

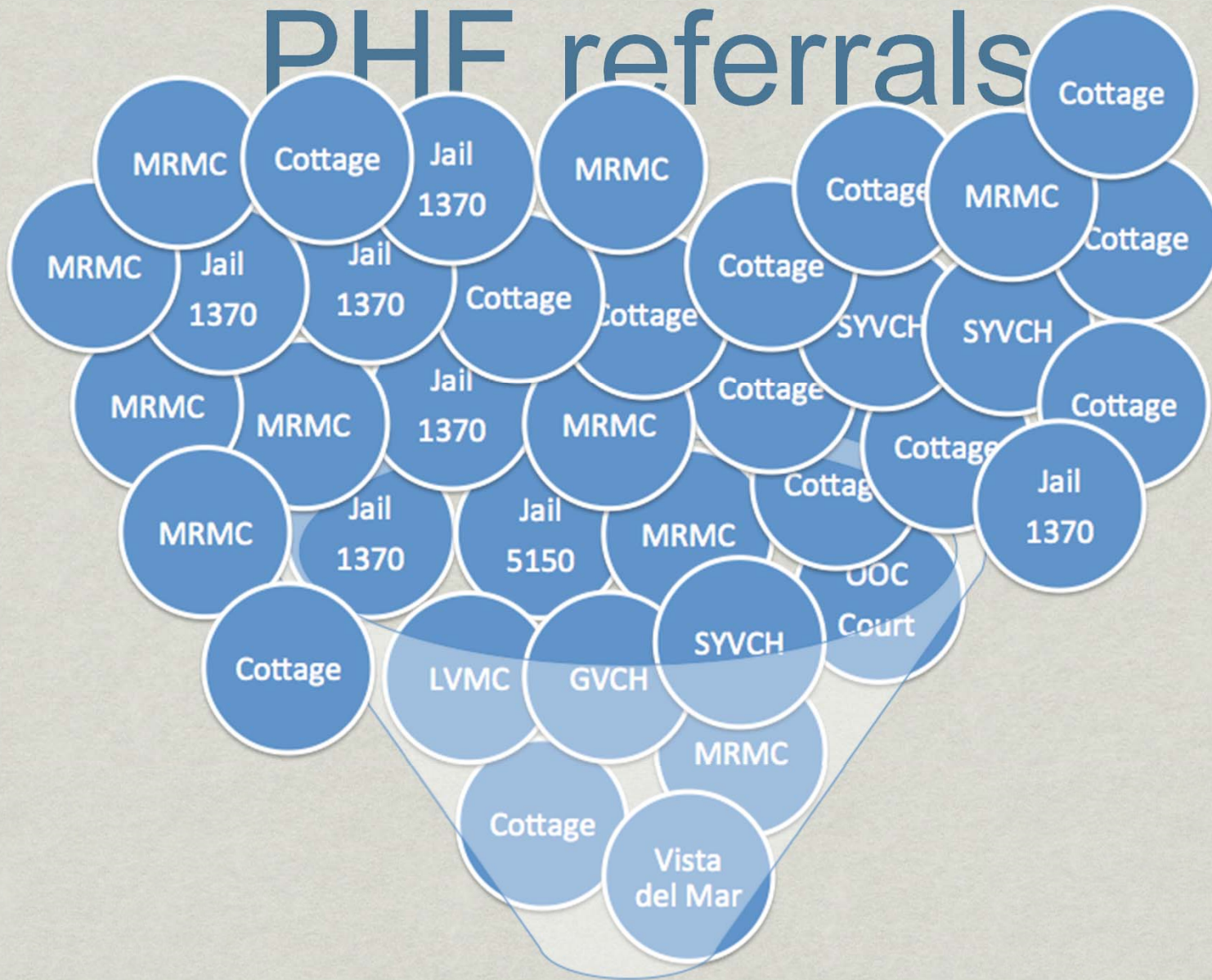


PHOTO BY PAUL WELLMAN

# What is the PHF?

- \* 16 bed acute psychiatric inpatient hospital serving severely ill Santa Barbara County residents
- \* licensed to accept Medi-Cal and Medicare = only Super-PHF in California (20 others are not)
- \* ~50/50 mix North/South County patients

