Status of ADMHS Systems Change

Alcohol, Drug and Mental Health Services
Systems of Care & Recovery
and Business Practices

Presented to the Board of Supervisors
December 15, 2015
County of Santa Barbara

Alice Gleghorn, Ph.D.
ADMHS Director

Our Purpose Today

We are pleased to have an opportunity to update you on progress made in the ADMHS Systems Change initiative.

We will focus on five areas: administration, finance, compliance, systemic and clinical operations.

First, some background on the ADMHS Systems Change initiative …

What is ADMHS Systems Change?

- An in-depth, collaborative initiative designed to identify and address long-standing system issues and provide high quality, sustainable services that:

  – Are delivered by a motivated, empathic and skilled workforce in a manner consistent with Systems Change & MHSA principles, while

  – Maintaining high standards of service delivery and minimizing audit risks

Our Goals

ADMHS strives to set realistic, achievable goals to create and sustain a positive work environment, maintain focus on longer-term strategies and **prioritize** efforts that will:

- **Save lives**
- **Stabilize high need & resistant clients**
- **Reduce suffering & promote overall wellness**
- **Provide welcoming & timely access to services**
- **Reflect Systems Change values throughout the system**
- **Utilize data to provide evidence of program success or challenges**
- **Decrease criminalization of the individuals with mental illness and co-occurring disorders**

Long-Term Strategies

- **Use data to assess progress & guide actions**
- **Involve staff & partners in continuous cycles of improvement**
- **Develop & adopt compliance enhancement initiatives**
- **Establish collaborative process for contract development & management**
- **Develop coordinated, collaborative strategies to engage and manage high utilizers of multiple systems (HUMS)**
- **Reduce use of locked & inpatient services and focus efforts to provide effective care in least restrictive alternative for safe & stable housing**

Timeline of Systems Change

Year 5

Vision - Fully Integrated
Welcoming, complexity capable:
Culturally Competent System of Care & Services to assist all in their recovery.

Years 3 - 4

Mastery Service Delivery
Confidence, achievement, and trust throughout system.

Innovative
Programs & Partnerships have increased service delivery maximizes opportunities.

Years 1 - 2

Secure
Partnerships forged successful performance in core functions.

Foundation -Core Systems
Management, fiscal, contract, human resource, and compliance process & systems in place.

Ongoing Challenges

- Majority of services provided are subject to audit risks
- Prior fiscal issues limit unrestricted general fund & reserves
- Lack of access to and fidelity issues with Assertive Community Treatment (ACT) & Full Service Partnership (FSP) programs
- Lack of in-county safe & secure housing
- High arrest & incarceration rates of MH/SUD
- High hospitalization, IMD & IST rates overburden system and unbalance departmental budget
- Overdose death rates and emerging drugs of abuse

TriWest Areas of Focus

▶ **Administration**

- Structure and capacity to carry out key business practices

▶ **Finance**

- Capacity and performance: Medi-Cal, billing cycle, patient mix, denials, and broader financial / revenue management

▶ **Compliance**

- Internal controls, risk assessment, compliance practices (state/federal) for both county-run and CBO services

▶ **Systemic**

- Addressing overarching system performance, long-standing system level problems, and potential solutions

▶ **Clinical Operations**

- Assessment of outpatient service delivery systems of care for both ADMHS clinics and CBO services

Administration

Administration

Structure and capacity to carry out key business practices.

Administration:
Summary of Major Accomplishments

- System Change structures established & guided by values and principles
- New Director hired
- Organizational Leadership structure developed
- Hired key staff & recruiting additional positions
- Overall vacancy rate reduced to 16%
- Average Span of Control reduced to <10:1

System Values & Guiding Principles

❖ Welcoming	❖ Recovery-based
❖ Hopeful	❖ Collaborative
❖ Client-focused	❖ Adequately-resourced
❖ Inclusive	❖ Accessible
❖ Culturally-competent	❖ Innovative
❖ Seamless	❖ Complexity-capable
❖ Outcomes-oriented	

|	
➢ Client & Family-Driven	➢ Partnership Culture
➢ Cultural Competence, Diversity and Inclusivity	➢ Focus on Wellness, Recovery and Resilience
➢ Peer Employment	➢ Integrated Service Experience
➢ Strengths-Based Perspective	➢ Fiscal Responsibility
➢ Transparency and Accountability	➢ Continuous Quality Improvement

Our Promise to You

- ✓ Your voice counts. We encourage clients and families to participate in decision-making. Clients are in charge of their own recovery. We're here to help.
- ✓ We will embrace individuals or agencies that may help us better serve you.
- ✓ We welcome you and seek to serve you regardless of how challenging your problems may be.
- ✓ We seek to train and employ clients and families to strengthen services and promote recovery.
- ✓ We want you to receive all the services you need in a smooth, consistent and continuous manner.
- ✓ As much as possible, we serve everyone who seeks our help.
- ✓ Recovery happens every day. You are not your illness; a diagnosis is not a destiny.
- ✓ Recovery is promoted when staff and clients emphasize their strengths.
- ✓ We will do our best to provide high quality services with the resources we have available.
- ✓ We will strive to follow through on our commitments to you.
- ✓ We collect and use information about our services to continually improve the quality of those services.

We appreciate the work of the System Steering Committee in formulating guidelines for public behavioral health care in Santa Barbara County.
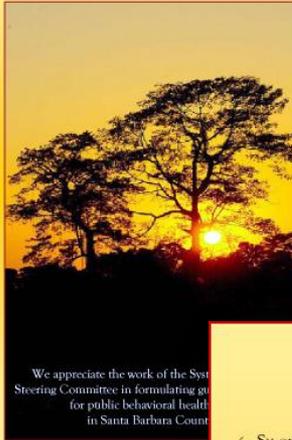
Nuestro Compromiso

- ✓ Su opinión es importante. Deseamos que clientes y sus familias participen en la toma de decisiones. Los clientes son los responsables de su propia recuperación. Estamos para ayudar.
- ✓ Aceptamos la asistencia de personas y agencias que pueden ayudarnos a servirle mejor.
- ✓ Le damos la bienvenida a usted y deseamos servirle sin importar qué tan difícil sea su problema.
- ✓ Buscamos entrenar y contratar a clientes y familias para mejorar nuestros servicios y promover la recuperación.
- ✓ Deseamos que reciba los servicios en una manera coherente, consistente y continua.
- ✓ En como sea posible, ayudamos a todas las personas que desean nuestra ayuda.
- ✓ La recuperación es un proceso. Usted no es su enfermedad; un diagnóstico no es un destino.
- ✓ Cuando el personal y los clientes se enfocan en sus fortalezas, el proceso de recuperación es más efectivo.
- ✓ Aspiramos a hacer nuestro mejor esfuerzo para proveer servicios de alta calidad con los recursos que tenemos.
- ✓ Nos esforzaremos para darle seguimiento a nuestro compromiso con usted.
- ✓ Colectamos y usamos información sobre nuestros servicios para continuar mejorando la calidad de los servicios.

Apreciamos el trabajo del Comité Directivo de Cambios al Sistema por desarrollar los principios que guían el cuidado público de salud de conducta en el Condado de Santa Bárbara.
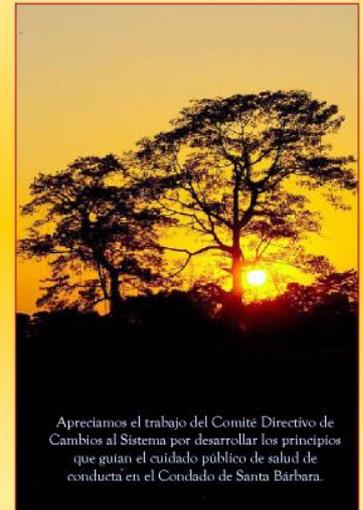
SYSTEMS CHANGE ROLES AND STRUCTURE

BOS

CEO

Tri West Consultation

SC PROVIDES GUIDANCE TO LEADERSHIP

Change Agents
Volunteers,
Representative from:
- Staff
- CBO
- Peer
- Family
- Community
- System Partners

Steering Committee
Membership
Representative of System, Community and Stakeholders

ADMHS Leadership & Staff
Leadership Team
Workgroups:
- Access and Transitions
- Communications
- System Transformation
- Employee Engagement
- Program Implementation
- Quality Improvement-Inpatient & Outpatient (QIC/QAPI)
- Clinical Leads
- Information Systems Steering Committee
- Collaborative Contract Review
- CBO Collaborative Meeting
- Contract Compliance Review
- Medical Practices

A/T GOALS APPROVED BY SC

Action Teams
- Children's System of Care
- Peer
- Cultural Competency
- Forensic
- HEART – Housing
- Crisis

CHANGE AGENTS PARTICIPATE ON EACH A/T

System Partners: Advisory, CBOs, Community, and County Agencies
- Mental Health Commission, ADP Advisory
- CBOs, CBO Coalition, CFMAC, LAC
- Probation, Sheriff, Public Health, Social Services

Regional Partnerships
Localized Problem Solving by Regional Managers, CBOs & System Partners
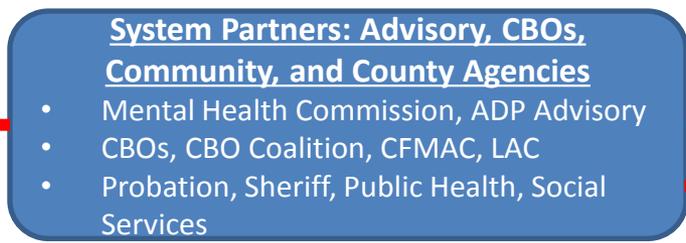
PARTNERS INVITED TO PARTICPATE AS CHANGE AGENTS, ON SC, AND ON ACTION TEAMS

Change in Filled FTEs & Current Vacancy Rate by Employee

Total FTE in FY 13-14 compared to filled positions Nov FY 15-16					
ADMHS FTE	FY 13-14	FY 15-16 Filled FTE	Actual Filled FTE Increase since FY 13-14	% Filled FTE Increase since FY 13-14	Current Vacancy Rate
Regular	266.2	314.8	48.57	18%	14%
Extra Help	10.9	43.7	32.75	300%	29%
Contract	4.2	3.6	(0.61)	-15%	17%
Total FTE per Salary Model	281.2	362.0	80.72	29%	16%

Overall Span of control = 6.17 FTEs per supervisor, 9.91 FTEs per supervisor for clinical staff

MD Positions Budgeted and Filled
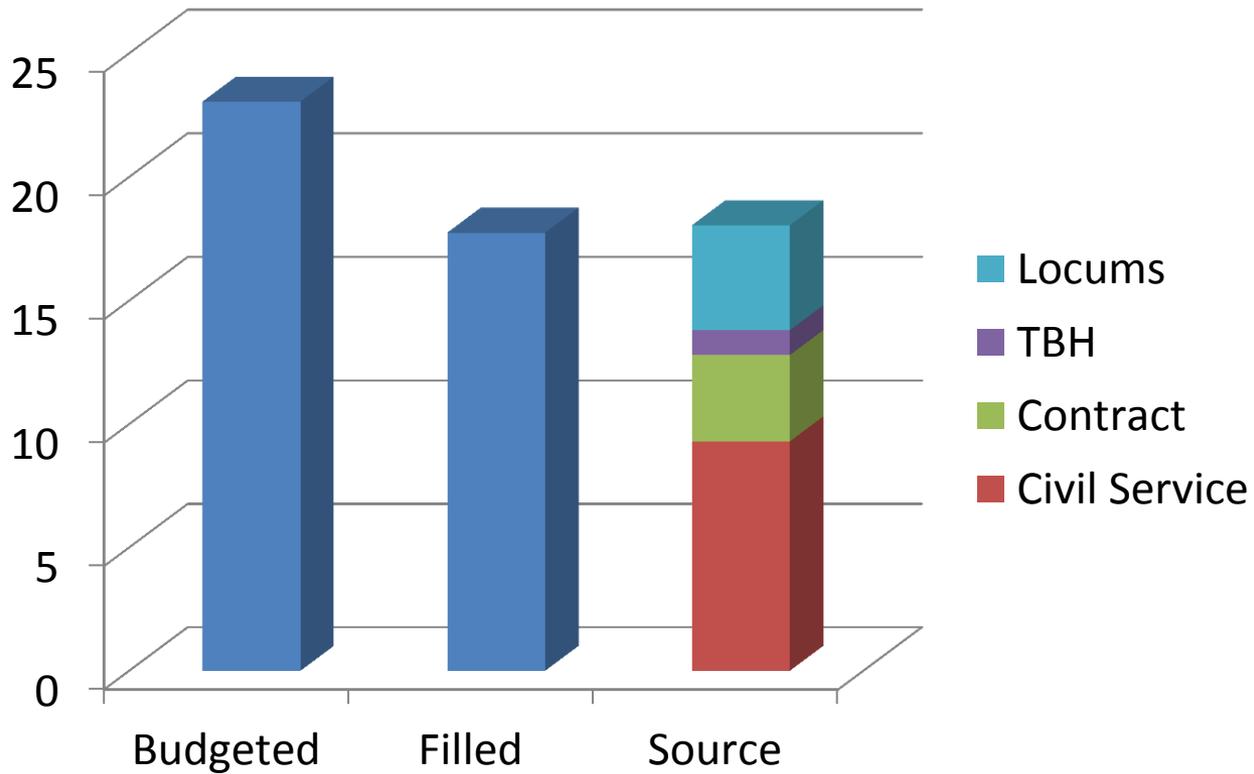
18 positions filled= 78% occupancy, 4.738 FTE vacant
Hiring Incentives established

Finance

Finance

Capacity and performance: Medi-Cal, billing cycle, patient mix, denials, and broader financial / revenue management

