

# Director's Report

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Alice Gleghorn, Ph.D., Director  
Santa Barbara County Department of Behavioral Wellness  
(805) 681-5220 ♦ <http://countyofsb.org/behavioral-wellness>

## DEPARTMENT AND COUNTY NEWS

**Incompetent to Stand Trial Restoration Process Reduces Fiscal Impact to the PHF:** One of the primary functions of the Justice Alliance Team is competency restoration for individuals who have been charged with misdemeanor offenses and are determined to be Incompetent to Stand Trial (IST). Justice Alliance revised its procedures in 2017 and allocated more resources towards outpatient competency restoration for individuals who do not require inpatient treatment. This has significantly reduced both the number of IST clients placed at the PHF as well as decreased the length of their stay. Comparing a six-month period in 2016 with the identical period in 2017, we saw a substantial decrease of 467 IST bed days at the PHF (785 days in 2016 vs. 318 days in 2017). This improvement over 2016 translated to a 59% reduction in IST bed days, a 61% reduction in non-billable administrative days, and an average length of stay reduced by 22%. Assuming a cost of \$1,500 for each administrative bed day avoided, the result is an estimated fiscal savings of \$590,000 over a six-month period. We attribute this positive outcome to the Justice Alliance team efforts of working towards outpatient restoration from the beginning (when suitable) and transitioning clients from the PHF to outpatient restoration as soon as it is appropriate. We also credit this success to our court partners and Public Defender Tracy Macuga who support a more efficient transition through the competency resolution process. This collaboration creates positive, tangible results for Justice Alliance clients, who as a whole are now more rapidly accessing community-based services.

**MHSA Plan Stakeholder Process:** The Mental Health Services Act (MHSA) passed by California voters in 2004, created a 1% tax on annual incomes over \$1 Million to increase funding for mental health services. MHSA funds are distributed to counties upon State approval of the County MHSA Plan. The Department of Behavioral Wellness would like to invite all stakeholders to learn about the FY 18-19 MHSA Plan Update, ask questions, and to share their views during our MHSA Stakeholder Forums taking place at the end of March. It is our goal that clients, family members, providers, partner agencies, advocates, friends, and the public interested in alcohol, drug, and mental health services in Santa Barbara County will attend.

The forums will be held:

- **Tuesday, March 27<sup>th</sup>** from 9:30 to 11:00 am, Santa Maria Board of Supervisors Meeting Room, 511 E. Lakeside Parkway, Santa Maria
- **Tuesday March 27<sup>th</sup>** from 5:30 to 7:00 pm, Lompoc Resource Learning Center, 513 N. G Street, Lompoc
- **Thursday, March 29<sup>th</sup>** from 9:30 am to 12:00 pm, Santa Ynez Valley Marriott, 555 McMurray Rd, Buellton
- **Thursday, March 29<sup>th</sup>** from 4:00 to 5:30 pm, Santa Barbara Resource Learning Center, 617

Garden Street, Santa Barbara

For more information please contact Lindsay Walter at [lwalter@co.santa-barbara.ca.us](mailto:lwalter@co.santa-barbara.ca.us) or (805) 681-5236.

**Drug Medi-Cal Organized Delivery System Request for Proposal:** Santa Barbara County Alcohol Drug Program (ADP) has issued a request for proposal (RFP) to transform its outpatient system of care as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS). The RFP will include Outpatient Treatment (up to 9 hours per week), Intensive Outpatient Treatment (IOT) (from 9 -19 hours of treatment per week), and Opioid Treatment Programs (OTP) for clients with moderate to severe opioid use disorders. The RFP will also include new expanded benefits such as Case Management, Recovery Services, increased Medication Assisted Treatment (MAT) and Physician Consultation. It is anticipated that awards will be granted to agencies that can provide the widest continuum of care and treat clients with co-occurring mental health and substance use disorders (COD). The RFP was issued on March 13, 2018 and will be awarded mid to late April. In combination with our upcoming Residential Treatment Services, our expanded and upgraded Outpatient Treatment System promises to provide the fullest and most coherent alcohol and other drug (AOD) treatment system ever created in Santa Barbara County.