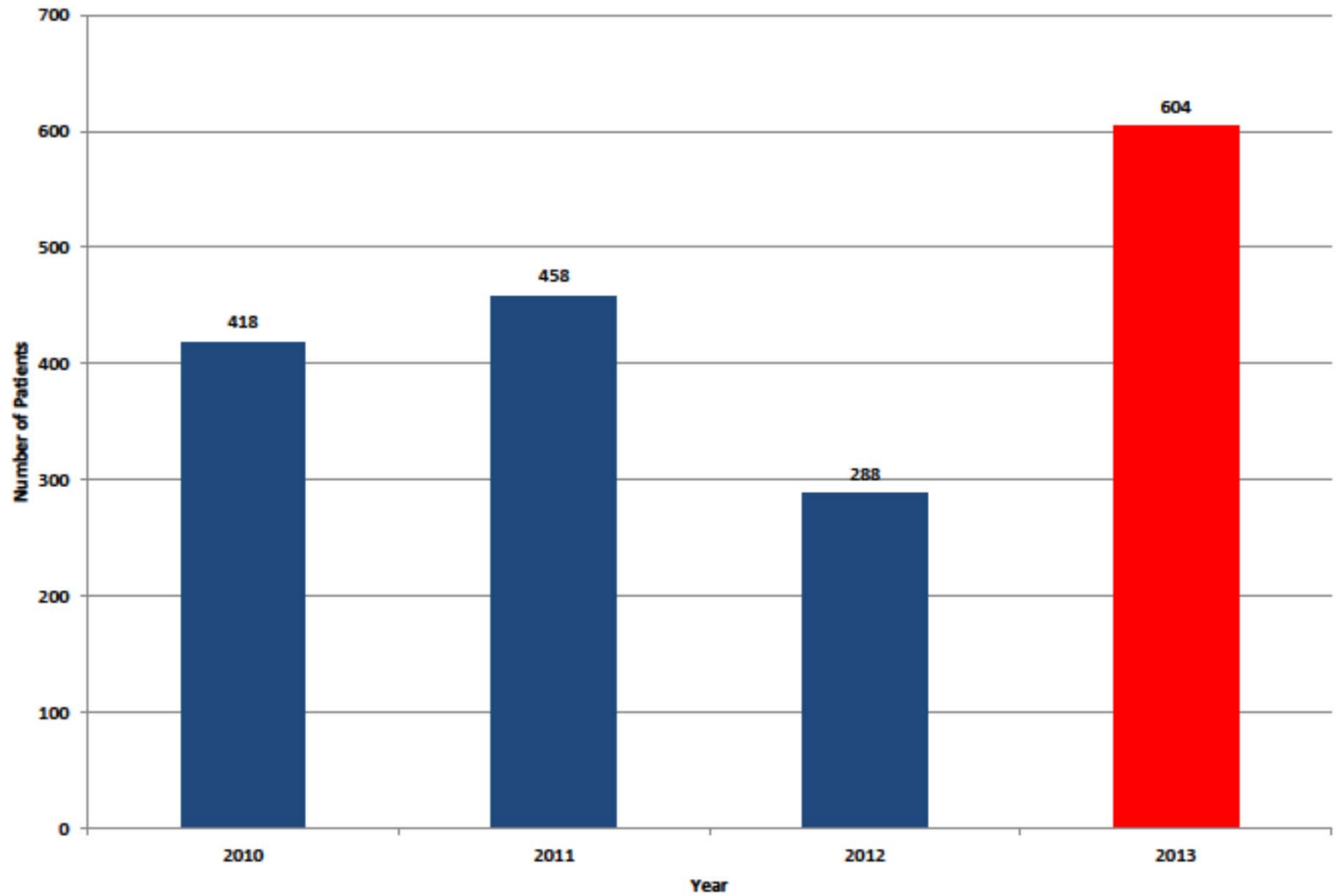
# PHF referrals



16 BEDS

CONTRACT OUT OF COUNTY  
BEDS

### Cottage Santa Barbara ED Patients Requiring Inpatient Psychiatric Services

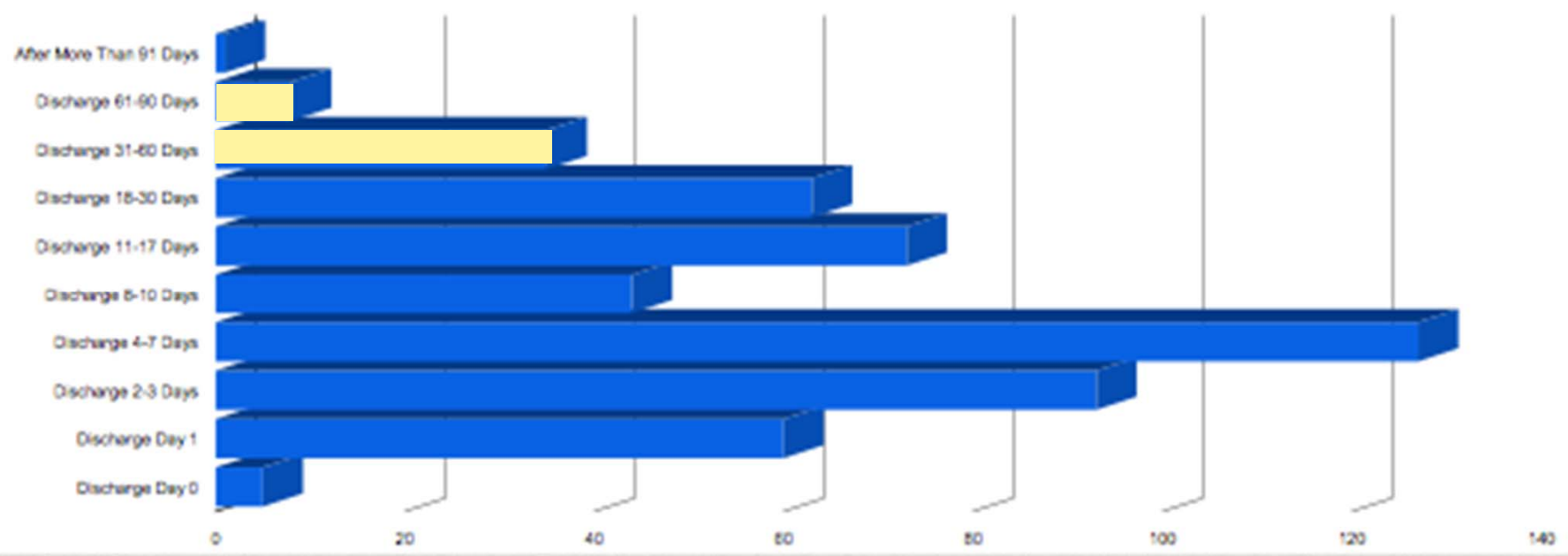


# Referral Sources

- \* Emergency rooms / Crisis Team
- \* Jail
- \* Vista del Mar transfers
- \* Out of County Conservatees here for court

County of Santa Barbara, ADMHS  
Discharge Activity Report (MHS)  
Consumers Discharged from PHF Between 4/1/2012 and 4/30/2013

