



**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: ADMHS/CEO
Department No.: 043/012
For Agenda Of: April 22, 2014
Placement: Departmental
Estimated Tme: 2 hours
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Dr. Takashi Wada, Interim Director ADMHS
Director(s) Terri Nisich, Assistant County Executive Officer
Contact Info: Dr. Takashi Wada, Interim Director ADMHS (681-5221)
Terri Nisich, Assistant County Executive Officer (568-3400)
SUBJECT: The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System
Change

County Counsel Concurrence

As to form: N/A

Auditor-Controller Concurrence

As to form: N/A

Other Concurrence: Risk Management

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

- A. Receive report from staff, TriWest Group, and stakeholders regarding progress to date and next steps on ADMHS Comprehensive Systems Change Effort and;
- B. Adopt System Change Vision, Values and Guiding Principles Statement and;
- C. Direct Staff to return on June 17, 2014 with a discussion of capital and facility needs for the Alcohol, Drug & Mental Health Services System of Care.
- D. Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guideline Section 15061(b) (3).

Summary Text:

This item is on the agenda in order for the Board of Supervisors to receive a progress report from staff, the TriWest Group, and the stakeholders regarding the comprehensive Alcohol, Drug & Mental Health Services Systems Change effort initiated in May of 2013.

**The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change**

April 22, 2014

Background:

On May 21, 2013, the Board of Supervisors received a report from TriWest Group regarding their comprehensive assessment of the overall performance of Santa Barbara County's Alcohol, Drug & Mental Health Services Department (ADMHS) System of Care. Specifically, TriWest focused on clinical operations of the outpatient system and overall business and compliance practices.

Key Findings in 2013– TriWest Report

The TriWest report focused on overarching findings related to organizational culture and service delivery capacity within ADMHS to operationalize a resource efficient system with an emphasis on continuous performance improvement and quality service delivery for Santa Barbara County residents, with the following specific areas of emphasis:

- *Systemic:* Assessment of overall system culture, design, and performance improvement capacity needed to maximize effective systems performance.
- *Clinical Operations:* Analysis and assessment of outpatient service delivery systems of care for adults and children, focusing on services, outcomes, metrics, and quality.
- *Finance:* Review of capacity and performance in the areas of funding, billing cycle, patient/payer mix, Medi-Cal reimbursement, denial rates, revenue, and broader financial management across funding streams, and compliance with fiscal regulations.
- *Administration:* Analysis of the structure and capacity of ADMHS to oversee and support clinical operations and business practices (financial management and compliance in support of the system of care).
- *Compliance:* Focus on documentation (intake, treatment planning, charting, and coding), internal controls related to the clinical system compliance with state and federal guidelines, quality assurance processes, and compliance monitoring.

In summary, the TriWest Report, while recognizing the many excellent programs and clinicians in Santa Barbara County, as well as the progress that has been made over the last several years in improving core fiscal and compliance functions, determined that, “the ADMHS adult and children’s systems of care were not producing the clinical outcomes for the residents of Santa Barbara County that would demonstrate effective use of available resources.” The team also identified multiple fiscal and compliance functions which needed to become more robust and more effectively integrated to support clinical and administrative success. The overall recommendation of the report was that Santa Barbara County needed to move quickly to initiate a comprehensive performance improvement driven process at ADMHS that would address all of the issues at every level of the system to produce better outcomes and reduce inefficient resource expenditures, all within the context of continued high level of fiscal oversight and improved regulatory and fiscal compliance monitoring.

Proposal to Proceed - May 21, 2013 Implementation Plan, Next Steps and Interim Structure

In order to address identified issues and implement the TriWest Report recommendations in a comprehensive manner, the following strategy was recommended to the Board of Supervisors and affirmed at the meeting of May 21, 2013. This approved strategy, included (but was not limited to) the following elements:

The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS) Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change

April 22, 2014

- Retain existing shared leadership structure and continue Dr. Wada in the interim role of Director of Public Health and ADMHS for an additional six month period.
- Implement an interim-yet formal-structure within ADMHS, with a leader, designated as Chief Operating Officer of Systems Change, for a period of up to one year, tasked solely with engaging all parties and facilitating the implementation of recommendations across the department and among stakeholders under the direction of the Assistant CEO and Dr. Wada.
- Retain the firm of TriWest & Zia Partners to provide continued guidance to the Department, particularly the medical and clinical branches, throughout the initial implementation period to ensure best practices for system design are put in place.
- Return to the Board of Supervisors in 2014 to provide a comprehensive report regarding progress on each of the emphasis areas and individual recommendations identified in the report.

