



**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
Department No.: 043
For Agenda Of: December 15, 2015
Placement: Departmental
Estimated Time: 2 hours
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors

FROM: Department Alice Gleghorn, PH.D. Director
Director(s) Alcohol, Drug, and Mental Health Services
Contact Info: Alice Gleghorn, Ph.D., Director ADMHS (681-5233)

SUBJECT: The County of Santa Barbara Alcohol, Drug and Mental Health Services
Outpatient & Inpatient System of Care Assessment – Progress Report 2 - Systems
Change

County Counsel Concurrence

As to form: N/A

Other Concurrence: Risk Management

As to form: N/A

Auditor-Controller Concurrence

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

- A. Receive and file a report from staff and stakeholders regarding progress to date and next steps on ADMHS Comprehensive Systems Change Effort;
- B. Provide direction to staff as appropriate regarding Systems Change activities, and
- C. Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guidelines Section 15378(b)(5) since the recommended actions are government administrative activities which do not involve commitment to any specific project which may result in potentially significant physical impact on the environment.

Summary Text:

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

Background:

On May 21, 2013, the Board of Supervisors received a report from TriWest Group regarding its comprehensive assessment of the overall performance of Santa Barbara County Department of Alcohol, Drug & Mental Health Services (ADMHS) System of Care. Specifically, TriWest focused on clinical operations of the outpatient system and overall business and compliance practices. A summary of key findings and objectives for systems change (Progress Report 1) was presented to the Santa Barbara County Board of Supervisors on April 22, 2014. An updated, detailed summary is presented here with progress in the planned 3-5-year transformation of the Department. This report will follow the same general format as the 2014 update, focusing on five areas of emphasis defined by TriWest related to organizational culture and service delivery capacity: Administration, Systemic, Clinical Operations, Compliance and Finance. Specific TriWest recommendations and the Department's progress on these targets will be reviewed, with complete, detailed notes on a variety of systems change projects shown in Attachment A. Specific examples will be noted throughout the report.

What is Systems Change?

The ADMHS Systems Change initiative emerged from a CEO- and Board of Supervisors-sponsored in-depth consultation and departmental self-study to identify and address longstanding system issues that prevented the department from providing high quality, sustainable services delivered by a motivated, empathetic and skilled workforce in a manner consistent with required documentation practices that satisfy funding parameters and reduce audit risks.

The act of creating an initiative to “adopt” a systems change approach in itself suggests that it was NOT possible to create systems change. In fact, failure to address the longstanding issues within ADMHS routinely impacted the viability and sustainability of the department and all aspects of the service delivery system.

The term “Systems Change” refers to the planning process, the implementation of change strategies and the goal of reaching an efficient, effective, sustainable and inspiring system of care and recovery for mental health and substance abuse issues.

Overview

Systems change is a complex and multi-layered endeavor, with many important needs and demands. ADMHS has therefore created mechanisms to address various priorities and is working to ensure progress throughout the system. The department has attempted to set realistic, achievable goals that will create and sustain a positive work environment, while maintaining focus on longer-term strategies and prioritizing efforts that will save lives, reduce suffering, stabilize high-need clients, increase timely access to care, and utilize data to provide objective evidence of success or failure. ADMHS has adopted the following long-term strategies to achieve systems change: 1) Utilize data to assess progress and guide actions, 2) Involve staff and systems partners in continuous cycles of quality improvement,

3) Develop and implement compliance enhancement tactics to reduce the risk of negative audit findings and liabilities, 4) Improve the stability of funding by improving staff and CBO practices through technical assistance, support and ongoing monitoring and feedback, 5) Address the needs of those that use the most services across multiple systems (criminal justice, inpatient psychiatry, emergency medical transport, medical hospitalizations, hospital emergency rooms and substance abuse treatment) and who are often resistant to care by developing coordinated, collaborative, cross-system strategies, and 6) Reduce the use of locked (IMD/jail) and inpatient settings by focusing efforts to provide effective care in less restrictive settings, including safe and stable in-county housing. Despite wide-ranging accomplishments and progress in achieving change, the Department continues to face significant challenges to reach full change success within the five year timeframe.