PHF Discharges



APRIL 2012 - APRIL 2013

# analysis of long stays

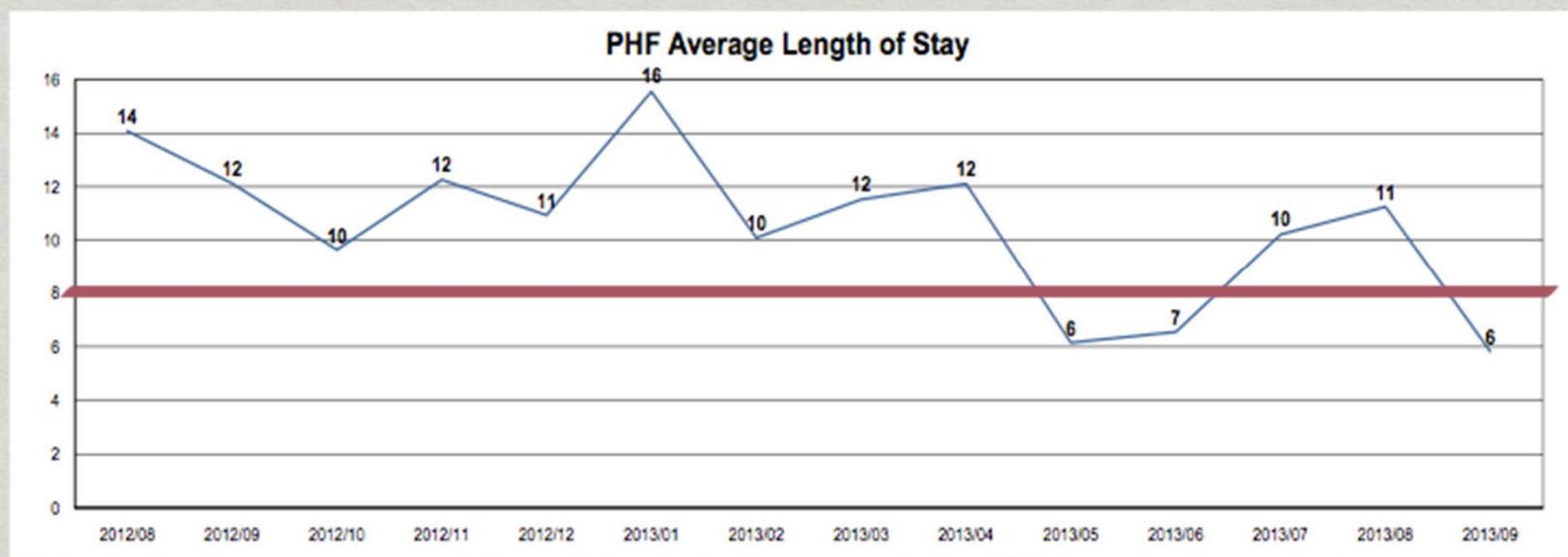
reason	%
placement problems	75%
clinical challenge	45%
conservatorship pending	19%