Overview of System Change

Since May 21, 2013, in partnership with multiple stakeholders, the County has embarked upon a comprehensive system change effort. Systems change involves improvements in processes, practices, design and implementation of a range of system processes (such as crisis services, children's services, cultural competency, peer involvement, forensics) and improvement efforts in each individual program (County and CBO) providing service to all coordinated by a *Steering Committee* to advance the overall vision of a comprehensive system of care. To facilitate and guide the system change process, the County Executive Office formed the *Systems Change Steering Committee*. Broadly stated, the *Steering Committee* is a common table at which all strategic activities related to the vision-driven, customer-oriented, quality-improvement system transformation process are coordinated, organized, reported, and steered. This is an ever improving partnership body in which all significant constituencies across Santa Barbara County involved with the delivery of behavioral health care are represented. The representation is horizontal across different agencies and programs as well as vertical through different hierarchies, such as executives, supervisors, staff, advocates, and community based organizations, peers, consumers, and families. Participants in the *Steering Committee* are listed in **Attachment A**. This committee evolved from the previous County Executive Advisory Committee, has met monthly over the last nine months. Key actions of the committee to date include the development of systems change vision, values, and guiding principles (**Attachment B**) which guide and inform the approach to all system change activities. The Committee has also authorized and chartered five *action teams*, as well as workgroups and other improvement processes to carry out clinical performance improvement activities (*listed and described below*).

Also, integral to the system change processes, the work of *Change Agents* is represented throughout the overall system of care. *Change Agents* are individuals who represent consumers, families, and program staff for both County services and CBO partners. *Change Agents* work collaboratively throughout the system and are empowered to work in partnership with each other and with leadership at all levels to promote systems change and to contribute to the implementation of programs, services, policies and practices which are consistent with the *Steering Committee's* vision, values and guidelines. To date, over 147 change agents have been identified and participated in the *Change Agent* group, and the group

The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS) Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change

April 22, 2014

has become progressively more organized in its capacity to contribute the voice of front line workers and service recipients to the process.

Action teams have been established with a wide range of participants to address key systemic service delivery issues identified in the TriWest Report by developing and implementing – in partnership with all stakeholders - effective quality improvement strategies in each area. To date, the following *action teams* have been chartered to conduct the day to day work needed to address critical issues:

- Children's System of Care
- Peers
- Forensics
- Cultural Competency
- Crisis System of Care

An additional *action team* is now in process of being chartered to focus on housing and homelessness.

Attachment C is a compilation of all activities undertaken under the scope of systems change, including the work of the *Action Teams*. Given the volume of activities, several items are highlighted and reference below.

Systemic & Organizational Progress

Goals:

1. Through the system change and the vision and goals and principles espoused, create self-sustaining organizational culture and process that, promote all other change goals, lay the foundation for an ongoing learning and Continuous Quality Improvement (CQI)-oriented organization, and ultimately produce better client outcomes for less cost.
2. Initiate a comprehensive performance improvement-driven transformation process at ADMHS through which County leadership visibly commits to the creation of a performance and quality improvement-driven culture for ADMHS, create a transitional structure to develop a quality improvement partnership framework at all levels (community wide system level, action teams in priority areas, front line change agents, and consumer/family stakeholders), and articulate an operational vision for ADMHS in which both clinical efficacy and financial responsibility are embraced.

Key actions and outcomes to date:

The County successfully initiated the system change process as recommended, led by a community-wide Systems Change Steering Committee co-led by Santa Barbara County (overall and specific departments), ADMHS, Community Based Organizations (CBO), hospital partners (Marian and Cottage), and change agents. The process is functioning, setting performance improvement goals, and achieving them. One key outcome evidenced is a successful shift in management approach from a top-down control structure to a more collaborative, performance-improvement driven culture in which both clinical and financial performance have improved. The rapidity of change and commitment and involvement across the system, particularly in the last five months, is reported by the TriWest/Zia Partners Team as one of the most effective they have experienced in any system.