**Community Wellness Team Led by Behavioral Wellness Established in Santa Barbara County:** Meeting the community's mental health and spiritual and emotional wellness in response to the Thomas Fire and Jan. 9 debris flow is the goal of the newly established Community Wellness Team. Led by the Santa Barbara County's Department of Behavioral Wellness, a continuum of services is available to meet the needs of individuals impacted by the collective and individual trauma experienced in the region. "The Community Wellness Team is a collaboration of 13 local agencies working together to support the wellness of our community," said Suzanne Grimesey, Division Chief of Quality Care and Strategy Management at Behavioral Wellness. Symptoms of stress experienced in response to trauma may include anxiety, sadness, depression or confusion and may be noticed in sleep, concentration, work or relationships. "People respond differently to trauma and may have different levels of need," Grimesey said. "Within the Community Wellness Team continuum of care, a range of crisis services are available, including short and long-term counseling." A member of the Community Wellness Team, Cottage Health is offering an intensive outpatient program of groups designed to help individuals learn how to manage symptoms of anxiety, depression and trauma. More information on the Community Wellness Team, including where to access services is available on [ReadySBC.org](http://ReadySBC.org) under Health and Safety. A Community Wellness Team guide to mental health, spiritual and emotional wellness resources can be accessed through this site.

**California HOPE 805 Crisis Counselor Team Funded by FEMA:** Through the Federal Emergency Management Agency (FEMA) funding that was awarded to Behavioral Wellness, the California HOPE 805 team of crisis counselors has been established in Santa Barbara. The team of 18 people, joined by leadership from the Mental Wellness Center and Behavioral Wellness leadership, attended a 3-day training in early March in Oxnard to learn about the role of crisis counselors in responding to the community impact of the Thomas Fire and 1/9 Debris Flow. Ventura and Los Angeles County HOPE crisis counselors were also included in this training. The training was well received and included content that left the HOPE 805 team feeling prepared and eager to begin their work in Santa Barbara County.

The HOPE 805 team leadership has joined with the Community Wellness Team to allow for collaborative decision making regarding the most ideal locations to begin their work. The team will begin outreach

services in the community on Monday, March 19<sup>th</sup> and will be located at several different sites to connect with community members to determine need and lend support. The HOPE 805 team will primarily be located at the Montecito Center. Throughout the day, as the team is dispatched to other locations in the broader community, a team of two will remain present at the Montecito Center at all times to meet walk-in community needs. The Community Wellness Team welcomes HOPE 805 to the collaborative efforts of community wellness underway.

The FEMA funding flows to the federal Substance Abuse and Mental Health Service Agency (SAMHSA) following a Presidential disaster declaration, and then to state administration (California Department of Health Care Services) which completes the grant application on behalf of impacted counties. The current funding will cover roughly 60 days of services, and may be eligible for an additional nine months of grant support.

**Easy Lift:** Behavioral Wellness has partnered with Public Health and Easy Lift to provide transportation services for our homeless programs. Transportation includes three scheduled round-trips from downtown shelters and homeless provider locations to County Services on the Calle Real Campus, which has access to Social Services, Veterans Services, Public Health Care Center, Behavioral Wellness Calle Real Clinic, Crisis Stabilization Unit, and Santa Barbara ACT team. This is a pilot program which began March 1<sup>st</sup>. The transportation is free and runs Monday-Friday 7:15 AM to 12:00 PM with pickups at Salvation Army, The Faulding Hotel, The Rescue Mission, PATH, CARES-De La Vina, and Calle Real County Services. For more information please contact Lindsay Walter at [lwalter@co.santa-barbara.ca.us](mailto:lwalter@co.santa-barbara.ca.us) or (805)681-5236.

**Mark your calendars - the Consumer Perception Survey is coming May 14-18, 2018:** Santa Barbara County's Department of Behavioral Wellness is required by the California Department of Health Care Services to administer the **Consumer Perception Survey (CPS)**. All Counties that receive Community Mental Health Services Block Grant (MHBG) funding conduct the survey in May and November of every calendar year. The Consumer Perception Survey is administered to a sample of outpatient mental health clients, including clients served in County operated programs and those served by our community based partners. There are separate, but similar, surveys given to adults, older adults, youth and their parents/guardians. The CPS is a critical tool for consumer feedback in our system; it is therefore important that we gather as many surveys as possible.

**Treatment Plan PIP and Team Based Care:** In the coming year, our Quality Improvement Committee (QIC) will be starting a new Clinical Performance Improvement Project (PIP). As part of our Quality Improvement (QI) efforts, the Department has several Performance Improvement Projects (PIPs). PIPs are designed to systematically set goals, implement interventions and monitor data to improve either clinical or administrative performance.

The QIC is pleased to report that a project that began as an item on the Compliance Committee's Audit Plan and then converted to a Clinical PIP has achieved the target goal. This PIP focused on improving the client experience of treatment in terms of:

- a) Ensuring that all clients had high quality current/active treatment plans,
- b) Implementing team based care, and
- c) Improving client engagement.

