# **Attachment B**:

# Integrated Plan Attachment Documents

# Santa Barbara County Behavioral Wellness Department

**BHSA Integrated Plan Attachments Document**

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1. **Attachment A: SB County Behavioral Wellness Community Planning Process (CPP) Public Comments, FY 26-27**

# Santa Barbara County BHSA Community Planning Process (CPP) Public Comment Document FY 26-27

**1-1 Meeting with New Beginnings Veteran Services Manager Masterdoc**

**2.11.25**

| | |
|---|---|
| **Description** | **1-1 Interview with Veteran Services Manager from New Beginnings** |
| **Official BHSA Category** | **12 Veterans. 13 Representatives from veterans organizations.** |
| **# of Attendees** | **4 Total – 1 New Beginnings and 3 BHSA** |

**BHSA Public Comments:**

- VA does not let them do MH services through the program
- Frustrating, just be VA healthcare, should also have BWell benefit
- They have an MD team and behavioral health specialist, but they are not providing counseling services, but more connection and figuring out how to navigate through the mental health services that they are eligible for depending on what their healthcare is
- They utilize resources depending on need and what the client is eligible for

- depending on healthcare, connect to VA, BWell, counseling center for higher needs by accredited students, CADA, Sanctuary Centers
- Heard that if there are requests/assessments for BWell services, if BWell is overwhelmed they will say people are not eligible
- Can pull together a handful of their veterans in their office, utilize client rooms to do individual surveys or interview

**Public Comments Veracruz Village Masterdoc**

**2.20.25**

| | |
|---|---|
| **Description** | **Walkthrough at Veracruz Village site through New Beginnings, and had a 1-1 with program supervisor Tim** |
| **Official BHSA Category** | **29 b Housing Providers for Unhoused Communities** |
| **# of Attendees** | **1** |

- Interested in a listening session
- Tenants would like services onsite
- Tenants reluctant to leave site
- Tenant participation with food and incentives
- Overall tenant needs were addressed
- When tenants first move in, they are high need, and concerned about the new project being planned across the street
- Turnover rate of onsite supportive staff from good sam can be confusing for tenants

**New House 2 Public Comment**

**3.3.25**

| | |
|---|---|
| **Description** | **Listening session with New House (alcohol and drug treatment center, sober living facility for men)** |
| **Official BHSA Category** | 1. **Eligible adults and older adults (individuals with lived experience)**<br>2. **1a. Substance Use** |
| **# of Attendees** | **19** |

- More in-patient services
- The PD and mental health liaison was awesome and very helpful
- The access line and resource connection does take a while. Once connected, it was helpful and what I needed.

**Helping Hands of Lompoc Public Comment Masterdoc**

**3.11.25**

| | |
|---|---|
| **Description** | **Listening session with Helping Hands of Lompoc (Lompoc's Wellness Center)** |
| **Official BHSA Category** | **1. Eligible adults and older adults (individuals with lived experience)** |
| **# of Attendees** | **8** |

**All Comments:**

- Do you have to have a referral to get BWell services?
- Don't know how to access BWell services
- How can I change my therapist?
- Is the access line the same number as the hotline?
- Is this number nationwide or for California?
- Day time on the weekdays or weekend would be great to host your MHSA events
- Gift card ideas: Walmart, amazon, burger king, golden corral, subway, visa/master card $ card
- Can't buy alcohol or cigarettes with gift cards

**Public Comment:**

- Train on how to access BWell services through Access Line
- Host MHSA events during day time, either weekdays or weekends
- Gift card ideas: Walmart, amazon, burger king, golden corral, subway, visa/master card $ card

**New House 3 Public Comments**

**3.11.25**

| Description | Listening session with New House (alcohol and drug treatment center, sober living facility for men) |
|---|---|
| **Official BHSA Category** | 1. **Eligible adults and older adults (individuals with lived experience)**<br>2. **1a. Substance Use** |
| **# of Attendees** | **29** |

**General:**

- use MHSA to pay for sober living
- CenCal covered 1-2 places (6-month waitlist)
- Need MHSA $ for sober living facilities
- The places help me with support
- I didn't get housing due to my credit, does that sounds right?
- How do I get on the CES?
- More assistance with supportive employment (need help with finding jobs, not just entry-level jobs)
- Can I have CenCal with my job insurance?
- CenCal income is $1,800/ month
- Do things matter for getting higher priority for housing? Ex: having children
- Are people on ECM with behavioral health disorders required to receive services for their BH disorder?
- How is it determined/ what paperwork do we need that declares us to be an addict?
- Are there criteria we have to meet for Behavioral Health conditions to receive help?
- We need more treatment beds in SB
- Can ECM help with dental costs?
- CenCal does telehealth for behavioral health, they have therapists and psychiatrists. You can also text them which is helpful. When I call, I do have to leave a message
- Do I need to have active SB Medi-Cal?

**BHSA Feedback/Distilled Comments:**

- More sober living facilities !
- More information on how to access CES

- More assistance with supportive employment (need help with finding jobs, not just entry-level jobs)
- Need more treatment beds in SB

**Behavioral Health Services Act (BHSA) Steering Committee**

**Meeting Minutes**

**5.1.25**

**Attendees: 25**

| Time | Topic | Notes/Action |
|---|---|---|
| **10:00AM** | **Welcome** | • Natalia Rossi welcomed attendees and outlined what we will be covering this steering committee |
| **10:05AM** | **MHSA Plan FY 25-26 Updates** | • Natalia went over the MHSA Annual Update timeline. She outlined that our MHSA FY 25-26 was posted on April 11th on our BWell website and that the plan is currently open for public feedback and comment. She invited steering members to our live Behavioral Wellness Commission presentation on May 21st at Direct Relief |
| **10:15AM** | **BHSA Updates** | • Natalia reviewed the fiscal changes and breakdown under BHSA – 10% state administrative funds, 30 Housing, 35 BHSS, 35 towards FSP<br>• She outlined how BHSA also intertwines with other state BH initiatives. BHT or Behavioral Health Transformation, builds upon and includes the changes made under BHSA, but also CalAIM, BHCIP, CARE Act, SB 43<br>• BH-Connect is things we can bill for that we didn't bill for before. If you want to bill under BH-Connect, you must use certain evidence Based Practices, such as ACT, FACT, coordinated specialty care, supported employment, and high fidelity wraparound \ |

- o Will we have to provide all of these EBPs to receive money?
    - Natalia: In these EBPs, we have to provide all of these if we opt into BH-Connect. BH department can cover expenses for these services under BH Connect and BHSA.
- Starting in 2026, we have to be implementing these EBPs, but we won't have to be in full fidelity in these services under 2029.
- Under BHSA, 90% of our services will be going to people living with significant, specialty behavioral health needs.
- State expects that under BHSA, there is a higher level of collaboration among community partners, even if separately each center is providing specialty behavioral health services
- As of July 1, 2026, we are transitioning to serve individuals with the most severe mental illness, with a focus on housing resources, navigation and subsidies supports
    - How are we defining being at risk for developing a serve mental illness?
        - Natalia: What is in our Medi-Cal billing codes and defining them the same way we always have. No exact guidelines right now.
    - How does this change the funding for Youthwell and orgs like Youthwell?
        - Natalia: We will no longer fund Youthwell as of July 2026.
    - The pendulum is swinging too far the other way and these programs are very important.
        - Natalia: Schools can bill for treatment services at schools. In an ideal world, the school would be providing Prevention and early Intervention services with these funding, and would refer those high risk individuals to county treatment services.
    - Will CenCal start doing mild to moderate?
        - Natalia: They are providing mild to moderate services right now and the pipeline is already there.
        - Sara: we have multiple workgroups working on the school-based pipelines/services. We do have

a lot of providers in CenCal panel that are taking this on and address these needs.
        - Natalia: CenCal and BWell are always trying to make these referral processes better.
- Module 1, 2 & 3 guidelines, the regulations that we will follow for BHSA, have been released.
- Natalia reviewed the list mandated services under Medi-Cal Specialty Mental Health Services (SMHS) authority. See list full of services in ppt*

State developed statewide Behavioral Health Goals and we will be required to fulfill these goals. We have to address the six, state-identified priority goals and one additional goal from the list to focus on and use targeted interventions to do this. *See ppt for list

- Leonard: What is the "any child removed from home" category?
    - Natalia: It's just any child removed from home. Nothing we have control over or have anything to do with, but perhaps more outreach to communities with children out of school to provide these behavioral health support.
- Jennifer: Would you say that this addresses the social determinants of health?
    - Natalia: I would say that in some ways yes, but also it has taken away from prevention which is important in SDOH.

- The state will eventually hold us to performance measurements, but not yet.
- BWell County Health and Behavioral Health should be looking at Population Needs Assessment developed by CenCal to move forward, collaborate and influence our own planning. We were last shown a lack of involvement from Latinx populations, and we developed interventions to engage this community
- By 2029, CenCal, County Health (us) and Public health will have our plans align and turn them in at once. Moving towards this alignment.
- Using BHSS funding category under BHSA, we could still fund Workforce Education and Training, CFTN, Early Intervention, innovative projects, and some outreach programming.
- Promotion and prevention should be provided by public health departments

- I don't understand how you are supposed to tell if a child is at risk of severe mental illness?
  - Natalia: I think they would be considered to develop a severe emotional disturbance.
- Right now, with the CalAim reform, folks with a z code, who do not have medical necessity, can still have their care covered if they have intersected with social services, etc.
- Natalia: I think it would be the same, it would just be uip to whether BWell of CenCal can serve them. Ultimately this is up to the county to determine this criteria.
- It would be a wide array of clinical and county input to determine this.

- Early Intervention funding can include outreach, access and linkage to acre, mental health and SUD early treatment services and supports, CSC for first episode psychosis and EBPs/CDEPs
  - What age can be served?
    - Natalia: Any age can be served under EI.
- List of EBPs and EDEPs will be updated every two years. We don't currently have the list.
- FSP continuum: Level 1 – Intensive Case Management, Level 2 – ACT
  - Does this mean we need an ACT and FSP team in every region?
    - Natalia: Not sure if we need to provide per region, but would at least have to have this team serve people wherever they are. Provide intensive wraparound services within communities.
  - Did the state land on one fidelity scare?
    - Natalia: I believe they landed on SM-ACT. They will be helping us implement this, not expected to be at fidelity until 2029.
- Natalia reviewed the FSP services spectrum, see ppt for full list.
- Housing Interventions under BHSA, we can cover a wide array of permanent and temporary housing under assisted living, community residential treatment, interim housing, and housing.

- Natalia reviewed the BHSA transition plan timeline. We are currently working on developing the community planning process frameworks. Will plan community stakeholder events over summer with your input. *For extended timeline, see ppt.
- Natalia agreed, it is definitely time for an update for the public.

| | | |
|---|---|---|
| **11:15AM** | Update on Population-Based Prevention Programs | • 4% of the money will go to the state department of public health, and they will be using a population-based health approach for prevention. Will develop programs based on data and must incorporate evidence-based practices or promising community defined evidence practices<br>Natalia is unsure how much of the 4% will go to our county but will be sure to update you as soon as possible when this is determined. |
| **12PM** | **Adjourn** | Natalia thanked all attendees and invited any other questions. |

## MHSA PEI Quarterly Meeting #6

## 2.11.25

## Meeting Minutes

**Attendees: 17**

| | | |
|---|---|---|
| 10:00AM | **Welcome and Introductions** | • FayAnn Wooton-Raya welcomed attendees to the meeting<br>• She invited attendees to put their name and organizations in the chat |
| 10:05AM | **Suicide Prevention Taskforce** | • FayAnn shared about the creation of BWell's suicide prevention Taskforce; Nakisa, FayAnn and Elise attended a Zero Suicide Institute in July and brought back the teachings to create an internal suicide prevention taskforce<br>• We have been working on reviewing current department policies regarding suicide-safe care, and are in the process of finalizing a Suicide Prevention Plan for Santa Barbara Behavioral Wellness<br>• Taskforce was initially comprised on BWell staff, but moving forward we are asking community partners to join the taskforce<br>• FayAnn invited questions and comments from the group and asked if they were interested in joining these stakeholder sessions and/or how to structure them |

| | | |
|---|---|---|
| | | ○ SAFTY would love to be involved in this and share a lot of their experiences, what they are seeing. I really like how these meetings are conducted, where most are online and some are in person, and advance warning is given for in-person sessions,<br>○ YouthWell would want to be included. I agree about the in-person and online opportunities.<br>○ FayAnn: the process would be to reach out to other stakeholder groups first for interest, plan dates, invite you all to stakeholder sessions, and then in the fall begin broken out workgroups of our taskforce. |
| 10:30AM | **Enhanced Care Management and Community Supports** | • FayAnn defined enhanced care management and community supports. They are foundational parts of the transformation of Medi-Cal. This is a new statewide Medi-Cal benefit available to eligible members with complex needs, which addresses both clinical and nonclinical needs of highest needs members, which meets clients wherever they are.<br>• Populations of focus for ECM are determined by state. **For full list of populations of focus, please refer to presentation that FayAnn will be sharing.<br>• This form of care is more person-centered.<br>• All MCPs are encouraged to offer 15 Community Services and Supports, but can offer on a case by case basis. **For full list of community services and supports, please refer to presentation that FayAnn will be sharing.<br>• To enroll in ECM and CSS, you must first be enrolled in a Medi-Cal managed care plan (CenCal) and meet specific eligibility criteria. To be eligible for ECM, you must meet at least one population of focus.<br>○ FSA is already providing these services.<br>○ Santa Ynez Valley People Helping People will go live on July 1 |
| 11:00AM | **Population-Based Prevention Programs – BHSA** | • Population-Based Health Approach will now be used under the Behavioral Health Services Act (BHSA: it is a far more person-centered approach.<br>• Population-based prevention programs incorporate evidence-based practices or promising community defined evidence practices<br>• FayAnn showed attendees differences in funding under MHSA vs BHSA. The prevention funding is now going to state administrative funds, which goes to statewide investments. 3% to DHCS, 4% to prevention and 3% to HCAI |
| 11:10AM | **Early Intervention Under BHSA** | • Early Intervention must focus on strategies and activities that are directed to an individual, including indicated prevention and case identification. |

| | | |
|---|---|---|
| | | • Early Intervention under BHSA includes outreach, access and linkage to care, mental health and SUD early treatment services and supports, CSC for first episode psychosis, and CDEPs/EBPs<br>• EBP or CDEP must be on the list provided by DHCS to be usable and qualify; must target priority populations list provided by DHCS. **For full list of priority populations, please refer to presentation that FayAnn will be sharing.<br>• County Early Intervention programs must focus on a list of new priorities provided by DHCS as well. Full list is included in presentation.<br>• The Exec Team is currently developing a Transition Plan to determine which prevention programs will be eliminated and programs will be notified by Fall 2025. |
| 11:25AM | **BHSA Transition Plan Timeline** | • FayAnn reviewed timeline for BHSA Plan. In May-July 2025 Currently planning MHSA stakeholder events, first draft of transition plan will be developed. A rough timeline of this process up to June 2026 is provided in the presentations. All contract amendments and terminations |
| 11:30AM | **MHSA PEI Program Education, Check Ins** | • An update from Casa Pacifica's SAFTY program was shared. Many changes have happened this year to make programs fiscally sustainable, and it's been a challenge. In SB County as a whole, turnover rate was 30% this past year. Client satisfaction in SB county in first 3 quarters was 93%. Worked to achieve operating budget and have been working on repurposing the campus. Extended contract to provide crisis services with UCSB. Signed contract with CenCal to provide ECM services. Reduction in calls from the hotline. The largest portion of calls received are about suicidal ideation, second is 5150/5585 reassessment, and third is access to resources. Number one source of calls is from Emergency Rooms, 2nd Client/Family, 3rd Schools.<br>o For daily stabilization referrals, who can make these referrals?<br>♣ Anyone can make the referral, you just have to call the hotline and the client has to have Medi-Cal.<br>• Shared successes from SAFTY program. Added PEI Suicide Prevention Outreach Coordinator, incorporated CSEC training into SAFTY Risk Assessment Trainings for clinicians, expanded language access through higher bilingual differential. Challenges include CalAIM payment reform, recruitment and retention (might be best to focus more on finding people who like this work rather than focusing on grad students; they often want to do therapy) and Prop 1.<br>o MICOP: What is the age limit for the youth we can refer to you?<br>♣ Its 0-20. Once they reach 21 they can no longer be referred, but you can refer at 20. |

- Where does SAFTY get most of their calls from?
  - Majority of calls last were from North County, this year the second highest comes from South County.
- PHP: Values appreciates the work that SAFTY does. Why are the numbers down this year compared to last?
  - Over winter break when schools were out, we did not get calls for a couple days. Because the schools and youth are accessing our hotline more and because the county's access line and mobile crisis is expanding its reach to populations also served by SAFTY, and this is one of our main demographics, this could explain why our numbers were down.

- Presented her update on PEI Outreach via SAFTY. Provide trainings for parents and staff, presentations for students and conduct outreach through events. Working to destigmatize the wellness centers, kids are being judged for going to the centers. 66 events so far this year!
  - Celebrated the work that Jasmine is doing!
  - FayAnn thanked everyone for their updates and their fantastic work!
- Presented an update for YouthWell's Youth Advocacy Board program. A yearlong youth leadership program for across the county, across three years will have had at least two students from every school. Developing partnerships in different parts of the county with trusted adults to support our program/students. Past two years have done a large student youth summit; want to spread this engagement throughout the year. Youth want their parents to learn what they're learning. Provide MHFA and QPR trainings as well as workshops/community presentations. Also learn outreach skills!
- FayAnn thanked presenters and invited further highlights from providers.
- MICOP, are hosting a cultural competence training this month. Link was dropped in the chat and flyer will be shared with FayAnn. She is interested in doing more outreach with her team, and asked others to reach out with upcoming events and her team will be there.
- Our family wellness day will be this Saturday from 11-4, for all ages, youth to elders. Providing food, stickers, resources.
- Growing Grounds, invited us out for "day at the farm" event on May 23rd from 10-1. Flyer will be sent to FayAnn. 25th anniversary also planned for this July 19th flyer will be sent out when it is created. Their program provides horticultural knowledge and grows vocational skills in those with severe and persistent mental illness.
- Will be hosting Alliance for Mental Illness in September, if anyone who is interested in tabling this event, please reach out. The flyer will be out soon and shared with the community.

| | | |
|---|---|---|
| | | • People Helping People, launching their parent support groups. Flyer will be shared with FayAnn for the group.<br>• The fourth Thursday of each month, we have a NAMI speaker series that is also simultaneously translated into Spanish. The flyer will also be shared. |
| 11:55AM | **MHSA Draft Plan** | • MHSA Draft Plan is out for review and public comment. Invited group to attend the in-person or virtual presentation, taking place at Direct Relief, next Wednesday May 21st.<br>• Tomorrow BWell is hosting our May is Mental Health Month event tomorrow from 12-2, and one in Lompoc from 12-2 as well. We encourage you to bring clients as well if they are on site.<br>• PowerPoint presentation will be shared with the group. |
| 12:00PM | **Adjourn** | • FayAnn thanked the group for their participation and adjourned the meeting. |

**1:1 with Santa Ynez Tribal Health Clinic**

**5.21.25**

**BHSA Comments:**

· Need for prevention work with Native American community

· Need TA with figuring out how to bill for spiritual healing

· Need more direct connection for Crisis services, end up calling Sheriffs because Sheriffs' respond

· Need more education and information on BH services for the Leadership at Tribal Board

**Project Recovery MHSA Event Public Comments Masterdoc**

**5.27.25**

| **Description** | **Event with those in recovery from substance use and their staff** |
|---|---|
| **Official BHSA Category** | 1. **Eligible adults and older adults (individuals with lived experience)**<br>2. **1a. Substance Use**<br>3. **4b Substance Use Treatment Providers** |
| **# of Attendees** | **15** |

**BHSA Comments:**

**1. How Can We Improve Treatment Services?**

- More timely connections and advertising of BWell services
- Advertise at county jail
- Provide brochures at clinic reception areas, ect
- Educate providers and staff
- Provide more access line materials and trainings (to project recovery, law offices, and other centers)
- Encourage more walk-ins and screenings
- More advertisement for Access Line and BWell services at physical locations (flyers, posters, tear away numbers, QR codes etc)
- Perform more outreach in-person -- Direct outreach to the homeless encampment saying you can help them
- Good experience with access line!

**3. Who Should Be Involved in Supporting People Through Treatment?**

- Process for reaching out and educating attorneys, public defender to help clients get connected to programs
- More collaboration with local providers

**4. What Could We Have Done Better Overall?**

- Increasing numbers of homeless seniors, more outreach to this population
- Hard on crime policies make it difficult for those with a record experiencing issues with substance use
- Did not know anything about BWell until they were in custody. Could not get a hold of someone to perform their assessment upon discharge, had to stay an extra 2 weeks in jail until it was available, then finally got assessed and placed within 3 days
- More timely connections and advertising
- County jail is a good place to start for advertising
- Can only provided services for those being discharged
- Brochures at reception areas
- Educating providers and staff
- More collaboration with providers
- Bring more access line materials to Project Recovery
- Perform outreach where those struggling hang out, behind the Rusty's and grocery stores, hang up flyers
- Walking people through how to call the access line, making I easier to call
- Direct outreach to the homeless encampment saying you can help them
- Process for reaching out and educating attorneys, public defender to help clients get connected to programs

- Drop off access materials to private law offices
- Flyer with tabs to tear with treatment #'s
- Put access line number and messaging on the buses, park benches, places users may congregate
- Good experience with the access line, 30 minute interview, got taken care of 3 days later
- Hardest part is figuring out about the number in the first place
- QR codes on posters and flyers
- App to fill out the info and guide you through calling the access line, and then you get a call back
- Drop=in office closed because it was not utilized, but you can drop in at the clinics, although there is no official timeframe
- A lot of people cannot make the phone call to access, easier to just show up at a building
- Fellowship club at the mental wellness center helpful space to get access
- We don't have oversight of the neighborhood clinics
- Encouraging more walk-ins and screenings
- What constitutes moderate to severe?
- Be honest with your screener, don't downplay
- People coming off of substance use may reveal masked mental health symptoms, can call the access line again

**Santa Maria Wellness Center Open House Tabling Masterdoc**

**5.28.25**

| | |
|---|---|
| **Description** | **Santa Maria Pride Event—Tabling from Outreach Team** |
| **Official BHSA Category** | **1. Eligible adults and older adults (individuals with lived experience)** |
| **# of Attendees** | **30** |

- Bringing more mental health materials into the jail
- More knowledge and education on who to connect with leaving incarceration for behavioral health
- Access line trainings at:
- Jail
- Dept. of rehab
- Allan Hancock Justice Involved
- TMHA's peer support in the jails super important for supporting and encouraging population
- More social media outreach: I don't know what's available – do you have an Instagram? Need to know about BWell services and social media is a good way to reach my community

**Santa Maria Pride Tabling Event Notes**

**6.8.25**

| | |
|---|---|
| **Description** | **Santa Maria Pride Event—Tabling from Outreach Team** |
| **Official BHSA Category** | **27 Representatives from LGBTQ+ communities** |
| **# of Attendees** | **125** |

Although we encouraged people to give us feedback, I think only one person scanned the QR code. Two youth allowed me to write down their feedback.

- A teen said that he had trouble continuing therapy as the hours did not fit his school and work schedule. He thought expanding hours would be good.
- Another teen said that they thought we needed to offer more groups for youth, especially at schools. They said that offering more chances for people to anonymously share how they have grown through challenges they have had would be powerful---a way to share lived experiences.

**Fighting Back Santa Maria Youth Action Board BHSA Public Comment Masterdoc**

**6.9.25**

| | |
|---|---|
| **Description** | **Listening Session with Youth Action Board Against Homelessness** |
| **Official BHSA Category** | **3. Youths (individuals with lived experience) or youth mental health or substance use disorder organizations** |
| **# of Attendees** | **8** |

**1. How Can We Improve Treatment Services?**

- **How can we make treatment more compassionate, effective, and timely?**
  - More LMFTs at schools
  - Drop-in hours and open houses at the clinics
  - Want Childcare/daycare assistance at clinics
  - Transportation to appointments!

**2. How Can We Better Support You and Your Family During Treatment?**

- **Are there enough support systems in place? Are there enough housing supports?**
  - Want more transitional housing sites and education on how to access these sites
  - Want information on how to advocate for my clients who are in bwell system for bhsa housing $
  - Homekey seems to work really well. More housing like this in sb county
  - Want more family housing
  - Want more TAY specific housing/number of units set aside for TAY
  - Housing retention can be a struggle so landlord support and education would be huge in placement
  - Supportive services to be built in
  - When support is onsite, having providers go to the site, would be beneficial bc TAY folks who struggle, have a hard time getting to their appointments bc they struggle showing up to the clinics, are late, co-occurring
  - Having a housing retention case manager

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **What community partners or organizations play a role in supporting a member's recovery?**
  - Community navigator even if person is not eligible for BWell services

**4. How Can We Help People Grow Stronger and Healthier?**

- **What helps people stay well, recover, and thrive in our community?**
  - Trainings and awareness on SUD, overdose for community
- **What ideas do you have for making services more empowering or culturally responsive?**
  - Mixteco and other language services
  - Consistent provider trainings for all providers and community-based organizations, not just contracted providers
  - Trauma informed care, mental health first aid

**Meeting with UCSB Office of Wellness and Health Equity Masterdoc**

**6.9.25**

| | |
|---|---|
| **Description** | **1:1 interview with representative of UCSB's Office of Wellness and Health Equity specialist who works specifically with LGBTQ+ students** |
| **Official BHSA Category** | **7. Higher Education Partners.** |

| | |
|---|---|
| | **27 Representatives from LGBTQ+ communities** |
| **# of Attendees** | **3 Total: 1 from UCSB, 2 BHSA Team** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - Case in which access line is most helpful—alumni and staff, students have some robust services 24 hours available—clinical services are for students by student fees
  - Their clinical services can only serve students whoa re currently enrolled and paid fees that quarter
- **Are there any services, that you have trouble accessing or are missing altogether?**
  - Challenges:
  - They are funded by a mental health grant, but the grant he works on venturs into all areas of health
  - Everything all overlaps
  - Barriers
  - Help a lot of students, esp trnas students, with accessing phsycial transition, medical transition, and behavioral health care
  - Main things: gender affirming care, therapy, HRT, hormone replacement therapy, surgical options
  - Pretty good options with HRT in the area, clinic on campus services students with UCSHIP,
  - For students without UCSHIP, it varies on insurance, they refer to isla vista neighborhood clinic, and the planned parenthood
- **How can we make treatment more compassionate, effective, and timely?**
  - More surgical/gender affirming care providers in SB County (they have to refer out)
  - Make transportation services and transpo benefit cards available to students -- Transportation to appointments is an issue
  - More queer friendly and queer serving clinicians/therapists/services – not many in area

**2. How Can We Better Support You and Your Family During Treatment?**

- **What kind of help or guidance would make the treatment process easier for you and families?**
  - Students need help and education on navigating services/where to start with CenCal and Medi-Cal
  - Mental health 101 education program with this community, community specific? MH navigator or educator, coming to talk to the population, introduction conversations, prepping for things like graduation – create a pipeline and support for this transition
- **Are there enough support systems in place? Are there enough housing opportunities?**

- Queer folks/students need access to specific/safe/private LGBTQ housing – always a challenge to provide this to students
- Generally it is difficult for queer students to access housing
- Potentially transitional rent money (many students have to live in car, etc once scholarships end post-graduation)
- Continuous housing crisis UCSB

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
- We can absolutely share more about how to access our services and connect you to some materials that can be distributed to students.
- We would also love to look into planning a larger listening session in the summer—totally understand that it would be primarily staff due to the break! We would really appreciate hearing from LGBTQ+ specializing clinicians.
- Event with students in the fall as well would be great, coming back
- RCSGD three career staff members, their director, 2 assistant directors in student support and advocacy and navigation
- Clinicians on campus, probably Zoom for them
- Clinician dana is leaving them at the end of summer, he has been working with the general LGBTQ community in SB for a really long time
- Would love to have main clinician for gender affirming care at student health be present
- Social worker, specializes a lot with queer and trans student as well
- Once monthly queer and trans health meeting with these clinicians and one of the staff members, we can hop on that zoom?
- If it's in later July or early august, would love to bring in student staff housing coordinator and call out to other student staff members, see if they are available to participate with a wealth of knowledge
- Basic needs counselor

**1-1 Community Partners in Caring (CPC) Intro Discussion**

**6.16.25**

**1. How Can We Improve Treatment Services?**

- **Are there any services, that you have trouble accessing or are missing altogether?**
  - Biggest priority is medical appointments, food shopping, errands, picking up prescriptions etc.
  - Non-profit, primary objective to help seniors and disabled adults who no longer drive get to where they need to go
  - How can we make treatment more compassionate, effective, and timely?

- Assistance with transportation and accessible vehicles for seniors
  - Can take people a distance—will take people to LA
  - Agency serves the entire county
  - Clients have to be able to get in and out of the vehicle since volunteers are not medical professionals

**2. How Can We Better Support You and Your Family During Treatment?**

- **Are there enough support systems in place? Is there enough housing?**
  - BIGGEST NEED-- They need support with home care

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **What community partners or organizations play a role in supporting a member's recovery?**
  - Main objective is to find volunteers -- looking for ways to spread the word and support this volunteer opportunity
  - BWell spreading word about their need for volunteers?
  - Volunteers need to be 18+
  - Monthly volunteers meetings, they rotate around the regions of the county, we could come speak at to gather feedback
  - Community engagement team could offer them a QPR training for recognizing signs of suicide
  - Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
  - Elder Abuse Taskforce
  - LEON in SB
  - AAN
  - Suggested to connect with the religious community as well

**Coordinated Entry System Case Conference**

**BHSA Presentation**

**6.17.25**

| **Description** | **Coordinated Entry System Office Hours** |
|---|---|
| **Official BHSA Category** | **21 Continuums of care, including representatives from the homeless service provider community** |
| **# of Attendees** | **81 housing providers** |

**1. How Can We Improve Treatment Services?**

- **Are there any services, that you have trouble accessing or are missing altogether?**
  - More consistent street-level and vehicle-level behavioral health services; if there is any way to increase beds; the ability to have temporary care
  - Our housing units/both housing authorities are currently in shortfall, and more rental support for transitional housing would be ideal
  - How can we make treatment more compassionate, effective, and timely?
  - Half of our veterans are not VA healthcare eligible and need to access County mental health services; targeting how to successfully house those who have had housing and lost housing – more niche services for veterans/folks who have had history of being in and out of house – Assertive action plan going into next housing opportunity
  - Working with young TAY age group, wondering if we could create more emergency mechanisms to connecting youth with housing (shelters/hotel vouchers); getting them temporarily housed, 18-25 for Lompoc and Santa Maria shelters – new beds being added here
  - Mental health professionals during outreach would be ideal – mobile crisis teams

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **What community partners or organizations play a role in supporting a member's recovery?**
  - Education resources for providers to understand 5150 and availabilities on this housing

**4. How Can We Help People Grow Stronger and Healthier?**

- **What helps people stay well, recover, and thrive in our community?**
  - House people in rapid rehousing and bridge housing for longer-term. They need support. Need more time to become self-sustaining

**Veterans Breakfast Listening Session Public Comment Masterdoc**

**6.18.25**

| **Description** | **Attended Veteran's breakfast to chat with Veterans** |
|---|---|
| **Official BHSA Category** | **12 Veterans.**<br><br>**13 Representatives from veterans organizations** |
| **# of Attendees** | **4** |

**4 attendees**, all Veterans

- Support for job seekers in applying and hearing about jobs
- More inpatient psych beds

- More checks on those with mental health conditions who are staying in housing/transitional housing, should have a case worker visit once a week to see how they are adjusting
- Questions regarding who can be placed under involuntary hold
- Comment that more people should be placed on holds
- More substance use support awareness
- Rent is too expensive, rent support would be nice

**Presidio Springs Listening Session Public Comments Masterdoc**

**6.18.25**

| **Description** | **Executive Directors of the Network of Family Resource Center** |
|---|---|
| **Official BHSA Category** | **19 Area agencies on aging** |
| **# of Attendees** | **13** |

**1. How Can We Improve Treatment Services?**

- De-escalation training for those with behavioral issues
- More reminders and outreach about events, services and activities

**2. How Can We Better Support You and Your Family During Treatment?**

- English-spanish conversational groups with translation/interpretation to get to know each other more
- For homeless, room to sleep or take naps, cots for them, resting spaces

**3. Who Should Be Involved in Supporting People Through Treatment?**

- Desire for community residence committee
- Collaboration with Mental Wellness Center, Father Virgil have been successful

**4. How Can We Help People Grow Stronger and Healthier?**

- More enrichment activities and fieldtrips – massages, games (ping pong), movement activities, trips to beach, walking groups
- Keep providing food and giftcards at events

**5. What Could We Have Done Better Overall?**

- Housing site will be demolished soon, concern from residents over relocating
- Enjoying the chair yoga service
- Appreciating the mental wellness center services nearby
- Want to keep the wellness promotion for seniors program
- Want a swimming pool

- More food
- Arts and crafts for seniors is challenging, making it more accessible
- More movement activities
- Not enjoying how the food is prepared, would like something similar to the wellness center set up
- More crafting and journaling
- Time at the beach
- Ping pong table
- More light exercise
- Ping pong tables, corn hole, tossing games
- Desire for community residence committee
- Incentives like food, money, coffee, donuts at events
- More notices and reminders for events and activities
- They enjoy giftcards
- Social events, people checking in more
- Bring donuts
- Have someone come out for massages
- Massage school interns to perform services?
- Interested in how the youth are doing when it comes to mental health
- English-spanish conversational groups with translation/interpretation to get to know each other more
- Learning from different cultures
- Coffee and pan dulce
- Fixed income means food giftcards are helpful, smart and final, trader joes
- Family services agency is helpful
- Los agaves giftcards, visa pepaid cards
- Walking groups
- For homeless, room to sleep or take naps, cots for them, resting spaces
- Father virgil is a good space on calle real for homeless to sleep, meals and laundry, nice amenities
- De-escalation training for those with behavioral issues

**CommUnify Representative 1:1 Masterdoc**

**6.23.25**

| **Description** | **1-1 with CommUnify Represntative** |
|---|---|
| **Official BHSA Category** | **25. Representatives from youth from historically marginalized communities** |
| **# of Attendees** | **1** |

**1. How Can We Improve Treatment Services?**

- **Are there any services, that you have trouble accessing or are missing altogether?**
  - There's a need for MH programs for LatinX male youth -- especially male youth who are becoming fathers
  - there are programs for the future moms but none for future dads.
  - Need programs that support grandparents.
  - to learn skills to co-parent/co-grandparent for a healthy family situation
  - Need for more services for Mixteco populations in North County, there is increasing need there.
  - More non-stigmatizing services like Cafecito.
  - Need more services and resources in North and West County; stark difference between SB and Lompoc
  - We need more housing for homeless women 60+ and widowed women
  - How can we make treatment more compassionate, effective, and timely?
  - Huge needs for services specifically targeted towards immigrant parents right now
  - Anxious and depressed, and also terrified of seeking services because of deportation fears
  - Offer services at our clinics until 7 or 8 pm - our clinics are not open at hours that these community members can come.

**4. How Can We Help People Grow Stronger and Healthier?**

- **What ideas do you have for making services more empowering or culturally responsive?**
  - Need face-to-face warm hand offs to therapists, that would be the most helpful way to get people services.
  - If they could take individuals to the clinic, hand them off to someone known to ComnUnify and trusted.
  - These people are going to be very hesitant to call the Access Line and very easily discouraged.
  - Need BH workers who know the culture of their clients so they can provide culturally appropriate services and support/teach families of those in services.
  - Different words can mean different things
  - Different cultural practices and beliefs and rules
  - Trainings like through National Compadres Network

**1:1 with Risk Assessment Masterdoc**

**6.23.25**

| | |
|---|---|
| **Description** | **1-1 with Risk Management Representative** |
| **Official BHSA Category** | **5. Public safety partners, including county juvenile justice agencies** |
| **# of Attendees** | **2 – 1 BHSA Team, 1 Risk Management Representative** |

**BHSA Condensed Comments:**

- Greater risk of liability with new Housing funding and requests that his department be brought into the process early to provide direction on minimizing risk.
- BWell has the most contracts that they see, need to make sure that the county is protected
- Insurance to cover the loss via contracts side
- Requesting a "tour" of our department (said I would follow up in a few months)

**Listening Session with Independent Resource Learning Center Masterdoc**

**6.23.25**

| | |
|---|---|
| **Description** | **Listening session with Independent Living Resource Center** |
| **Official BHSA Category** | **20 Independent living centers** |
| **# of Attendees** | **15** |

**1. How Can We Improve Treatment Services?**

- **How can we make treatment more compassionate, effective, and timely?**
  - Advertise that our department and CenCal can give outreach certification if they have SPMI or SUD disorder
  - Need help navigating and getting people into the CES

**2. How Can We Better Support You and Your Family During Treatment?**

- **Are there enough support systems in place? Is there enough housing?**
  - Want more education/resources on housing process

- Referral process/CES and HMIS
- Want continuing support for rent. Rental support and subsidies
- Many live off of SSA and its never enough for an apartment
- Agrees with all of the housing interventions
- Need more housing:
- all spectrum of housing: regular units, board and care, sober living, etc.
- Need more rental units and supportive housing

**Good Samaritan Staff BHSA Virtual Listening Session**

**6.24.25**

| | |
|---|---|
| **Description** | **Listening Session with Good Samaritan staff** |
| **Official BHSA Category** | **4b Substance Use Treatment Providers** |
| **# of Attendees** | **5** |

**1. How Can We Improve Treatment Services?**

- **Are there any services, that you have trouble accessing or are missing altogether?**
  - Want substance abuse specialists out in the community like Alcohol and Drug Counselors
  - Create more CRT beds/make them better accessible
  - Need Day Center so people who are in Sober Living have a place to go
  - How can we make treatment more compassionate, effective, and timely?
  - Need transportation to appointments – Monthly Bus Passes
  - Incorporate PDR (prevention, diversion, relocation) Program, emphasis on shared housing is the way of the future for us
  - We can use $ for shared housing as long as folks are identified at risk of homelessness
  - They have seen success with this model

**2. How Can We Better Support You and Your Family During Treatment?**

- **Are there enough support systems in place? Is there enough housing supports?**
  - Want more sober living facilities – sober living with sliding scale?
  - Need this in North county especially
  - Make these facilities affordable (600-800) is too much
  - Want more sobering centers
  - Need rental support/$ for housing vouchers and capital housing developments
  - Want supportive housing
  - More Board and Cares for SUD folks (especially in north county)
- **What do you wish had been done differently or more effectively?**

- Either increase referrals to Life House or convert it to a Board and Care so it is fully used to capacity

**BWell BHSA Team and SBPD 1:1 Listening Session**

**6.24.25**

| | |
|---|---|
| **Description** | **Subject matter expert interview with Santa Barbara Police Dept. Staff** |
| **Official BHSA Category** | **5. Public safety partners, including county juvenile justice agencies** |
| **# of Attendees** | **2** |

**1. How Can We Improve Treatment Services?**

- **Are there any services, that you have trouble accessing or are missing altogether?**
  - Having an evening co-response team that also can connect with follow through on getting people housed or seeing where they're placed
  - Need to inform officers about CES and HMIS – learn how to make referrals

**2. How Can We Better Support You and Your Family During Treatment?**

- **Are there enough support systems in place? Housing Supports?**
  - Just bc someone gets into housing, they need follow up. What is in place for their follow up once placed?
  - Safety Concern for uptick in housing people with MH/SUD that PD would like addressed
  - Having a mental health crisis can affect a lot of people in a dense housing environment
  - Can be a safety issue
  - What else can be done to fix their addiction and mental health issues once placed in services?

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **How do we strengthen those partnerships?**
  - We are engaged with SB ACT, CitiNet, Good Sam. Is there any way to partner with them to identify the most impactful calls for services and high need individuals who need housing?

**Healthy Lompoc Coalition Meeting: Access Line Presentation and Community Listening Session Notes and Public Comment**

**6.26.25**

| | |
|---|---|
| **Description** | **Listening session with Healthy Lompoc Coalition group** |
| **Official BHSA Category** | **14 Health care organizations, including hospitals** |
| **# of Attendees** | **10** |

General Comments & Questions:

- Situations calling 911 right now? What do you recommend and any advice?
- We are concerned about vulnerable populations in Lompoc if 911 is contacted
- Lompoc Valley Medical Center (LVMC): stacked 5150s bc people can't be placed bc there aren't enough beds or they can't be taken due to criteria
- We need more 5150 beds
- LVMC: want to best prepare for SB 43 SUD criteria (gravely disabled) population
- LVMC: sees a huge SB43 population onsite
- LVMC: SB43 implementation actions to serve this population in our county?
- Is there in-patient treatment available for folks who are uninsured?
- Due to one exception with Medi-Cal question SUD

**BHSA Public Comments:**

1. More psychiatric beds
2. More transportation services for clients

**BHSA Listening Session—SBCEO, CFRS, Promotores Masterdoc**

**6.30.25**

| | |
|---|---|
| **Description** | **Session with Santa Barbara County Office of Education, Children and family** |
| **Official BHSA Category** | **6. Local education agencies** |
| **# of Attendees** | **3** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - Evening and weekend hours are SO NEEDED so that families and students can get MH/SUD services.

- Parents have to be involved, so there is a grave need for hours later in the evening and weekends
- Most referrals go to the mental wellness center; for needs, we need Spanish and Mixteco services, weekends, after hours, telehealth options
- The students under FSA were not mild to moderate under MHSA, more moderate to severe. Ensure that students have info/access to all levels of BWell services!
- Issue where these students were not referred to our system of care, they were just being directly served by a therapist, not all the offerings at our clinics

- **Are there any services, that you have trouble accessing or are missing altogether?**
  - Promotores: Set up another Access Line training in the Fall live via Zoom in Spanish with translation
  - Train SBCEO on how to access CES – didn't know how to
- **How can we make treatment more compassionate, effective, and timely?**
  - Worried about BHSA transition: Concerned about schools being able to access Crisis services, they are used to SAFTY, they know to call SAFTY, this is going to be hard for them.
  - Worried about BHSA transition: There is an outreach and education component, they need to know how this is all going to work now and who to call

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Support for kids, parents, and elders; elders in multigenerational households, often the aunt or grandparents who are highly involved with the kids, and they need help themselves as well
- Are there enough support systems in place? Are there enough housing supports?
  - Promotores: Could we use the promotores that COE already contracts with to provide screenings and then they could directly refer for assessment and assist with navigation and coordination to get the kids and families to the Assessment?
  - There is such a need for finding that link that will actually get them connected with BWell…COE already has a new grant for improving the referral system and has contract with CenCal to have CHWs.
  - Promotores challenged by housing

**3. Who Should Be Involved in Supporting People Through Treatment?**

- How do we strengthen those partnerships?
  - SBCEO and Promotores looking into collaboration to close loop

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?
  - Schools can be slow to adapt to changes; getting the word out to help publicize changes under BHSA

**BHSA Listening Session—SBCEO, CFRS, Promotores**

**6.30.25**

| **Description** | **Session with Santa Barbara County Office of Education, Children and family** |
|---|---|
| **Official BHSA Category** | **6. Local education agencies** |
| **# of Attendees** | **3** |

- Not anticipating funding school-based programs like START and PHP under BHSA
- Might change if we have many public comments to put funds towards it; they're not required under BHSA and we don't have enough money
- Essentially eliminating school-based counseling programs
- Good for SBCEO to know, they are in their last grant year; they will be hiring a sustainability coordinator, meeting with schools regarding sustainability with programming
- Good for them to know which programs will be left and what to expect, what may or may not be funded, affecting contracting with sustainability
- For BHSA, is it designed to focus more on treatment services and separate from PEI?
- Can still do EI for those with identified mental illness
- Eliminates prevention
- State is giving some of the funding to (likely) statewide initiatives with not a lot of local funding for prevention programs
- Only had around 2 uninsured clients throughout the life of their grant
- They utilize FSP for their students, linking them with SPIRIT
- SPIRIT level clients through their assessment programs
- Needed housing support with some of their clients
- Their team does not know how to get into the coordinated entry system
- Concern regarding crisis services, schools being able to effectively access services, if schools were finally able to use SAFTY in a way that was effective for them, it will be new for them to have to call the access line
- SAFTY only covered 8-8 so Access has been involved, but will be a different experience for the schools
- How to improve the process of access working with schools instead of SAFTY?
- More access and education; schools being able to know how to utilize the access system
- Schools can be slow to adapt to changes; getting the word out to help publicize

- UCSB has their own crisis number; UCSB has a dedicated line; the number will potentially be around for a while, but not sure if it will be a voicemail process for after-hours or automatically forward to our access line
- If there won't be the same option to have therapy/counseling happening on school campuses in the way it was happening before, not sure how quickly people will be able to adapt
- In theory schools can start billing, but realistically uncertain right now
- For some kids/families it is very difficult to get the kid to the BWell offices/services, for a variety of reasons
- Some cases where it is not going to happen at all if it doesn't happen at school; the school environment is regular and familiar
- Idea of mild to moderate vs moderate to severe, maybe a sweet, but for more severe cases the school location is not an appropriate place to do treatment
- Does the current MHSA funding, fund lower acuity?
- The students under FSA were not mild to moderate under MHSA, more moderate to severe
- Issue where these students were not referred to our system of care, they were just being directly served by a therapist, not all the offerings at our clinics
- If less kids are seen during the school day, what we will need is evening hours or weekend hours, which is always going to be a barrier
- Availability of our system to families within the school day is important
- Very limited after-hours access; pilot program in SM that goes until 6pm
- Barriers with private insurance
- Orcutt academy has been accommodating of their students, willing to provide a counseling office to have students do telehealth on campus
- Not a long term option, best to have someone on campus
- From the perspective of serving kids and having parent involvement in appointments, huge need for evening hours and weekends at the clinics
- Promotores highly involved in training and engaging with their community members, education awareness and navigation, making referrals
- Promotores involved in training for suicide prevention and mental health first aid for youth and adults, access line, stress busting, etc.; running cafecitos with parents using ARPA funding, supporting juvenile courts in Spanish and Mixteco, started opioid overdose training for parents
- Working with older folks who are often very depressed, refer to FSA
- Most referrals go to the mental wellness center; for needs, we need Spanish and Mixteco services, weekends, after hours, telehealth options
- People are not leaving their homes right now
- Support for kids, parents, and elders; elders in multigenerational households, often the aunt or grandparents who are highly involved with the kids, and they need help themselves as well
- Promotores is translating guides on community mental health into Spanish
- Difficult to ascertain how acute a case is, often refer out as best course of action

- Challenged by housing
- Promotores would like to take advantage of medi-cal reimbursable services, would have to be helping in severe cases or housing circumstances (community health worker benefit); have been doing this already but not directly in mental health space
- Needs to be referred to by a dr or a clinician
- Promotores trying to improve their referral process, is there a better way to train their staff in cases when clients can and should be referred to BWell? In a way where clients can be cared for post-referral, sets up expectation they will be serviced
- Would like to set up a training with promotores and staff, can only do another access line training since that is the only way to get connected
- Can emphasize that promotores can call with their client, helping explain that the screener will ask them questions, help them understand what they can expect
- What will they ask their client, will they have to provide SSN, will they need to have a Cencal number, etc.; this can be covered in an Access Line training
- Trained 27 new promotores in the last few months, would be great to set up another Access Line training in the Fall live via Zoom in Spanish with translation
- If BWell serves moderate to severe, having people get directed to the right system at the beginning is important
- Community health workers perform screenings and assessments that do not require a license
- Maybe promotores could do this work in the future? Will find out if we can train them on performing these screenings; would have to set up a system on our end to get appointments set
- Make it so that when a screening is completed there is an alert on Smartcare to perform assessment
- If we are screening people, and then connect directly with Cencal rather than calling Access, could be more seamless
- If people are appropriately screened and seeing serous need, connecting them to Bwell in the first place
- SBCEO will have a new grant focusing on refining their referral system, closing the loop, etc.
- Something where the promotores could be really involved is connecting clients directly to BWell
- Loss of prevention services is huge

**Emergency Services Department 1:1 Session Public Comment**

**7.1.25**

| | |
|---|---|
| **Description** | 1-1 Interview with Emergency Services Dept. director |
| **Official BHSA Category** | 23. Emergency medical services |

| | |
|---|---|
| **# of Attendees** | **5 Total: 1 Emergency Services Director, 4 BHSA Team** |

**1. How Can We Improve Treatment Services?**

- **Are there any services, that you have trouble accessing or are missing altogether?**
  Biggest challenge is the lack of 24/7 Registered Nurses at CSU or PHF, as its required by the state to have an RN upon intake. If an RN is not there, intake can become challenging or impossible. Person could be alternatively sent to jail or to the ER, and not get the proper help they need.