**The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change**

April 22, 2014

Specific accomplishments are listed below (key outcome measures referenced in this section underlined):

1. SBC has initiated a system change process led by a community-wide System Change *Steering Committee*.

Steering committee specific achievements to date (**Attachment D**) include but are not limited to:

- Developed 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.
 - In collaboration with ADMHS, developed a framework for using MHSA values to inform the design of the entire system. This has led to the vision of Recovery Centers to be designed and developed in each part of the County, in partnership between County and CBOs.
 - Directed the implementation of an Access Survey Team to emphasize the importance of access as a system process, to assess how access should be improved and to develop an initial plan for implementation of improvements.
 - Initiated cross-functional, trans-organizational Action Teams that have been chartered in the following areas:
 - **Children’s Action Team:** Current areas of focus and progress include 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 implementation of evidence-based practices; reconsidering an updated and regulation-compliant MISC-like system of care.
 - **Peer Action Team:** Current areas of focus and progress include formalizing a focus of consumer/family empowerment, in partnership with the rest of the system to address key issues, including: 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 and progress include principles of customer orientation designed for initial access to service, 5150 sequence, mobile crisis response and crisis intervention, and inpatient care & discharge supports; drafting of welcoming crisis policy; addressing policy language to respond to individuals with co-occurring mental health and alcohol drug issues implemented crisis system survey.
 - **Cultural Competency & Diversity Action Team:** Current areas of focus and progress include: 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.
2. The MHSA Plan Update designed a multi-year outpatient system transformation, consistent with Steering Committee Vision. ADMHS plans to braid MHSA & Medi-Cal funding to create a system focused on client need for service when assessing placement in the system. This signals a fundamental shift in vision for system related to structure of services and client care.
 3. As a result of the improved system partnership, general as well as specific collaboration with Cottage Health Care and Marian Medical Center, ADMHS secured over \$10 million in SB-82 grant

**The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change**

April 22, 2014

funding for three regional triage teams: a mobile crisis team in Lompoc, a Crisis Stabilization Unit, and a Crisis Residential program in South County. This expansion will increase capacity to respond to crises, avoid involuntary care in hospitals or jail, connect clients to long-term post crisis care and reduce stress on law enforcement and emergency departments.

4. Mental Health and Alcohol & Drug Community Based Organizations have come together in a CBO Coalition to organize their efforts within the broader system wide performance improvement partnership framework.
5. The organizational climate and management structure are shifting from top down to collaborative structure, as indicated by the following:
 - a. ADMHS staff reports that there is a new climate of openness in the organization. In addition, responses to audit findings are being designed collaboratively with staff/partners.
 - b. ADMHS employee lost time was reduced by 9.4% from 5.3% in CY2012 to 4.8% in CY2013.
 - c. There is renewed focus on clinical skills training and staff development for staff, as well as training for all stakeholders on recovery oriented integrated clinical practice, as well as modern Continuous Quality Improvement methodology for improved organizational practice.
 - d. There is a commitment to a transparent and data-driven change process, as evidenced by ongoing evaluation of organizational climate/culture change with the Employee Voice Survey, CBO Coalition Survey and Client & Family Member Survey.
6. Key operational structures have been developed, over the last year, to align with and adequately support the new organizational structure, as follows:
 - a. The ADMHS Executive Team has been reconstituted with the direct involvement of the Medical Director and new Assistant 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.
 - b. Regional Managers have been hired for each region, who are committed to System Change values, and who are being empowered to be responsible for supporting the development of regional delivery systems, in partnership between County, CBOs and other stakeholders, that are welcoming, accessible, recovery oriented, culturally competent, and integrated.
 - c. Established the System Transformation and Resource Team (START) formerly the Design Team, to support the Steering Committee by providing technical assistance, training, and program evaluation and communication expertise to the system change efforts.
 - d. Initiated a Change Agent Team which currently involves 147 change agents who represent all parts of the system, and include consumers, peers, family members, ADMHS managers, ADMHS clinical staff (line staff, office staff and psychiatrists), staff from other County agencies (e.g., Social Services, Probation), and staff from community partners (e.g., CBOs, hospitals).

