

**Attachment B –**  
Appendices to the  
MHSA Plan Annual  
Update FY 2025-26

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### Appendix A: Community Program Planning Process

The documentation for the Community Program Planning Process includes the following:

1. The County Community Program Planning Process Policy
2. The Job Description(s) of County Staff responsible for conducting the CPPP
3. The Outline (or copy of presentation) of the training provided to County staff responsible for the CPPP
4. The Outline (or copy of presentation) of the training offered and/or provided to stakeholders, clients, and family members of clients who are participating in the CPPP
5. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP
6. Documentation that demonstrates stakeholders provided input during the CPPP
7. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. that were used to circulate, for the purpose of eliciting public comment on the draft Plan/Update to community stakeholders and any other interested party who requested a copy
8. Documentation that demonstrates stakeholders provided input during the 30-Day Public Comment Period
9. Documentation of the Public Hearing conducted by the County Behavioral Health Advisory Board (BHAB) or Commission
10. Documentation of the adoption of the Plan or Update by the County Board of Supervisors such as Board Resolution or Minute Order



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### 1. The County Community Program Planning Process Policy

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## Departmental Policy and Procedure

<b>Section</b>	Mental Health Services Act (MHSA)	<b>Effective:</b>	6/10/2020
<b>Sub-section</b>		<b>Version:</b>	2.0
<b>Policy</b>	MHSA Community Program Planning Process (CPPP)	<b>Last Revised:</b>	1/19/2023
<b>Policy #</b>	19.002		
<b>Director's Approval</b>	<small>DocuSigned by:</small>  <small>3005CFA46FE44741</small> Antonette Navarro, LMFT	<b>Date</b>	1/25/2023
<b>Division Chief's Approval</b>	<small>DocuSigned by:</small>  <small>02B0C03033P03426</small> Jamie Huthsing, LMFT	<b>Date</b>	1/26/2023
<b>Supersedes:</b>	MHSA Community Program Planning Process (CPPP) eff. 6/10/2020	<b>Audit Date:</b>	1/19/2026

#### 1. PURPOSE/SCOPE

- 1.1. To establish guidelines for providing a Community Program Planning Process (CPPP) to continue to implement Mental Health Services Act (MHSA) services with allocated funding.

#### 2. DEFINITIONS

- 2.1. **Mental Health Services Act (MHSA)** – an act approved by California voters in 2004 that was designed to expand and transform California's county mental health service system. It is funded by imposing an additional one percent tax on individual, taxable income in excess of 1 million dollars.
- 2.2. **MHSA Community Program Planning Process (CPPP)** – the process used by the Department to develop the MHSA Three-Year Plan, Expenditure Plans and Annual Updates in partnership with Stakeholders.
- 2.3. **Stakeholder** – an individual or entity with an interest in mental health services in the state of California, including but not limited to the following:
  1. Adults with severe mental illness (SMI) and/or serious emotional disturbance (SED) and/or their families of children and adults with SMI;
  2. Providers of mental health and/or related services such as physical health care and/or social services;
  3. Educators and/or representatives of education;
  4. Representatives of law enforcement; and/or



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5. Any other organization that represents the interests of individuals with SMI and/or SED and their families.

### **3. POLICY**

- 3.1. The Santa Barbara County Department of Behavioral Wellness (hereafter the "Department") will determine the appropriate uses of available MHSA funds through the use of a MHSA CPPP that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

