

# Director's Report

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## DEPARTMENT AND COUNTY NEWS

**Santa Maria Children's Outpatient Clinic LGBTQ group for TAY makes a difference:** The Santa Maria Children Outpatient Clinic recently restarted the operation of an LGBTQ group for the Transition Age Youth (TAY) population. In the few months that this group has been back in place, the impact on TAY served has been inspiring. Prior to the group, youth now involved in this group shared feeling that college was an unobtainable goal. Many of these youth had attempted college with little success. Through this group process "the collective participants now share their reflections that college is an **attainable** goal," states **Arlene Altobelli, Psy.D, Santa Maria Children's Clinic Team Supervisor**. Dr. Altobelli shares that group participants have not only re-enrolled at Alan Hancock College, but have proceeded to start a support group on campus for youth with mental illness called HOMES (pronounced HOMIES). H: HOPE, O: Outreach, M: Mental Illness, E: Emotional, Support. They even created a FACEBOOK page for Hancock College for kids that may be interested in joining their group. This is the first group that Alan Hancock College has had for students with Mental Illness. The Santa Maria Children's Outpatient Clinic is very proud of these youth. KUDOS to **Santa Maria Children's staff** that inspired and supported these youth to enroll in college and develop a broader support system for themselves and others!

**Santa Barbara County Outpatient Delivery System (ODS) plan approved by DHCS:** Behavioral Wellness recently received notification from the State that the Santa Barbara County Drug Medical Organized Delivery System (DMC-ODS) Implementation Plan has been approved by the Department of Health Care Services (DHCS). The plan can be found on the Behavioral Wellness website [here](#). The DHCS Substance Use Disorder Compliance Division has reviewed and approved the implementation plan and has now forwarded the plan to the Centers for Medicare and Medicaid Services (CMS) for review. Once both the implementation plan and the executed state and county contract are approved by CMS, DMC-ODS services will be reimbursable. Though there are still steps ahead in the process local implementation of this plan, big thanks and recognition to the Behavioral Wellness **Alcohol and Drug Program staff** and many others in the department who have worked so hard on the development of this plan.

**Managed Care Final Rule:** On April 25, 2016, the Centers for Medicare & Medicaid Services (CMS) put on display at the Federal Register the [Medicaid and CHIP Managed Care Final Rule](#), which aims to align key rules with those of County Mental Health Plan (MHP) requirements, modernize how the states purchases managed care for beneficiaries, and strengthen the consumer experience and key consumer protections. This final rule is the first major update to Medicaid and CHIP managed care regulations in more than a decade. The changes which are required as result of the final rule became effective July 1, 2017. Within our Santa Barbara County MHP, many of the required changes are already in place.

One of the more significant changes is that of the **NOA adverse determination process**. The Managed Care Final Rule requires change in language for the description of the NOA adverse determination process. Our form titles and policy will be modified to reflect these changes but this is still under development. Below is a grid outlining the NOA related changes:

Old NOA Name	Old NOA Action Language	New NOA Language for Adverse Benefit Determination
<b>A</b>	Denial of requested services	Deny
<b>B</b>	Reduction/suspension of previously authorized services	Modify
	Termination of previously authorized services	Terminate
<b>C</b>	Delay in approving payment for services	Delay
	Partial denial of payment for services	Modify
	Denial of payment for services	Deny
<b>D</b>	Delay in grievance/appeal processing	Delay
<b>E</b>	Delay in authorization due to lack of timely assessment	Delay

**Behavioral Wellness Contracts Team recognized:** The Behavioral Wellness contracts team is to be recognized for their marked achievements in improving the contract process for the department. The department contracts recently were presented to the County Board of Supervisors for review and approval. All were approved with support and without question. This is a tangible measure of improvements in the contracting process for the department. In addition, an active goal on the Behavioral Wellness 2016-2018 Strategic Plan is “to increase timeliness and efficiency in the processing of Board of Supervisor letters for docketing.” During the April-June period for docketing deadlines, 93% of all Behavioral Wellness items were docketed on time. Kudos to **Melanie Johnson, J.D., Contracts Manager** and to the **Behavioral Wellness Contracts team – Quiana Lopez, Denise Morales, Amber (Christinne) Foschaar and Nicole Dominguez**.

**New Templates: Comprehensive Assessment and Treatment Plan:** On June 27, 2017, training was provided by Quality Care Management (QCM) and Ana Vicuna, LCSW Clinical Division Chief for select staff to pilot the new Comprehensive Assessment and Treatment Plan templates. Once the templates have been used by the pilot group for enough time to generate feedback and improvement suggestions, QCM staff will train individual clinics on use of the new templates prior to a countywide launch of the templates. Training for community based organizational providers, on the new templates, has been scheduled to occur in August.