Ongoing challenges include the need to provide services that are supported by state and federal funding, and to be in full compliance with all funding requirements. The lack of sufficient available flexible funding resources makes it difficult for the system to develop innovative practices. The majority of recent staff increases (FY13-14) were designated to expand the crisis system; however, there is also need for additional funded and budgeted positions to provide essential outpatient services. The historical fiscal challenges of the Department, including multiple millions of dollars in audit liabilities, have required the Department and county to allocate significant funds to resolve. Therefore, the Department currently lacks adequate unrestricted county general funds, and has been unable to build and sustain robust reserve accounts. Currently, the high volume of individuals with mental illness involved in the criminal justice system along with existing demand for high intensity/high cost services (inpatient, locked IMD) have impacted the Department's budget. Additionally, many of these out of county services do not have a funding source beyond County General Funds. Therefore, as individuals with mental health and substance abuse issues cycle repeatedly through emergency, inpatient, criminal justice, substance abuse and mental health services, the associated cost to the County of Santa Barbara escalates.

A proven means of providing mental health treatment services to high need clients is an evidence-based practice called Full Service Partnership (FSP). Locally, a version of FSP has been implemented; Assertive Community Treatment, or ACT. FSPs were mandated to be implemented across the state through the Mental Health Services Act (MHSA) funds. Most counties began FSP implementation in 2005, with the stated goal to provide "whatever it takes" to keep a client stable in a community setting, including appropriate housing, a dedicated team of MH staff (including those with lived experience as family members or in recovery), medication support, and employment assistance. With this high intensity of support and resources, FSP clients were envisioned to be able to lead stable, productive and fulfilling lives within their communities. The fidelity of FSP program implementation has varied widely across the state. Santa Barbara County is currently proactively engaged in evaluating program fidelity to address necessary improvements. Improving ACT services and expanding access to these services is both a priority and challenge for the Department, but necessary to provide adequate care to clients who are high users of multiple systems, including those resistant to treatment interventions.

Securing adequate in-county housing for high users of multiple systems and other mental health clients needing various levels of support is a significant challenge everywhere, but particularly in Santa Barbara County, where the estimated monthly room rental rate is approximately \$1,200. Although there are likely many different causal factors, in Santa Barbara County, clients with high service needs are also increasingly becoming involved in the criminal justice system, including increasing numbers declared Incompetent to Stand Trial (IST). The county has a long history of providing alternative court

processes for individuals with special mental health or substance abuse issues. Many of these were originally established with grant funds for the associated treatment resources, there are currently at least nine specialty courts where high need clients may appear. These voluntary courts see clients with special needs, and refer them to treatment, leveraging resolution of the legal issues with client compliance with treatment. Some involuntary services, such as administration of psychiatric medications without the client's consent, cannot be accomplished through the specialty court system. Improved coordination of these courts with behavioral health resources is necessary to improve care for complex clients.

A final challenge is the increasing rate of prescription drug and heroin use, and the related increase in both fatal and non-fatal overdose. Additional emerging patterns of drug use, particularly synthetic drugs which have unpredictable behavioral and physical consequences, are a challenge as the drug treatment system begins to design expanded Drug Medi-Cal services funded through the Affordable Care Act.

Systems Change Timeframe

According to the Systems Change timeline originally presented by ADMHS to the Board of Supervisors, the Department is on schedule for the expected progress. The foundation for core systems are being established (including policies and procedures, and fidelity to evidence-based practices and regulatory requirements), and the partnerships that have been created have demonstrated successful performance in some core areas, such as cultural competency, crisis response and housing. The Department is moving into the innovative phase where the programs and partnerships should lead to increased service delivery and should maximize the opportunities for collaborative system change activities.

Systems Change Structures

Systems Change involves collaboration of partners across the system of care and recovery. ADMHS developed the following model of System Change that describes the major structures of the systems change process, how each relates to the others, how partners participate in the change process and key work structures of the Department.

The transformation of ADMHS is guided by the **Steering Committee** which has representation from key system stakeholders, including the Mental Health Commission, the Alcohol and Other Drug Advisory Board, family members, consumers, and other county departments. It is Co-Chaired by the Deputy County Executive Officer (CEO), leaders of Community-Based Organization (CBO) and the Medical Director. This body designated System Values and Guiding Principles for Change (Guiding Principles), many of which derive directly from the Mental Health Services Act (MHSA), or Proposition 63, which was a voter initiative that passed in 2004 intended to transform California's mental health system. The Board of Supervisors approved adoption of these Guiding Principles in April, 2014. The guiding principles also reflect key parameters required by the state body that oversees county mental health and substance abuse services, the Department of Health Care Services (DHCS). Ensuring systems transformation in keeping with these principles will facilitate compliance with funding requirements and system audits. As the vast majority of Department funding comes from state and federal resources, compliance is essential for sustaining system viability.