### **4. COMMUNITY PROGRAM PLANNING PROCESS (CPPP) GUIDELINES**

- 4.1. The MHSA Manager is responsible for the coordination of all Program Administration, including CPPP.
- 4.2. The CPPP shall include the following:
  1. Involvement of beneficiaries with SMI and/or SED and their family members in all aspects of the process;
  2. Participation of Stakeholders; and
  3. Trainings offered to all Department staff, Stakeholders, beneficiaries and beneficiaries' families who participate in the CPPP.
- 4.3. The Department will designate positions and/or units responsible for the following:
  1. The overall CPPP;
  2. Coordination and management of the CPPP;
  3. Ensuring that Stakeholders have the opportunity to participate in the CPPP through Stakeholder meetings;
    - a. Stakeholder participation should include representatives of unserved and/or underserved populations and their family members and reflect the diversity of the community.
    - b. MHSA staff will follow the CPPP document saving process (see Attachment A) for each Stakeholder meeting.
  4. Outreach to beneficiaries with SMI and/or SED and their family members to ensure the opportunity to participate.
- 4.4. The Department shall develop an MHSA Three-Year Plan and Expenditure Plan and update it annually, documenting the review process and explaining how all requirements were met.

### **5. REVIEW AND APPROVAL**

- 5.1. After the CPPP has been completed, the Department shall conduct a local review process prior to submission that includes:



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1. A public circulation and comment period of the draft plan for at least 30 calendar days; and
  2. A copy of the draft MHSA Three-Year Plan and Expenditure Plan or Annual Update, given to representatives of stakeholders' interests and any other interested parties who requested the draft. This includes posting on the Department website.
- 5.2. The mental health board shall conduct a public hearing at the close of the public comment period and produce the following documentation:
1. Documentation that a public hearing was held by the local health board, including the date of the hearing;
  2. A summary and analysis of any substantive recommendations; and
  3. A description of any substantive changes made.
- 5.3. The Board of Supervisors shall review the adopted plan and, if approved, submit the MHSA Three-Year Plan and Expenditure Plan to the Department of Health Care Services within 30 days after adoption.

### **ASSISTANCE**

Natalia Rossi, JD, MHSA Manager

Maria Arteaga, JD, Ethnic Services Manager

Jamie Huthsing, LMFT, Division Chief – Quality Care Management

### **REFERENCE**

California Code of Regulations  
*Title 9, Sections 3200.270, 3300, 3310, 3315*

California Welfare and Institutions Code  
*Sections 5847(a), 5848(a)(b), 5898*

Department of Health Care Services – Mental Health Plan

### **ATTACHMENTS**

[Attachment A – Community Program Planning Process Documents to be Saved After Each Stakeholder Event](#)



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### **REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
1/19/2023	2.0	<ul style="list-style-type: none"><li>• Revised Stakeholder definition;</li><li>• Revised Policy statement;</li><li>• Revised language around who is responsible for the program administration coordination;</li><li>• Added language about saving stakeholder documents and Attachment that outlined which documents.</li></ul>

### ***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).*

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#### **Community Program Planning Process Documents to be Saved After Each Stakeholder Event**

For each stakeholder event, a folder containing the specific event name must be created in the G:drive under both the CPPP and the MHSA Update Stakeholder folders and the following documents from the event must be uploaded:

1. English and Spanish Flyers
2. Sign In sheets
3. PowerPoint
4. A snapshot of:
  - a. The date the announcement of the event was posted on the website
  - b. The Instagram, Facebook, and Twitter posts of the event
5. Survey responses (if applicable)
6. Meeting notes (if applicable)
7. Agenda and minutes (if applicable/ if meeting occurred)

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

### 2. The Job Description(s) of County Staff responsible for conducting the CPPP

#### Description

##### **\*\*\*DEPARTMENT PROMOTIONAL OPPORTUNITY\*\*\***

This recruitment is limited to Regular employees of the **County of Santa Barbara's Behavioral Wellness Department.**

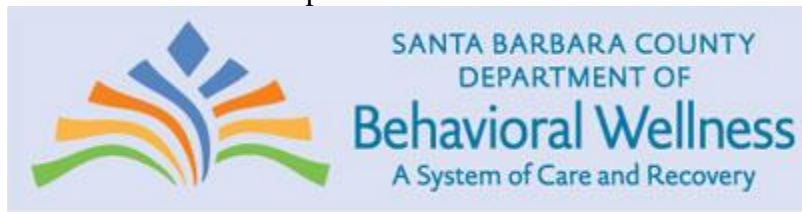
##### **SALARY**

**\$102,160.35 - 125,736.45 Annually**

*The salary range reflects the expected range for hire. The top of the range for salary advancement is \$149,312.56 Annually DOE/DOQ.*

The **Behavioral Wellness Department** is accepting applications to fill the **Mental Health Services Act (MHSA) Manager** position in **Santa Barbara**. Although this vacancy is being listed in Santa Barbara, applicants must be able to travel to **Lompoc** and **Santa Maria**. Applicants must check "Santa Barbara" in the location section of the application.

