

# ADMHS *Director's Report*

Prepared for the Mental Health Commission, January 20, 2016

## ADMHS PREPARES FOR NEW YEAR

*Summary:* As the New Year begins, the department has many accomplishments to reflect back upon, and can look forward to, expanding these successes throughout the system of care and recovery. In mid-December, the Director provided the Board of Supervisors a comprehensive summary of progress on Systems Change, which featured many staff and system partners sharing their experiences. The Department would like to recognize the following individuals for their participation in the presentation: Kit McMillion, Refugio Rodriguez, Corinne Contreras, Joanne Marley, Deana Huddleston, Tom Sodergren, Dr. Ole Behrendtsen, Laura Zeitz, Stacy McCrory, and Crystal Ramirez. The Board benefited from meeting these leaders of Systems Change and learning of their innovative practices and plans first-hand.

The presentation was accompanied by a detailed system report and slides with objective data quantifying many different system metrics, report capability, analysis of system improvements, and areas of challenges. Many staff and system partners assisted in creating information for this report, and, in addition to those recognized above, the department appreciates the contributions of Suzanne Grimmese, Eric Baizer, Yen Tran, Celeste Andersen, Lyra Monroe, Yaneris Muñiz, Elisa Gottheil, Kelly Griffin, April Howard, Chris Ribeiro, Lindsay Walter, Tina Wooton, Xiomara Abayari, Dr. Leslie Lundt, Francisco Palencia, Frank Thompson, Geoff Bernard, Elodie Patarias, Jelena Pavlov, Shereen Khatapoush, Jonathan Eymann, Larisa Traga, Veronica Heinzelmann, Sandy Fahey, Tammy Summers, JT Turner and Maria Xique.

The presentation noted several departmental priority goals for action, including : 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 on-going 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 and ER, 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. Standardizing system accomplishments across the system of care and recovery will also be a departmental priority this year. Dr. Gleghorn will return to the Board with specific metrics used to evaluate departmental objectives and with options for developing programs to address the needs of high-need clients resistant to care.

### Organizational Structure

The Department has re-designed specific administrative roles and made structural changes to the Organizational Chart for ADMHS administration in order to achieve more efficient functioning, provide effective oversight and insure expert supervision of key departmental functions. Hiring the best staff for these Leadership roles is central as the department moves forward into the new structure. ADMHS is currently recruiting for several important positions including: Chief Financial Officer, Deputy of Operations and Administration, Human Resource manager (through central HR), and Manager of Information Technology and Management Information Systems. There has been a large response to these postings, so interviews will commence shortly.

We are pleased to report that one key position has already been filled: Deputy Director of Behavioral Health. Dr Pamela Fisher will assume the role of Behavioral Health Deputy, working closely with our contracted clinical services, system transformation, integrated care and special projects. Pam's experience with state and county behavioral health organizations and operations will be an asset to the department as it continues to improve its service and document performance outcomes. Pam will begin in her new role on February 16, 2016.

Pam earned a B.A. in psychology at California State University, Northridge and a Psy.D. in clinical psychology at the California School of Professional Psychology. Pam joins ADMHS with an extensive history of leadership experience. She most recently served in Ventura County as the Division Manager of Adult Services and prior to that, as the Division Manager of Youth and Family Services.

Before Pam began her work with Ventura County, she worked in collaboration with ADMHS through her employment with Casa Pacifica, serving in several roles, including the Director of Community-Based Services, Assistant Director of Clinical Services and as a Staff Psychologist. Pam is presently serving on the Adult and Child Committees of the California Behavioral Health Director's Association, which will continue as a great value to her new role in Santa Barbara County.

Please join us in welcoming Pam to ADMHS!

## **HHS SUMMARIZES 2015 BEHAVIORAL HEALTH ACCOMPLISHMENTS**

*Summary:* The U.S. Department of Health and Human Services (HHS) issued a summary of 2015 accomplishments in behavioral health. Six focus areas are highlighted: Ensuring Access to *Safety* Net Care; the Affordable Care Act and Parity; Care Integration/Value Purchasing/Delivery System Reform; the Opioid/Heroin Problem; Workforce; and the Community Culture and Strengths Initiative.

2015 highlights include:

- The Center for Medicare & Medicaid Services (CMS) issued a final rule requiring the use of data to assess core Medicaid services, including behavioral health/
- CMS issued a Notice of Proposed Rulemaking that would allow Medicaid managed care organizations and prepaid inpatient health plans to receive a capitation

payment from the state for an enrollee aged 21 to 64 who is a patient in certain types of institutions for mental disease (IMD) for stays of less than 15 days per month.

