

System Change Achievements and Current Status

TriWest Area of Focus	TriWest Recommendation	Achievements and Current Status	Context (Why this Matters)
<p>Systemic</p>	<p>O-1: SBC needs to move as quickly as possible to initiate a comprehensive performance improvement-driven transformation process at ADMHS that can quickly begin to address all of these issues at every level of the system simultaneously to produce better outcomes and reduce inefficient resource expenditures, with continued high level of fiscal oversight and improved regulatory/financial compliance monitoring.</p> <p>S-1: County and ADMHS leadership must visibly commit to the creation of a performance and quality improvement-driven culture for ADMHS.</p> <p>S-2: Create a transitional structure to develop a quality improvement partnership framework to address current and future system development challenges through an intensive, time-limited process (e.g., six months) at two levels: (1) community wide system level and (2) action teams in priority areas.</p> <p>S-3: Articulate an operational vision for ADMHS in which both clinical efficacy and financial responsibility are embraced by defining the construct of “value of care” as the primary “product” of ADMHS, with clinical, financial and regulatory compliance functions defined as best practice “supports” to the value equation.</p>	<ol style="list-style-type: none"> SBC has initiated a system change process led by a community-wide System Change Steering Committee co-led by SBC, ADMHS, Community Based Organization (CBO) & change agents. (O-1, S-2). Achievements to date: <ul style="list-style-type: none"> Systems Change Steering Committee membership includes the CEO’s Office; ADMHS Executives, managers, psychiatrists and line staff; clients & family members; mental health and ADP CBO partner Executives; Mental Health Commission; NAMI; Alcohol & Drug Advisory Board; Public Health, Sheriff & Social Services; Cottage Hospital; Central Coast Baptist/CORDS Foundation; Independent Living Resource Center; SB Unified School District & Allan Hancock College; Santa Barbara Foundation; La Casa De La Raza; Change Agents & community representatives. (O-1, S-2) The Steering Committee has drafted and adopted a Vision for Systems Change to drive performance and quality improvement in the mental health and substance abuse service system in the county (S-1, S-3) Steering Committee has worked with ADMHS to develop a framework for using MHSA values to inform the design of the entire system. This has led to the vision of Recovery Centers in each part of the County, that are now being conceptualized as welcoming, accessible, recovery oriented, and integrated centers within each region, in partnership between County and CBOs Cross-functional, trans-organizational Action Teams have been chartered in the following areas to focus system improvement efforts: (S-2) Directed the implementation of an Access Survey Team to assess how access should be improved and plan for implementation of improvements. Children’s Action Team – Current areas of focus include: <ul style="list-style-type: none"> Resolving “bottleneck” of new clients in outpatient clients; informed selection of standardized clinical evaluation measure; established data collection protocols to inform clinical decision-making; developing training & clinical supervision structure & assisting with evidence-based practices; reconsidering a MISC-like system of care Peer Action Team – Current areas of focus include: <ul style="list-style-type: none"> Utilization of the Client & Family Member Advisory Committee; South County Recovery Learning Center Guidance Council; Workforce Education & Training funding; career ladder for peer staff; greater inclusion and acceptance of peer staff in a recovery-based system of care Crisis Action Team – Current areas of focus include: <ul style="list-style-type: none"> Initial access to service, 5150 sequence, mobile crisis response & crisis intervention, and inpatient care & discharge supports; welcoming crisis policy; implemented crisis system welcoming survey Cultural Competency & Diversity Action Team – Current areas of focus include: <ul style="list-style-type: none"> Outreach and access for culturally diverse groups; integration of multi-cultural model and staff training; development of culturally informed assessment procedure; welcoming experience for clients; improved data collection to identify & address disparities in service provision 	<p>Previous culture was:</p> <ul style="list-style-type: none"> Top-down; siloed, exclusive & divisive Need staff growth and positive consumer outcomes at low cost (Value) <p>Intention:</p> <ul style="list-style-type: none"> Establish a healthy culture that promotes all other change goals Lay the foundation for an ongoing learning CQI-oriented organization Create a self-sustaining system that produces better client outcomes for less cost <p>We are creating a new culture that is:</p> <ul style="list-style-type: none"> Inclusive, open, collaborative and deliberate about acknowledging mistakes and involving others in corrections Healthy for staff and partners to thrive; accessing the best in people to motivate them for change Balanced between clinical, finance and compliance Unified, eliminating “us/them” thinking Responsive to all stakeholders and partners <p>Key examples of how we are doing this:</p> <ul style="list-style-type: none"> Established leadership roles & bodies with vision and commitment to change Defined a learning model for the org Culture shift through listening and empowerment Began articulating an operational vision and the value of care