The PIP goal of having 90% active/current treatment plans for clients was recently met. Over the past year, Clinic Supervisors and their staff have implemented numerous approaches to ensure that clinical staff have the opportunity to work with clients to prepare treatment plans, establish goals with clients, and ensure that the clients endorse these goals and sign the treatment plan. These plans must be updated annually, or whenever client goals are accomplished or need to be modified.

% Current Treatment Plans	
July 2017	Dec 2017
77.5%	91.2%

**Congratulations to SCRP on Second Conference:** The Southern California Regional Partnership (SCRP) is holding its second annual conference on working with difficult to engage/reach populations. The conference will be attended by 150 attendees from all ten counties that comprise the SCRP. These counties work collectively to prioritize and design important training opportunities, using MESA funds to support these events. The conference will take place March 20-21st, and will be held in Pomona, California. There will be three keynote speeches on: Working with LatinX populations, Transitional Age Youth, and Gender Dysphoria. The conference will also feature three different "breakout sessions" for people to attend. Everyone is really looking forward to reconnecting with their counterparts in other counties!

**New and Revised Policies Approved:** Behavioral Wellness frequently updates policies to reflect enhancements and changes to programs and practices, including changes resulting from federal or state requirements. The following policies were recently approved and are available on the Behavioral Wellness website at <http://countyofsb.org/behavioral-wellness/policies>. Click "View Only RECENT Policies" to see policies approved within the last 6 months, or search by keyword or policy name.

- 1) Nondiscrimination (NEW)** – This policy describes the Department’s pledge that its clinics (and those of its contracted providers) will never deny service or otherwise discriminate based on factors such as race, gender, sexual orientation, ability to pay, immigration status, and more.

**Psychiatric Medication Consent for Adults (REVISED)** – The Department’s contract with the California Department of Health Care Services (DHCS) requires that the Department obtain and document informed consent when psychiatric medications are prescribed to clients. The policy details this requirement and provides a form for documenting this informed consent. **Revision: The policy no longer requires that consent be documented annually, and the consent form has been updated in English and Spanish.**

## **NATIONAL AND STATE NEWS**

**Conservatorship Proposals Raise Concern:** From the California State Association of Counties (CSAC), "Interest in conservatorship issues is high in the Legislature this year, as policymakers and counties seek solutions for those living without shelter. CSAC is working to gain clarification on each of the current conservatorship proposals with an eye on the potential fiscal impacts.

Conservatorship activities are funded solely through County General Fund and handled by each county’s

Public Guardian (PG) or Public Conservator (PC). The location and organization of each PG/PA office varies across the state, but it is one of the few service-related county functions that is funded solely through County General Fund.

The proposals in the Legislature take a variety of approaches, but most seek to make it easier to conserve people under the state's Lanterman-Petris-Short Act (LPS Act). A person can be conserved for a year if a PG/PC recommends and a court agrees that they are gravely disabled due to mental illness. The county conservator is responsible for the conservatee's care and protection, housing, and health care, including involuntary mental health treatment.

Besides the county cost for conservatorship activities, a dearth of placement options for conservatees remains a top issue and is closely tied with the overall lack of housing for at-risk populations in the state. This supply issue is not addressed by any of the current conservatorship proposals. CSAC is working on a comprehensive housing proposal in response to the homelessness crisis, but creating secure and affordable placement options for conservatees will be a longer-term effort." To read more and learn about the conservatorship measures proposed, please [click here](#).

**CSAC No Place Like Home Technical Committee, Update on Validation Process:** From the California State Association of Counties (CSAC), "On the heels of the release of CSAC's joint [report on homelessness](#) with the League of Cities earlier this month, CSAC is requesting \$1 billion from the state's projected budget surplus to tackle California's intertwined homelessness and affordable housing crises. In a letter delivered to the Legislature and Governor, CSAC is requesting \$700 million for the Department of Housing and Community Development to augment the Multifamily Housing Program and \$300 million to jumpstart the No Place Like Home (NPLH) program to develop permanent supportive housing, as well as additional funding for a suite of targeted investments to address homelessness at the county level." The NPLH Technical Committee reported that the hearing date for the validation process for NPLH is schedule for July 23, 2018. You may like to read more about this issue from [a recent article](#) posted in the Los Angeles Times.

**MHSA Benefits Tens of Thousands in L.A. County:** From the Steinberg Institute, "California's Mental Health Services Act has benefitted tens of thousands of Los Angeles County residents, funding services that fostered significant improvements in mental health and wellbeing, as well as measurable gains in housing, employment and living conditions, according to findings of a new RAND Corporation report.