Finance:
Summary of Major Accomplishments

- Developed balanced budget and monitoring process reflecting ACA impacts

- $1.0 million/year inpatient reserve maintenance by CEO

- Timely cost report submission

- Additional cost analyst staff hired for MH cost report

- General Services ICT consultation on IT/MIS structure

- Additional technical IT and MIS programmer/analyst staff added to division

- Completed IT risk assessment

- IT Steering Committee convened to provide on-going oversight

Specialty Mental Health Services Medi-Cal FFP Revenue

Medi-Cal FFP Revenue

	FY 13-14 Q#3 (1st QTR ACA)	FY 13-14 Q4 (2nd QTR ACA)	FY 14-15 Q1 (3rd QTR ACA)	FY 14-15 Q2 (4th QTR ACA)	FY 14-15 Q3 (5th QTR ACA)	FY 14-15 Q4 (6th QTR ACA)
Traditional Medi-Cal	$3,448,536	$3,691,696	$3,577,794	$3,372,819	$4,061,886	$3,867,097
ACA - Medi-Cal	$525,239	$837,161	$1,093,975	$905,772	$1,028,314	$1,141,307
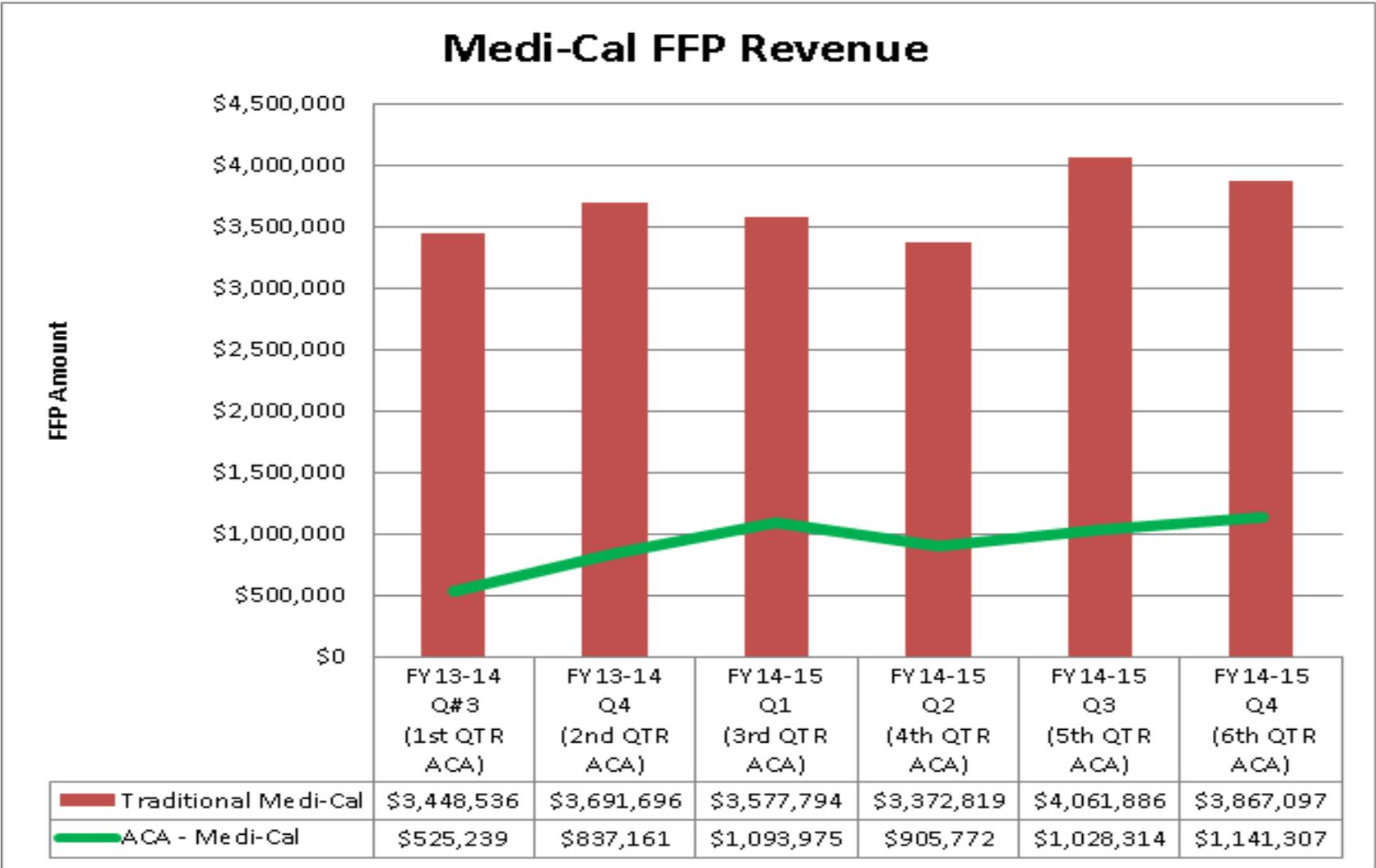
Alcohol and Drug Programs Medi-Cal FFP Revenue

Drug Medi-Cal FFP Traditional & ACA

	FY 13-14 QTR 3 (ACA QTR#1)	FY 13-14 QTR 4 (ACA QTR#2)	FY 14-15 QTR 1 (ACA QTR#3)	FY 14-15 QTR 2 (ACA QTR#4)	FY 14-15 QTR 3 (ACA QTR#5)	FY 14-15 QTR 4 (ACA QTR #6)
Traditional Medi-Cal	$469,866	$480,467	$433,164	$417,818	$381,797	$357,780
ACA Medi-Cal	$154,482	$286,221	$355,636	$395,602	$436,082	$453,014
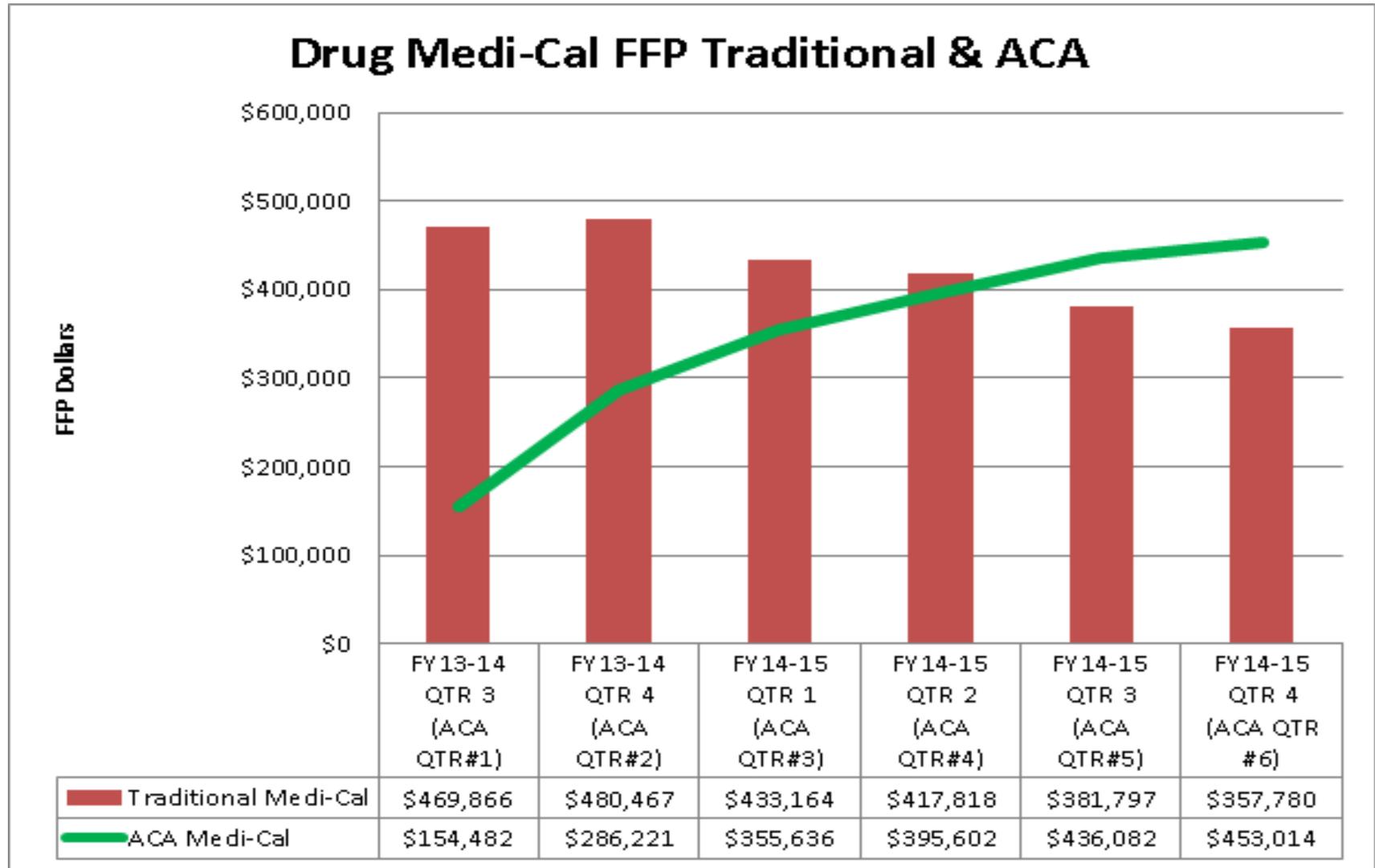
Compliance

Compliance

Internal controls, risk assessment, compliance practices (state/federal) for both county-run and CBO services.

Compliance:
Summary of Major Accomplishments

- Developed department risk assessment

- Data dashboard and client reports used to gauge client milestones, document deadlines & monitor staff workload

- Safety & Risk Compliance Subcommittee achievements

- Initiated ProtoCall contract for after-hours behavioral health access call response & access data collection

- Paper medical records conversion to electronic health records to ensure compliance with ACA Meaningful Use requirements

- Electronic prescribing established (RxNT) for Psychiatrists

- Medical practice & pharmaceuticals policy development

- CBO collaboration, communication & contract improvements

100% of 2015 Medi-Cal contracts approved on-time by Board with zero concerns

Inactive Cases

Focus on closing of inactive cases not seen in 120+ days
began January of 2015
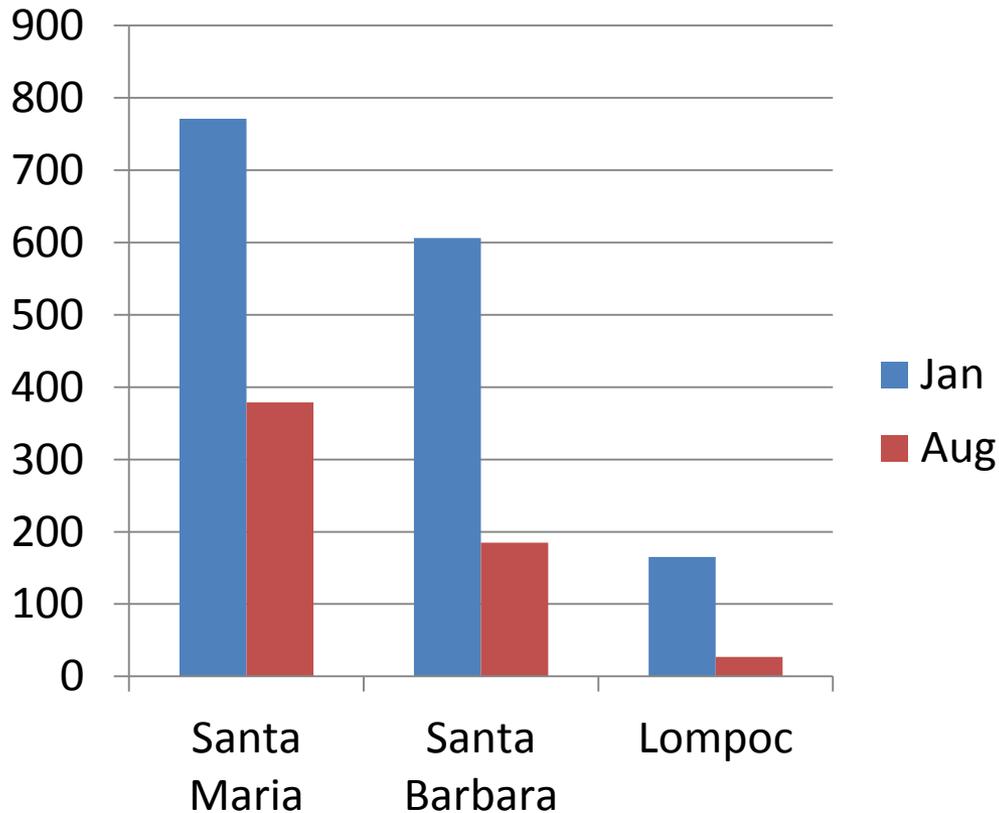
Percentage of cases closed due to "inactive status" between 1/15 – 8/15

SM	SB	LO
51%	60%	34%

- Staff either closed or reconnected with clients who were inactive (not seen in 120+ days)
- Present caseloads reflect only active clients (seen within 120 days)

Partnerships

CBO Coalition Survey: Change in Satisfaction

Satisfaction Survey Domain	FY2013/14 (July 2013) Positive Response	FY2014/15 (Jan 2015) Positive Response	Increase
Contracts	10%	19%	85%
Communication/ Relationships	28%	72%	155%
Clinical and Client Approach	34%	64%	91%
Financial: Payments/Claiming	27%	36%	34%

Systemic

Systemic

Addressing overarching system performance, long-standing system level problems, and potential solutions