**First Strengthening Families Program (SFP) is a success:** The first Strengthening Families Program (SFP) succeeded in bringing multiple families together in Santa Maria to learn better communication and coping skills. Led by skilled family therapists **Maria Frausto** and **Bill Morris**, six (6) monolingual Spanish speaking families began the program and most completed, sometimes overcoming significant engagement

barriers. The program lasted ten (10) weeks, from April through June, and combined communal dinners, separate and combined adolescent and adult group therapies, and incentives as part of the treatment milieu. Thanks to supervisors [Arlene Altobelli](#), [Stephanie Diaz](#) and [Amy Lopez](#), and Manager [Sandy Fahey](#) for their clinical and administrative support. The SFP will inform family treatment services throughout the Behavioral Wellness system of care.

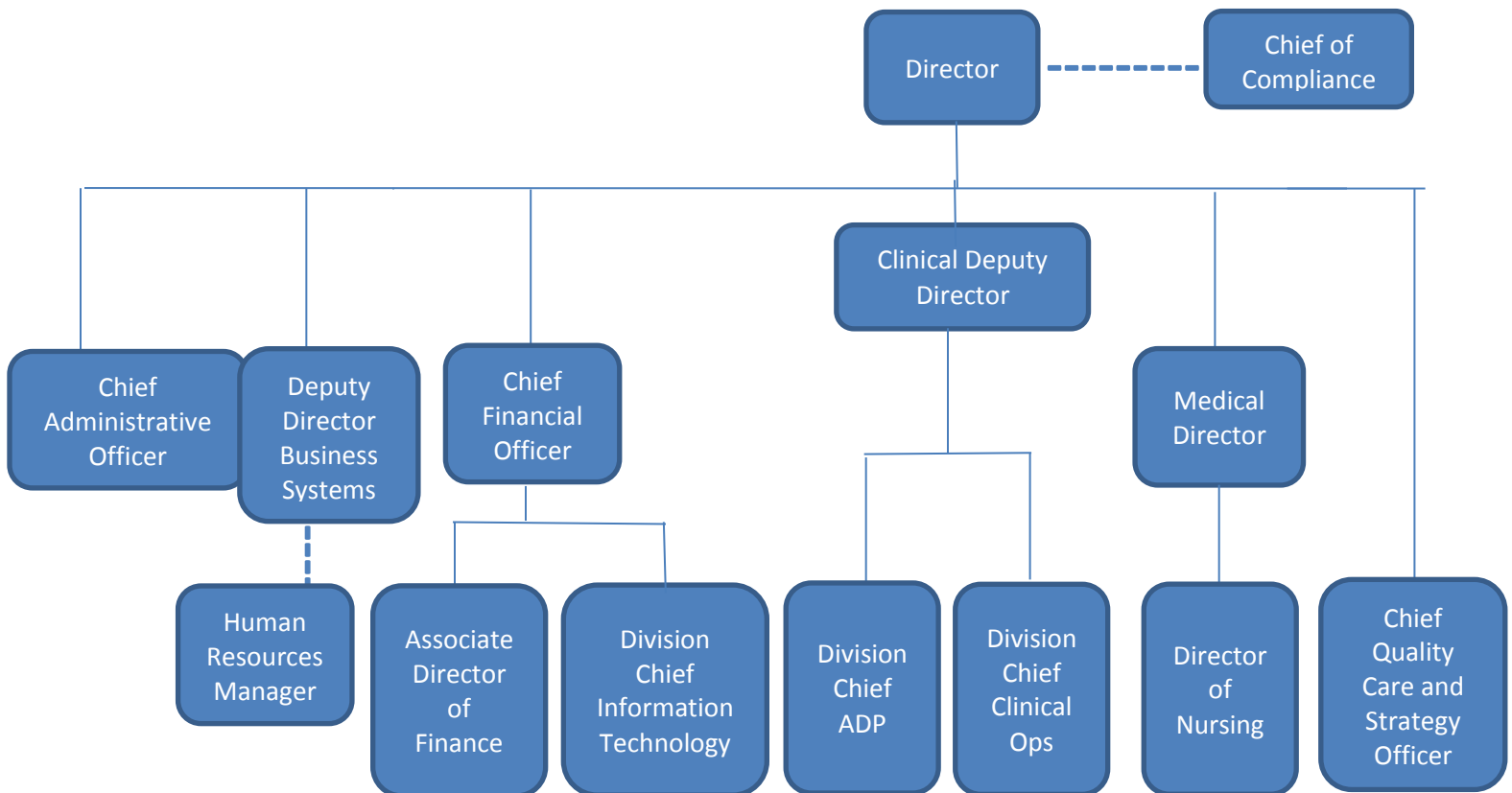
**Justice Alliance Staff Receive Outstanding Service Award:** This month the Probation Department awarded Justice Alliance staff Vanessa Holtgrave, Deneice Tell, and Michelle Meszar with Outstanding Service Awards. We would like to congratulate them on this achievement and recognize their excellent work.