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<p>Systemic (continued)</p>		<p>6. Forensic Action Team – Current areas of focus include:</p> <ul style="list-style-type: none"> • Coordination with Corizon about psychiatric medication for inmates; transitions between jail, CARES, inpatient & outpatient services; consistent procedures at CARES; redirection of IST clients away from jail; recommendation to create a forensic team within ADMHS <p>7. A Change Agent driven system change has been initiated which currently involves 147 change agents who are consumers, family members, ADMHS managers, ADMHS clinical staff (including line staff, office staff and psychiatrists), other county agencies (e.g., Social Services, Probation), and community partners (CBOs, hospitals, etc.): (S-2)</p> <ul style="list-style-type: none"> • Change Agents represent the front line voice of individuals and families in service as well as people providing, supporting or monitoring services. Change Agents represent every program and constituency in the system, and are empowered to work in partnership with each other, and with leadership in every setting, to develop a system that is welcoming, accessible, recovery/resiliency oriented, person/family centered, trauma informed, culturally and linguistically fluent, and co-occurring/complexity capable. • Change Agent accomplishments to date: <ul style="list-style-type: none"> • The Change Agents are organized as a partnership between MH, AOD, CBOs/county, adult/child, providers/consumers/family members, as well as admin and line staff. • Change Agents have designated representatives on the Steering Committee and each Action Team and workgroup, as well as the Quality Improvement Committee. • Individual change agents are championing QI efforts to improve welcoming, access, and integration in their individual programs, using tools like NIATx and COMPASS-EZ. • Change Agents as a group have made formal recommendations regarding the Design of the Recovery Centers and have created workgroups on Integrated Practice and Spirituality and Faith based partnerships. • Established the Design Team (now START Team) to support the Steering Committee and system change by providing training & technical assistance, program evaluation and communication expertise. <p>8. ADMHS employee lost time reduced by 9.4% from 5.3% in CY2012 to 4.8% in CY2013.</p> <p>9. CBOs have come together in a CBO Coalition to organize their efforts within the broader performance improvement partnership framework. CBOs report that their voice now has an impact and that inclusion in the system is meaningful (S-2).</p> <p>10. The ADMHS Executive Team has been reconstituted with the direct involvement of the Medical Director and new Associate Director for Clinical Operations. There is now a cohesive executive management team in place that balances clinical, financial, and compliance functions. The community has recognized this improvement and is now in support of a recruitment process for a new ADMHS Director (S-3).</p> <p>11. Change Agent Team formed and elected 3 initial representatives to the Steering Committee (O-1, S-2).</p>	

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<p>Clinical Operations</p>	<p>CO-1.1: Build on existing clinical strengths by involving ADMHS staff and CBO leaders and staff as partners in transitional and ongoing quality improvement efforts.</p> <p>CO-1.2: Carry out a wage and benefit study comparing the costs of ADMHS clinical staff to those in comparable California counties and other comparable health providers in Santa Barbara County.</p> <p>CO-2.1: Develop specific work groups as part of the broader quality improvement driven System Change initiative to guide implementation of short-term changes (one to three months) and longer-term plans (six to 12 months and beyond) to systematically address the Clinical Operations findings.</p> <p>CO-2.2: Develop improved metrics and routine management reports based on them, focused on improving clinical practice and outcomes.</p>	<p>Status Update:</p> <ol style="list-style-type: none"> Regarding CO-1.1: See above for evidence of strong clinical involvement and leadership for system change. <ul style="list-style-type: none"> To address the issue of connecting all the clinical operations and internal QI/compliance in an organized way, a Clinical Operations Team will meet regularly to develop, implement, and coordinate oversight of clinical policies Regarding CO-1.2: Completed wage & benefit study for psychiatrists; non-physician staff pending Regarding CO-2.1: Work groups have been developed, as described above in the areas of: <ul style="list-style-type: none"> Children’s Action Team Peer Action Team Crisis Action Team Cultural Competency & Diversity Action Team Forensic Action Team ADMHS Workgroups formed around specific operational areas of improvement: Health Care Reform; Pharmaceutical Management; IT/MIS; Quality Assurance; Alcohol & Drug Regarding CO-2.2: <ul style="list-style-type: none"> Established the Office of Strategy Management, which includes research/program evaluation, communication, training and quality improvement; new performance metrics under development Identified first outcome and level-of-care measure in step toward full implementation