System of Care Vision

PHF

Crisis Residential

CSU

IMD

B&C

ACT/Wraparound/TAY

SH

Outpatient Clinics

Increasing level of need
Increasing level of cost

Safe & Stable Housing Continuum

Community | Public Health

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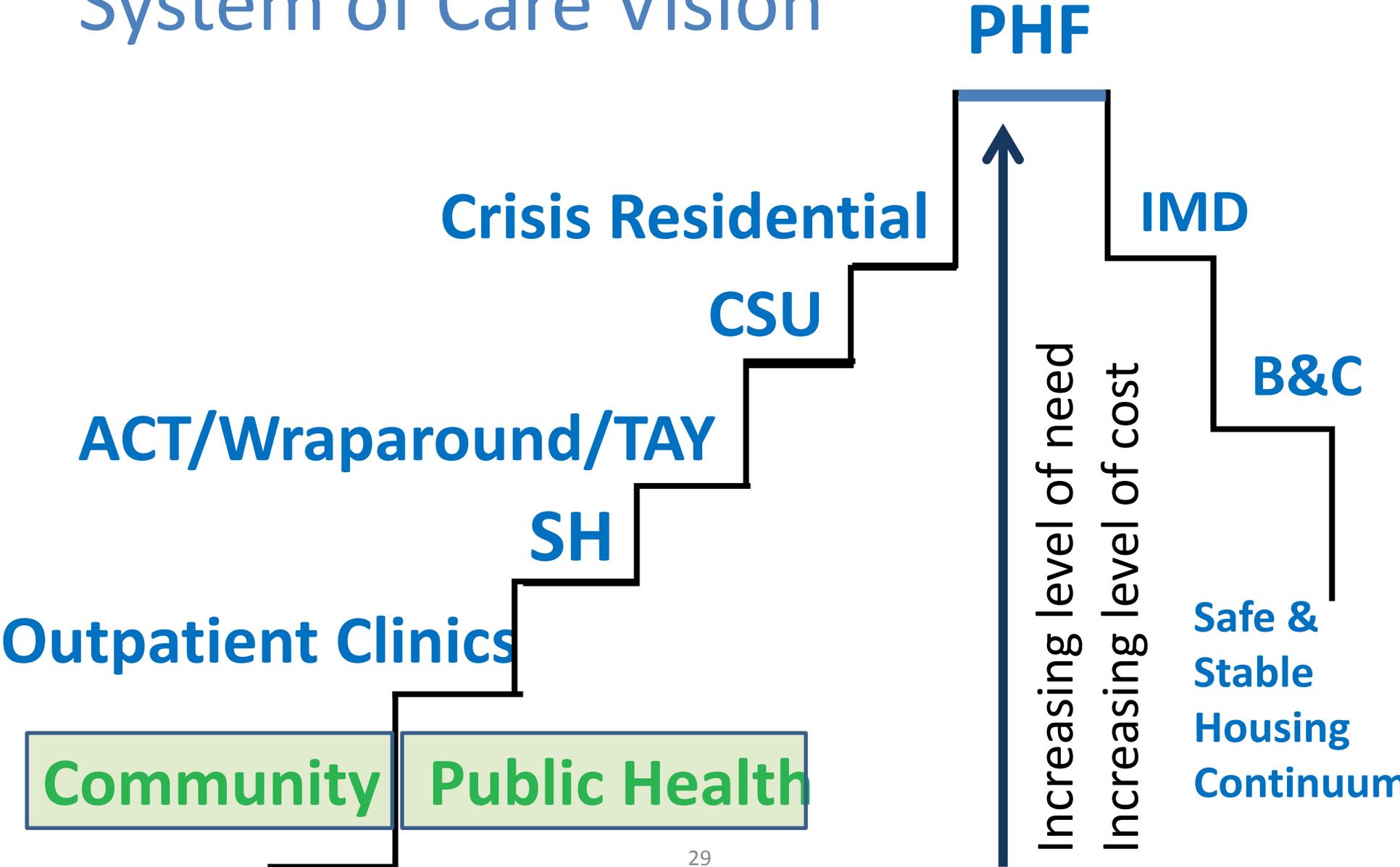
Systemic:
Summary of Major Accomplishments

- Affordable Care Act (ACA) & Parity coverage policy developed

- CenCal MOU established for care & transitions of Mild/Moderate Mental Illness

- Evidence Based Practices & Core System functions training provided to staff & stakeholders

- Improved planning process & participation for state & federal audits

- Integration of Alcohol & Drug services with MH programs

- Change Agents trained in CQI strategies (PDSA) pilot change actions

- Expanded employment & involvement of clients & families with lived experience in service delivery & Systems Change

- Addressed Cultural Competency & Diversity for clients & staff through guidelines and assessment strategies

Performance and Quality Improvement Measurements

- Performance outcome measures in all contracts
- CANS assessment launched in children's MH services
- MORS training launched, in place in all ACT/FSPs
- Comprehensive outcome tool (HOMS) piloted in SM
- FSP Fidelity assessment conducted with contractors, SB ACT to be completed by December
- Data reports & dashboard in use for client contacts, alerts and documentation requirements for staff & supervisors
- Comprehensive System Evaluation Plan developed

ADMHS Systems Trainings
4/14 – 11/15

Training Type	Number of Trainings	CBO Participants	ADMHS Participants	Total Participants
Clinical – Outside Trainers Evidence Based Practices	11	78	177	255
Clinical Trainings In-house Trainers	28	397	322	719
Documentation Trainings	39	307	459	766
Yearly Mandatory Systems Trainings	Online	N/A	240	240
Evaluation Measures Trainings	11	101	121	222
Safety Trainings	14	37	187	224

Integration & Overdose (OD) Prevention:
Summary of Major Accomplishments

- Screening, Brief Intervention and Referral to Treatment (SBIRT) program established between SB PHD & ADP CBOs

- Co-occurring services provided in outpatient clinics in all regions

- 45 individuals "Trained to Train" on OD prevention and Reversal

- OD Recognition, Prevention and Reversal Brochures created (English/Spanish)

- Narcotic Treatment Programs (NTP) expanded - now serving over 700 opioid dependent clients countywide

- Suboxone prescribed (case by case) by ADMHS psychiatrists to expand and enhance opioid treatment and to prevent OD

- ADMHS supporting training & issuing of hundreds of naloxone (opioid antidote) kits throughout the county to reverse ODs

Integration of AOD staff to outpatient service delivery teams
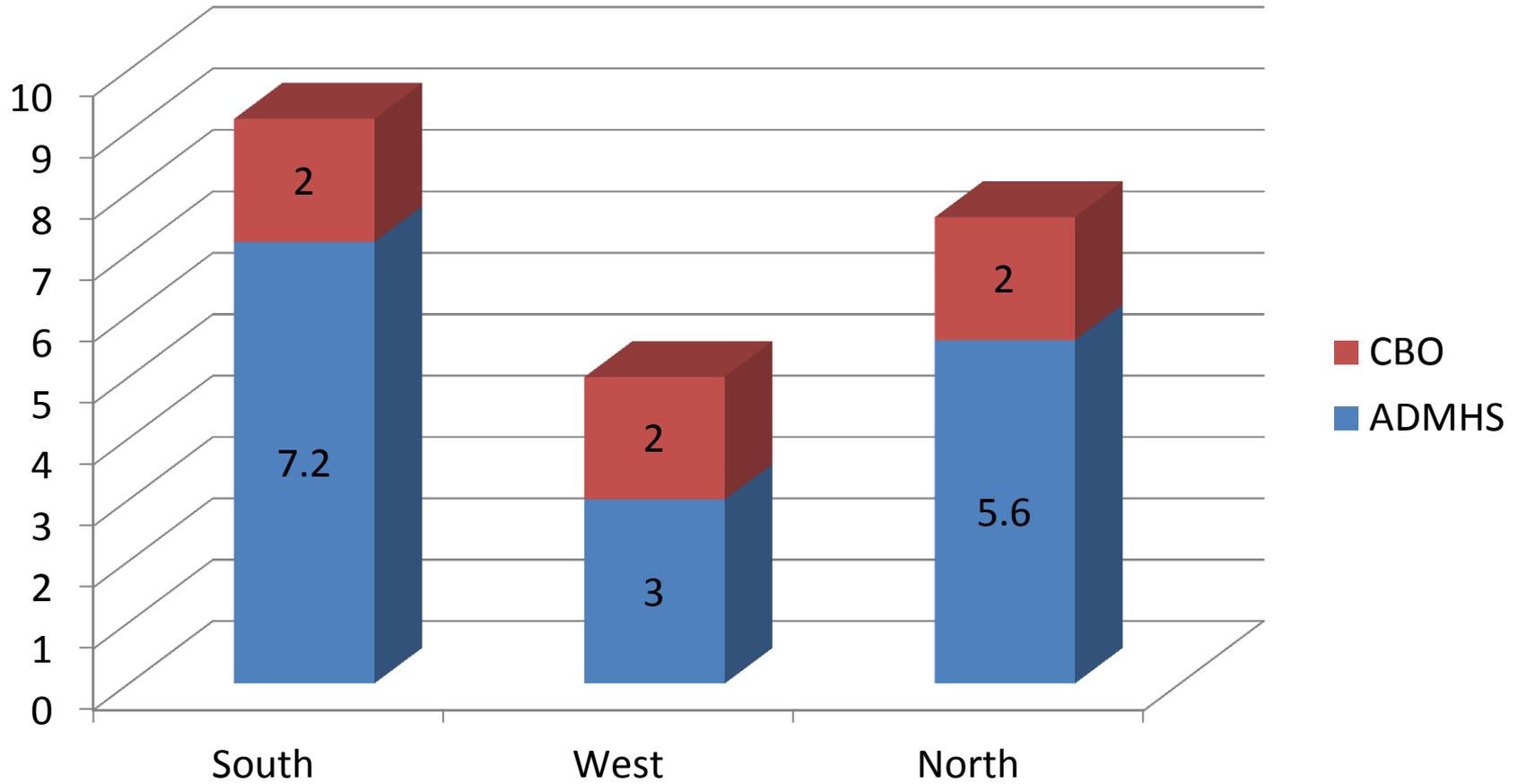
Child and Adolescent Needs and Strengths (CANS)

- Implemented FY 14/15
- Child cases opened in 11/15:
  - o 40% CANS completed
- 6 primary domains
- Multi-purpose communication tool:
  - o Identify current needs and strengths of the child and family
  - o Support treatment planning
  - o Facilitates quality improvement initiatives and monitors client outcomes

Child's Needs and Strengths
Sample CANS Domain Data

CANS Sample Child Strengths

Legend: Developed Strength | Somewhat Developed | Identified for Development | Not Yet Identified
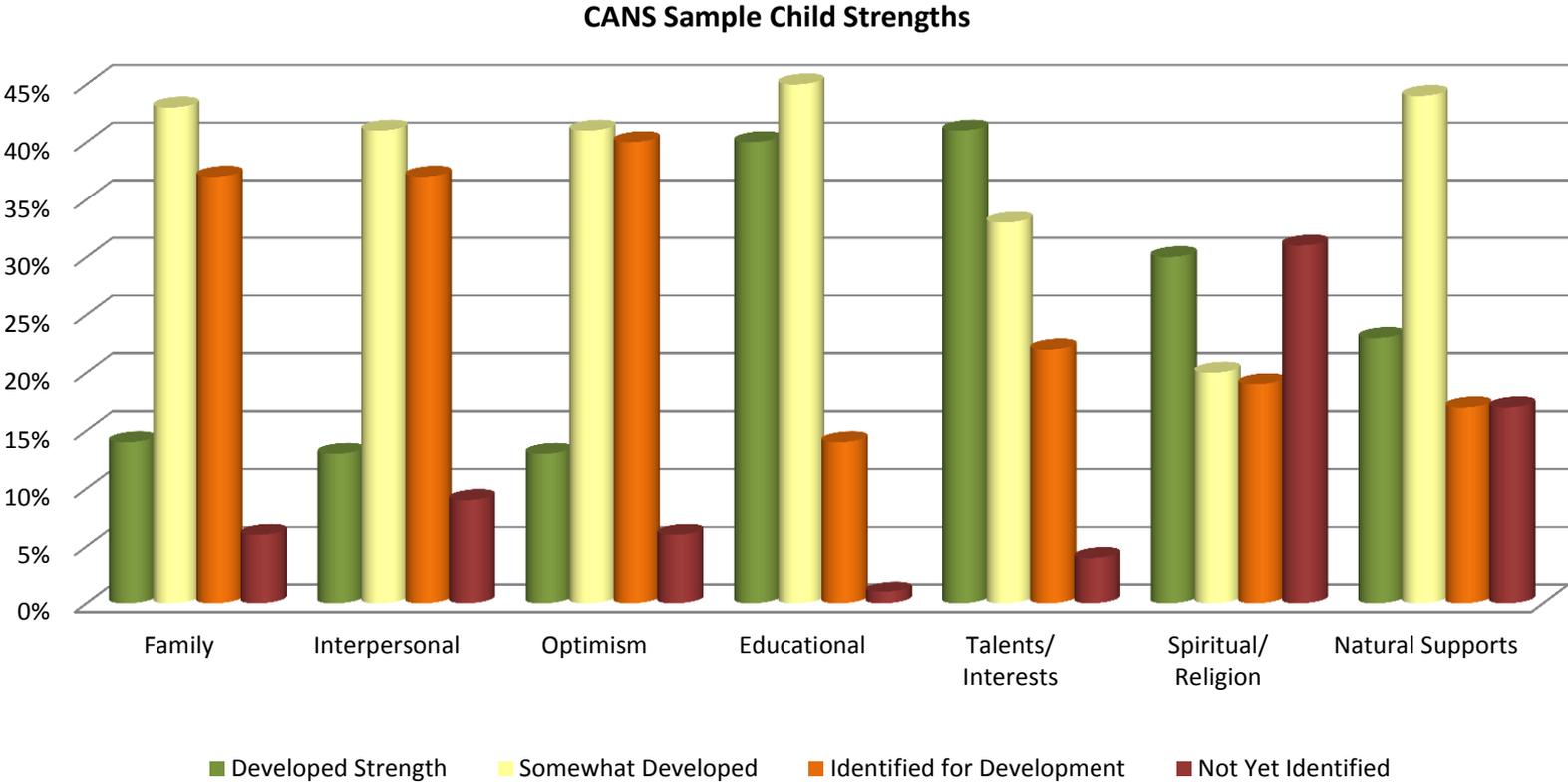
Child's Behavioral/Emotional Needs
Sample CANS domain data

