

Draft

PHF Governing Board Report

Psychiatric Health Facility Annual Update

March 2020



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

It is requested that the Board of Supervisors:

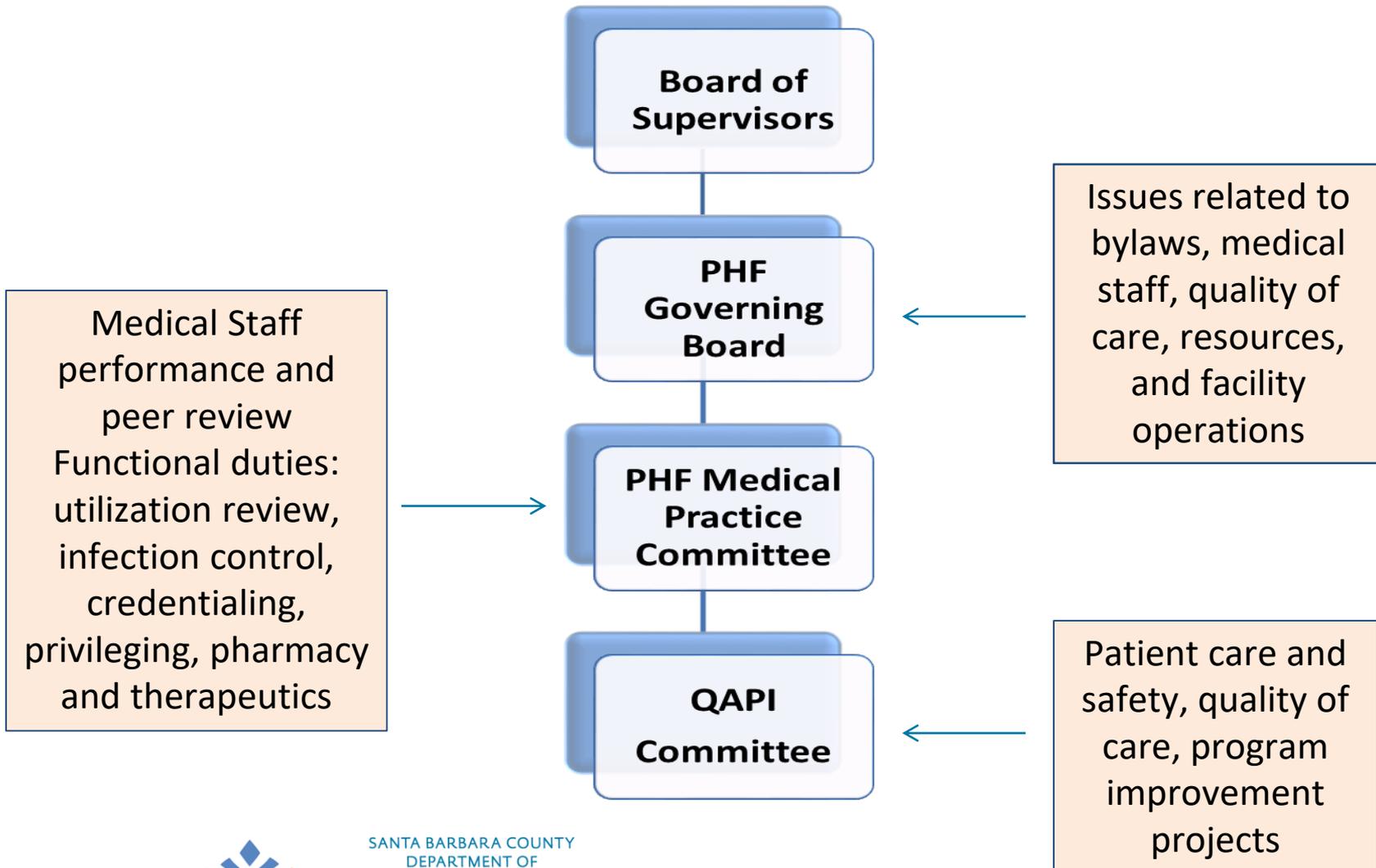
- ❑ Receive and file a report on the Psychiatric Health Facility (PHF), providing an annual update from the PHF Governing Board regarding operations of the PHF, including quality of care and other program activities; and

- ❑ Determine that the above actions are exempt from the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(5) of the CEQA guidelines, as organizational or administrative activities of governments that will not result in direct or indirect physical changes in the environment.