of measure-based clinical decision-making and tracking of Value throughout the system (a major shift of paradigm). Many key findings in process of being addressed related to the findings in this section of the report: <ul style="list-style-type: none"> Wait time to see a psychiatrist has improved to 40 days for adults (from 66 days) and 45 days for children (from 73 days). Clinical policies under development in multiple areas; examples include: <ul style="list-style-type: none"> ADMHS and PHD staff meeting to determine policy and procedures for treating shared clients with complex needs. ADMHS/PHD Program and Medical staff implementing SBIRT (Screening, Brief Intervention & Referral to Treatment) to increase communication and capacity to treat clients with complex needs in coordinated, cohesive system. Crisis Action Team has developed a general welcoming policy, as well as policy for welcoming individuals with co-occurring conditions. Office of Strategy Management leading efforts to develop policies & procedures in areas such as Katie A, communications & Board of Supervisor letters & documents To better evaluate clinical stability & progress of clients, began the selection and implementation process for adult & child standardized clinical assessment. Initial selection of evidence-based-practices was completed. Inclusive process will be used for selection of additional EBPs. 	<p>Previous system of care was:</p> <ul style="list-style-type: none"> Restrictive, rigid, cost-focused and inconsistent across regions Designed primarily with Medi-Cal billing in mind, rather than care access and efficiency and good outcomes <p>Creating a new system of care that is:</p> <ul style="list-style-type: none"> Value-focused Accessible and adaptable to community needs Client-centered and cohesive Welcoming and recovery/resiliency-focused Grounded in latest research & EBPs Culturally responsive & peer-involved Quality Improvement oriented <p>Key examples of how we are doing this:</p> <ul style="list-style-type: none"> Philosophy and practice shifted to need-based care rather than payer-based care Developing an outcome-oriented, EBP system of care Detailed evaluation of initial and ongoing Access strengths with recommendations for improvement {also a culture shift thing because we are listening & involving folks} Increasing service capacity With small process improvements at clinic team level (e.g., intake slots) decreased psychiatry wait times Improved integration of MH, ADP & PHD Action Teams & Workgroups addressing policy, operational and clinical change efforts

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<p>Clinical Operations (continued)</p>		<ul style="list-style-type: none"> ○ADMHS awarded \$8 million (23FTEs) in SB-82 grant funding to create crisis triage teams in all three county regions that will expand capacity to respond to all levels of crisis. ○ADMHS awarded \$2.6 million in SB-82 grant funding to develop a crisis stabilization unit and crisis residential program in South County, as well as a mobile crisis team in Central County. ○Framework for full integration of peers in the workplace presented to Executives; approved in concept. ● Clinical process redesign is underway in every ADMHS program focusing on how best to leverage current capacity; cross-program coordination and filling vacant manager and clinical staff positions are now clear priorities <ul style="list-style-type: none"> ○Designed training for all clinical supervisors to empower clinical teams in the use of continuous quality improvement methods. ○Began participation in CIMH Learning Collaborative to Advance Recovery and improve outcomes for the Santa Barbara ACT team. (CIMH noted this as the first participation from SBCo that anyone could recall). ○Focus on supporting staff and professional development by beginning to provide trainings on clinical topics to improve client care. ● Coordination and integration between mental health and ADP is improving: <ul style="list-style-type: none"> ○ADP staff have joined the daily Triage Call, clinical case planning and Crisis Action Team. Substance abuse groups offered at PHF and outpatient clinics. ADP CBOs begin attending the CBO Coalition meeting. ○Assistant Director Clinical Operations attend ADP Advisory Board and ADP Provider meetings; ADP representatives participate on the Steering Committee; and ADMHS is working to get mental health clinics certified for Drug Medi-Cal services. ● While timeframes to access care overall and psychiatrist remain unacceptably high (see quantitative metrics below), substantial improvement has been made (wait times have been cut by over 1/3): <ul style="list-style-type: none"> ○Timeliness Subcommittee of the QIC is planning EQRO Process Improvement Project on access to psychiatry services ○Cultural Competency & Diversity Action Team has partnered with the Latino Advisory Committee and Nuevo Amener to pilot expedited access and coordination supports for Latino consumers ○Steering Committee commissioned the Access Survey Team to study in detail how access to care operates and identify opportunities for improvement. Interviews conducted with ADMHS and CBO partners. Interviewees report feeling heard and validated by process & offered ideas for change. ○Joined the statewide Katie A. Learning Collaborative and ADMHS hired staff for Katie A. All are bilingual. Expanded CBO contracts. DSS has hired necessary staff and beginning to do screenings. 	