**New and Revised Policies Approved:** Behavioral Wellness frequently updates policies to reflect enhancements and changes to programs and practices. 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) Substance Use Disorder (SUD) Provider Monitoring and Documentation Review** – The Alcohol and Drug Program (ADP) is responsible for monitoring and evaluating SUD service providers to ensure compliance with contractual obligations. The policy outlines procedures for administrative, programmatic/documentation, clinical and fiscal performance reviews of community-based organizations (CBOs) providing SUD services, including site visit frequency, Corrective Action Plan (CAP) requirements, and recoupment/disallowance processes.
- 2) Competitive Procurement of Contract Services** – Behavioral Wellness has a competitive contract selection process to meet ongoing service needs. “Competitive Procurement of Contract Services” describes the various types of procurement methods (e.g. Request for Information, Request for Proposals), and the dissemination, selection and notification process for competitive bidding.
- 3) Contracted Provider Relations** – This policy applies to all contracted providers, including network providers and community-based organizations (CBOs) who provide Specialty Mental Health Services. Behavioral Wellness monitors contracted provider (1) satisfaction; (2) documentation training and completion; (3) selection, retention, credentialing and re-credentialing; and (4) timely access to services. The policy was updated to reflect new documentation training and reporting requirements for network providers.

**New Deputy Director of Business Systems Appointed:** John D. Jayasinghe, MPA, has been appointed to the position of Deputy Director of Business Systems for the Department of Behavioral Wellness. John (nickname JJ) joins the department with over 19 years of finance, accounting and project leadership experience. Prior to accepting his new role with Behavioral Wellness, John worked within the Santa Barbara County Executive Office (CEO) as a Fiscal and Policy Analyst and holds a strong understanding of the county legislative and policy systems. In this role, John provided support for almost all 22 county departments including Behavioral Wellness. He has a proven track record of providing recommendations to the CEO and the Board that has resulted in greater efficiency for departmental operations, while identifying new revenue sources. As the Deputy Director of Business Systems for Behavioral Wellness, John will be providing guidance and direction for Human Resources, Facilities, and providing assistance for Fiscal Operations. John began in his new role on July 17, 2017.

**Executive Management Re-Organization:** In FY17-18, the Department of Behavioral Wellness will introduce a Strengths-Based reorganization of its executive management structure to build specific organization assets in Fiscal/Business, Human Resources and Clinical Systems. Below is a partial organizational chart of the primary functions of the Executive Management team. The Strengths-Based reorganization will begin executive level implementation July 1st 2017. The primary changes will include aligning all clinical services (Mental Health and Alcohol and Drug programs) under the Deputy Director of Clinical Operations, Dr. Pam Fisher, and creating an acting Business Systems Deputy Director who will assume direction of specific business and fiscal functions, as well as special projects. This position will be the chief liaison with the assigned HR Manager, Carlos Silvas who reports to Central Human Resources, but is 100% dedicated to Behavioral Wellness Human Resources business, to build a stronger connection between the department staffing model, fiscal implications for staffing, and human resource requirements. Our current Human Resources Manager, Kathy Acosta-Smith will be participating in a new training program in human resource systems through Central County Human Resources, and will be reassigned as of July 3rd to the downtown Human Resources location. By aligning staff more closely with supervisors with specific technical expertise in the Strengths-Based reorganization, we expect to continue our progress making effective system changes and improving accountability.



## NATIONAL AND STATE NEWS

**In just one year, nearly 1.3 million Americans needed hospital care for opioid-related issues:**  
A new government report finds that hospitals faced 1.27 million patient visits for opioid-related problems

in a single year. The 2014 numbers, the latest available for every state, reflect a 64 percent increase for inpatient care and a 99 percent jump for E.R. treatment compared to figures from 2005. They show that women are now as likely as men to be hospitalized. Among the states, the extremes are stark. Maryland, with the highest rates, recorded nearly 404 admissions because of opioids per 100,000 residents in 2014. In Iowa, the rate was just under 73. The sharpest increase in hospitalization and emergency room treatment for opioids was among people ages 25 to 44.