PGB Governance Structure

Draft



PHF GOVERNING BOARD MEMBERS

Terri Maus-Nisich, Assistant County Executive Officer, Health and Human Services, *Chair*

Vincent Wasilewski, Chief Deputy of Custody Operations for the Sheriff's Department, *Vice Chair*

Supervisor Das Williams, Santa Barbara County Board of Supervisors, *1st District*

Supervisor Gregg Hart, Santa Barbara County Board of Supervisors, 2nd District, *Alternate*

Van Do-Reynoso, Director of Public Health Department

Polly Baldwin, M.D., Public Health Medical Director

Janette Pell, Director of General Services

Arlene Diaz, Manager, Public Administrator - Guardian



- ❑ 16 bed acute psychiatric inpatient hospital serving severely mentally ill Santa Barbara County residents.
- ❑ Super PHF = a facility subject to regulation by both the federal Centers for Medicare and Medicaid Services (CMS) and the state Department of Health Care Services (DHCS)- One of two “Super-PHF’s” in California.
- ❑ 15-20% of PHF revenue is generated by Medicare
- ❑ 20% of individuals served have no funding source/non billable (up from 14% in FY 2017/2018 - Due to an increase of IST Admin Days)



During 2019:

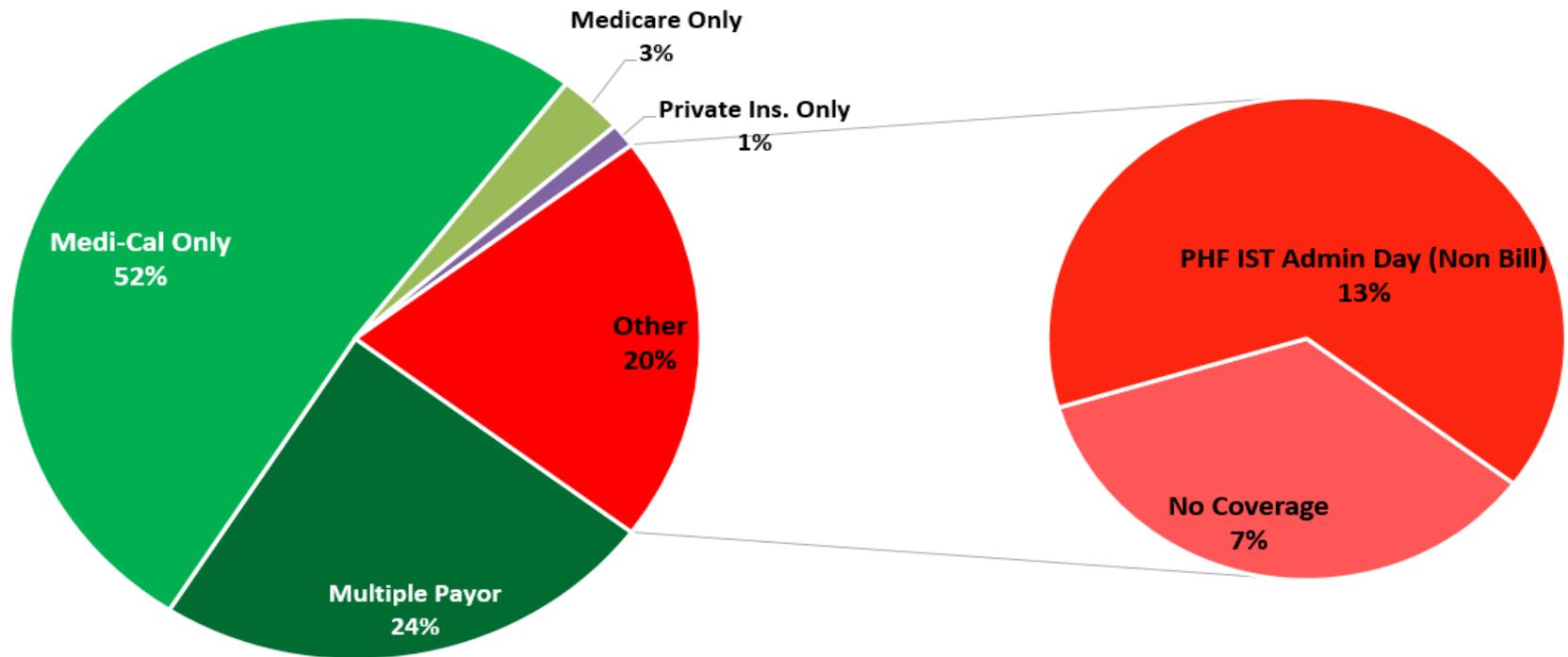
- ❑ 422 Hospitalizations (7/1/2018 to 6/30/2019)
- ❑ New Director of Social Services DHCS audit completed (biennial)
- ❑ CMS audit completed (triennial)
- ❑ Facility upgrades including installation of non-ligature doors in designated areas