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<p>Finance</p>	<p>F-1: Maintain the current Medi-Cal cost-reporting and reconciliation process.</p> <p>F-2: Given continued uncertainties in the current and future expenditure and revenue projections primarily related to the ACA, ADMHS should:</p> <ol style="list-style-type: none"> 1) continue its robust financial planning functionality, 2) reestablish and maintain its realignment reserve to at least 5% of Medi-Cal FFP, 3) carry out a clinically-informed planning process to project likely FY 2014 Medi-Cal revenue increases related to the ACA. <p>F-3.1: Financial and clinical managers should collaborate to develop and implement (with necessary training supports) a replacement revenue assurance report that is readily understood by clinical managers and staff. This report must track capacity and efficiency but must focus on those metrics relevant to ensure adequate Medi-Cal revenue, such as the proportion of Medi-Cal to non-Medi-Cal direct billable units and the number of uninsured people seen who could potentially qualify for Medi-Cal coverage.</p> <p>F-3.2: The Tiger Team should employ MIS experts from the County to:</p> <ol style="list-style-type: none"> 1) determine if ADMHS MIS expertise and capacity is sufficient, and 2) develop a plan to ensure appropriate oversight of MIS within the developing ADMHS organizational structure. <p>F-4.1: Align System Change initiative to incorporate MHSA planning requirements and result in meaningful input to inform the FY 14-15 budget process.</p> <p>F-4.2: Improve budget planning by development of a “Revenue Cycle Committee”.</p>	<ol style="list-style-type: none"> 1. ADMHS finished FY2012-13 without requesting additional General Funds (first time in many years). (F-1, F-2) 2. Addition of \$1 million per year to audit exception reserve adopted with the Fiscal Years 2014-16 Budget Development Policies. (F-2) 3. Fiscal decisions are driven by programmatic and clinical needs first and foremost (F-3.1). 4. MIS/IT Task Force Action Team presented recommendations in Nov. 2013 (F-3.2) 5. Extinguished and/or fully funded all known liabilities as of 12/31/2013. 6. ADMHS used FY 2014-15 MHSA Plan Update as the basis for the FY2014-15 Recommended Budget. (First time, ever, and marks prominence of clinical need determined through community participation.) (F-4.1) 7. Created a funding hierarchy to make realignment funds more available for outpatient services. (F-4.1) 8. Revenue Cycle review process established by Revenue Management team. (F-4.2) 9. CBOs report improved satisfaction with more timely monthly payment processing, which has helped ease cash flow issues at the CBOs. 	<p>Intention:</p> <ul style="list-style-type: none"> • Maintain sound fiscal planning and practices • Support clinical operational needs <p>Key examples of how we are doing this:</p> <ul style="list-style-type: none"> • Shift to clinically-driven fiscal decision making model • Stabilize the budget • Address risks by beginning to establish reserves • Becoming more responsive to clinical needs in the system

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<p>Administration</p>	<p>A-1: ADMHS should maintain its current robust financial operations and contract oversight capacity and build upon it by moving oversight of contracts to the finance area.</p> <p>A-2.1: To improve management of clinical operations, immediately address critical gaps, including: a) appointing a full-time Medical Director, b) designating Assistant Medical Directors in key outpatient areas, c) repurposing and filling the vacant Assistant Director of Mental Health as an Assistant Director for Clinical Operations over both MH and SUD, and d) reorganizing existing administrative resources to support additional clinical supervisor time sufficient to reduce spans of control to 8 to 12 FTEs (with an average of 10 FTE).</p> <p>A-2.2: Over the longer term (by 10/1/2013), the Tiger Team should determine the appropriate organizational structure for long-term management of ADMHS.</p> <p>A-3: Make targeted administrative enhancements to improve UM oversight and payer identification.