- To further ensure coverage of key Medicaid services, HHS issued letters to state Medicaid programs concerning Coverage of Behavioral Health Services for Youth with Substance Use Disorders and Coverage of Housing-Related Activities and Services for Individuals with Disabilities.
- Congress provided a \$38 million increase to the Substance Abuse Prevention and Treatment Block Grant (SABG) and a \$50 million increase to the Mental Health Services Block Grant (MHBG) in the final Consolidated Appropriations Act, 2016.
- CMS issued a Notice of Proposed Rulemaking to implement statutory provisions that align parity requirements for mental and substance use disorder (SUD) benefits for low-income Americans with parity requirements for private health plans and insurance.
- HHS continued implementation of the Medicaid Innovation Accelerator Program, which focuses on substance use disorder (SUD) services and physical and mental health integration.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) continues to support the Primary and Behavioral Health Care Integration program. Sixty new grants were awarded in FY 15.
- HHS has submitted a Notice of Proposed Rulemaking to update and modernize its substance abuse treatment confidentiality regulations to assist in facilitating information exchange within new integrated healthcare models while addressing the legitimate privacy concerns of patients seeking treatment for a substance use disorder.
- In 2015, SAMHSA provided approximately \$1 million per year for three years to 11 states through the “Medication-Assisted Treatment for Prescription Drug and Opioid Addiction.”
- The Health Resources and Services Administration (HRSA) published a funding announcement for approximately \$100 million for up to 310 grants for a new “Substance Abuse Service Expansion” program.
- The Federal Office of Rural Health Policy invested \$1.8 million in 2015 and awarded grants of \$100,000 to 18 rural communities to increase the availability of naloxone.
- HHS was appropriated \$10 million to provide grants to support states to build capacity to address prescription drug abuse and overdose prevention efforts in conjunction with state and local partners.
- SAMHSA worked closely with CMS and HRSA to expand the use, of and reimbursement for, paraprofessionals, including peer support specialists, through training grants, innovation grants and work with states.
- SAMHSA launched a new initiative, the Science of Changing Social Norms, with the goal of changing the way Americans think about, talk about, and value behavioral health.
- SAMHSA provided 70 new Mental Health First Aid grants to communities in 2015.

*More Information:*

You may download SAMHSA’s *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018* [here](#).

## NEW PEER CREDENTIAL TO BE OFFERED NEXT MONTH

*Summary:* The California Consortium of Addiction Programs and Professionals (CCAPP) is issuing a new credential for peer support specialists. At this time CCAPP would like to establish communication with all individuals who actively provide peer support services to announce the upcoming grandparent period (February 1- 29).

Professional certification will be available for mental health and substance use disorders (SUD). No test is required, and candidates may select their area of concentration from adult peer support, transition-age youth, family or parent. Questions about the certification should be directed to [office@ccapp.us](mailto:office@ccapp.us). You may also call CCAPP, at 916-338-9460, or visit our website at <http://www.ccapp.us>.

## ADMHS DEVELOPS COMMUNITY TRAUMA RESPONSE TEAM

*Summary:* For many years ADMHS staff members have provided mental health support to persons impacted by natural and man-made disasters occurring throughout the county. In recent months ADMHS staff members have assisted individuals impacted by deaths of clients served by the ADMHS Juvenile Justice Mental Health Program and a series of unrelated deaths of Santa Barbara school children. Thirteen staff members were on-call to assist individuals impacted by the mass shooting in San Bernardino on December 2 if needed.

Efforts are now underway to broaden and formalize the department's community trauma response team. Twenty-three staff members from all regions of the county experienced in trauma care have volunteered, and specialized community trauma response training will be held next month.

## FEDERAL BAN ON NEEDLE EXCHANGE LIFTED

*Summary:* With parts of the nation experiencing an opioid epidemic, the U.S. Congress has ended a three-decade ban on federal funding for needle exchanges. According to National Public Radio, in only the small town of Austin, Ind., almost 200 people were diagnosed with HIV, largely attributable to needle-sharing. Needle exchanges permit drug users to get free sterile needles to prevent the spread of diseases. Federal funds may now be used to pay for most of the components of a needle exchange program, including staff, vans, counseling, referral to treatment and outreach, but not for syringes.

## ADP RESPONDS TO PRESCRIPTION DRUG ABUSE AND HEROIN EPIDEMIC

*Summary:* The Santa Barbara County Alcohol and Drug Program (ADP) has responded vigorously to the prescription drug and heroin epidemic and rise in overdose deaths locally and beyond. For staff members attended a six-hour Overdose (OD) Prevention and Reversal "train the trainers" training provided by the Los Angeles community Health Project last August. OD Prevention and reversal interventions have been included in current alcohol and other drug (AOD) contracts. An OD Prevention And Reversal Policy and Procedure has been approved, and a \$40K purchase order has been submitted to buy naloxone, an opioid OD antidote. County ADP is also working with the Sheriff's department to purchase additional naloxone kits. We anticipate

distributing naloxone kits with training to targeted individuals and agencies to address and reverse ODs. These individuals and agencies include family members of opioid addicts, jail discharge planners, residential providers, doctors working in pain clinics and staff members who work in narcotic treatment programs. These efforts will help reduce the trend of opioid OD in our communities.

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