  Takeaway: increase funding for the recruitment, staffing and retention for 24/7 registered nurses at the CSU or PHF

- **How can we make treatment more compassionate, effective, and timely?**
  Improve reimbursement rates for transportation out of area.

**4. How Can We Help People Grow Stronger and Healthier?**

- **What ideas do you have for making services more empowering or culturally responsive?**
  - Provide training on de-escalation and safely restraining folks to paramedics and firefighters: behavioral health educational trainings
  - When Law-enforcement cannot respond to bh emergencies, paramedics & firefighters currently have to show up and deal with the issue present without total professional training. Learn with experience
  - EMTs don't always know what to do, so having the training is incredibly important and would be very helpful
  - Very little is currently spent on how to communicate with BH high level need populations

**Final Thoughts**

- **How can we stay connected with you and your community to keep improving services?**
  Have staff come out to do an Access Line Training with Paramedics and EMS staff.

**Escalante Meadows Public Comments Masterdoc**

**7.7.25**

| | |
|---|---|
| **Description** | **Access line training and listening session for staff at Escalante Meadows housing site in Guadalupe** |
| **Official BHSA Category** | **29 b Housing Providers for Unhoused Communities** |
| **# of Attendees** | **15** |

**1. How Can We Improve Treatment Services?**

- **Are there any services, that you have trouble accessing or are missing altogether?**
  - Want to know how to get ROIs so they can follow up with tenants
  - Need to know that tenants will be safe and sometimes law enforcement has said they cannot intervene
  - Need access to Crisis Residential Treatment facilities for tenants
- **How can we make treatment more compassionate, effective, and timely?**
  - Need more suicide prevention training

**5. What Could We Have Done Better Overall?**

- **Have you or someone you know had challenges with behavioral health services?**
  - Housing Authority staff shared that medical clearance is tough at the CSU's, they lose people
  - Experience with physical danger and police not intervening in crisis

**NFRC BHSA Community Listening Session NFRC**

**8.5.25**

| Description | Listening session with NFRC |
|---|---|
| **Official BHSA Category** | **Families of eligible children and youth, eligible adults, and eligible older adults** |
| **# of Attendees** | **14** |

**1. How Can We Improve Treatment Services?**

- Are there any services, that you have trouble accessing or are missing altogether?
  - Working with adult women, and when trying to get them services, their only insurance is CenCal, and they seem to fit in the middle
  - Didn't have a lot of success with the access line

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Treatment is lifelong, not immediate. Developmental
- How can we reduce stress, confusion, or isolation when someone enters treatment?
  - It seems like the community needs to be aware of these statistics, not just the family
  - We are pulling out all of the prevention services, so I assume we will see higher rates
  - Shocked at juvenile justice numbers. Do we have gender appropriate therapists? Matching the needs of their clients at their developmental stage

- Getting parents involved to understand and support

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - What is the impact going to be for youth and families who are currently being served under the MHSA PEI Programs?
  - South coast unified partnership- leader is CommUnify
  - Responds to gang activity, law enforcement involved
- Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
  - FRCs
- How do we strengthen those partnerships?
  - BWell to have a presence in educating families on how to respond, understand, recognize, normal teenage behavior versus areas of concern
  - Workshops for the parents

**4. How Can We Help People Grow Stronger and Healthier?**

- How can we make sure individuals feel connected, respected, and supported?
  - Having staff represent the community
- What ideas do you have for making services more empowering or culturally responsive?
  - Parents receiving education, information and support, having them be understanding
  - Saying and letting them know it's okay
  - "no one wants to know what my child is going through?"
  - Everyone in the care support team/school, clinic, SUD, everyone should be involved

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?
  - How are we finding children and families?
  - For working parents, having clinics open after hours would be helpful, being next to bus stops

**Santa Barbara County Health Department and BWell Collaboration Meeting Masterdoc**

**7.9.25**

| **Description** | **Collaborative Meeting with SB County Health** |
|---|---|
| **Official BHSA Category** | **9 Local public health jurisdictions** |
| **# of Attendees** | 8 **Total:** 3 County staff and 1 intern; 4 staff from bwell bhsa team |

**What We Did:**

- Reviewing data sources that we used in the BHSA plan
- CDPH uses their population estimates
- https://dof.ca.gov/forecasting/demographics/ - Under 'Data' check those links
- Demographics | Department of Finance State of California
- Share workforce needs assessment and needs assessment
- We recommend workforce needs assessment for any department
- Reviewed BHSA Fall 2025 CPPP Smartsheet with County Health Staff
- Trainings for collecting data, audio recordings, won't identify anyone, bring up with r&e. INVIVO
- Reviewed the County Population-Level Behavioral Health Measure Workbook

**Collaboration Going Forward:**

- We will use any data from their CHNA
- Focus groups will start in the next 2 weeks. As that info comes in, they will send it over to us
- Timeline will be until the end of this year
- Eventually, line up our plan and their plan
- Potential projects:
    - Mortality report: look at suicides for leading cause of death. They can go into demographics, this group compared to this group, use for PIP to drive down overall rates
    - Live feed from their hospital. Include behavioral ED visits, known for SUD, mental health crisis, want connections with BWell when they see spikes/ trends
- They can calculate rates from coroner reports

**Tri Counties (TCRC) BHSA Listening Session BHSA Public Comment Masterdoc**

**7.9.25**

| | |
|---|---|
| **Description** | **Listening Session with Tri-Cities** |
| **Official BHSA Category** | **22 Regional Centers** |
| **# of Attendees** | **11 Staff Members** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
    - Doesn't seem to be as many options with ECM to support
    - Through CenCal and tri-counties, we do not have a lot of behavior support.
    - Need ECM navigating and connecting to the right services
- Are there any services, that you have trouble accessing or are missing altogether?
    - Having 1 on 1 counseling/treatmet sessions for those with Developmental disabilities
    - Lack of services for those who face relapse for those with educational disabilities

    - Beneficial to have bh and sud group therapy for those with developmental disabilities
- How can we make treatment more compassionate, effective, and timely?
    - Better follow ups: Follow through is the toughest thing (transportation, treatment, etc)
    - Having a 1 on 1 resource would be great

**2. How Can We Better Support You and Your Family During Treatment?**

- Are there enough support systems in place? Are there enough housing supports?
    - Having a Bh residential home for those with developmental disabilities
    - Definite need for crisis housing
    - Folks go through Medication changes, significant support change that triggers them to get out of their crisis
    - Hospital is booked and folks need a place to stay

**CenCal and BWell BHSA Collaboration Meeting**

**7.16.25**

**Attendees: 4**

**General Notes:**

- Looking at the Population Needs Assessment helped us inform our planning decisions for BWell
- BWell's BHSA Team to share the outcomes of our CPP process with CenCal going forward, that might help to inform you all within on your planning
- Inviting and sending list of our CPPP events
- Community Reinvestment planning: our investments are informed; we collect whatever the hospitals and public (community) health are sending us, and we will use all data and findings when we open up grant applications in Jan 2026
- State requires that if CenCal makes any profit, it has to go back into the community. They have always done this, but now they have rules about what exactly can be invested where which is in the PPT
- Capacity grants, existing community assessments, this info from BWell is informative
- Entire BHSA IP due Feb 28, 2026
- Collaborating on efforts regarding unmet behavioral health needs in our community. Meeting together to discuss the strategies both departments are exploring for programs moving forward
- Collaboration and investment
- they're doing periodic utilization assessments that they can share with us as well, this is something they are drafting up too
- ex: Specialty services, bh interventions, ADA services, psychiatric youth services, (population, services, provider type)

- ex: There is a huge backlog of peds patients awaiting Pediatric Neurology assessment for Autism and the Cottage Neurologist is going on a 1-year sabbatical. Many of these kids don't need to see a neurologist but do need other BH services.
- CenCal is very focused on community outreach and education
- We can participate in the same community events

**Santa Barbara Transgender Advocacy Network**

**BHSA 1-1 Public Comments**

**7.16.24**

| | |
|---|---|
| **Description** | **SBTAN BHSA 1-1** |
| **Official BHSA Category** | **27. Representatives from LGBTQ+ communities** |
| **# of Attendees** | **6 - 2 SB Tan members, 4 BHSA staff** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  There is a concern for inpatient hospitalization. In certain in-patient settings, Trans people may be:
  - misgendered,
  - deadnamed,
  - have to share a room with opposite gender,
  - may even be offered conversion therapy.

  The concern is not for Cottage or the PHF, but for private hospitals and if we are ever referring people to these institutions.

- Are there any services that you have trouble accessing or are missing altogether?
  Real concern that therapists are trans competent and friendly, that they understand the concerns of Trans people.

  Therapists should be knowledgeable regarding transgender patient needs and care, and make clients aware early on of what their options are when it comes to hormone therapy or receiving Letters of Support.

- How can we make treatment more compassionate, effective, and timely?
  Issue with timeliness in receiving Letters of Support/Medical Care.

  A top issue for trans people is often getting the Letters of Support that they need to receive medical treatment. Therapists may not understand the urgency for this and focus on stabilization

of mental health concerns first; however, receiving a Letter of Support may alleviate mental health concerns if trans clients can receive the medical treatment they need. Should use the informed consent model and remove roadblocks to receiving this care. Trans med procedures should be an area of first concern.

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and your family?
  Often there are not family supports for Trans people. Is there a way to provide Outreach to families and parents of Trans people? Before, During, or after transition? More family support could be so important for people in transition.

- Are there enough support systems in place? Are there enough housing supports in place?
- How can we reduce stress, confusion, or isolation when someone enters treatment?
  There is so much stress on Trans community right now, so it is essential to have all staff that are competently trained to work with this population. Training should be meaningful, consistent and consult with people with Lived Experience.

- Can also include procedural shifts such as changing forms within computer systems to include both Legal Name and Preferred Name to avoid deadnaming or misgendering clients upon intake.

**4. How Can We Help People Grow Stronger and Healthier?**

- What helps people stay well, recover, and thrive in our community?
  For trans community, thriving would be receiving competent and thoughtful care -- easy access to competent providers.

  Also need help with supports when there is no family support. Growing a community is key, potentially could do this by providing access or referrals to SBTAN Support Groups or providing outreach/informational materials to parents as an early intervention measure.

  Feeling safe in the community is missing right now. “Right now, there is a fear with ICE, that this will be weaponized against the Trans community.”

  There are also concerns of ensuring intersectionality within care. Many Trans people are undocumented, people of color, people who need access to medical reproductive services.

- How can we make sure individuals feel connected, respected, and supported?
  Having true cultural competence from BWell staff. All staff, from clinicans to administrative staff to front desk staff (anyone public facing), should be truly competent. Clients will be in such a vulnerable state upon intake and treatment, so knowing that they can trust BH provider is so essential. “Need staff that they can trust to use the right name, use the right process, ask the right questions.”

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?

Staff need to know the importance of hormone therapy; it can make such a difference as a prevention measure against developing more serious mental health concerns. It is so beneficial to "not go through the wrong puberty."

Privacy of records when it comes to HIPPA; Must avoid medical systems sharing a lot to provider/healthcare network, or revealing sensitive info.

Training on working with transgender clients should be meaningful, consistent and consult with people with Lived Experience. Staff should also consider language and approach beyond trainings, and ensure they are applying what they learn in trainings. EX: Learning to correct misgendering, being open to correction.

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  Will provide clinicians and diversity, equity, and inclusion manager on info about SBTAN for support groups for those who are transitioning or families of those transitioning. Could potentially refer clients to the appropriate SBTAN support groups.
    - Parent Support Groups: virtual meetings & in-person coffee meetings once a month in Santa Barbara
    - Adult Trans Support Group: in-person Santa Barbara, Isla Vista and Ventura every week

**Disaster Healthcare Partners Coalition Meeting Masterdoc**

**Public Comment**

**7.17.25**

| **Description** | **Community Listening Session** |
|---|---|
| **Official BHSA Category** | **23 Emergency medical services** |
| **# of Attendees** | **46** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
    - Need info on who can make referrals into the CES
    - There needs to be more help and outreach in our community for those struggling with SUD and mental health conditions caused by their abuse of substances

**2. How Can We Better Support You and Your Family During Treatment?**

- Are there enough support systems in place? Are there enough housing supports in place?

- Build more housing. It's needed and not available: Focus on using housing money for capital development projects when possible
- Give providers info to refer clients to HMIS or CES
  - There are times when people run out of money. Then we have an issue, then they become homeless.
- Improve and publicize care coordination with Cottage and Marian

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - Having BWell participate in these meetings is helpful to continue care for BHSA overlap and collaboration

**County Health HIV Program Leads Masterdoc**

**Public Comment**

**7.17.25**

| | |
|---|---|
| **Description** | **1:1** |
| **Official BHSA Category** | **27. Representatives from LGBTQ+ communities** |
| **# of Attendees** | **8 Attendees: 4 BWell, 4 HIV Program Team** |

**1. How Can We Improve Treatment Services?**

- Are there any services, that you have trouble accessing or are missing altogether?
  - Need more information and training on who to contact to get clients into SUD services & SUD outreach
  - Must publicize that uninsured folks can receive BWell services – they didn't know
- How can we make treatment more compassionate, effective, and timely?
  - Need consistent and better follow through from the Access Line.
    - Having a problem with this
    - There is a huge disconnect of connecting patient to services and then not following through with the services that they need.
    - There isn't any follow up from BWell either about missing appointments
  - Best follow up after the Access Line would be through text (not phone call)
    - people don't like answering unknown phone number
    - Having consistent follow up as well!
  - Increase our referral process to doctors to be more robust
    - Seeing an increase in STDs so this would be very helpful

**2. How Can We Better Support You and Your Family During Treatment?**

- Are there enough support systems in place? Are there enough housing supports in place?
  - People need rental support and actual housing sites/units/onsite care
  - Need more information and training for providers on how to get clients into housing

**4. How Can We Help People Grow Stronger and Healthier?**

- What ideas do you have for making services more empowering or culturally responsive?
  - Thriving would look like everyone is in care services, taking HIV medications and housed
  - Connecting clients to any services: mh, sud, housing services, rental assistance
  - o They deal with different levels of mental health so having all access to all kinds of services would be ideal
  - Outreach to the Mixteco community and Mixteco translation services
  - We are seeing more Mixteco individuals test positive with HIV

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?
  - Create a flowchart to illustrate pathways to getting into housing
  - o They had questions about what it looks like when people are referred to for housing
  - o I feel like this would be a great flowchart to make if we don't have it already

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - If they need housing, first point of contact is Coordinated Entry System but can also call the Access Line and give info and recommend outreach; can also call the Diversion Hotline
  - If they need mental health and substance use services, call access lines

**New Cuyama Family Resource Center – Food distribution Masterdoc**
**7.18.25**

| **Description** | **"Pop Up" Tabling Event** |
|---|---|
| **Official BHSA Category** | **Families of eligible children and youth, eligible adults, and eligible older adults** |
| **# of Attendees** | **11** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - Keep connecting with the community!

- Are there any services, that you have trouble accessing or are missing altogether?
  - Need services/clinic/etc in New Cuyama, especially for SUD. NA, AA, therapy, and Mental health support groups much needed in both English and Spanish.
  - Could hold these in the Rec Center or FRC in New Cuyama -- would be a great place to offer outreach (services)
  - Or create a rehabilitation center
  - Need MH and SUD outreach/field-based services
- How can we make treatment more compassionate, effective, and timely?
  - More community information/outreach about Access Line!!
  - Advertise at Family Resource Center (In New Cuyama) and the Library
  - More interpretation services in Mixteco (not only for events but for filling out paperwork, etc)

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - More information on behavioral health and treatment options for Spanish speaking and Mixteco clients/families.
- Are there enough support systems in place?
  - Drug education for families and youth in schools, also classes to help parents regarding SUD/drug use

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - Keep Partnering with TMHA (LEAD program), services/trainings (Mental health first aid) have been very helpful
  - This program/training has been amazing for clients

**4. How Can We Help People Grow Stronger and Healthier?**

- What helps people stay well, recover, and thrive in our community?
  - More in-person treatment services
  - More field-trips/activities within programs for clients!
  - More fun, local, outdoor activities for youth in community, in general
  - Perhaps sponsoring these events through the Recreation Center
  - Protect the Family Resource Center – so important to community, particularly mixteco and Spanish speaking community

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - More services like PEARLS (services from FSA), where people come out here
    - Isolated and there are a lot of problems with hoarding"
  - More in-person visits from BWell (once or twice a month) to advertise

**Growing Grounds 25th Anniversary Tabling Event Public Comment**

**7.19.25**

| Description | Tabled at Growing Grounds 25th anniversary |
|---|---|
| Official BHSA Category | 1. Eligible adults and older adults<br>(individuals with lived experience) |
| # of Attendees | Engaged over 80 attendees |

| |
|---|
| 1. How can we make behavioral health services more compassionate, effective, and timely? |
| • Active listening<br>• Low cost services<br>• Approach without judgement<br>• Be kind, have out flowers, food<br>• Tips on website, pamphlets, outreach<br>• More outreach, let everyone know how it works |
| 2. How can we reduce stress, confusion, or isolation when someone enters treatment? |
| • Having a good listening ear, attitude, be warm, listen<br>• Mediating before<br>• Have their favorite TV shows at treatment<br>• Just talk to them, never make someone feel isolated/alone<br>• Compatible fit for who is working with them, maybe a peer<br>• Hotline for emotional support<br>• Allowing a transition/acclimation, get comfortable, introduce yourself |
| 3. Are there groups we should be collaborating with more (like schools, churches, or housing agencies)? And if so, who? |
| • Growing Grounds<br>• Helping Hands<br>• Activities, swim centers<br>• Schools, outreach to younger people<br>• Food banks and charities |
| 4. What do you think helps people stay well, recover, and thrive in our community? |
| • Good attitude, love our neighbor<br>• Exercise, socializing<br>• Having community and relationships, knowing resources |

- **Stay healthy, safe, kindness, positive thinking**
- **Talking to each other, kind, open minded**
- **Respect**
- **Taking time for yourself**
- **Clean properties**
-

**5. How can we make sure individuals feel connected, respected, and supported?**

- **Be warm and friendly**
- **Treat people with kindness, chatting, reaching out**
- **Offer activities they enjoy, walks, the beach, etc. bring/give they're familiar with, to bring comfort**
- **Listen to them, pay attention**
- **Kindness and gentleness**

**6. What ideas do you have for making services more empowering or culturally responsive?**

- **Getting more people to help who care and empathize**
- **On an individual basis, culturally aware groups**
- **Speaking language, understanding religion and sensitivity**
- **Meeting people where they are at, listening to them, having empathy**
- **Never close the door on them, smile, be kind**
- **Connect with people, talk with them, make sure they don't feel like a number or a client, they are a person**
- **Reframing the word/idea of mental health, making it more about the body**

**7. Have you or someone you know had challenges with behavioral health services?**

- **No**

**8. How can we stay connected with you and your community to keep improving services?**

- **Provide Mixteco speakers**
- **Oasis Center**
- **Social media, facebook, covering lots of platforms, SB Newspress, KSBY**
- **Events, social media platform, outreach calls, check up once a week**
- **Social media announcements**
- **Ask questions about their background, listen, be curious**

**9. Do you have any ideas that would help people access services?**

**10. Where would you go to get mental health or substance use support for yourself or someone you know?**

- **My boss for support**

- **ACT or TMHA**
- **Family**
- **Family**
- **Wellness center, CARES**
- **Don't know**

**Mexican Consulate "Pop-Up" Tabling Masterdoc**

**7.19.25**

| **Description** | **"Pop Up" Tabling Event** |
|---|---|
| **Official BHSA Category** | **24 Community-based organizations serving culturally and linguistically diverse constituents** |

**1. How Can We Improve Treatment Services?**

- **How can we make treatment more compassionate, effective, and timely?**
  - Find another terminology for "Salud Mental"
  - Stay connected with the client
  - Treat us better

**2. How Can We Better Support You and Your Family During Treatment?**

- **What kind of help or guidance would make the treatment process easier for you and families?**
  - Help, listen, call or text
  - Provide more information via video in Spanish and Mixteco

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?**
  - Churches and nonprofit organization

**4. How Can We Help People Grow Stronger and Healthier?**

- **What helps people stay well, recover, and thrive in our community?**
  - Family members, and community
  - Good diet, exercise, good attitude, social support and group therapy
  - Alpha agency
- **How can we make sure individuals feel connected, respected, and supported?**
  - Welcome us, respect us, eye contact, call us by our names
  - Help the person that is asking for help

- **What ideas do you have for making services more empowering or culturally responsive?**
  - Give us more information
  - make it more inclusive/simple

**5. What Could We Have Done Better Overall?**

- Have you or someone you know had challenges with behavioral health services?
  - Yes, a friend and family member

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - Videos, T.V advertisements, and social media (!!) posts
  - Promote the clinic person to person, more information

**Housing Authority Youth Group Public Comment Masterdoc**

**7.21.26**

| **Description** | **BHSA Listening Sessin** |
|---|---|
| **Official BHSA Category** | **3. Youths (individuals with lived experience) or youth mental health or substance use disorder organizations**<br>**25 Representatives from youth from historically marginalized communities**<br>**29 b Housing Providers for Unhoused Communities** |
| **# of Attendees** | **12 (10 students, 2 staff)** |

**2. How Can We Better Support You and Your Family During Treatment?**

- How can we reduce stress, confusion, or isolation when someone enters treatment?
  - There is a stigma surrounding mental health—find ways to improve stigma

**3. Who Should Be Involved in Supporting People Through Treatment?**

- How do we strengthen those partnerships?
  - More public events/gatherings to bring the community together
  - Spread more awareness about mental health to decrease stigma

**4. How Can We Help People Grow Stronger and Healthier?**

- What ideas do you have for making services more empowering or culturally responsive?
  - Better representation of mental health in media and film to break stigma
  - Practicing self-care—didn't know the term

- More awareness about community spaces available, available resources

**UC Santa Barbara Housing Teams Listening Session: BNN Comms and Rapid Rehousing Pilots Listening Session**

**7.21.25**

| | |
|---|---|
| **Description** | **Listening session with staff from UCSB'S Calfresh and Basic Needs Communications team and the rapid rehousing/housing navigators team.** |
| **Official BHSA Category** | **29 b Housing Providers for Unhoused Communities** |
| **# of Attendees** | **19** |

**1. How Can We Improve Treatment Services?**

- How can we make treatment more compassionate, effective, and timely?
  - Some cultures stigmatize therapy—advocates from each community to explain their experiences, peers

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Important that there is a cultural component to our services
- How can we reduce stress, confusion, or isolation when someone enters treatment?
  - De-stigmatization of therapy—free or more accessible therapy
  - Community programs where artistic expression is promoted—through visual or performing, physical/tactile
  - Dealing with substance use/MH is isolating, main focus might be on MH, important to feel like you have an identity outside of that

**3. Who Should Be Involved in Supporting People Through Treatment?**

- How do we strengthen those partnerships?
  - Informational pop-up in communities we are hoping to work with, infographics and snacks
  - Collaborating with communities, seeing what they would like to see

**4. How Can We Help People Grow Stronger and Healthier?**

- What helps people stay well, recover, and thrive in our community?
  - Teaching technical skills, workshops on professionalism, suits and professional wear for donation, addressing the barriers for getting into the workforce
- What housing supports do you think our unhoused populations with serious mental illness and substance use need?
  - Hygiene component for those who are homeless in the community, more of these kits, housewarming kits, more emergency preparedness kits

- Homeless people unable to get interviews and jobs
- Peer path
- MWC, computer labs,
- Growing grounds

- What ideas do you have for making services more empowering or culturally responsive?
  - What of our programs should we promote to UCSB students? (Access Line)
  - Biggest challenges we face when working with homeless individuals in the community?
  - People need onsite supportive services, individual support from caseworkers
  - Transportation as a need
  - Transportation support when moving—literally moving all of their items and furniture, not losing their personal items
  - Vouchers for storage units, cost of these units, waiver for these
  - Ucsb has financial literacy modules—implementing this in our Dept. informing on how to get financially savvy, what it means to be financially stable, how to avoid scams
  - Advocating for rent payments; affordability is huge, people deserve to live in clean, safe, reasonable spaces
  - More housing!!
  - What are the closest location for clients in IV and Goleta? Clients do not have phones or laptops, we need physical locations vs remote process
  - Clinic is located off of turnpike
  - Transportation benefit for people on medi-cal

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - People don't know that these resources are available, what is our marketing and advertising like?
  - Posting the access line around
  - STAY campaign
  - UCSB event at the beginning of the school year, or for post-grad as they transition from UCSB
  - Making social media presence more engaging
  - Younger generations MH and SU struggles, trying to get on their FYPs and on their socials
  - Stigma free event—centered around destigmatizing resources around campus
  - Some are just by students for students, campus-based
  - Tabling on campus in front of the Arbor
  - CAPS connection, MH awareness month, end of year/spring quarter to target graduating folks and explain outside services
  - Campus support groups, programs through CAPs, partnership
  - Something like planned parenthood promotores
  - Students campus-wide benefit on learning more
  - Women's center in SRB, people utilize the space, drop off flyers and resources over there since they promote a lot of things, bring swag

- Targeting organizations who don't specifically focus on wellness; multicultural fraternities and sororities, they do outreach programming to younger students; good opportunity to do workshop/collaboration with them
- Students have to fund their own outreach programs; maybe offer them
- Concerns when it comes to access to necessities in the community
- Campus organizations through the AS board, 20 diff orgs we could host events with
- LLCs; KEYT
- Connecting with campus orgs, doing social media or in-person, give out swag
- Committee of student wellbeing on campus, lots of events w/turnout; partner with these student orgs
- Service district encompasses all of IV, they are responsive on IG; check them out through email or IG

**Good Samaritan SUD Focus Groups Masterdoc**

**Public Comment**

**7.22.25**

| | |
|---|---|
| Description | Community Listening Sessions/Immersive Visits (during Focus Groups) |
| Official BHSA Category | **1a Eligible adults and older adults (individuals with lived experience) – Substance Use** |
| # of Attendees | ~35 |

**1. How Can We Improve Treatment Services?**

- What's **working** and what's not in our current treatment services?
  - "I like the Women's Hours"
  - CM (Continous Management, a SUD incentives program) gift cards. Incentives to motivate and to participate with each other.
  - Testing is working
  - Counselors are great and group is working
- Are there any services, that you have trouble accessing or are missing altogether?
  - Work on outreach regarding services
  - Need more mental health services in general
  - Waitlists are often super extensive
  - Back and forth between psych and admin for a while, and then are finally able to get to intake
  - Access line screener process takes longer than wanted
  - Maybe find a way to streamline screening process as fast as possible to get client into care

- *Screeners are great though, just want more!
- High demand for residential treatment/expand treatment beds
  - Often have to wait one or two months, unless court ordered
  - Waitlists are long and often the critical window passes of getting clients into care (either they go immediately or they don't go at all)
- High demand for more sober living beds/units and providers
  - Need more women's sober living
  - Need more of men's sober living as well
  - Folks have to pay rent here ($700-800) and often struggle with income and paying rent when first coming into these facilities
  - *BHSA money could be used here
  - Recovery residences are not residential/inpatient à they are actually sober living homes. As of now, sober living homes are eligible to be funded by BHSA
- Even if able to fund recovery residences, need more providers and more beds
  - Only recovery residence in SM is Good Sam
- 1 yr to 18 month outpatient treatment would be ideal
- Could tailor recovery services here

- How can we make treatment more compassionate, effective, and timely?
  - Pay counselors more, they do a great job
  - Need better transportation services: Clients have issues with transportation and getting to outpatient
    - Hard to get there for random drug test calls
    - Get bus passes available to these clients – a multiuse pass**
    - Often clients have to drive illegally to make it to group; could be their only way to get there
    - Two way transportation required * as clients may have multiple locations to go, or just need to get to and from group
    - Ventura transit unreliable
    - Need to update transportation card
    - ** create QR Code and form for clients to send feedback on transportation/etc (maybe gather enough to eventually send to CenCal)

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Help with childcare/petcare while program/residential treatment
  - Lots of people lose everything when they go into residential
  - Life keeps going, it doesn't stop just because you go to get treatment
  - Men need assistance with childcare as well, not just women
  - Therapy for family members, mothers and children of those in SUD treatment
  - Partner with foodbanks/publicize food services
  - Gobento.com – essentially Instacart. Clients with CenCal can order free, quality food to their doors
- Are there enough support systems in place?

    - Create presentation on housing navigation and make available to folks in program
    - Talk about CES, eligibility for BHSA for housing supports
    - More job fairs
    - Assistance paying for sober living
- How can we reduce stress, confusion, or isolation when someone enters treatment?
    - Hire a Housing Navigation Specialist for after residential
    - Not enough resources offered after residential when trying to transition to other housing
    - Broadcast CES locations/process/abilities
    - Set up meetings with providers to coordinate care, resources and service provision
    - Create one place with all resources

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
    - Better advertisement of food services
    - Gobento.com
    - Advertise in shelters, 1444 Broadway Good Sam office, food banks, government centers

**4. How Can We Help People Grow Stronger and Healthier?**

- What helps people stay well, recover, and thrive in our community?
    - Transportation to appointments (us passes)
    - CM (continuous management and incentive program) for alcohol
    - More SUD group activities and incentives
    - Transitional rent money
    - Resources easily available
- What housing supports do you think our unhoused populations with serious mental illness and substance use need?
    - There is a need for funding for undocumented people to get residential SUD treatment because there is no other funding available.
- What ideas do you have for making services more empowering or culturally responsive?
    - More available Spanish and Mixteco speaking telehealth

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services
  Come back monthly or quarterly/ come back!!

**Helping Hands of Lompoc (Lompoc Wellness Center) Listening Session Masterdoc**

**7.22.25**

| | |
|---|---|
| **Description** | **1:1** |
| **Official BHSA Category** | 1. **Eligible adults and older adults (individuals with lived experience)**<br>**1a. Substance Use** |
| **# of Attendees** | **11** |

**Whether you're a member, family member, caregiver, service provider, or community member, we invite you to share your voice.**

**1. How Can We Improve Treatment Services?**

- How can we make treatment more compassionate, effective, and timely?
  - Concerns about cold and unfriendly AOPs/Front desk staff at the Lompoc clinic (voiced by nearly all attendees)
  - Front desk staff are not friendly at the BWell Clinic, they don't make it easy for the client. The nurses are great, the front desk people are unkind
  - Not welcoming, very clinical lobby, security guards can feel intimidating but they are kind
  - Staff were not receptive of us as clients
  - Asked where the bathroom was, received attitude
  - Make the area more therapeutic and welcoming
  - The environment at the clinic is stressful and unwelcoming
- Wishing to reinstate previous services and activities with staff
  - Bring back services and activities with Shiralla and Raphael, Gary
  - Bring back James from Substance use to come around again
  - Having staff come out once a week to sit down and chat
- Not enough funding for fun activities onsite at helping hands
- Concerns regarding eligibility for participating at H2L:
  - You have to have a case manager to refer you to H2L, where before anybody was welcome, this means we have a low level of clients
  - Some members would prefer an open door policy
  - Staff: the only requirement for membership is that you are a peer (someone with mental health and or substance use disorder, or a family member who struggles with MH/SU). Now that we are going to start documenting and billing for services, we can only document and bill on people that have a case manager, that are active in an electronic medical record. Staff documentation is going to be new to everybody, but not sure how different it will be by removing the open door policy

- If you have insurance, it doesn't prohibit you from joining in on groups
- Some members prefer a light screening to see good judge of character for new members; However, people need to start somewhere, so this shouldn't be too severe
- During orientation is when a new attendee sits down to sign up as a peer; may be turned away during orientation if they don't qualify as a peer, can't have them take the resources away from the intended recipients of the program

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Miss when they had bingo and activities integrated into treatment, bringing the creative minds back, movies, etc. with snacks
  - Puzzles would be fun, keep that going at the Lompoc Clinic
- How can we reduce stress, confusion, or isolation when someone enters treatment?
  - Having a more welcoming environment in the lobby, not as cold, maybe a bookshelf with self-help books, helps to read when nervous waiting for an appointment
  - Important to improve the lobby, maybe include a notepad for people to prepare for their appointment, coloring books,
  - Suggestion boxes in the lobbies to give people a voice, opportunity to ask how their visit was today, how the desk was, how the doctors were

**3. Who Should Be Involved in Supporting People Through Treatment?**

- How do we strengthen those partnerships?
  - Wondering if BWell would like to have an overview show on TAP TV to talk about what is going on with the County and the new laws being passed (seconded), maybe have Suzanne on the show (TAP TV contact is Sherry from H2L, she is a peer, no charge, airs five days a week for a month on x-finity comcast)
  - Working directly with charities and food banks, sharing about the wellness centers
  - More collaboration with local community organizations

**4. How Can We Help People Grow Stronger and Healthier?**

- What ideas do you have for making services more empowering or culturally responsive?
  - They like that substance use and housing is being emphasized
  - Positive experience getting housed/rent through Cencal---Cencal pays for a portion
  - They appreciate HABSBARCO
  - Many voiced they love the H2L program and feel comfort, and value the community
  - "Because of BWell and H2L, I have had the ability to go to school and get out—this program enabled me to live better"
  - Shoutouts to staff: Gaby and James and Kim, very appreciated
  - BWell is amazing and appreciated

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?
  - Entirely negative experience with behavioral wellness; requested a therapist to see face to face for at least the first visit, it's important; talking to a picture over a video screen is not cutting it

- Part of BWell, had questions about treatment plan with mental health doctor. Filled out a form and asked to be transferred to another clinician—since she had concerns about her treatment plan, they sent her a letter from BWell terminating her services
  - Had to go to CHC to get a psychiatrist
  - Since I was a BWell patient, how would I get into ACT?
- Lack of promotion of Disability Awareness Month by the County; everyone who comes to the H2L center is disabled in some way and should be recognized
- There is a client who is a licensed security officer, who would be a great peer as a guard at one of the clinics

**Center for Successful Aging Public Comment**

**7.23.25**

| | |
|---|---|
| **Description** | **1:1 with** Gary Linker, Ph.D. M.F.T.<br>Clinical Director |
| **Official BHSA Category** | **1. Eligible adults and older adults (individuals with lived experience)** |
| **# of Attendees** | **2** |

**1. How Can We Improve Treatment Services?**

- Are there any services, that you have trouble accessing or are missing altogether?
  - A serious problem is that we do not have, even in section 8 housing, facilities for people who need to be in a locked facility. Many clients have been on the Section 8 waiting list for years.
  - There was a terrible tragedy of the woman with dementia who was forced to live in Independent Living who wandered off and died in the Goleta slough.
  - We need better access to psychiatrists.
  - We need better access to medical specialists.
  - Our clients experience long waits to see doctors.
  - We need access to low income housing.

## Adults and Aging Network Public Comment Masterdoc

**7.23.25**

| | |
|---|---|
| **Description** | **Listening Session at Adults and Aging Network Meeting, engaging older adults and community partners** |
| **Official BHSA Category** | **19 Area agencies on aging** |
| **# of Attendees** | **14** |

**1. How Can We Improve Treatment Services?**

- How can we make treatment more compassionate, effective, and timely?
  - Provide access line training and how to access services at low income senior housing sites
  - Help create a list of low-income senior housing sites that are privately and county run, for Master Plan of Aging

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Have access line screeners trained on how to evaluate cognitive decline
  - o Distinguish between dementia and mental health needs
- Are there enough support systems in place?
  - Would benefit from Subject Matter Experts to help guide housing navigation services for Older Adults.
  - Need more Board and Cares, especially in West and North County.
  - o Staff in Santa Maria and don't know of any I can refer clients to.
  - Training on how to refer to Board and Care

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - Community Partners in Caring volunteered to advertise Access Line on their website and newsletter

## NAMI BHSA Listening Session Public Comments Masterdoc

**7.24.25**

| | |
|---|---|
| **Description** | **Listening session with NAMI** |
| **Official BHSA Category** | **Families of eligible children and youth, eligible adults, and eligible older adults** |
| **# of Attendees** | **26** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - AOT team doing a great job
  - Wants AOT to work with folks in involuntary (in LPS designated facilities)
  - Priority to keep co-response with sheriff's department and BWell, providing crisis services
  - More peer services for high-need clients
- Are there any services, that you have trouble accessing or are missing altogether?
  - More education on how to get connected with BWell services/Access Line
  - More locked facilities that aren't jail.
  - BWell should create strong connection with Sheriffs Dept.

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - More education on FSPs for families and clients
  - Create navigator position at BWell to help clients/families access services and navigate BWell system
- Are there enough support systems in place? Are there enough housing supports in place?
  - More Board and Care facilities, Full-Service Board and Cares, as well as job training program
  - Housing needs to be designed to create community.
  - There are other models that have been incredibly successful, its about community first.
  - Need more Assisted Living Facilities
  - "Assisted Living facilities, in Ventura there is a big tower, wouldn't it be great if that was all for mental health?"
  - Need more adult residential treatment facilities
  - Need training on life skills (for people new to housing)
  - More education/information on CES and HMIS

**3. Who Should Be Involved in Supporting People Through Treatment?**

- Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
  - "More Full service board and cares like Psynergy
  - they are a contracted provider for this, this person advocating for increasing that
  - Community First (a training) courses would be good to learn about community living for mental health…
  - Connect with/model off of Housing that Heals.
  - Group that has a community environment that is supportive of recovery

**4. How Can We Help People Grow Stronger and Healthier?**

- What ideas do you have for making services more empowering or culturally responsive?
  - Incorporate more peers
  - Team approach when caring for clients

**Polo Village Public Comment Masterdoc**

**7.29.25**

| | |
|---|---|
| **Description** | Listening session at Polo Village housing site with clients |
| **Official BHSA Category** | 29 People with lived experience of homelessness<br><br>29 b Housing Providers for Unhoused Communities |
| **# of Attendees** | 2 |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - Need more information on [BWell} service -- a building to come to, more calls, emails to us directly
  - Need a place for clients to go [after in patient SUD treatment] is the best accountability
  - Need to increase follow-ups and supportive system
  - Want more community centers and spaces for clients to come in-person
- Are there any services, that you have trouble accessing or are missing altogether?
  - Need more on-site counseling services at Polo Village
  - Need more in-person intervention
- How can we make treatment more compassionate, effective, and timely?
  - Need accessible service locations, and employment and housing opportunities in Buellton post treatment services
  - More services specifically for veterans

**2. How Can We Better Support You and Your Family During Treatment?**

- Are there enough support systems in place?
  - Having a HOUSE manager, not just a case manager

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - More face -to-face outreach
  - The support system works -- needs to be maintenance of the support system
  - Missing interagency collaboration in Polo Village due to lack of orgs in location

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?

- More information on what BWell services are available: how much we can get, and how we can get it, etc

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - Have more meetings like this. Have an interaction, come one day before and knock on doors, try and tell people about this
  - Being here, in person, that is the way to reach us

**Planned Parenthood 1-1 BHSA Public Comments Masterdoc**

**7.30.25**

| | |
|---|---|
| **Description** | **Planned Parenthood Behavioral Health Program Manager 1-1** |
| **Official BHSA Category** | **27 Representatives from LGBTQ+ communities** |
| **# of Attendees** | **6 – 5 BWell and 1 BH Program Manager from Planned Parenthood** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - Work on ensuring access line screeners have proper information regarding who is eligible for services
  - Called a year ago and screener said BWell doesn't take uninsured folks
  - Work on bridging those to services who are moderate to severe
  - Been great, no major issues – very appreciative of our services!
- Are there any services, that you have trouble accessing or are missing altogether?
  - Increase the amount of and improve monolingual, Spanish and Mixtec interpretation services
  - There is challenges when using interpreter services, sometimes they are great and sometimes they are not great
  - Having more Spanish speaking intake providers
  - Have more field-based mental health services
  - (especially right now, when clients don't want to come into clinics due to ICE raids)
  - Planned parenthood currently experiencing lowest levels ever this summer
- How can we make treatment more compassionate, effective, and timely?
  - Teach and provide information on how to refer to AOT, CES, and Access Line

**3. Who Should Be Involved in Supporting People Through Treatment?**

- How do we strengthen those partnerships?

- As an entity, we can work on facilitating interagency collaboration!
- Having agency contacts is helpful for warm handoffs
- Connected her with SBTAN – knew them but hadn't connected with them too heavily. "They are helpful, we just started HRT for 16 and up"
- Planned Parenthood also often works with Pacific Pride, New Beginnings, BWell
- Promote planned parenthood for their services
- Available for episodic care, under the episode of their services at PP
- People should know that this can be a part of their visit. Short-term/focused therapy work

**5. What Could We Have Done Better Overall?**

- Have you or someone you know had challenges with behavioral health services?
  - Work on providing information on housing resources across providers

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - Connect via email going forward and provide with informational materials on BWell services.

**Proyecto Campesino Listening Session Masterdoc**

**8.1.25**

| | |
|---|---|
| **Description** | Listening Session with Proyecto Campesino Staff |
| **Official BHSA Category** | 11 Labor representative organizations |
| **# of Attendees** | 3 |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - Had an experience with Access Line/referral process where client was turned away
  - Provide more Access Materials/Access Line training
- How can we make treatment more compassionate, effective, and timely?
  - Connect these folks with MICOP – they enjoy how this program physically reaches out to clients
  - Clients typically do not want treatment over the phone – prefer in-person

**3. Who Should Be Involved in Supporting People Through Treatment?**

- How do we strengthen those partnerships?
  - Connect with Mexican consulate through their fairs and the other CBOs there
  - BWell staff should go out in-community/out of comfort zone to connect with CBOs and other clients

**4. How Can We Help People Grow Stronger and Healthier?**

- What ideas do you have for making services more empowering or culturally responsive?
  - Clients often afraid to talk to agencies and reluctant to show up to gov. building sin person
  - Create alternative spaces to access services that feel safer
  - Need more personal outreach to clients
  - The words we use are important! People have a low level of education sometimes, the language matters, use of pictures, visuals are helpful, to tell the story of our services
  - The word mental jumps to the idea of "crazy" and not wanting to be crazy. Behavioral health comes off differently than mental health. But we all need services for ourselves, to keep ourselves healthy
  - Provide client success testimonials and examples to give context

**NFRC BHSA Community Listening Session NFRC**

**8.5.25**

| Description | Listening session with NFRC |
|---|---|
| **Official BHSA Category** | **Families of eligible children and youth, eligible adults, and eligible older adults** |
| **# of Attendees** | **14** |

**1. How Can We Improve Treatment Services?**

- Are there any services, that you have trouble accessing or are missing altogether?
  - Working with adult women, and when trying to get them services, their only insurance is CenCal, and they seem to fit in the middle
  - Didn't have a lot of success with the access line

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Treatment is lifelong, not immediate. Developmental
- How can we reduce stress, confusion, or isolation when someone enters treatment?
  - It seems like the community needs to be aware of these statistics, not just the family
  - We are pulling out all of the prevention services, so I assume we will see higher rates
  - Shocked at juvenile justice numbers. Do we have gender appropriate therapists? Matching the needs of their clients at their developmental stage
  - Getting parents involved to understand and support

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - What is the impact going to be for youth and families who are currently being served under the MHSA PEI Programs?

- South coast unified partnership- leader is CommUnify
- Responds to gang activity, law enforcement involved

- Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
  - FRCs
  - How do we strengthen those partnerships?
  - BWell to have a presence in educating families on how to respond, understand, recognize, normal teenage behavior versus areas of concern
  - Workshops for the parents

**4. How Can We Help People Grow Stronger and Healthier?**

- How can we make sure individuals feel connected, respected, and supported?
  - Having staff represent the community
- What ideas do you have for making services more empowering or culturally responsive?
  - Parents receiving education, information and support, having them be understanding
  - Saying and letting them know it's okay
  - "no one wants to know what my child is going through?"
  - Everyone in the care support team/school, clinic, SUD, everyone should be involved

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?
  - How are we finding children and families?
  - For working parents, having clinics open after hours would be helpful, being next to bus stops

**Pacific Pride 1-1 Session Public Comments Masterdoc**

**8.5.25**

| | |
|---|---|
| **Description** | **Listening session with Pacific Pride** |
| **Official BHSA Category** | **27 Representatives from LGBTQ+ communities** |
| **# of Attendees** | **8 total: 2 Pacific Pride Staff, 6 BWell Staff** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - Heard great things about BWell from previous staff members
  - Happy with working with north county bwell
- Are there any services, that you have trouble accessing or are missing altogether?
  - No personal experience of accessing BWell services – team is aware of Access Line but clients they have been engaging with haven't required these services

- Would like a refresher on how to use the access line
- Would like more access line materials, virtual and physical
- Would be amazing to provide a site where wouldn't just have a site for syringes, people could come and shower, get clothes, connect to other services

- How can we make treatment more compassionate, effective, and timely?
  - Have discretion when reaching out – community connection and familiarity
  - Humanity piece and comfort when serving clients in LGBTQ+ communities
  - High risk populations are having limited staff and resources – more resources for these populations
  - Support around client service navigation (client, homeless services, substance use services)
  - Peer navigators/mentors/buddy
  - Working with BWell/other orgs
  - Depending on location (gov building vs other), have our clinics offer different hours for drop in to make a safe space
  - having online and in-person, can someone even get to our location? Do they have transportation? Reinforcing positive behaviors in our whole network

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Want to find contact with CenCal/Medical that will help clients receive services/sign up
- Are there enough support systems in place? Are there enough housing supports?
  - Wanting to improve community access points for their clients
  - Having peers as housing navigators
  - Info sharing: Anyone with CenCal can call number on card and receive housing navigation supports
  - CenCal will start providing rental supports starting in January
- How can we reduce stress, confusion, or isolation when someone enters treatment?
  - Wish list, full-time clinician
  - Therapeutic services are limited

**3. Who Should Be Involved in Supporting People Through Treatment?**

- Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
  - SBTAN, The Faro Center, Youthwell
  - PPF currently working with CA Department of Health
  - How do we strengthen those partnerships?
  - Collaborate on session on how to navigate and provide services
  - BWell and CenCal could present on how to navigate services

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?

