

Site Visit Questionnaire

Commissioner name(s) Ruth Ackerman, Second District; Tom Franklin, Third District, Rod Pearson, First District

Program Name PHF Psychiatric Healthcare Facility

Address 315 Camino Del Remedio, Santa Barbara, CA 93110

Date of Visit 10/4/17

Program Administrator Marianne Barrinuevo, RN, MSN Director of Nursing; (Suzanne Grimmesey and two additional staff members)

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Program Serves:

Child Adolescent Youth Adult Older Adult

Outpatient Inpatient Day Treatment Residential

Program Capacity (# of individuals)

Maximum 16 Monthly Average 16 Daily Average

Reports to be reviewed before the Site Visit:

- 1. Contract with Program (provided by BW staff)**
- 2. Program quarterly report to SBCoBW**
- 3. Client Satisfaction Survey**

Our goal in conducting this interview is to understand and support services for individuals with mental health, alcohol and other drugs and/or cooccurring disorders. At the end of our time together we will ask this essential question: How Can We Help You?

Program Services:

- 1. Describe the project (portion funded by BW) all funds are medicare, general fund, medical**

2. Characteristics of clients served-**Adults Depression, Schizophrenia, anxiety, Crisis 5-7 days average length. ISTs take most of the beds**
3. In the past year has the demand for your services changed? If so, how do you respond to this change? **Increase in demand for court cases. This means others are referred out of county and greater cost and more stressful clinically.**
4. Is your program unique for this area? How so? **Yes, it's the only locked facility. Vista Del Mar in Ventura is used for over flow. Geriatrics are mixed in with the general population; adolescents of to Vista Del Mar which has 26 beds.**
5. What recovery/treatment programs do you use: **Strong Milieu with structured schedule –See weekly program attached**
6. “evidence based”, **30 hours weekly programming. DBT, group process, medical care, activity therapy**
7. innovative and creative, **Comfort room where calming resources including music, art are available. A study on this successful intervention is being conducted.**
8. best practices; **for clients who cannot participate in group actives, alternative programming is provided**
9. what are your most impactful interventions? **See evidence based above and comfort room**
10. Do you use 12-Step, Smart Recovery, Refuge Recovery? **12 step meetings several times a week.**
11. Do you use clients' ideas?* **Yes, Treatment planning is individualized for all patients Likes, interests, group vs 1-1, self selected activities and music for comfort room**
12. How do you care for clients with multiple conditions i.e. physical, mental health, substance abuse? **This is pretty much all our patients. Individualized treatment plan includes all of these.**
13. How do you address differences in gender programming and issue of cultural competency? **The staff is varied and issues of diet and language are covered. There is a contract with a language line that allows for interviewing in languages other than English and Spanish.**

14. How are treatment plans developed? Are clients included in the process? Clients are included in planning **Staff and clients (I didn't pick up if there is a standardize assessment tool)**

10. How are clients referred to your program? **ERs, Marion and Cottage Hospitals, Justice system, Crisis team, Walk-ins (rare)**

11. Do you ask your clients to sign a release so family and significant others may inquire about them? **yes**

Do you work with families and significant others in the process of engagement? **yes if patient will sign the release**

Do you reach out to them? **?**

Are they included in exit planning? **when possible**

Do you refer them to support groups? **yes**

How do you handle family and friends who may have a negative effect on your clients' future? **Patients rights allows all visitors as requested. Treatment planning with psychologist or social worker**

12. How do you track and follow up on referrals when clients leave your program? **Discharge planning to home, other facilities, state hospital, medical issues, transportation is provided if needed. refer to ACT. Housing is a challenge.**

Follow up data? **small community**

Alumni activities? **Peer volunteers**

13. What are the basic reason for discharge from your program? **Patient stabilized and ready for step down treatment, end of hold**

14. Do you use mental health advanced directives (psychiatric directives)?* **yes when possible**

THERE COULD BE A QUESTION ABOUT STAFF COMPOSITION AND STAFFING RATIOS IN THIS SECTION —PHF has 60-70 nursing staff, 10 social workers, 5

psychiatrists , 3-4 M.D.s for medical care. The staff requirement is 1 staff to 6 patients according to acuity.

