Katherine Douglas Public Comment - NAMI

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From:	Lynne Gibbs <gibbslyn2@gmail.com>
Sent:	Thursday, December 4, 2025 4:05 PM
To:	sbcob
Cc:	Laura Capps; Joan Hartmann; Bob Nelson; Steve Lavagnino; Roy Lee; Eleanor Gartner
Subject:	NAMI/FACT Public Comment for 12/9 BOS Hearing, D-2
Attachments:	Strategic Planning Recommendations 2025 12 04.docx

Please see attached.
Thank you,
Lynne Gibbs, NAMI SBCO Public Policy Chair and Families ACT! Advisor

To: Chair Capps, and Santa Barbara County Supervisors;
Santa Barbara County Strategic Planning Group on Jail Diversion
From: NAMI Santa Barbara County and Families ACT!
Subject: ***Recommendations on Behavioral Health for Jail Diversion***
Date: December 4, 2025

Background:
A significant proportion of individuals incarcerated in Santa Barbara County have serious behavioral health disorders and experience repeated jail admissions. Current community support systems are not adequately addressing their needs, resulting in high rates of recidivism.

Key Jail Data and RDA (Research Development Associates) Report Findings:

- *73% of incarcerated individuals with Serious Mental Illness (SMI) have prior jail admissions; 47% have been admitted ten or more times.*
- *There is a discrepancy between the number of individuals designated as SMI and those assessed as incompetent to stand trial (IST), indicating gaps in behavioral health assessments. 11% of the jail population is designated as SMI, yet the number assessed as incompetent to stand trial (IST) is higher. In September 2025, 110 individuals, or 14.4% of the jail population was assessed as IST.*
- *Existing treatment bed capacity and community-based treatment options are insufficient to meet the needs of the county's population.*

NAMI/FACT Recommendations:

1. ***Study Recidivism Factors:***
   Conduct a comprehensive study to identify the factors accounting for repeated jail admissions among individuals with behavioral health disorders.
2. ***Improve Mental Health Assessments:***
   Review and strengthen jail mental health assessment protocols to ensure accurate identification of mental illness, serious mental illness, and dual diagnosis.
3. ***Evaluate Community-Based Treatment Programs and Diversion Programs:***
   Track and report outcomes for each diversion and community-based treatment program to measure the effectiveness of each in reducing recidivism.

   It is not enough to track participation in a program, or even the number of graduates. What proportion in each program are avoiding recidivism a year later? What are the sustainable outcomes in reducing subsequent crisis and arrest?

The RDA Report recommended "Identifying standard core data elements and meaningful outcomes to track across programs." This is the only way we can determine what is working, what is not, and what needs improvement.

4. ***Expand Treatment Capacity:***
   Set clear goals for the number of treatment beds needed at each level of the Continuum of Care. Develop a strategy to address gaps, including consideration of a secured, forensic dual-diagnosis treatment facility.

   Our county's most severe deficit of treatment beds are at the acute (inpatient) and subacute (longer-term secured treatment) levels of care *with only 16 PHF (Psychiatric Health Facility) beds for 5150 placements of county residents including those in the jail, and only 4 secured longer-term treatment beds at the Champion Center Mental Health Rehab Center (MHRC) for justice-involved individuals. Jail residents on 5150 crisis holds stay for unnecessarily long periods of time in the PHF at high cost for lack of more appropriate, less costly longer-term subacute care they could move to if the county had the beds. (See attached our June 2024 Action Alert on the critical need for longer-term, subacute treatment beds).*
   Having passed on multiple statewide opportunities to increase subacute capacity, the county now has the opportunity to allocate approx.$44 million dollars to a secured treatment facility – monies that will otherwise be spent to increase jail capacity, instead. Jail residents ineligible for community-based diversion could be served in a program similar to LA County's Olive Vista's whereby those with serious illness elect to move from incarceration to a treatment facility for longer-term care with the promise of having charges dismissed upon successful completion.

5. ***Adopt/Continue Evidence-Based Practices:***
   Enhance community-based treatment options by implementing proven programs such as Assertive Community Treatment (ACT), Forensic ACT (FACT), Assisted Outpatient Treatment (AOT), Co-Response, Crisis Intervention Training (CIT), and Early Psychosis Treatment.

   CIT and Co-Response divert from arrest BEFORE those in crisis are arrested. Community members consistently report that CIT-trained law enforcement officers, skilled in de-escalation, are able to defuse potentially dangerous crisis situations, directing persons to treatment while avoiding arrests – ideally as partners on Co-Response teams with behavioral health clinicians. CIT and Co-Response are two of NAMI Santa Barbara County's successful priority programs, yet the county has not offered the 40-hr. training academy since September 2023, and funding for our county's Co-Response program is at risk of lapsing in June 2026.

ACT, and First Episode Early Psychosis Treatment programs are being required for counties' to be eligible for the Medicaid Exclusion Waiver that would authorize the county to draw down Medi-Cal funding for stays at acute and subacute facilities exceeding 16 beds under California's BH-CONNECT program. These programs should be restored. In addition, FACT is required for the Medicaid Exclusion Waiver.

6. ***Commission an Independent Study of the Adult Full Service Partnership (FSP) Program and Capacity:***
   Assess the Behavioral Wellness Adult FSP program to ensure adequate treatment slots and staffing, referencing successful study models from other counties.

   FSPs are intensive, 24/7, "whatever it takes" treatment programs, with a low client to staff ratio (recommended 10 to 1) for patients needing the most intensive level of outpatient treatment to prevent hospitalization and incarceration. Under the MHSA (Mental Health Services Act) to BHSA (Behavioral Health Services Act) transition, counties are directed to increase the proportion of BHSA funding allocated to FSPs to 35%. An increasing number of patients are being referred to the Behavioral Wellness Adult FSP with no commensurate increase in staffing that currently stands above a 20 to 1 ratio of staff to patients..

   This past year, Alameda County undertook a comprehensive study to determine the number of its FSP-non-enrolled behavioral health patients who are eligible for FSP, and for whom the cost of repeated crisis and incarcerations exceeds the cost of an FSP placement. As an outcome, the Alameda County Behavioral Health Dept. increased its FSP capacity by 30%.

7. ***Engage Community Stakeholders:***
   Establish an advisory council that includes community members to guide planning and implementation of these recommendations. Community input is essential for identifying gaps and improving care.

   The RDA Report observed that "Community-Based Service [and] Infrastructure Gaps Undermine Program Potential – Even with strong planning and qualified staff, insufficient housing, outpatient programs, and trauma-competent care reduced the effectiveness and scalability of mental health diversion efforts."

   Family and community members have a uniquely significant perspective on the continuum of behavioral health care in that they experience the gaps generated by siloed programs and stymied access. They know what works, what needs

improvement, and how to achieve it. With a seat at the table, they have much to contribute to strategic planning.

Conclusion:

Implementing these recommendations will strengthen the county's approach to jail diversion, improve outcomes for individuals with behavioral health needs, and ensure more effective use of resources.