Attend Pride Festival on August 23rd! Reach out regarding trainings and keep in contact with clinical team during the Fall

Any give away for resource tables (stickers, squishies, mint, candy)

**CADA Youth Treatment Services Staff BHSA Community Listening Session Public Comments Masterdoc**

**8.12.25**

| | |
|---|---|
| **Description** | **Listening session with CADA Youth Treatment Services Staff** |
| **Official BHSA Category** | **8. Early Childhood Organizations, 1a. Substance Abuse** |
| **# of Attendees** | **16 (3 bwell staff)** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - Access line is giving a client a number when they don't meet criteria rather than providing a warm handoff. The client already called access and is now being told to call another number. Odds are, they won't call, and a warm handoff to a person on the phone would be better
- Are there any services, that you have trouble accessing or are missing altogether?
  - There's a need for a structured designated IOP program. We look for this when youth are hesitant to 6 hours of treatment a day
  - Nothing between IOP and residential in town, no partial hospitalization, gap that needs to be filled
  1. What current IOP options are available in sb (south county)?

**2. How Can We Better Support You and Your Family During Treatment?**

- Are there enough support systems in place? Are there enough housing supports in place?
  - Lots of our clients need housing support
  - The Family members needs housing who has kids with SUD
  - Need for better understanding of the housing system (both CADA staff and their clients)
  - How to navigate the Housing navigation system (CES< HMIS and who can refer)

**Adult Protective Services Countywide Unit Meeting Access Line Training**

**8.14.25**

General Info & Introductions:

- Monthly countywide meeting for adult protective services Carmen lane, Lompoc, Santa Barbara, Santa Maria offices
- What kind of service available for those with substance use issues but also have physical limitations? Provide alcohol and drug counseling, children's and adults clinics
- What is our success rate compared to other providers in the county? ** maybe getting this data point**
- Our social workers may encounter folks in high levels of need/squalor, or feel that this person is unable to care for themselves -- can we call access line directly? Always just call the access line directly
- Can we also touch on the new definition of gravely disabled?
- 12 screeners – 6 speak English and 6 are bilingual
- Older client called, had medi-cal and private insurance, but screener kept pushing to go to private insurance (cannot serve them) *there was an assumption that this person's private insurance would serve this level of care, but they don't, and he wants the support and HAS medi-cal (barrier at the access line level) 2 weeks ago
- 988 hotline doesn't have affiliation to access line
- Is the criteria for a 5150 hold different between our department and between hospitals/the emergency room? I have heard this, but
- Send digital versions of Access Line Materials to Sarah
- Any contact to consult with regarding LPS conservatorship?
- Used to have people attending their MultiDisciplinary Team Meetings MDT meetings, would run things by BWell staff, but it would be great to have someone to attend these sessions (QCM Team)
- The access to transportation to clinics (5 days in advance to any medical appointment under Medi-Cal),**this is a need access to calling Behavioral
- It is important to do outreach to other agencies so they know to call the access line and not 911
- Starting to see a lot more cognitive decline coupled with mental health – this is the issue we are facing with 5150 and the hospital, if they see a cognitive decline they are more likely to rescind a 5150 – need to check if there is a history of mental health issues, etc
- Sometimes a mental health issue can appear as a cognitive decline – need more time or process to determine this
- Being very transparent with screener regarding behavioral health experience

## Mexican Consulate Tabling Event #2

## 8.17.25

1. **How can we make behavioral health service more compassionate, effective, and timely?**

- Listening to people's needs
- Be patient with us

2. **How can we reduce stress, confusion, or isolation when someone enters treatment?**

- Less paperwork
- Make the process easier for us

3. **Are there groups we should be collaborating with more (like Schools, Churches, or housing agencies)? And if so, who?**

- Local library

4. **What do you think helps people stay well, recover, and thrive in our community?**

- Friends and family members
- Pryer group, group support
- Good support system
- Amor y Servicio "AA group"

5. **How can we make sure individuals feel connected, respected, and supported?**

- Give us resources that are available
- Treat us with respect

6. **What ideas do you have for making services more empowering or culturally responsive?**

- Have an interpreter in person**.**

7. **Have you or someone you know had challenges with behavioral health services?**

- No
- Yes, a friend
- Yes, a family member

8. **How can we stay connected with you and your community to keep improving services?**

- Videos, T.V advertisements in Spanish, and social media posts
- More outreach

9. **Do you have ideas that would help people access services?**

- More outreach
- Social media
- Local Churches

10. **Where would you go to get mental health or substance use support for yourself or someone you know?**

- AA meeting
- CHC Clinic
- Teen Court in Santa Maria for my son
- Church

## Behavioral Wellness Commission Meeting Masterdoc

## 8.20.25

## 20 attendees

**BHSA Public Comments:**

- **Key transition from MHSA to BHSA: Shifting from CPPP to Integrated Planning Process language**
- Community driven- MHSA
- State mandate and drive- BHSA process
- **Question: Will the adult FSP be expanded under BHSA?**
  - Certain evidence based practice will be required under BHSA, one will be the FSP population's ACT program, as well as FACT. Will be returning to full fidelity and working with UCLA's center of excellence to implement
  - Strict staffing profile and ratios, starting that planning process
  - Adult FSP Alcohol and Drug AOD Counselor, MAT Initiation Requirement
  - FSPs will now be called FSP ICM (intensive care management)
  - Children and TAY system of care will be called high fidelity wraparound
  - Names are changing but key services are not changing.
- **Question: Is this now top-down defined priorities determined by the state? How will this affect CBO's and their contracts in the future?**
  - Yes/ It depends. Depending on who wants to get trained and who wants to do this
- **Question: All of our providers know we are changing the way we are doing the work; for example EBPs must be provided under contract w/ BWell**
  - Parent child interaction therapy, will add EBPs to their contract
  - Multi-systemic therapy, family functional therapy
  - Funding shifts to the organizations depends
  - CenCal is a full partner in the integrated planning process

    - Anyone that contracts us is considered the county, they are BWell. They know that changes are coming.
    - For example: Organizations might already use evidence-based practices, but now it will be a mandatory part of their treatment services within their contract, per state requirements.
- **Question: Sounds like we have the base structure of org's to fill the need, just with adjustments; not looking at something new**
    - Correct; gutting house not tearing it down
- **Question: Because this is state mandated down, why are we asking people what they need?**
    - We create themes and structure, but community members join and bring ideas/etc regarding these themes and program implementation
    - We are asking them in very specific ways
    - We introduce ideas/data
    - Even if we aren't able to meet every need, it gives us information to work with within our sphere of influence
    - Updated the Commission: BHSA Team will jointly conduct our three Fall community workshop sessions with CenCal
    - **Important for commission to know what needs are not being met or not able to be met due to policy or funding
    - Example: One of the things we are focusing on is housing navigation, not something entirely our dept we can control, but start working w/ others in our community who are more in control that we can partner with
- **Question: Working on universal intake system to streamline services? How can we leverage technology to manage some of the functions?**
    - Universal screening tool is state mandated, used to determine level of care need
    - Ex: schools to have this, and other partners having this shared tool
    - Met with SBCEO to encourage them to use this shared tool
    - More on tech:
    - Find help for closed loop referral process
    - Ways to share information across data platform so we can streamline communications for one services vs another: HIE (health information exchange), find help service, share info across data platforms to have a streamlined way for referral (quality care, department and countywide)
    - Effective communication on how the referral process is going
    - Underserved population, what % comes through your doors?
    - Technology is not the best with ethical determination
    - Referrals and closed referrals-CalAIM, health information exchange
- **Question: Curious to know the population Communify services, what percent of the underserved population come to BWell for services?**
- **Question: What does fidelity mean? Clinical term?**
    - It is the rules of what the program has to include
- **Question: How will you know if this all will work? Measures?**

- Now held to state wide goals, held to specific measurements, points to what is going on in your community and county, in comparison to other counties
- We have to talk about them, identify disparities, and come up with a plan to improve in all of those goals
- We are a contractor to DHCS, and we must use what forms and policies they are providing us with and requiring of us and asking us to track
- Action Item: Have BHSA Team come back to BWC to present on statewide data outcomes. Hearing from the community on their ideas on why the data is what it is

- **Question: Are the community planning sessions going to be available by Zoom as well?**
  - We will have at least one virtual session available
  - Add BHSA Steering Committee to the Action Team meeting's list

**MWC Fellowship Club BHSA Community Listening Session Public Comments Masterdoc**

**8.21.25**

| **Description** | **MWC Fellowship Club BHSA Community Listening Session** |
|---|---|
| **Official BHSA Category** | **1. Eligible adults and older adults**<br>**(individuals with lived experience)"** |
| **# of Attendees** | **60** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - I am upset with BWell, they aren't doing anything, I never get a follow up after I call the Access Line and leave a message, I continue to wait for a call back
  - o Client was visibly and audibly upset (mad)
  - The Access Line within the past two months still has been bad
  - I love everyone at BWell. They have helped me a lot and I am grateful for all that you do. I hope you guys come back again
  - Really good experience with BWell, MH diversion, got shelter, bus passes, and medi-cal

**2. How Can We Better Support You and Your Family During Treatment?**

- **What kind of help or guidance would make the treatment process easier for you and families?**
- There should be a phone list to get to the right person for transitional housing and help on drug and alcohol side

    - Having one number or contact person for everything. I was referred to mental health through the courts, and have to attend medical appointments, there are different phone lists for the mh and sud side but it's all under bwell. So I keep getting passed back and forth
    - There needs to be more awareness on how our patients can learn about medical tax/costs
- **Are there enough support systems in place? Are there enough housing supports in place?**
    - Member of Fellowship club highly recommended tiny homes, dignity moves and transitional housing during the session
    - Client expressed need for more housing navigation
    - I don't want to be housed if my information is being shared
    - I am trying to get my voucher, housing navigator isn't helping, I am being passed back and forth and have no one to talk to. I'm stuck. It's their fault that I lost my voucher
    - Client was very upset, confused on how to navigate the system, and lost faith in the people he asked for help
    - We get sent to other systems, we are falling through the cracks
- **How can we reduce stress, confusion, or isolation when someone enters treatment?**
    - A Client was not sure if they had to get MediCare once they were 65.
    - There is a need for more education on this
    - A veteran client asked, "I am a veteran, have you heard of VASH? How do I get on that?
    - Need for more education on what's available for different eligibility populations
    - Another client was not sure if they had Medi-Care or not

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **What community partners or organizations play a role in supporting a member's recovery?**
    - Good Samaritan
    - "Indian Health Clinic for dental is a great resource"
    - Member of Fellowship club highly recommended tiny homes, dignity moves and transitional housing during the session
    - From listening to all of this, the system is broken. We have all been at fault.

**4. How Can We Help People Grow Stronger and Healthier?**

- **What helps people stay well, recover, and thrive in our community?**
    - It would look right if we had housing, getting into a place, getting our bodies fixed (physical health, mental, emotional, behavioral health, etc). Everything is put off and takes a long time
- **How can we make sure individuals feel connected, respected, and supported?**
    - What housing supports do you think our unhoused populations with serious mental illness and substance use need?
    - I re-applied and received a 5k grant from CenCal and moved from Goleta to downtown SB and can walk here. I moved through CitiNet
    - Client seemed very happy with their moving situation

**5. What Could We Have Done Better Overall?**

- **What do you wish had been done differently or more effectively?**
  - CenCal does referrals and doesn't solve the problem. Some of us are falling through the cracks
  - The client was emotional and feels helpless
  - Worried about exploitation of disabled people in the behavioral healthcare system
  - Don't want to be housed and then have medi-cal/SS affected or shared
  - This is trafficking vulnerable folks (elderly, disabled, we are getting lost in the system)
- **What do you think we should improve?**
  - The continuum for mild-severe moderate with off is psychosis or SUD dependency, I feel that in my situation it isn't self-sustaining. I'm on Medi-Care and I feel underrepresented and left out. Moderate with mental illness seems a little wild to me
  - The Client expressed their thoughts on the fact that there are multiple places and organizations that care for different levels of bh needs. It seemed that he would like BWell to serve all levels of BH rather than passing back and forth
  - Don't appreciate the system when it comes to cutting off treatment for those deemed mild to moderate, you cut off moderate as psychosis, I feel my situation is severe, unable to self-sustain, but I don't meet criteria and feel challenged and misrepresented

**UCSB Health and Equality Department's Listening Session BHSA Public Comments**

**8.21.25**

| **Description** | **Listening Session** |
|---|---|
| **Official BHSA Category** | **27 Representatives from LGBTQ+ communities** |
| **# of Attendees** | **35** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - 5150s have decreased due to county and Casa Pacifica partnership
  - FRPA instead of HIPAA
  - Getting behavioral health services is impossible. There is no care
  - Struggle finding queer affirming clinicians in the area for both physical and mental care
  - Explain the cost of prescriptions
  - Have a text option for the access line
- **Are there any services that you have trouble accessing or are missing altogether?**
  - Having a table on your website that states no charge services, and what services do have a charge would be helpful. It addresses questions, concerns and expectations for clients

- How to navigate services and what services are available and how much they cost when the client has dual insurance
- So frustrating to navigate bh system, even as providers
- Big waitlist—for autism and ADHD screenings, in huge demand, CAPs is doing their best, one of the biggest behavioral health care

- **How can we make treatment more compassionate, effective, and timely?**
  - Having train the trainer courses for queer and trans providers
  - Online or in-person
  - Multiple times a year
  - Displaying pride flags on your buildings, in your offices, in your emails, around the halls. This really does make a big difference and allows us to feel safe, and know that we can come in

**2. How Can We Better Support You and Your Family During Treatment?**

- **What kind of help or guidance would make the treatment process easier for you and families?**
  - A breakdown of general costs for services (with Medi-Cal, Medi-Care, no insurance, 5150s)
  - If a service costs $, odds are, clients will not get the help they need. having a breakdown or general knowledge of cost expected would be helpful
  - Explain the insurance process or how to find out if they even have insurance. Many students don't know what type of insurance they have
  - Acknowledging key words in documents would be helpful (call ins for their attention)
  - Having holistic supports would be beneficial
  - Many LGBTQIA+ clients have concerns about communication on their billing or communication of services. How are they notified? Will bills be sent home in the mail? This could out them to their parents, or there may be a bad relationship at home, and client doesn't want parent to know. Can you send via email? There needs to be confidential communication for TAY and youth.
- **Are there enough support systems in place? Are there enough housing supports in place?**
  - IV has a new rental inspection program. IV landlords are suing the county. IV is not providing healthy housing which is a basic need
  - Housing usually has age limits, and our students are usually past the age for family housing
  - Can we have older housing for this age group?
  - Unsafe housing during summer. Students don't want to go home
  - Find community issue. They don't qualify for transitional housing after 5150
  - Need help with housing navigation
  - Need transportation services
  - State rapid rehousing
  - Need nonsegregated by sex transitional housing. How is the question of sex asked and tracked in housing? Need gender neutral bathrooms
  - More queer and trans affirmations and practices in residential placements, maybe something to encourage or look into

- Need for housing for neurodivergent folks and case managers to help them onsite and throughout the process
- Expand affordable housing projects for 17-24 and grad students in IV
- What would it look like to buy a house or residential site in IV for specific students?
- Help with grad students and people moving out in IV. Use this $ for moving costs, storage for items
- Recommend keeping IV in the name of service for youth. If they hear Goleta or sb, they won't go. Need to be in IV for students to use
- Create services or provide services in IV and keep IV in the name to call in students
- What would it look like to buy a house or residential site in IV for specific students?

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **What community partners or organizations play a role in supporting a member's recovery?**
  - Connect with other social workers and other organizations that help the clients needs and collaborate across departments/organizations
  - There are a ton of CBOs in IV that would love to collaborate
- **Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?**
  - At UCSB, all students who are 5150-ed will get a follow up from UCSB's crisis navigators department and connect them to proper resources after being in crisis services
  - PFLAG—Parent and Family of Lesbian and Gay Community Members, connect with them to talk to families
  - Diversity collective
  - Rainbow umbrella- ventura
  - PP Central Coast
  - Keep partnering with Pacific Pride
  - Connect UCSB with members of CES for their Community Liaison Role

**4. How Can We Help People Grow Stronger and Healthier?**

- **How can we make sure individuals feel connected, respected, and supported?**
  - Create pipeline for graduating students to get connected to BWell and transition to Medi-Cal; this goes for housing transitions as well
  - Continued care once students graduate to get access to medication

**MICOP**

**8.28.25**

**SUMMARY**

**Title: Focus Group Summary – Community Experiences with MICOP Programs and Substance Abuse Resources**

**Date: 8/28/25**

**KEY THEMES & PARTICIPANT FEEDBACK**

## 2. Support Received from MICOP and Partner Programs

**Healthcare and Case Management:**

- Several participants expressed gratitude for **Acceso**, which helped with health insurance for children with disabilities and rental assistance through HIPP.
- A mother shared how her son passed away after a long illness, and she received critical emotional and financial support from MICOP programs during that time.

**Legal and Immigration Support:**

- One participant mentioned receiving help from **MILA** with a U Visa.
- MICOP's **case management team** also helped with accessing disability services.

**Mental Health and Therapy:**

- One family received therapy for their son through Acceso for 3 years.
- Participants expressed how important it is to address trauma and mental health, particularly for youth.

### 3. Breaking Language and Access Barriers

- MICOP helps overcome the **language barrier**, particularly for the Indigenous (Mixteco-speaking) community.

- Staff help fill out forms, provide food and diapers when needed, and ensure that those who speak neither English nor Spanish get support.
- Programs like **Alas** and **Voz** were praised for creating safe spaces where community members feel heard and respected.

**4. Substance Abuse: Challenges & Insights**

**Community Concerns:**

- Substance abuse, especially among men, is seen as a "go-to" coping mechanism for stress instead of seeking help.
- Youth often turn to drugs/alcohol due to family problems; a participant worried about her grandchildren falling into the same pattern.
- Witnessing people in the streets affected by addiction brings sadness and urgency to address the issue.

**Mental Health Stigma & Lack of Awareness:**

- One woman didn't know what a therapist or psychologist was until she connected with MICOP.
- Many noted that mental health resources are not well-known and are often inaccessible due to shame, language, or lack of outreach.

**5. Positive Change through Support:**

- A participant's husband, once an alcoholic, changed completely after attending Catholic retreats and receiving spiritual guidance.
- Religion and community retreats play a big role for some families in healing and recovery.

**First-Time Participants & Discovery of Resources**

- Some attendees had never heard of MICOP's mental health or substance abuse services until this focus group.
- Word-of-mouth from trusted community members was often how they got connected.

- A participant expressed gratitude for being invited for the first time and wants to learn more about services.

**6. Barriers to Accessing Help**

**Language and Cultural Gaps:**

- Participants shared struggles in hospitals or official spaces where **Mixteco interpreters** aren't available.
- Even with Spanish-speaking/Mixteco - speaking interpreters, messages are often misinterpreted or not culturally relevant.
- Many feel shame or fear in seeking help, especially in a language they don't speak well.

**Glossary of MICOP Programs mentioned**

**Voz de la Mujer Indigena (Voice of the Indigenous Woman) - a program that collaborated w/ DV Solutions, this program helped women who were going through or had experienced domestic violence. This program has been terminated.**

**Curando la Comunidad (Healing the Community) - this program focused on the overall wellbeing of the community through medicinal herbs and plants, as well as traditional/ cultural practices such as sweatlodges. They also focused on the mental health aspect. This program has been terminated.**

**Case management - this is one person team, our case manager helps with a variety of things that involve filling out paperwork for disability, paid family leave, medi- cal, and other related thing**

**Accesso - this program helps family with children with disabilities and link them to other helpful resources**

**MILA - immigration legal assistance, this program helps with certain legal cases mostly pertaining to immigration**

## Some of our team's observations and takeaways

Not everyone was able to share but we still gathered a lot of information

Not everyone knew of the organization and were surprised to learn more about the program

We learned that most of the community felt scared that they will be judged or discriminated against or if the services they reach out to will have adequate resources.
There are many reasons that leads them to drink but most of the time its something big that happened that leads them to drink

They feel uncomfortable to seek help

Sometimes within the culture its something that is not seen as a problem and sometimes its seen as normal or that is just done

We had a total of 31 participants and it was a mix of men and women, however it was mostly women who were speaking and sharing experiences.

Most of the experiences shared were about men or a close family member they weren't really self experiences

We were glad to have some of the AA members because some of them spoke mixteco and the participants were more engaged.

**Santa Barbara County Department of Rehabilitation Access Line Training**

**8.28.25**

| **Description** | **Access Line Training with Dept of Rehab** |
|---|---|
| **Official BHSA Category** | **11 Labor representative organizations** |
| **# of Attendees** | **12** |

- Disability access for access line; can our staff help clients through the calling process?
- More access line materials for awareness and distribution
- Service eligibility, how do we know before we call if client is eligible?

**CoC Board General Meeting PC Masterdoc**

**8.28.25**

| Description | BHSA Presentation within CoC Board General Meeting – Immersive Session |
|---|---|
| **Official BHSA Category** | **21 Continuums of care, including representatives from the homeless service provider community** |
| **# of Attendees** | **37 participants** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - Member had question about Access Line, and we assured them it was a catch all, everyone can call, phone line!
  - Appreciate leadership in being able to break down silos, more transparency like this is key
- **How can we make treatment more compassionate, effective, and timely?**
  - Continue to push back and ensure that folks that are already the most marginalized are not pushed out of systems
  - Ensure referrals from Access Line are still receiving timely services
  - Hard when callers are not at the moderate to severe level of care provided by BWell and are referred out to other services, receiving timely and appropriate care

**2. How Can We Better Support You and Your Family During Treatment?**

- **Are there enough support systems in place? Enough housing?**
  - The county continues to have awareness of aging folks who need Board and Care, assistance with ADL, but we have folks who <u>really need assisted living</u>
  - Often these folks are already qualified for behavioral health services
  - Biggest barrier we see is stigma with trying to provide services (Lots of NIMBY in SB County)
  - Also the cost of property is a huge barrier -- often have to send Board and Care out of county
  - Looking for collaborators: if folks in County area looking for property to sell, our county could work with this
  - Hopefully CalAIM services will complement the 12 beds at the new specialized medical unit for seniors on the Calle Real Campus

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - More Harm Reduction Services

- Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
    - Collaborate with FARO center, they provide lots of EBP services

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
    - CoC has felt spread thin in last 6 months, but going forward will stay connected with BWell to create better supports across entities and providing holistic care

**New Beginnings Safe Parking Program BHSA Community Listening Session**

**8.28.25**

| **Description** | **Listening session with the CBO Collab** |
|---|---|
| **Official BHSA Category** | **4. Mental health and substance use disorder treatment providers** |
| **# of Attendees** | **17** |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
    - The cops are still coming up to my car at 3am when I am in the safe parking zone and my placard is visible. They need more training on where we are at and what the program is
    - As a provider, I am calling the access line with my client to help them get connected to services, and the access line staff do not like when I call with my client
- Are there any services that you have trouble accessing or are missing altogether?
    - Does BWell do STRPT for children?
    - Having the online websites be up to date. Right now, multiple county and medical websites are outdated and we can't speak to the right person as picking a medical provider is hard
    - Having the access line be available to text would be helpful
    - We need something real. A real person, in-person. Not email
    - Is there an online portal to book or get information on? Maybe an app like mychart. This would be helpful bc since we are unhoused, getting mail is hard and this would be easier to access from anywhere
    - (as a provider) In 2023, when I called the access line to get services for myself while transitioning from my college insurance to medi-cal, the screening did not seem trauma informed and there was such a disconnect. This really affected me.
- How can we make treatment more compassionate, effective, and timely?

- Treat people the way you want to be treated. We are human too and deserve to be treated the same
- We need it to be easier to access psychiatrists
- We need to meet psychiatrists and providers in person. The over the phone stuff isn't good
- Getting a doctor's appointment is really tough when I am trying to take care of myself. The appointments are so far out (months in advance) and I need the care sooner
- It would be great if there was a once a week location where we could go and get services, (medical, behavioral health, medicine distribution, housing navigation, completing forms, computer lab)
- Posting numbers, addresses and hours of operation around town or in the newspaper, on the news would be helpful for us to connect to services we don't know about, or having this in a brochure

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Having the online websites be up to date. Right now, multiple county and medical websites are outdated and we can't speak to the right person as picking a medical provider is hard
  - Having contracted out residential treatment services is a barrier to families. We need more in county residential treatment services
- Are there enough support systems in place? Are there enough housing supports in place?
  - We need low income and age group specific housing
  - I need low income housing
  - Cost of living is so expensive. I work for the city and I still don't get paid enough
  - Rental subsidies to help us pay for rent
  - For further support, we need a place to shower and be clean. We need longer than 5-10 minute showers. This is a basic need and can help us a lot mentally, and be less stressed
  - I stay behind the boys and girls community center in goleta. There are tennis/pickleball courts and when the lights go out, people still are playing in the dark and I cannot sleep
  - There needs to be more permanent supportive housing that allows us to have our emotional support animals. They're all we've got, and help us with our recovery

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - Any medical organization is not good
  - Client has had multiple bad occasions with trying to get the help they need (behavioral health, medical appointments, navigation, housing)
  - VA health is a benefit, not health insurance. Veterans aren't meeting BWell criteria since they have VA/ dual insurance but they really do need the level of help that BWell offers
  - Having a sign that says the space is a safe parking designated zone so it's advertised and we are safe

- Communication with the parking lots of who we are. On holidays I get moved from the harbor parking lot and got a ticket being parked in another zone bc they didn't know I was a safe parking person. We have our placrds but they still bug/ticket/question us
- Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
  - SB Neighborhood Clinics
  - Talk with the police on our safe parking eligibility
  - Have a pop-up event at the park with food and doctors available. Have a private space to talk with a medical professional
  - Faith-based community
  - Boys and girls club
  - Ymca
  - Goleta community center

**4. How Can We Help People Grow Stronger and Healthier?**

- What helps people stay well, recover, and thrive in our community?
  - Proper medication distribution. I think if this was more available, a lot of us wouldn't be struggling the way we are. it would help us with our issues
  - Is SB a sanctuary city?
  - Having a place to shower that's longer then 5-10 minutes
  - Having porta potties and bathrooms for people living in their cars
  - Some folks spoke up after this comment was made stating that the infrastructure would get ruined, destroyed or trashed
  - Does BWell offer support when there are natural disasters?

**5. What Could We Have Done Better Overall?**

- Have you or someone you know had challenges with behavioral health services?
  - yes
- What do you wish had been done differently or more effectively?
  - Talking to a real person and not being passed back on the phone to a new number, and then each place referring to the other
  - This occurs with the access line and CenCal. Folks need to be handed to a person, not given another phone number when calling for help

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - Please come back again

**CBO Collab BHSA Community Listening Session Public Comments**

**9.3.25**

| Description | Listening session with the CBO Collab |
|---|---|
| Official BHSA Category | 4. Mental health and substance use disorder treatment providers |
| # of Attendees | 63 |

**1. How Can We Improve Treatment Services?**

- What's working and what's not in our current treatment services?
  - I feel like the crisis rates aren't necessarily bad; need to find a way to look at that
  - Maybe not reducing minutes over all but perhaps time or day or the population
- Are there any services, that you have trouble accessing or are missing altogether?
  - Access to Care Outcomes, Thoughts and Ideas:
    - It would be nice to see regional data on SMHS, DMC-ODS penetration rates
    - We can look at how many people we are serving through our department regionally but can't see this one broken out
    - This data is complex. Smaller counties have less resources, so people who need the service are getting it through county bh. In larger counties, some people on Medi-Cal get services but not through the bh department
    - Longer hours for clinics needing to be open. This can increase access to services
    - Scheduling meetings after 5pm
    - Spread word to community about later clinic hours; Perhaps utilizing technology more to engage the community- social media/websites-appointment requests:
    - Wednesday's in santa maria should be advertised by clinicians
    - Lompoc children's clinic, Tuesdays
    - Staff on volunteer basis
  - Demographic data:
    - When people are only limited to one category, they may be limited to getting the help they need and falling into other groups. Other counties don't have this problem with the, "other" category.
    - We get the data from Social services medi-cal form. Not sure if other counties have folks helping people fill out the online forms
    - Categories for SUD were better. Curious if people are filling out forms with them
  - DMC-ODS, penetration rates:
    - maybe this data is impacted by legal obligations

- Another factor, we contract out 75% of DMC-ODS services. Regarding hours of access, have these more in the evening and weekend hours. Could be a contributing factor

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - Communicate and exchange information with other providers, hospitals, have meetings with the other providers to find out more information regarding IWT-INI SUD rates
  - Important to recognize that this measure isn't just BWell services, the reason this is lower is because it's accounting for folks who end up in other places

**5. What Could We Have Done Better Overall?**

- What do you wish had been done differently or more effectively?
  - Should ask DHCS/CalMHSA for better data and comparing similar size counties on various measures:
  - Comparing Santa Barbara County to Los Angeles or San Diego County seems like comparing an orange to a watermelon. Similarly comparing us to Alpine County is like an orange to a grape.
  - Feels like there could be more refined county cohorts of 8-10 counties that are similar across multiple dimensions (population, rural v suburban v urban households, etc.)
- What do you think we should improve?
  - Untreated bh conditions, FUA improved with a project BWell had
  - Affirming while looking at this data, when we put effort into performance reviewing projects, it was affirming to see that the data changed reflection to the work done
  - We worked really hard with providers and our ER departments
  - Look to create other project improvement plans like these in the future*

**BHSA Steering Committee Meeting**

**Meeting Minutes**

**9.4.25**

**Attendees: 41**

| Topic | Notes/Action |
|---|---|
| **Welcome** | • Nakisa welcomed new and returning steering committee members and introduced what the BHSA steering committee is, when it meets, etc. |
| **2024 Consumer Perception Survey (Mental Health** | • Interested in demographic data when it comes to Spanish speakers<br>• How can programs use this information for quality improvement?<br>• What did you learn? Was there anything that surprised you? What questions do you still have? What else would you like to know, or what questions do you have that this data cannot answer?<br>• Data is sent to UCLA and then back to our R&E for further analysis |

| | |
|---|---|
| **Client Satisfaction) Results** | • 8 domains that are scored<br>• R&E looks at all negative comments with leadership<br>• Is wait time addressed?<br>• Can you speak on response rates and how they contribute to the data? How can programs work on this? The higher a response rate, the more confidence we can hold.<br>• What do you all suggest on getting clients to complete the survey?<br>• Do you ask once throughout the year? Can it be a longer period?<br>• It is one week throughout the year as a mandated requirement. The use of peers has increased and helps clients a lot. The surveys are offered in English and Spanish. There is a paper version and available online. Most respondents (69%) completed the survey on paper, rather than online (31%).<br>• A group survey to do it with other people could be helpful. Our clients are overwhelmed by paperwork. Meeting in a support group or a certain facility can allow clients more room for detailed thought and more time.<br>• Suggest working with Promotores because they are great working with the community and getting them to complete surveys<br>• Looking at the people you already serve<br>• Can you reformat the survey to have the most important questions in the beginning to have a higher response rate to those questions?<br>• We cannot. This is a statewide survey that we cannot reformat. If we could, we would!<br>• Is the survey broken down by north and south regions? At housing facilities? -it is taken for mental health outpatient clients. Served at CBO partners or BWell clinic. We do not know it by program or region<br>• At PathPoint we provide the survey to all clients living at our board and cares - or in our FSP<br>• We know how many paper surveys are completed because we pick them up, and if you're interested, please reach out to me!<br>• Does/Can BWell deliver paper surveys to the various CBOs? - this has shifted because we can pull the pdf of the survey up, and input county code, client id #, etc. You can type right into the form and autofill (the week before). All these instructions go out to CBOs and our own staff on how to complete it<br>• I am happy to see these results. They're very excited to see good or bad, because we can always learn from them. They did confirm my assumptions.<br>• I know how hard you all work at BWell and the way you do the work. I appreciate not only what you do, but how you do it as well<br>• Shereen to send the report to BHSA Team to then send to BHSA Steering Committee |

| | |
|---|---|
| | • Natalia thanked attendees for their feedback regarding the CPS |
| **Update on Integrated Planning Process** | • Natalia provided an update that BHSA team has hosted over 50 sessions, and are hosting 3 upcoming workshops this fall<br>• Integrated Plan is new for us under BHSA. MHSA was a stakeholder process, but now we do individual focus groups on what their needs are, what's going on within the community, and doing 1-1 on subject matter experts on how our department should move forward with the BHSA/BHT |
| **Fall Community Workshops** | • Three Community Workshops: Work Experience as Part of Recovery- Santa Barbara Library, Youth System of Care- Lompoc Library, Housing Interventions- Santa Maria Library<br>• Will interpretation be provided? Yes.<br>• Will there be options to join remotely for those with mobility limitations? -not for these workshops but there will be a virtual meeting in December.<br>• Will the virtual hold all three topics? - Yes, we will have breakout rooms<br>• Why would you not have the same topic in each region? These are all important for each region. -We provide transportation services for each event! If you cannot make it, we encourage attending the virtual session in December<br>• Nakisa described further the questions asked at 1-1 Interventions, Community Workshops, and Findings Found at the community sessions<br>• Flyers to be distributed at the Wellness Centers in each region |
| **BHSA Implementation** | • Natalia will provide a finalized timeline on BHSA Implementation at the next Steering Meeting<br>• Natalia described each implementation plan that is required under the BHSA Integrated Plan and when it is due for transparency purposes<br>• For the housing plan, will a meeting with HCD and BWell be set up?<br>• No, this is internal. For the next 3 years, this is what we plan to do under housing. This has been made from the community planning process.<br>• Is there any coordination with the planning department, or just BWELL?<br>• Depends on projects that are planned. We will coordinate once projects are determined. Our internal report is more so on funding<br>• Are you working with other jurisdictions outside of SB County as you develop these elements and plan?<br>• Yes, we attend multiple meetings with collaborators on new requirements, what other counties are doing, and guidance from the state, data webinars from CalMHSA, meetings with other counties on how to provide EBPs, county meetings on fiscal requirements<br>• One good thing- all counties are talking together to implement these new changes under BHSA/BHT |

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| **CDPH Population-Based Prevention Program Guide Phase 1** | • FayAnn presented on the CDPH Population-Based Prevention Program Guide and is launch phases<br>• FayAnn to send draft of Phase 2 CDPH to MHSA PEI programs<br>• Given the size and complexity of BHSA, curious if the state developed this program/process on their own or if it's based on programs already existing elsewhere that have been time-tested.<br>• No, the state did this on their own, and we have little information on what the state is doing, besides their populations of focus.<br>• CA disparities project was amazing.<br>• Hope this links to other initiatives like CYBHI<br>• Not sure if it will-- our understanding is that since the state sees that $ available, they will not focus on this info |
| **6 Priority Statewide Behavioral Health Goals** | • Natalia reviewed the 6 priority BH goals<br>• Explaining that each county must dive in to address these goals<br>• What's within our control, how can we help collaborate on, and what can we focus on within our sphere of influence<br>• Within each goal, there are multiple measurements<br>• Encouraging the group to have an open discussion on these goals<br>• All counties have this same measurement, and ours is low.<br>• We are required to address what we are doing to address and improve each measure in a specific way<br>• We do not have a healthy Health Information Exchange, but we do have reports that come to us that combine CenCal and BWell data. Data also given by DHCS<br>• "I also just want to note that this data is pretty old; some is from 2023 and the demographic data is FY 20/21. Any progress/changes we may have experienced in the past couple years is not available for review yet." -Research and Evaluation<br>• The penetration rate is calculated by taking the total number of youth who received one or more SMHS in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY. (The whole population, not subset of those who qualify)<br>• Access to Care<br>• Regarding the denominator, are we saying they are eligible because they're medi-cal recipients or because we know they would need specialty MH services?<br>• Denominator is Medi-Cal population and numerator are those SMHS population<br>• Access to care: "not surprising on this one for a number of reasons". One of the things I know is that our county struggles with the number of professionals. High-cost areas. Curious to see in specialty medicine and behavioral health. Always |

curious about demographics, and if the data is better or worse in different regions and demographics

- Would be very interested to see this over a few years to assess trends over time – access of care
- HCD working with CenCal, encourage BWell to work on more accurate data sharing
- *SMHS Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have been claimed for SMHS via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care sys: https://www.dhcs.ca.gov/individuals/Documents/Penetration%20Rates_2_27_15.pdf
- Demographic info- high unknown than any other grouping. We do understand that people can fit under multiple ethnicities
- But/And - we can pull our own service data demographics
- Improving penetration rates:
- SUD
- The percentage of Medi-Cal members who are eligible for services and actively utilize SUD treatment, relative to the total number of Medi-Cal eligible members. https://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/Data%20Collection%20and%20Reporting/SUD-DMC-ODS-FY22-23-PenetrationRate.pdf
- Exceeding and meeting service level for SUD system of care
- Looking at SLO county data is always an indicator for us since our counties are similar
- Internally, it would be interesting to see a look at these where funding is focused, where something has been successful
- Homelessness Outcomes
- Is the rate consistent across the county or are certain areas harder hit? - The youth rate is reported by school rather than region. So, they could be grouped up into regions. See here: https://dq.cde.ca.gov/dataquest/DQCensus/HmlsEnrByDTLevels.aspx?cds=42&agglevel=County&year=2023-24
- When we conduct the PIT, there is a HUD long-term qualifier.
- CoC does a very good job of connecting people to services compared to other counties
- “We have some amazing community orgs”
- Justice Involvement

- In the prevention world of SUD, we compare our data with Monterey County because of migrate workers. SB, Monterey, Trinity and SLO as the highest with public school students experiencing homelessness by county, and this data makes sense to me. Monterey is 93
- We have low absentee rates, good graduation rates, trusted adult rate is good, school rates are overall high, but arrest rates are so huge, so the data doesn't make sense
- Do we have the data on what correlates with high arrest rates? Demographics? Not only over arresting people, but we are arresting black and Hispanic populations most.
- The data has been rolled out by CalMHSA. We may not have a direct ability to influence; however, we can look at partnerships with other orgs on a macro level. Need to look how we can share this with criminal justice partners, and what they take away from these conversations/data
- So, this only county arrests, not also city?"
- This data is concerning
- This is a Social Determinant of Health. Toxic stress. We need to know the effects of what these arrests are
- Is there any way to influence this and make systemic changes?
- Knowing that the arrest rates are so high, how can we measure the effects on these families and people?
- What type of arrests are these? MH related? SUD related? Crime related? Nature of the arrest might be able to speak on what levers we could pull to move this # down
- One thing we do know, we can look at who is identified at receiving our services. (much lower than African American males/females/Hispanic population)
- Interested to see age groups. Are they adults versus children? Children? Both?
- The BOS and public needs to see this data, over-arrest rates and unequal distribution across ethnicity because of the expensive jail expansion recently approved.
- (IST) If they end up becoming a TCRC client, are they removed from this list? Or if they are a TCRC client, are they included?
- We also receive updated data from DSH more regularly so we can monitor this data more closely
- We have had a partnership with state hospitals to put clients in community when safe to do so. Our IST is out of BWell's control because this is a legal process that happens while client is in jail. Justice-involvement agencies have been working on ISTs within our county.

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| **Adjournment** | • Attendees thanked the BHSA team for their time and appreciated the presentation<br>• Natalia thanked attendees for their participation and closed the session |

## Allan Hancock Beyond Incarceration Greater Education (BIGE)

## 9.5.25

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| **Description** | **Listening session with B.I.G.E** |
| **Official BHSA Category** | **Families of eligible children and youth, eligible adults, and eligible older adults** |
| **# of Attendees** | **10** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - Bwell has been the best, and so eye opening. It has helped me so much and I have been able to learn a lot
  - I like bwell
  - Art therapy for kids and in groups would be helpful
  - My son would benefit from group kid therapy
  - I need help with transportation to my appointments, as well my community members/folks I know
  - There needs to be more unvoluntary services for kids
- **Are there any services, that you have trouble accessing or are missing altogether?**
  - If bwell hosted countywide and open meditation sessions, that would be very helpful

**2. How Can We Better Support You and Your Family During Treatment?**

- **What kind of help or guidance would make the treatment process easier for you and families?**
  - What kind of scholarships do you have available?
  - When my daughter is hesitant to services, and rejects everything, what more can I do? Are there clinical skills I can use on her to get her the help she really needs? She won't listen to me and is not open to receiving services. She needs help
  - As a single mom, what happens to my kids if/when I call when I'm in crisis? I don't want CPS to get involved and I don't want my kids taken from me. I need help too, but my kids don't have anyone else but me
- **How can we reduce stress, confusion, or isolation when someone enters treatment?**
  - After talking with this group, it seems like the biggest need is more education on what BWell is, does, provides and how to access our services

# MHSA PEI Quarterly Meeting

## 9.9.25

## Meeting Minutes

**Attendees: 14**

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| 10:00AM | **Welcome and Introductions** | • FayAnn Welcomed members |
| 10:05AM | **MHSA Suicide Prevention Data** | • FayAnn announced how the MHSA funding positively impacted Suicide Prevention efforts and resulted in a reduction in suicide rates across men and women, as well as youth and adults/older adults<br>• Finding: Study found reductions in suicide was greatest among older adults, raising questions about how to better serve younger people with mental health challenges<br>• Seeing decrease in suicidal acuity in folks who are using 24/7 text hotline, and this could be younger people who are most often using text line<br>• We don't necessarily have data, but we do Teen Mental Health First Aid training and QPR training for teens, and the space for teens to openly speak about their questions, fears, and ways to support their peers is a very powerful tFhing.<br>o Have been teaching many classes recently, and teenagers consistently ask: "How do I know if my friend is telling me the truth?" when learning about QPR |
| 10:20AM | **Update on Integrated Planning Process (IPP)** | • FayAnn reviewed the Integrated Program Planning Process and our timeline, inviting members to our three Community Workshops this October and November<br>• Natalia: Do any members have any questions about the workshops? She also invited all members to advertise them, as they are open and for the public!<br>o Michelle: I appreciated the invitation to have our YAB students participate! I'm working specifically on promoting it to youth and other orgs we are connected to in Lompoc!<br>• Will there be interpretation services if we invite our Mixteco speaking families?<br>o Please email Natalia and we will hire an interpreter for the requested session. This goes for anyone with interpretation needs!<br>• Will this session cover IPS for supportive employment? |

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| | | ○ We will include a slide on IPS for supportive employment, but this is largely based on gathering community feedback regarding the needed workforce supports.<br>• A quick question on process – at what point does the plan go out to the public/board of supervisors/to the state to the review? What is the timeline for that? (jumped to BHSA Implementation Update)<br>• Are there any agendas for the events?<br>○ Not yet, we typically don't release agendas prior to events. We do have workshop themes listed!<br>• FayAnn reviewed the questions we ask at BHSA IPPP community listening sessions and shared what we have found across events, based on feedback gathered:<br>○ Service Navigation<br>○ Tailored Housing Supports for vulnerable populations<br>○ Navigating housing<br>○ More early interventions to avoid crisis<br>○ Need for culturally appropriate services |
| 10:30AM | **Fall Community Workshops** | • FayAnn invited members to scan QR code and register! She highlighted how there will be executive leadership at these workshops for their specific level of expertise. |
| 10:40AM | **BHSA Implementation Update** | • Natalia: We will send out an update and more finalized timeline come November, but she reviewed our current working timeline with members:<br>○ Dec 10: Integrated Planning Process Completed<br>○ Late Dec: Program Terminations<br>○ Dec 30: Report on Integrated Planning Feedback<br>○ Early Feb: Final QIC Plan<br>○ March 1: Draft Integrated Plan due<br>○ March 31: Draft Integrated Plan to DHCS for corrections<br>○ April 1: Draft Integrated Plan Posted for Public Comment<br>○ Early Spring: All RFPs will be posted<br>○ Mid May: Draft Integrated Plan BWC Public Comment<br>○ June 30: Final Integrated Plan submitted to DHCS; Final BHSA policies and procedures approved |
| 11:00AM | **CDPH Population-Based** | • FayAnn reviewed Phase 1 of the Population-Based Prevention Program guide, which has already passed/taken effect, and notified members that Phase 2 should be posted by Mid-to-late September |

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| | **Prevention Program Guide** | ○ Section 1: BHSA and Statutory requirements, the population behavioral health goals, must be aligned with and are intended to create alignment across behavioral health system of care in California.<br>○ Section 2: FayAnn reviewed the populations of focus<br>○ Section 3: She reviewed the framework of agencies and ideas working towards these goals<br>• FayAnn invited any questions – no current questions<br>○ Just taking it all in - thank you! |
| 11:20AM | **Statewide Behavioral Health Goals Data Review** | • FayAnn reviewed the 6 Priority Statewide Behavioral Health Goals and invited Natalia to provide input.<br>• We are required to report on these 6 goals, and review the data categories for each of the 6 goals, create an analysis of how our county is doing, and then create a small improvement plan for each goal. This is totally new, and our county is being evaluated in the same way each time; counties are compared against each county.<br>• Some goals are more in our sphere of control as a BH department, and others are more incentivizing collaboration across community partners in our county that are more invested in other goals.<br>○ Goal 1: Access to Care Outcomes:<br>♣ Evaluated based on SMHS penetration rate data (low penetration rate for adults), also low penetration rate for Youth on this measure<br>• Below the statewide rate for this measure.<br>♣ Any idea why we might struggle meeting our standard here?<br>♣ Another measure is the DMC-ODS Penetration rates of adults, children and youth<br>• Slightly above the statewide rate for this measure!<br>♣ What is DMC-ODS mean? Also what are you making of this?<br>• Drug MediCal--Organized Delivery System.<br>• Natalia: 1, we can increase our screenings and admitting folks into our system of care. 2, expanding clinic hours. On our SUD side, hours are expanded and flexible, and we need to carry this across providers. 3, across the board, making it easier to get into our system of care.<br>♣ Reviewed the race/ethnicity breakdown for this measure<br>• Do you think the other race would be the ones that identify as mixed race? |

- Natalia: Yes, this is what we think but the data collected through Social Services is not well discerned and something we need to look into.