**NOTE:** In the interest of attracting the best talent to the organization, the County may provide reimbursement for reasonable relocation expenses, and at the discretion of the CEO and Board of Supervisors, housing and student loan offsets, cash incentives, and/or vacation and sick leave pre-accruals.



#### **THE POSITION:**

The Mental Health Services Act (MHSA) Manager is a Program/Business Leader - General classification who reports to the Assistant Director of the Behavioral Wellness Department. This position will serve as liaison to other County agencies and to multiple outside agencies including the California Department of Health Care Services, the MHSA Oversight and Accountability Commission, and MHSA staff from other Counties; represents Behavioral Wellness on committees composed of multi-agency representatives working to coordinate the provision of MHSA programs. Hosts public meetings including Brown Act and outreach events in multiple languages. **In addition, the MHSA Manager will manage an inclusive on-going Community Program Planning (CPP) process by collaborating with community stakeholders to plan, develop and implements program, policies and procedures that are consistent with the Mental Health Services Act (MHSA) Principles and ensures compliance with state policies and regulations.** Additionally, management of the MHSA State Audit includes oversight of an extensive protocol with fiscal and programmatic ramifications for lack of compliance.

On-call hours in rotation with other department administrators will be required.

**The Ideal Candidate will possess:**

- A Master's degree in behavioral health, health care administration, liberal arts, or a related field
- Proven track record in a management or coordinator role in a public behavioral health environment
- Fluency with the Mental Health Services Act principles, funding, and reporting requirements
- Solid knowledge of county behavioral health systems and associated mandates, funding and regulatory oversight
- Experience managing and implementing grants and special projects that have been established to improve client care and streamline services
- Strong partnerships with community agencies
- Experience leading change initiatives
- Experience in creating polished and professional documents and PowerPoint presentations
- Ability to inspire, coach, develop, and empower others
- Strong skills in data analysis to guide operational decision making and resource allocation
- Understanding of fiscal processes and their relationship with program development and operation
- Six (6) or more years of project management, programmatic, administrative and management experience (i.e. staff supervision, budget management and performance management)

**Examples of Duties**

*The list that follows is not intended as a comprehensive list; it is intended to provide a representative summary of the major duties and responsibilities. Incumbent(s) may not be required to perform all duties listed, and may be required to perform additional, position-specific tasks.*

1. Manages an inclusive on-going Community Program Planning (CPP) process by collaborating with community stakeholders to plan, develop and implements program, policies and procedures that are consistent with the Mental Health Services Act (MHSA) Principles and ensure compliance with state policies and regulations.
2. Serves as liaison to other County agencies and to multiple outside agencies; represents Behavioral Wellness on local and State committees composed of multi-agency representatives working to coordinate the provision of MHSA programs.
3. Serves as chair and attend monthly MHSA Department Action Teams meetings; Gathers input ensuring quality improvement efforts so that the Action Teams are enables to provide continuous and ongoing feedback on MHSA programs and assistance in development and improvement of a variety of initiatives, such as guidance on grant opportunities.