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PHF PAYOR MIX FY 2018/19

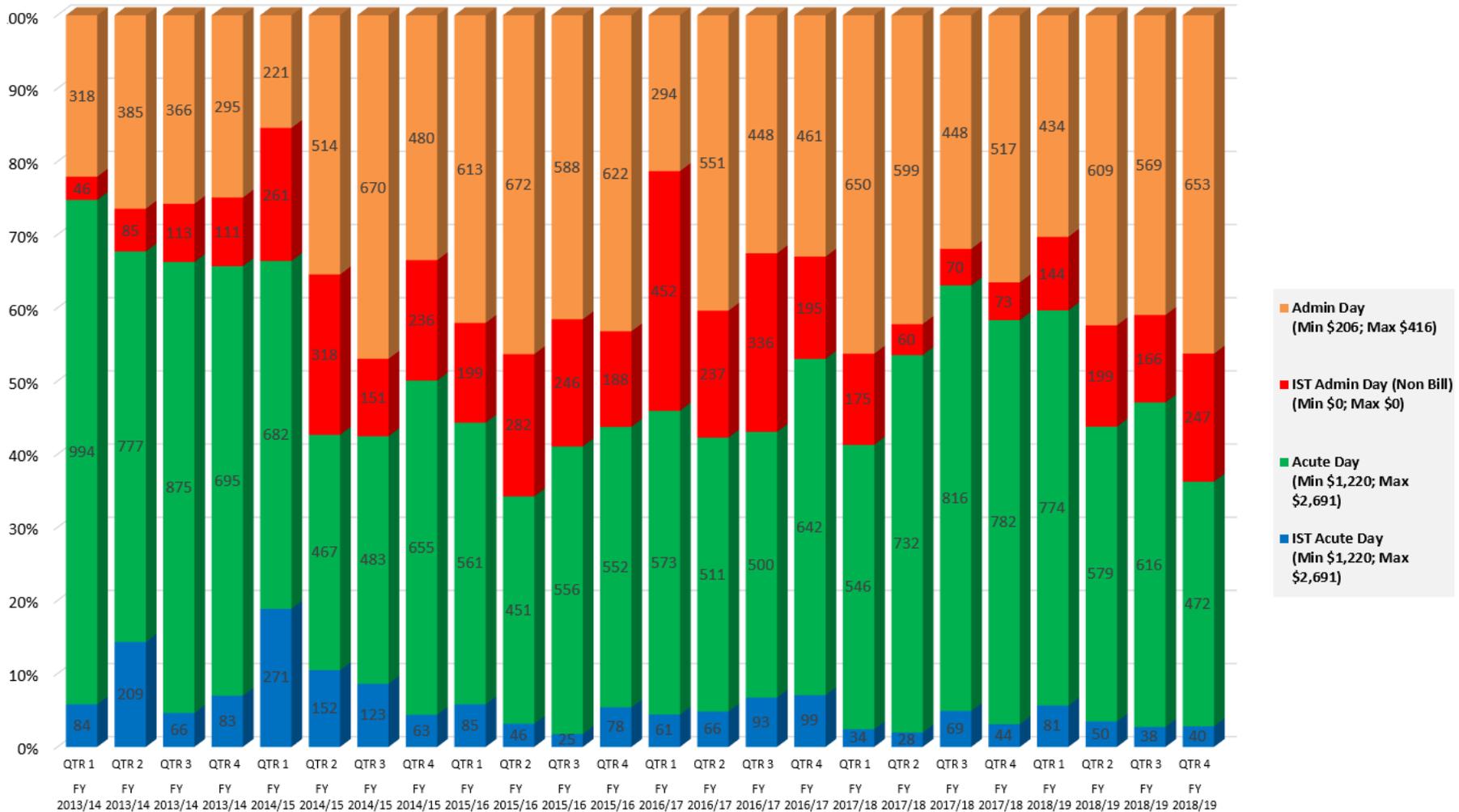


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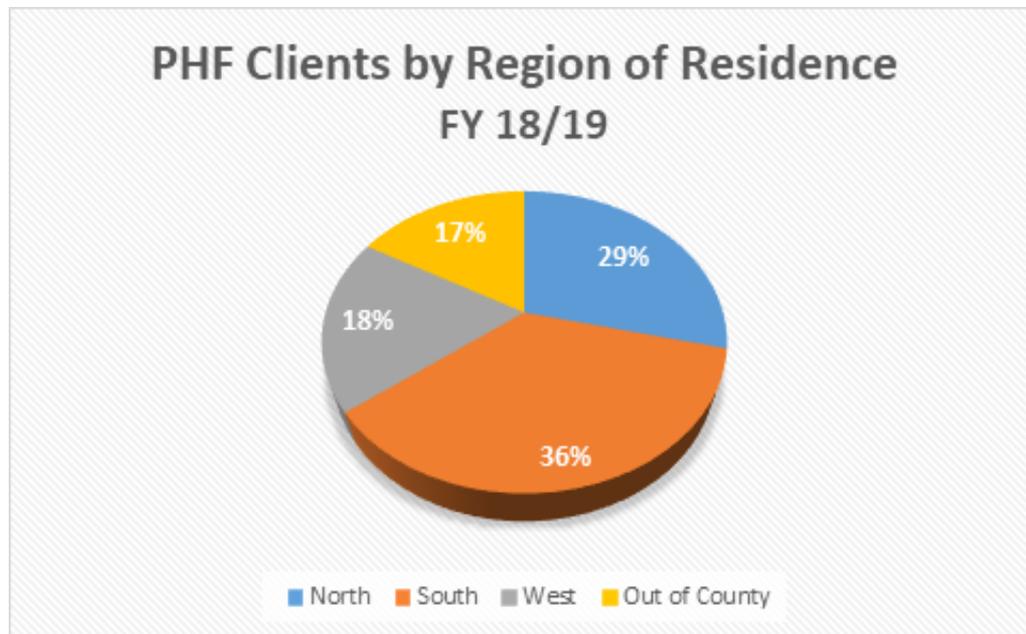
IST = Incompetent to Stand Trial

PHF Bed Day Mix: Acute v Administrative Draft

PHF Bed Day Mix



- ❑ *The largest percentage of PHF clients were aged 25-34. The average age was 42 (with a range of 19-85).*
- ❑ *Nearly half (44.5%) were 25-44 years old.*
- ❑ *The largest percentage (36%) of clients hospitalized lived in South County*