♣ Another measure is Initiation of Substace Use Disorder treatment.
- We are second to last in terms of county performance.

o Goal 2: Homelessness Outcomes:

♣ PIT Count Rate of People Experiencing Homelessness (HUD definition of homelessness – sleeping in car, living in shelter or on the street)
- Highest rates by ethnicity are American Indian/Alaska Native, Black, and Hawaiian or Pacific Islander

♣ % of K-12 Public School Students Experiencing Homelessness by County (School district data and homelessness definition)
- This demographic is doubled up, which we can count as underhoused, instead of unhoused.
- 95% of this population/measure is doubled up. The highest % of this population, by ethnicity/race, are Hispanic or Latino, and American Indian or Alaska Native
- 45.6% of this population also identifies as migrant

♣ So will BWell be staffed up to accommodate the 50% of unhoused population with SMI or SUD, or is this just a data point we know now?
- This is a great question, and we are not sure how this will directly relate to staffing changes as of now, but it is on our radar and we are looking into making proper adjustments as part of our improvement plan.

o Goal 4: Justice Involvement Outcomes

♣ Our arrest rates for both Adults and Youth are above the statewide rate – we are overarresting people in Santa Barbara County.

♣ This data is unfortunately not broken down regionally, but it would be important to see the trend and what we would learn from it.

♣ Does this mean we are arresting people appropriately or inappropriately? Does this mean that treatment means arrest in this county?

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| | | • FayAnn: I can't say due to a lack of data and information from justice dept, but I can say it is problematic and if this is true, it goes against my beliefs.<br>♣ FayAnn reviewed the demographic breakdown, which shows people of color in our county being disproportionately arrested:<br>• This is not shocking, and persistent.<br>• This shows we have a lot more to do.<br>♣ There is also a high rate of folks in our jails who are incompetent to stand trial, which means we require a higher level of access of Mental Health supports in our jail.<br>o Goal 5: Removal of Children from Home Outcomes<br>♣ We are lower than the statewide rate on Children in Foster Care, Rate per 100,000, for our county.<br>♣ Regarding this goal, we will work closely with our department of social services.<br>♣ We are the second highest county with open child welfare cases SMHS penetration rate, which is something we need to address<br>o Goal 6: Untreated Behavioral Health Conditions Outcomes<br>♣ Our follow ups after emergency room visits, for both substance use and mental illness, are above the statewide rate – which is positive.<br>♣ FayAnn will share the excel workbook and the CAlMHSA data once released!<br>o Goal 3: Institutionalization Outcomes<br>♣ SMHS Crisis Services for Adult Measure<br>♣ SMHS Crisis utilization for adults, children and youth – minutes per beneficiary<br>• Above statewide rate across all measures<br>♣ Permanent conservatorship rate is also above statewide rate<br>• This also connects to the IST Rates as well; goes hand in hand<br>♣ Will share excel workbook with you post meeting |
| 11:55AM | **Comments, Questions, Updates** | • FayAnn: Thank you all so much, but are there any updates or final thoughts?<br>• We were going to present at the BWell Commission meeting and wondering if we can use one of your slides<br>o Amount of those with SMI and SUD<br>o FayAnn: Of course, will share this with you! |
| 12:00PM | **Adjourn** | • |

**BHSA Team Met with BWell Contracts Team Staff Meeting to Discuss 6 Behavioral Health Goals**

**9.9.25**

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| **Description** | **Listening Session, Immersive Session** |
| **Official BHSA Category** | **4. Mental health and substance use disorder treatment providers** |
| **# of Attendees** | **9 contract staff, 4 BHSA staff** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - IET- second lowest in the state, so we need to investigate why/who isn't initiating folks into this system
  - We do a good job at connecting SUD unhoused population to housing opportunities compared to other counties
  - We are good at connecting unhoused population to services

**3. Who Should Be Involved in Supporting People Through Treatment?**

- What community partners or organizations play a role in supporting a member's recovery?
  - Everything is under one now. The IP audit will be BHSA/DMC-ODS and mental health plan together
- How do we strengthen those partnerships?
  - Are the counties themselves gathering up with similar counties? Are there partnerships possible to align counties with similar counties bc the larger counties have so many more people and more money. This collaboration might happen internally
  - Try to always compare our data to SLO county since we are similar counties
  - Measures where we should be similar to SLO but we aren't, showing it isn't a regional issue but a santa Barbara issue

**4. How Can We Help People Grow Stronger and Healthier?**

- What ideas do you have for making services more empowering or culturally responsive?
  - Data Collection and demographic info: Is it a problem because people are scared to identify? - not entirely, sometimes certain ethnicities aren't listed, and it's not the best tracking of data sources

**5. What Could We Have Done Better Overall?**

- What do you wish had been done differently or more effectively?
  - The goal is not to be at the median right? Is there a mean where we should be at? R&E will dive into the measure to see how we are doing with different groups of people, and then work on areas of improvement under each
  - It seems like 50% of the county is not meeting the goal
  - They'll look at if year after year, and if we aren't improving, we can face consequences, first plan of correction and if we don't do this, they'll take away money
- What do you think we should improve?
  - Any of this addressed in KPMG? -no. interesting. They looked at different things under EBPs

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - With new requirements, the SOWs will change? -essentially probably yes down the line, but not in this next year.. we have to have a plan, but we're not sure if we will have a program for each measure starting. Look at outcomes over SOW. Could be additional measures
  - Is there a timeline when new BHSA implementation must be rolled out by? When must we be contracted by?

General Comments:

- I notice white is not an option, is that an option? -we don't know if no one checked white, or if it was left off
- A lower # of people qualify for SUD care, so this is lower
- MHSA isn't just DMC-ODS and SUD?
- Is subg? Still a funding source and reported on? It will be addressed in the IP
- Will grant funding be included in this plan? – all funding sources and programs will be reported in the plan. We can talk about anything under the department, and it doesn't have to be just bhsa related
- Plan itself remains fiscal year
- 95% of parents and children who fill out their forms at school, are falling under temporarily doubled up which is different than the HUD definition, substandard housing. PIT uses HUD
- How is this information informing us what we are doing with BHSA? -we can look at services we do provide, and how we can partner with other orgs to make sure we are helping the specified population
- Is there funding for this? -BHSA, now they're keeping an extra 5%, significantly less treatment services, but we do have $ in the housing realm
- About the same with FSP and then less for crisis services, clinics, wellness centers are getting the biggest hit

**1-1 Listening Session with Cottage Hospital- Case Manager**
**9.17.25**

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| **Description** | **1-1** |
| **Official BHSA Category** | **4. Mental health and substance use disorder treatment providers** |
| **# of Attendees** | **4 total – 3 BHSA Team, 1 Cottage Hospital Case Manager** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - See a higher need for services for unhoused, undocumented populations 2026 or later, we all need to be working together to address this/broaden our support
- **Are there any services, that you have trouble accessing or are missing altogether?**

**2. How Can We Better Support You and Your Family During Treatment?**

- **Are there enough support systems in place? Are there enough housing supports in place?**
  - Housing is the barrier. They're suffering with substance abuse, mental health problems, or having unhoused issues overall
  - Need more housing supports for people with MI/SUD leaving the hospital, more recovery residences and sober living beds.
  - SB seems to have philanthropic organizations but they're selective in supporting the high needs population**
  - They won't take the more severe cases, the people that need residential treatment but may be difficult to work with.
  - We need more resources available for the "more challenging" and patients who have a lot more barriers

**Final Thoughts**

- **How can we stay connected with you and your community to keep improving services?**
  - Cross collaboration with crisis services and emergency room, community health needs assessment
  - Issues regarding compliance during collaboration
  - Resources to send/share with social workers would be the best way to engage with their teams. If their staff have questions, we can have further educational sessions
  - Their staff are well educated on resources in the community, and are happy to use our resources

**Veteran's Collaborative Public Comment**

**9.18.25**

| Description | Listening Session |
|---|---|
| **Official BHSA Category** | **12 Veterans.**<br>**13 Representatives from veterans organizations** |
| **# of Attendees** | **15** |

- Can't get MH at VA
- 100% VA disability, which causes a gap
- Veterans who don't qualify for medi-cal/medi-care can't use our services
- FSP – home visit
- Family should always be involved in treatment
- On track to end veterans homelessness in County of Santa Barbara
- **"You do a good job at homelessness outreach"**
- More collaboration of community partners together – case conference, face-to-face
- Veteran's treatment court gives vets an opportunity to explain crimes committed – great resources. Proven to be effective and prevent veterans from going to jail – successful in SB
- Be consistent with programs and give them the opportunity to continue as long as they need

**Future Leaders of America Public Comment Masterdoc**

**9.20.25**

| Description | Immersive BHSA Listening Event at Future Leaders of America's Youth Council Training |
|---|---|
| **Official BHSA Category** | **3. Youths (individuals with lived experience) or youth mental health or substance use disorder organizations** |
| **# of Attendees** | 30 |

**1. How Can We Improve Treatment Services?**

- Are there any services, that you have trouble accessing or are missing altogether?

- Heard lots of Challenges in navigating getting to treatment services – "if I don't say I'm suicidal, I'm not going to get in"
- Make hours better: Clinics open weekends and after 6 pm.
- Consistency with advertising services is really important, and getting it often through many more channels is so important to build familiarity with community
- Focus on just giving out just access line number – simplicity and don't have to navigate email or website – and also making sure a person is always on the other side of the line rather than a robot
- Have a number for the youth to call if parents can't take them to appointments for transportation
- Provide mobile treatment cars -- really important to go to families and serve in-home and where they are.
  - Maybe if we have a mobile clinic in Carpinteria one day a week
  - SM, Lompoc and SB – need some in SY area and Carp

- How can we make treatment more compassionate, effective, and timely?
  - Access Line: Make sure to streamline the call and the process to make less barriers; find a way to gather feedback on call quality and briefing folks on what to expect from access line call

**2. How Can We Better Support You and Your Family During Treatment?**

- What kind of help or guidance would make the treatment process easier for you and families?
  - Since it is on youth, it is on the parents to take them to services, and there is a lot of stigma often in Hispanic families/parents surrounding mental health, meaning they are less likely to take children to access services for this
  - Might be easier to admit to substance use problem than a SMI problem because using is more common
  - Routine check-ups with the whole family
  - Treating the child and then conference with parents about how the youth or child might feel post treatment; techniques to connect with youth
- Are there enough support systems in place?
  - PTA, School Council, Church Group meetings, (more presentations other than back to school nights) to educate parents on mental health and reduce stigma

**3. Who Should Be Involved in Supporting People Through Treatment?**

- Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?
  - Distribute information along culturally relevant media outlets; do it regularly/consistently across channels – Spanish language radio – radio roco
  - Partner with Schools: We [students/youth] don't know about resources, we would love to have tabling in schools and know about specific clinics, services and service locations

**4. How Can We Help People Grow Stronger and Healthier?**

- How can we make sure individuals feel connected, respected, and supported?
  - Instagram page and promote this more AT EVENT – always promote it and plug Instagram, job fairs, schools, any community event
  - Something Youth Led through BWell, have a student from each region promote the Instagram page to grow engagement and following – Bwell Ambassadors

**5. What Could We Have Done Better Overall?**

- What do you think we should improve?
  - What do you do if someone isn't satisfied with your services?
  - We can do a better job of finding WHY people stop coming to services and HOW we can fix this
  - Making services more accessible where its needed, like in SB on West and East side

**Final Thoughts**

- How can we stay connected with you and your community to keep improving services?
  - Promote services using youth – Bwell Youth Ambassadors – come to schools because that is where youth will listen. I know a lot of people at my school who are experiencing this, but they don't know what to do
  - Spreading the word via Instagram and TikTok
  - I know there are some housing complexes that are welcoming to share resources within the housing center or community center; doing canvassing through Promotores program in weekends and evenings; be where people are
  - Canvas the parks

**Justice Alliance Action Team Meeting**

**9.24.25**

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| **Description** | **Immersive BHSA Listening Event in Justice Alliance Action Team Meeting** |
| **Official BHSA Category** | **5. Public safety partners, including county juvenile justice agencies** |
| **# of Attendees** | **39** |

**1. How Can We Improve Treatment Services?**

- **What's working and what's not in our current treatment services?**
  - Are there any services, that you have trouble accessing or are missing altogether?
  - Arrest rates are much higher with juveniles than adults
- **How can we make treatment more compassionate, effective, and timely?**

- I think about the stigma that these justice-involved folks have to experience in our community; something we can do to break this stigma, with justice-involved youth as well, when they are seeking employment, etc. This has to do a lot with their treatment goals, and exceeding in life is a lot harder, if you have co-occurring stigma SMI/SUD/Justice-involvement, life is hard, but if you have a caring educated community we can move forward easier *especially youth

**2. How Can We Better Support You and Your Family During Treatment?**

- **What kind of help or guidance would make the treatment process easier for you and families?**
  - Need to enhance prosocial goals of folks coming out of the jails and into the community
  - Thinking about early intervention and vulnerable populations – lets be proactive instead of being reactive
- **Are there enough support systems in place? Are there enough housing supports in place?**
  - Would be nice to have more step-down housing opportunities, also more opportunities for step down housing in north County of Santa Barbara
  - One of our clients is definitely connected to north county as well as southern slo county, so often housing opportunities will be in Santa Barbara (more opportunities as well) and we need more in north county
  - For those who have been chronically homeless, those transitional housing opportunities and intermediary steps are very important to them eventually accepting more permanent housing interventions
  - Have had some very positive results having folks with lived experience working with justice involved populations during treatment – coming in and speaking regarding treatment; some are even involved with homeless outreach team – we wish we could continue with LEAD

**3. Who Should Be Involved in Supporting People Through Treatment?**

- **What community partners or organizations play a role in supporting a member's recovery?**
  - What we have been learning through the stipulated judgment from DHCS, we have been learning that high arrest rates is a global issue and that the entire county and relevant agencies need to be involved – in the last three years we have been seeing a move towards more collaboration across the board and awareness
- **Are there groups we should be collaborating with more (like schools, churches, or housing agencies)?**
  - So much better to have behavioral health units
  - WellPath has been collaborating with Homeless Outreach team and coordinating discharge; need BHU In the north
  - Wellpath uses therapy dogs for sessions with justice-involved folks and they seem to really respond to the dogs
  - Partner w/ Wellpath

**4. How Can We Help People Grow Stronger and Healthier?**

- **How can we make sure individuals feel connected, respected, and supported?**

- Wellpath: We have had some great success being able to have our sobering centers in north and south counties be a bridge to transitional homes, sober living homes, and in some cases people being able to stay for over 72 hours at a sobering center
    - We were able to secure four beds with Path, which was very helpful for us, but unfortunately path is closing soon
- **What ideas do you have for making services more empowering or culturally responsive?**
    - I have also found that there is often a mislabeling, the label was conduct disorder, and I found that there isn't a trauma factor exploration for youth, especially young men of color, must consider trauma history during treatment – must change this

**Additional Info:**

- More a comment, we reviewed this data with probation officer – these are just arrest rates, not necessarily taken to jail or bookings – but still a concern that we are much higher than the state average
- Incarceration rates are available in the same format as the arrest rate – if we could be pointed towards this resource that would be ideal
- With our homelessness services team, making sure we know who is currently homeless and entered into CoC, and are document ready, and are on priority list when housing becomes available

**CUSD Access Line Training**

**9.24.25**

| | |
|---|---|
| **Description** | **Access Line Training** |
| **Official BHSA Category** | **6. Local education agencies** |
| **# of Attendees** | **13 attendees (staff) from Carpinteria Unified School District** |

- Need more transportation option for appointments
- Need for in-home services for youth

**NAMI Parents of Adult Children with SMI/SUD 1-1 Public Comment Masterdoc**

**Sept – Oct 2025**

NOTE: Included notes from 6 sessions on Oct 1,8,15 & Sept 11, 24 (2)

**BHSA Comments:**

- Lack of specific/specialized services for those with schizophrenia within clinical and housing settings

- EX: professional psychologist on staff who can help someone with paranoid schizophrenic understand what's happening; a caseworker who is also a social worker
- Keep asking folks with schizophrenia, and their families, "what they need"
- For clients, have 1:1 engagement in a neutral place that is encouraging, when meeting with case worker, social worker, etc
- Challenging for families to navigate the system – create navigation support so folks know what services are available***(co-occurring endorsed)
- Doctors, caseworkers, housing sites need to be meeting with parents regarding the needs of their child and what is going on/explaining what to expect during treatment process; keep families in the loop***
- Creating a strong transition plan regarding meds/what the expect with both parents, client and other doctors when transitioning between different levels of care. Fill these gaps.***
- Step down, TAY-Adult
- Creating a warm environment for parents/create support groups for parents and follow-up after appts – establishing human connections**(co-occurring endorsed)
- Create opportunities for partial or unconventional employment for folks with SMI/schizophrenia; skill building and independent living skills are key**
- These folks need a purpose – job, club, support group, etc.
- Have 1;1 supports for those new/transitioning into housing units – Good Sam and Dignity doing a great job
- More supportive housing units/board and cares
- Consistent follow ups from caseworkers with clients are successful
- Person picking up access line should be calm and helpful**

**Noah's Anchorage/YMCA BHSA Listening Session**

**10.22.25**

| **Description** | **Listening Session** |
|---|---|
| **Official BHSA Category** | **25 Representatives from youth from historically marginalized communities** |
| **# of Attendees** | **15 Attendees – 2 BHSA Team, 13 Noah's Anchorage** |

- **How can we improve treatment services?**
  - Penetration rate – entering our system of care
  - What is preventing engagement/youth from entering system of care:

- Sometimes when youth are calling trying to get services, not always answering questions the way they need to be answered, so then they're denied from receiving services – "almost need to be suicidal in that moment to be approved for services"
- Have been seeing this at Noah's anchorage, - making it easier to use the phone and make sure they are met with a person immediately after pick up
- We also see a lot of youth struggling to advocate for themselves and don't realize that they need that type of support – youth need to learn how to recognize they need supportive services
- For the crisis line, in all honesty, have been using the SAFTY line and this will be a shift going forward – I would sy for mental health services going forward, youth need help advocating and during the connecting them to services piece, providers are pretty in the dark about getting appointment times/etc for (is there a way to get on a release earlier to get clients connected) or have a navigator
- Across the board just seeing challenges in engaging youth – seeing shifts in interpersonal relationship building – harder to get youth in the door to work with them and substantial increase in social anxiety – harder to engage with staff and also their peers

- **How can we better support youth and families during treatment?**
  - Collaboration with providers and the support systems that youth and families have created already - also updating them and ensuring that they aren't left in the dark during treatment steps
  - Consistency with outreach and checking in with clients, even if you aren't getting a response so they know they have support if they need it
  - Support via text
  - General, individualized education around substances and use of, to both families and youth – to decrease stigma and create understanding
- **How can we connect with and support families who are underhoused?**
  - One of the most important things is to educate the workers at schools of services, because often when teachers and clinicians and counselors at schools don't know what services we can provide
  - A lot of the families that we work with are agricultural worker families and pending legal status so that makes them more hesitant and fearful to access services – more outreach to community to show they won't have negative repercussions
  - Mostly word of mouth, that is how information spreads and making sure to let community know that services are free and advertise this.
- **Who Should Be Involved in supporting youth through treatment?**
  - Kids need something to do after school and that can often lead to trouble – make sure that we can provide different activities and events that keep children and youth in a safe and productive place/environment where people could also access service s well
  - One thing we have done, give their information as part of discharge paperwork – hoping to reduce reentry ; pairing this with pushing education with local law enforcement – instead working to connect youth with Noah's Anchorage or Navigation Center

- Knowing that frontline staff, case managers working with youth, should know the resources in the community and be able to do warm handoffs and provide proper resources – is there a way for us to create a better system of training, and better do warm handoffs and refer people to services/know all the services there are to offer
- Would love to see different numbers from south county and north county – but north and south are so different – different makeup, factors, etc

**BHSA Steering Committee Meeting**

**Meeting Minutes**

**11.6.25**

**Attendees: 16**

| Time | Topic | Notes |
|---|---|---|
| 10-10:05AM | Welcome | • FayAnn welcomed attendees to the meeting. |
| 10:05AM-10:25AM | Integrated Program Planning (IPP) Process | • FayAnn reviewed an executive summary on the Integrated program planning process –<br>o Conducted February through October 2025<br>o 70+ individual engagement sessions with behavioral health providers, community-based organizations, and individuals with lived experience<br>o 400+ participants<br>o 29 diverse stakeholder groups have provided input and insights regarding behavioral health programming in Santa Barbara County of Santa Barbara<br>• FayAnn then reviewed how the summary the community input from key themes that align with statewide behavioral health goals. Key themes pulled include:<br>o Access to Care: System Navigation and System Coordination Confusion<br>o Homelessness: Unhoused Populations and Housing Stabilization Needs Increase<br>o Suicide and Overdose: Overdose Prevention and Response Training Needed<br>o Workforce Capacity: Prioritize Collaboration and Prevention Efforts |
| 10:25AM – 10:45AM | Update on Community Workshops | • Nakisa highlighted that the three BHSA in-person community workshops are now compete!:<br>o Work Experience as Part of Recovery |

| | | |
|---|---|---|
| | | ○ Youth System of Care<br>○ Specific Housing Interventions<br>• She also announced the upcoming virtual BHSA workshop on December 2nd from 5:30-7:30PM, and encouraged attendance |
| 10:45AM – 11:15AM | Opioid Review Data | • Elise reviewed the Opioid Data from DHCS:<br>○ Santa Barbara County is above the statewide rate on All Drug-Related Overdose Deaths (rate per 100,000)<br>○ Santa Barbara County is above the statewide rate for All Drug-Related Overdose ED Visits (Rate per 100,00)<br>• Elise highlighted information from BWell's Research and Evaluation team regarding the data:<br>• Includes all overdose deaths regardless of intent (AKA we don't know whether the overdose was intentional or suicide-related)<br>• Data on overdoses exclude deaths due to alcohol and tobacco (so its only showing overdoses of illicit drugs)<br>• Comment: I assume this is inclusive of all ages? Do we have a breakdown by age?<br>○ Yes its inclusive of all ages. When we break down by age group, 40-44yos have the highest rate among overdose deaths in our county (95.2 per 100k). Followed by 35-39yo (77 per 100k) and 65-69yo (65.3 per 100k)<br>• FYI, SBCEO trained our team of community health workers/promotores on opioid overdose prevention and reversal and now the CHW/Ps are training youth and adult community members across the county and providing Naloxone to adults who are trained. Within 1 week of the CHW/P training, one CHW/P administered Naloxone and saved a life. |
| 11:15AM – 11:35AM | Changes to Full-Service Partnerships (FSP) on Presumed Eligibility | • Nakisa reviewed changes to FSP on presumed eligibility, due to a revision of the AB 348 FSP policy:<br>○ Notably – A county is not required to enroll an individual who meets the presumptive eligibility criteria if doing so would conflict with contractual Medi-Cal obligations or court orders, or exceed full-service partnership capacity or funding |
| 12:00PM | Adjourn | • I am a member of other support groups and I'm not sure if they get the announcements of these events. When I go to these groups I hear frustration with BWell's support of their family situations. How can I best connect them with you?<br>○ We can get their names and personally connected to you. We will have a virtual event that they can attend, let's connect outside of this. |

**Opioid Coalition Community Listening Session Public Comments**

**12.3.25**

| **Description** | **Listening session with Opioid Coalition** |
|---|---|
| **Official BHSA Category** | **4. Mental health and substance use disorder treatment providers** |
| **# of Attendees** | **37** |

- Are you having to address fewer patients compared to before?
    - Not the intention but we will use medi-cal reimbursement to serve our communities
    - Looking at penetration rates, serve more people with more bhsa $
- With substance use, are you doing what other people have been doing before?
    - We will collaborate with the SUD continuum of care to work together on their efforts
- With people on fentanyl, they have a hard time getting same day. Will you put them on methadone?
- How do we put this into practice?
- Fentanyl- you have to be in active withdrawal, and sometimes this can take up to 48 hours after last use of fentanyl,
    - This isn't same day
- Methadone- you don't have to be in withdrawal
- Best individualized care, meet person's need
- Yes, this is theory, this is what we will do with BHSA
- July 1, 2027 – MAT in place
- Same day MAT access will only be offered to FSP populations?
    - Offered to anyone
    - Offering specifically through outreach team
- Open access clinics
- Not ignoring co-occurring, New components that our FSP teams are incorporating
- Something I see helpful, is when someone is placed on a psychiatric hold due to grave disability for SUD or co-occuring, asam assessment during psychiatric stay, in attempt to safety plan or another level of care, can help capture individuals. We cant expect them to be appropriate to engage when they aren't in a contained environment. Could this be done with this $? We see it working well in SLO.
    - Is this being done by county or hospital staff?
        - The crisis team has a mh practitioner, who does ASAM assessments on mobile crisis team. This person can be deployed

        - ♣ Person is out in 24 hours to hospital, into the field, respond to pre-crisis situations to mitigate the crisis
        - ♣ Apart of crisis continuum
- Getting trained to administer MAT treatment and see patients in other county clinics
- There is a gap if she has a patient in SM and moves throughout county, they get lost bc there aren't as many MAT options as possible in county clinics in south county and Lompoc; hard to have continuity of care in treatment – expand MAT capacity across regions
- Focus on provider training so patients can have continuity of care and treatment
- We see a lot within our unhoused population struggle with making appointments long term due to transportation to appointments bc there isn't something stable in place for them
- Is there coordination with the justice system within bwell?
    - Yes
- Assertive field-based interventions
- Are there people in the hospital to connect these people to further treatment?
- (At dignity health)
    - Available resources and time of day
    - Substance use navigator, SUD social worker, get linked and connected to post-acute treatment services
    - If resources aren't available and they have CenCal, we refer to sobering center to be a hub to be connected further
    - ER physicians offer people to be referred to sobering center
    - We have Narcan program and can administer Narcan
    - Reports they run on individuals with certain diagnostic criteria with those who have SUD
- Cottage
    - Similar set up as marian, SU navigators at ER, bridge clinic and south county sobering center
- Lompoc
    - Sobering center still is being built
- Please don't get rid of this program, it is so successful
- Incredible resource: Homeless Outreach Team, James is primary contact
    - See people getting highly engaged in care due to how engaging they are
    - HOT is so important to this process
- Don't see the same with mobile crisis team
- Not in place in west or south county. Data sharing is in place at Marian, but not happening at other hospital Eds
    - Suggested to consider this
- The other data we look at now is American Medical Response (AMR)
- All data = (coroner, state, AMR data) overdoses and ED visits
- Are overdose deaths include deaths that don't have ED visit? In terms of PEI, looks at a lot more than just folks who visit ED

    - That is correct
- Are females impacting death rate? F-115 m-175
    - Deaths – 20 for females, 48-males
- Does the AMR data include ODs that refuse transport to the hospitals?
    - Yes
- Do we offer in the ER, each patient who ODs a connect to the program? – No
- If not, can we?
    - BWell and ER are different, we have to ask stakeholders about this collaboration
- What's the best way to ensure people don't fall through the cracks?
    - Hand out small cards with info
    - If there is an incidence of ODs, death probably increases, can we intervene, provide with info, whole MOU with ERs
    - Provide materials to west and south county
- In SM they do that already
- FUA, FUM, Process Improvement
    - Access cards they distribute
    - Challenging for large ED to educate large groups of people on access line
    - Thinks Marian has done a good job at filling holes that exist
        - Care coordinators respond like mobile crisis team
        - Not ever ED is a cris event (gap)
        - Care coordinator good at coming to person when they want help
- yes, sobering centers for post overdose ER visits
- How do we lower overdoses and increase folks going to ER if they are experiencing an overdose.
- And also provide info to emergency responders
- HOT respond in Eds when someone is admitted
    - Missing connection due to unhoused person not having phone
- More to do with our mobile crisis team
- Rapid Access to MAT:
    - Same day MAT- partnerships across the county for same day

# Santa Barbara County BHSA Community Workshops

## Work Experience as Part of Recovery

## Tuesday, October 7th | 3:00 – 5:00 PM | Santa Barbara Public Library

- **Youth System of Care**
  **Monday, November 3rd | 3:00 – 5:00 PM | Lompoc Public Library**

- **Housing Interventions**
  **Tuesday, November 18th | 3:00 – 5:00 PM | Santa Maria Public Library**

- **Virtual Workshop (All Three Topics)**
  **Tuesday, December 2nd | 5:30 – 7:30 PM | Zoom**

**BHSA Community Workshop: Work Experience as Part of Recovery**

**Public Comment**

**10.7.25**

* - One Endorsement from Community Member

### 1. Workplace Stigma

#### 1A. What kinds of training, education, or resources would help employers and coworkers create healthier work environments and reduce mental health stigma?

**Poster Walk Comments:**

- Have WRAP available*
- Childcare**
- Education on safety
- By adding a fun ice breaker that gives a chance to get out of your comfort zone; build you up, add childcare programs, therapy dog days, add mental health days*
- Mental Health 101 or Menta Health first aid training*
- More work hours
- Someone on site to turn to if needed*
- Paid training hours for interviewing for mental health
- Paper applications and in-person interviews*
- Communication trainings; being reminded to check in on each other; recognizing the need for mental health days****
- Find other programs doing this successfully and implement their ideas; ask those w/SMI what language they'd like to hear that holds less stigma*

- Allow folks to have an open platform to talk about any struggles that they might be having – education is key! *
- Being kind and being gentle**
- Invite MH professor to staff development days for group activity ***
- Peer available******
- Teaching active listening and mindfulness***
- Paid trainings directly through employer, doing work hours*
- Mental health takes training, more flexible hours needed*
- More education om credit cards/financial info
- Stop stressing employers out by bullying and be more positive; employers need to be more of a listener too and stop pressuring employers to do better faster. Need to understand them more*
- By having more suggestions/ideas of how to approach a loved one with a mental health disorder
- Mental health resources: EAP sessions, local resources
- Training! (peer support specialist)
- Business owners who have integrity and courage. They put employees and family first. Teaching business owners to have clear goals and the tools to realize them with integrity.
- Resources provided today is a good start that ca be build upon as a base for future needs and experiences

**Group Findings:**

- Having different types of trainings: mental health, first aid, trainings for employers to communicate with employees experiencing mental health symptoms
- Regular check ins with employees – making a safe space by employers for employees
- Staff development activities in person with resources available – on paid time with therapy dogs etc

**1B. What are ways you have seen in workplace or volunteer settings that actively support mental health?**

**Poster Walk Comments:**

- Mental health days***
- Staff support groups led by contractors
- Information boards, etc
- Child care when getting training/education*
- By actually caring for a person or individual. listening. understanding them.
- Fellowship club at the mental wellness center*****
- Let people go for a walk when needed*
- Support groups

- Giving mental health days
- Checking in on how people are doing
- Giving praise and showing appreciation*
- Need advocate that molds to client and meets them where they are at. Should call provider and advocate for client**
- Less workplace stigma
- Small groups to debrief/group sessions*
- The fireweed collective
- Checking in with one another weekly****
- Patience and soft spoken instruction*
- Groups for people with drug problems and alcohol
- Job sites that offer clear/concrete expectations and give the direction and support for employees to meet those expectations – consistency not duplicity
- When the supervisor models a human centered approach to an employee that may need a MH day. Human centered leadership model focuses on extending grace, assuming good intentions and creating a safe space to share without being judged****
- Active listening and continuing and understanding that people may struggle with their mental health offer support by: flexible schedules, accommodations, MH days, wellness services*
- Make sure those who speak up about self health problems or others feel safe
- Workplace subcommittees to support staff wellness
- Present in-person with leadership available and present
- Zoom trainings or meetings monthly, ask questions

**Group Findings:**

- offering metal health days
- offering moments in the workday for self-care and encouraging this – taking a walk, checking in and seeing how people are doing
- having peers with lived experience in the workplace
- having an advocate in the workplace for employees
- Shoutout to fellowship club

## 2. Partnerships in Workforce

### 2A. How can organizations, schools and community groups prepare people/ be strong partners for meaningful work or volunteer opportunities?

**Poster Walk Comments:**

- Pair with retirees**
- By mentoring them early in schools/use incentives****

- School volunteer hours*
- Work permits
- Empower U Communify – help justice-involved teens get ready for workforce *
- Paid internships ****
- In-person job fairs/volunteer during school hours**
- Education with folks that can talk openly about work/volunteer experience
- Get together with people who have the experience of mental health
- Findings orgs that will offer work/volunteer opportunities to make it easy for students to take advantage of them. Reducing barriers. ****
- Offer as many learning opportunities as possible! Learn about the community you exist in and what might best support them.
- Present benefits to individuals/families
- Partners in education
- Continue to offer paid work experience with local businesses and industry. Have young people learn the value of their work and the effort it takes to realize their value

**Group Findings:**

- Get a buy in from students or adult that needs some type of resource: ex, some students have to get 60 hours of volunteering – need to make internships paid
- Make this more accessible and offer incentives: used to be able to take classes about resumes, cover letters writing, and go college credit for that!

**2B. How can schools better prepare young people for meaningful work or volunteer experiences that support both skill-building and mental health?**

**Poster Walk Comments:**

- Expose them to real cases. Involve them in decision making – like what you are doing today*
- Balance check book, cook, sew
- Increasing the staff
- Talking about mental health at school. Normalizing the conversation. Education on the impact volunteer work has on our self-esteem and future.
- Be more intentional with education. There is more to life than academics and developing emotionally is so important. Mental health should always be talked about**
- Boys-In-Girls club – go to schools and create groups *
- Add mental health to curriculum********
- Classes related to life skills critical thinking and resume building experience *****
- Create a day event when you can practice work and volunteer experience like a leadership conference that include: resume building, interview mock trials, cover letter writing, making list of the skills and be able to explain it
- Educate on options/different types of volunteer opportunities

- In-person open conversation and time to talk about opportunities
- For meaningful work, make part-time job just as important for college entrance as volunteer programs
- Teach awareness about bullying and co-dependency how to create self esteem
- Use peer to peer model – students learn better from other student their age*
- Offer peer specialist training***
- Create curriculum specific to mental health***
- By supplying the subjects in school like trades
- Discourage drug use – track alternatives to drugs – have people who have received
- Discuss drug free clubs of America
- Makes these topics part of the learning environment have the young folks volunteer in mental health system
- Offer classes based on traditional/nuclear family – review traditional roles
- Home economics
- Shop Class
- Develop strong mental markers that are healthy and move boys into "responsible manhood"

**Group Findings:**

- Start mental health education as young as possible to reduce stigma
- Classes relatable to life skills and critical thinking
- Stand up against bullying
- Creating events – leadership conferences with resume building and leadership experience

## 3. Access & Communication

### 3A. What is the best way to share information about Medi-Cal enrollment or work experience programs?

**Poster Walk Comments:**

- Reach employers for hosting workshops
- Work with primary care providers
- Pasa along cards and pamphlets – have been in my experience great results of word of mouth
- Teach/educate @ grade school levels *
- Parenting class to educate parents about program availability *****
- Open enrollment times

- Internet and news outlets especially – it'll reach a broad audience. Advertise in schools, hospitals, and the news gets it out much faster. Maybe a Medi-Cal commercial****
- Go out into the community and offer outreach and engagement. Pizza is great. ***
- Events like this one, in-person*****
- Open houses at agencies "free day"
- QR code, Texting, social media
- Partner with the Network of Family Resource Centers**
- Build trust with them and their families by: inviting family as a whole group to the family, take them on field trips to the clinic, offer child care, offer grocery gift cards**
- Lists
- Beach*
- Advertise on the weekend
- Advertise in grocery stores, TV on Sundays as a commercial, radio
- Table more at community events/neighborhood events*
- Outreach. Educate. Hold community meetings. Post sponsored ads on social media. Air commercials on local TV stations*****
- The internet
- Have navigator work 1-1 with people to help them overcome obstacles (income, homelessness)
- Text the information to new parents as part of the nurse visitation program, welcome every baby
- Have Enhanced Care Management run through Peer Wellness Centers – use ECM to enroll program participants **

**Group Findings:**

- Media: television, church or community places, advertisements at grocery stores

**3B. How can we reach people who may be hesitant to access services in traditional settings?**

**Poster Walk Comments:**

- Begin listening to what's on their mind, the rest will come on where to guide
- Identify where people congregate: schools, church, barber shops, hair salons
- Meet them where they feel safe – go to their home, invite their families to join, have lunch or a coffee with them**********
- Create programs that are not traditional
- Offer pizza!
- Put ads in public – talk about all activities in all the centers
- By having people who have already used the services like word-of-mouth advocate for themselves with facts, it will work ***
- Advertisement of event w/posters*
- Meeting community members after traditional hours

- Develop trust, this takes time and patience. Get to know the person before rushing to get them into services. Meet them where they're at!**
- Get involved in the community! – community is a verb and actively being in community with each other creates comfortability accessing services*
- Ask less intrusive questions
- Go to pastors at churches and talk with them. See what peoples needs are and the outcomes/what they want*
- Offer services in non-traditional settings**
- Continuous physical/individuals outreach "in" the community
- Provide various materials in different languages also info to be culturally appropriate
- Over the phone
- Use motivational interviewing
- Invite for a no-hassle meeting
- Set-up an info session for community members to learn more
- Find out why: educate them, include as elective for all students and required for selected programs/majors

**Group Findings:**

- Meeting people where they are at, where they feel the safest – meeting people in community, home or church
- Need providers to be linguistically, culturally competent with personal experience providing services
- How are these services given – must be patient, aware of vulnerability
- When we go to communities, folks usually already know what they need and be mindful of that and ready for that
- Need to have basic needs resources readily available

## 4. Volunteering & Non-Traditional Workplaces

### 4A. How can volunteer roles be designed to better support mental health and wellbeing?

**Poster Walk Comments:**

- Volunteers who have successfully overcome mental health/substance use problems
- Have flexibility and coordination between volunteer/work and volunteer supports*
- Remain open-minded and gentle***
- Allow volunteers scheduling flexibility – everyone needs money to survive and volunteering is more accessible when people's jobs aren't affected ****
- Mental health is a big need. More support in intervention needs, listen, talk, help, we need more offices in own community to support those in need*

- Have more peer advocate roles. Have more advocate roles in general, such as at the hospital**
- Be a good listener understand the needs. No pressure. Just meet people where they're at more*
- Soft spoken job training, no answer can be wrong "May I correct you"**
- Invite those who have a desire to be in the field and/or loved ones whose loved ones are dealing with mental health, to give space for better understanding one another**
- Make sure the volunteers are training to help those that need MH care*
- Allowing folks to open up about their lived experience and to find volunteer roles that highlight the strengths of each individual *****
- Support by listening to client needs in workshops, more mental health facilities. One on ones
- Taking time to match peoples gifts to organizations they can share them with**
- for non-peer volunteers, ask those who would be on receiving end of supports, tailor volunteer training accordingly*
- It shows you are caring/committed to being there for the person by showing up and being a friend. No judgement!
- They need to have interest, a basic education, and feel safe

**Group Findings:**

- How do we onboard people for trainings that are aware of special mental health needs
- Make sure volunteer or work opportunities aren't punitive – need to be flexible with ample support for
- Navigation support via peers
- Provide support by listening to and identifying people's needs with work experience and molding to those needs

### 4B. Beyond traditional workplaces, how else can people with behavioral health conditions gain meaningful experience and skills?

**Poster Walk Comments:**

- Workshops/Training workshops, learn how to listen and talk to those in need****
- Group meetings/seminars
- Work training center
- Workshops from home – participate @ own pace
- Start discussing early in schools**
- Paid internships******
- Educate on role of drugs/etc in work problems
- Hands-on work experience
- Peer-Peer model & peer support specialist/training/support******

- Field-trips to things they are interested in*
- Volunteer organizations or nonprofits who like to have volunteer help – schools, group homes, retirement communities, animal shelters
- Volunteer work*
- Opportunities for peer specialists and people w/behavioral experiences to have a voice at the Executive table*
- Stronger support, respect and inclusion from upper management and clinicians
- Become independent contractors and have help building and marketing their business*
- Community events**
- Public-private collaboration to figure out what type of help is needed
- Go to school
- Education
- Work with a job coach*
- Mostly no stipulations and scrutiny. Stop pressuring people to do better faster. Let people learn at their own pace a little. *
- Self-paced modules paired with community activities. Think "college"
- In environments where it is possible to be open about their condition where they can get their needs met. Online? Outside? In places where they are able to connect around meaning/a cause.
- Drug and Alcohol are helpful to me as an alcoholic and "druggy". Thank you!
- At school, healthcare providers, community centers, workshops, integrate to shows, movies, etc, use of celebrities
- Learning from others

**Small Group Findings:**

- Community-based events
- Paid internships for peers/peer to peer support
- After-hours volunteering and programs, weekends, evenings
- Learning from others and building a community that understands BH conditions and meet consistently
- Takes a village (CBO partners)

**Action Planning:**

- La Casa de La Raza has radio station that they/we are currently not using – could be a great way to connect with people having experiences that can connect with people, music, a quiet space; having a way to get involved with community – great place for partnership and looking for volunteers (way for people to build skills and support recovery)
- IN the workplace if we can have someone we knew that was our person or a group of people to approach and check in (I'm having a hard time, I have to work half day, etc)

    - An advocate or point person in the workplace for mental health/check-ins
- As a grandmother, see the inconsistencies in our systems and education systems – see that the issues in our children – we have to work together to create peace and harmony in our community
- Peer at MWC – this is the greatest implement that they have put into their org – we get paid to learn and serve others, but also paid to take care of ourselves; learn about myself so I can better support someone else. Amazing internship opportunity
- Peer at MWC six gen born and raised in SB, working in high schools as counselors – don't give up on the loud kids and the quiet kids – have been able to turn this around and relieve judgement. Representing students is incredibly important.
- "its great to be here" don't know about role model employers, but we should be writing about and publicizing the benefits of providing mental health supports within the workplace, its often better for the company (training employers and advocates in the workplace)
- Really listen to the person you are working with, listen to their stories and give them the referrals and resources they need – help for utility assistance; have to makre sure we encourage folks so we can get them the supports and referrals resources they need. The number one thing that we have to do, "its an ugly world but it can be beautiful out there"
- More research and these issues are happening because we have a lack of human connection – we are becoming more individuals. We need a consistent system that people can access regardless of politics/administration – like if you are hungry – you always go to grocery store and you know food is there. We need this for mental health resources.
- Policies around sick days in US are insane. We need to advocate for more sick days unlimited sick days. Also should be mandatory that employers list benefits/sick days when applying for job, just as they are required to list amount you are paid.
- Meetings like these is what makes our system work – you all are the background and basis for this system and we have to work together every day with our lived experiences. WE are all here to work to improve this system and in the time, we have improved the system and it's a daily work. Come to the mental health commission meetings!

**Event Feedback:**

- I want to thank all who are representing these agencies. Thank you so much!!
- CenCal prog are great providers!

**BHSA Community Workshop: Youth System of Care**

**Public Comment**

**11.3.25**

* - One Endorsement from Community Member

## 1. Access, Navigation and Care Experience

### 1A. What would make accessing behavioral health services feel easier or less complicated for youth and families?

### Poster Walk Comments:

- More language options when calling for our families; primary language available
- Small offices in more remote locations
- Have culturally competent services to support families and youth
- Have easier access of services
- More locations; more offices***
- Having to meet very strict criteria to receive services from programs. Sometimes that criteria can be daunting to youth because they don't know if they qualify*
- Accessibility in school/school-based options; Have BWell/CenCal on site at schools*********
- Flexibility on time when services are provided: Weekends; after-hours, afternoon services****
- Transportation assistance
- Home visits*
- Linkage/Navigation Support
- More in-person treatment options**
- More 1-1 conversation with peers to increase focus*
- Have services available where people work, live, go to school, etc
- Have posters of information where individual is/environment such as gym, schools, parks etc
- More peer support for youth to feel welcome*
- Wellness centers for the youth***
- One central number to call an get all the info/options available
- Hosting community events for families on a regular basis
- Incorporate food and community education on resources
- Make communication easier, than – what is presented in today's communication. Youth driven
- Let them know where they can actually access services, because not many people know where to find help or feel safe to get help.

**Spanish Comments (Translated):**

• Improve the communication and improve the workers towards young people and families.
• Provide better public service and reduce obstacles when trying to contact, making a call ****
• More bilingual programs
• More trainings for program staff *
• Hold conferences at schools with information prompting action or feedback to make resources more accessible for youth. Capture their attention and incorporate AI.
• In my opinion, something that is easier is to promote more information through posters, videos, etc.
• To make behavioral health services more accessible, improve cultural competence by learning about each person's background without judgment.
• Increase contact points for services, assist in navigating the system, and communicate in languages they are comfortable with
• Build trust and ensure confidentiality**
• Have more public information
• Cultural competence and provide more accessible access to services even without medical coverage.
• Transportation

**Small Group Findings:**

- Top answer was locations and having easier, accessible locations
- Having smaller satellite offices in different areas of the county, or in the smaller cities where it is more difficult to get into town
- Offices are out of the way where people actually live
- Reliable transportation; ventura transit is hard to schedule or unreliable
- Having the clinics have flexible hours, afternoon, evening, or weekend hours or services
- Having sites where people have more services available, like schools, or community centers where youth are spending their time
- Both youth and family peers to help communicate the process, set expectations, so people can understand wat services are available, what to expect with transitions
- Peer support is crucial
- **Summary:** Location is significant in terms of accessing services, being in places people can get to, transportation intersects heavily, using peers outside of just mental health navigation but also in broader service access. Also: extended hours!