jail	13%
MNC not met	9%
medically complex	6%

REVIEW OF 32 LONGEST LOS 2011-2012

## County of Santa Barbara, ADMHS

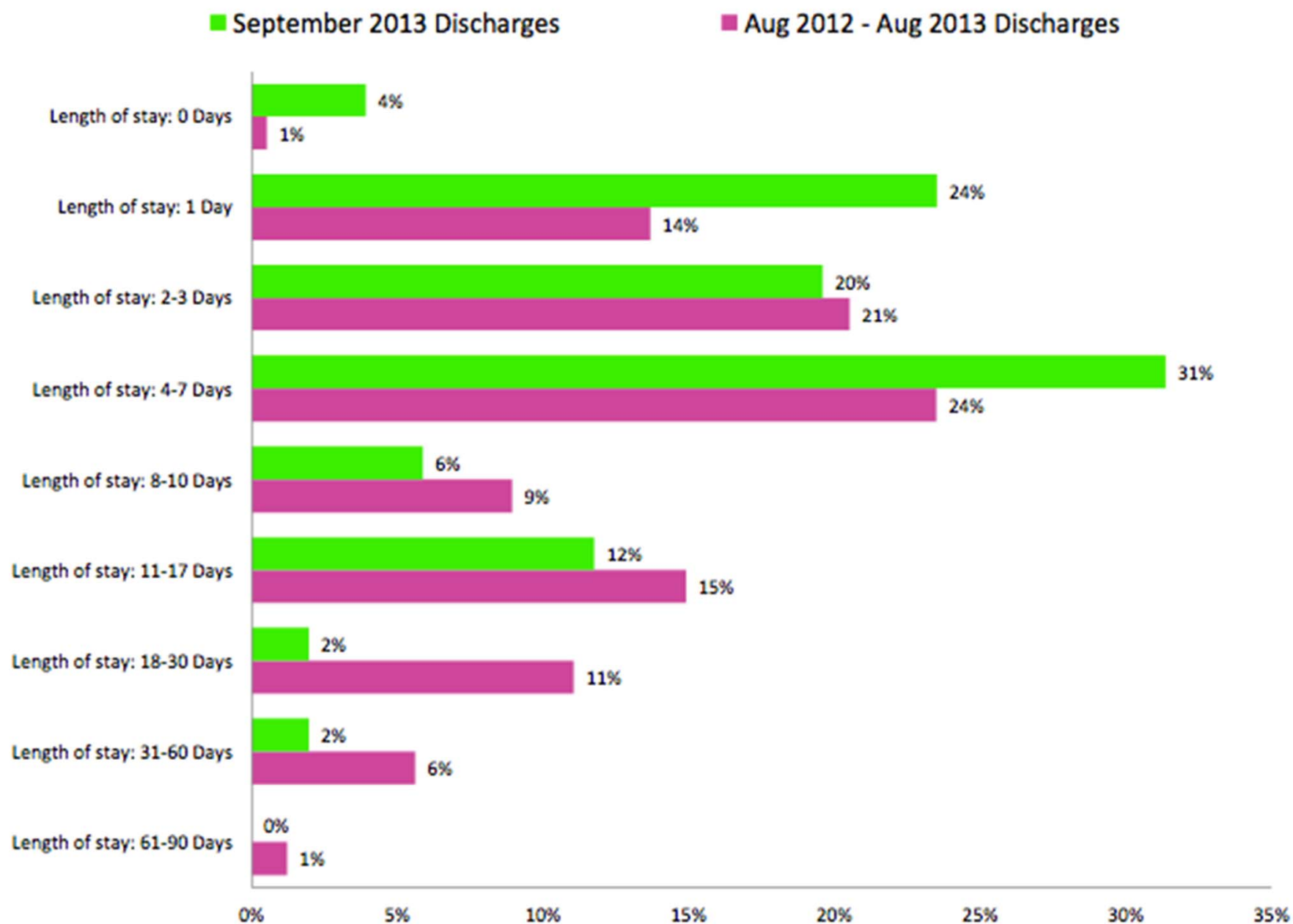
## Discharge Activity Report (MHS)