Drug overdoses are a major driver of this mortality spike, and opioids, which range from prescription painkillers to heroin and fentanyl, cause the majority of fatal overdoses. In 2015, opioid overdoses killed 33,039 Americans, according to data that the Centers for Disease Control and Prevention released last December.

**Senate health committee passes measure to expand early intervention programs for mental health disorders:** The California Senate Committee on Health recently passed a landmark measure to advance and expand early intervention services for psychosis and serious mood disorders. The bill, AB 1315 by Assembly member Kevin Mullin, D-South San Francisco, would create a first-of-its-kind public-private partnership, harnessing the power and resources of California's business and technology sector to help transform the paradigm for mental health treatment from one of fail-first crisis care to one that prioritizes early intervention and management of serious illness.

The purpose of AB 1315 is to greatly expand resources for early detection of psychosis and other symptoms of serious mental illness in young people in California, and to respond with evidence-based intervention and treatments that help stem conditions such as schizophrenia, bipolar disorder and depression before they become disabling. AB 1315 would leverage existing mental health funding by setting up a public-private partnership that provides additional incentive for counties to focus resources on early detection and prevention of mental illness. The research and treatment models for this specialty care exist, and have shown promising outcomes. With appropriate treatment, most young people who receive these intensive services see a remission in symptoms and not only to cope, but to survive.

**July is National Minority Mental Health Awareness Month:** Even though most of the things we need to be mentally healthy are universal — like safe housing, supportive relationships and good health care — a one-size-fits-all approach to mental health care is not enough. We know that people from ethnic and cultural communities are, in general, less likely to receive necessary mental health services and those who are in treatment often receive poorer-quality care.

In July of 2008, the U.S. House of Representatives proclaimed July as Bebe Moore Campbell National Minority Mental Health Awareness Month. Bebe Moore Campbell was a champion for mental health education and support among individuals of diverse communities. A leading African American author, she co-founded NAMI Urban Los Angeles and received NAMI's 2003 Outstanding Media Award for Literature. Bebe Moore Campbell believed that the United States needed a national campaign to destigmatize mental illness, especially one targeted toward African Americans. Since the designation of National Minority Mental Health Awareness Month, many organizations have hosted a variety of events and activities in communities across the country each year.

*Why the difference in outcomes?*

Many factors likely play a role, including socioeconomic differences as well as the fear of experiencing a double burden of discrimination based on one's race and mental health condition. Those who do seek help also may have difficulty obtaining mental health care from professionals who speak their language and/or understand and respect their cultural values.

### *What is being done about it?*

New approaches to healing and supporting people in times of distress, as well as changing conversations about mental health, have been developed by California's many ethnic and cultural communities. In addition, leaders from five of these groups (outlined by the California Reducing Disparities Project) have created resources to help change attitudes and improve mental health outcomes in a way that is meaningful to each community.

### *What can I do?*

- **Raise awareness on social media.** It's easy – share [this infographic](#) from NAMI
- **Share [resources](#)** specifically designed for people from diverse communities with family, friends or your community.
- **Wear a [lime green ribbon](#)** wherever you go and let other people know the facts about mental health and how it impacts your community.
- **Visit the [National Minority Mental Health Awareness Month Facebook page](#)**
- **Tweet** using [#MinorityMentalHealth](#)
- **[Take the pledge](#)** to raise awareness

“It's not shameful to have a mental illness. Get treatment. Recovery is possible.” —Bebe Moore Campbell

For more information, please contact Yaneris Muniz, Ethnic Services and Diversity Manager at (805) 681-5208 or [ymuniz@co.santa-barbara.ca.us](mailto:ymuniz@co.santa-barbara.ca.us)

## **SYSTEMS CHANGE CALENDAR**

- **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:** The next meeting is July 18th, 3:30-4:30, 301 N. R Street and every other month on the third Tuesday thereafter. 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 –

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11:00 am at the Santa Barbara Children's Clinic, large conference room. Questions: Amanda Pyper, [ampyper@co.santa-barbara.ca.us](mailto:ampyper@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: Amanda Pyper, [ampyper@co.santa-barbara.ca.us](mailto:ampyper@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: Sandy Fahey, [sfahey@co.santa-barbara.ca.us](mailto:sfahey@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: Sandy Fahey, [sfahey@co.santa-barbara.ca.us](mailto:sfahey@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@sbcswell.org](mailto:jwinckler@sbcswell.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)