**1B. What would make behavioral health services feel safer, more welcoming, or inviting for youth and families?**

**Poster Walk Comments:**

- Less stigma/more open; educate to reduce stigma***
- More staff trained in effective, youth driven communication*
- Transportation*
- Flexible hours **
- Home visits

- Navigation support to access services on school campus; giving context and explaining*
- Care coordination services
- Awareness campaign
- Education on physical and mental health
- More youth and family providers and peers at clinics*
- Cultural competence
- Staff who speak the language; Spanish, Mixtec, ASL**
- Signage, art, media portraying multicultural youth and families ****
- Friendly staff and welcoming offices meeting their needs*
- More locations for service
- Empower youth to advocate for themselves
- Opportunities for in-person warm handoffs with schools (w/school stuff such as counselors, teacher, admin, etc) or community org (Boys & Girls club, Girls Inc, churches)
- Services available easily at schools, in community centers, etc *
- Explain to parents what is gong on with their kid without worrying them, or so they understand their kids situation -- Some youth worry about their parents to find out about their mental health, due to no knowledge of the topic in their household. *
- More outreach of providers participating in community activities, farmers markets, parades, fairs etc
- Get churches and other institutions involved in helping de-stigmatizing
- Promote LGBTQ+ safety
- More trainings in AAPI culture and religions for staff awareness**

**Spanish Comments (Translated)**

• More inclusion in all areas, such as language, etc.
• More information for youth*
• When visiting the doctor, they should allocate more time for questions because a 5-minute exam often results in a quick visit and sometimes a half-hour wait for your appointment*
• Housing support services regardless of immigration status (for example, Section 8)****
• Improve the education system and give more support to schools.*
• More trustworthy staff (empathy with all people)**
• Use youth confidentiality to create safe spaces. If a young person chooses to share their story with another youth, it can be very helpful to others

## Small Group Findings:

- Transportation, accessible locations, flexible hours
- Friendly staff can make or break the first impression
- Promoting services in the community, having events, booths on how to access services, offer a safe space in their preferred language
- ASL availability, a lot of deaf people need services too

- Empowering youth to advocate for themselves
- More education on mental health
- **Summary:** Empowerment and advocacy, transportation, looking at ways of communication for people, including those deaf/hard of hearing, braille, bigger accessibility points, friendliness of staff to not feel shut down or shut out

## 2. Providing Services to Families

### 2A. What supports would help families who are "temporarily doubled up" (i.e., living with other relatives due to hardship??

### Poster Walk Comments:

- More transitional housing supports*
- More low-income housing*
- Affordable housing
- Increasing amount of housing supports and housing in the county
- Housing resources to provide info on alternate living arrangements, housing programs, etc; linkage, support to these****
- Financial supports
- Resources for food/groceries – pantry, bank, etc*****
- Lower rent
- Access to safe spaces for telehealth services
- Transportation issues
- Credit/budget help
- More ads - social media
- Workforce development (housing, mental health, etc)
- Offer quiet area in the office to access services
- Church – pastor/priest makes housing announcements at churches
- Provider services with confidentiality available (privacy from other housemates)
- Free "store' with access to bedding, furniture, toiletries, personal items
- Websites with housing areas or job opportunities

**Spanish Comments (Translated)**

• Reduce rental costs or increase part-time opportunities for students
• Ensure fair rents and improve wages***
• Provide food, monetary support, essential items, etc.
• It would be very helpful if they could find a space where families can have their own space (own apartment). Although it would cost more, these apartments could be offered for free for 1 or 2 months.
• Improve housing and food assistance to make paperwork less of a barrier
• Assist them in finding affordable housing*******
• Some types of support could include:

- Financial assistance
- Job training or professional development
- Basic resources—food, clothing, baby items, etc.

• Increase job opportunities (credit)

**English Small Group Findings:**

- Affordable housing options
- Having access to a safe space for doing telehealth, meetings, or just a community safe space to go to
- Having financial assistance for budgeting, credit, housing rights education
- Food support and basic needs, available options where people can go get what they need
- Navigation support
- Having somewhere where families can go to get access to services they need
- Figuring out a way to identify families who are doubled up early on and getting them support
- **Summary**: Thinking about things outside of just housing like food, having choice of what you can grab versus just receiving a bag. Navigation, someone you can access; people don't know how to access resources, someone they can go to where it's their job to help people navigate services, designated spaces where you know how to go get help, legal advocacy for tenant rights

**Spanish Small Group Findings:**

Same question for the Spanish table, responses translated from Spanish to English live by interpreter

- Stabilization of rent; families doubled up together
- Immigrant families have to live all in one house because they don't have job opportunities; if they have better job opportunities, they could live in their own place potentially
- Besides legal status, renting requirements, credit scores, are a barrier to being able to rent
- Families, moms, dads, and kids, need to think about pets as well; when you have a pets you get charged 500-600 just for having a pet, need to regulate costs, they are part of the family as well
- **Summary:** rents are too high, and when you have more than one family living together, they are discriminated against and charged even higher; help with pet deposits and barriers to rent (credit scores)

### 3. Providing Services to Justice-Involved Youth and their Families

### 3A. What types of job opportunities, skills training and supports would help youth overcome barriers to recovery?

**Poster Walk Comments:**

- Mentorships, paid internships, buddy program*******
- Resume writing and practice interview supports

- Auto/wood shop; different curriculums; workforce programs – help youth get certificates etc, trade school training***
- Apprenticeships with local businesses – ie barbers/stylists, restaurants, areas of interest of youth**
- More job opportunities that do manual labor, or job training that turns into careers – electrician, plumber, ranch/farm work
- Free sport opportunities
- Scholarships for youth; Goodwill workforce; free community college "Promise Act", mentor roles to help the youth succeed
- Hands on work experience where college is not required
- Communication and social skills – comfortability; skill training like teamwork or communication could help the youth and anyone in general****
- Jobs/community supports that support youth and their goals, and help them integrate into life without stigmatizing them *
- Opportunities to have job training and paid employment that gives them a sense of belonging and purpose
- Skills should be easy to learn for early success with opportunity to build skills for more advanced job opportunities in the future
- After school programs and proper teaching on why substance use is bad
- Offering activities to engage youth like volunteer opportunities or school events*
- Workshops to learn job skills
- Job fairs for employers to advertise part-time positions for teens*
- Access to trade schools that do not cost money*

**Spanish Comments (Translated)**

• Accept young people without papers, provide more information at career centers, etc.
• Opportunities to learn new skills (cooking, mechanics, etc.) with flexible schedules*
• Create jobs with flexible schedules*
• Starting from elementary school, provide guidance to youth for careers to increase work opportunities*
• Part-time jobs
• Training ( public speaking, empowerment, leadership) with financial support*******
• More information like this directly to young people, schools, etc.
• Ensure family and community support without judgment*
• Leadership training
• Motivation classes
• Financial aid*
• Expand job options
• Develop leadership groups

**Small Group Findings:**

- Partnerships with different agencies to foster things like paid internships, apprenticeships, low-cost trade schools
- Buddy/mentorship programs; pairing less experienced folks with experienced peers in the workforce
- Job skill classes: resume building, mock interviews, workplace communication skills
- Access to transportation: barrier to youth and cost of obtaining drivers license
- Work with agencies who take volunteers, where they take a percent into paid internship
- **Summary:** Different ways to focus on early career development, volunteering, including transportation

**4. Providing Culturally Appropriate Services**

**4A. What would behavioral health services look like if they truly reflected and respected the cultural backgrounds of youth and families?**

**Poster Walk Comments:**

- Having bilingual, multicultural staff
- Having services that are accessible – easy to receive at a variety of times*
- Providers asking families about their culture/identities and how this can be incorporated into services
- Services provided in appropriate language
- Services that make a stance against racism
- Everyone would speak the language and have knowledge and awareness of the culture*
- Honoring values/traditions*
- Flexibility in treatment approaches**
- Fast accessibility to transportation
- Communication from patient
- Feel comfortable to open up without worrying about judgements
- Quickly, easily accessible in language of preference
- Culturally focused treatment
- Bilingual/bicultural staff (including peers)
- Ensuring that all materials are translated fliers, posters, TV Ads, Website, etc*
- Peaceful and safe for all
- In youth/family language; honor cultural values, traditions, activities, include in treatment***
- Having staff walk families through paperwork and how to access services rather than having them "figure it out" **
- Hang cultural décor for all types of celebrations in offices, on display

**Spanish Comments (Translated)**

• They listen to you more attentively without passing judgment and gain a greater understanding of each culture.*

• That they share a similar upbringing, which enables them to comprehend more and provide

assistance to the affected individual

- They listen to you without criticizing your manner of being, speaking, or your traditions.*
- There should be more accessible and equitable English language teaching programs

**Small Group Findings:**

- Making sure paperwork is accessible to clients, able to be filled out with support and in their language
- Mixtec language barrier since it is not a written language
- Translating documents properly and appropriately when it comes to paperwork
- Making sure services are provided in language of preference when at all possible
- Integrating cultural traditions, values, and activities into treatment; can look different depending on identification and what folks want imbedded in their treatment
- Being curious and asking questions; just because someone identifies with a religion or culture doesn't mean they want it imbedded
- Transportation: making sure transportation is available and accessible for families
- **Summary:** Different actions around language, family traditions and values incorporation

**4B. How can we make services easier to access for families who face language barriers or find paperwork overwhelming? (i.e. bilingual staff, translation services)**

**Poster Walk Comments:**

- Having someone available to go through paperwork together****
- More bilingual staff or having access to translation services
- Services provided in people's preferred language/paperwork*
- Staff getting trained in culturally diverse training
- Collaborative approach with family and paperwork
- Culturally competent training
- Translated services are correctly translated
- Have interpreters available for clients (family)when they have appointments. Have the patient with them. There might be a lot of new documentation they have to understand.
- Being directly linked to services rather than being given referrals to then call
- Individuals available onsite to assist with paperwork in the individuals own language – technology onsite
- Flexible time of day to meet with families for services outside of business hours.
- Support with transportation to make services easier to access******
- Offering daycare/caregiving services for staff and patients/consumers*
- Provide services in the community where the youth already visits *
- co-location, satellite offices (carp, Guadalupe, SYV)

**Spanish Comments (Translated)**

- Translators or interpreters that actually speak the language
- Materials available in multiple languages
- Trained personnel, etc.*
- Provide interpretation services in the appropriate community language
- Training for interpreters to accurately translate information

**Small Group Findings:**

- Flexible times during the day where people can access services, so they can get paperwork signed, or get help or questions answered.
- More bilingual staff or access to translation service for filling out paperwork
- Being directly linked to service rather than being referred out to a call; the referral can hinder the process of getting the help itself
- Getting directly linked would help actually getting access to services
- **Summary:** Having physical people when it comes to linkage to services, interpretation services, flexible hours of access points

**Full Group Action Planning/Findings:**

- More funds for housing
- Letting people know about housing systems available to them through CenCal
- Making Transportation easier
- Be very clear with expectations so people can advocate for what they need
- Keeping in mind that we have areas in our communities that are rural – have this in the back of our mind during planning. A lot of people are not getting services or have to travel a large distance to get there, like in Guadalupe and New Cuyama.
- Help farmworkers get support and services
- Email and posters are the best ways to advertise coming back together in the Spring. What we are doing right now is working!

**BHSA Community Workshop: Housing Interventions**

**Public Comment**

**11.18.25**

* - One Endorsement from Community Member

**1. Housing Access and Navigation**

**1A. What strategies would make it easier for people to learn about and connect with housing navigation services provided by CenCal?**

**Poster Walk Comments:**

- Employ behavioral heath navigator (peers)
- Sending trained professionals and peers with lived experience to connect with populations*
- Put housing navigators in the shelter and wellness centers********
- To make the information more available – what agencies help with what services and have an easy way to learn the information and who to go to and where to go**
- Street outreach – meet people where they are
- Refer motivated people to services*
- Make a point to advocate services to clients and what services are available for what clients and when****
- More collaboration/community meetings, with interpreters in Spanish and Mixtec – outreach, flyers, getting the word out on social media; collaborate with local organizations**
- Train them how to use the computer services provided*
- It would be great for CenCal to better advertise that they can help with housing – housing advertisements online, on tv, in newspaper, send out info through the mail**
- Increase connection with community, like this meeting
- Outreach to those in need
- Referrals and linkage through primary care*
- Clearer illustrations for who is eligible to clear confusion on requirements

**Spanish Comments (Translated):**

- Ensure the people providing the information are well prepared
- Good customer service
- Build trust
- Provide security support*

**Small Group Findings:**

- Having a navigator on site where people live in shelters, other sites, etc.; having navigators out in the community who understand system and supports
- BWell team who goes out
- Someone to advocate for services for clients, doing outreach; someone willing to go in the community regularly, physically, where they are out
- Outreach to community spaces like grocery stores, where people are frequently
- Someone to help with paperwork, navigating different systems, applications

### 1B. How can we make information about community housing supports and transitional rents more clear and accessible?

**Poster Walk Comments:**

- More text friendly available community ads*

- Additional outreach services to those experiencing homelessness*
- To train organizations on this information and where to go and look up this information so we are able to help get this info to the clients we serve****
- Printed information available in community agencies and care facilities. Doctor offices, clinics, educate staff in those agencies on the services available*
- Publications, distribution to populations in need*
- Host community events (hybrid) in the three regions quarterly
- To make information more readily accessible through several forums (online, newspaper, television, mail); Via computer conduct outreach, as well as flyer*
- More education on the topic, more info provided*
- Community collaboration and outreach; multilingual services info physical and online
- Make it easier to understand app
- Online
- Explain in layman's terms; try to avoid using complex terms and government/county/city specific terms; define words; define transitional rent**
- More information from staff, time to explain information
- Lower total income amount required to qualify for CenCal housing support
- Accessible info and links to the website

**Spanish Comments (Translated):**

- Family Workshops
- Internet posters*
- Better coordinate the workshops. Provide interpretation services in Mixtec. Conduct workshops exclusively in Mixtec within the Mixtec community ****.
- Support workshops
- Promotion within small organizations
- Present information in the language of the people. Information to be culturally appropriate.

**Small Group Findings:**

- *Interpreted:
- Help us out with rent, some support on how to make rent more accessible or cheaper
- How can we apply for housing, where can we go, will there be someone to help us/guide us, need social security benefits, want to know how to get connected
- We know about other places we can live, but they are not accessible to us; how can we make them accessible to us, so we can apply for those projects/places?
- Want to know about all of the workshops, want to make sure they have Mixteco interpretation options
- Grateful for the invitation, looking for more information about future workshops and sessions

- Want to know more about this information, some of this is difficult for us to understand, not sure how to apply it to access the resources themselves
- Help with housing navigation and service navigation; having a navigator who speaks Mixteco to support them

## 2. Connection to Housing and Stability

### 2A. What supports or service would help people stay housed during/after a crisis?

**Poster Walk Comments:**

- Community support system
- Financial support
- Able to retain their housing when they're in the hospital or jail
- Having a case manager who knows what support is available*
- Wellness center**
- Peers; peers with the lived experience of being unhoused**
- To have a contact person or people – access to assistance that doesn't take years
- Universal basic income**********
- In home providers*
- More residential beds*
- Faster access to reconnect to services*
- Support in navigating the resources but also resources or education about finances and to prepare people for emergencies
- Continue to support until the client feels confident continuing on their own
- Support team*
- A list of resources they always carry
- Housing access and navigating commercials & all entry points of care; One Ad for everyone to use to speak with one voice****
- Have people do safety planning as part of their transition to housing that involves crisis preparedness
- Make sure the housing manager at the facility learns/is better at knowing about mental illness and how to come to the client instead of having the people called in to handle the situation**
- Health appointments (mental and physical)
- Subsidized housing
- Congruent rental assistance that is adjustable based on seasonal occupation
- 1:1 wrap around services
- Before a crisis – prevention programs within housing programs, counseling, financial help, counseling*

- After crisis – continue counseling follow-up, not letting individuals fall back into previous situations*
- Places like HART – places that will help people buy things they may need if they can't afford them
- Having a good treatment team to help advocate for them*
- Steady job
- Most supportive housing should have case manager on-site; do their jobs; case managers fail and don't properly assess clients; improvement is greatly needed*

**Spanish Comments (Translated):**

- Work or assist financially, having housing*****
- Assist individuals in developing a comprehensive plan. Guide on how to administer their income
- Continue participation in educational programs to obtain employment *

**Small Group Findings:**

- Put policies in place so that if someone experiences a crisis and has to go to a hospital or jail, that they are able to retain their residence and belongings; grace period so they are not thrown out of their unit
- Preventing crisis; strong relationship with client and their housing point person/case manager/housing navigator that stays with these folks during a crisis, has a binder with resources, staying in touch with client when they are in hospital or jail; trying to build sustainability
- Have this case manager trained in de-escalation for mental health so that police are not necessarily immediately called; referring to de-escalation strategies first
- Keeping person who is in touch with the client to have a strong rapport, respect, and communication style; creating a manual for each client with resources for crisis intervention, budgeting, and financial supports, safety plans in their preferred language/street language, what works and is comfortable for them (!)

### 2B. What challenges do unhoused individuals face when transitioning between different housing types?

**Poster Walk Comments:**

- Loss of community and support (loss of trust, inconsistency means less likely to adhere to treatment needs)***
- Housing and treatments should be co-located*
- Lack of adjunct support for personal needs**
- Substance use having all the documents that are needed to get help – homeless people do not have a stable address to use for being able to receive the docs that may have to be ordered though the mail (ie social security card, birth certificate)

- Members have expressed concern that funds for rental assistance will run out and they will lose some treatment options*
- Housing transition tends to lag behind the pace in which a person is ready to transition. Programs tends to end much quicker than a person is prepared for*
- Having shelter until they have a place
- Staying at friends homes and relatives
- Exposure
- Difficulty with change of environment; adjusting to loving environment**
- Change in housing/placement rules
- Transportation**
- Not getting the services they need
- Financial barriers
- Lack of proper information or education
- I truly believe that part of working on mental health recovery permanent housing is needed; they can focus on their recovery f they don't have to worry about moving around
- Start transitions and coordination at the beginning
- It seems that the problem when transitioning is social – what should they expect?
- Connections to housing stability
- Locating support systems: People learn where to get support over time; when they move they have to relearn who can help and where; when people move, give them a resource packet
- Change in providers they built trust with*
- Challenges keeping track of their belongings, trying to keep pets, financial stressors related to moving*
- Siloed programs – gaps in services/placements
- Possible drug usage, as well as mental health crisis
- Loss of social supports/friends

**Spanish Comments (Translated):**

- Difficulty with transportation and learning how to pay rent
- Lack of money and employment
- Housing costs and not understanding housing information
- Lack of money and employment
- Lack of work*

**Small Group Findings:**

- Transportation: individuals not having a way to get around
- Social supports: moving between housing placements, important to have people to turn to for support
- Learning the new environment: living in a new, busy place, outskirts of town, etc; getting used to what supports are available

- Dealing with an untreated MH disorder or SUD, or relapsing amidst transition
- Reduction in services available, moving somewhere where there are less services available
- Stress around possessions: moving a lot of items, furnishing new housing, bringing their animal who they might not be able to keep; finances

### 3. Community Partnerships for Housing

### 3A. What types of housing supports or services do you think are still missing in our community?

### Poster Walk Comments:

- Support for low income; there is priority housing for those in grave situations but we NEED affordable housing for low income (minimum wage) workers
- Easier access to community support programs (telehealth, etc) **
- Peer respites*
- Providing support for those living onsite to keep their housing
- Transportation/bus passes; transportation services other than CenCal***
- More permanent supportive housing; lack of supportive housing*
- Longer term recovery residence*
- Increased supportive services for PSH 8Hes
- Helping at risk to becoming unhoused stay housed. Easier to keep someone housed than find them housing
- Offering groups of unhoused to meet and share, connect and emotional support for each other. Kind of like AA
- Jobs and education for those able
- Helping disabled find ways to be of service or productive for the community to help sense of purpose, emotional stability and community
- Advisory council
- More affordable housing; more affordable, low income rentals**
- In-case management
- Housing attached to the wellness centers that belongs to BWell*
- More funding
- More vouchers of Section 8
- The ability to be able to able to transfer to another place if they feel harmed/at risk of a mental health crisis*
- Tenant rights and legal information knowledge and education
- Education and trauma-informed training of housing provider to resident before leasing agreement is signed
- Housing site awareness
- 911 call need to call CIT trained officer; “crisis intervention trained”; certified officers

- Tenant rights and legal information
- More full wrap around services*
- Housing first most unhoused are due to lack of available housing and prices. Subsidize houses
- Focus on mental health and drug use
- Jobs – get people engaged if able; aid with employment**
- Transitioned age youth housing*
- Board and cares*
- Peer Navigators with lived experience*
- Financial advising
- More clearly stated rules of housing available and trainings for both HASBARCO and clients
- Moving or hauling furniture or things and then keeping the deposit
- Need more shelter housing like the kind they have across from county supervisor's office
- Caring people stopping by and calling more frequently
- Not enough supports for youth
- We need more treatment beds
- Need more in-home support for independent living situations*

**Spanish Comments (Translated)**

- Low income**
- More help is needed for rent***

**Small Group Findings:**

- Lack of tenant right and legal info knowledge; lack of info for those living in housing on site, figuring out what rights you have, lack of knowledge as to how you are protected, what resources are available, etc.
- Being able to call 911 to a trained officer and having crisis intervention trained officer, unsure if police presence will be helpful
- Transportation is a huge need
- Having people visit housing sites, whether that is BWell, Cencal, public health, having a weekly presence would be extremely helpful for getting folks connected
- More education of what is available, helping unhoused folks figure out where they can get started for getting into housing

**3B. Share an example of a housing program or approach that has worked in your community?**

**Poster Walk Comments:**

- Recovery residences and sober living*
- Vouchers**
- HASBARCO, YMCA Housing, Good Samaritan*
- Friendly neighbors and great managers

- Providing case management/home visits/med support to people living on their own will set them up for success
- Housing program working
- Master leases for long term permanent housing
- Rental assistance
- Deposits
- Subsidized housing (charge people 30% of their income)**
- CES
- Old clubhouse system worked (a group of folks running their own house with staff available for support as needed)
- Rehabilitation center (SUD)
- Mental Wellness Center Housing
- HART***
- Supportive housing like depot and homekey
- Non-congregate designated shelter beds *
- BWell outreach is great!*

**Spanish Comments (Translated)**

- Low-income housing, such as self-help housing

**3C. What is the biggest risk/detriment you have seen in supportive housing?**

**Poster Walk Comments:**

- Residents w/BH problems who are not ready to live independently, and not getting proper level of support and are at risk to other residents
- Not enough time with caseworkers and resources to meet specific needs
- House appliances, toilets, etc. Don't work as well
- Level of case managers needs improvement
- Transportation*
- Social supports*
- Untreated and/or relapse SUD and MH
- Reduction in services available
- Stress with possessions
- Learning new environment*
- Financial stress
- New rules
- Managing expectations
- Access to treatment
- Fear/lack of trust
- Providers who lack awareness and understanding of the unique challenges for the unhoused*
- Inconsistencies in coordination of care and drastic changes in rules and expectations

- Not enough supportive services
- Risk = not enough ongoing support; no social support to further assist them**
- Not checking in on someone who is showing signs of instability***
- Keeping someone in a facility because its easier for the treatment team even though they don't need that level of care
- Sustainability and limited long term permanent housing/limited length of stay**
- No support explaining the resources available to them*
- People with mental illness do not know how to navigate the system
- Training on how to get housing
- Level/quality of care can vary; underpaid/undereducated staff

**Spanish Comments (Translated)**

- Have additional workshops
- When rent is increased without any explanation
- When rent is increased
- Owners failing to provide notice before rent increases
- Lack of understanding and insufficient funds to cover rent and resulting in the same situation "no home" *

**Small Group Findings:**

- Checking on individuals living in supportive housing
- Collaboration across agencies
- Training within the facilities to support individuals
- Residential onsite placement, training for providers on how to navigate different complex health needs of individuals
- Having people check on you when you are in supportive housing
- Health navigators at housing sites
- Having an advocacy group/advisory counsel that is there to assist people and ensuring they are aware of their tenant rights
- Using enhanced case management/community supports
- Safe, healthy environment
- Building a community at housing support sites, community led, where you are taking care of each other

### 3D. In your opinion, what are the main reasons people lose housing?

**Poster Walk Comments:**

- Providers lack of understanding of unique challenges experienced by the unhoused
- Clients coming out of crises who need housing – do not want to get our of their comfort zone*
- Not stable enough to get housing
- Managers want clients thrown out because they don't want to deal with them

- Being placed in housing that they are not prepared for such as single resident apartment with no support on budgeting, cleaning, being apart of a community; don't have skills to care for themselves/living space***
- Cost of housing and living
- Lack of education on housing responsibilities*
- Housing is very expensive for our community; Because for how income families is to hard to pay a high rent or house payment**********
- Takes too long to obtain permanent housing solution, and people end up homeless
- Unemployment/loss of employment*****
- Rent too high for low income folks, no income; charging $800 for a studio apartment if you only make $1500 a month is crazy*
- No support with rent
- Not enough programs that help with employment/workshops that help with employment
- Unable to follow the rules
- Cost/finances; lack of credit building**
- Substance use or co-occurring disorders
- Lack of accessibility or knowledge of accessibility to services once housed. Causing increased anxiety and feelings of being unsupported*
- Lack of emotional/mental support – drugs, crime, unneighborliness
- Community partnerships for housing – traditional landlords need to be brought to the table
- Reliance on the same partnerships – shared housing works – we don't have enough housing inventory – talk to other providers
- Affordability, social problems
- Lack of or poor case management
- Poor linkage of clients to proper housing
- Not educating/preparing clients in a timely manner
- Not properly informed
- Minimum wage too little
- Cost of goods too high
- Lack of family support/no safety nets
- Long waits for treatment
- Not enough funding or time to get back on their feet steadily
- Not enough preventative services
- Interruptions in their mental health recovery
- Relapse
- Unstable behavioral health*

**Spanish Comments (Translated)**

- Limited housing options
- Lack of resources on how to find a job

- They lose their housing because they can't afford it
- In my opinion, many people lose their housing due to costs. In our Mixtec community, almost everyone works in the fields, and work can decrease significantly at times.
- They don't have enough money to pay rent
- They don't have secure jobs
- They don't have jobs*
- Rent is costly – very expensive
- Not being educated to obtain a job***

**Small Group Findings:**

- Not being aware of skills, not trained in fields where they can earn more
- Have workshops where people can learn new skills
- Have some financial assistance when work is low
- Workshops on budgeting
- Workshops about different jobs, not just agricultural work
- Certifications from workshops/trainings
- Raise the rent prices but they don't raise wages
- Not having enough work or not being paid enough; overall have more trainings and workshops for people to explore different fields and have guidance on budgeting, job placements, etc.; consistent wages for salaries
- Group 2:
- Cost of living!
- No rent control; investors buy up properties and raise rent, cannot keep up
- Lack of affordable housing
- "it takes a lot of money to be poor"; not feasible to think about being a homeowner
- Focusing on providing the skills to individuals so they can keep their housing
- Expanding the Tiny Homes concept to North County and focus on provision of support services so that people aren't losing housing

**Full Group Action Planning/Findings:**

- The need for resources and navigation help specifically; need the steps on how to get there and how to maintain these resources; taking in these skills and seeing how to keep living with them
- Affordable housing!!!
- Elders in mobile home parks, raising the rent, getting aged out, not helping elderly community who have been there for years. We need to think about our seniors
- Effort put into legislation to build housing; using vacant commercial lots, transitioning them into temporary homes; do we have a way to push for that? Subsidizing rent is only sustainable for so long depending on allotted budget; can funds be used to get laws passed/implemented? (***BHSA cannot be used for advocacy, but this is a huge problem beyond our department and important for our community focus; figuring out how to advocate more affordable housing for older adults,

agricultural workers, all of our community; call to action! County BOS is a good space to advocate for these issues). **Send out BOS calendar to attendees as a public advocacy platform

- More shelter for people without homes

## BHSA Virtual Workshop Public Comment

**12.3.25**

## Housing Breakout Room Discussion

### Housing Access & Navigation:

What strategies would make it easier for people to learn about and connect with housing navigation services (Community Supports and Enhanced Care Management) provided by Cen Cal?

- Housing application process is difficult—having staff help individual apply, or making the application more streamlined, less receipts and documentation, difficult for those suffering from Mental Illness to navigate
- If people heard from others regarding their service experience, it could help people access services, word of mouth; informal, or ambassadors, people who can outreach to different groups and settings
- Utilizing three Wellness Centers, public library system, day centers, shelters, for outreach; NAMI families for helping adult children get access, support for ROIs, housing access and navigation
- People come through HMIS and through hospitals; perhaps outreach and videos (Cottage, Sansum) to offer videos on how to access these services
- Tabling Events
- Videos in public forums
- Dept. of Social Service sites, waiting rooms showcasing informational videos
- Housing service support out in the riverbed, distributing flyers and information there; making it accessible where they currently are; them knowing that help is out there and available is helpful, service awareness
- Housing navigators, making sure they understand the aspects it takes to go from homelessness into the process of getting housed
- Ensuring navigators are knowledgeable about the process and what it takes, what the barriers may be, how they can help break those barriers
- Once client enters application/system and receive housing, educating them on how to maintain/keep their housing; how to keep your housing once you are in housing
- Worked on grant for clearing out Lompoc SM SB riverbeds; outreach worked best, went out everyday to get to know people, helped to have a case manager guide them through the entire process; have to have a dedicated group of people who are accepting; need transitional

housing, not realistic to expect homeless individuals to go straight into traditional renting; invest more in transitional housing

- Gap: need someone to explain housing to us (housing navigators)
- Not enough housing, process is too ambiguous, need less regulations
- Want to know what parts of the housing funding will be used to produce new housing
- Word of mouth; find a way to co-brand with whomever we are trying to connect with already knows; when trying to serve community, taking existing content they are familiar with from known and trusted sources; collaborating with trusted community partners/organizations
- How a housing opportunity/process can be in alignment with community supports; processes sometimes don't align or allow for full maximization of resources; ensuring housing navigators, developers, housing authorities, organizations are being strategic with local resources so clients can be set up for transition with housing opportunities; ensuring key developers are at the table of conversation, in the know, not just the navigators themselves
- Want everyone to have the knowledge to help people; for those experiencing/at risk of homelessness, shouldn't be dependent on which navigator they end up with; goal for all navigators to provide good quality, knowledgeable resources
  - Telling the truth about how many houses are out there; population might get excited there is housing, but when spots are limited, it is best to be honest with people; realistic expectations with clients regarding the process and potential lengthy timeline; detrimental to not be honest about availability and the process; this changes with shifts in federal funding, expectations will be different, shared housing/roommates
- Wellness centers and shelters as well as the waiting room at DSS were discussed as places to place information / videos

**Connection to Housing & Stability:**

What supports or services would help people stay housed during/after a crisis?

- Struggle with this daily; what helps people stay housed is active case management, cleaning services, and practical interventions; ensuring their health is being taken care of, medically tailored meals onsite; how to be a good tenant, working on series of videos (people self help housing) that will be shared to new tenants
- Housing manager has to know for clients facing issues, instead of calling the police, to use de-escalation techniques; use navigators, do what is necessary to support client in crisis before involving law enforcement; will help get more clients who feel safe; ensuring clients understand their rights
- Importance of knowing unique barriers clients may be facing; leveraging mobile crisis benefit as opposed to law enforcement
- Pairing police with health care worker on these calls (chat)
- Transportation is underrated for housing supports; helps with errands and getting clients connected

- Visiting people in their housing unit, chatting on phone/telehealth has benefits, but meeting someone directly in their unit can help prevent situations from getting worse; having support in place before a crisis occurs, so that staff are known to the client in advance

**Community Partnerships for Housing:**

What types of housing supports or services do you think are still missing in our community?

- Having a relationship with landlords and case managers is important; can't necessarily advocate for clients without having a relationship
- Should have a phone number for navigating housing; need to keep in touch; if there could be a list at the main libraries for what housing is open, like a screen/directory; more information on when housing is available and how to access it; helping applications; seeing how we can support people with this process once housing does become available
- More transportation grants for low income families and individuals trying to get their life together or ones that have long commutes.
- Tabling sock or toiletry giveaways near DPSS or healthcare clinics.

Share an example of a housing program or approach that has worked in your community.

- The Manor in Santa Monica has a program that worked for me and many others.

## Youth System of Care Breakout Room Discussion

Access, Navigation and Care Experience:

What would make accessing behavioral health services feel easier and safer for youth and families?

- Finding in Tarzana treatment center, reducing barrier to access has been more facilitated with field-based services. Treatment at school campuses. Allows students to be more engaged in SUD treatment services. In LA County, they see it swapped, more MH versus SUD.
- Providing services where relationships are already made and safe with teachers, counselors
- Bc of prevention services, the barriers are broken down
- Meeting youth where they're at allows youth to engage in services better
- Many students ask if they can text the access line
- By Integrating text into the access line, I see an increase in kids reaching out to receive services
- Culturally, MH can be seen as a weakness. Parents are the first teachers to youth and they can change the mindset with youth to change the conversation moving forward.
- Rather than telling them they're weak, we can recognize that asking for help isn't weak
- It's okay to not be okay, breaking down the cultural stigma regarding mental health
- Changing the name: I am your child's compadre/comadre versus I am your child's therapist
- Culture can see title as a negative. How do we change our name as who we are versus professional name

- Language matters
- Having grant funding to provide these services in schools have been able to allow students to be way more open to discussing mental health. When I first started, students wouldn't want to engage. Over the years, now they do want to engage because we've been able to break down the barriers and stigmas as we have been able to build relationships
- Loss of funding is a struggle
- More consistency that students see and know that we are there, we aren't just there to collect data and actually building caring relationships with them to provide them with the proper care and services they need
- Numbers (penetration rates vary from LA versus SB county
- Do we know if being "doubled up" is a result of unaffordable housing or if there isn't enough housing available? For example, I know here in Santa Maria the City is trying to create more housing.
- I believe accessing services feels easier for youth when the process is simple and culturally respectful. I feel that clear guidance, friendly communication, and safe spaces can make a big difference for young people and families.
- Meeting them where they are at?
- I've noticed that when information is scattered, youth feel lost. I experienced something similar helping a younger cousin who didn't know where to start. I feel that having one clear entry point, maybe a single hotline or youth navigator... would make accessing services much easier and safer.
- Better outreach, especially in schools and youth places, would help young people know what support they can get. I bet a lot of them just don't even know these services are out there.
- Is home based options a good idea?
- I think access improves when youth feel seen. I've watched young people hesitate because they weren't sure if the service understood their background or struggles. I feel that when staff take time to ask about cultural needs, preferred communication styles, or family comfort levels, it creates trust. I believe simple things like follow-up messages, warm introductions, and consistent support can remove fear and make engagement much smoother.
- I think safety and ease improve when youth don't feel judged. I've seen a teen shut down after one uncomfortable intake meeting. I feel that training staff to use youth-friendly language, checking in gently, and giving options during sessions can make the whole system feel more supportive and less intimidating for families.

Providing Services to Families

What supports would help families who are "temporarily doubled up" (i.e. living with other relatives due to hardship)?

- Community resources
- Laws that are in place don't apply to everyone equally
- Recognizing that when multiple families are living in a single home, diagnoses go unspoken due to fear (during pandemic but guessing this still is happening)

- Work on individual levels to break down these barriers
- Offer spaces where services are not provided in the home
- Offering accessible spaces (schools, parks, etc) close by home so they aren't going to a clinic so far away
- Providing private services rather than in the home
- Deposits, first & last months rent assistance
- I feel families need clearer guidance on where to start. When the steps to access housing support are simple and explained in plain language, it becomes easier for them to reach out early.
- I've watched families hesitate to ask for help because they worry about judgment or immigration questions. I feel that creating more welcoming spaces—where staff reassure families that support is safe and confidential—could make accessing housing services much easier. I've seen a mother relax completely after a staff member explained this gently, and it changed the whole process for her.
- Quicker communication would help. When families get timely updates about eligibility or next steps, it reduces fear and helps them stay engaged with housing programs.
- I've noticed that families dealing with housing issues often juggle work, childcare, and transportation challenges. I feel that offering flexible support, like evening check-ins or virtual appointments, would remove some of the stress. I once helped a family who couldn't attend daytime appointments, and just adjusting the timing made everything easier for them.
- I've seen how overwhelming it can be when families are doubled up and unsure who to contact. I think having a single point of contact,a housing navigator or case manager, would help families feel less lost and more supported.

## Providing Services to Justice-Involved Youth and their Families

### What types of job opportunities, skills training, and supports would help justice-involved youth overcome barriers to recovery?

- Look at individual basis
- Context for individual person
- Juvenile drug court in la- common barriers include: lack of family support, could be facing houselessness, financial barriers, transportation to job interview, resume building (case management type services)
- Specify to the individual: work 1 on 1 with client to gather resources together (resume building, provide transportation)
- Provide trade school options.
- Want to ensure they have these supports to survive and thrive in society
- Empowers youth to work towards their goals
- Building relationships with community partners to develop and work on their skills where they can grow/create internships (paid), letting the community know of opportunity, creates awareness, offering experience – when seen done, so beneficial to youth
- Connect to local chamber of commerce

- Hands on trades: give kids an opportunity when applying to jobs due to prior work experience
- Resume building, how to dress during interviews, mock interviews, buy clothes for clients, having mentors guide and walk along this process with client to make employment easier (not necessarily provided in school)
- youth benefit most when workplaces give second chances. A supportive environment—where mistakes are treated as learning moments—helps them rebuild confidence.
- I've learned that mentorship changes everything. When a young person has someone who can walk them through challenges—like time management, transportation issues, or anxiety about interviews—they stay committed. I once watched a youth finish a full internship simply because a mentor checked in weekly and encouraged them.
- Youth respond well when job training programs match their interests. Opportunities in areas like digital skills, creative work, food service, or building trades give them a sense of direction. And when employers explain expectations clearly and offer patient supervision, it reduces the pressure that usually pushes them away.
- hands-on training tends to work better. When youth get to practice real tasks—like customer service, basic tech skills, or trade skills—they stay engaged and feel the progress immediately.
- I think youth feel more confident when job programs focus on practical skills like communication, teamwork, and showing up consistently. It helps them believe they can succeed in any workplace.

Providing Culturally Appropriate Services

What would behavioral health services look like if they truly reflected and respected the cultural backgrounds of youth and families?

- I believe truly culturally respectful services would include staff who understand community norms, generational dynamics, and how culture affects how we talk about stress or mental health. When youth see their identity reflected—whether through staff representation or culturally relevant approaches, they're more willing to stay engaged.
- I see culturally aligned services as ones where families feel understood rather than corrected. When culture is honored, youth show up differently.
  From my experience, families with language barriers need more than translated documents—they need patient staff who can explain options slowly, check for understanding, and reduce paperwork pressure. Having bilingual staff and offering verbal walkthroughs makes services feel reachable instead of intimidating.

How can we make services easier to access for families who face language barriers or find paperwork overwhelming? (i.e. bilingual staff, translation services)

- Families facing language or paperwork challenges need step-by-step support. I've seen parents freeze up with forms because they worry about saying something wrong. Translation services, culturally aware staff, and simplified processes would help families feel confident instead of overwhelmed.

## Work Experience as Part of Recovery Breakout Room

### Workplace Stigma

What kinds of training, education, or resources would help employers and coworkers create healthier work environments and reduce mental health stigma?

- Mental health first aid training (helps with de-escalation techniques)
- Anything that brings in conversation about mental health in the work place (resources, anything that normalizes)
- Self Care trainings, trainings on toxic stress and hoe to mitigate ee that.
- Resources: Central coast Hotline, other hotlines, that provide a warm line, can provide to employees as an immediate resource. Also Access Line, any hotline that can connect immediately to resources.
- Bringing peers who are already employed in to share their experience, what works, what doesn't work, the stigma they have faced.
- Wrap for Work is also a helpful resource to work through what their plan is and what they need, can be a resource that employers know about that is available to peers.
- In person peer training really helped, is very beneficial and more readily available, especially if working in a peer environment.

### Partnerships in Workforce

How can organizations, schools and community groups prepare people/ be strong partners for meaningful work or volunteer opportunities?

- Allan Hancock job fairs: opportunity to partner with the job fair and pass out to employers: this is what benefits your organization wif you employ people with MH conditions.
- Combination of training: opportunity for clients to gain experience, this aids people gain skill sets prior to paid employment.
- Growing Grounds: space for meaningful work and volunteer, people are learning a wellness skill, horticultural therapy, a skill they can learn to help them stay well
- Setting up groups where its like the fellowship (12 Step): people who have struggled lead the group and offer advice on how to gain employment, benefits of working, and support: talking about trials and tribulations, people that are newly employed can gain support from more experienced peers and have someone to talk to and relate who is there is a supportive way.
- David Wheeler: a lot of networking, will go to Chamber of Commerce meetings, will introduce himself to employers and will sell all the benefits of Supportive Employment. David will take current clients to these meetings, so they can gain experience and also share their personal experiences with potential employers.

- How we have continuum: support group, supported employment, the Farm, jog coaching, job placement support, to gradualtion and individual employment: How can continue to support this system that is already successful and in place?

**Access and Communication**

What is the best way to share information about Medi-Cal enrollment or work experience programs?

- Use all of them! Organizations, coffee cards, 5x7 cards at laundry mats, bus stops, radio, social media, posting ads on social media, outreach events, wellness centers,
- Tap TV: we have stations in SB, SM and Lompoc, they can help get into community eyesight new ways for employment, can put your presentation on the show, it is free of charge! Free resource, can reach out to Kristen at Helping Hands if we want to explore this resource. Broadcasts on Channel 23,24,25,26.
- Peers. Peer navigatiors or those working in Wellness Centers, wonderful way to share information.
- Wellness Centers at the High Schools.

How can we reach people who may be hesitant to access services in traditional settings?

- Peer navigators, job specialists, outreach specialists can be very effective in reaching folks.

**Volunteering & Non-Traditional Workplaces**

How can volunteer roles be designed to better support mental health and wellbeing?

- I think volunteer roles that lead to paid employment, or a pipeline towards paid employment, can be very succesfull. Also, volunteer roles in a wide variety of job roles.

Beyond traditional workplaces, how else can people with behavioral health conditions gain meaningful experience and skills?

- Beyond traditional workplaces, environments like Growing Grounds Farm can be awesome for folks that have behavioral health conditions, teaching meaningful skills, but also linking to other employment services.
- I think youth feel more confident when job programs focus on practical skills like communication, teamwork, and showing up consistently. It helps them believe they can succeed in any workplace.
- hands-on training tends to work better. When youth get to practice real tasks—like customer service, basic tech skills, or trade skills—they stay engaged and feel the progress immediately.
- Youth respond well when job training programs match their interests. Opportunities in areas like digital skills, creative work, food service, or building trades give them a sense of direction. And when employers explain expectations clearly and offer patient supervision, it reduces the pressure that usually pushes them away.

## Spanish Breakout Room Session: All Three Topics

### Experiencia laboral como parte de la recuperación

¿Cómo pueden las escuelas preparar mejor a los jóvenes para el trabajo significativo o las experiencias de voluntariado que apoyen tanto el desarrollo de habilidades como la salud mental? (How can schools better prepare young people for meaningful work or volunteer experiences that support both development and mental health?)

- Pienso que escuelas prepararlos con apoyo emocional y mental para los estudiantes; estudiantes necesitan tener una confianza en los apoyos, comentarios de salud mental
    - *Translation: I think schools should prepare them with emotional and mental support for the students; students need to have confidence in the support and mental health feedback*

Más allá de los lugares de trabajo tradicionales, ¿de qué otra manera puede las personas con condiciones de salud conductual adquirir experiencia y habilidades significativas? (Beyond traditional workplaces, in what other ways can people with behavioral health conditions gain meaningful experience and skills?)

- Tener este como trabajos, como servicios comunidades que son beneficial o "aligned" con salud mental; una buena oportunidad para jóvenes que participar
- Los muchachos en Carpinteria, los internos en el verano, que son pagos; son muy importante para dar experiencia en oficinas; una oportunidad para tener y aprender sobre una experiencia diferente, como en un negocio

- *Translation: Having jobs like these, like community services that are beneficial or aligned with mental health; a good opportunity for young people to participate*
- *The youth in carpinteria, the summer interns, who are paid, are very important for gaining office experience; an opportunity to have and learn about a different experience, like in a business*

¿Qué tipo de capacitación, educación o recursos ayudarían a los empleadores y compañeros de trabajo a crear entornos de trabajo más saludables y reducir el estigma de la salud mental? (What kind of training, education, or resources would help employers and coworkers create healthier work environments and reduce mental health stigma?)

- Tuvimos una interno como "mental health first aid" – educación gratis, exclusivo para jóvenes
- Experiencia de trabajo es muy importante – fabricas, coches, información técnica
    - Experiencia con emprendimiento

- *Translation: We had an intern like "mental health first aid" – free education, exclusive for youth*
- *Work experience is very important – factories, cars, technical information*
- *Experience with entrepreneurship*

**Jóvenes**

¿Qué tipos de oportunidades de empleo, capacitación y apoyo ayudarían a los jóvenes a superar las barreras para la recuperación? (What types of job opportunities, training, and support would help youth people overcome barriers to recovery?)

- Trabajar en un detox, - supervisión cuando trabajando en detox* necesitan "mentors" mientras ellos están recuperando
- *Translation: Work in a detox, - supervision when working in detox* they need 'mentors' while they are recovering*

¿Cómo podemos proporcionar mejores servicios que apoyen a toda la familia y qué cosas motivarían a las familias a participar en los servicios? (How can we provide better services that support the entire family, and what would motivate families to participate in these services?)

- Educación de salud mental para romper stigma de los padres*
- En la comunidad hispano, "no es depresión o ansiedad" – no creen que es una problema seria

- *Translation: Mental health education to break parents' stigma**
- *In the Hispanic community, 'it's not depression or anxiety' – they don't believe it is a serious problem*

**Vivienda**

¿Cómo podemos hacer que la información sobre los apoyos de vivienda comunitaria y las rentas transitorias sea más clara y accesible? (How can we make information about community housing support and temporary rents clearer and more accessible?)

- Tenerla en el idioma que ustedes necesitan – mixteco, español, samoan, - personas necesitan comprender los materiales
- Es muy difícil que inscribirlos en programas de salud mental – el proceso es difícil porque es un proceso largo
- Familias latinas no tienen acceso o familiaridad que webpages en internet; familias quieren llamar y hablar; necesitan ubicaciones donde personas pueden ir y recibir apoyo con recursos digitales

- *Translation: Having it in the language you need – Mixtec, Spanish, Samoan – people need to understand the materials*

- *It is very difficult to enroll them in mental health programs – the process is difficult because it is a long process*
- *Latino families do not have access to or familiarity with websites on the internet; families want to call and talk; they need locations where people can go and receive support with digital resources*

Comparta un ejemplo de un programa o enfoque de vivienda que ha funcionado en su comunidad. (Share an example of a housing program or approach that has worked in your community.)

- "Community outreach.." hablando con el comunidad sobre las programas y servicios que existen; "trust" es muy importante y en la idioma que personas prefiere – da más confianza a personas en la comunidad para usar servicios de vivienda
- "Catholic charities"

- *Translation: "Community outreach.." talking with the community about the programs and services that exist; "trust" is very important and in the language people prefer – it gives people in the community more confidence to use housing services*
- *Catholic charities*

¿Qué apoyos o servicios ayudarían a las personas a mantener una vivienda durante/después de una crisis? (What support or services would help people maintain housing during/after a crisis?)