Consumers Discharged from PHF Between 8/1/2012 and 9/30/2013





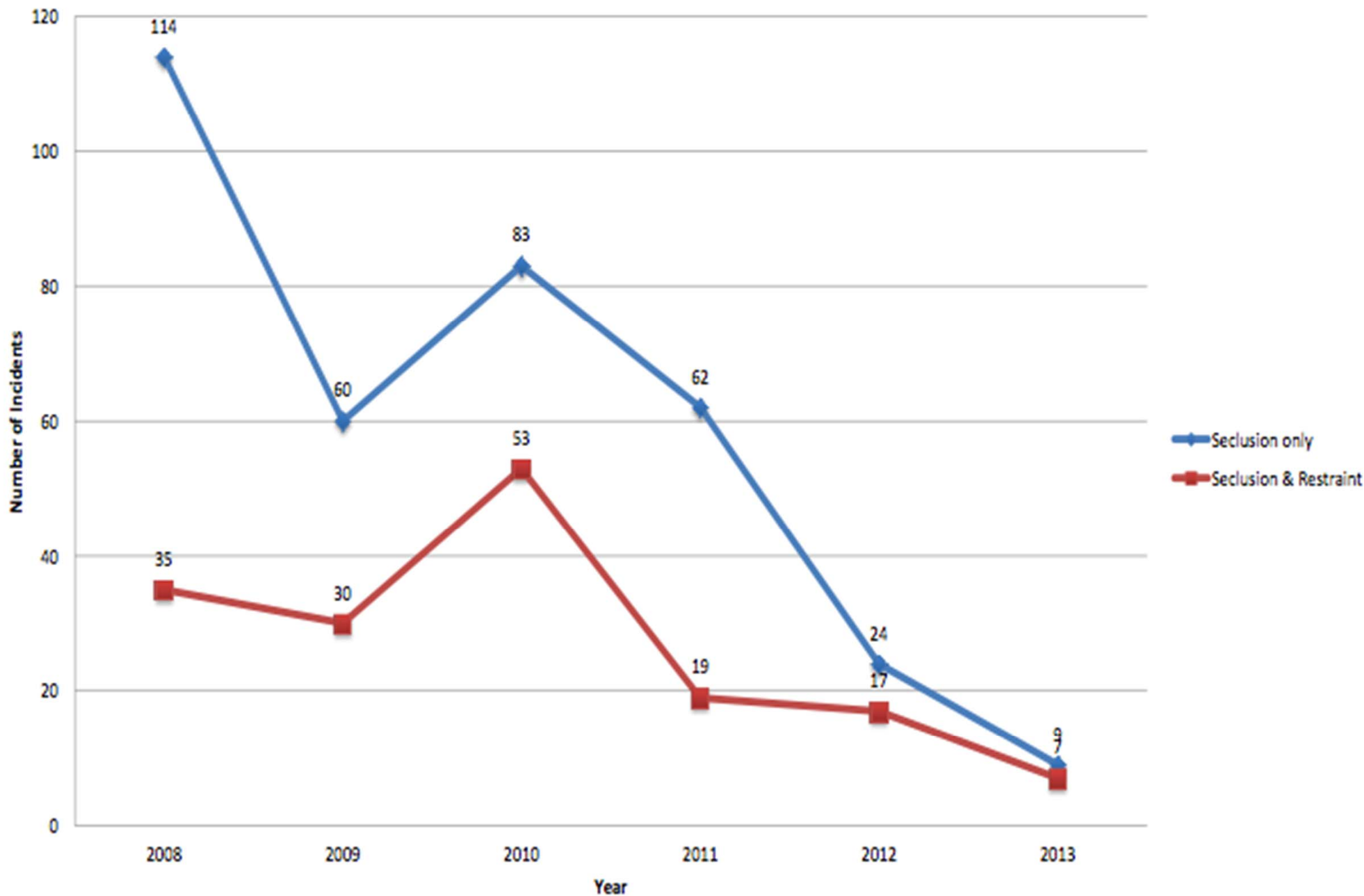
## Consumers Discharged from PHF Between 8/1/2012 and 9/30/2013