The 53-page report, commissioned by Los Angeles County, is the first extensive, independent analysis of the county-level impacts of the Mental Health Services Act, or Proposition 63, a millionaire's tax approved by California voters in 2004. The tax generates more than \$2 billion annually for mental health care in California, funding programs that span from early intervention and prevention to full-service, wraparound care for people whose lives have been disabled by a serious brain illness.

RAND analyzed outcomes for three core programs that accounted for just under half of MHSA spending in Los Angeles County in the five years covered by the analysis. Among the key findings:

- From 2012-2016, more than 130,000 young people, ages birth to 21, received MHSA-funded services from Los Angeles County that focused on prevention and early intervention. The majority of these services were provided in low-income neighborhoods. Many of the children served had

been exposed to trauma, violence and family dysfunction, among the childhood experiences known to pose major risk factors for later onset of mental and physical illness and substance use disorders.

- The prevention efforts were overwhelmingly successful: Among the young people who had not shown significant symptoms of mental illness before receiving services, nearly 90 percent remained below the threshold for clinically significant symptoms in the year following treatment. Among those with clinically significant symptoms at the start of treatment, half fell below that threshold after receiving services.
- From 2012-2016, Los Angeles County served more than 24,000 children, young people and adults living with serious mental illness via full-service partnerships, programs that provide “whatever-it-takes” services to reorient clients whose lives are perilously off-track because of their brain illness.
- More than 90 percent of the adults targeted for full-service partnership services were unemployed and about half were homeless, making them a particularly challenging population to serve. The analysis found rates of homelessness and inpatient hospital stays fell dramatically for those who stayed in the program, while rates of employment and connection with a primary care doctor markedly improved.
- Most of the children and young adults enrolled in these full-service partnerships suffered from depressive disorder, schizophrenia or other psychotic conditions. Their overall rates of homelessness and inpatient hospital stays were significantly reduced over the course of treatment.

Los Angeles County mental health officials commissioned the RAND evaluation to get a better sense of who they were reaching with MHSA spending and the quality of the services provided. The researchers concluded the county is reaching a highly vulnerable and diverse population, and that overall the people engaged in those programs experience significant improvements in their mental health and life circumstances.

“There have been several audits criticizing the MHSA, but we finally have some great news to share today,” Steinberg said. “This report demonstrates to the public what we have known for many years: tens of thousands of people are getting desperately needed help. The MHSA is affecting thousands of lives.”

The other core services measured in the RAND analysis involved programs known as full-service partnerships that offer intensive services for people whose illness is far more progressed and whose living conditions are often dangerously unstable. The adults targeted in full-service partnerships typically suffer from a serious mental illness -- schizophrenia, depression or bipolar disorder – that has gone untreated and progressed to the point of severe dysfunction. Many are living homeless, making them harder to find and treat with regularity. Many have a history of repeat incarcerations and emergency hospitalizations. They typically have lost connection with family and friends. Often, their illness is so advanced they don’t understand they need help.

FSP programs are designed to address the full range of needs for this population, and by their very nature are individualized and time-consuming. It can take months to build the relationship necessary to get a mentally ill person off the streets, and months more to find housing and establish a stable treatment environment. And as is true of many serious diseases, the longer a brain illness goes untreated, the more damaging it becomes and the more difficult it can be to reverse the course of the disease.

The RAND findings indicate the county is making strong headway despite the challenges. Over the five-year period, Los Angeles County was able to newly enroll 12,000 adults in FSP programs. Nearly two-thirds of the clients enrolled during the five-year span had successfully completed their program or were still actively engaged in services at the end of 2016.

For adults who stuck with the program, progress was meaningful: The rate of homelessness plummeted from 46 percent to 20 percent. The portion of adult clients with inpatient stays for mental health or substance use disorders fell from 22 percent before enrollment to 16 percent in the year after. The portion of clients employed rose, from 5 percent to 8 percent during that time frame.

Children and transition-aged youth enrolled in full-service partnerships – comprising another 12,000 clients – also saw measurable gains from MHSA-funded services. Nearly three-quarters of children enrolled in FSP services completed the program during the five-year span or remained actively engaged, as did more than half the transition-aged youth. As with the adults, those who completed their program were less likely to be homeless or hospitalized for a mental health or substance use issue in the year following treatment.

The RAND analysis marks a milestone in the trajectory of the Mental Health Services Act. Earlier studies coordinated by the institute found evidence the MHSA had brought life-changing services to tens of thousands of families, but the RAND report is the first extensive, independent analysis of county-level outcomes.” Read the full RAND Report [here](#).