- Servicios familiares – los family resource centers
- Communify; United Way – para pagar luz, gas, - "rapid rehousing"
- Hay una programa en el veteranos center que ofrece pagar renta para un mes
- Starfish Connections – dan apoyo como pago la renta, cosas como así
- Good Samaritan Shelter – diversión programa (ended); necesitamos mas programas como estos

- *Translation: Family services – the family resource centers*
- *Communify; United Way – to pay for electricity, gas, - 'rapid rehousing'*
- *There is a program at the veterans center that offers to pay rent for one month*
- *Starfish Connections – provide support like paying rent, things like that*
- *Good Samaritan Shelter – diversion program (ended); we need more programs like these*

# Behavioral Health Services Act Community Planning Process FY 26/27 Final Summary

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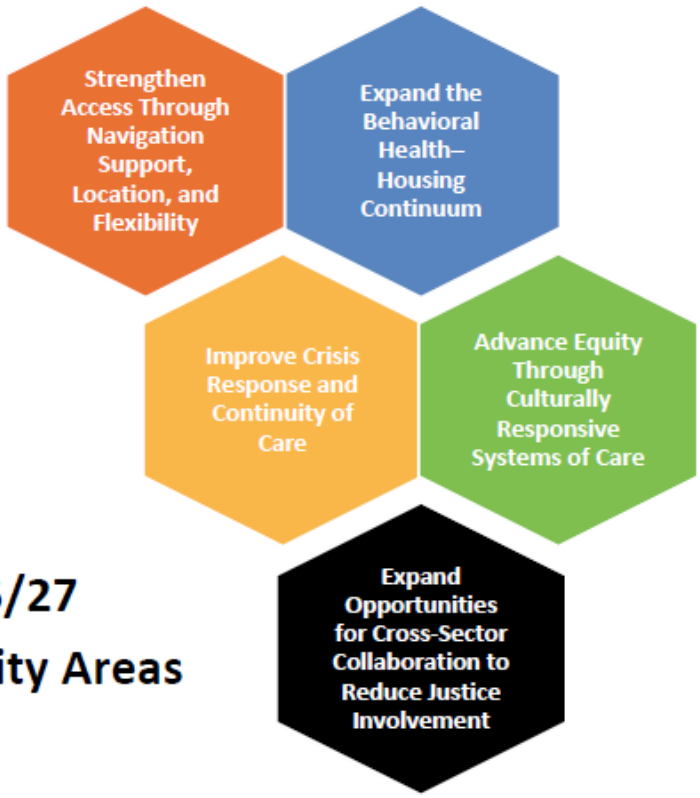
## Executive Summary

The Behavioral Health Services Act (BHSA) Community Planning Process (CPP) for Fiscal Years 2026–2027 was designed to engage community members, service providers, and system partners in identifying priorities, gaps, and opportunities within Santa Barbara County's behavioral health system of care. Through a combination of interviews with subject matter experts, stakeholder listening sessions, community workshops, and a community outreach survey, this process integrates the lived experiences of Santa Barbara residents with data-driven insights to inform future behavioral health planning and decision-making under BHSA funding.

Findings from the CPP indicate that behavioral health needs are widespread across the County. Access to services remains a challenge driven by low awareness of available resources. Structural barriers further limit access, including service availability, cost and insurance limitations, and lack of transportation. Housing emerged as a critical determinant of behavioral health outcomes, with many community members and stakeholders describing stable housing as a prerequisite for effective treatment and recovery. Participants also emphasized the importance of culturally responsive care, continuity of crisis support, and the need for stronger cross-sector collaboration when prevention and early intervention efforts are limited.

Together, these findings highlight the need for a behavioral health system that is easy to navigate, flexible to the unique needs of Santa Barbara residents, integrates behavioral health and housing supports, prioritizes early intervention and prevention, and strengthens cross-sector collaboration. The priority areas outlined in this report reflect these insights and are intended to inform strategic planning and decision-making for Fiscal Years 2026–2027.




**FY 26/27 Priority Areas**

## Overview and Methodology

### Primary Data Collection Methods

The BHSA Community Planning Process employed a mixed-methods approach to capture both quantitative and qualitative insights on behavioral health needs across Santa Barbara County.

- **Stakeholder Listening Sessions:** Focus groups and in-depth interviews were conducted with various stakeholder groups in order to extract in-depth insights into how behavioral health services are experiences across different sectors and populations. A total of 76 listening sessions were conducted with 1,457 representatives from various stakeholder groups across Santa Barbara County. Listening sessions consisted of a presentation on new BHSA program changes and a semi-structured discussion regarding community needs and priorities for behavioral health funding.

- **Community Workshops:** In-person and virtual community workshops used semi-structure discussion and brief presentation to spark collective decision-making regarding the use of funds to improve behavioral health programming. A total of 4 community workshops were conducted with 268 community members, stakeholders, and Behavioral Wellness staff. The workshops used a participatory mixed-methods approach to facilitate discussions around mental health programming where insights were collectively generated and analyzed to identify action plans.

- **Community Outreach Survey:** A survey questionnaire was developed by Behavioral Wellness staff and leadership to capture a brief snapshot of community experiences and priorities related to behavioral health. The community-wide survey was distributed across 80community events and community workshops to assess general perceptions, needs, and experiences of community members related to Behavioral Wellness and CenCal services.

### Sample Overview

*Listening Sessions* | A total of 33 different stakeholder groups participated in focus groups or in-depth interviews (see table below).

| Stakeholder Groups | |
|---|---|
| 1. Eligible adults and older adults (individuals with lived experience) | 15 Health care service plans, including Medi-Cal Managed Care Plans (MCPs) |
| 1a. Substance Use | 16 Disability insurers |
| 2. Families of eligible children and youth, eligible adults, and eligible older adults | 17 Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes |
| 2a. Substance Use Families of those with substance use disorders | 18 The five most populous cities in counties with a population greater than 200,000.**** (BWell Commissioners) |
| 3. Youths (individuals with lived experience) or youth mental health or substance use disorder organizations | 19 Area agencies on aging |
| 4. Mental health and substance use disorder treatment providers | 20 Independent living centers |
| 4b. Substance Use Treatment Providers | 21 Continuums of care, including representatives from the homeless service provider community |
| 5. Public safety partners, including county juvenile justice agencies | 22 Regional centers |
| 6. Local education agencies | 23 Emergency medical services |
| 7. Higher Education Partners | 24 Community-based organizations serving culturally and linguistically diverse constituents |
| 8 Early childhood organizations | 25 Representatives from youth from historically marginalized communities |
| 9 Local public health jurisdictions | 26. Ethnically diverse communities |
| 10 County social services and child welfare agencies | 27 Representatives from LGBTQ+ communities |
| 11 Labor representative organizations | 28 Victims of domestic violence and sexual abuse |
| 12 Veterans | 29 People with lived experience of homelessness |
| 13 Representatives from veterans organizations | 29b. Housing Providers for Unhoused Communities |
| 14 Health care organizations, including hospitals | |

*Community Workshops* | A total of 268 participants joined a community workshop in one of the following regions: Santa Barbara (South), Santa Maria (North), Lompoc (West).

*Community Outreach Survey* | A total of 232 respondents completed the Community Outreach Survey (199 in English and 33 in Spanish). Most respondents were between the ages of 35 and 64 (47%) and identified as female (50%). Approximately one-third of respondents (33%) reported being Medi-Cal eligible and therefore potentially eligible for Behavioral Wellness services.

| Age Group | n |
|---|---|
| 12 – 17 | 6 |
| 18 – 34 | 59 |
| 35 – 64 | 108 |
| 65 or older | 17 |

| Gender Identity | n |
|---|---|
| Male | 61 |
| Female | 117 |
| Non-binary/Genderqueen | 3 |

| Race | n |
|---|---|
| American Indian/Alaska Native | 13 |
| Asian | 5 |
| Black/African American | 8 |
| Hispanic or Latino | 120 |
| Middle Eastern or North African | 2 |
| Native Hawaiian/Pacific Islander | 3 |
| White/Caucasian | 69 |

| Health Insurance Type | n |
|---|---|
| Medi-Cal | 78 |
| Medicare | 8 |
| Private Insurance | 69 |
| None | 15 |
| Other | 14 |

| Primary Language | n |
|---|---|
| English | 172 |
| Spanish | 55 |
| Mixteco | 8 |

## Analysis and Reporting

Qualitative and quantitative data were analyzed using complementary approaches to ensure findings reflected both the integrity of community needs and the lived experiences underlying those needs.

*Quantitative Analysis* | Survey results were analyzed descriptively to examine patterns in lived experience with behavioral health, barriers to accessing care, perceived helpfulness of existing programs, and need for general behavioral health supports. Results are presented using stacked bar charts that display the proportion of respondents selecting each response option for both the total survey population and for respondents who identified as Medi-Cal eligible. Percentages represent the number of responses selecting each option divided by the total number of responses across all options for a given survey question. This method was used to capture the frequency of how often a response option was chosen, rather than as mutually exclusive selections. Percentages do not sum to 100% because respondents could select multiple options.

*Qualitative Analysis* | A thematic analysis was conducted to synthesize insights and informed recommendations based on qualitative data (i.e. public comments) collected throughout the various listening sessions and workshop engagements. A total of 80 documents were reviewed, representing notes from each session and/or engagement. All documents were compiled and reviewed, and each session was assigned a unique identifier to support tracking and referencing across materials. A set of qualitative codes and analytic categories were developed in early document review and based upon subject matter expertise to extract key insights from all session documents. Upon final coding of all documents, overarching themes and subthemes were developed to synthesize insights as materials were analyzed.

*Secondary Data Review* | In addition to primary data collection, secondary data from the CalMHSA Behavioral Health Transformation (BHT) Goal Dashboards were also reviewed. These dashboards provide standardized, publicly available metrics on system-wide performance on various behavioral health domains (i.e., access to care, homelessness, etc.) Relevant metrics were presented and discussed among community members in listening sessions and community workshops to understand county-level trends and areas for improvement.

## Results

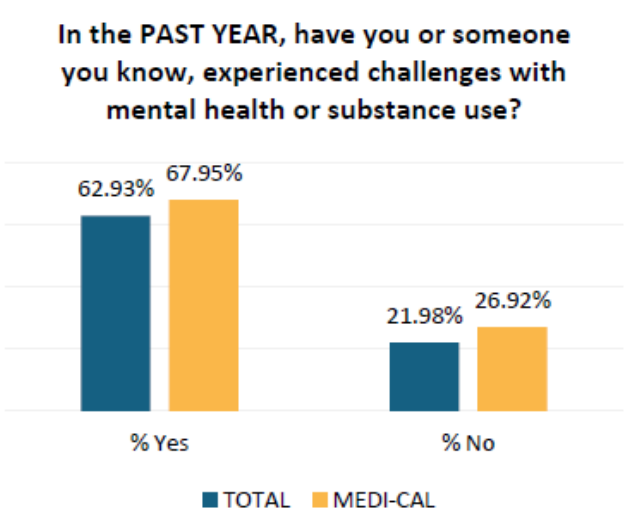
The following results outline key findings from the stakeholder listening sessions, community workshops, and community outreach survey. Results are organized around cross-cutting themes that reflect the unique needs identified throughout the CPP and other data sources.

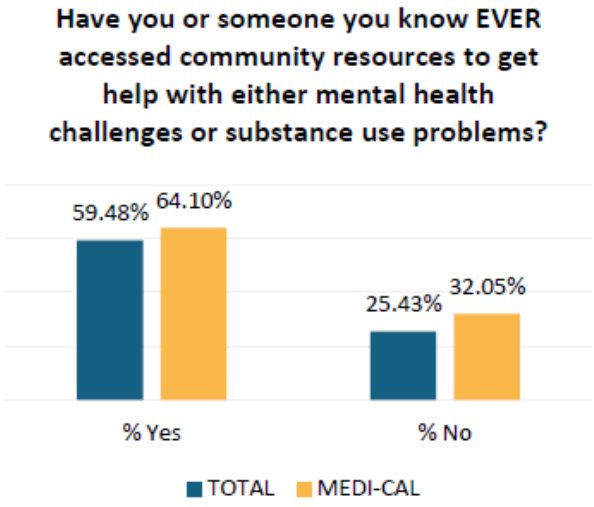
**Low Awareness of Services Contributes to Low Engagement in Care**

Based on county-level data, Santa Barbara County has fewer individuals who successfully accessed specialty behavioral health services compared to the statewide average, based on penetration rate measures. This highlights ongoing challenges in connecting eligible individuals to the care they need.

| PRIMARY | |
|---|---|
| SMHS Penetration Rates for Adults | |
| County Performance | Statewide Rate |
| 2.5% | 3.4% |
| PRIMARY | |
| SMHS Penetration Rates for Children & Youth | |
| County Performance | Statewide Rate |
| 2.9% | 4.2% |

Results from the local Community Outreach Survey indicate that lack of awareness of available behavioral health resources is a major barrier to service utilization. "Unaware of resources" was the top barrier to accessing behavioral health care across both Medi-Cal eligible respondents and the entire survey population, exceeding barriers related to cost, insurance or location. Although most respondents reported experiencing mental health or substance use challenges (63%), a smaller proportion reported ever accessing community resources (59%).



Additionally, through listening sessions and community workshops, participants consistently expressed confusion about where to start and how to learn about available services. Many individuals suggested promoting departmental programs and activities in doctor's offices/clinics, tabling events, TV/radio/bus ads, etc. Various stakeholders who work directly with clients also emphasized the need for frequent and culturally appropriate outreach efforts, including using trusted community spaces and using inclusive languages (i.e. Mixteco spoken language).

"It would be nice if people from BWell came out here in person, even if just once or twice a month, there are a lot of people in our area that need services."

"I tried to go everywhere, and I could not get help. I wish I had known about this earlier [Behavioral Wellness and the Access Line]."

**Recommendations: BWell can partner with CenCal to creatively address how to increase awareness of services. Focusing on in-person, culturally relevant outreach is best modality for many areas of the county including North, West and rural areas.**

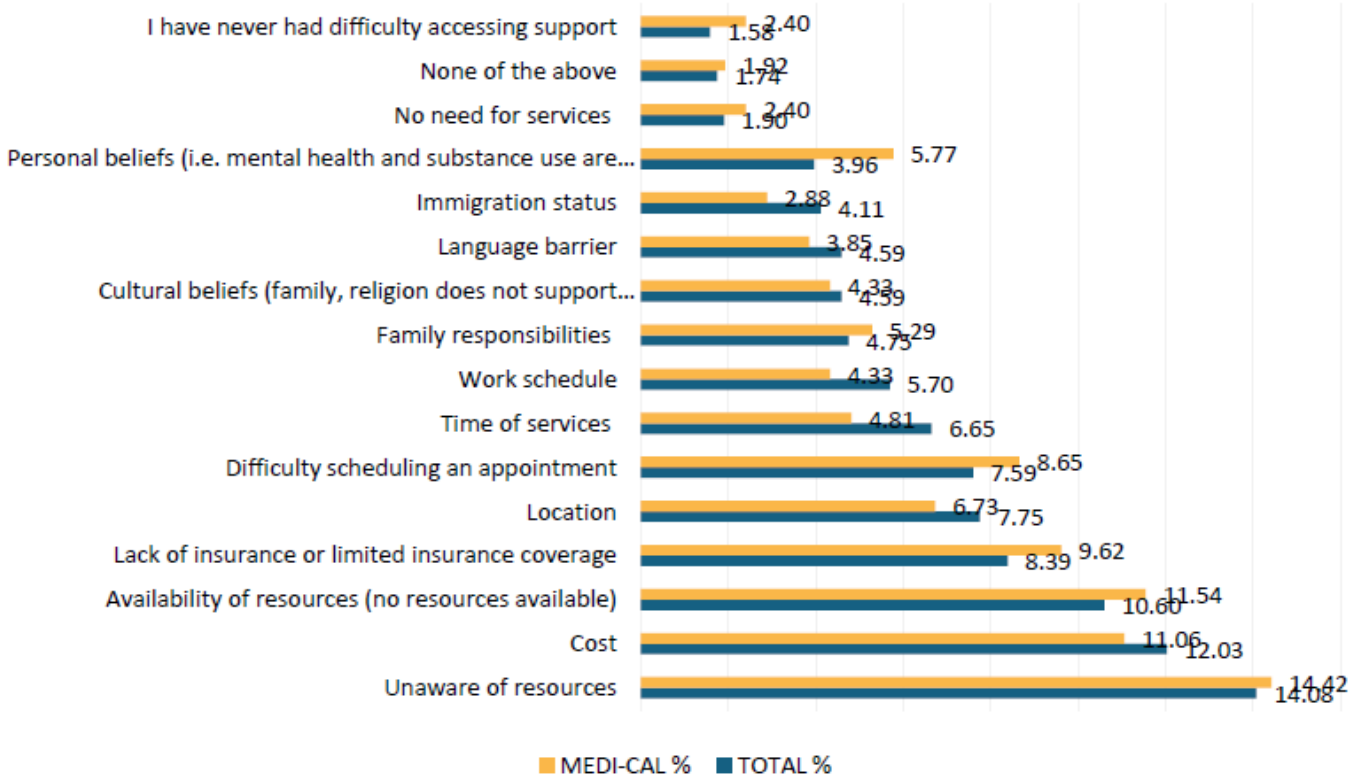
**Structural Barriers Are Primary Drivers of Unmet Behavioral Health Needs**

County-level performance data indicate gaps in treatment engagement for individuals with behavioral health needs. White Santa Barbara County exceeds the statewide average for follow-up after ED visits, a large portion of adults who report needing help for emotional/mental health problems or substance use did not receive any services in the past year. This suggests that unmet behavioral health needs may be driven by factors other than personal need or motivation.

| PRIMARY | |
|---|---|
| **Follow-Up After Emergency Department Visit for Substance Use (FUA-30)** | |
| **County Performance** | **Statewide Rate** |
| 33.4% | 28.8% |
| **SUPPLEMENTAL** | |
| **Adults that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs who had No Visits for Mental/Drug/Alcohol Issues in Past Year** | |
| **County Performance** | **Statewide Rate** |
| 41.1% | 48.4% |

Community Outreach Survey respondents identified cost (12%), availability of resources (11%), insurance limitations (8%), location (8%), appointment scheduling (8%), and time of services (7%) as the top barriers to accessing care. Across both Medi-Cal eligible respondents and the total survey population, less than 2% reported they have no need for services. This suggests

that unmet behavioral health needs are likely driven by structural barriers rather than by lack of interest in seeking care.




In discussions with community members, many individuals echoed these findings and shared experiences of difficulty in meeting appointments during standard business times and limited access to evening, weekend or walk-in services. Additionally, many individuals cited transportation as a crucial barrier to attending in-person appointments, particularly for youth, seniors, unhoused individuals, and working parents/families. These findings highlight the importance of flexible service delivery models and supportive resources (i.e. transportation vouchers).

"[It is] very difficult for family members to navigate the system, especially when you have no idea about what the options are and what is available."

"For working parents, having clinics open after hours would be helpful and being next to bus stops."

**Recommendations: BWell can expand messaging of Medi-Cal Transportation benefit, and consider providing bus passes for non-medical appointments like "Color Testing" with SUD providers. BWell can also consider expanding service hours, perhaps focusing on contracted providers expanding business hours.**

**Housing Instability and Behavioral Health Needs are Deeply Interconnected**

County-level homelessness data show that Santa Barbara County generally performs on part with, or slightly better than, statewide averages across several homelessness indicators. However, rates of homelessness among K-12 students are substantially higher and represent a critical area of concern. Local data also indicates that most students and their families are "doubled up" or living with other families due to economic hardship. This suggests a critical need to address housing instability as a drive for behavioral health, especially among at-risk individuals.

| PRIMARY | |
|---|---|
| **PIT Count Rate of People Experiencing Homelessness (Rate per 10,000 people by CoC Region)** | |
| **County Performance** | **Statewide Rate** |
| 48.0 | 48.0 |
| **PRIMARY** | |
| **Percent of K–12 Public School Students Experiencing Homelessness by County (Homeless Student Enrollment as a Share of Cumulative Enrollment)** | |
| **County Performance** | **Statewide Rate** |
| 13.2% | 5.3% |
| **SUPPLEMENTAL** | |
| **Rate of People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) (Rate per 10,000 people by CoC Region)** | |
| **County Performance** | **Statewide Rate** |
| 100.7 | 91.2 |

Across community discussions, housing was consistently described as a foundational condition for effectively addressing behavioral health needs. Survey respondents identified crisis services (13%), substance use treatment (12%), peer support (12%), and transportation (13%) among the most needed services, which are often difficult to access without stable housing.

Participants emphasized persistent shortages in sober living, board-and-care, transitional housing, and family-appropriate housing as critical gaps across the County. Many community members and stakeholders reported confusion navigating housing application and eligibility systems (e.g., HMIS, CES), identifying these challenges as key contributors to prolonged housing instability and increased risk of homelessness. Stakeholders further highlighted the need for enhanced crisis and stabilization supports for individuals experiencing housing-related disruptions, particularly for those who face difficulty engaging in treatment or sustaining recovery due to unstable housing situations.

"I truly believe that part of working on mental health recovery, permanent housing is needed. They [clients] can focus on their recovery if they don't have to worry about moving around."

"Having more checks on those with mental health conditions who are staying in housing/transitional housing. They should have a case worker visit once a week to see how they're adjusting."

**Recommendations: Suggested direction is to focus Housing Intervention dollars on Board and Cares, Sober Living, Transitional housing and Family housing. BWell can also focus on ensuring that staff are linking all clients who are homeless or at risk of homelessness to Community Supports. Maintaining communication with CS providers is essential to benefit clients and deescalate and prevent client crises.**

**Cultural Responsiveness and Trust Strongly Influence Service Utilization**

County-level data suggests that among youth specifically, there is gaps in cultural responsiveness within behavioral health services. Santa Barbara County reports a lower percentage of youth who agree that staff were sensitive to their cultural background compared to the statewide average. This suggests that strengthening culturally responsive and youth-centered approaches may help increase service utilization among youth.

| Primary Measure | |
|---|---|
| **Quality Domain Score (TPS) - Youth** | |
| **County Name** | **Staff Were Sensitive to My Cultural Background** *Percent in Agreement with the Statement* |
| Statewide Rate | 77.6% |
| Statewide Median | 81.0% |
| Santa Barbara | 60.4% |

Both survey and qualitative findings support the importance of culturally responsive and appropriate care. Participants identified a need for more inclusive language, services that acknowledge cultural backgrounds, and trusted messengers that align with cultural customs (i.e. promotores, peers). Many emphasized that services are more likely to be used when they are delivered in a setting that is culturally relevant and familiar. For example, stakeholders who work with youth reported that the Access Line would be more "teen-friendly" if a text option was available, given that text is the most common mode of communication for youth.

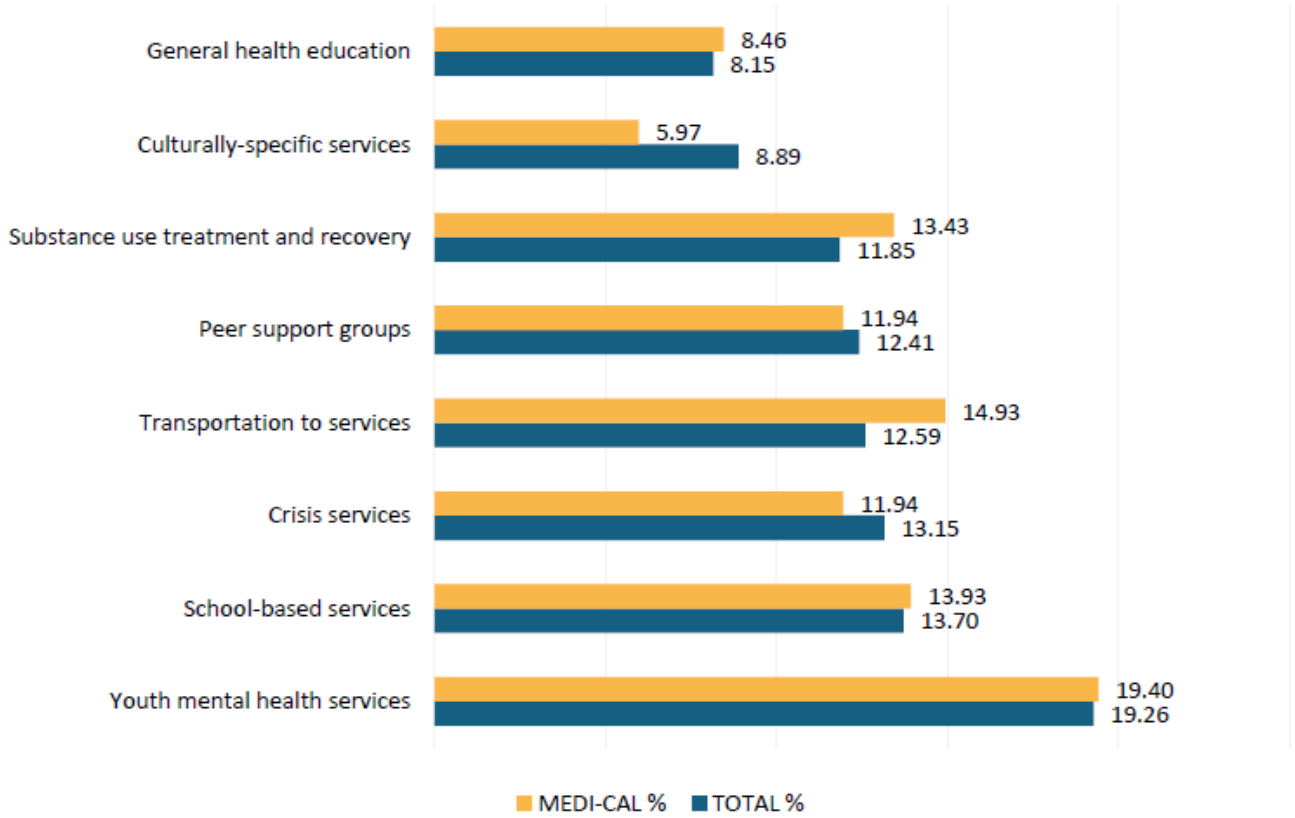
"The words we use are important! People have a low level of education sometimes, the language matters, use of pictures, visuals are helpful, to tell the story of our services"

"I think access improves when youth feel seen. I've watched young people hesitate because they weren't sure if the service understood their background or struggles. I feel that when staff take time to ask about cultural needs, preferred communication styles, or family comfort levels, it creates trust."

**Recommendations: BWell can strengthen existing inclusive language, services that are culturally informed and staff more trusted messengers across cultural spectrum (LQBTQ+; TAY, Mixteco, Spanish Speaking, Agricultural Workers, recent immigrants, and others.)**

**Crisis Intervention is Crucial in the Absence of Prevention and Continuity of Care**

Findings indicate that many individuals first enter the behavioral health system during moments of crisis. Survey results show that crisis services was frequently identified as both highly needed (13%) and commonly accessed (7%). However, many participants also shared concerns of the loss of prevention programming and gaps in follow-up care, which may contribute to repeat crisis encounters later on.



During discussions, community members and service providers described inconsistent post-crisis follow-up care and insufficient capacity as a possible cause of overreliance on emergency departments, hospitals, and law enforcement. This suggests a need to strengthen continuity of care across the system as an early intervention strategy for reducing crisis.

> "[We need] better follow ups: Follow through is the toughest thing (transportation, treatment, etc.)"

**Recommendations: Crisis teams can have consistency in follow up efforts after crisis encounter including multiple follow up attempts and multiple follow-ups; strengthen our relationships with community-wide early intervention/ prevention providers to provide a robust continuum of care.**

**Coordinated Behavioral Health and Employment Supports are Essential in Reducing Justice Involvement**

County-level data related to justice involvement and work engagement highlight the need for stronger coordinated efforts across sectors to support individuals with behavioral health needs. Santa Barbara County reports high rates of adults and juvenile arrests compared to the statewide average, which suggests challenges in diverting individuals with unmet needs to appropriate care. Additionally, a high proportion of individuals report being unable to work due to mental health conditions, which emphasize the role of behavioral health in limiting participation in work and long-term recovery. Together, this data suggests a need for addressing gaps in diversion, coordinated care, and employment support for those who may be justice involved and may experience behavioral health challenges.

| PRIMARY | |
|---|---|
| **Arrests: Adults, Rate per 100,000** | |
| **County Performance** | **Statewide Rate** |
| 3,214.1 | 2,440.2 |
| **PRIMARY** | |
| **Arrests: Juveniles, Rate per 100,000** | |
| **County Performance** | **Statewide Rate** |
| 744.2 | 371.5 |
| **SUPPLEMENTAL** | |
| **Unable to Work Due to Mental Problems** | |
| **County Performance** | **Statewide Rate** |
| 44.6% | 34.4% |

Findings from community discussions support the elevated rates of justice involvement and highlight how fragmented system may contribute to repeated arrests. Participants described significant barriers for justice-involved individuals when reentering society for both work, school, and general recovery. Many stakeholders cited that they may have trouble meeting criteria for support or lack appropriate resources to behavioral health care and employment, which increase the risk of relapse or re-arrest. Stakeholders also suggested the need for more intentional cross-sector collaboration with behavioral health staff, employers, and law enforcement to appropriate connect individuals to more early intervention as needed.

"Building relationships with community partners to develop and work on their skills where they can grow/create internships (paid), letting the community know of opportunity, creates awareness, offering experience."

"I think about the stigma that these justice-involved folks have to experience in our community… If you have co-occurring stigma SMI/SUD/Justice-involvement, life is hard, but if you have a caring educated community, we can move forward easier."

**Recommendations: BWell initiation of IPS for SE will address the need for employment supports for our justice-involved population. BWell can also continue to support increasing cross-collaboration with community organizations working with justice involved populations and their families. Is there a way we could better support those at the CenCal level who are justice involved? Seems like there is a need for more community supports for people who don't meet our service level.**

## FY 26-27 Priority Areas

The Priority Areas and Proposed Action(s) below reflect key themes identified throughout various stakeholder listening sessions, community workshops, and survey responses. Together, they highlight opportunities to improve access, equity and behavioral health outcomes across our system of care.

| | |
|---|---|
| **Strengthen Access Through Navigation Support, Location, and Flexibility** | Residents face significant barriers to behavioral health care due to fragmented service pathways, limited service availability, and low awareness of services.<br><br>Proposed Action(s):<br>- Streamline access pathways by expanding warm handoffs with trusted community partners<br>- Increase service availability across location, preferred language, and hours (i.e. weekend hours, walk-ins, community-centric sites)<br>- Invest in non-emergency transportation assistance and other service vouchers<br>- Increase outreach and communication efforts to promote services within the community |
| **Expand the Behavioral Health–Housing Continuum** | Housing should be treated as a core behavioral health intervention and would require expanding tailored housing options, reducing application and documentation barriers, and cross-training housing staff in behavioral health.<br><br>Proposed Action(s):<br>- Invest in tailored housing options across the continuum (i.e. sober living, board and care, recovery permanent residence, housing near treatment centers)<br>- Simplify eligibility criteria where possible and provide real-time assistance with applications and systems (i.e. HMIS, CES)<br>- Increase transparency around housing availability<br>- Invest in comprehensive behavioral health training for housing navigators (i.e. crisis intervention; de-escalation; prevention and early signs) |
| **Improve Crisis Response and Continuity of Care** | System bottlenecks and limited availability of staff increase strain on caseloads and shift demand toward emergency rooms, hospital, and justice-system responses.<br><br>Proposed Action(s):<br>- Increase bandwidth amongst staff and facilities (i.e. adding more beds, hiring more staff)<br>- Implement trauma-informed overdose prevention and crisis response training across community settings |

| | |
|---|---|
| | - Standardize post-crisis follow-up to reduce repeat crisis encounters |
| **Advance Equity Through Culturally Responsive Systems of Care** | Fear of stigma and judgement may prevent individuals and families from seeking or sustaining care. Advancing equity requires behavioral health services to be culturally responsive, trauma-informed, and accessible in order for individuals and families to feel safe when seeking care.<br><br>Proposed Action(s):<br>- Integrate cultural practices and identity across all points of care where possible<br>- Improve language accessibility (i.e. written, translation, bilingual staff)<br>- Reduce stigma through parent/family education on mental health/substance use<br>- Partner with trusted community organizations and/or individuals with lived experience (i.e. promotores, compadres, peers) |
| **Expand Opportunities for Cross-Sector Collaboration to Reduce Justice Involvement** | Gaps in diversion, employment, and coordinated behavioral health support may increase the likelihood of repeated justice involvement. Addressing these gaps requires cross-sector collaboration that integrates diversion, workforce opportunities, and early intervention.<br><br>Proposed Action(s):<br>- Strengthen training in diversion through cross-sector collaboration (i.e. housing, behavioral health, workforce, justice partners, law enforcement)<br>- Expand opportunities for employment and volunteer for justice-involved youth<br>- Integrate peer specialists to support recovery, diversion efforts, and transition for reentry<br>- Increase opportunities for early intervention for vulnerable populations |

## Limitations and Conclusion

Several limitations should be considered when interpreting the findings in this report. The community outreach survey relied on convenience sampling at select community events, which may limit generalizability to the broader county population. Survey results also reflect self-reported experiences and perceptions, which may be influenced by recall bias or varying interpretations of the questions.

Additionally, while extensive efforts were made to engage diverse stakeholder groups, some populations may be underrepresented due to barriers in recruitment such as language, access, or availability of means to attend in-person engagements.

Despite these limitations, the saturation of themes across multiple data sources and methods supports the overall conclusions outlined in this report.

**Conclusion**

The BHSA Community Planning Process provides a comprehensive picture of behavioral health needs, barriers, and identified priorities across Santa Barbara County. The findings highlight the need for a system of care that is easy to navigate, flexible to the unique needs of Santa Barbara Residents, integrates behavioral health with housing needs, prioritizes early intervention and prevention, and enhances cross-sector collaboration.

Findings should be taken into consideration by Behavioral Wellness leadership, CenCal health services, and other entities that work collaboratively to address the behavioral health needs of Santa Barbara Conty.

**Contact Information**

For more information, please contact:

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COUNTY OF SANTA BARBARA HEALTH

Mouhamad Hammami, MD, MHSA Director
Gustavo A. Mejia, CPA Chief Financial Officer
Lars Seifert, MA, REHS Deputy Director
Dana Gamble, LCSW Deputy Director
Josephine Preciado, MD Chief Medical Officer
Henning Ansorg, MD, FACP Health Officer

Access to Care Working Group Meeting
Microsoft Teams
Tuesday, May 27, 2025 3:30-4:30

Facilitator: Joy Jacobson, Senior Epidemiologist County Health
Minute Taker- Tiffany Espinoza, County Health

## Attendees:

| Name | Organization |
|---|---|
| Joy Jacobsen | Disease Control and Prevention, County Health |
| Tiffany Espinoza | Disease Control and Prevention, County Health |
| Javier Perez | Disease Control and Prevention, County Health |
| Natalia Rossi | Behavioral Wellness |
| Suzanne Grimmesey | Behavioral Wellness |
| Gabriela Labrana | CenCal Health |
| Roxana McBurney | CenCal Health |
| Anne Carlisle | Disease Control and Prevention, County Health |
| Jenna Tosh | Planned Parenthood |
| Irebid Gilbert | Herencia Indigena |
| Adriana Almaguer | Disease Control and Prevention, County Health |
| Monica Ray | Cottage Health |

## Meeting Details:

### Cultural Competency Trainings Update

- Herencia Indigena is hosting 33 cultural awareness classes
  - Turnout has been "very overwhelmingly positive".
  - 10 at the school district.
  - Some coming up at the high school joint union school district.
  - About 10 in the healthcare settings.
  - Two for County of Santa Barbara County Health Department.
  - One in San Luis Obispo.
  - 18 classes have been completed and booked up until July.
  - Cultural dishes for many of the classes.

  - Presenting to healthcare providers and outside of the healthcare system.
  - 3 of the 33 are for Social Services
  - Irebid brings in the local focus of cultural competence in regards to mixed eco and indigenous populations, often not included in general cultural competency training.
  - Irebid lead a class for CDPH's TB branch with over 80 people. The training shares insights into the daily lives of families and why they might not engage with certain agencies or refuse recommendations from providers.
  - Irebid: For more questions regarding the Mixtec Cultural Awareness Class, please email: questions@herenciaindigena.com
- Barriers
  - Zoom vs. in-person preferences (food vs. attendance)
- Disease Control and Prevention team has participated in and promoted the trainings.
- CenCal Health staff and contracted providers take annual cultural competency training. Details about the training and compliance are unknown.
- Behavioral Wellness offers cultural competency related trainings to the department and providers. Anyone contracted with them is required to take a certain number of trainings.

## CHIP Objectives and Partnerships

- Natalia from Behavioral Wellness verified their contract with MICOP aligns with the Community Health Improvement Plan (CHIP) report. Joy confirmed this suffices.
  - Spanish speaking outreach workers have been hired to increase outreach throughout the county, targeting the Spanish speaking and Latinx speaking populations.
  - Outreach workers do trainings and attend community events to inform people about mental health education, resources, and services. Activities began July 1, 2024.
  - The organization helped with over 3,220 appointments for Mixteco speaking patients in 2024 (up to May: 1,521 patients) in partnership with County of Santa Barbara Health Department (OB, GYN, and pediatrics). Eight hours per week are allocated in-person.

## Findhelp Platform

- Find Help is focused on service providers, not community members.
- 211 is more popular for community members.
- 60 community organizations have adopted Find Help, with 40 actively using it. Heavy users include Santa Ynez Valley People Helping People and Carp Children's.

- Find Help is used in the Pediatric Resiliency Collaborative and Mind Thrive networks.
- Find Help implementation has been a slow rollout, sector by sector. The goal is to grow usage and awareness over time.
- The strategy is to grow Find Help's use while acknowledging barriers such as lack of awareness, comfort level, and availability of Spanish resources.

## Enhanced Care Management (ECM) and Behavioral Health Coordination Center

- Vulnerable populations for ECM include those with serious and persistent mental illness, substance use disorders, Latinx, Spanish-speaking, and Mixteco-speaking communities.
- Barriers include political climate causing hesitancy, lack of knowledge on how to request Medi-Cal, and how to access ECM.
- The organization provides information on ECM referrals but does not provide ECM directly.
- Behavioral Health Coordination Center (BHCC) was created after the 2022 CHNA and community listening. It connects youth and families with psychiatry and therapy services, addressing insurance limitations. Referrals currently come from Santa Barbara and Dos Pueblos High Schools, and Groton House pediatric clinics.
- The BHCC is funded for two years, with evaluation of services and potential changes in 2026.
- Mind Thrive, under Cottage Health, has been implemented with positive early findings.

## Other Barriers and Notes

- Barriers include funding limitations and the time-consuming nature of translating materials into different Mixteco dialects.
- Herencia Indigena collaborated with Tri Counties, creating Mixteco cartoons about 10 privacy rules for providers and patients, with audio dubbing in progress for Guerrero (currently interpreted for Oaxaca dialect) which has taken a year and more to follow. The scope of the project demands a significant time commitment.

## Future Meetings and Follow-Ups

- Future meetings will cover the published improvement plan (coming soon), tracking performance measures, and baseline data collection.
- Another meeting will be scheduled towards the end of next quarter.
- The improvement plan is being published jointly with Cottage Health.

Mouhanad Hammami, MD, MHSA Director
Gustavo A. Mejia, CPA Chief Financial Officer
Lars Seifert, MA, REHS Deputy Director
Lindsay Walter, JD Deputy Director
Josephine Preciado, MD Chief Medical Officer
Henning Ansorg, MD, FACP Health Officer

Behavioral Health Working Group Meeting
Microsoft Teams
Friday, May 30, 2025 2:00 – 3:00 PM

Facilitator: Joy Jacobson, Senior Epidemiologist County Health
Minute Taker- Tiffany Espinoza, County Health

Attendance

| Name | Organization |
|---|---|
| Kelley Barragan | Disease Control and Prevention |
| Michelle Wehmer | Disease Control and Prevention |
| Anne Carlisle | Disease Control and Prevention |
| Joy Jacobsen | Disease Control and Prevention |
| Javier Perez | Disease Control and Prevention |
| Tiffany Espinoza | Disease Control and Prevention |
| Natalia Rossi | BeWell |
| Gabriele Labrana | CenCal |
| Suzanne Grimmesey | BeWell |
| Juliana Franco | Center for WorkLife Law & Dar a Luz |
| Meghann Torres | CenCal |
| Rachel Lambert | CenCal |
| Maria Douvia | Health Families America Program |
| Monica Ray | Cottage Health |
| Suzanne Phelan | CalPoly |

## CHIP Overview

- Community Health Improvement Plan (CHIP) spans from **2024 to 2027** and will be updated based on the most recent needs assessment.
- Partners involved include **County Health, Cottage Health,** and others.
- The CHIP includes:
  - Executive summary
  - Priority areas
  - Information about partners and work groups
  - Santa Barbara County overview
  - What a CHIP is
  - The planning process and timeline

## Priority Areas

1. **Access to Care and Social Needs**
   - Goal: Improve access to healthcare and basic needs, including culturally relevant providers, by eliminating barriers and addressing social drivers of health.
2. **Behavioral Health**
   - Goal: Improve mental health across all age groups by raising awareness, enhancing screening, and providing access to prevention and treatment.

This



3. **Maternal Health**
    - Goal: Improve pregnancy metrics and birth outcomes by increasing access to early and adequate prenatal care.

## Priority Area 1 Objectives (by end of 2027)

- Increase countywide awareness of mental health screenings and available resources.
- Expand mental health training and education for healthcare providers.
- Increase access to behavioral health services, including substance use disorder treatment and prevention.

## Strategies

- Establish/expand countywide mental health work group.
- Conduct inventory of available mental health screening tools and administrators.
- Implement mental health education programs, including annual trainings for providers and community members.
- Develop/distribute educational materials on mental health needs, screenings, and resources.
- Increase medication-assisted treatment (MAT) access.
- Create centralized navigation for behavioral health services to improve access.
- Increase the number of individuals receiving behavioral health treatment or prevention services.

## Objective Discussion

- Should "mental health screenings" be broadened to "mental health and substance use screenings"?
- Proposal: Change “mental health screenings” and “mental health trainings” to **behavioral health**.
- Suggestion: Add "(mental health and substance use disorders)" in parentheses after "behavioral health" in headers.
- **CenCal** should be added as an asset/resource.
- Clarification requested:
    - What is the new centralized navigation for youth behavioral health services?
    - Is the Access Line considered centralized navigation?

## Performance Measures

- Track number of work group meetings with community partners, providers, and mental health professionals.
- Track completion of the inventory of mental health screening tools and organizations using them.
- Track the number of mental health trainings and attendees.
- Track number of clients served with MAT.
- Track percentage of youth connected to services through centralized navigation.
- Track number of individuals served, including:
    - Pregnant individuals.
    - Individuals pregnant within the last year.
- **Cottage Health’s Mind Thrive initiative** provides a youth behavioral health navigation center through a coordination center. Referrals come into the center; family care coordinators work with families to connect to services.
- **Youth Mental Health Needs Assessment (2022)** (part of the 2022 CHA) identified:
    - Challenges connecting to mental health resources, even for those with insurance.
    - An initiative was piloted, with expansion underway and future iterations being considered.

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- Centralized Navigation:
  - Currently for **youth ages 12–18**, but not yet for **Medi-Cal** populations.
  - A hotline exists for families needing support.
  - Pilot evaluation findings are strong.
  - Integrating navigation with **CenCal** and **Behavioral Wellness** could improve access for eligible populations.

## Data, Tools, and Performance Tracking

- A **tool/dashboard** is in development to systematically track and display data by quarter and year.
- Performance Measures include:
  - Number of work group meetings.
  - Inventory of mental health screening tools.
  - Number of trainings on mental health topics and attendees.
  - Number of clients served with MAT.
  - Percentage of youth connected to services through centralized navigation.
  - Number of individuals pregnant or pregnant within the last year.
- **Data Sources**:
  - Behavioral Wellness has data for 1.2, 2.1, 3.1, and possibly 3.3.
  - County of Santa Barbara/Kelley tracks visiting services 3.3 (pregnant individuals) and outcomes of positive screens.
    - Kelley is interested to know if CenCal has historical data on assessment tools for pregnant/perinatal populations.
  - FCH program provides trainings for 1.1.
  - Center for Worklife provided a resource link: Mental Health During Pregnancy and Postpartum – Pregnant@work

## Barriers and Discussion

- **Natalia**: Lack of awareness of where to access MAT services, even for those recently incarcerated.
- **Kelly**: Limited knowledge of MAT services landscape for both youth and adults.
- 24/7 **Access Line** is a resource for mental health/substance use services and MAT providers, but awareness is lacking.
- **Suzanne G.**: A mobile clinic in northern Santa Barbara County serves uninsured women but faces barriers following up with Spanish-speaking clients.
- **Suzanne P. (CalPoly)**: Language barriers, especially in follow-up care for Spanish-speaking clients.
- **Suzanne G.**: BeWell to update follow-up services based on feedback.
- BeWell's Access Line promotion efforts:
  - Newspaper ads
  - KEYT's Be Mindful series.
  - Inclusion in literature
  - Trainings and community outreach
  - Press releases
  - Social Media Posts
  - Promotional items (e.g., stress balls) with the number
- Natalia offered her email for Access Line training signups: nrossi@sbcbwell.org

## MAT Data & Legal Support

- Rachel to check with care management on tracking the number of MAT clients, especially pregnant/postpartum.
- **Center for Worklife** offers:
  - Free legal helpline for caregivers (pregnant, breastfeeding, postpartum), including workplace accommodations and mental health concerns.
  - Internal data tracking and monitoring of online resource views.
  - Follow-ups with clients until resolution.

## Access Line Data & Updates

- **Improvements**:
  - Increased staffing, including bilingual screeners.
- **Call volume**:
  - Remains high, even in historically low periods (January–March).
  - Percentage of calls resulting in hospitalization has decreased (from 65% to 44%), indicating people are calling earlier and receiving appropriate interventions.

## Closing Remarks

- The final CHIP report will be published soon.
- Future quarterly meetings will focus on performance measures.
- The **tracking tool** is under development.