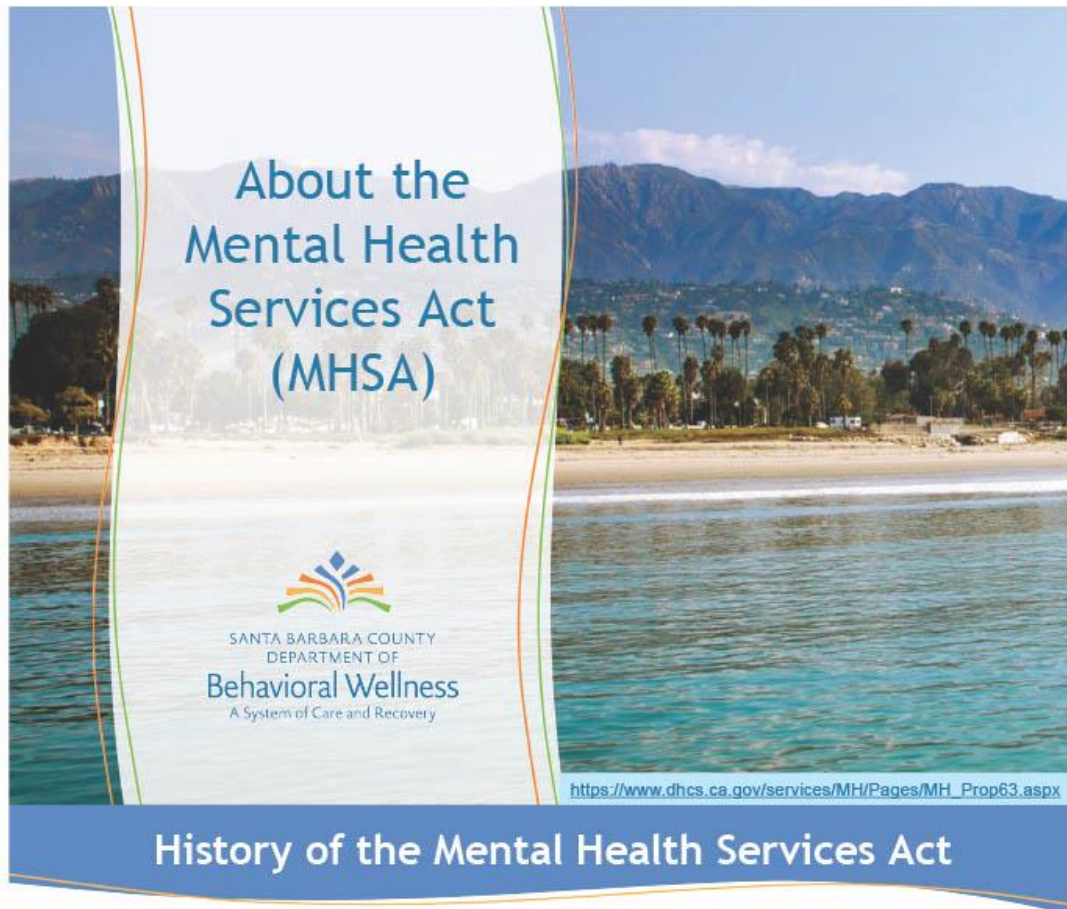
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4. Directs and supports program planning of Innovation initiatives that increase access, improve quality of mental health services, and promote interagency and community collaboration for programs that service historically and contemporary marginalized.
5. Develops Innovation Projects guidelines; selection criteria for reviewing and awarding proposals; and measures for monitoring learning objectives of each innovative funded proposal.
6. Manages and directs budget for allocation to multiple program areas including, intensive case management, housing, vocational and peer support services, workforce training and employment, and population focused mental health interventions for contracted MHSA programs.
7. Manages the development of the annual MHSA budget. Serves as a liaison to a variety of other County staff, policy-making officials, and officials of outside agencies, including the California Department of Health Care Services, the MHSA Oversight and Accountability Commission, and MHSA staff from other counties.
8. Prepares and presents reports for the Behavioral Wellness Commission and the Board of Supervisors, along with its various committees.
9. Participates in meetings with state agencies and organizations.
10. Coordinates MHSA State Audits including acting as the key liaison with State auditors including production of records, policies for internal and contract agencies, improvement plans, and coordination with contract agencies on any required procedures per Audit results.
11. Drafts programs, coordinates implementation, and supervises MHSA grant opportunities including submission of grants to execution of grant programs. This includes a vast array of areas including infrastructure, training, evidence-based practices, and clinical integration, technology, school-based services, etc.; and
12. Performs other related duties as assigned.