CANS Sample Behavioral/Emotional Needs

Legend:
- No Evidence of Problem
- History, Watch & Prevent
- Diagnosable Problem
- Severe/ Dangerous Problem
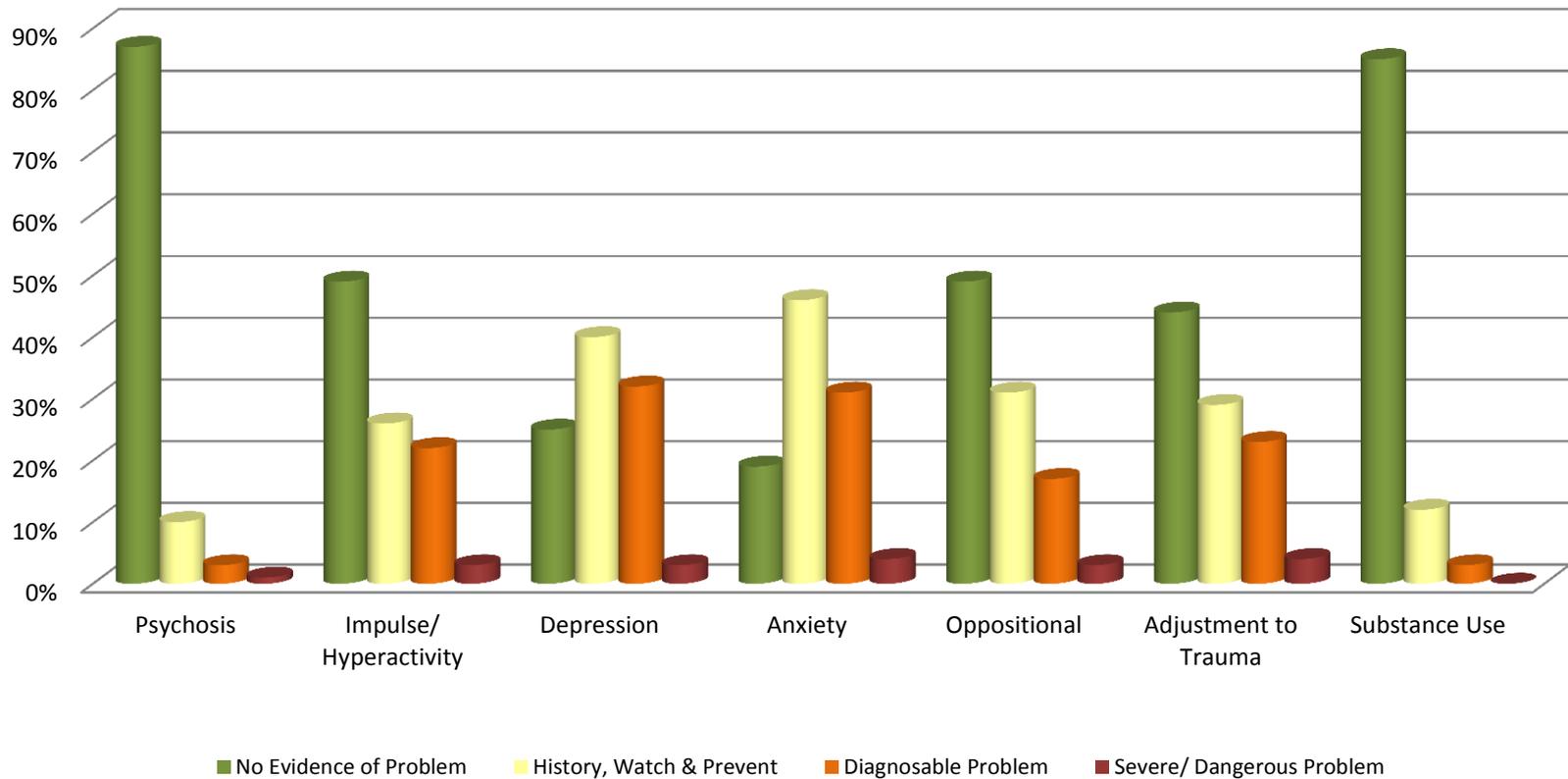
Milestones of Recovery (MORS) Assertive Community Treatment (ACT)

- Pilot began in June 2015. Santa Barbara ACT team trained on utilization of the MORS

- As of 11/16/15, 91% of all ACT clients have at least one MORs evaluation completed

- Tool used to evaluate effectiveness in helping clients & determining their level of need

| MORS Score	% of ACT Clients Open as of 11/19/15
1 : Extreme Risk	1%
2 : High Risk/Not Engaged	3%
3 : High Risk/Engaged	13%
4 : Poorly Coping/Not Engaged	1%
5 : Poorly Coping/Engaged	57%
6 : Coping/ Rehabilitating	11%
7 : Early Recovery	11%
8 : Advanced Recovery	0%
No Score	3%

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Adult Hospital Discharges seen by ADMHS for Aftercare
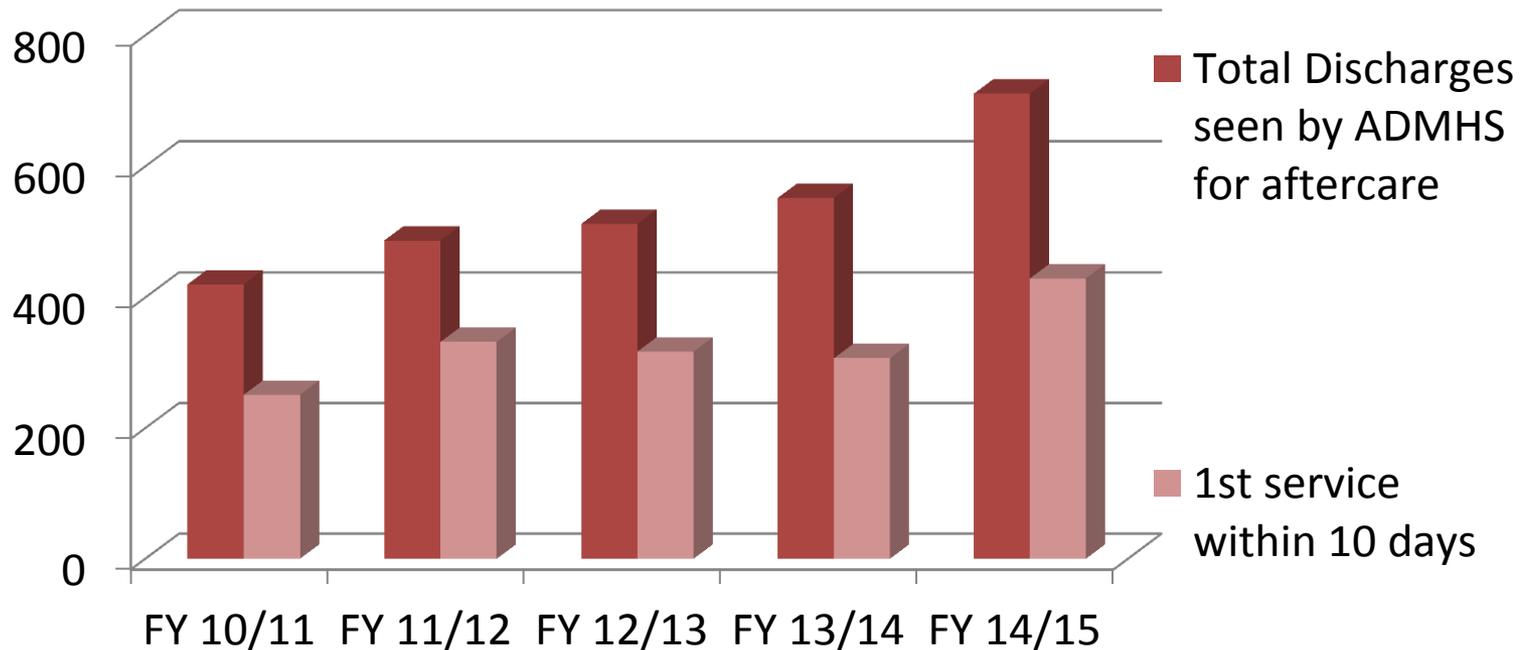
- Increase in adult hospital discharges seen by ADMHS between FY 13-14 and FY 14-15 (increase of 159 individuals)
- Despite volume of increase, 60% of adults are seen within 3-4 days of hospital discharge

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revised

Consumer satisfaction with access to psychiatrist
Fall 2014 and Spring 2015 Client Perception Survey data
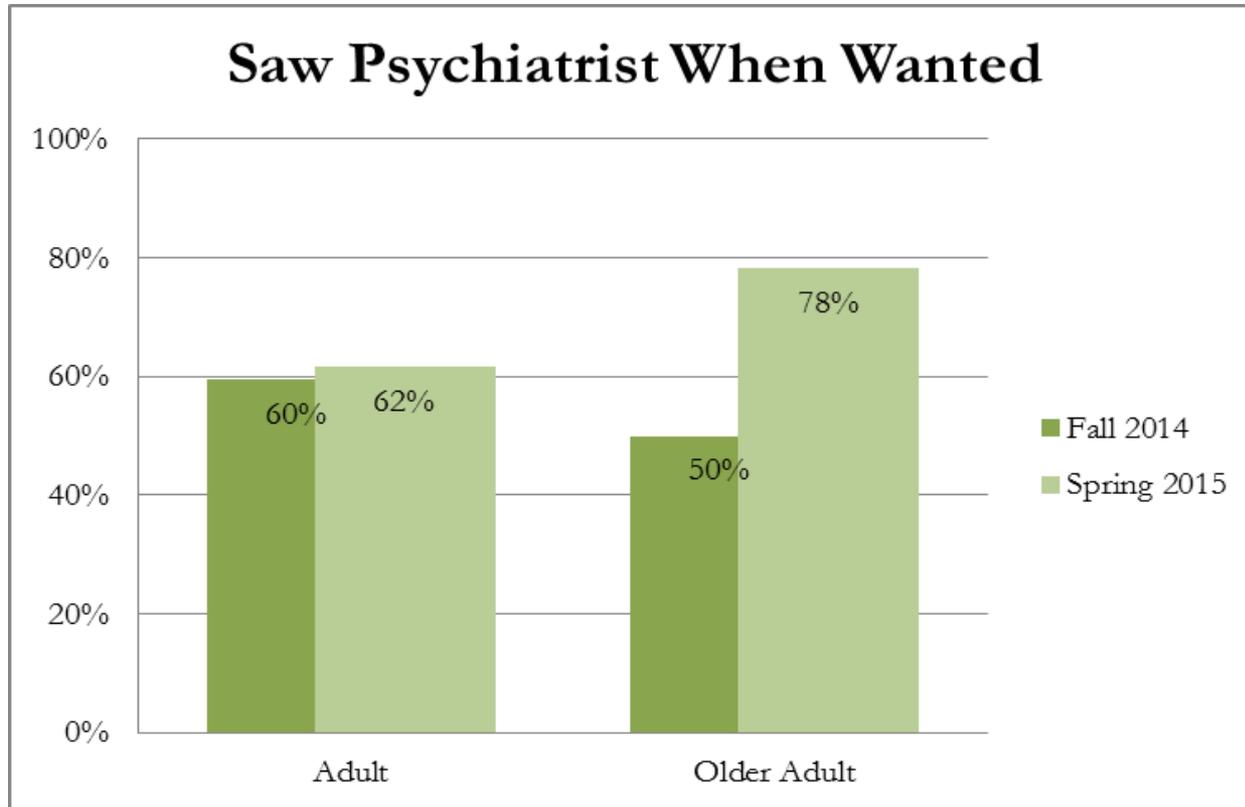
"Services were available at times that were good for me"
"Staff returned my call within 24 hours"
"Staff were sensitive to my cultural background (race, religion, language, etc.)"

Increase in Mobile Crisis Services by Region Over Time

Mobile Crisis	2010/11	2011/12	2012/13	2013/14	2014/15	Q1 2015/16
Total	**1,300**	**1,495**	**1,515**	**1,785**	**2,032**	**690**
North	657	658	603	701	674	204
South	655	836	893	1,088	1,220	390
West	18	62	71	78	247	118

- Shaded area: West Mobile Crisis services provided by North
- FY 14/15 West Mobile Crisis Team developed

Hospital Readmission Rates Post-Discharge

Clients may be counted in more than one of the readmission categories; 30, 90 and after 90 days

	2011/12	2012/13	2013/14	2014/15	Q1 2015/16
Not Readmitted	**75%**	**77%**	**77%**	*** 74%**	*** 83%**
Within 30 Days	12%	11%	11%	13%	12%
Within 90 Days	7%	5%	6%	8%	5%
After 90 Days	6%	7%	6%	5%	<1%

- Countywide Triage Teams began in July of 2014
- South County Crisis Residential opened in July of 2015

Clinical Operations

Clinical Operations

Assessment of outpatient service delivery systems of care for both ADMHS clinics and community-based organization (CBO) services.

Clinical Operations:
## Major Accomplishments

- Implementation of Work Group Actions, Clinic Projects
- Change Agent Projects
- Collaboration with System Partners:
  - CBOs
  - Regional Partnerships
  - Action Teams
- Expanded Crisis Services & Facilities, Forensic Team
- Housing Action Team & Enhanced Homeless Outreach

Peer Action Team

- Advises the Consumer Empowerment Manager on issues involving peer support, recruitment, training and empowerment.

- Researched a pending proposal for a peer career ladder at ADMHS.

- Helped establish a peer Guidance Council for the South County Recovery Learning Community.