# PHF program quality

- \* increased psychotherapy
- \* increased supervision of staff
- \* involvement of family
- \* incorporate peer recovery specialists
- \* psychological testing
- \* innovative programming - DBT, recovery groups
- \* incorporate students: pre and post-doctoral
- \* non-smoking since May 1
- \* alcohol and drug assessments

## 2008-2013 PHF Seclusion and/or Restraint Incidents



# Improving bottom line

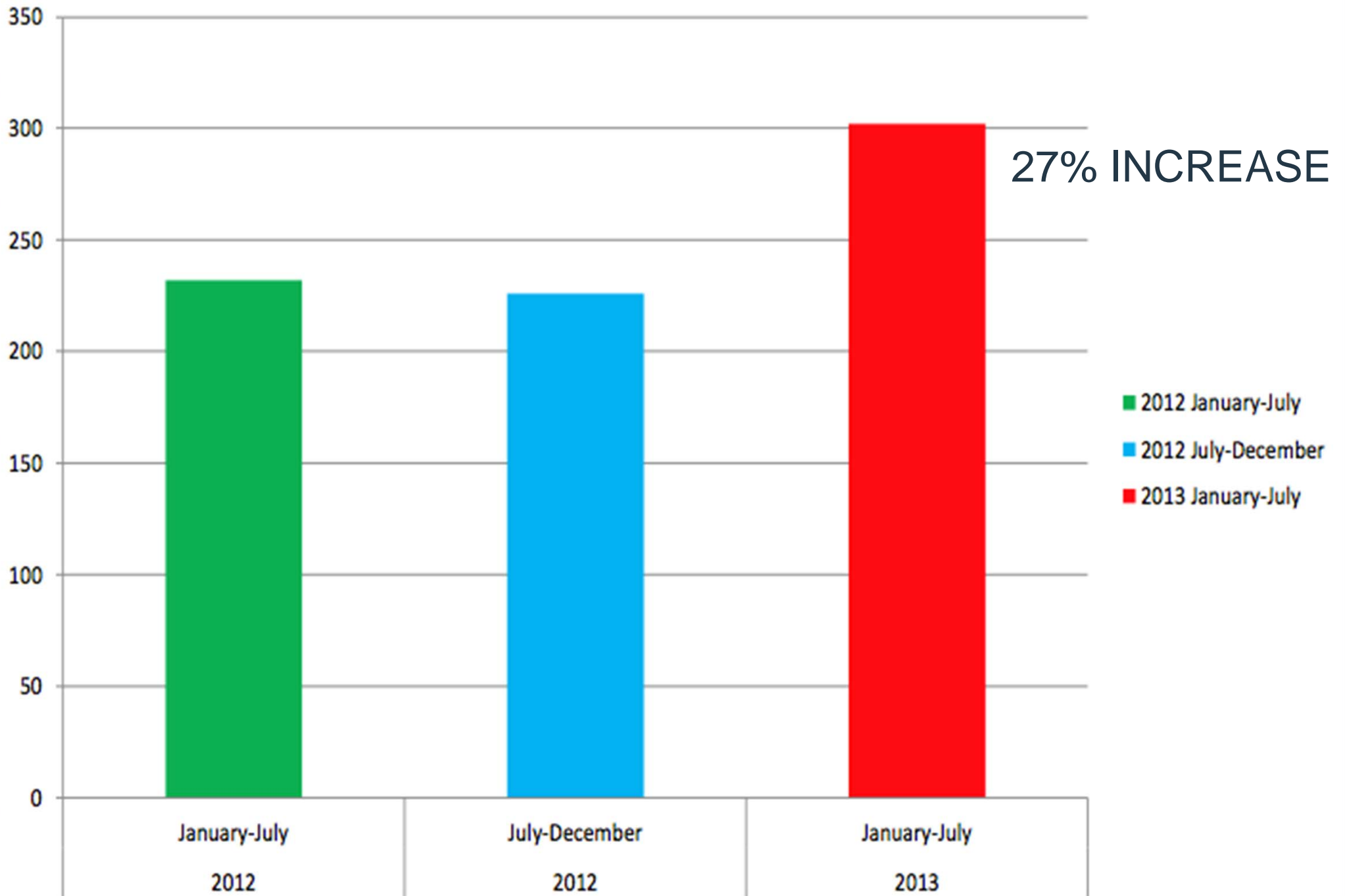
DECREASE  
COSTS

- \* manage admission MNC
- \* intense LOS oversight
- \* attention to pharmacy and lab costs
- \* quicker turnaround from VdM