(Please refer to complete listing of actions and outcomes on Attachment C)

**The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change**

April 22, 2014

Clinical Operations Progress:

Goal: Build on existing strengths and collaboratively create a value focused, accessible, welcoming, and culturally responsive and peer involved, quality improvement oriented complexity capable integrated and fiscally strong sustainable system of care.

Key actions and outcomes to date:

1. ADMHS has focused on improvements in access to care as a priority and has efforts underway to continue reducing wait times to care to enhance the Department's ability to respond to the needs of the community. In particular:
 - a. The Steering Committee commissioned the Access Survey Team to detail how access operates and identify opportunities for improvement.
 - b. The average wait time to see a psychiatrist has improved to 40 days for adults (from 66 days) and 45 days for children (from 73 days). This remains a priority focus area as wait time remains high.
 - c. The Cultural Competency Action Team partnered with the Latino Advisory Committee and Nuevo Amanecer to pilot expedited access and coordination supports for Latino clients.
2. Clinical processes are being redesigned in every ADMHS program with the focus of how to best leverage current capacity, cross program coordination and filling vacant manager and clinical staff positions. Clinical policies under development in multiple areas; examples include:
 - a. ADMHS and PHD staff meeting to determine policy and procedures for treating shared clients with complex needs.
 - b. Crisis Action Team has developed a general welcoming policy, as well as policy for welcoming individuals with co-occurring conditions.
 - c. Office of Strategy Management leading efforts to develop policies & procedures in areas such as Katie A, communications & Board of Supervisor letters & documents.
3. ADMHS began the selection and implementation process for adult & child standardized clinical assessments to better evaluate clinical stability & progress of clients.
4. To better align with MHSA guiding principles, improve client care and improve outcomes, an initial set of evidence-based-practices have been selected for training and implementation.
5. A number of process, program and services improvements have been implemented at the PHF as represented at the January 2014 Board Hearing.
6. The coordination and integration of Mental Health and Alcohol & Drug is improving as evidenced by the following:
 - a. 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.
 - b. Alcohol Drug Program (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 CBO's now attend the CBO Coalition meeting.
 - c. Assistant Director of Clinical Operations attends the 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.

**The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change**

April 22, 2014

- d. Change agents working on universal implementation of integrated practice (co-occurring capability) in all programs, involving all persons providing help, using the ZiaPartners evidence based CCISC framework for system integration within base resources.

(Please refer to complete listing of actions and outcomes on Attachment C)

Finance Progress

Goal: Maintain and strengthen sound fiscal planning and practices, support clinical operational needs, and establish sufficient financial reserves.

Key actions and outcomes to date:

1. ADMHS finished FY2012-13 without requesting additional General Funds (first time in many years).
2. Recommendation for addition of \$1 million per year to audit exception reserve was adopted with the Fiscal Years 2014-16 Budget Development Policies.
3. ADMHS has extinguished or fully funded all known liabilities as of December 31, 2013.
4. Program decisions are driven by programmatic and clinical needs first and foremost with fiscal as a strong collaborator and guide.
5. CBO partners report greater satisfaction with monthly payment processes.
6. MIS/IT Task Force Action Team presented recommendations in Nov. 2013. Based on those recommendations, an Information Systems Steering Committee is working to balance Clinical, Administrative, and Fiscal uses of MIS/IT resources, consistent with Steering Committee Vision, Values, and Guiding Principles.
7. 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.)
8. Revenue Cycle review process established by Revenue Management team.
9. Created a budget hierarchy to make realignment funds more available for outpatient services.

(Please refer to complete listing of actions and outcomes on Attachment C)

Administration Progress

Goal: Create administrative supports that are transparent and welcoming, flexible and customer driven and able to respond to administrative and operational demands.

Key actions and outcomes to date:

1. Established the Office of Strategy Management, which includes research/program evaluation, communication, training and quality improvement; new performance metrics currently under development.
2. To improve communication and efficiency, all administrative support programs have been reorganized and coordinated under the CFO/Deputy Director of Finance.