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

# CBO Collaborative Meeting Notes

Wednesday
02 July
2025
2:15PM
- 3:30
PM

**Meeting conducted on Microsoft Teams:**

Click here to join the meeting
Meeting ID: 290 907 751 990
Passcode: ke7uN2wA Download Teams | Join on the web

| TIME | TOPIC | LEAD | NOTES/ACTION |
|---|---|---|---|
| 2:15 | Welcome and Introductions | Jamie Huthsing | Selina Martinez, Case Mgr with Changing Faces and Agape Homes<br>Cesar Arroyo, Prg Director for Crestwood CSU in SB<br>Elise Blumenthal, Clinical Director for Agape Homes and Changing Faces |

| | | | |
|---|---|---|---|
| | Director's Report (Attachment) | Jamie | June Director's Report<br>• June was Pride Month<br>• Pacific Pride Festival in August in SB<br>• National PTSD Awareness month was in June<br>• Juneteenth celebrated<br>• May was Mental Health month – big thank you everyone who participated in lighting up green<br>• Out of Darkness Suicide Prevention Walk – on Oct. 4th at Goleta Beach, registration is now open, links in report to sign up, see Suzanne Grimmesey with any questions |
| | CBO Updates | CBO Leaders | Kimberley Valenzuela - Casa Pacifica will be ending SAFTY program with BWell by end of Sept after 19yrs, working closely with Mobile Crisis to ensure kids will continue to be supported<br><br>AnnMarie Cameron - Mental Wellness Ctr, this month's educational meeting held by NAMI will feature speakers Natalia Rossi & FayAnn Wooton-Raya who will talk about shift from MHSA to BHSA, 24 July from 7PM-8:30PM in-person and on Zoom with Spanish translation<br><br>Jill Bolster-White - TMHA will be having a 25th anniversary celebration at their Growing Grounds farm on 19 July from 12PM-4PM with bands & food trucks located at the Foster Rd county campus. Tomatoes, squash, and pepper plants available for purchase for gardens |

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| | Updates and Info Notices from DHCS (Attachments)<br>• DHCS BH UPDATES: | Jamie | BHIN 25-019 Transgender, Gender Diverse, or Intersex Cultural Competency Training Program - A training plan will need to be submitted in August for this new training requirement that staff will need to take within 45 days of their hire date. Working to try to find a vendor to provide this service<br><br>BHIN 25-020 Adult-Needs Screening Tool and Transition of Care Tool – If an individual is screened at a Cen-Cal level, but based on their symptoms, should be at a BWell level of care, we can now modify the scores as a Behavioral Health Plan. If this applies to you, please be sure to review<br><br>BHIN 25-023 DHCS Possible Enforcement Actions If Contracts Are Not Met – Option of financial sanction, a corrective action plan, temporary withholding of funds, monetary sanctions, temporary suspension, termination of specific people/contractors, or contract terminations |
| | MHSA Update | FayAnn Wooton-Raya | BHSA Community Planning Prg process has begun. Working on events with Good Sam.; had one-on-one session with emergency svcs yesterday; met with Police Dept, event with Cottage coming up and many more to come! We are gathering the community's feedback as these events take place and, in the fall, we will be hosting co-workshops with the community. Everyone is invited to join publicly and gather in a larger space to work on prg planning priorities for the next 3 yrs under the BHSA.<br><br>The CDPH is working on Behavioral Health transformation and the BHSA is requiring CDPH to participate in engagement and consultation activities and will provide an open public comment period open through Friday, 11 July at 11:59PM, link here |

| | | | |
|---|---|---|---|
| | BH-Connect | Jamie | Behavioral Health CONNECT (Community-Based Organized Networks of Equitable Care and Treatment)<br>-Some opt-ins are designed to increase access and strengthen the continuum of care of community-based Behavioral Health Services. A multi-year demonstration from 2025-2029 |
| | TPS Results | Shereen Khatapoush | DMC-ODS Treatment Perception Survey - Fall 2024 Results client satisfaction survey results on DMC-ODS/SUD and are available on our website. |
| | Fiscal Update | Chris Ribeiro | N/A |
| | QCM Update | Jessica Korsan | Updated Guidance for Group Services with Multiple Service Providers - Went out on 6/27 and in the QCM newsletter. Updating practice guidance when there is more than one facilitator in a group. |

| | | | |
|---|---|---|---|
| | | | Reminder - BBS put out a notice, as of 7/1, if anyone is a licensed clinician through BBS you will be required to give new clients their name, license, license type, and expiration date in writing and this goes for telehealth services as well. QCM will be sending out a memo as a reminder. |
| | ADP Update | Melissa Wilkins | N/A |
| 2:58 | Adjourn | All | • Next meeting will take place 6 August |
| *Future Agenda items:* | | | |

# DISASTER HEALTHCARE PARTNERS COALITION MEETING MINUTES

7-17-25

| | |
|---|---|
| **Present:** | TEAMS attendance - 46 |
| **Next meeting:** | 9-18-25, 10-11 AM, via TEAMS |

- Partner presentations by Yolanda Salgado-Tovar with DSS Disaster Service & Mass Care & Shelter, and by Gayle Robinson with the American Red Cross were given.
  - There is an 530AM radio station where you can listen for information regarding disasters - https://www.readysbc.org/533/Radio-Ready
  - "Radio Ready" is a partnership between the Office of Emergency Services, the Orfalea Foundation and California Concern that works with local radio stations using satellite communications!
  - To Volunteer for the Red Cross, www.redcross.org/volunteer
- Introduction to SB County Behavioral Wellness with discussion regarding new Substance Abuse and Mental Health Programming needs. Presented by Natalie Rossi, FayAnn Wooton- Raya, Nakisa Shojaie, and Elise Ramacciotti.
  - The 24-hour Behavioral Wellness Access Line is a toll-free number (888-868-1649) which can be reached 24 hours a day, 7 days a week. The Access Line may be called to assist with community mobile response to a behavioral health crisis or for access to mental health and substance abuse services.
  - Access Line | Santa Barbara County, CA - Official Website
  - Please contact SBC Behavioral Health if you would like an access line training: FayAnn Wooton-Raya fwooton@sbcbwell.org or Natalie Rossi nrossi@sbcbwell.org
- A presentation on Wildfire Smoke and Air Quality was give by Lyz Bantilan of the Air Pollution Control District.
  - Clean Air Rooms
    - Air purifier, HEPA device
    - Close windows and doors
    - Great infection prevention tool
  - Facilities, she can write up something for your newsletters!
    - Please see the attachments in the email for details on each presentation.

Submitted by Cassi Gilkeson on 7-20-25

July 23, 2025 3:00 – 4:30 p.m.

**The Grange, 2374 Alamo Pintado, Los Olivos, CA**

**MINUTES**

**Attendance:** Lora Aladin, Eva Avila, Cathy DeCaprio-Wells, Chris Donati, Lauren Ferguson, Amelia Grover, Amy Krueger, Rachel Lambert, Supervisor Roy Lee, Blake Markum, Jack Mohr, De Rosenberry, Natalia Rossi, Nakisa Shojaie, Maria Vega, Margaret Weiss, Hilda Zacharias

**Staff:** Barb Finch & Elizabeth Drake

1. Welcome & Introductions

Barbara Finch called the meeting to order and invited attendees to introduce themselves, the agencies they represent, and their favorite summertime activity.

2. AAN Business Approve Minutes, May 28, 2025

Roy Lee motioned to approve the May 28, 2025 minutes and Lora Aladdin seconded the motion. Amelia Grover abstained from voting. The motion passed and the minutes were approved.

3. Public Comment/Announcements

- **Membership:** Barbara announced that copies of the membership agreement are available from Liz and encouraged anyone without a current agreement on file to complete one.
- **Transportation Funding:** Hilda Zacharias announced that Community Partners in Caring will lose more than $100,000 in funding for South County senior transportation. This reduction will affect the ability to transport clients to medical appointments, grocery stores, and other essential destinations. She asked that anyone aware of potential funding sources contact her.
- **Senior Mobile Home Parks:** Supervisor Roy Lee announced that the Board of Supervisors recent passed a policy to protect senior mobile home parks from conversion to all-ages housing.
- **Enhanced Care Management:** De Rosenberry announced that Family Service Agency (FSA) is now providing Enhanced Care Management (ECM), a Medi-Cal benefit offering hands-on care coordination for clients with complex health and social needs.
- **Virtual Meeting Participation** – Barbara explained that, under Brown Act rules, members must attend in person, with one virtual participation allowed per year in cases of emergency or just cause circumstances. She added that the OWL system being tested during the meeting will be used to allow remote participation for non- members, older adults, and individuals with disabilities. The goal is to increase engagement—particularly from those with lived experience—similar to the higher participation seen during the pandemic.

4. Implementation of the Santa Barbara County Master Plan

- **Accessing the local Master Plan (www.sbcaan.org/master-plan-for-aging.html) -** Barbara reported that the Master Plan for Aging was presented to the Board of Supervisors, discussed

briefly at their request, and ultimately approved. She recognized Margaret for her significant contributions in organizing the process and ensuring all

voices were included over the past two years. The five-year plan was designed to be achievable with existing resources and will rely on this group's involvement to carry out the work, with additional meetings as needed to address specific topics, such as transportation. The Plan can be accessed on the Adult & Aging Network website (see above link).

- **Strategies for Implementation -** Barbara outlined four key focus areas for implementing the plan, each with dedicated partners and goals. Efforts will leverage existing networks, county departments, and affiliated organizations to coordinate resources, address service gaps, and develop innovative solutions. The approach emphasizes convening subject matter experts, aligning with ongoing initiatives, and ensuring broad community engagement to meet the needs of older adults and people with disabilities.

¬ **Awareness of Community Resources**: Led by 211 and Access Central Coast to improve public knowledge of available services.

¬ **Caregiving Support**: Coordinated through Caring Together Santa Barbara County to address caregiving objectives.

¬ **Housing and Homelessness**: Partnering with the County Community Services Division to tackle housing-related needs.

¬ **Access to Health and Community Services**: Focused on identifying gaps, gathering data, and finding innovative solutions, including behavioral health access and integration with caregiver and housing initiatives.

5. MPA Integration within County Departments: Behavioral Health

Natalia Rossi, Mental Health Services Act (MHSA) Manager for the Santa Barbara County Department of Behavioral Wellness, led a listening session focused on integrating behavioral health services within the Santa Barbara County Master Plan for Aging (SBC MPA). She reviewed current service access points, housing and homelessness prevention efforts, and the shift from MHSA prevention funding to the Behavioral Health Services Act (BHSA) structure. The discussion emphasized the role of the Access Line, outreach to older adults, collaboration with housing providers, and the need to identify new funding opportunities to replace prevention programs that are ending under BHSA.

- **Behavioral Health Services Act (BHSA) Listening Session** - Natalia provided an overview of the Access Line as the main entry point for both crisis and non-crisis behavioral health services, serving Medicare-only, Medi-Cal, and uninsured populations. She described outreach efforts aimed at older adults, including participation in community events, partnerships with nonprofits, and collaboration with housing authorities. The group discussed housing supports, such as board-and-care facilities, permanent supportive housing, and rental assistance through Full Service Partnership. Participants noted service gaps, particularly the limited availability of Medicare providers and the loss of prevention programs for older adults.
- **Behavioral Health in the Santa Barbara County Master Plan for Aging (SBC MPA)** - Natalia explained how behavioral health priorities align with the Santa Barbara County Master Plan for Aging (SBC MPA) goals in areas such as housing stability, caregiver support, and increasing community awareness. Both Natalia and participants recognized the negative impact of ending

MHSA-funded prevention programs for older adults, including those offered by Family Service Agency at senior housing sites. She emphasized the department's commitment to leveraging partnerships, coordinated outreach, and data tracking to meet older adult behavioral health needs. The group also discussed the importance of identifying alternative funding sources to sustain essential prevention and early intervention services.

6. Community-Based Behavioral Health Services

- **CenCal Health** - Rachel Lambert, Behavioral Health Director at CenCal Health, presented membership statistics, service utilization, and upcoming changes, including the January launch of the Dual Special Needs Plan (D-SNP), which will serve many older adults and individuals with complex needs. She noted that 65+ members make up a significant portion of CenCal's population, with higher rates of behavioral health conditions and service use compared to the general Medi-Cal population. Lambert explained CenCal's role in providing mild-to-moderate behavioral health care, coordination with counties for specialty services, and the no-copay, no-referral policy for mental health services—important for older adults on fixed incomes. She described efforts to improve access for this demographic, including behavioral health navigators trained to address aging-related needs, real-time provider availability updates, closed-loop referrals, and collaboration with community partners. She also encouraged the use of the member services phone line to connect older adults to mental health, substance use, and community support resources, including housing assistance.
- **Family Service Agency** - De Rosenberry, Senior & Caregiver Services Program Director at Family Service Agency, outlined the agency's centralized intake process, which includes bilingual, bicultural staff to assist older adults and caregivers in accessing services or referrals. She emphasized strong partnerships, word-of-mouth outreach, and culturally relevant materials in English and Spanish. Funding comes from federal, state, and local sources, with Medi-Cal billing in place and Medicare credentialing underway. While services remain free, limited funding and staffing have created a modest waitlist, particularly for clients with the greatest needs who may face language, digital, or immigration barriers. In 2022–23, the program served 156 older adults and caregivers, provided thousands of mental health hours, conducted extensive facility visits through the Ombudsman program, and delivered targeted case management through special grants like Aging in Place.

7. Adjourn Meeting

There was a brief group discussion on the topics for future meetings. The following was suggested:

- Housing recommendation updates, and 211 listing review
- Potential housing and homelessness discussion with Continuum of Care updates (November).
- Consider topics on housing funding changes, Enhanced Care Management (ECM), and programs for uninsured or non–low-income residents.

Barbara adjourned the meeting adjourned at 4:35 p.m. The next meeting will be held on Wednesday, September 24, 2025.

*Respectfully submitted by Elizabeth Drake*

COUNTY OF SANTA BARBARA HEALTH
one COUNTY one FUTURE

Mouhanad Hammami, MD, MHSA Director
Gustavo A. Mejia, CPA Chief Financial Officer
Lars Seifert, MA, REHS Deputy Director
Dana Gamble, LCSW Deputy Director
Josephine Preciado, MD Chief Medical Officer
Henning Ansorg, MD, FACP Health Officer

Access to Care Working Group Meeting
Microsoft Teams
Tuesday, August 12, 2025 1 – 1:42 PM

Facilitator: Joy Jacobson, Senior Epidemiologist County Health
Minute Taker- Tiffany Espinoza, County Health

## Attendees:

| Name | Organization |
|---|---|
| Joy Jacobsen | Disease Control and Prevention, County Health |
| Tiffany Espinoza | Disease Control and Prevention, County Health |
| Javier Perez | Disease Control and Prevention, County Health |
| Natalia Rossi | Behavioral Wellness |
| Charles | Hospice of Santa Barbara |
| Gabriela Labraña | CenCal Health |
| Irebid Gilbert | Herencia Indigena |
| Jessica Koval | Cottage Health |
| Wendy Enriquez Villalva | Disease Control and Prevention, County Health |
| Katya Adachi Serrano | Health Care Center |
| Michelle Wehmer | Disease Control and Prevention, County Health |
| Whitney Olivia Gray | MCAH – County Health |
| Anne Carlisle | Santa Barbara Health Department |
| Adriana Marroquin | Hospice of Santa Barbara |
| Roxana Burney | CenCal Health |
| Maria Garcia | Community Health Centers of the Central Coast |
| Adriana Almaguer | Immunization Program, County Health |

## Community Health Improvement Plan (CHIP)

- The CHIP was sent out to all work group members and was finalized and published in collaboration with Cottage Health, especially Monica Ray.
- The CHIP is part of the public health accreditation goal.
- The current plan runs from 2024 to 2027 and is based on the 2022 needs assessment.
- The needs assessment is currently being updated with data collection for this year.

## Priority Areas

- Access to Care and Social Needs:
  - Goal: Improve access to healthcare and basic needs resources.
  - Includes culturally relevant providers, addressing barriers to care, and social determinants of health.
- Behavioral Health:
  - Focused on improving behavioral health across all age groups in the county.
  - Aims to increase awareness, screening, and access to prevention and treatment.
- Maternal Health:
  - Kelly Barragan is Lead
  - Goal: Improve pregnancy metrics and birth outcomes.
  - Aims to increase access to early and adequate prenatal care.
- First priority area: access to care and social needs.
  - Objectives:
    - Increase culturally competent and congruent care and connections to relevant providers, specifically focusing on Hispanic, Latino and mixed eco communities.
    - Improve access to health care, including mental health and substance use services.
    - Improve awareness, navigation and access to basic needs resources.
  - Strategies:
    - Provide cultural and competent training to staff in community-based organizations or healthcare organizations and really focusing on our Hispanic, Latino and Mixtec communities.
    - Facilitate referrals and improved care coordination with partnerships.
    - Establish a repository of resources specific to those communities and implementing and increasing our ECM or enhanced care management and then implementing a behavioral health coordination center and facilitating referrals.
- Data collection:
  - Data will be collected as a group.
  - The performance measures should show progress towards the strategies which ultimately roll up into the objectives.
  - A tool will be provided to help collect data relevant to each performance measure.
  - The tool will be built out in Smartsheet.
  - Wendy will collate all the data and it will be presented back to the group.
- Data collection timeline:
  - Data will be collected yearly.
  - Feedback was gathered about when is best for that data collection to occur. Early in the year was suggested as a good time.

## Priority Area 1B: Access to Care specifically for Children

- Shared goal between Cen Cal Health and the county of Santa Barbara.
- Goal: By December 31, 2025, Cen Cal Health county of Santa Barbara will increase the rate of well child visits in the first 30 months of life to six or more visits.
  - Baseline: 65.3.9
  - Aim: increase it to 68.09 (Ninetieth percentile based on comparable data)
- Strategies:
  - Training staff on transportation and translation services to decrease some of those barriers.

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- Updating the wellness and prevention key materials to be bilingual and updating handouts for mixed eco clients and specifically looking at those transportation benefits for peds visits.
- Update messages texted out to parents about those visits and also look into if we could do some texting at our county health clinic to reach out.

## Second Priority Area: Behavioral Health

- Overall goal: to improve behavioral health in county.
  - Includes awareness, screening as well as access to prevention and treatment.
- Objectives:
  - All the objectives have a complete date of the end of 2027.
  - Objectives include things like increasing awareness of screenings and resources.
  - Expanding behavioral health training and education for healthcare providers.
- Behavioral health training could mean de-escalation or how to refer for behavioral health services.
- The plan is meant to be flexible, so adjustments can be made if something isn't working or the language needs to be modified.
- The activities or work plan happens through the work group.
- The plan was designed to align with existing community efforts, so it shouldn't require a significant amount of new work.

## Strategies and Performance Measures

- Strategies include:
  - Expanding a work group.
  - Implementing comprehensive behavioral health education programs.
  - Increasing MAT access.
- Performance measures include:
  - Number of work group meetings.
  - Number of trainings.
  - Number of clients with MAT.
  - Percent of youth connected via navigation.
  - Number of individuals served (including pregnant and recently pregnant individuals).
- Not all performance measures will be applicable to everyone.

## Maternal Health Priority Area

- Focuses on reducing disparities and increasing early and adequate prenatal care, especially for underserved groups like farm workers.
- Strategies include increasing opportunities for participation in prenatal care and increasing support for prenatal indigenous populations from Mexico in North County.
- Performance measures include:
  - Number of prenatal clients served and degree of engagement.
  - Number of cultural awareness trainings, with emphasis on indigenous populations.

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## Monitoring and Revising Goals

- Key elements for monitoring and revising include transparency, accountability, efficiency, effectiveness, and continuity.
- Steps include:
  - Establishing work group teams.
  - Creating a data collection schedule.
  - Reviewing and analyzing data.
  - Tracking progress via reporting.
  - Revising areas or goals as needed.
  - Communicating progress with the community.
  - Repeating the cycle annually.
- A smartsheet form (similar to a Google sheet form) will be used to collect data, based on the performance measures.

## Community Challenges and Access to Care

- Concerns exist about people not seeking treatment due to current challenges.
- Natalia mentioned concerns about individuals with uncertain documented status not seeking services.
- Adriana suggested getting creative about where people are going if they are not receiving care.
  - Policies are changing often and affecting communities differently.
  - Ongoing conversation is needed to determine where people are going and if there is a decrease in people seeking care.
- Michelle suggested monitoring volume to identify dips and partner with CBOs.
  - Hospitals and emergency departments may become overwhelmed if preventative care and access stop.
- Natalia noted that there is an added barrier for behavioral health because communities do not understand mental health and there is a stigma against seeking services.
  - Funding is being lost for prevention and outreach.
- Irebid stated that people are not coming to appointments and have questions about qualifying for benefits.
  - There have been cancellations of services and low attendance rates at events.
- There is a desire for the group to stay in contact and support each other in monitoring and quantifying decreases in visits or access.

## Expanding Definitions and Communication

- Adriana suggested expanding definitions and being nimble in tracking to make a defined impact.
  - Consistent communication is needed to identify trends, holes, and who is being affected by funding cuts.
  - Transparency is needed about how organizations are being affected.
- Charles requested a refreshed roster with members and contact emails for better communication.

## Next Meeting

- Next meeting is October 15, from 11 to 12 PM.
- Notes and a roster for this work group will be sent out.
- Reach out sooner if anything comes up or to meet separately.

Department of Behavioral Wellness Commission Meeting

Wednesday, August 20, 2025
3:00 - 5:00 p.m.
In-Person & Remote Virtual Participation

**Meeting Minutes Meeting Facilitator: Pamela Flynt Tambo**, 3rd District, Chair.

**Commission Members Present: Stefanie Herrington**, 1st District; **Lauren Penepacker**, 2nd District; **Lynne Gibbs**, 2ndDistrict; **Leonie Mattison**, 2nd District; **Evie Vesper**, 2nd District; **Pamela Flynt Tambo,** 3rd District, Chair; **Patrina Jones,** 3rd District, Vice Chair; **Keith McLellan,** 3rd District.

**Commission Members via Teleconference/Santa Maria: Oscar Rivera,** 3rd District; **Karen Draper,** 4th District.

**Commission Members Excused: Wayne Mellinger**, 1st District; **Laura Capps**, 2nd District Supervisor; **James Halsell** 4th District; **Edward Lamberson**, 5th District; **E. Maria Valencia**, 5th District; **Yvette Villa**, 5th District.

**Behavioral Wellness Department Staff: Toni Navarro**, Director; **Katie Cohen**, Assistant Director; **Natalia Rossi**, MHSA Manager; **FayAnn Wooton-Raya**, Prevention & Early Intervention Health Care Coordinator, MHSA; **Nakisa Shojaie**, Dept. Business Specialist, MHSA; **Kristine Haugh,** BWC Program Administrator/Executive Assistant to the Director.

1. **Call-to-Order and Conduct Roll-Call:** Chair Flynt Tambo called the meeting to order at 3:00 p.m. and Kristine Haugh conducted roll-call.
2. **Establish Quorum:** Kristine Haugh established a quorum at 3:20 pm.
3. **Welcome and Introductions:** Chair Flynt Tambo welcomed everyone in attendance and asked guests to introduce themselves.

   **Action:** No action.

4. **General Public Comment:** no public comment at this meeting.

   **Action:** No action.
5. **Chairperson Announcements:** Chair Flynt Tambo announced the following:

– Vacancies, Recruitment, Active participation.
– 2025 Data Notebook

**Action:** No action.

6. **Future Agenda Items -** Commission members discussed future agenda items.

**Action:** No action.

7. **Review and Approve Minutes of the July 16, 2025 BWC Meeting** Chair Flynt Tambo asked Commission members to review the July 16, 2025 meeting minutes (attachment 6a).

**Action:** Commissioner Vesper made a motion to approve the July 16, 2025 BWC Meeting minutes as presented. Commissioner Penepacker seconded. Commissioners: Herrington, Gibbs, Mattison, Jones, McLellan, Rivera and Draper (6) abstained due to absence. No objections. Motion carried.

8. **Director's Report:** Toni Navarro provided an overview of the August report which highlighted the following:

International Overdose Awareness Day; Making a BIG Difference; SAFTY Program Transitions to Behavioral Wellness; Annual Application Period Open for John Kovacs Scholarship Awards; 2025 AFSP Out of the Darkness Suicide Prevention Walk is Now Open for Registration; Carpinteria Suicide Prevention Candlelight Vigil; Behavioral Wellness Welcomes a New Human Resources Manager; BHSA Update; Upcoming FREE Family-to-Family Classes Offered by NAMI; La Posada Interim Housing Village Marks a Year of Hope and Progress; Behavioral Wellness in the Community; National and State News; and Systems Change Calendar.

**Action:** No action.

**New Business:**

*9.* **New BHSA Planning, Mandates & Requirements** (attachment 9a) *Natalia Rossi, FayAnn Wooton Raya and Nakisa Shojaie reviewed a PowerPoint Presentation regarding New BHSA Planning, Mandates & Requirements. Discussion ensued, with questions from several commissioners and additional input from Director Navarro and Assistant Director Cohen.*

**Action:** No action.

**Commission Business:**

**10. Reports of Officers; Boards, Chair, Site Visits, Liaisons to other Committees and BWC Special Committees:**

*1.* **Site Visit Committee Update –** *Commissioner McLellan reviewed the following documents provided via attachment:*

- CALM Visit Report
- Revised Site Visit Letter
- Revised Site Visit Questionnaire

**Action:** Commissioner Herrington made a motion to approve the Site Visit Letter as presented, with corrections/edits integrated by administrative staff as directed by commissioners. Commissioner Jones seconded. No abstentions. No objections. Motion carried.

**Action:** Commissioner McLellan made a motion to approve Site Visit Questionnaire as presented, with logo correction by administrative staff. Commissioner Mattison seconded. No abstentions. No objections. Motion carried.

2. County Wide Meetings Updates

- **Community Corrections Partnership (CCP) Workgroup–** *Commissioner Gibbs Provided a detailed and informative review of the attachments provided regarding the CCCP Workgroup Meeting. Discussion ensued.*

**Action:** No action

10. Discussion of Current Events

- Psychological First Aid – *discussion ensued.*
- Immigration Enforcement – *discussion ensued.*
- Executive Order on Homelessness - *postponed to a future meeting due to time constraints*

**Action:** No action.

10. **Adjournment -** Commissioner McLellan made a motion to adjourn the meeting at 4:56 pm. Commissioner Herrington seconded. No objections. Motion carried.

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

# CBO Collaborative Meeting Notes

Wednesday, 03 September 2025
2:15PM - 3:30 PM
**Meeting conducted on Microsoft Teams:**

Click here to join the meeting
Meeting ID: 290 907 751 990
Passcode: ke7uN2wA Download Teams | Join on the web

| TIME | TOPIC | LEAD | NOTES/ACTION |
|---|---|---|---|
| 2:15 | Welcome and Introductions | Jamie Huthsing | Welcome to the meeting Laurie Mahr (Casa Pacifica) and Audra Strickland (Hospital Association of Southern California)! |

| | | | |
|---|---|---|---|
| 2:19 | Impact of Changes to Medi- Cal on Services | Toni Navarro | Medi-Cal Impact remains unknown. The way HR-1 reads anyone who qualifies for moderate to severe specialty mental health will be exempt from Medi-Cal work requirements |
| 2:30 | CBO Updates | CBO Leaders | Last week for SAFTY, Youth Crisis Hotline will reroute to ACCESS Line<br>Eric Blanco (Director of Vocational Services at Transitions Mental Health Association). New program called the High Road Training Partnership Grant. Two-year grant which will provide internships for upwards of 40 individuals through Transitions Mental Health Association. 6-month, part-time internship.<br>Anyone who considers themselves a Peer, or knows of anyone who considers themselves a Peer, please reach out to eblanco@t-mha.org. |
| 2:33 | BHT Goals MHSA/BHSA Update | Natalia Rossi | All counties are being held to the same standard. All must report to the state as part of each county's integrated plan. 6 out of 14 goals are the same measurements for every county. Please reach out to nrossi@sbcbwell.org if you have any questions! |
| 3:15 | CBO User Group and ADP Update | Melissa Wilkins | CBO User Group is more designed for staff who provide direct services and use the systems of care. Please think about who in your org would be most useful to join the meeting. Reach out to licelio@sbcbwell.org with the name of your representative for CBO User Group. Reach out to mwilkins@sbcbwell.org if you have any questions!<br>September is Recover Month! BOS 9 September will declare September to be Recovery Month |
| 3:22 | Bond BHCIP Round 2 | Evie Zuroske | Second application for Bond BHCIP. We are looking to submit for the two CRTs in North County, again. Looking for feedback, would you like to see something specific with those CRTs, would you like something other than the CRTs? Email ezuroske@sbcbwell.org if you have any feedback. |

| | | | |
|---|---|---|---|
| 3:23 | Fiscal Update | Chris Ribeiro | New Fiscal Systems Analyst – Marcus Moore First FY25-26 payments are going out this week.<br>Running August claims on 12 September, we expect the payments to go out around Monday 22 September<br>FY24-25 reconciliation is still in process, and we hope to have it completed soon. |
| 3:24 | QCM Update | Cheryl Dugan<br>Jessica Korsan | Cheryl is the point person for Treatment Perception Survey Week 20-24 October.<br>Cheryl will be reaching out to the CBOs to meet and talk about what might be helpful for this year's TPS and answer any questions.<br>Please reach out to cdugan@sbcbwell.org if you have any questions. |
| 3:30 | Adjourn | All | • Next meeting will take place on 1 October |
| *Future Agenda items: TPS (Cheryl Dugan)* | | | |

**Department of Behavioral Wellness Commission Meeting**
Wednesday, September 17, 2025
3:00 p.m. - 5:00 p.m.
In-Person & Remote Virtual Participation

**Meeting Minutes**

**Meeting Facilitator: Pamela Flynt Tambo**, 3rd District, Chair.

**Commission Members Present:** **Wayne Mellinger**, 1st District; **Cheryl Smith**, 1st District; **Lynne Gibbs**, 2ndDistrict; **Leonie Mattison**, 2nd District; **Evie Vesper**, 2nd District; **Pamela Flynt Tambo,** 3rd District, Chair; **Keith McLellan,** 3rd District; **James Halsell** 4th District; **E. Maria Valencia**, 5th District.

**Commission Members via Teleconference/Santa Maria:** **Oscar Rivera,** 3rd District; **Faith Davis,** 4th District; **Karen Draper,** 4th District; **Edward Lamberson**, 5th District.

**Commission Members via Zoom/Excused:** **Patrina Jones,** 3rd District, Vice Chair.

**Commission Members Excused:** **Stefanie Herrington**, 1st District; **Laura Capps**, 2nd District Supervisor; **Lauren Penepacker**, 2nd District; **Yvette Villa**, 5th District.

**Behavioral Wellness Department Staff: Toni Navarro**, Director; **Jamie Huthsing**, Assistant Director; **Shereen Khatapoush**, Research & Evaluation; **Natalia Rossi**, MHSA Manager; **Kristine Haugh,** BWC Program Administrator/Executive Assistant to the Director.

1. **Call-to-Order and Conduct Roll-Call:** *Chair Flynt Tambo called the meeting to order at 3:00 p.m. and Kristine Haugh conducted roll-call.*
2. **Establish Quorum:** *Kristine Haugh established a quorum.*
3. **Welcome and Introductions:** *Chair Flynt Tambo welcomed everyone in attendance and asked guests to introduce themselves.*

**Action:** *No action.*

4. **General Public Comment***: no public comment at this meeting.*

   **Action:** *No action.*
5. **Chairperson Announcements:** *Chair Flynt Tambo announced the following:*
   - *2 New Commissioners:*
     - *Faith Davis, 4th District*
     - *Cheryl Smith, 1st District*

- *Vacancies, recruitment, active participation*
- *Commissioner Communication with Chair*

**Action:** *No action*.

6. **Future Agenda Items -** *Commission members discussed future agenda items.*

**Action:** *Chair Flynt Tambo directed Administrator Haugh to send the running list of agenda item suggestions to the commissioners via email.*

7. **Review and Approve Minutes of the August 20, 2025 BWC Meeting** *Chair Flynt Tambo asked Commission members to review the August 20, 2025 meeting minutes* (attachment 6a).

**Action:** *Commissioner McLellan made a motion to approve the August 20, 2025 BWC Meeting minutes as presented, with correction provided. Commissioner Halsell seconded. Commissioners Smith, Davis & Valencia abstained. No objections. Motion carried.*

8. **Director's Report:** *Director Navarro provided an overview of the September report which highlighted the following:*

*Suicide Prevention Month; 2025 AFSP Out of the Darkness Suicide Prevention Walk is Now Open for Registration; National Recovery Month; Annual Application Period Remains Open for John Kovacs Scholarship Awards; Behavioral Wellness Adult Services Clinic Manager Appointment; BHSA Update; Behavioral Wellness in the Community; National and State News; and Systems Change Calendar.*

**Action:** *No action.*

**New Business:**

9. **BWell Surveys: Consumer Perception & DMC-ODS Treatment Perception** (attachments 9a & 9b) *Shereen Khatapoush presented both the Consumer Perception and Treatment Perception Surveys via Power Point presentations and answered questions throughout and afterwards. Discussion ensued regarding literacy.*

**Action:** *No action.*

**Commission Business:**

10. **2025 Data Notebook** (Attachments 10a & 10b & 10c) *PowerPoint Presentations based upon information included in the 2025 Data Notebook were offered by:*
    - *Natalia Rossi, BHSA Manager & staff*
    - *Mental Wellness Staff: Annemarie Cameron, CEO; Gabriela Dodson, Director; Cynthia Estrada, Program Manager Fellowship Club.*

*Questions were asked throughout the two presentations, and discussion ensued during and afterwards.*

**Action:** *Chair Flynt Tambo appointed Commissioner Mellinger & Commissioner Mattison to the 2025 Data Notebook Committee to complete the Data Notebook and return for approval at the October 15, 2025 Meeting.*

**11. Reports of Officers, Boards: Chair, Site Visits, Liaisons to other Committees and BWC Special Committees:**

**A. BWC Bylaws Committee Update** (Attachment 11A-1) *Commissioner Halsell presented the Amended BWC bylaws and explained there were additional formatting edits with no changes to substantive content.*

**Action:** *Commissioner Mellinger made a motion to approve the updated bylaws, as presented and recommended to move forward for BOS approval on 10/7/2025. Commissioner Mattison seconded. No objections. No abstentions. Motion carried.*

**12. Adjournment -** *Commissioner Mellinger made a motion to adjourn the meeting at 4:55 pm. Commissioner Mattison seconded. No objections. Motion carried.*

# EXTENDED LEADERSHIP & ELT + PLUS
# IN-PERSON MEETING NOTES

**THURSDAY, 18 SEPTEMBER 2025 ~ 9:00 AM-4:00 PM**
**RINCON BEACH CLUB**
**3805 SANTA CLAUS LN, CARPINTERIA, CA 93013**

| TIME | TOPIC |
|---|---|

8:45-9:00 **ELT Arrive** - All

9:00 AM **Welcome / Leading with Mindfulness - Christina Lombard & Melissa Wilkins**

- *New Staff Introductions*
  - *Tor Hargens BHSA Fiscal Team Leader*
  - *Elodie Patarias New Adult Services Manager*
  - *Jenny Bruell Senior Community Engagement & Disaster Response Coordinator*
  - *Nicci Plata BWell HR Manager*
  - *Kayleigh McLeod Assistant BWell HR Manager*
- *Restful Leadership*
  - *How can we incorporate principles of restful leadership in our organization?*
  - *Dipak asked if we could print the cultural agreements and put them in all the BWell conference rooms*
  - *Meetings are becoming increasingly complex. It is okay not to know everything*
  - *Empathetic strain vs burnout. Empathetic strain is the quality of work whereas burnout is the quantity of work*
  - *3 Bs – what is showing up in your beliefs, body, and behavior?*
  - *How do we, as leaders, build an organization that supports rest when we are also in the position at Behavioral Wellness where we are held to these productivity standards?*
  - *Staff are now concerned about taking their earned vacation time*
- *Squad Care – part of restful leadership*
  - *We are all in this together*
  - *We want to promote staff's own version of squad care, which may not involve leadership*

- As leadership, who is your squad?
- Harmful norms that lead to burnout and strategies that can counter it
  - Discussion was had about harmful meeting practices
  - Evie mentions a meeting time strategy: 9:00AM-3:00PM No Lunch, No Fridays
  - Dipak mentions another strategy: when there is an issue, instead of finding someone to blame, focus on what you can do and what you can control

10:00 *(Break)*

10:15 ***BHSA Overview*** **- Natalia Rossi**

- More of a focus on our vulnerable populations
- Expands our eligibility to include substance use disorder services
- Natalia and Toni wanted to emphasize the opportunity to partner with CenCal
- Every county in California is accountable for the same measurements
- Natalia asked the group to pick an additional goal
  - Pick a goal where you are not already meeting the primary goal
  - Only two where we are not already meeting the primary goal: overdoses and suicides
  - We will focus on overdoses

11:15 **HR - Nicci Plata**

- Holiday Scheduling/Winter Break
  - Original timeline
    - Give employees until Friday, 10 October to submit VAC requests
    - Managers/supervisors will use the rest of October to make the schedule
    - Notify employees by Friday, 7 November if their requests are approved or denied
  - Discussion was had in terms of timeline, began by Carla Cross
  - NEW Timeline
    - Managers/supervisors now only have one week to make holiday schedule - 13-17 October
    - Notify employees by Monday, 20 October

- *Sometime after 20 October, please send BWell HR the holiday schedule – who will be working, what their hours/times will be, and who will be out*

- *ALN Discussion*
  - *ALN may be used during holiday time (week of 25 Dec – 1 Jan) even if they have accruals not during Thanksgiving*
  - *Only in the case the employee requests time off, gets approved for the time off, and chooses not to use leave balances*
  - *Melissa, Josh: How do you determine which staff gets approved for their time off if ALN can be used?*
    - *Traci suggests going off seniority*
      - *We must be consistent*
    - *Jamie: Leadership team to talk about equitable time off*
    - *Suzanne, Jamie: skeleton crew or business as usual?*
  - *The other time employees may use ALN (without exhausting other leave balances or without a dr note) is for bereavement*
    - *Used to be out of SCK pool, no longer able to be enforced. Can be VAC or ALN*
  - *Probationary employees cannot use any balances first six months of employment for time off*
    - *SCK/ALN ok*
- *Dipak mentions Smartsheet use to have centralized, organized data. Offers admin unit can help with the creation of this Smartsheet*
- *Connor voices concern BWell staff in mandated 24/7 programs may call out sick last minute, would like assistance in creating messaging to discourage and break pattern*
  - *Nicci says for staff who request time off, get denied, and call out sick that/those day(s), counseling memo or other disciplinary actions*
    - *For staff who don't request time off and just call out, it is more difficult to know what happened*
  - *Melissa: At what point can you ask for a doctor's note?*
    - *Nicci says departments usually wait three days, you must be consistent*
    - *Marilyn says LOA Webinar stated five days, Dipak says they do not have to be consecutive*
  - *Jamie: Over the holiday closure, if you do end up sick, please be aware you will need to provide a doctor's note, day one.*

- *Connor: Last year's messaging asked staff to be mindful of their fellow coworkers.*

11:30 **Branch Highlight Planning - Managers**

- *ASSIGNMENT: Highlight one or two priorities your branch is focused on right now. In the afternoon, each branch supervisor/manager will come up and present those items to the group.*

12:30 PM **Working Lunch - ELT + Plus Arrive**

- Casual Conversation

1:00 **Welcome - Katie Cohen**

- Introductions / Ice Breaker
  - *Supervisors*
    - *Rae Vargas New Santa Maria Children's Supervisor*
    - *Michelle Kerwood New Justice Alliance Supervisor*
    - *Ralph Meza New Accounting Supervisor*
    - *Oziel Ruffo New PHF Nurse Supervisor*
  - *Ice Breaker: What is the origin of your name?*

1:10 **Leading with Mindfulness Practical Skills to Support Staff** - Christina L. & Melissa W.

- *Healing the Healers 2.0*
  - *Burnout vs empathetic strain – we do this work because we care about our clients, which can be draining*
  - *What can help <u>you</u> deal with all these changes?*
  - *Discussion on potential strategies*
    - *Breakfast, kudos, looking for opportunities to connect, stuffed animal mascot, and kudos*
    - *Tammy Fish Philosophy*

- *Play, be present, choose your attitude, and make someone's day*

- *Vanessa tie dye shirts at the All Staff, Thanksgiving Potluck, voluntary spirit week, cookie exchange*
- *Vanessa says clinical supervision with someone that is not your supervisor*
  - *Won't impact them or their EPR/a safe space*
- *Don't forget to check-in with yourselves as leaders*
  - *Where are you (mentally)?*
  - *What do you need?*

1:45 **Direct Client Care Dashboard - Christina L.**

- *Christina gives kudos to managers and supervisors for participating and helping create this dashboard*
- *KPMG Background and analysis*
- *BWell IT will develop a dashboard internally that pulls directly from SmartCare*
  - *Will not have meeting breakdown and time off breakdown*
- *Vanessa asks how can we show this to staff to let them see the progress they made?*
  - *Christina will go to team meetings once a month show highlights*

2:05 **Coding QA Reimbursable Activities - Josh Woody**

- *There is a difference between using program codes and activity codes when it comes to coding Quality Care Activities*
  - *Make sure you are using correct program codes. Only use QCM codes if you are in QCM, otherwise use activity code 05 while coding your program*
  - *Attending QIC, PGB, etc, participating in any audits - code activity 05 and your program code*
  - *Any questions about Quality Care Activities or if someone is using QCM Codes while not in QCM, please email Josh!*

2:15 **Race/Ethnicity Categories - Caitlin Lepore**

- *Will be changing to align with the census categories AKA the "Big Seven"*

2:30 **HR - Nicci P.**

- EPR, PIPs / Coaching Memos & Evaluations
  - *Can be found in (G:) -> Central Files -> Human Resources Information -> EPRs and IDPs*
  - *Employees who are eligible for a merit increase but receive an overall rating of less than "Satisfactory" will not receive a merit increase. Supervisors should be issuing a Performance Improvement Plan*
    - *Once they meet that "Satisfactory" level overall then they can be eligible for that merit increase*
      - *Will trigger new anniversary month* ***because we must be in that STEP for one year to move to the next STEP*** *(except for STEP A)*
      - *A Special EPR would be triggered to give staff the merit increase*
    - *Depending on the behavior, if it continues it can lead to disciplinary action. PIPs are not considered disciplinary action.*
  - *Discussion was had about STEPs*
    - *STEP A -> STEP B - six months + EPR*
      - *Six months after would be end of probationary period + EPR*
    - *STEP B -> STEP C - one year + EPR*
    - *Does not apply to Office Professionals*
  - *Performance Improvement Plan will be a running document*
    - *Minimum 60 to 90 days, though could be 30 days depending on deficiencies*
      - *If you want them to do trainings or certain deliverables, make sure they can be achieved during that time frame*
    - *You can extend the PIP, but you may want to reach out to BWell HR at that time.*
    - *Submit PIP with the EPR*
    - *Important to get employee's signature*
      - *There is a section that states if they agree or disagree with the EPR/IDP*
      - *You may write "Employee refused to sign"*
      - *You may ask for initials*

- Timesheets (ALN vs ULN)
  - *Authorized Leave without Pay (ALN) is used when an employee has exhausted all leave balances and they have a doctor's note, or you have approved the time off*
    - *Only twice may it be used when an employee still has leave balances*
      - *Bereavement and holiday closure (25 Dec – 1 Jan)*
    - *If they are sick, but they have other balances (e.g. VAC, HLB, OTT), must use balances*
    - *If they do not have a doctor's note, it should be approved by branch chief, assistant director, and even the director to use ALN*
  - *Unauthorized Leave without Pay (ULN) is used when an employee has exhausted all leave balances, calling out sick, and has no doctor's note, or does not follow proper procedure when calling out (i.e. calling after start of shift)*
    - *Can lead to progressive discipline*
- *Discussion was had about bereavement*
  - *In general, five days per family member may be taken*
  - *Review MOU to review specifics*

3:00 **Branch Highlights (postponed) - Managers**

3:30 **Wrap Up**

4:00 PM **Adjourn**

**ACTION ITEMS:**

- **Leading With Mindfulness:**
  - *Dipak Requested a poster be provided for all Units/Branches to post in Staff Areas.*
  - *Suzanne to Re-send out the Window of Tolerance Flyers.*

# Justice Alliance Action Team Meeting

~

# Minutes ~ Meeting on Microsoft Teams September 24th, 2025

Time: 1:30pm - 3:00pm

## Attendees

Alejandra Ochoa – Probation Manager, Probation Santa Maria
Alice Perez -Programs and Service Manager, Santa Barbara Sherrif's Office
Brenda Villaseñor - AOP II, JA North BWELL
Brianne Hughes - Practitioner, JA South BWELL
Caitlin Lepore - Manager, QMI, BWELL
Charles Navarro - Psychiatric Tech, JA South BWELL
Chelseá Jensen - Director of MH, Good Samaritan Shelter
Christina Vasquez - Assistant Director of Treatment, Good Samaritan Shelter
Diana Garcia - Case Worker, JA South BWELL
Debbie Carson - AOP II, JA South BWELL
Elise Ramacciotti - Department Business Specialist, BWELL
Emir Saafir - Adult Probation Manager, Probation Santa Maria
Enrique Bautista - Patient Rights Advocate, BWELL
Erica Bottorff - Holistic Defense Advocate
FayAnn Wooten - Raya - Health Care Program Coordinator, BWELL
Jaclyn Smith - Peer Support Specialist, JA South BWELL
Jeanne Mendez - Psychiatric Tech II, JA North BWELL
John Winckler – Division Chief Crisis and Homeless Services, BWELL
Joshua Luna - Social Services Senior, Public Defender
Katie McBain PhD, LMFT - Justice Services Manager BWELL
Kelly Griffin - Practitioner, JA North BWELL
Kimberly Herriman - Clinical Psychologist, Post Doc Intern, JA South BWELL
Kisha Ojeda - Team Supervisor-Practitioner, BWELL
Leandra Harris - External
Letty Mendoza - Case Worker, JA North BWELL
Maggie Modovsky - AOP, JA South BWELL
Maria Valencia – Commissioner, BWELL
Marjorie McCarthy - Clinical Psychologist II, JA South BWELL
McKenzie Amundson – Practitioner, JA South BWELL
Michelle Kerwood - Justice Services Supervisor, BWELL
McKenzie Amundson - Practitioner II, JA South BWELL
Miya Castillo – Recovery Assistant, JA South BWELL
Monica Palacios - Case Worker, JA North BWELL
Monica Ruiz - Patient Rights Advocate, BWELL
Nakisa Shojaie – Department Business Specialist, BWELL
Nuvia Hernandez - Medical Assistant, BWELL
Rebecca Buhl – Quality Assurance Coordinator, BWELL
Serena Cyr - Clinical Psychologist, BWELL
Tanja Heitman - Assistant CEO, County Executive Office
William Chetwood - Case Worker, BWELL
Yule Cervantes - Case Worker, JA North BWELL
Zondra Gonzales – ADMHS Caseworker, Public Defender's Office

| Item | Discussion |
|---|---|
| **Welcome! Introductions** | 1. Dr. Katie McBain welcomed the group. |
| **Behavioral Health** | 1. FayAnn Wooten-Raya, Elise Ramacciotti, and Nakisa Shojaie introduced themselves. |

| | |
|---|---|
| **Services Act (BHSA)**<br><br>FayAnn Wooten-Raya<br>Elise Ramacciotti<br>Nakisa Shojaie | 2. Program is currently called the Mental Services ACT Team (MHSA); however, next year MHSA will be changing to Behavioral Health Services ACT Team (BHSA).<br>3. <u>As the program transitions from MHSA to BHSA, key changes will be:</u><br>a. Program will now include substance use disorder (SUD) treatment, along with Serious Mental Illness (SMI).<br>b. There is a new emphasis on providing services to the most highly needed populations, whichincludeindividuals atrisk/or experiencing justice and system involvement,homelessness, and institutionalization.<br>4. Chart shows where new BHSA funding will go. Program will be expanding housing services.<br>5. **To access services, call 24/7 Toll Free Access Line at (888)868-1649**.<br>*(MHSA team can provide training in person or online if anyone is interested.)* |

1. MHSA serves Medi-Cal, and uninsured individuals/moderate to severe behavioral health populations/crisis services to anyone, regardless of their insurance status.
2. State Oversight and Accountability. With transition:
    a. Counties will now be required to submit integrated plans covering all funding sources in our behavioral health delivery system.
    b. Counties will need to address new "Population-Level Behavioral Health Measures".
    c. There is a new Behavioral Health Outcomes, Accountability, and Transparency Report required by BHSA that will encompass all expenditures, gaps in services, and outcomes.
3. Statewide Behavioral Health Goals: Data Review for Our County
    a. There are 6 priority goals: access to care, justice involvement, homelessness, institutionalization, removal of children from the home, and untreated behavioral conditions. The team shared data comparing the State to Santa Barbara.
4. What solutions work best for connecting involved individuals to housing
   FayAnn asked the team what's working and how improvements can be made. The team responded:
    a. Kelly Griffin shared more Step-Down housing opportunities needed, especially in North County.
    b. John Winkler spoke on identifying all clients who are experiencing homelessness. He shared we need to make sure clients are all VI-SPDAT and that all documents are filled out and ready to go. Being proactive so clients get priority when homes become available.
    c. Alice Perez shared there is much success with sobering centers being a bridge to transitional homes and sober living homes. In some cases, clients have been able to stay at the sobering center over 72 hours to get their interviews done for programs, such as the Rescue Mission.
5. Who should be included in supporting Justice involved individuals and their families? The presenters ask the team to share and discuss:
    a. Alice Perez shared learning is such a global issue and that the entire county and relevant agencies all need to be involved. In her 3 years she has seen a transition towards more collaboration and more education/awareness. Men and woman coming out of jail are part of the community. The more we do collectively to enhance their growth, the better we are as community.
    b. Kelly Griffin shared she likes early intervention/to be proactive, not reactive.