Number of Consumer & Family Members hired, including total number of bi-lingual staff with lived experience

ADMHS Consumer/Family Member Staff

Legend:
- Consumers
- Family Members
- Bilingual Consumers & Family Members

Y-axis: # of Staff Hired

| Year	Consumers	Family Members	Bilingual Consumers & Family Members
2007	3	3	2
2008	3	3	2
2009	4	3	2
2010	4	3	2
2011	5	5	4
2012	6	6	4
2013	7.5	7	6
2014	12.5	12	7
2015	18	17.5	9
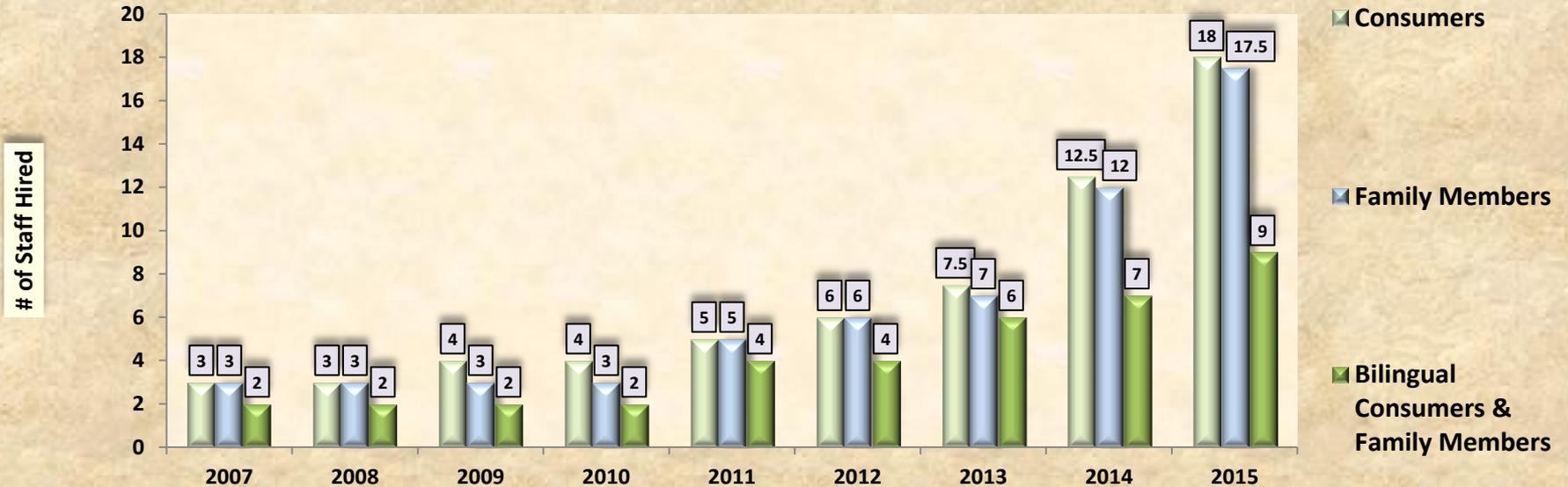
MHSA Program Plan
Statewide Grants
Wooton/Diaz
Dec 3, 2015

While the number of staff with lived experience has grown, a larger proportion of bi-lingual staff are needed

Peer/Self Help Encouraged
Fall 2014 and Spring 2015 CPS survey data
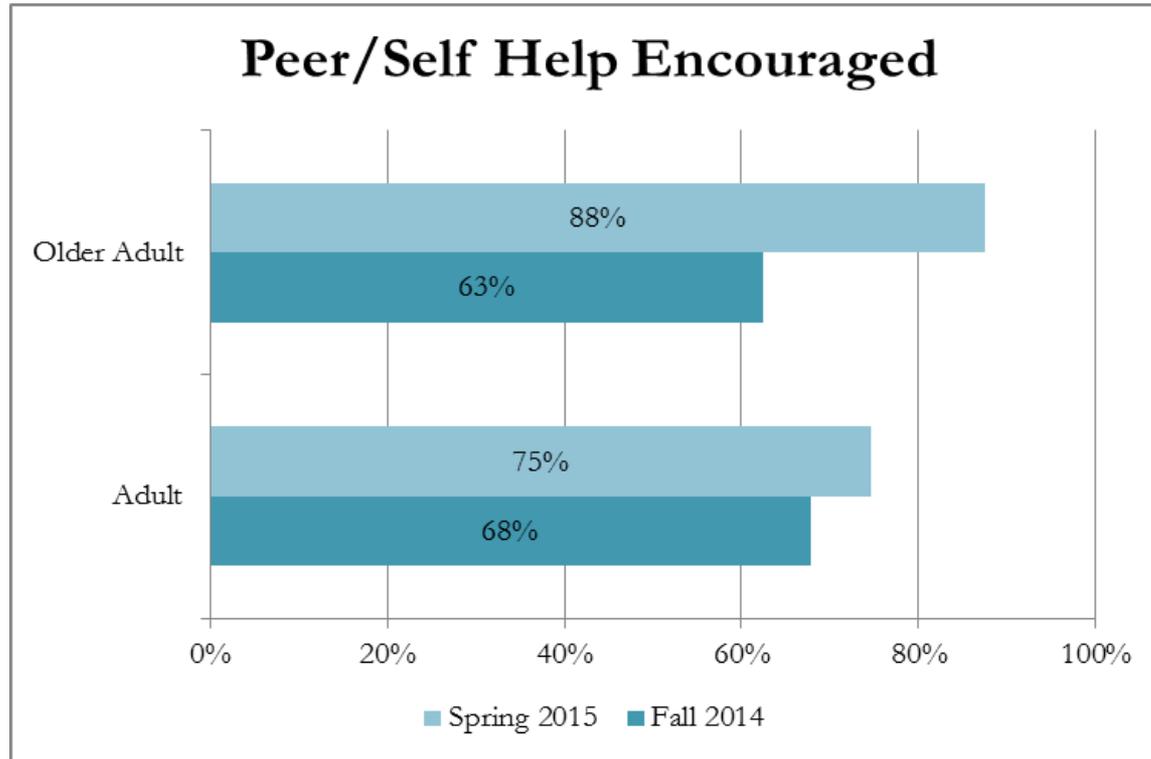
"I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)"

"Staff here believe that I can grow, change and recover"

"The people helping me/my child stuck with me/us no matter what"

OSHPD Training Grant for Consumers & Family Members (Office of Statewide Health Planning and Development)

1. Core trainings for persons with lived experiences (ADMHS or CBOs)
   - <u>Group Facilitation</u> - 30 Peers trained
   - <u>Wrap Group Facilitation</u> - 11 new Peers certified as WRAP group facilitators
     - Practical skills to improve job performance and self-confidence
     - Facilitators improve personal wellness & resiliency
     - Share WRAP with support groups & others throughout community

2. Individualize trainings - 58 applications to support peer staff in their work

3. Mental Health First Aid training to support underserved cultures
   - 23 Promotores trained on group facilitation for community health education.

Future Trainings Planned
- Motivational Interviewing for Peers
- Intentional Peer Support (intensive 5 day training)
- Peer Crisis Services training

Cultural Competency & Diversity

- Guidance for cultural issues added to EHR
- Staff survey conducted for language capacity & bi-lingual pay
- Hiring of bi-lingual staff emphasized for crisis services
- Bilingual Staff Testing standardized using objective language line
  - Evaluation of language level capability in many languages
  - Language test piloted by ADMHS staff (Spanish & Russian)
  - Linguistic abilities of Mental Health & Physical Health clinicians

Cultural Competency
Fall 2014 and Spring 2015 CPS survey data
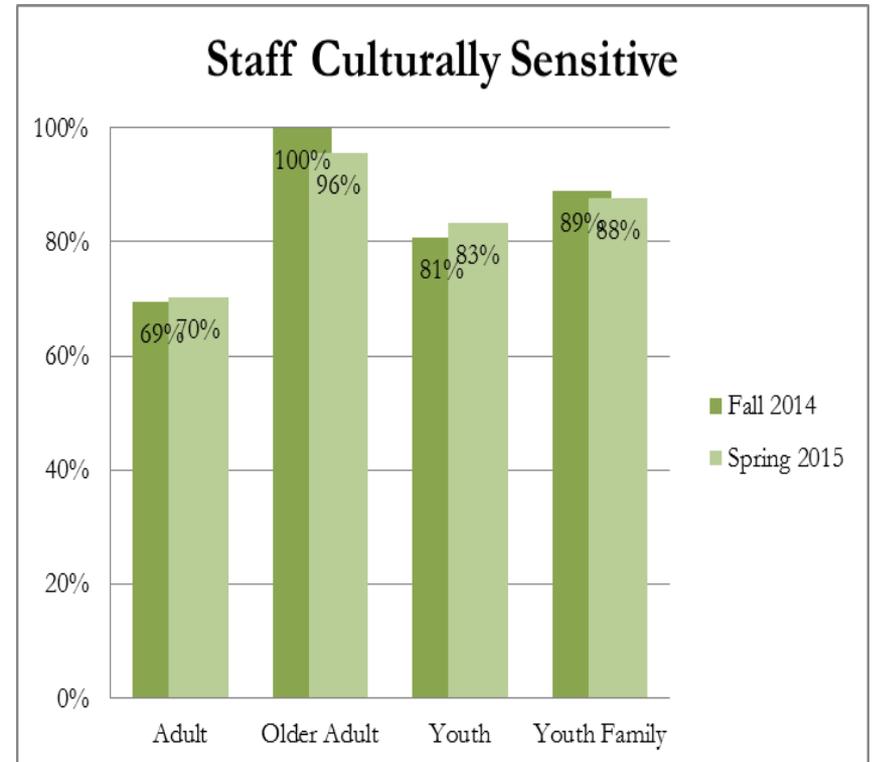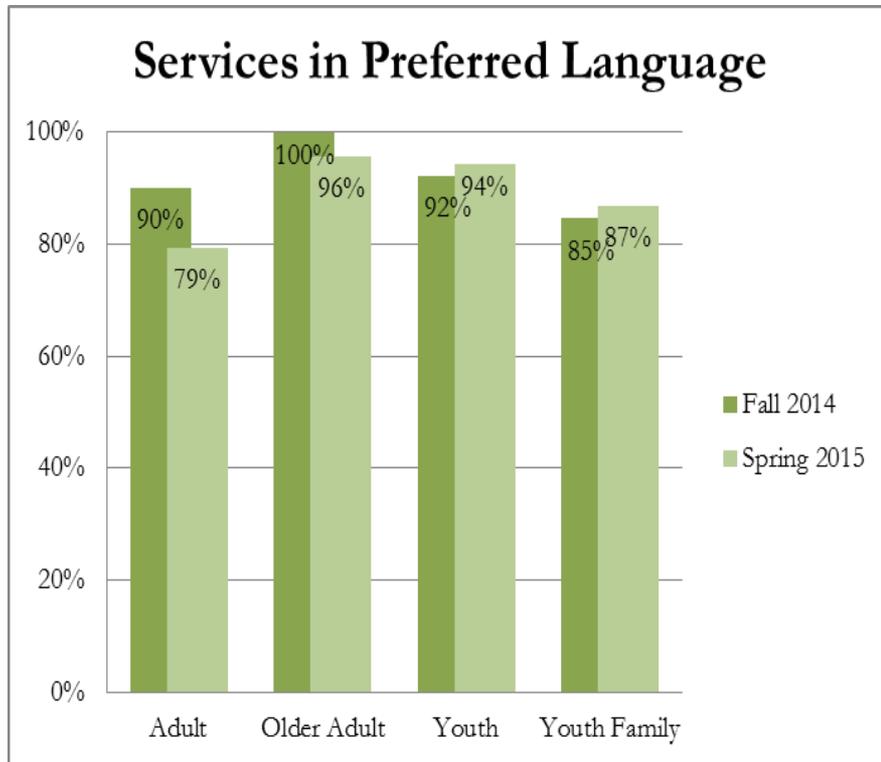
"Were the services you received in the language you prefer?"

"Staff were sensitive to my cultural background (race, religion, language, etc.)"

"Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?"

ADMHS Bilingual Staff Survey- November 2015

	Total Staff	# Spanish	# Other Language	% Spanish	% All	% Bi-Pay	% Use Spanish
Clinical Staff	297	105	14	35.4	40.1	25	30
Admin.	80	25	8	31	41.3	10	21.2
Total System	377	130	23	34.5	40.6	21.5	28.1

Spanish-Clinical Programs: 18%-62% Admin: 21%-43%

All Languages- Clinical Programs: 33%-65% Admin: 30%-44%

Additional Languages: Arabic, Bulgarian, Cantonese, French, German, Greek, Hindu, Japanese, Mixteco, Nepalese, Polish, Portuguese, Romanian, Russian, Sign, Serbian, Tagalog, Urdo

# New Lompoc Children's Clinic Opened in Fall 2014

- The 5,000 square foot facility serves approximately 250 clients between the ages of six and 25 from central Santa Barbara County annual

- The center includes five treatment rooms and a space for transition-age youth.