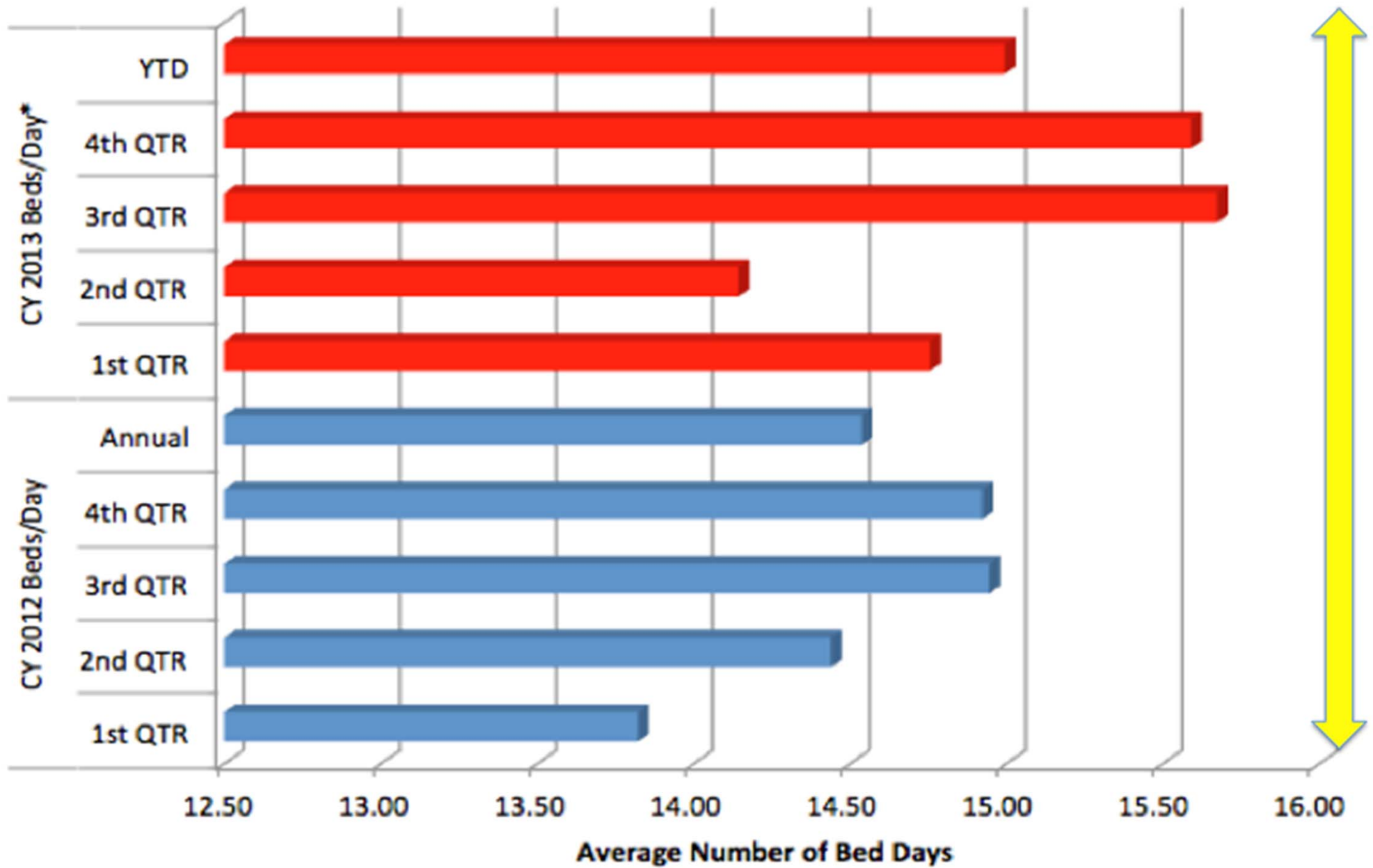
INCREASE  
REVENUE

- \* on-the-spot benefit applications
- \* Medi-Cal audit review team Kern + Olive View
- \* monitor MD discharge summaries

# PHF Discharges



# Bed Day Rates CY12-13



\* 4th QTR of CY2013 reflects data of months October and November 2013 only.

# Improving bottom line

## INCREASE REVENUE

- \* improve private insurance collections from current 16%
- \* begin billing for MD services: Medicare and private carriers
- \* tighter examination of Medi-Cal MNC
- \* explore realities of super-PHF and Medicare

	Indigent Utilization	Payor Utilization
Average Annual CY 2012	21.62%	78.38%
Year-to-date CY 2013	19.53%	80.47%



# PHF BUDGET FY 13-14

Revenue	Medi-Cal/Medicare 3.043M Realignment/GFC 3.657M 6.700M
Expenses	Salaries and Benefits 5.5M Services and Supplies 1.2M 6.700M



# CHALLENGES

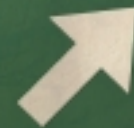
- \* inadequate number of inpatient beds for population
- \* lack of local IMDs
- \* lack of local Board and Care facilities, supervised discharge settings
- \* lack of South County crisis residential service
- \* lack of medical detox capability
- \* IST misdemeanants

# FINANCIAL ISSUES

- \* ADMHS still faces at least \$1.7M financial challenge in overall Inpatient System of Care for FY 13-14:
- \* Budgeted \$500K for 709 contract acute inpatient beds (1.94 beds/day); on track to spend \$1.8M for 3,054 contract inpatient beds (8.37 bed/day).
- \* Budgeted \$800K for 4,925 contract long-term inpatient beds (13.5 beds/day); on track to spent \$1.2M for 6,866 contract long-term inpatient beds (18.8 beds/day).

The Future

NEXT EXIT



# GOALS

- \* reduce LOS to 8 days
- \* maintain high average daily census
- \* minimize OOC overnight stays
- \* decrease utilization of VdM by enhanced crisis training and managing stays
- \* decrease pharmacy costs by 30%
- \* increase Medi-Cal receipts
- \* CA Health Improvement Project: med adherence

# OPPORTUNITIES

- \* utilize Steinberg grant SB82 to enhance services for community
- \* ACA implementation
- \* evaluate RFIs
- \* incorporate EHR into PHF
- \* encourage community involvement