



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Department Name:** Behavioral Wellness  
**Department No.:** 043  
**For Agenda Of:** June 6, 2017  
**Placement:** Administrative  
**Estimated Time:** N/A  
**Continued Item:** No  
**If Yes, date from:**  
**Vote Required:** Majority

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**TO:** Board of Supervisors

**FROM:** Department Alice Gleghorn, Ph.D., Director  
Director(s) Behavioral Wellness, 681-5220  
Contact Info: Pam Fisher, Psy.D., Deputy Director of Clinical Operations  
Behavioral Wellness, 681-5220

**SUBJECT:** FY 17-18 Behavioral Wellness – Mental Health Contracts

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**County Counsel Concurrence**

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

**Recommended Actions:**

That the Board of Supervisors:

- A. Approve and authorize the Chair to execute an Agreement for Services of Independent Contractor with **Anka Behavioral Health, Inc.** (not a local vendor), for the provisions of adult mental health services, for a total contract amount not to exceed **\$2,071,867** for the period of July 1, 2017 through June 30, 2018.
- B. Approve and authorize the Chair to execute an Agreement for Services of Independent Contractor with **Transitions Mental Health Association** (a local vendor), for the provisions of adult mental health services, for a total contract amount not to exceed **\$2,527,797** for the period of July 1, 2017 through June 30, 2018.
- C. Determine that the above actions are government fiscal activities or funding mechanisms which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment, and are therefore not a project under the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(4) of the CEQA guidelines.

**Auditor-Controller Concurrence**

As to form: Yes

**Summary Text:**

The Santa Barbara County Department of Behavioral Wellness (Behavioral Wellness) provides a continuum of mental health and substance use disorder services to Santa Barbara County residents, in part through contracted providers including Community-Based Organizations (CBOs). Approval of the recommended actions will allow Behavioral Wellness to provide mandated adult mental health services in both North and South County.

**Background:**

**Anka Behavioral Health, Inc. (ANKA)** operates the 12-bed Crisis Respite Residential House in Santa Maria and the 8-bed Crisis Respite Residential House in Santa Barbara. A Crisis Respite Residential House is a safe and therapeutic environment where residents will be assisted to: stabilize the symptoms of mental illness and co-occurring conditions; gain skills to manage his or her condition more effectively; make progress on the path to personal recovery; and engage community supports that will enable him or her to leave the facility, participate fully in necessary follow-up treatment, and improve networks of support for community life, including linkage to community services.

This program provides crisis respite and intervention services, and also provides individuals connections with ongoing services and supports. The services are provided 24 hours per day, 7 days per week and 365 days per year. Services are provided to adults in crisis due to mental health or co-occurring substance abuse conditions. The facility is voluntarily accessed by clients who are motivated to obtain help to recover from their current crisis situations and want to learn skills and access community resources to prevent further crisis situations. Residential stays are used as “transitional” experiences for patients re-entering the community from higher levels of care, such as inpatient stay, to reduce the potential for re-hospitalizations.

**Transitions Mental Health Association (TMHA)** provides an array of mental health services to adults in the Lompoc and Santa Maria areas. The Lompoc Assertive Community Treatment (ACT) program is an evidence-based psychiatric treatment, rehabilitation and support service for clients with serious mental illness who demonstrate the need for this most intensive level of nonresidential community service. The Lompoc ACT program is intended to serve adult and transition-aged youth (aged 16-25) clients in the Lompoc area. Partners in Hope provides outreach, linkage to care and recovery-oriented activities to family members of adults and older adults with serious mental illness in Santa Maria and Lompoc. The Supported Community Services North program provides treatment, rehabilitative and supportive services to clients “in vivo” i.e., in regular community settings (such as home, apartment, job site) to adult clients in the Santa Maria area.

**Contract Renewals and Performance Outcomes:**

**Anka** provides a 30-day Crisis Residential Treatment (CRT) program in North and South County. The CRTs are evaluated on a quarterly and annual basis. In FY15-16, the CRTs served 118 clients in South County and 204 in North County. Thus far in FY16-17 (Quarters 1 & 2), South County CRT has served 75 clients, and North County CRT has served 104 clients.

Inpatient Recidivism: In FY15-16, 83% of clients served at the CRTs remained stable in the community and did not require hospitalization within 30 days of discharge from the CRT. During the first 6 months of FY16-17, 86% of clients were not hospitalized within 30 days of discharge. These data suggest that

the CRTs successfully reduced mental illness symptoms, stabilized medication, and addressed other life functioning needs such as housing.

Behavioral Health Symptoms: Both clinician- and client-reported symptoms and psychological distress decreased by more than 50% in FY15-16 between intake and discharge from the CRTs. Clients reported better sleep, a reduction in hearing voices, and feeling as though they are human again and can contribute to society. The target of 50% reduction of symptoms was not met in the first 6 months of FY16-17, but this may be due to errors in data collection and missing data.

Treatment Engagement: Client engagement in treatment is critical for stabilization and recovery. The target for engagement is 75%. In FY15-16, clinical staff reported that over 80% of clients were engaged in program services. In FY16-17, clients were less engaged at 69%. Follow-up care beyond the CRT is an important component in helping clients maintain gains made toward recovery and preventing hospital or CRT readmissions. Over 60% of clients were referred to an outpatient clinic setting for follow-up care in FY15-16. By the end of Quarter 2 of FY16-17, the percent of outpatient clinic referrals increased to 79% in South County and 96% in North County (referral data were missing on some discharge summaries).