</p>	<ol style="list-style-type: none"> 1. All administrative divisions, including Contracts & IT/MIS, have been re-organized under the oversight of the CFO/Deputy Director of Finance (A-1) 2. Regarding A-2.1: <ul style="list-style-type: none"> • The Medical Director allocated to .9 FTE, with .1 clinical duties. • Assistant Director-Clinical Operations hired, broad span of control includes ADP, Clinical Programs, MHSA, Consumer Empowerment, Integration, and Special Projects. • Hired Regional Managers and Team Supervisors to provide better oversight and supervision of clinical programs <ul style="list-style-type: none"> ○ Regional Managers for Lompoc and Santa Maria hired ○ Team Supervisors being hired in phases 3. Regarding A-2.2 and A-3: Quality Assurance/Utilization Management Workgroup chartered & re-established QIC. 	<p>Previously:</p> <ul style="list-style-type: none"> • Understaffed & isolated <p>Creating Admin that is:</p> <ul style="list-style-type: none"> • Transparent & welcoming • Flexible & able to respond to administrative & operational demands • Customer service-driven <p>Key examples of how we are doing this:</p> <ul style="list-style-type: none"> • Filling clinical admin positions • Re-engineering QA/UM oversight roles and involvement in clinical operations • Restructure admin functions to better meet the needs of system

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<p>Compliance</p>	<p>C-1: Address short term compliance needs by carrying out a written compliance risk assessment over the next three months and develop a plan by 10/1/2013 to address remaining compliance gaps.</p> <p>C-2: Immediately shift participation in the CBO Scorecard process to a voluntary basis and establish a System Change Work Group focused on improving the ADMHS / CBO working relationship over the short and longer term.</p>	<ol style="list-style-type: none"> 1. Regarding C-1: The compliance area has been restructured and redesigned: <ol style="list-style-type: none"> a. Compliance Chief independent of clinical operations established & hired b. Updated Risk Assessment completed. Compliance Planning focused on the following: <ul style="list-style-type: none"> • Safety & Risk Management: Subcommittee established; Safety Officer collaborating with PHD; & safety trainings conducted • ADP Training/Certification Update: Working with ADP providers to renew certifications & conversion to electronic health record in Clinician’s Gateway • Access: Possible contract with Holman Group for responding to Access line & work effort to ensure that assessments and treatment plans are completed/signed by client on time • Medical Practice Policies & Adverse Medication Reactions: Established Pharmaceutical Practice Workgroup to improve medication handling; medication distribution & education; implementing RxNT by 7/1/14; and focus on compliance with policies & procedures c. Culture Shift: There is a positive spirit of collaboration at Compliance meetings, wherein individuals feel free to speak openly about concerns. d. Compliance Chief provides direct consultation with staff, at their request. 2. Regarding C-2: <ol style="list-style-type: none"> a. Joint Review Action Team initiated with CBO and stakeholder involvement to look at: <ul style="list-style-type: none"> oJoint Review process is now collaborative oRe-purposing Joint Review meeting process oRevising Joint Review measures oCreating a review process for internal ADMHS teams b. ADP and ADP Advisory Board implemented scorecards to more effectively monitor performance of ADP CBOs. c. Outlined plan for rewriting Scopes of Work and outcome measures for all major clinical contracts, including move to three-year contract cycles. This plan vetted by CBOs. 3. ADMHS received a score of 93% in compliance for operations from Systems Audit in February 2014. 4. Compliance Officer informs Executive Team of developing issues and requires the team to develop plans of action. 	<p>Previously:</p> <ul style="list-style-type: none"> • Compliance viewed as policing rather than guiding <p>Creating Compliance that is:</p> <ul style="list-style-type: none"> • Transparent & welcoming • Flexible & able to respond to administrative & operational demands • Consultative with clinical operations to address areas needing improvement <p>Key examples of how we are doing this:</p> <ul style="list-style-type: none"> • Culture shift in role & expectation of Compliance unit • Collaborative approach to relationships with CBO partners