested that the Board of Supervisors:

- ❑ Receive and file a report on the Psychiatric Health Facility (PHF), providing an annual update from the PHF Governing Board regarding operations of the PHF, including quality of care and other program activities; and
- ❑ Determine that the above recommended action is not a project that is subject to environmental review under the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines section 15378(b)(4) and (b)(5), finding that the action is governmental funding mechanisms and/or administrative or fiscal activities that will not result in direct or indirect physical changes in the environment.