Stable/Permanent Housing: The CRT program strives to develop a plan for stable/permanent housing by discharge for clients that are at risk for homelessness or are homeless. Program staff assess housing status and risk for homelessness at admission and discharge. In FY15-16, housing risk/homelessness was reduced by 33%. During the first 6 months of FY16-17, homelessness among clients that were homeless at intake was reduced by 74% in South County and 44% in North County. By the end of Quarter 2 of FY16-17, 100% of clients that were at-risk for homelessness in South County CRT were no longer at risk. In North County, 74% of clients at risk for homelessness were no longer at risk.

Client Satisfaction with Services: In both FY15-16 and FY16-17, clients in North and South County strongly agreed or agreed that their treatment was satisfactory, and that services received were effective, efficient, accessible, and collaborative. Clients report that staff were “exceptionally helpful during this time of crisis”, and “the classes were comforting and the knowledge was so good”.

Staff Professional Quality of Life: The CRT employs peer and non-peer staff. As the CRT serves a population with intensive needs with a high number of peer staff, it was important that Anka monitor the well-being of their staff. Using the Professional Quality of Life Survey, all staff were assessed each quarter for job or work burnout, secondary traumatic stress (emotional duress from listening to another’s trauma experience), and compassion satisfaction (satisfaction from helping others and making a positive difference in the world). In both FY15-16 and FY16-17, staff report high professional quality of life. Peer and non-peer staff report feeling pleasure and satisfaction from their work often/very often, and rarely experience burnout or secondary traumatic stress.

**TMHA** offers services through the North County Community Supportive Services program and the West County ACT program, both of which are Full Service Partnerships. Community Supportive Services served 120 clients in Quarter 1 and 118 clients in Quarter 2 of FY16-17, while the ACT program served 99 clients in Quarter 1 and 95 clients in Quarter 2.

Milestones of Recovery Scale (MORS): MORS is an evaluation tool for tracking the process of recovery for individuals with mental illness. It quantifies the stages of an individual’s recovery using milestones

that range from extreme risk to advanced recovery and everywhere in between. Clients in ACT and Community Supportive Services are assessed with the MORS on a monthly basis to monitor their level of recovery. There were 109 clients open to Community Supportive Services in the first two quarters of FY16-17 that had an initial MORS that could be compared to the 12-month MORS. Of those clients, 79% either remained stable (39%) or improved their level of recovery (40%). In ACT, there were 90 clients in the first two quarters of FY16-17 that had an initial MORS that could be compared to the 12-month MORS. Of those clients, 66% either remained stable (49%) or improved their level of recovery (17%).

**Incarcerations:** Incarceration reduction goals were met or exceeded by each program, with 10% or fewer of ACT clients and 3% or fewer of Community Supportive Services clients in jail.

**Inpatient Care:** As with the incarceration reduction goals, both programs met goals for minimizing psychiatric inpatient admissions. Community Supportive Services had a 3% admission rate per quarter, and ACT had less than 10% of clients hospitalized during Quarters 1 and 2.

**Physical Health & Emergency Care:** Physical health-related hospital admissions were kept low, around 4.5% (but above the target 4%) for Community Supportive Services clients, and 2.5% (below the target 10%) for ACT clients. The ACT program achieved the goal of keeping Emergency Room visits for clients' physical health complaints below 10 per quarter. However, Community Supportive Services did not meet the goal of 5 or fewer client physical health complaints per quarter. There was a much higher rate of Emergency Room visits each quarter, 29 in Quarter 1 and 20 in Quarter 2.

**Stable/Permanent Housing:** Both programs had high percentages of clients in stable/permanent housing. Community Supportive Services reached 96% (goal of 95%), and ACT reached 93% and 88% in Quarter 1 and Quarter 2 (goal of 93%).

**Purposeful Activity:** Fourteen percent (14.5%) of ACT clients were employed, in school or volunteering, which was 5.5% below the target of 20%. Community Supportive Services also had a target of 20% of clients engaged in purposeful activity, but only reached 12.5% in Quarter 1 and 8% in Quarter 2.

**Graduation Rates:** Finally, both ACT and Community Supportive Services successfully kept the number of clients graduating to a higher level of care below the target of 2 per quarter. There was 1 client in each program that needed a higher level of service during the 6-month period.

**Fiscal and Facilities Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

<b><u>Funding Sources</u></b>	<b><u>Current FY Cost:</u></b>	<b><u>Annualized On-going Cost:</u></b>	<b><u>Total One-Time Project Cost</u></b>
General Fund			
State	\$ 2,299,832.00		
Federal	\$ 2,299,832.00		
Fees			
Other:			
Total	\$ 4,599,664.00		\$ -

Narrative: The above referenced contract is funded by State and Federal funds. The funding sources are included in the FY 17-18 Adopted Budget.

**Key Contract Risks:**

As with any contract funded by State and Federal sources, there is a risk of future audit disallowances and repayments. Behavioral Wellness contracts include language requiring contractors to repay any amounts disallowed in audit findings, minimizing risks to County.

**Special Instructions:**

Please email one (1) complete copy of the executed contract and one (1) minute order to: [gilopez@co.santa-barbara.ca.us](mailto:gilopez@co.santa-barbara.ca.us).

**Attachments:**

Attachment A: Anka Behavioral Health, Inc., FY 17-18 BC  
 Attachment B: Transitions Mental Health Association, FY 17-18 BC

**Authored by:**

Q.Lopez