A Day at the PHF

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- Daily Multidisciplinary Team Meeting
- Structured Meals and Snack Time
- Outside Recreational Time
- Community Meeting with Patients in morning and evening
- Multiple Holistic Group Activities including the following:



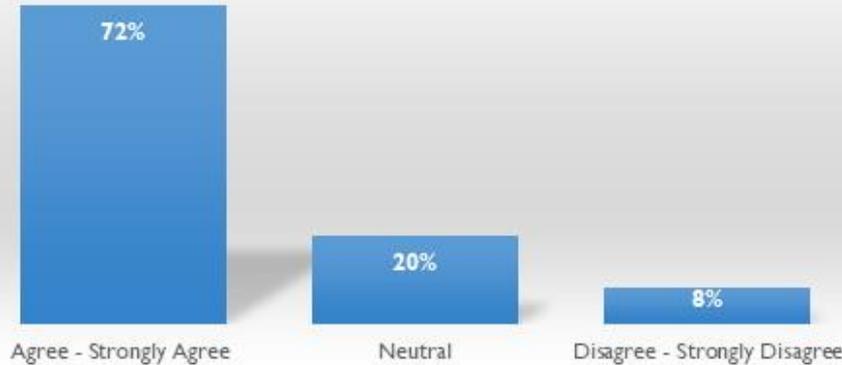
- Daily MD rounds
- Client centered treatment planning
- Pet therapy
- Nutrition education
- Exercise-equipment and groups
- Sobriety support/ Alcoholics Anonymous
- Anger management
- Music and Art therapy
- Stress management
- Medication education
- Legal issues/know your rights
- Patients' rights group



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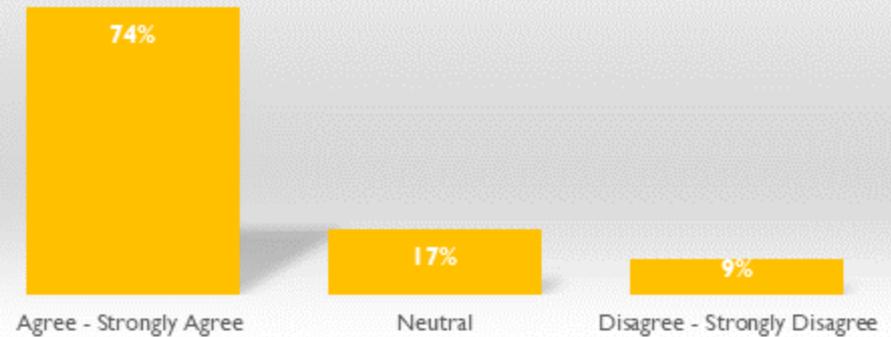
"I liked the services I received here"

PHF Patient Survey FY 18/19



"My symptoms are not bothering me as much as before"

PHF Patient Survey FY 18/19



The PHFs QAPI Committee receives monthly reports on quality indicators related to health outcomes, patient safety, enhancing the efficiency/ quality of patient care and utilization review. Quality indicators are used to measure the effectiveness and safety of facility services, and quality of care. The QAPI Committee oversees implementation of corrective actions improving performance and reports progress to the PHF Medical Practice Committee and the PHF Governing Board.

Focused attention on the environment of patient care and safety:

- Infection prevention and control
- Emergency preparations for internal/external disasters
- Patient's rights



- ❑ The PGB generally meets monthly. Regular agenda items include:
 - **Report on Quality Indicators** (e.g., Complaints and Grievances, Infection Prevention and Control, Patient Services, Care and Safety, Restraint/Seclusion, and Medication Use/Pharmacy Services)
 - **Budget Development**
 - **Policies and Procedures**
 - **Medical Staff Bylaws**



- ❑ MHRC remains a capital priority.
- ❑ In-county long term care also remains a priority.

Least restrictive alternative mandate

- ❑ Placement required at lowest level of care to meet needs.
- ❑ The continuum still has gaps in and remaining needs for Adult Residential, Supported Housing, and Permanent Housing with on-site services provided.



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