The Steering Committee created **Action Teams** to work in partnership on specific system components

that require coordinated system change problem-solving and action steps. Action Teams are typically co-lead by ADMHS staff and external system leaders, with membership open to stakeholders. The Action Team structure allows stakeholders to prioritize work on specific change activities, and is designed to be an inclusive process. The designated Action Teams are: Forensic, Children's System of Care, Crisis Services, Cultural Competency and Diversity, Housing (known as HEART) and Peer Action Teams. Action Teams goals are guided by the Steering Committee.

Another of the central components of Systems Change are **Change Agents**; a diverse volunteer group of staff, supervisors, CBOs, family members, consumers, administrators, and other system partners dedicated to developing skills necessary to serve clients with complex mental health and substance abuse needs and create system practices and structures that support this integrated care. This process has been actively led by the Change Agents themselves with support from Zia Partners, who were part of the original TriWest Consultants. Change Agents participate on each Action Team, and also update the Steering Committee on Change Agent-led systems change activities. Action Teams and Change Agent Leadership report to, and receive guidance from, the Steering Committee.

Because regional resources and relations can facilitate or limit services for clients with mental health and/or substance abuse issues, **Regional Partnerships** were formed in 2015 for North, West and South County. ADMHS Regional Managers convene meetings with local mental health and substance abuse community- based organizations, service and health stakeholders and other county partners (e.g. Public Health, Social Services). Partnership meetings are intended to promote regional problem-solving on key issues of concern for clients with complex challenges.

Created in 2105, the ADMHS **Leadership Team** has enhanced the original Executive Team by providing a broader base of staff input into departmental prioritization and decision-making. The Leadership Team meets weekly, and now includes additional representation of peer, cultural competency, IT, clinical program management, housing, evaluation, system planning, contracts and administration staff. An ADMHS Director was hired in December, 2014, and a new departmental organizational chart has been developed to reflect the new leadership structure. The Steering Committee provides guidance to the ADMHS Leadership Team, which has developed a range of workgroups to activate necessary steps to change procedures and practices to transform the system.

For example, the Action and Transitions Workgroup has developed uniform interventions to pilot in clinical settings in order to improve both timeliness and access to services. The two Quality Improvement committees for inpatient (QAPI) and outpatient (QIC) services analyze system performance to improve quality care in compliance with mandated service requirements. Clinical Leads and Medical Practices workgroup analyze existing practices for service fidelity and improvement opportunities. Workgroups are oriented to implementing new practices in a continuous quality improvement manner (i.e. Plan, Do, Study, Act), in accordance with the systems change commitment to make data-driven decisions and create accountable services. ADMHS staff leads and are the primary members for workgroups, where the central focus is on internal work procedures and outcomes. External stakeholders participate in workgroups that have broader system impact. For example, the CBO Collaborative meeting is a monthly opportunity to improve communication on issues impacting organizations that receive funding through ADMHS contracts. The Communication Committee creates strategies to ensure important systems change information reaches all stakeholders.

Areas of ADMHS Systems Change Focus

There are five key areas of focus defined by TriWest for systems change: Administration, Finance, Compliance, Systemic, and Clinical Operations. A detailed summary of ADMHS progress in each of these areas is presented in Attachment A, Highlights of systems change activities by Change Agents, Staff and Action Teams are included. A comprehensive summary of the System Evaluation Plan appears in Attachment B.

Next Steps

ADMHS will continue the implementation of Systems Change, with a focus on the five areas identified in the TriWest Report, and provide the next annual update to the Board in December of 2016.

Attachments:

Attachment A: Systems Change Project Summary

Attachment B: Systems Evaluation Plan

Attachment C: Systems Change PowerPoint Presentation

Steering Committee Guiding Principles:

<https://santabarbara.legistar.com/LegislationDetail.aspx?ID=2446642&GUID=9D8C4BE4-8E5F-41E2-A5AE-4490CF53FBF2&Options=&Search=>

Authored by:

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cc: