Santa Barbara County
Department of Behavioral Wellness
Strategic Plan: Prioritization of Departmental Objectives
2018-2020

Introduction

The Behavioral Wellness Office of Quality Care and Strategy Management is pleased to share a draft *Strategic Plan: Prioritization of Department Objectives, 2018-2020*. Departmental Strategic Plans have historically represented a synthesis of 20 documents created between 1998 and 2015, many of which were subject to a variety of stakeholder processes. A list of the documents consulted appears on the last page of this document. With much progress having been made since the successful completion of the 2016-2018 Strategic Plan, the current Strategic Plan largely encompasses planning surrounding focus areas of departmental RENEW '22 key initiatives.

Please also note that:

- We have grouped major goals and objectives under six broad strategic initiatives that synchronize with the County of Santa Barbara Renew '22 objectives.
- For each potential initiative, we include a description of the challenge addressed, followed by a series of suggested measurable activities and deadlines.
- To ensure accountability and follow-up, implementation of each activity would be assigned to one or more of the staff persons listed on the next page.

Please do not hesitate to contact me if you have questions, concerns or suggestions.

Sincerely,

Alice Gleghorn, PhD
Department of Behavioral Wellness Director

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Why have a Strategic Plan?

1) Create a "big picture"/ comprehensive overview of objectives and activities
2) Establish priorities and set a well-crafted, practical, and achievable course of action
3) Develop long-term monitoring and progress review of large-scale initiatives and activities
4) Ensure fidelity of original intent and function of objectives

Mission and Values

Mission

The mission of the Department of Behavioral Wellness is to promote the prevention of and recovery from addiction and mental illness among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.

Values

Decisions and service delivery reflect the following values:

- Quality services for persons of all ages with mental illness and/or substance abuse
- Integrity in individual and organizational actions
- Dignity, respect, and compassion for all persons
- Active involvement of clients and families in treatment, recovery, and policy development
- Diversity throughout our organization and cultural competency in service delivery
- A system of care and recovery that is clearly defined and promotes recovery and resiliency
- Emphasis on prevention and treatment
- Teamwork among department employees in an atmosphere that is respectful and creative
- Continuous quality improvement in service delivery and administration
- Wellness modeled for our clients at all levels; i.e., staff who regularly arrive at the workplace healthy, energetic and resilient
- Safety for everyone

Guiding Principles

Guiding Principles:

- **Client & Family-Driven System of Care & Recovery**: Individuals and families participate in decision making at all levels, empowering clients to drive their own recovery.
- **Partnership Culture**: We develop partnerships with clients, family members, leaders, advocates, agencies, and businesses. We welcome individuals with complex needs, spanning behavioral health, physical health, and substance use disorders, and strive to provide the best possible care.
- **Peer Employment**: Client and family employees are trained, valued, and budgeted-for in ever-increasing numbers as part of a well-trained workforce.
- **Integrated Service Experiences**: Client-driven services are holistic, easily accessible, and provide consistent and seamless communication and coordination across the entire continuum of care delivery providers, agencies and organizations.
- **Cultural Competence, Diversity and Inclusivity**: Our culturally diverse workforce represents this community. We work effectively in cross-cultural situations, consistently adopting behaviors, attitudes and policies that enable staff and providers to communicate with people of all ethnicities, genders, sexual orientations, religious beliefs, and abilities.
- **Focus on Wellness, Recovery and Resilience:** We believe that people with psychiatric and/or substance use disorders are able to recover, live, work, learn and participate fully in their community.
- **Strengths-Based Perspective:** Recovery is facilitated by focusing on strengths more than weaknesses, both in ourselves and in our clients.
- **Fiscal Responsibility**: We efficiently leverage finite resources to provide the highest quality care to our clients, including those whom are indigent.
- **Transparency and Accountability**: There are no secrets. We do what we say we will do, or we explain why we can't.
- **Continuous Quality Improvement**: We reliably collect and consistently use data on outcomes in our system of clients and other pertinent populations (such as incarcerated and homeless), as well as data related to perceptions of families, employees, and community-based organizations, to fuel a continuous quality improvement process.

Departmental Objectives

Rebalancing of Resources to a Paperless System

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Rebalancing of Resources to a Paperless System

Objective Leads
Marshall Ramsey
Lindsay Walter
Ana Vicuna
Celeste Andersen
Chris Ribeiro

Challenge:

Unnecessary fiscal costs and staffing resources in association with paper applications.

Strategy:

Move paper applications to electronic systems and suspend paper applications and documentation through e-signatures, verbal attestation, telephonic signatures and other electronic means.

Phase 1 Activities (July 2018-December 2018):

- Develop implementation plan to define operation of a paperless system.
- Explore options for software systems that will create an electronic workflow, automate processes, and reduce paper usage.

Phase 2 Activities (December 2018-December 2019):

- Implement Contract Management Module within ServiceNow – in process.
- Institute healthcare signature pads for all service facilities offered by Behavioral Wellness and contracted organizational providers.
- Initiate a partnership with DocuSign for electronic signatures in conjunctions with several county departments.
- Develop a workgroup to evaluate processes and requirements between departments to facilitate electronic documentation between agencies.
- Distribute tablets and laptops to staff for use during meetings to eliminate paper packets.

Key Indicators of Success:

- Electronic workflow present throughout Behavioral Wellness system and with contracted providers.

Re-visioning: Increasing Access to Substance Abuse Treatment

Re-Vision
Increasing Access to Substance Abuse Treatment

Objective Leads
John Doyel
Jamie Huthsing
Pam Fisher
Suzanne Grimmesey
Ana Vicuna
Veronica Heinzelmann
Shana Burns
John Winkler
John Lewis

Challenge:

A variety of factors contribute to a behavioral health system that offers uneven access to substance abuse services, including a lack of standardization across regions, inadequate specialized supports for people with complex needs, and barriers to timely access to care.

Strategy:

With the launch of the Organized Delivery System (ODS), expand and enhance covered substance abuse treatment benefits available to residents as result of the Affordable Care Act.

Phase 1 Activities (July 2018-December 2018):

- Complete implementation planning for ODS including development of policies and procedures as well as necessary staffing for both the 24/7 Access line and QCM support.
- Recruit for additional Access Line screeners to assure adequate staffing necessary to eliminate excessive wait time on 24/7 Access line and reduce/eliminate callers who may hang up prior to receive linkage to care.

Phase 2 Activities (December 2018-December 2019):

- Launch of ODS with routine data monitoring of 24/7 Access line to assure timely access to care and reduction of wait time with higher call volume.
- Training of Crisis Staff, and CSU to conduct screenings
- Develop Access phone lines within the jail and education partners (court, probation) on this process

Phase 3 Activities (December 2019-June 2020):

- Monitor 24/7 Access call line data to assure smooth operation and access to care for both MHP and ODS callers.

Key Indicators of Success:

- Elimination of excessive call wait time on 24/7 Access line
- Reduce callers hanging up prior to speaking with an Access Screener
- Provide access to care within stated timelines and in as quickly a manner as possible
- Ensure positive customer service 100% of the time
- Evidence of utilization of all ODS levels of care across regions

Responding to the Community with Innovation in Co-Response

Respond

Responding to the Community with Innovation in Co-Response

Objective Leads

Ana Vicuña
John Winckler
John Lewis
Alice Gleghorn

Challenge:

Reduce incarcerations of mentally ill or substance using community members through development of co-response teams of law enforcement and behavioral health trained staff.

Strategy:

Pilot mobile crisis teams to co-respond with law enforcement to reduce potential incarcerations and inpatient hospitalizations.

Phase 1 Activities (July 2018-December 2018):

- Pilot co-response teams in South County with Sheriff Officers operating four 10 hour shifts.
- Begin planning with Santa Barbara Police Department to initiate co-response pilot.
- Explore expansion opportunities with the City of Goleta.
- Maintain and review data on outcomes of co-response to determine time and cost savings as well as other positive client focused impact.

Phase 2 Activities (December 2018-June 2019):

- Following signature of MOU agreement with the Santa Barbara Police Department, begin co-response pilot project.
- Expand shifts of co-response in South County.
- Begin planning for expansion of co-response pilot to West and North County.

Key Indicators of Success:

- Data which indicates time savings for law enforcement.
- Data which indicates increase in use of least restrictive care settings for persons experiencing mental health crisis.
- Data on documented services by staff engaged in co-response to determine program sustainability.

Re-Design: Development of Behavioral Health Care Centers

Re-Design
Development of Behavioral Health Care Centers

Objective Leads
Pam Fisher
Ana Vicuna
John Winckler
Lindsay Walter
Shereen Khatapoush

Challenge:

Improvement needed in cross agency crisis response and development of a full range of placement options to ensure provision of appropriate level of response and available placements across a broad continuum of care.

Strategy:

Development of Behavioral Health Centers of Care to reduce hospitalization and incarceration, focusing on coordinated services (crisis response, acute care, CSU, CRT)

Phase 1/2 Activities (July 2018-June 2019):

- Evaluate integration of selected levels of care which may include: PHF, Mental Health Rehabilitation Centers (MHRCs), Residential Treatment, Crisis Residential Treatment, Adult Outpatient Center and Crisis Response Teams to maximize use of staff resources.
- Meet with all hospitals in Santa Barbara County to evaluate collaborative crisis response strategies.
- Pilot training and certification of emergency room doctors to write 5150 detentions, to reduce redundancy and improve overall staff efficiencies in responding to client crisis events.

Phase 3 Activities (June 2019-June 2020):

- Determine needs to develop a pilot model at one or more locations.
- Evaluate pilot program of emergency room doctors writing 5150 detentions and releases, and expand doctor certification to perform these tasks.

Key Indicators of Success:

- Reduce redundancies in services as evidenced by outcome data.
- Maximize use of staff resources across the system.
- Increase use of least restrictive options when experiencing a psychiatric crisis such as the CSU, Crisis Residential, MHRC, PHF, Substance Abuse Treatment or other outpatient programming.

Rebalancing Resources: Non-Medical Transportation

Rebalancing Resources
Non-Medical Transportation

Objective Leads
Pam Fisher
Ana Vicuna
Celeste Andersen
John Winckler
Melanie Johnson

Challenge:

Transportation can present a challenge, which impacts a client's ability to access necessary health care of any type, or reliably attend appointments creating increases in no-shows and breaks in continuity of clinical care.

Strategy:

Develop a defined process for clients (of Behavioral Wellness in addition to shared clients with CenCal, Public Health and Social Services) to access free non-emergency medical transportation for medical appointments. New requirements for Medi-Cal Managed Care plans allow non-emergency medical transportation as a benefit.

Phase 1 Activities (July 2018-December 2018):

- Work collaboratively with CenCal to define a practice to request (from CenCal) and arrange for non-emergency medical transportation for county services for Behavioral Wellness clients
- Implement free non-emergency medical transportation in collaboration with Public Health and Social Services

Phase 2 Activities (December 2018-December 2019):

- Create a process improvement evaluation to increase awareness of the program and reduce no-shows

Phase 3 Activities (December 2019-June 2020):

- Evaluate data and make systematic changes according to outcome data and need

Key Indicators of Success:

- Reduction of appointment no-shows
- Qualitative process improvement measured by indication on client satisfaction survey results

Re-Design: Updating IT Infrastructure and Operations

Re-Design
Updating IT Infrastructure and Operations

Objective Leads
Marshall Ramsey
Celeste Andersen
Ana Vicuna
Lindsay Walter
Morgan Peterson
Jennifer Hidrobo

Challenge:

Many of the Department's IT resources have not been updated to current versions or models. This impacts the Department's IT security, as well as hampering the implementation of new IT program solutions.

Strategy:

Prioritize investment in IT resources to enable the Department to update its IT infrastructure as well as implement IT solutions to improve system and program operations.

Phase 1 Activities (July 2018-December 2018):

- Negotiate contract with Clearwater Compliance to complete Security Risk Assessment – completed 12/2018.
- Negotiate contract with PipelineRx to develop and implement a standards-based data exchange interface (PowerLine) to enable program interconnectivity for the Inpatient Pharmacy - completed 01/2019.
- Review and select client appointment management product and initiate project to implement and train on this new system – completed 01/2019.
- Review and select new reporting development and distribution platform to replace existing clinical reporting systems – completed 10/2018.

Phase 2 Activities (December 2018 – December 2019):

- Receive Risk Assessment report from Clearwater Compliance and begin implementing changes to address high priority risks – in process 2/2019.
- Connect Rx30 and Pyxis through PowerLine interface – in process 2/2019.
- Begin implementing client appointment management project (CAMP) in the outpatient clinics.
- Implement Contract Management module in ServiceNow – in process 2/2019.
- Consider expanding connectivity within PowerLine interface to include RxNT (e-prescribing) and ADT system (admissions, discharges, and transfers).
- Begin engagement to implement Onboarding and Transitions module (HR Employee Management) in ServiceNow – in process 2/2019.
- Consider options for PHF EHR/EMAR.
- Begin implementing upgrades to clinical reporting development and distribution systems.

Phase 3 Activities (December 2019 – June 2020):

- Implement Onboarding and Transitions module in ServiceNow.
- Select PHF EHR/EMAR and begin implementation.
- Provide clinical supervisor dashboard access to core clinical reports through new reporting distribution system.
- Deliver CBO reporting through web based dashboards.

Key Indicators of Success:

- Minimized risk factors in Risk Assessment report.

	• Have an interactive pharmacy software network which reduces manual processes. • Client appointment management program implemented in all regions of the County. • Contract Management module implemented in ServiceNow. • Onboarding and Transitions Module implemented in ServiceNow. • Potential EHR/EMAR vendors identified for PHF. • CBOs have access to web based reporting portal and email distribution of clinical reports discontinued.

Selected Behavioral Wellness Documents

2018

RENEW ’22, County of Santa Barbara

2014

1. ADMHS Current Mission and Values (retrieved from ADMHS web site 7/14; original approval date not indicated)

1a. Accessing Behavioral Health Services in Santa Barbara County: System Strengths and Needs Analysis, April Howard, Ph.D., July 24, 2014

2. Draft Policy for Welcoming Access to Crisis Response and Evaluation for Clients with Co-Occurring Conditions (6/14)
3. ADMHS Quality Improvement Work Plan, FY 2014-15
4. ADMHS D Pages FY 2014-16
5. ADMHS Communications Plan (4/14)
6. ADMHS Peer Integration Framework (3/14)
7. Recommendations for the Design of Care and Recovery Centers (Change Agents 1-22-14)

2013

8. Santa Barbara County Behavioral Health System Vision and Guiding Principles (Steering Committee, 12/13)
9. Executive Team and Manager Commitments (12/13)
10. Planning for the Integration of MHSA and ADMHS Systems Change (PowerPoint 12/5/13)
11. Peer Action Team Proposal (approved 7/9/13)
12. TriWest Report, May 2013

2012

13. AOD Strategic Prevention Plan, 2012-2017

2011

14. ADMHS Strategic Plan FY 2011-2012

2010

15. ADMHS Cultural Competence Plan 2010

2007

16. Santa Barbara County Alcohol and Drug Program Strategic Prevention Plan, 2007-2012

2004

17. ADMHS Model of Care (4/04)
18. ADMHS Goals for FY 2003-2004, Winter 2004

2002

19. ADP Strategic Plan 2002

1998

20. ADMHS Five-Year Strategic Plan for Adult Services, 1998 (updated in 2004)