TAY Employment

Change Agent Project: Increase Employment of youth ages 16-25

Percentage of clients who gained employment
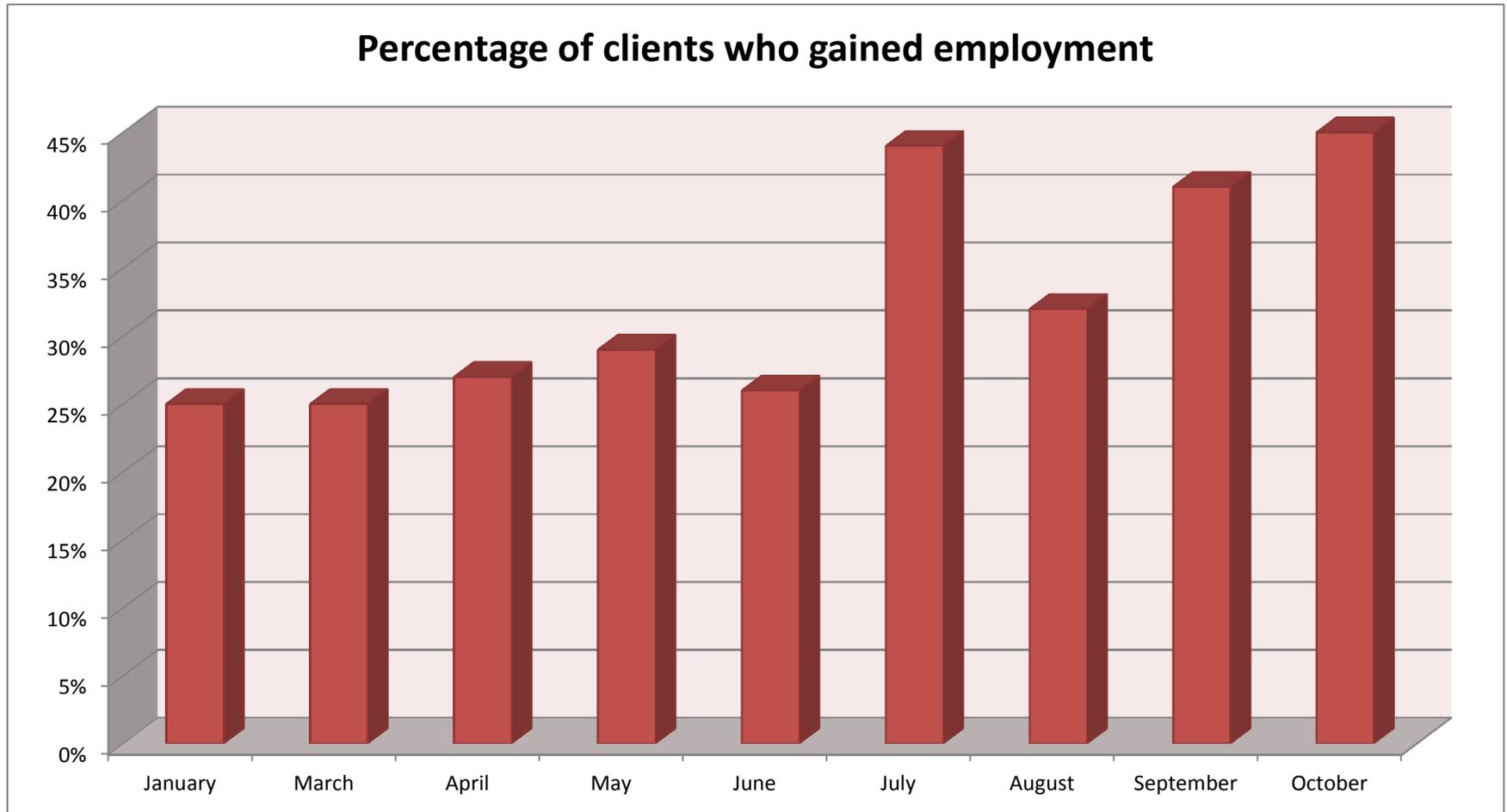
Clinica Latina

Change Agent Project: Improve mental health treatment for un-served or under-served populations through early intervention. **24 clients have received services through this program.**
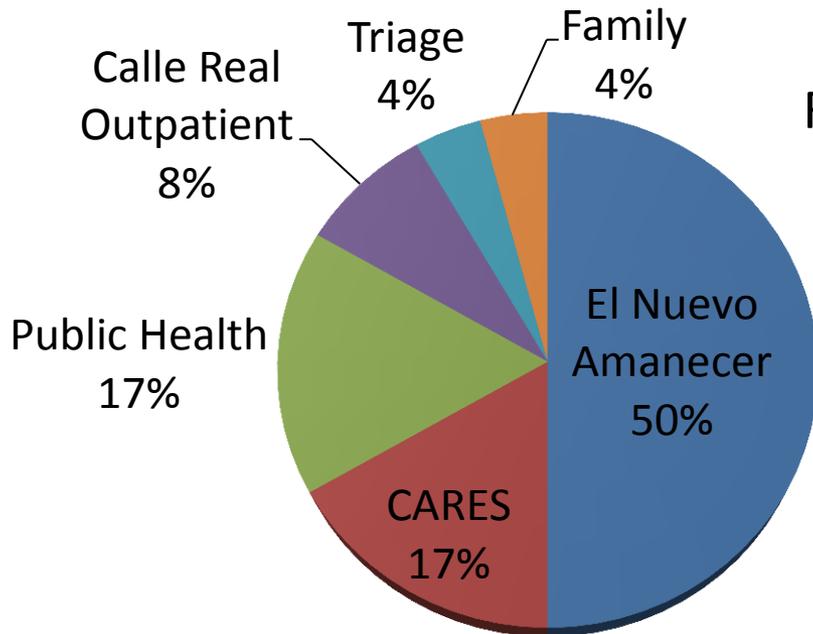
Referral Source to Clinica Latina

Pie chart:
- El Nuevo Amanecer 50%
- CARES 17%
- Public Health 17%
- Calle Real Outpatient 8%
- Triage 4%
- Family 4%

CLINICA LATINA

SERVICIOS EN ESPAÑOL

JUEVES 9:00 AM – 5:00 PM

VIERNES 9:00 AM – 5:00 PM

(805) 681-5154

Orientation Groups

- Began July, 2015

- Designed to warmly welcome and orient clients into our system of care and help them to understand our process, programs, and resources

- Early indicators of "best practice"/what has worked:
  - Peers co-present/facilitate
  - Refer from access/screening (not after intake/assessment)
  - Change scheduling/order of operations (intake will not be scheduled until orientation group attended)
  - Provide packet to take home (system info, local resources)
  - Track invitation in Share Care and attendance with log

Welcoming Materials

Santa Maria Children's Clinic and Transitional Age Youth Program

Welcome Packet: How to Navigate Services

To obtain crisis services call:

24/7 ACCESS LINE 888-868-1649

Or

24 hours SAFTY HOTLINE

(888)334-2777

For an emergency, call 9-1-1

500 West Foster Road
Santa Maria, CA 93454
Phone: 805-934-6385
http://cosb.countyofsb.org/
admhs/

Packet Contents:
- Fact Sheet on Mental Health Services at this Clinic
- Children's Staff Pictures & Teams
- Community Services Directory

Servicios de Salud Mental Santa Maria

Bienvenidos

Number of Orientation Groups Offered

	Santa Barbara		Santa Maria		Lompoc		Total
# Groups	English	31	English	15	English	12	**58**
	Spanish	20	Spanish	7	Spanish		**27**
	Total	*51*	*Total*	*29*	*Total*	*12*	*84*
# Participants	English	3	English	72	English	13	**80**
	Spanish	2	Spanish	10	Spanish		**9**
	Total	*5*	*Total*	*82*	*Total*	*13*	*100*

Team-Based Care

- Change Agent project based in the Santa Maria Outpatient Clinic
- Three core teams: Medically Integrated Outpatient team, Co-Occurring team and Wellness and Recovery team
- MORs scores used to match the individualized needs of clients with the best team for their care
- Preliminary positive impacts:
  – Greater efficiency in service delivery and client care based on need and acuity
  – Improvement in assessment and treatment planning process directly impacting positive client care
- Preliminary negative impacts/areas for continued focus:
  – Transitioning clients to new teams from those they may have history with
- New practices enabled by team based care:
  – Improved definition of roles on teams
  – Distribution of tasks among care team members which reflect skill sets and unique experience of team members
  – Visual display of list/distribution of tasks and activities to assure patient flow and efficiency in meeting client needs.

Team-Based Care

Medically Intergrated/OA Team

Dr. Terry Bissell:	Psychiatrist	
Tracy Morehouse:	PT	(805) 934-6377
Theresa Vogel:	LMFT	(805) 934-6337
Victoria Welch:	ASW	(805) 934-6586
Oscar Garcia:	MHCW	(805) 934-6345

Phone: 805.934.6380
Fax: 805.934.6381

Co–Occurring Team

Gizelle Mendoza, ASW Therapist   805-934-6375
Garrett Bakke, AOD   805-934-6290
Larry Burnham, Psych Tech   805-934-6543
Dr. Carl Aagesen, Psychiatrist

Office: (805) 934-6380
Fax: (805) 934-6519

Wellness Team

Dr. Ingle:	Psychiatrist	
Albert:	LVN	805.934.6374
Ashlee:	MFTI	805.934.6558
Juan Carlos:	CM	805.934.6373
Marisol:	MFTI	805.934.6380

Wellness...
it's up to you!

Phone: 805.934.6380
Fax: 805.934.6381

Regional Partnerships

- Collaborative problem solving for regional issues
- Case-Conferencing and cross agency referrals
- Staff co-located and monthly meetings
- Warm hand-offs to known partners
- Developed local resource directory of services
- Developed relationships & coordinate more effectively with community partners- law enforcement, drug and alcohol, public health
- Agency in-services
- Diagram of mental health system & services, SWOT analysis

Crisis Action Team

- Mobile Crisis and Triage established all regions
- Use of these services increasing
- Crisis Residential opened in South County
- Crisis Stabilization Unit to open Dec. 2015- SB
- SM CSU purchase in progress
- Training for all staff on safety planning and use of least restrictive alternatives in process
- Crisis models evolving as resources increase