Program Evaluation

1. What is your program/ agency mission? (Brochure or Website?) **Behavioral wellness website**
2. What are your program goals? **Goals are set and measure for this “Super PHF” which has to meet CMS Medicare and mediCal standards, one of two in state.**
3. How are goals measured? **national standards are set, they self measure against those, PHF governing board oversight, Quality Assurance Performance Insurance, MediCal oversight**
4. What is your progress in meeting these goals?
Achievements -**Comfort room has reduced need for restrains and is in an ongoing study**

Impediments/Obstacles **More Beds are needed. with a population of 420,000 county should have 40-80 hold beds. Ideally there should be a separate facility for court ordered and IST.**

5. What is your evaluation process? **see 3 above**

6. Do you obtain feedback from **yes**
Client___
Family___
Community___
Staff___

Personnel

1. Staff retention can be a challenge and high staff turn over impacts program outcomes. What percent of your staff have been with the program for:

Administration <1 year_x_ 1-3 years___ 3-5 years___ 5+ __ but some very long timers
Program <1 year___ 1-3 years___ 3-5 years___ 5+ ___ “extra help” status need more to fill in, many staff have more than one job—private sector pays more. its more of a “calling” to work PHF.

2. Counselor/or prevention credentialing is a virtual certainty for AOD programs What percent of your staff is certified? _____ ** Is the impact of this requirement exclusionary or discriminatory in any way? **NA**

How do you support staff development toward eventual credentialing.**
For prevention staff, what knowledge thresholds have you established? **

3. What training do you provide for staff? ? **I think I missed this in my notes**

4. Do you use volunteers? Peers? Interns? **Peer empowerment, Department trained peers, Interns, Peer recovery specialists, volunteers entertain, lead 12-step. See color coded weekly calendar**

Administration

1. How do you market your services?
2. What percentage of your agency budget is comprised of BW funds_____ or fees collected for BW related services? **General Fund provides 4% of BW \$,**
3. What are the costs of services provided per person per day (depends on census)?
4. Do you raise funds from the local community for your program? How successfully?

There is no auxiliary like police and fire have. the percent of money from the General Fund is low compared to other counties.

5. Does the agency Board of Directors include Mental Health Consumers?

How Can We Help You?

1. **In order to maintain or improve services, what support do you need from Behavioral Wellness?**
 1. **more acute care beds**
 2. **separate forensic unit**
 3. **per deum pool for nursing staff**
 4. **geriatric unit**
 5. **discharge to housing resources need board and cares—there are NONE in county**

6. What processes can Behavioral Wellness improve that would make a difference to your agency?

1. electronic health record

7. Are there any other suggestions or information you would like us to take back to the Advisory Board or Behavior Wellness?

1. stricter rules about conservatorships

Thank you very much for your time.

Observations of the Site visited

on the following scale, rate the following:

strongly agree, agree, neutral, disagree, strongly disagree

Clean 1

Welcoming 2

Clean and Private Bathrooms 2

Well Located Signage 2

Access 1

Spanish materials 2

Spanish Groups 1

Staff appears compassionate 1

Staff appears Rushed 4

Staff appears Indifferent 5

Grievance Policies Prominently Posted 1

Grievance Forms readily available 1

Patients' Rights advocate contact information current ?

accurate

posted

[AS AS COMMISSIONER, WHAT IS YOUR OVERALL IMPRESSION OF THE FACILITY/PROGRAM, INCLUDING STRENGTHS AND LIMITATIONS?]

I was very impressed with the enthusiasm and commitment of the staff and their excellence given the challenges they face. The limitations seem primly to be an artifact of too few beds and the impingement of the IST taking beds for months when other disposition would serve the patient and the system more effectively.

DO YOU HAVE ANY RECOMMENDATIONS FOR THIS FACILITY/PROGRAM FOR THE BWC TO CONSIDER?

1. Electronic record would free up staff and treatment time
2. support plans for expanded number of beds
3. support idea of forensic facility
4. Support per diem staff allocation
5. Board and care homes?