**The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change**

April 22, 2014

3. A full time (.9) Medical Director was reestablished, and an overall strategy for psychopharmacology services has been designed.
4. Assistant Director of Clinical Operations hired with a strong commitment to the overall system values and principles and a broad span of control (including ADP, Clinical Programs, MHSA, Consumer Empowerment, Integration, and Special Projects) to facilitate coordinated implementation of the newly designed system.
5. New Regional Managers for Lompoc and Santa Maria retained.
6. Team Supervisors are being hired in phases. Supervisors hired for CARES south and Lompoc and Santa Maria Children's.
7. Span of control reduced to provide for enhanced supervision and guidance of staffing and services from 1:25 in issue areas to 1:10 on average).
8. Quality Assurance/Utilization Management Workgroup chartered & re-established Quality Improvement Committee (QIC).

(Please refer to complete listing of actions and outcomes on Attachment C)

Compliance Progress

Goal: Create comprehensive compliance office that focuses on prevention through frequent trainings, assessments and partnerships which is transparent flexible and able to respond and is consultative with operations to address areas needing improvement.

Key actions and outcomes to date:

1. Compliance Chief retained and serves as an independent report to ADMHS Director with lines to CEO and Auditor-Controller.
2. Risk Assessment completed with identified areas of improvement identified..
3. ADMHS received a score of 93% in compliance for operations from Systems Audit in February 2014.
4. Scorecard Action Team initiated with and by CBO and stakeholder involvement to evaluate:
 - a. Re-purposing scorecard meeting process now known as joint quarterly review.
 - b. Revising scorecard measures.
 - c. Creating scorecards for internal ADMHS teams.

(Please refer to complete listing of actions and outcomes on Attachment C)

Next Steps: Looking Forward:

System change will continue as a permanent process for the department and the Santa Barbara County Behavioral Healthcare System. Structural, procedural and cultural elements of change have been adopted that will allow for continuous cycles of improvement as a normal way of doing business. In addition, the TriWest and Zia Partners Team remains actively engaged in supporting system change, however, their roles are anticipated to diminish, over the next 2 years, as the system as a whole puts necessary elements in place to ensure the success and sustainability of this effort.

The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS) Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change

April 22, 2014

A key element in system change is the proposed MHSA Plan Update for FY 14-15. That plan update will establish the whole of our outpatient system of care and recovery in alignment with the intent of the MHSA and will allow MHSA funding of a broader array of programs and treatment models, simplifying access into and throughout the system. This process is briefly referenced below, but the MHSA plan will be discussed in more detail in a subsequent agenda item on April 22, 2014.

Key Focus Areas 2014 and Beyond:

Stabilizing ADMHS Leadership and Structure

An essential next step in system change, necessary to ultimately stabilize the department, is the determination of the organizational structure and future leadership for ADMHS. The County Executive Office has worked in conjunction with ADMHS, Human Resources, the Mental Health Commission, the Steering Committee and TriWest Team on this matter. Regarding the organizational structure, it is recommended that ADMHS continue in its current configuration at this time, as a separate entity from Public Health, given the following factors:

1. System change entails significant time and resources and is focused on improving foundational elements of operations which must be addressed prior to consideration of the administrative integration of physical health and behavioral health departmental administrative and services delivery systems. Systems change is anticipated to take approximately three to five years to fully address all factors.
2. Attempting to integrate departmental functions while simultaneously attempting comprehensive System change potentially compromises both efforts.
3. There is an immediate opportunity to use the current change process to improve integration of physical health and behavioral health services, within the current administrative configuration.

Recruitment of an ADMHS Director

The recommendation to continue ADMHS as a separate department necessitates the recruitment of a director to lead the transforming department. This action has been discussed with the Mental Health Commission and the System Change Steering Committee and is supported and encouraged.