## **SYSTEMS CHANGE CALENDAR**

- **Behavioral Wellness Commission:** The Behavioral Wellness Commission meets on the third Wednesday of every month from 3:00pm – 5:00pm. Video conferencing is available at the Santa Barbara Children’s Clinic large conference room and the Santa Maria Clinic Conference Room. Questions: Karen Campos, [kcampos@co.santa-barbara.ca.us](mailto:kcampos@co.santa-barbara.ca.us)
- **Change Agent Meeting:** Change agents meet the fourth Wednesday of every month 9 – 11 am except during quarterly in-person meetings, which are 9 am – 12 noon. Video conferencing is available at the Santa Barbara Children’s Clinic, Small conference room; Lompoc Conference Room, ACT, upstairs, 401 E. Cypress and Large conference room, 500 West Foster Road, Santa Maria. Questions: Nathan Post, [npost@sbcbswell.org](mailto:npost@sbcbswell.org).
- **Lompoc Regional Partnership Meeting:** Meetings occur every other month on the third Tuesday. The next meeting is November 21, 3:30-4:30 at 301 N. R Street. Questions: Nicole Becker, [nbecker@co.santa-barbara.ca.us](mailto:nbecker@co.santa-barbara.ca.us).
- **Santa Barbara Adult Regional Partnership:** meets every 3rd Monday of the month from 10:00 am – 11:00 am at the Santa Barbara Children’s Clinic, large conference room. Questions: Veronica Heinzelmann, [vheinzelmann@co.santa-barbara.ca.us](mailto:vheinzelmann@co.santa-barbara.ca.us).

- **Santa Barbara Children’s Regional Partnership:** 3th Thursday of the month from 2:00 pm – 3:00 pm at the Santa Barbara Children’s Clinic, large conference room. Questions: Veronica Heinzelmann, [vheinzelmann@co.santa-barbara.ca.us](mailto:vheinzelmann@co.santa-barbara.ca.us).
- **Santa Maria Children’s Regional Partnership Meeting** is held every 3<sup>rd</sup> Monday of the month at 10 am in the large meeting room at the Foster Road Clinic. Questions: Arlene Altobelli, <mailto:aaltobe@co.santa-barbara.ca.us>
- **Santa Maria Adult Regional Partnership** occurs every 3rd Monday of the month at 11 am in the large meeting room at the Foster Road Clinic. Questions: Elodie Patarias, [epatari@co.santa-barbara.ca.us](mailto:epatari@co.santa-barbara.ca.us) or Geoff Bernard, [gbernard@co.santa-barbara.ca.us](mailto:gbernard@co.santa-barbara.ca.us)
- **The Housing, Empowerment, Action and Recovery Team (HEART)** meets the second Wednesday of every other month, 1:00-2:30 p.m. Locations: Behavioral Wellness Conference Room 261 and Santa Maria Annex via videoconference. Contact Laura Zeitz, [lazeitz@sbcbswell.org](mailto:lazeitz@sbcbswell.org).
- **The Cultural Competency and Diversity Action Team (CCDAT)** meets the second Friday of each month, 9:30-11:00 am, Locations: Santa Barbara Children’s Clinic Large Conference Room 119, Lompoc B St. Adult Clinic Conference Room, and Santa Maria Annex via videoconference. Contact Yaneris Muñiz, [ymuniz@sbcbswell.org](mailto:ymuniz@sbcbswell.org).
- **The Peer Action Team** meets the second Thursday of the Month from 2 – 4:00 pm. Locations: Behavioral Wellness Santa Barbara Conference Room 261, Lompoc Children’s New Port Room the Santa Maria Annex Room via videoconference. Contact Tina Wooton, [twooton@sbcbswell.org](mailto:twooton@sbcbswell.org), regarding the location.
- **The Crisis Action Team** meets the second Thursday of the month, 2:30 – 4:00 pm, Santa Barbara Children’s large conference room 119. Contact John Winckler, [jwinckler@sbcbswell.org](mailto:jwinckler@sbcbswell.org).
- **The Children’s System of Care Action Team** meets the 4th Thursday of the month, 10:30 am - 12:00 noon. SELPA Conference Room, 240 E. Hwy. 246, Suite 200, Buellton CA 93127. Contact Ana Vicuña, [avicuna@sbcbswell.org](mailto:avicuna@sbcbswell.org)
- **The Forensic Action Team** will be meeting on November 29 from 3:15 – 4:45. The meeting is available through video conference in SB Room 261, Lompoc B St Conf Room and the SM Annex. For questions, please contact Celeste Andersen, [candersen@co.santa-barbara.ca.us](mailto:candersen@co.santa-barbara.ca.us)