"2012" Crisis System
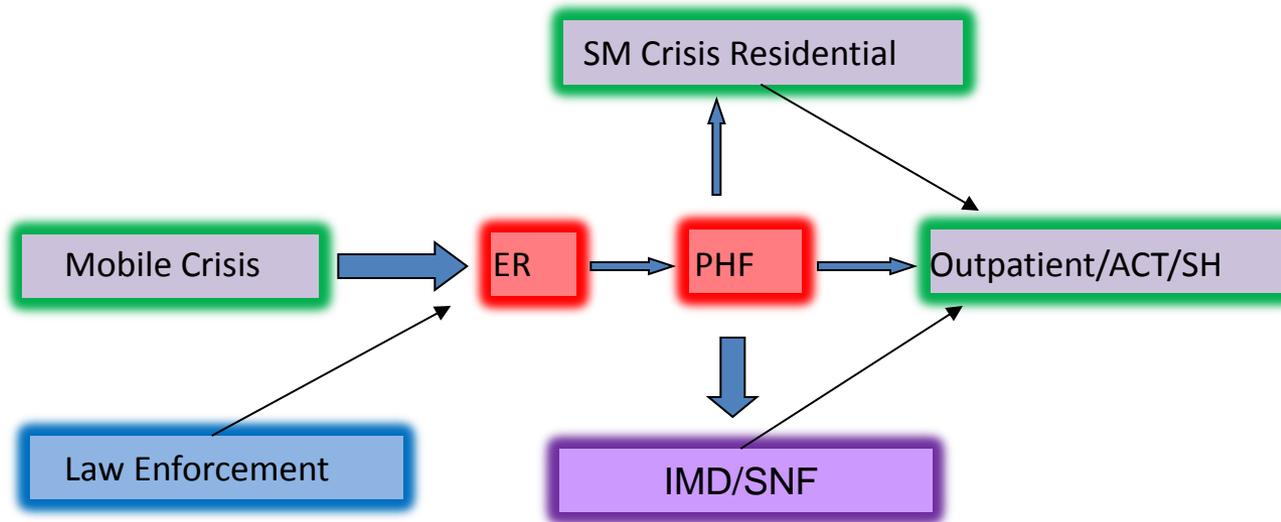
revised

"Developing" Crisis System
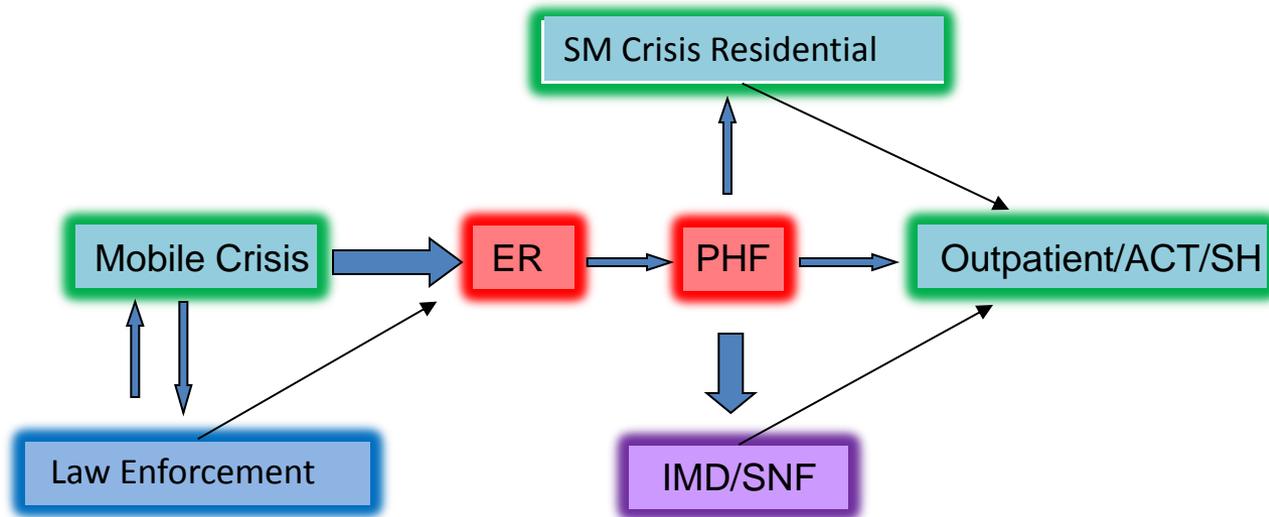
revised

"Developing" Crisis System
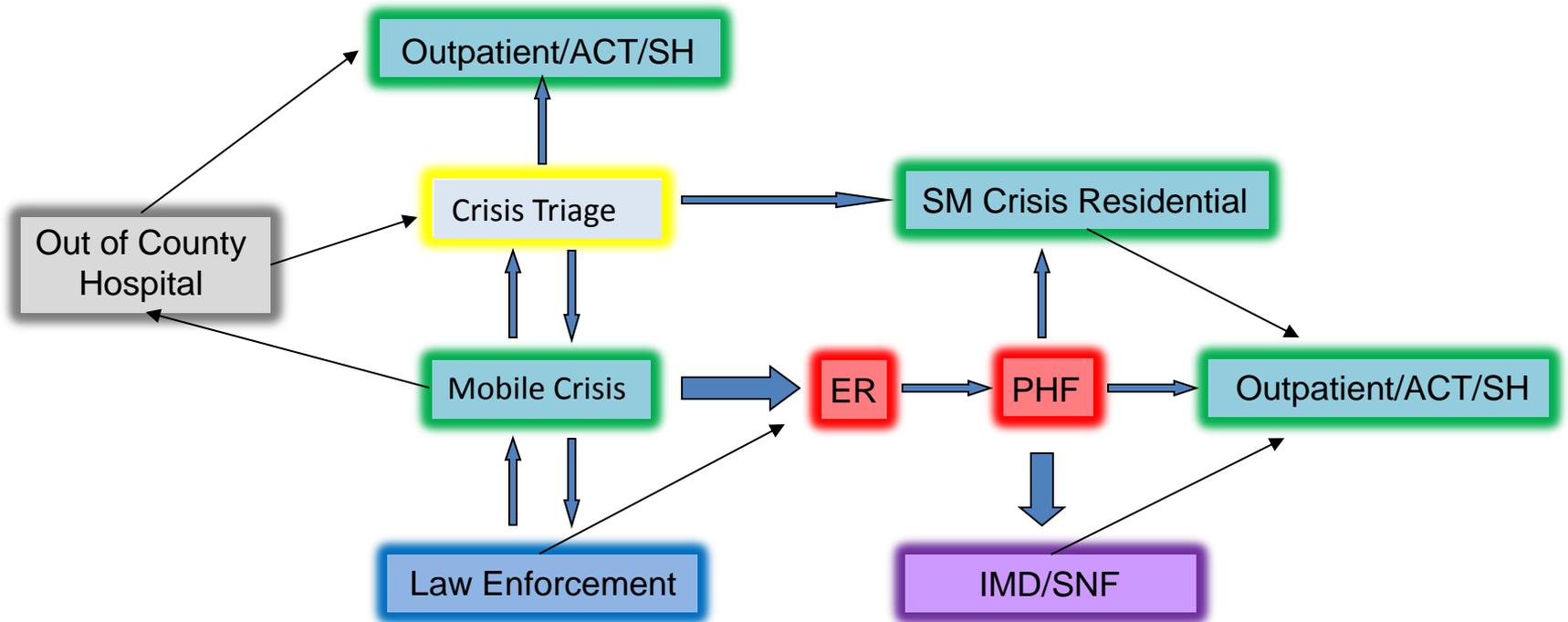
revised

"2015" Crisis System

revised
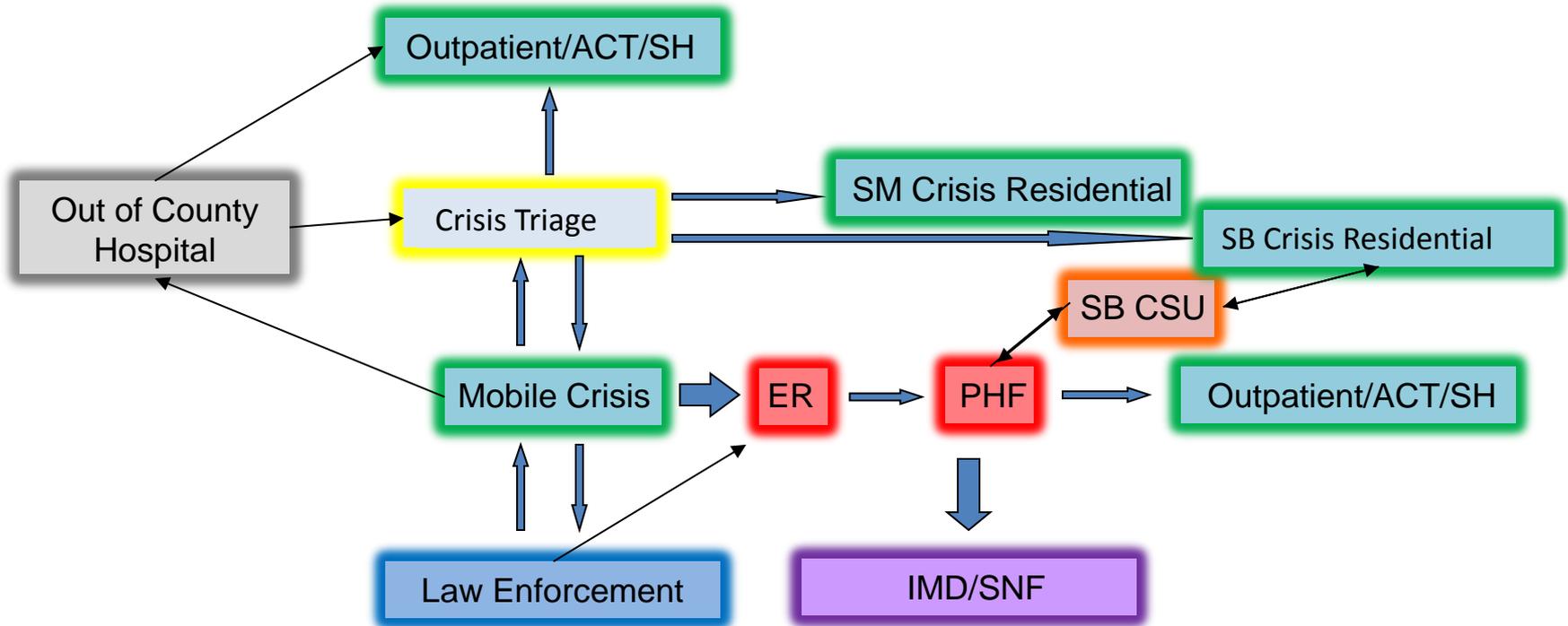
"Future" Crisis System

revised
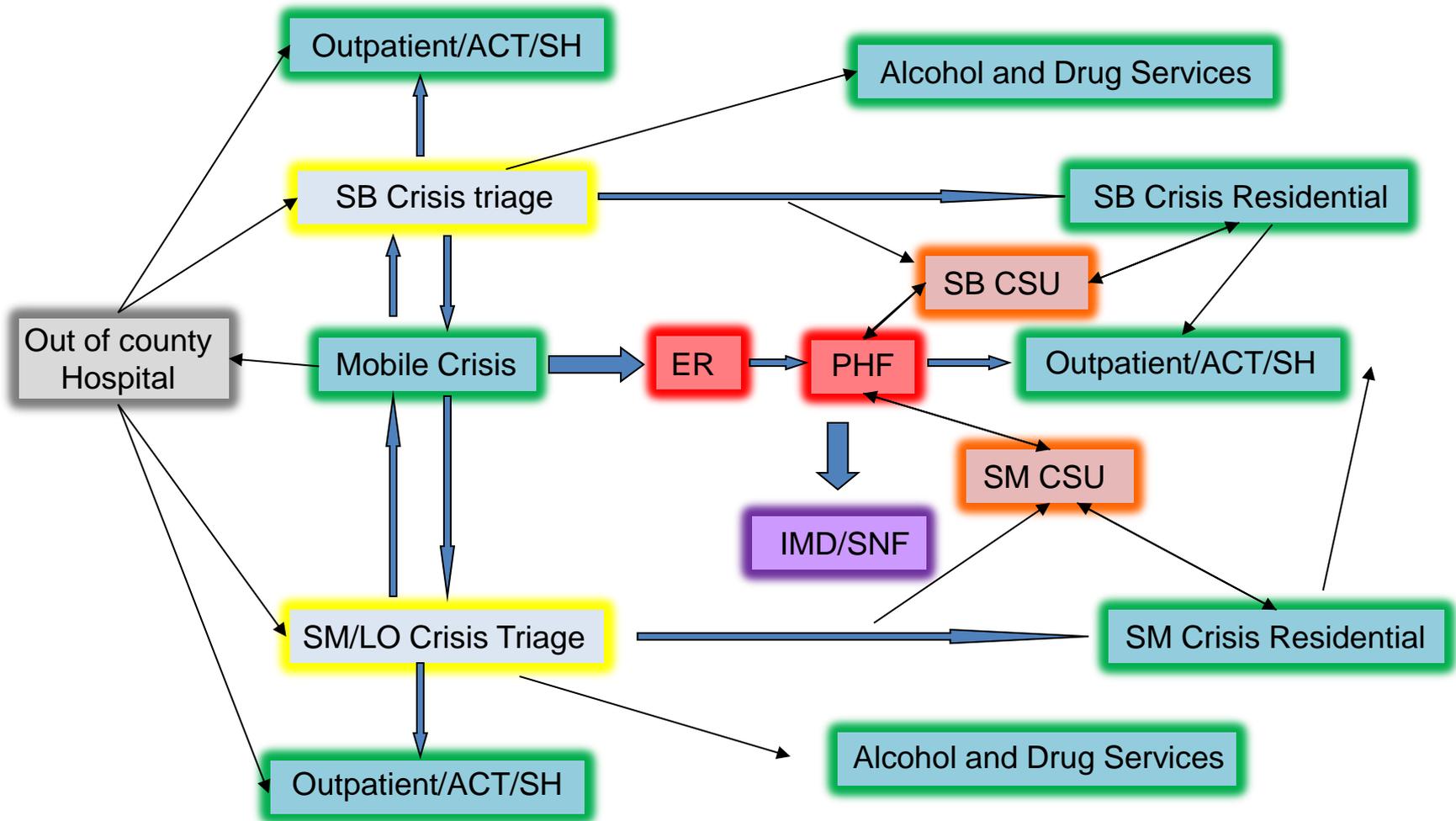
Housing Empowerment Action and Recovery Team (HEART)

- Mapped Gaps and Weak Linkages & Evolved Environment in County Housing

- Created Housing Development Coordinator

- Pursuing opportunities for in-county housing options

- Opened South County Crisis Residential Program- 8 beds

- Created 6 beds residential + outpatient Competency restoration for Incompetent to Stand Trial cases

- Created 6 beds for IMD step down in-county

- Collaborating with County Housing Authority to connect units to Mental Health and Substance Use Disorder support

Evolved Environment
Housing and Residential Treatment

INDEPENDENCE

Progression

Independent Affordable Living

Supportive Housing

Group Homes Board & Care

Emergency Shelters

Safe Parking

Transitional Housing

Crisis Residential Treatment

23 hour Crisis

Homelessness 1455 (2015)

IMD's

PHF

Units All Types

90

537

593

177

101

16

12

30

16

8

12

Jail 125-150 People Served

GREATER SERVICE LEVEL
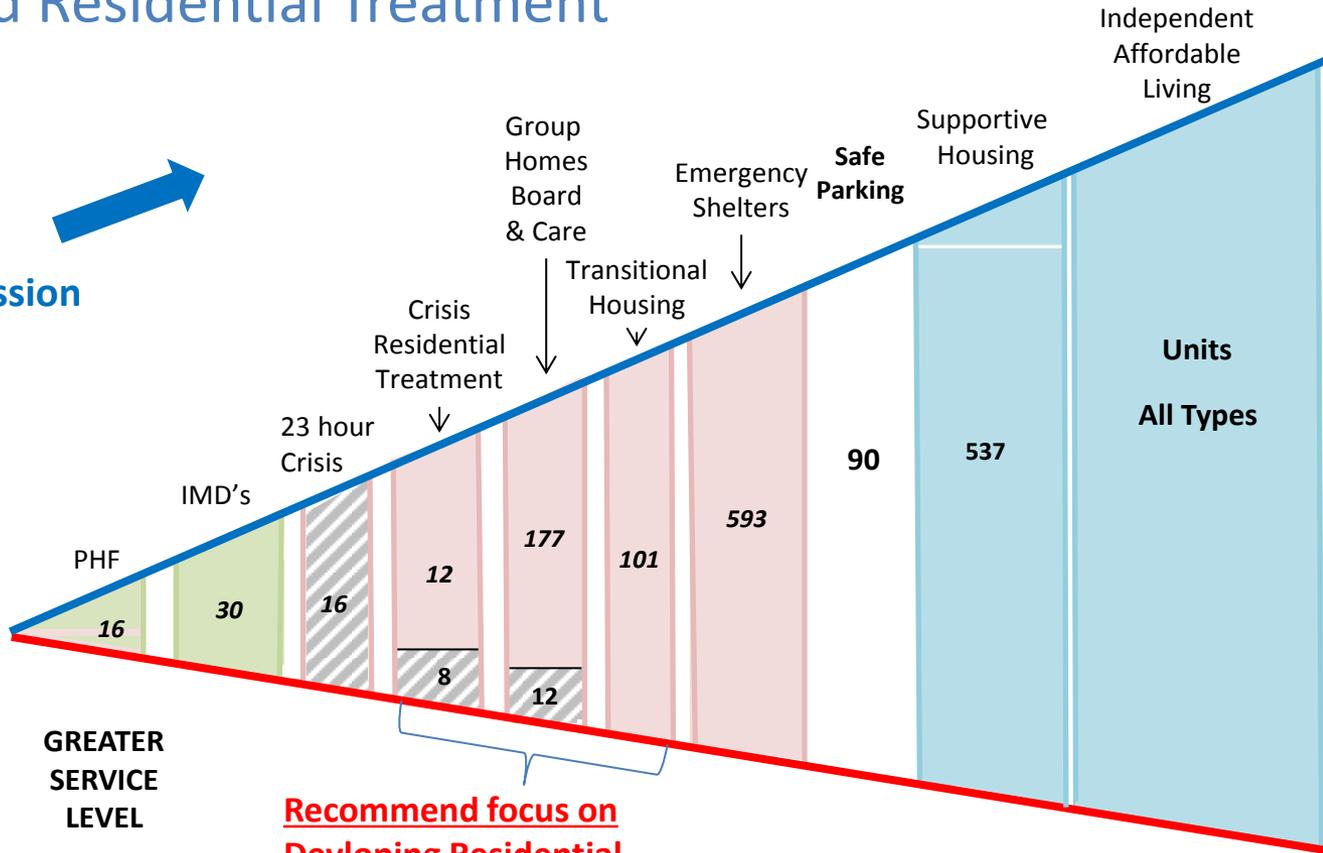
Recommend focus on Devloping Residential treatment capacity