11.

12. Elise asked the team how they can better support Justice involved individuals during treatment.
    a. Alice Perez shared they have had positive results working with individuals who have
       "lived" experience.
    b. Maria Valencia shared on the stigma in the community. To help break the stigma she spoke on having a compassionate and forgiving community.
    c. Kelly Griffin share there has been a mislabeling of conduct disorder. She has seen
       that there hasn't been a "trauma factor" consideration.

| | |
|---|---|
| | 13. Upcoming Workshops: FayAnn will share flyer with Katie |

**Behavior Health Unit (BHU) Presentation**

Alice Perez

1. Alice Perez introduced herself.She overseas Programs and Services at the Sherrif's Department.
2. Alice shared Wellpath is the contractor with the jail for mental health and medical.
3. In July, 2023 the jail began to open Behavioral Health Units (BHU's). They took over 57 solitary confinement/restricted cells and made them into communal housing with day rooms, so that programing could take place.
    a. It is required that individuals get two streams of programing:
        i. Individuals are getting the clinical side from Wellpath - here they meet with clinicians and LPT's.
        ii. More attention and focus is now given on the needs of each individual.
    b. Currently 60 percent are assessed as Severly Mentally Ill. (SMI) and must meet cryteria.
    c. Currently there are 3 Behavioral Health Units in Santa Barbara. They are all male housing units, for a total of 80 individuals.
    d. The North has 1 Behavioral Health Unit for Women and 1 Behavioral Health Unit for men. The famale unit houses 26 individuals while the male unit holds 60 individuals.
    e. Ultimate goal is socialization for individuals.
    f. Therapy dogs visit Santa Barbara BHU's and the main jail every month. The dogs visit for 30 minutes and bring a great deal of engagement and joy.
    g. They BHU's look at anger management, social relationships, family ties, have film discussions, self-awareness, and some limited journaling and writing. Individuals are invited to choose material they would like to focus on with correctional counselors.
    h. They also work with re-entry/and have one dedicated care manager in the BHU's. This person works with Behavioral Wellness and Behavior Health linkages.
    i. Alice closed with one of the most effective trainings they have had. It is a group call ACE Overcomers, which is just outside of Madera County. ACE has done corriculium called "Building healthy Relationships"; which looks at what is cronic or adverse childhood trauma, and what those experiences are and how to recognize it in one's self/and how to understand how it impacts criminal behavioral.
    j. The goal is to continue to bring in community organizations from the outside to work with this populations.
4. John added as a part of Cal Aim and BH linkages, Behavioural Wellness has been much more involved with the BHU population and the discharge planning of individuals, which is the "pilot" being run currently/as they prepare for the Sheriff to go live with CalAIM. Behavioral Wellness has gotten a lot more familiar with the BHU's and how they operate. They also have gotten more involved with Wellpath and strengthen relationships with the discharge planner. John stated it is all positive collaboration.

| | |
|---|---|
| | 5. The team had the opportunity to ask Alice questions. |
| **Round Table Discussion** | 1. The team discussed having Wellpath, TAY programs and Good Samaritan present at next meeting.<br>2. A team member asked about the closure of PATH. John Winckler shared the city of Santa Barbara is looking to find a new location, which will be run by a different agency. Residents |

| | |
|---|---|
| | have been notified and BWELL has been working closely with their clients to find alternate beds. |

| | |
|---|---|
| **Next Meeting** | **1.** Next **meeting is Wednesday, January 28th, 1:30pm to 3:00pm** |
| **Meeting Adjourned** | 1. Meeting adjourned at 2:36pm. |

COUNTY OF SANTA BARBARA HEALTH
our COUNTY our FUTURE

Mouhanad Hammami, MD, MHSA Director
Gustavo A. Mejia, CPA Chief Financial Officer
Lars Seifert, MA, REHS Deputy Director
Dana Gamble, LCSW Deputy Director
Josephine Preciado, MD Chief Medical Officer
Henning Ansorg, MD, FACP Health Officer

CHIP – Access to Care/Basic Needs Working Group Meeting
TEAMS
Tuesday 10/15/25 11-12pm

## Agenda

1. Community Health Improvement Plan (CHIP)
    a. Review measures
2. Data Collection
    a. Review Data Collection Form
    b. Feedback
    c. Form to be sent out early January
3. Check-in: How is it going given the current climate?
4. Closing comments
    a. Please provide us with your feedback on the CHIP Data Collection Form by mid-November
    b. The form will officially open for data collection in early January
    c. Next meeting will be held on 1/14/26 from 11am-12pm

300 North San Antonio Road • Santa Barbara, CA 93110-1316 • 805/681-5100 FAX 805/681-5191

CHIP – Behavioral Health Working Group Meeting
TEAMS
Thursday 10/30/25 10-11am

**Agenda**

1. Review Community Health Improvement Plan (CHIP) performance measures
2. Data Collection
    a. Review CHIP Data Collection Form
    b. Feedback
    c. Form to be sent out early January
3. Check-in: How is it going given the current climate?
4. Closing comments
    a. Please provide us with your feedback on the CHIP Data Collection Form by mid-November
    b. The form will officially open for data collection in early January
    c. Next meeting will be Thursday, 1/29/26 from 10am-11am

# Santa Barbara County Opioid Safety Coalition

Wednesday, December 3, 2025,
12:00 pm to 1:00 pm Microsoft
Teams Meeting: Click here to join the meeting

## Notes & Action Items:

1. Welcome! (Amy)

    No new attendees identified.

2. BHSA Team Discussion/Presentation (Natalia Rossi)

    Behavioral Health Transformation: Statewide
    Goals – Overdoses See attached PP
    Presentation

3. Roundtable Discussion / Program, Provider, CBO Updates (All)
    - Shereen, BWell – please login at Santa Barbara County Opioid Safety Coalition Activity Tracking to enter your program's activities and events related to Opioid Safety and Overdose Prevention. Please enter all activities from July 1, 2025, to present.

4. Confirm Next Meeting and Requested Agenda Items (All) Next Meeting: Wednesday, January 7, 2026
    - Continued: BHSA discussion
    - Jail MAT Program – January meeting (Matt Hamlin, Wellpath)
    - Increased Meth in Overdoses / Contingency Management (Kata & Shelby) – Future meeting
    - MDT Treatment – Dr. Nasir – future date

**5.** Resources:

https://www.countyofsb.org/531/Alcohol-Drug-Programs
Fentanyl is Forever Website
Santa Barbara Opioid Safety Coalition Website
https://www.oksbc.org/
https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx

**Attendance:**

| Name | Agency | Email |
|---|---|---|
| Amy Lopez | BWell | amlopez@sbcbwell.org |
| Katarina Zamora | BWell | kzamora@sbcbwell.org |
| Debbie Trinidad | BWell | dtrinidad@sbcbwell.org |
| Cheryl Dugan | BWell | cdugan@sbcbwell.org |
| David Rothman | County Health | DRothman@sbcphd.org |
| Adam, Carrick | County Health | CAdam@sbcphd.org |
| Enrriquez-Villalva, Wendy | County Health | WEnrriquez-Villalva@sbcphd.org |
| Lynda Rae | Aurora Design | lynda@auroradesignstudio.com |
| Chotinan Glass | Aegis | chotinan.glass@pinnacletreatment.com |
| Shereen Khatapoush | BWell | skhatapoush@sbcbwell.org |
| Destiny Trigueros | SB Police Dept | dtrigueros@sbpd.com |
| Dennis Thomas | SBCEO | dthomas@sbceo.org |
| Nakisa Shojaie | BWell | nshojaie@sbcbwell.org |
| Anoushka Moseley | BWell | amoseley@sbcbwell.org |
| Elise Ramacciotti | BWell | eramacciotti@sbcbwell.org |

| | | |
|---|---|---|
| Donna Flores | Good Samartian | dflores@goodsamaritanshelter.org |
| Sarah Adams, LCSW | CenCal | sadams@cencalhealth.org |
| Deja Hartley | Pacific Pride Foundation | deja@pacificpridefoundation.org |
| W Scott Burns | Burns Foundation | wscott@wsburns.com |
| Gabriel Guerrero | Aegis | gabriel.guerrero@pinnacletreatment.com |
| FayAnn Wooton-Raya | BWell | fwooton@sbcbwell.org |
| Joe Frawley | CADA | drjofraw@gmail.com |
| Whitney "Olivia" Gray | County Health | WGray@sbcphd.org |
| Melissa Wilkins | BWell | mwilkins@sbcbwell.org |
| Melissa Chatfield | CADA | mchatfield@cadasb.org |
| Gabriella Delgado | FBSMV | gabriella@fbsmv.com |
| Natalia Rossi | BWell | nrossi@sbcbwell.org |
| Saafir, Emir | SB Co. Probation | esaafir@countyofsb.org |
| Edwin Hamlin | WellPath | EHamlin@ccstenn.com |
| Jessica Rojas | CHCCC | jessica.rojas@chccc.org |
| John "Jack" Mohr | County Health | JMohr@sbcphd.org |
| Eva Maria Catalan | FLA | eva@futureleadersnow.org |
| Sarah Porat | UCSB | sporat@ucsb.edu |
| Jackie Kurta | Gauchos for Recovery | jackiekurta@ucsb.edu |
| Anderson, Kip | Superior Court | kanderson@sbcourts.org |
| Amelia Grover, LCSW | Marian/Dignity | amelia.grover@commonspirit.org |

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

# Quality Improvement Work Plan

## Fiscal Year 2026-2027

## Tables of Contents



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

## Introduction: Objectives, Scope and Planned Activities for Fiscal Year 2025-2026

Quality Improvement (QI) and Continuous Quality Improvement (CQI) are central tenets of operations within the Santa Barbara County Department of Behavioral Wellness. As a core business strategy, these principles inform and influence all departmental activities. This commitment is evident in the department's organizational structure, including ongoing system change efforts led by the Director and the Quality Care Management (QCM) branch. The Assistant Director of Compliance and Quality Care Management oversees Compliance, Policies and Procedures, QCM, and the Research & Evaluation teams, ensuring that continuous quality improvement is embedded throughout system change initiatives. The Branch Chief of QCM oversees the Training, QCM Utilization Management, and QCM Quality Improvement and Health Equity teams.

The Behavioral Wellness Quality Improvement (QI) Program fulfills a requirement of the Department of Health Care Services (DHCS) for the Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS). The QI Program coordinates performance-monitoring activities across the MHP and DMC-ODS, including:

- Service delivery capacity
- Accessibility of services
- Timeliness of services
- Quality of services
- Client satisfaction
- Service delivery system monitoring and analysis
- Coordination with physical healthcare entities and other agencies
- Tracking and resolution of client grievances, appeals, and fair hearings, as well as provider appeals
- Performance Improvement Projects (PIPs)
- Client and system outcomes
- Utilization management
- Credentialing and Re-credentialing

The QI Program also assesses client and provider satisfaction and conducts clinical records reviews. It is consulted during the contracting process for hospitals and individual, group, and organizational providers, with access to relevant clinical records as permitted by State and Federal laws.

The Santa Barbara County Quality Improvement Committee (QIC) embodies a continuous quality improvement process. Its mission statement underscores the review and enhancement of specialty mental health and substance use disorder services provided to clients. A significant aspect of

this mandate is the selection of performance indicators and the use of data to evaluate and improve the performance of the Behavioral Wellness System of Care and Recovery.

## Quality Improvement Committee Program Description

The QIC promotes the quality improvement program and supports recognition of individual and team accomplishments. Members are responsible for fostering a culture of quality improvement, where employees apply QI principles and tools in their daily work with support from leadership. The QIC reports to the Core Leadership Team, other management, and staff work teams, with executive sponsors playing a critical role in maintaining leadership support.

Responsibilities of the QIC:

1. Recommending policy decisions
2. Initiating, coordinating, and evaluating the results of QI activities
3. Reviewing and evaluating Performance Improvement Projects (PIPs) for the MHP and DMC-ODS
4. Implementing necessary QI actions
5. Guiding system-wide application of QI methods
6. Ensuring follow-up on QI processes
7. Documenting QIC meetings, including decisions and actions taken
8. Developing and evaluating the annual Quality Improvement Work Plan
9. Facilitating routine committee activity reports

The QIC meets bimonthly and is facilitated by QCM Managers, who are licensed practitioners overseeing the QCM Branch. The QIC coordinates with sub-committees, reviews and evaluates QI activities, and recommends policy proposals when necessary. Decisions and actions are documented in detailed, dated minutes, which are reviewed and approved by the committee. Additionally, the QCM manager or representative attends the Consumer and Family Member/Cultural Competence and Diversity Action Team to get feedback on QI activities facilitated through QIC.

Composition of the QIC:

- Assistance Director of Compliance and Quality Care Management
- Assistant Director of Outpatient Clinical Operations

- Chief Information Officer
- Behavioral Wellness Medical Director
- Branch Chief of Quality Care Management
- Branch Chief for MHP Clinical Outpatient Operations
- Branch Chief of Crisis and Homeless Services
- Branch Chief of Alcohol & Drug Program (ADP)
- QCM Manager, Quality Improvement
- QCM Manager, Utilization Management
- Research & Evaluation Manager and Program Staff
- Policy & Procedure Coordinator
- Utilization Review (UM) Staff
- QCM Psychiatrist
- Behavioral Wellness MHP Regional Program Managers
- Management and QA Staff of Community-Based Organizations (CBOs) for MHP and DMC-ODS
- Health Equity Services Manager
- Peer Support Manager
- Clients and Family Members
- Patients' Rights Advocates
- Peer Support Employees

## Department Sub-Committees

The following active sub-committees contribute to the continuous quality improvement process and regularly report to the QIC:

- **Community-Based Organization (CBO) User Group**
  Discusses SmartCare user concerns, suggestions, and updates on the DMC-ODS. (Meets monthly)

- **Consumer and Family Member/Cultural Competence and Diversity Action Team**
  Addresses issues related to clients and family volunteer and employment opportunities within the Department of Behavioral Wellness. Discusses concerns regarding equitable access to services. Gathers stakeholder feedback for quality improvement. Advises the department on culturally and linguistically appropriate services. (Meets monthly)

- **Community-Based Organization (CBO) Collaborative Meeting**
  Reviews MHP and DMC-ODS youth and adult system of care issues, documentation, DHCS Behavioral Health Information Notices, and contract issues. (Meets monthly)

- **Crisis and Acute Care Daily Triage Team**
  Monitors care for clients using high-level services, such as inpatient and residential care, to identify trends, improve efficiency, and suggest enhancements. (Meets daily)

- **Community Treatment and Supports (CTS)**
  Prioritizes and triages transfer and placement of clients into appropriate programs within the system. (Meets weekly in each region)

- **Clinical Leads**
  Addresses clinical and operational issues across the MHP system, focusing on problem-solving and program planning. (Meets weekly)

- **Grievance and Incident Report Committee**
  Reviews grievances and incident reports for quality-of-care issues, trends, and recommends improvements. (Meets monthly)

- **Clinical Documentation Subcommittee**
  Discusses documentation trends and quality improvement initiatives. Guides content for on-going documentation trainings. (Meets monthly)

- **DMC-ODS Workgroup**
  Focuses on process improvements related to DMC-ODS. (Meets biweekly)

- **Re-Credentialing Committee**
  Reviews staff re-credentialing every three years for MHP and DMC-ODS. (Meets monthly)

- **SmartCare Action Team**
  Develops action items for quality improvements within the SmartCare electronic health record. (Meets monthly)


BWell Leadership Team
2025-2026
This color indicates the Extended Executive Team
*Toni Navarro
Behavioral Wellness Director
* Indicates the Executive Team
*Chris Ribeiro
Chief Financial Officer
*Jamie Huthsing
Assistant Director of Compliance & Quality Care Management
Suzanne Grimmesey
PIO, Chief of Strategy & Community Engagement
*Laura Zeitz
Assistant Director For PHF, Crisis Services & Long Term Care
*Ole Behrendtsen
Medical Director Psychiatrist
*Katie Cohen
Assistant Director of Outpatient Clinical Programs & Alcohol/Drug Programs
Nicci Plata
HR Manager
Dipak Neupane
Chief Operations Officer
Joshua Woody
Branch Chief of Quality Care Management
Ryan Weyman
Branch Chief Information Technology
VACANT
Branch Chief Compliance
John Winckler
Branch Chief Crisis & Homeless Services
VACANT
Branch Chief Placement & Housing
Christina Lombard
Branch Chief Outpatient Clinical Operations
Melissa Wilkins
Branch Chief of Alcohol & Drug Programs
Ernest Thomas
Facilities Manager
Marilyn Simon Gersuk
Contracts Manager
Josue Sanchez
Fiscal Manager
MiYoung Cogswell
Revenue Manager
Anoushka Moseley
Quality Care Manager, Quality Improvement
Jessica Korsan
Quality Care Manager, Utilization Management
Lilia Rangel-Reyes
Equity Services Manager
Carla Cross
Clinical Training Manager
David Haeberle
IT & Business Systems Manager I
VACANT
ADMN SRVCS MGT PRO SR.
Caitlin Lepore
Research and Evaluation Manager
Daniel Mendoza
Safety/Privacy Officer
Connor Pearce
Crisis Services Manager
Katie McBain
Justice Services Manager
Natalia Rossi
MHSA Manager
Jenny Bruell
Sr. Community Engagement & Disaster Response Coordinator
Jennifer Hidrobo
Psychiatric Health Facility Manager
Eugene Morales
Housing Coordination & Retention Manager
Evelyn Zuroske
Permanent & Interim Housing Manager & Grant Lead
Lindsay Papathakis
Outpatient Staff Nursing Supervisor
Matthew Nguyen
Pharmacist In Charge
Elodie Peterias
Adult Services Manager (Countywide)
Careena Robb
Children & Family Services Manager (Countywide)
Brittany Nelson
MWEL Program Manager
Melanie Becerra
Administrative Services Lead
Tammy Casiano
FSP/ACT Manager
Traci Lewis
Peer Empowerment Manager
Shelby Swanson
Project Manager
Amy Lopez
Project Manager
Katarina Zamora
Project Manager
Kayleigh Mc Leod
Assistant HR Manager
Gabriela Huerta
Recruiting Analyst

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## Evaluation Summary of Fiscal Year 2025- 2026 Focus Areas and Achievements

For fiscal year 2025-2026, the Santa Barbara County Quality Improvement Committee (QIC) is focused on three key areas. The QIC tracks and analyzes data throughout the year and identifies the following priority areas for quality improvement activities:

- Access to Care
- Timeliness
- Quality and Outcomes

Each goal is supported by a dedicated work group or committees tasked with developing and implementing interventions to enhance the specific functions of the MHP and DMC-ODS. The QIC meets bi-monthly to review and approve minutes from previous meetings, follow up on carried-over action items, and address quality care or access to care issues identified by the Grievance and Incident Committee.

The Research & Evaluation team regularly presents analyzed data during meetings, prompting open discussions on progress toward QIC goals and identifying areas for improvement. To enhance efficiency, the committee often divides into three smaller groups to address work plan goals more effectively, reporting back to the larger group with updates and assigning new action items as needed. Data is made available for review by all groups, and progress on goals is tracked in real-time using the Smartsheet platform. This platform allows for identifying challenges and monitoring achievements throughout the year.

Additionally, QCM managers continue attending the Consumer and Family Member/Cultural Competence and Diversity Action Team meetings monthly to share updates and gather stakeholder feedback on QIC activities, further integrating community input into quality improvement efforts.

## Quality Improvement Committee Goals Fiscal Year 2026 - 2027

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **Access to Care** | | | |
| 1. Improve Penetration in Specialty Mental Health Services | | | |
| 1a | a. Penetration in SMHS (# of members with 1+ SMHS claims / total # of Medi-Cal members in the County) | The most recent data available is 2023. The statewide rate is 3.4% and the median is 3.8%. Santa Barbara's rate for adults is 2.5%. The most recent data available is 2023. The statewide rate for youth is 4.2% and the median is 4.1%. Santa Barbara's rate for adults is 2.9%. | Natalia Rossi, Shereen Khatapoush |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **2. Improve initiation and engagement of Substance Use Disorder Treatment (IET)** | | | |
| **2a** | Assesses new episodes of substance use disorder (SUD) in adults and adolescents 13 years of age and older who received:<br><br>Initiation of SUD Treatment: Increase new episodes, after which the individual initiated treatment through an inpatient SUD admission, outpatient visit, telehealth or intensive outpatient encounter or partial hospitalization, or received medication within 14 days of diagnosis by 5% for a goal of 29.56% for adults and 20.17% for older adults (65+).<br><br>Engagement of SUD Treatment: New episodes, after which the individual initiated treatment and had two or more additional SUD services or medications within 34 days of the initiation visit. (we are above MPL for this) | 2024 Medi-Cal Connect IET-AD initiation shows 28.16% and MPL was 42.1% and for older adults (65+) shows 19.21% and the MPL is 41.67%.<br><br>2024 Medi-Cal Connect for Engagement for SUD treatment is above the MPL so we will continue to closely monitor. For adults the MPL is 14.68% and Bwell is 15.75%. For older adults (65+) the MPL is 5.76% and Bwell is at 9.17%. | Melissa Wilkins, Shereen Khatapoush |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **3. Improve coordinated specialty care for first episode psychosis for people newly diagnosed with psychosis.** | | | |
| **3a** | Increase capacity to serve clients that are eligible to receive Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) by expanding BWell's team and enhance training for staff, working towards fidelity to the evidence based practice requirements. | As of FY 24-25, Bwell has limited staff in one pilot program to provide CSC for FEP located in North County and has not reached fidelity for this EPB model. Bwell is working with the Centers for Excellence EPI-CAL to expand the team and launch trainings. | Shereen Khatapoush, Katie Cohen, Christina Lombard |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **Timeliness to Care** | | | |
| 4. Timely Access to MHP Services: Monitor quarterly, the MHP's ability to meet statewide timeliness standards and achieve compliance with all standards for adult, children/youth and foster youth clients. | I. Initial request to first offered and attended appointment – 10 business days<br>II. Initial request to first offered and attended to psychiatry appointment – 15 business days<br>III. Service request for urgent appointment, offered and attended – 48 hrs. | | |
| 4a | Improve timeliness from initial request to first offered to adult routine MH outpatient from 74% to be in alignment with timeliness standards.<br>(MHP PIP) | Timeliness from initial request to first offered MH outpatient was being met within 10 business days 74% of the time for adults, 80% of the time for children, and 79% of the time for those in foster care for a total average of 75% for CY 2025. | Jessica Korsan, Joshua Woody, Christina Lombard, Katie Cohen, Margie Hunt |
| 4b | Improve timeliness from initial request to first offered for psychiatry from 75% to be in alignment with timeliness standards. | Timeliness from initial request to first offered psychiatry was being met within 15 days 68% of the time for adults, 90% of the time for children, and 62% of the time for those in foster care for a total average of 75% for CY 2025. | Jessica Korsan, Joshua Woody, Christina Lombard, Katie Cohen |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| 5. Timely Access to DMC-ODS Services: Monitor quarterly, the DMC-ODS ability to meet statewide timeliness standards and achieve compliance with all standards for adult, children/youth and foster youth clients. | I. Outpatient Services- offered an appointment within 10 days of request for services.<br><br>II. Residential- offered an appointment within 10 days of request for services.<br><br>III. All urgent SUD Appointments (All appointments where Withdrawal Management (WM) is offered/utilized shall be considered urgent)<br><br>IV. Non-urgent Follow-up Appointments with a Non-Physician- Offered a follow-up appointment with a non- physician within 10 business days of the prior appointment. | | |
| 5a | Improve timeliness from initial request to initial offered for DMC-ODS requests determined to be urgent (now to include all WM requests). Initial offered service should be within 2 days 80% of the time. This can include Care Coordination services to support clients in getting to their treatment intake appointment. | Per the 2025 Timely Standards Report DMC-ODS urgent outpatient timeliness of offered services was 25%, routine requests for outpatient were met 85% of the time for adults, 92% for children, and 100% for those in foster care. | Melissa Wilkins, Shelby Swanson, Rebecca Buhl |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **6. Improve Follow-Up after Hospitalization for a Mental Illness (FUH)** | | | |
| **6a** | Improve the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 30 days for adults from 46.18% to 48.8% and for older adults (65+) from 30.77% to 32.30%. | 2024 Medi-Cal Connect MPL for adults is 53.71% and Bwell is at 46.18%. FUH for older adults (65+) target MPL is 48.84% and Bwell is at 30.77%. | Caitlin Lepore, Bonnie Zant, Christina Lombard, Katie Cohen, Shereen Khatapoush |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **Quality & Outcomes** | | | |
| **7. Improve antidepressant medication management (AMM)** | | | |
| **7a** | Effective Acute Phase Treatment: Increase percentage of adults who remained on an antidepressant medication for at least 84 days (12 weeks) from 62.27% to 65.38%.<br><br>Effective Continuation Phase Treatment: Maintain percentage of adults who remained on an antidepressant medication for at least 180 days (6 months) | 2024 Medi-Cal Connect rates are 62.56%, BWell's rate is 60.32%. | Caitlin Lepore, Bonnie Zant, Christina Lombard, Katie Cohen, Shereen Khatapoush |

| Goal | Objectives | Baseline Data | Teams Leads Assigned |
|---|---|---|---|
| **8. Improve adherence to antipsychotic medications for individuals with schizophrenia (SAA)** | | | |
| **8a** | Effective Acute Phase Treatment: Increase percentage of adults who remained on an antidepressant medication for at least 84 days (12 weeks) from 62.27% to 65.38%.<br><br>Effective Continuation Phase Treatment: Maintain percentage of adults who remained on an antidepressant medication for at least 180 days (6 months). | 2024 rates for effective acute phase treatment was 56.6% which falls below the MPL of 62.43%<br>2024 Medi-Cal Connect rates are 62.27%.<br><br>2024 Medi-Cal Connect rates are 46.38% which is above the MPL of 44.25%. We will continue to monitor to ensure that we are above the MPL. | Christina Lombard, Katie Cohen, Bonnie Zant, Dr. Ole Behrendtsen |
| **9. Improve Pharmacotherapy for Opioid Use Disorder (POD)** | | | |
| **9a** | Increase the percentage of opioid use disorder (OUD) Pharmacotherapy events that lasted 180 days among members 16 years or older with a diagnosis of OUD and a new OUD pharmacotherapy event from 19.91% to 20.90%.<br><br>(DMC-ODS PIP) | 2024 Medi-Cal connect rates for pharmacotherapy for opiate use disorder 19.91%, which falls below the MPL of 25.28%. | Melissa Wilkins, Shelby Swanson, Shereen Khatapoush, Caitlin Lepore |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **10. Increase the number of lab results uploaded to clients' electronic health record (EHR)** | | | |
| 10a | To increase the number of lab results to the EHR to support informed clinical decision-making. | Of the 14 charts reviewed by the QCM psychiatrist for polypharmacy review between 1/1/25 and 6/30/25, only 3 had complete labs uploaded to the EHR. | Dr. Feliciano, Anoushka Moseley, Lindsay Papathakis |
| **11. Improve perception of care with respect to member's cultural background** | | | |
| 11a | To increase the average response rating of persons who completed the Consumer Perception Survey in a 12-month period who responded with "strongly agree" or "agree" (4.0-5.0) to question 18 "Staff were sensitive to my cultural background (race, religion, language, etc.)" (MHP) | 2025 CPS data reflects an average rating of 4.20 which is in the agree to strongly agree range. However, when broken down by age, youth scores fell below the average rating at 3.87. | Shereen Khatapoush, Cheryl Dugan |
| 11b | To increase the average response rating of persons who completed the Treatment Perception Survey in a 12-month period who responded with "strongly agree" or "agree" (4.0-5.0) to question 7 "Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)". (DMC-ODS) | 2024 TPS data reflected an average score of 3.7 for the question "staff were sensitive to my cultural background". This rating falls between neutral and agree. | Shereen Khatapoush, Cheryl Dugan |

| Goal | Objectives | Baseline Data | Team Leads Assigned |
|---|---|---|---|
| **12. Reduce the number of persons that die by overdose.** | | | |
| 12a | To reduce the prevalence of all people enrolled in Medi-Cal or eligible for other county behavioral health services who die from any drug-related overdose in a 12-month period. | Currently, the data available is for countywide overdose deaths. We are working on obtaining data specific to Behavioral Wellness clients. The total number of overdose deaths for Santa Barbara County was 121, 45 of those being opioid-related. | Shereen Khatapoush, Melissa Wilkins |

## Addendum: Santa Barbara County Behavioral Wellness System

### Santa Barbara County Behavioral Health Care System

In fiscal year 2024–2025, the Santa Barbara County Department of Behavioral Wellness Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) provided prevention, treatment, rehabilitation, and support services to approximately 7,986 unique clients needing specialty mental health services and 3,003 unique clients needing substance use disorder treatment services. In total, the department served 10,066 clients (923 individuals received both MH and SUD treatment services).

Individuals seeking assistance or wishing to access mental health and/or substance use treatment services may call the Access Line at **888-868-1649**, which is available to the community **24 hours a day, seven days a week**. Services are offered across the system of care for early childhood mental health, juvenile justice mental health, youth and families, transition-age youth, and adults. These services are provided through outpatient programs, inpatient facilities, and crisis services, tailored to the individualized needs of those served.

Data for fiscal year 2025-2026 will be reported in the Quality Improvement Work Plan once available.

### Mental Health Plan (MHP)

#### Outpatient Services

The regional county-operated youth and family, as well as adult outpatient clinics, serve:

- Adults with serious and persistent mental illness,
- Youth and transition-age youth with serious emotional disturbances requiring long-term medication services, care coordination, and case management.

Youth and adults may also receive services through the provider network or contracted community-based organizations. Aside from crisis services, access is provided regionally to ensure care linkage close to each client's location. Screenings and referrals are managed by centralized Access screeners, and walk-in clinic appointments are also available.

The Behavioral Wellness MHP maintains contracts with:

- Individual in-county and out-of-county network providers,
- Contracted community-based organizations (CBOs) serving as organizational network providers.

Services provided through CBOs include crisis and long-term residential programs, Assertive Community Treatment Programs, supported housing, recovery learning centers, wraparound services, therapeutic behavioral services, intensive in-home services, and prevention/early intervention programs. For individuals whose needs cannot be met within the community setting, the MHP contracts with IMDs for adult care and out-of-county CBOs or residential programs for children.

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**Inpatient Services**

Adult clients receive inpatient care either at the 16-bed County-operated Psychiatric Health Facility (PHF) or through contracted hospitals. When beds at the PHF or contracted hospitals are full, the MHP secures the nearest available bed at other facilities.

Children requiring inpatient services are cared for at contracted hospitals. When necessary, the MHP may contract with any hospital providing appropriate care if additional agreements are needed.

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**Crisis Services**

Santa Barbara County's Behavioral Health Plan has enhanced its system of care to improve access to urgent, emergent, and routine care. **Integrated Mobile Crisis Response Teams** operate in Santa Barbara, Santa Maria, and Lompoc, ensuring county-wide availability.

The **Mobile Crisis program** offers 24/7 crisis response, including assessments and connections to appropriate services. Teams also handle urgent needs, supporting individuals during crises and facilitating access to necessary care.

**Crisis Residential Services**:
The MHP contracts with providers for crisis residential programs in Santa Barbara and Santa Maria. These short-term, 24/7 voluntary programs support clients experiencing acute symptoms requiring stabilization but not hospitalization. Staff include licensed professionals and peer support personnel.

**Crisis Stabilization Unit (CSU)**:
Located in Santa Barbara and Santa Maria, the CSUs offer rapid, short-term stabilization for psychiatric emergencies. It provides evaluation, linkage, and referral to follow-up care. This service can be accessed on a voluntary or involuntary basis as it has been LPS designated and is locked. Services are available 24/7 and for up to 23 hours per stay. BWell is contracted with Crestwood Behavioral Health to run the South County CSU. BWell is also contracted for 2 beds and the North County CSU through Marian Medical Center in Santa Maria.

**Children's Crisis Services**:
Urgent and crisis needs for children are addressed through the **Safe Alternatives for Treating Youth (SAFTY)** program, operated by Casa Pacifica. This 24/7 program offers short-term, intensive intervention, in-home crisis resolution, and expedited referrals to county outpatient clinics.

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**Drug Medi-Cal Organized Delivery System (DMC-ODS)**

**Primary Prevention and Early Intervention Services (Level 0.5):**

- **Primary prevention services**: Includes programs like the **Strengthening Families Program**, which enhances parenting skills and reduces substance abuse risk factors.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**: An evidence-based practice used to identify and prevent substance abuse and is being offered to anyone under the age of 21 identified as being at risk of developing a substance use disorder.

**Outpatient and Intensive Outpatient Services (Levels 1.0 & 2.1):**

- Services include counseling, education, treatment planning, medication services, and discharge planning for individuals with substance use disorders.

**Opioid Treatment Program (OTP):**

- Provides **Medication for Addiction Treatment (MAT)**, including methadone, buprenorphine, and naloxone, alongside counseling.

**Withdrawal Management Services (Levels 3.2 & 3.7):**

- Residential detoxification services ensure safe withdrawal from substances, typically lasting 5–7 days.

**Residential Treatment (Levels 3.1 & 3.5):**

- Non-institutional, short-term programs offering 24/7 care and rehabilitation services for adults and youth with substance use disorders.

**Perinatal Services:**

- Tailored programs for pregnant or postpartum women and women with children, addressing their unique needs through outpatient, intensive outpatient, and residential services.

## Glossary of Terms

**ADP** – Alcohol and Drug Program

**ASAM** – American Society of Addiction Medicine

**CAP** – Corrective Action Plan

**CBO** – Community Based Organization

**CFMAT** – Consumer and Family Member Action Team

**CPS** – Consumer Perception Survey

**CQI** – Continuous Quality Improvement

**DHCS** – Department of Health Care Services

**DMC-ODS** – Drug Medi-Cal Organized Delivery System

**EHR** – Electronic Health Record

**EQRO** – External Quality Review Organization

**FTE** – Full Time Equivalent (staff)

**IMD** – Institute for Mental Disease

**LOCRI** – Level of Care and Recovery Inventory

**MAT** – Medications for Addiction Treatment

**MHP** – Mental Health Plan

**IT** – Information Technology

**NACT** – Network Adequacy Certification Tool

**NOABD** – Notice of Adverse Benefit Determination

**PHF** – Psychiatric Health Facility

**PIP** – Project Improvement Plan

**QCM** – Quality Care Management

**QI** – Quality Improvement

**QIC** – Quality Improvement Committee

**SNF** – Skilled Nursing Facility

**SUD** – Substance Use Disorder

**TPS** – Treatment Perception Survey

**UR** – Utilization Review

## 5. Attachment E: Behavioral Wellness Workforce Needs Assessment, FY 24 - 25

**MHSA-WET NEEDS ASSESSMENT 2024-25**

The Workforce Needs assessment for FY 24-25 was conducted. Below is the data and a narrative discussion of the findings in terms of the needs for workforce within the department.

**Current Employment Data (November 23, 2025 HR Status Report)**

The Human Resources status report of November 23, 2025 was reviewed and analyzed to record filled positions and vacancies to assist in determining staffing shortages and challenges.

| Job Classification – Positions filled, vacancies and Vacancy Rates | FY 24-25 | | | |
|---|---|---|---|---|
| | **filled** | **Vacant** | **Total positions** | **Vacancy %** |
| Practitioner-Associate | 26 | 21 | 47 | 44% |
| Practitioner- licensed | 44 | 0 | 44 | N/A |
| Psychiatric Nurse I/II | 23 | 8 | 31 | 25% |
| Psychiatric Technician | 17 | 1 | 22 | 4% |
| Psychiatrist | 8 | 11 | 19 | 57% |
| Psychologist | 6 | 0 | 6 | N/A |
| **Total -Licensed MH staff – service providers** | **124** | **41** | **169** | **24%** |
| Patient Rights Advocate | 2 | 0 | 2 | N/A |
| Case Manager | 55 | 3 | 58 | 5% |
| Recovery Assistant | 14 | 0 | 14 | N/A |
| Recovery Assistant-Peer | 22 | 7 | 29 | 24% |

| | | | | |
|---|---|---|---|---|
| Drug and Alcohol Specialist | 15 | 1 | 16 | 6% |
| **Total – MH Staff, license not required – service providers** | **107** | **11** | **118** | **9%** |
| ADMHS Rehabilitation Specialist | 2 | 0 | 2 | N/A |
| Health Care Practitioner | 0 | 1 | 1 | 100% |
| Medical Assistant | 1 | 1 | 2 | 50% |
| Pharmacist | 2 | 0 | 2 | N/A |
| Recreational Therapist | 1 | 1 | 2 | 50% |
| Registered Dietician | 0 | 0 | 0 | N/A |
| Staff Physician | 1 | 0 | 1 | N/A |
| **Total – Other Health Care Professionals** | **7** | **f** | **10** | **30%** |
| Accountant Supervisor | 1 | 0 | 1 | N/A |
| ADMHS Team Supervisor | 14 | 1 | 15 | 6% |
| Administrative LDR-GEN | 1 | 0 | 1 | N/A |
| Asst. Dept LDR - ASST DIR | 3 | 0 | 3 | N/A |
| Computer Systems Specialist Supervisor | 0 | 1 | 1 | 100% |
| Dept/Corp LDR-EXEC – BWell Director | 1 | 0 | 1 | N/A |
| EDP SYS & Prog Analyst SR – BWell CFAO | 1 | 0 | 1 | N/A |
| Enterprise LDR-GEN – Admin SVCS MGR & HR | 9 | 2 | 11 | 18% |

| | | | | |
|---|---|---|---|---|
| Health Care Program Coordinator | 3 | 2 | 5 | 40% |
| Program/BUS/LDR-GEN – Data/FIN/IT/Proc/Health SRVCS MGT Pro/Med. Dir. Psychia. | 16 | 1 | 17 | 5% |
| Psychiatric Nurse Supervisor | 3 | 0 | 3 | N/A |
| Team/Project LDR-GEN – HLTH SVC MGR | 18 | 1 | 19 | 5% |
| **Total – managerial and supervisory positions** | **70** | **8** | **78** | **10%** |
| Accountant | 4 | 2 | 6 | 33% |
| Admin Office Pro I/II/Sr | 47 | 4 | 51 | 7% |
| Building Maintenance | 2 | 0 | 2 | N/A |
| Computer SYSTEMS SPEC | 4 | 0 | 4 | N/A |
| Cost Analyst | 2 | 1 | 3 | 33% |
| Dept Business Specialist | 10 | 2 | 12 | 16% |
| EDP Office Auto Spec | 4 | 0 | 4 | N/A |
| EDP Sys & Program Analyst | 3 | 0 | 3 | N/A |
| Epidemiologist | 5 | 0 | 5 | N/A |
| Financial Office Pro | 6 | 0 | 6 | N/A |
| Financial System Analyst | 1 | 0 | 1 | N/A |
| Medical Records Admin | 1 | 0 | 1 | N/A |
| QCM Coordinator | 14 | 0 | 14 | N/A |
| **Total – supportive positions** | **103** | **9** | **112** | **8%** |

| | | | | |
|---|---|---|---|---|
| **TOTAL DEPARTMENT POSITIONS** | **411** | **72** | **483** | **15%** |

**VACANCIES**

As of November 23, 2025, in the department's human resources status report, the total number of vacant positions is 72. Below this number is provided in a graphic format by individual job classification in the following set of graphs.




Job classifications with the highest number of vacancies were found in the service delivery positions. Overall, there was a decrease in the vacancy rates in most categories compared to the FY 23-24 and an overall reduction in the department's vacancy rates from 17% to 15%. The highest rates of vacancies were with the following positions: Psychiatrists (57%) Peer Recovery Assistants (24%), Health

Care Practitioner (100%), Medical Assistant (50%), Recreational Therapist (50%) and Practitioner Associate (44%), Cost Analyst (33%), and Accountant (33%).

| Job classifications with highest vacancy rates | Vacancies 2024-25 | Filled 2024-25 | TOTAL # OF POSITIONS 2024-25 | Vacancy % 2024-25 |
|---|---|---|---|---|
| Psychiatrist | 11 | 8 | 19 | 57% |
| Peer Recovery Assistant | 7 | 22 | 29 | 24% |
| Health Care Practitioner | 1 | 0 | 1 | 100% |
| Medical Assistant | 1 | 1 | 2 | 50% |
| Recreational Therapist | 1 | 1 | 2 | 50% |
| Practitioner Associate | 21 | 26 | 47 | 44% |
| Cost Analyst | 1 | 2 | 3 | 33% |
| Accountant | 2 | 4 | 6 | 33% |

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# Behavioral Health Director Certification

## Certification

1. I hereby certify that Santa Barbara County has complied with all statuses, regulations, and guidelines in preparing and submitting this Three-Year Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that:

- ☑ The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct
- ☑ I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the IP and other supporting documents submitted in the IP
- ☑ The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance
- ☑ Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance
- ☑ BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

☐ The IP was submitted to the local behavioral health board

1. Does the county wish to disclose any implementation challenges or concerns with these requirements?

○ Yes ◉ No

a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

N/A

**County Behavioral Health Agency Director contact information**

2. County Name

   Santa Barbara County

3. Certification for

   (•) Three-Year Integrated Plan

   ( ) Annual Update

   ( ) Intermittent Update

   4a. Submission type

   (•) Draft ( ) Final

4. County Behavioral Health Agency Director name

   Antonette “Toni” Navarro

5. County Behavioral Health Agency Director phone number

   (805) 681-5220

6. County Behavioral Health Agency Director email

   anavarro@sbcbwell.org

**Additional contact information for counties with separate MH and SUD directors (optional)**

7. Name

8. Title

9. Phone

10. Email

**County Behavioral Health Agency Director signature**

11. Print name

Antonette “Toni” Navarro, LMFT

12. Title

Behavioral Health Director

13. Date

3/2/2026

14. Signature

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Antonette "Toni" Navarro
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**Additional signature for counties with separate MH and SUD directors (optional)**

15. Print name

16. Title

17. Date

18. Signature



# Behavioral Health Director Certification

## Certification

2. I hereby certify that Santa Barbara County has complied with all statuses, regulations, and guidelines in preparing and submitting this Three-Year Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that:

   ✔ The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct

- ☑ I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the IP and other supporting documents submitted in the IP

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- ☑ The IP was submitted to the local behavioral health board

3. Does the county wish to disclose any implementation challenges or concerns with these requirements?

   ○ Yes

   ◉ No

a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

N/A

## County Behavioral Health Agency Director contact information

4. County Name

Santa Barbara County

5. Certification for

- (•) Three-Year Integrated Plan
- ( ) Annual Update
- ( ) Intermittent Update

4a. Submission type

- ( ) Draft
- (•) Final

6. County Behavioral Health Agency Director name

Antonette “Toni” Navarro

7. County Behavioral Health Agency Director phone number

(805) 681-5220

8. County Behavioral Health Agency Director email

anavarro@sbcbwell.org

## Additional contact information for counties with separate MH and SUD directors (optional)

9. Name

10. Title

11. Phone

12. Email

## County Behavioral Health Agency Director signature

13. Print name

Antonette “Toni” Navarro, LMFT

14. Title

Behavioral Health Director

15. Date

6/1/2026

15. Signature

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Antonette "Toni" Navarro
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## Additional signature for counties with separate MH and SUD directors (optional)

16. Print name

17. Title

18. Date

19. Signature

## 7. Attachment G: County Administrator Certification

County Administrator or Designee Certification

The County Administrator may be known by other titles such as Chief Executive, County Manager, or Chief Administrative Officer. The County Administrator must be the individual who serves as the top staff member in county government and hold the highest level of administrative authority in the county or be the designee of that individual. This individual or their designee must work within the executive office of county government, and they may not be the county behavioral health director.

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Certification

1. I hereby certify that:
   - ☑ The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute
   - ☑ Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute
   - ☑ BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?
   - ○ Yes
   - ◉ No

a. If answered yes above, please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

**N/A**

Signature

3. Print name

Mona Miyasato

4. Date

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5. Signature

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Contact information

6. County Name

Santa Barbara County

7. Certification for

- (•) Three-Year Integrated Plan
- ( ) Annual Update
- ( ) Intermittent Update

7a. Submission type

- (•) Draft

8. County Executive Officer Name

Mona Miyasato

9. County Executive Officer Phone number

(805) 568-3404

10. County Executive Officer Email

mmiyasato@countyofsb.org

Toni Navarro

Director, Behavioral Wellness

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Date: _____

Tanja Heitman

Assistant County Executive Officer

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Date: 3/31/2026 | 6:39 PM PDT

Paul Clementi
Budget Director

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Date: ----------

## 8. Attachment H: Board of Supervisors Minutes

Will include with final plan submission.