Continuing Measurement of our Progress Development of Strategic Measurable Achievable Realistic Time bound (SMART) ADMHS Metrics of Success

As ADMHS proceeds with internalizing a continuous improvement process of system change to better meet the needs of its customers while managing resources effectively, the tracking of progress in Systems Change will become internalized as well, as reliance on the TriWest Report is gradually reduced. Therefore, during the next 4 months, the *Steering Committee* will be developing additional goals and measurable objectives for System Change that will allow continuing measurement of progress, and will be regularly updated in collaboration with system partners, so that the change process and outcomes are consensual and transparent. These system change goals and objectives will be data driven, and will be built on the continuing development of improved metric and routine management reports focused on improving system processes, clinical practices (e. g., access, integration, recovery planning) and outcomes.

The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS) Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change

April 22, 2014

Development of Internal Evaluation Capability in ADMHS

ADMHS has established an internal role of research & program evaluation under the Office of Strategy Management. The Evaluator is facilitating a culture of continuous quality improvement by providing strategic, long-term vision and leadership for the Department by building accountability and improving the effectiveness of services through research on emerging issues, program evaluation and the development and implementation of a behavioral health performance management system. The Evaluator is providing essential information for data-driven decisions about strategic objectives, resource allocation, and program design; as well as to help communicate the value of the Department's behavioral health initiatives, programs and services. In March 2013, a framework for evaluating the performance of the Department was approved in concept by the Executive Team.

Continuing the Implementation of System Redesign

- Recovery Centers
- Universal Co-occurring Capability
- Integrated Physical health/behavioral health practice in both ADMHS and Public Health

As described above, the areas of MHSA driven re-design, including the Recovery Center concept, as well as progress with integration between mental health and alcohol, drug, and Public Health and Behavioral Health, are key areas of continued practice development that will be taking shape in coming months. Now that many basic elements are in place, ADMHS and CBO partners will be defining next steps outlining the details of a redesigned customer oriented value driven service delivery model in each area of the County. Further, working with the TriWest Group, the system will be organized to help each program develop an improvement process directed at provision of integrated services to individuals and families with complex and co-occurring mental health, alcohol, drug, and health needs.

Continuing Crisis Redesign

During the next several months, the SB82 grant funds will permit both expansion and redesign of the crisis continuum in all parts of the County. Planning for the first phase of implementation is under way and coordinated with both the *Crisis and Peer Action teams* to develop a more welcoming, accessible, integrated crisis response process to permit earlier intervention and reduction of high end utilization. This process in turn will reduce pressure on the PHF and inpatient units, and will be aligned with the recommendations made by Dr. Lundt in her presentation to the Board of Supervisors in January of 2014.

Continuing Improvement of Access to Services

The Access Survey Team will be presenting findings to the Steering Committee in April 2014. Additional interviews are planned for client and family member groups prior to submission of a final report to the Steering Committee. ADMHS will continue to focus on improving access to care, particularly for clients needing psychiatric services. A Process Improvement Project is underway aimed at further reducing wait times to see both adult and child psychiatrists. With the expansion of the Department's crisis system of care and adequate staffing of outpatient clinics, it is anticipated that the number of high utilizers (those with \$30,000 of services per year) will decrease. Efforts will also be targeted at increasing outreach and access to community residents of diverse cultural groups, including increasing the number of Spanish-speaking clinical staff, ensuring that assessment methods are culturally sensitive, and providing training for staff.

**The County of Santa Barbara Alcohol, Drug & Mental Health Services (ADMHS)
Outpatient & Inpatient System of Care Assessment – Progress Report 1 System Change**

April 22, 2014

Workforce Recruitment and Retention

Within the context of the redesigned system, and the Steering Committee vision and values, ADMHS along with its partners have developed a commitment to continually recruit and improve an inspired and diverse workforce, including the full range of staff from prescribers to clinicians to peer support, as well as high quality administrative personnel. ADMHS is addressing the human resource framework for performance appraisal and supervision including the development of effective evaluation and recruitment strategies for all positions.

Fiscal and Facilities Impacts:

There are no fiscal and facility impacts associated with the receipt of this report.

Attachments:

- A. List of Steering Committee Members and Affiliation
- B. Santa Barbara County Behavioral Health System Vision, Values and Guiding Principles
- C. Consolidated list of findings/recommendations/progress
- D. Steering Committee Specific Accomplishments