Facing Challenges

Legend:
- This Past Year
- Beds
- Units

Source of information:
- State Health Care Services
- Community Care Licensing
- 1 to 1 Surveys With Staff

revised

Explanation of Housing and Residential Treatment Facilities

IMD – a locked placement (currently all of these are out of county)

Crisis Residential-30 day stay with 24 care

- , Crisis Residential South-La Mirada, Crisis Residential South-La Mirada

Group Homes/Board & Cares

- Residential treatment like :Phoenix House, McMillan Ranch Clean as well as Sober unlicensed housing, Developmentally Disabled-seniors, New House, Casa Serena, Mountain House Board & Care

Emergency Shelters

- Path Program, Good Samaritan, Bridge House, Willbridge

Transitional Housing

- Good Samaritan Family/Transition House Santa Barbara

Supportive Housing

- El Carrillo, Homebase on G, Bradley Court, Artisan Court, Garden Street Apartments, Pescadero Lofts

Independent Living

- Section 8, Housing Authority, Senior Projects, Villa La Cumbre

revised

Children's Action Team

- Action Team membership includes multi-disciplinary system leadership that are involved and highly motivated

- System Mapping and collaboration with 211

- Co-Location implementation planning efforts for future

- Trauma-Informed System of Care
  - Required in Katie A settlement agreement
  - 24 ADMHS and CBO staff trained as trainers, total 250 ADMHS and CBO staff trained countywide

- Katie A directly influences best practice in our children's system of care

- Resiliency Interventions for Sexual Exploitation (RISE)

revised

Children's System of Care
Flow Chart 2015

MAIN ACCESS HUB:
(888) 868-1649
ECHO
(8am to 5pm)
PROTOCOL (after hours)
Screen for Age/Location/Risk

Other Referral Sources:
Katie A (referrals directly from CWS)
Probation/ Juvenile Hall/Mental Health Treatment Court
Local Schools

Other Referral Sources:
Primary Care Physician
Network Provider
Holman
CALM

Other Referral Sources:
Transfers from other Children's Clinics
Adult Clinic
Walk-In's

Directed to Local ACCESS
Santa Barbara/Lompoc/Santa Maria
Area Clinics
Pre-Assessment for Medical Necessity

Mild to Moderate
Referred to HOLMAN or
Local Network Provider

Mild to Moderate
Referred to PCP/SAFTY
Private Insurance
or other Community Resources

Moderate to Severe
Referred to the Clinic for Further Assessment /Evaluation

Clinic Services:
Psychiatry/Case Management/Individual Therapy/Intensive Behavioral Services

Clinic Services:
Intensive In-home Therapy/ Group Therapy/Wrap Around Services/ Rehab Specialist Services

Clinic Services:
Transition Age Youth Services

RISE Project Training

DBT Crisis De-escalation
19%
60 trained

Think Trauma
25%
80 trained

CSEC
56%
180 trained

3 additional trainings planned to occur by end of year with a total of 110 participants

RISE Project

Wellness-Mind, Body & Spirit

STABILIZATION:

"Out of the Fire"

- Identify Primary Care Providers
  - Goodness of Fit
- Rapport Building
- Distress Tolerance
- Safety/Crisis Plan
- Self Soothing Supports/Tools
- Wellness-Mind-Body-Spirit

COPING STRATEGIES:

"Rise and Shine"

- Rapport Building with Tx Team
- Outreach to Family/Community Supports
- CANS
  - Identify needs/strengths
- SEHS
- Treatment Plan/Short Term Goals
- Identify Therapy Interferring Behaviors
- Social/Emotional Regulation Skills Building
- Challenging Thought Distortions
- Triggers and Coping Strategies Plan
- Accepting Reality
- Wellness-Mind-Body-Spirit

MAINTENANCE:

PRACTICE BEING THE REAL ME:

"Walking in My New Shoes"

- Treatment Plan/Short and Long Term Goals
- Building Positive Self Regard
- Reframing Life Story
- Radical Acceptance
- Psycho-Education
  - Gender Oppression/Violence
  - Effects of Trauma
  - Socioeconomic Inequalities
  - Racism
  - Reproductive/Physical Health
- "Commitment to a Better Life" Testimonies
- Reconnecting with the body/Meditation/Feeling Again
  - Wellness-Mind-Body-Spirit
- More indepth trauma work Group/Individual
- Trauma Focused Family Therapy
- Interpersonal Relationship Skill Building
  - Relationship Repair

LEADERSHIP:

"Don't Talk About it...Be About It!"

- Reality Testing
  - What's working/What's not
  - Revisiting Goals for Appropriateness
- Interpersonal Relationship Skills Building Part II
- Family Therapy
- Practicing Coping Strategies/Skills
- CANS
- SEHS
- Looking Back
  - Needing a Second Coat of Paint
    - Identifying skills that need strengthening or some patch up work
- Mentorship
- Leadership Roles within Group and Unit
- Life Skills
  - Vocation/Education/Financial etc
- Longer Furloughs upon Team Approval
- Discharge Planning/Referrals
- Graduation Certificate
- Wellness-Mind-Body-Spirit

Throughout your journey in the GRRRL Project we will help you uncover and live your "true self"; the YOU that has always been there wisely waiting for a safe space to be the "Real Me". There were reasons why you needed to protect yourself and survive the way you did. Those choices you made were based on what you believed you needed to do to survive in the moment....you are here now and safe so those choices worked. Now we invite you to practice "Being the Real Me" so you can take the "Leadership" role in your own life and break the chains of pain, broken relationships, incarceration and addiction that kept you from creating a "life worth living".

revised

Forensic Action Team

- Newly hired Forensic Manager assumed leadership of Action Team

- Doubled Justice Alliance (JA) Staff, including Regional positions

- JA provides MH treatment, case management, restoration services, & linkage to outpatient services (ACT or clinic, AOD)

- Established Outpatient Restoration Services 6-bed residential facility- Transitional 6-month stay with case by case extensions

Incompetent to Stand Trial (IST) Strategies

- Weekly status tracking of ISTs
- Increased JA/PD collaboration
  - Early intervention to minimize 1368 declarations.
- JA engage defendants in custody
  - Establish rapport, encourage treatment/medication compliance & initiate competency restoration services
- Created standardized internal IST manual with clear standards for defendant evaluation & intervention processes

Point in Time Count- ISTs in Inpatient System
(In PHF / Waiting in Jail / Total)

AUG 2014	OCT 2014	DEC 2014	FEB 2015	APR 2015	JUNE 2015	AUG 2015	OCT 2015	DEC 2015
8/7/15	3/9/12	7/7/14	4/3/7	3/5/8	3/5/8	2/3/5	4/4/8	3/3/6

revised

Psychiatric Hospital Admissions
PHF, AVDM, Other Out-of-County Hospitals
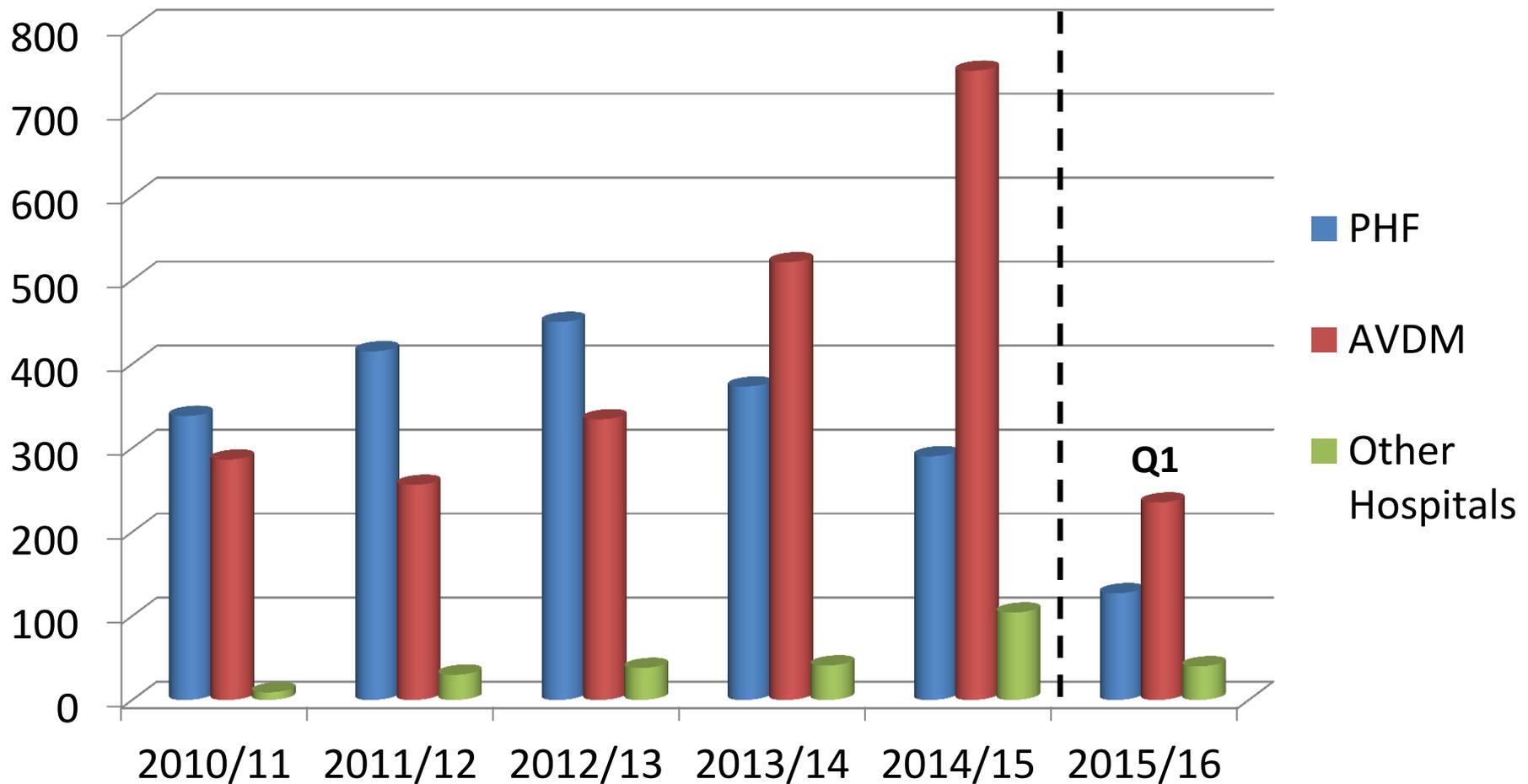
Homeless Services

- Mental health staff placed at Pescadero Lofts, Salvation Army, Mental Wellness Center, PATH & Rescue Mission

- Outreach coordinates 25 bed placements at shelters

- Designs placement plans with Hospital discharge staff

- Coordinates access to MH & AOD treatment programs

- Partners with community programs for housing, jobs, clothing, medical services, food, benefits, & legal concerns

- Targeted outreach from Carpinteria to Goleta

Strategies for High Users of Multiple Systems

- C3H Homeless collaboration participation

- Target high vulnerability index scores

- Engagement/trust with long-term homeless as many are resistant to treatment services

- Coordination with community partners to address needs (housing, jobs, clothing, medical services, food, benefits, AOD/MH treatment, legal concerns)

- Homeless Outreach Team coordinates with Justice Alliance & Restorative Court to prevent re-incarceration

- Collaboration with State Street and Milpas projects

- Coordination between homeless outreach and ACTOE

revised

Soon to come…

- Purchase and Open SM CSU

- Implement strategies for High Utilizers including Specialty Court collaboration

- Expansion of substance abuse treatment through Drug Medi-Cal Organized Delivery System

- Secure development for Multilevel facility for in-county care for SMI needing restricted care settings

- Secure development of in-county independent living options

Next Steps

Continue the Implementation of Systems Redesign (All Areas)

- Administration, Finance, Compliance, Systemic & Clinical Operations

Workforce Recruitment and Retention

- Fill vacancies, Create permanent positions to replace Extra Help

Continue Crisis System Redesign

- Create new Facilities & services
- Develop Housing supports

Improve Access to Services & Program Fidelity

- Standardize System Change improvements across programs
- Expand Access to ACT/FSP

Conduct Internal Evaluation & Measurement of Progress

- Ensure use of data to assess client, staff, and program progress & outcomes

Ongoing Challenges

- Ensure consistent compliance with funding requirements
- Improve management of care for high need, high utilization, high cost, and legal system involved clients
- Effectively use court options for MH/SUD clients
- Identify funding for full availability of ACT/FSP programs
- Facilitate in-county safe and stable housing types
- Redesign Medi-Cal Alcohol & Drug Treatment System
- Stabilize inpatient hospitalizations & budget overages
- Prevent Death and Reduce suffering

Recommended Actions:

That the Board of Supervisors:

- Receive report from staff and stakeholders regarding progress to date and next steps on ADMHS Comprehensive Systems Change Effort and;
- Provide direction to staff as appropriate regarding systems change activities, and;
- Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guideline Section 15061(b) (3).

Thank You

www.admhs.org

BOS Hearing
December 15, 2015