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3. The Outline (or copy of presentation) of the training provided to County staff responsible for the CPPP



- The MHSA, or Proposition 63, passed in November 2004 in the state of California
- Imposes a 1% income tax on personal income over \$1 million
- This funding is used to support county mental health programs and transforms the behavioral health system to better serve individuals with, and at risk of, serious mental health issues
- Includes programs, services, and funding for components that support the public mental health system (like workforce development, IT support, and facilities).





## 5 COMPONENTS INCLUDED IN MHSA

There are five funding components of the MHSA:

- Community Services & Support (CSS)
- Capital Facilities and Technological Needs (CFTN)
- Workforce Education & Training (WET)
- Prevention & Early Intervention (PEI)
- Innovation (INN)

*Each of these components are explained on the following slides*



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## Community Services and Support (CSS)

**Purpose:** The focus of Community Services and Support is to provide mental health services and treatment programs for adults, older adults, and children. CSS also includes peer support and family education. CSS is the largest component of the MHSA.

### Priorities:

- *community collaboration*
- *cultural competence*
- *client and family driven services*
- *recovery and resilience concepts*
- *integration of services*
- *increased access to unserved and underserved populations.*



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## Funded Community Services and Support (CSS) Programs

### Currently Funded MHSA Programs in CSS:

- Crisis Services
- Wellness Centers
- Homeless Outreach Services
- Children Wellness, Recovery and Resiliency (WRR) Teams
- Adult Wellness and Recovery Outpatient (WR) Teams
- Pathways to Well Being Teams
- Crisis Residential Services North, South, and Agnes
- Adult Housing Support Services
- Crisis Stabilization Units
- Adult/Older Adults FSPs
- South/North Community FSPs
- New Heights Transitional Youth FSP
- Spirit Children's FSP
- Justice Alliance FSP



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## Defining Prevention and Early Intervention (PEI)

The programs under PEI focus on prevention, early assessment and intervention practices, mental health education and access and linkages to treatment.

This means that all programs must show evidence indicating that they are likely to bring about positive mental health outcomes for individuals and families with, or at risk, of serious mental illness.

At least 51% of PEI funding must be dedicated to programs for people 25 or younger.



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## Six Areas of PEI

- 1) Outreach for Increasing Recognition of Early Signs of Mental Illness
- 2) Prevention Programs
- 3) Early Intervention Programs
- 4) Access and Linkages to Treatment
- 5) Suicide Prevention
- 6) Stigma and Discrimination Reduction Programs



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## Funded Prevention and Early Intervention Programs

Our Prevention and Early Intervention Programs include:

- **Mental Health Education and Support to Culturally Underserved Communities (CHCC, SYVTHC, MiCop)**
- **PEI Early Childhood Mental Health (CALM)**
- **START aka School Based PEI for Children and TAY (FSA, CADA, SYVPHP)**
- **PEI Early Detection and Intervention Teams for Children and TAY (BWell)**
- **Safe Alternatives for Children and Youth aka SAFTY (Casa Pacifica)**
- **Access and Assessment Teams and ACCESS Line Program (BWell)**



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## NEW PEI Programs

- **NEW** MiCop
- **NEW** TMHA: LEAD
- **NEW** TMHA: Growing Grounds
- **NEW** CALM, Inc.
- **NEW** SYVTHC
- **NEW** SYVPH
- **NEW** CalMHSA: Mini Grant Program
- **NEW** Anti-Stigma and Discrimination Program Plan
- **NEW** Casa Pacifica: Suicide Prevention Training for Schools and Staff
- **NEW** County-Wide Youth Council
- **NEW** Behavioral Health Linkages
- **NEW** Prevention and Early Intervention Health Care Program Coordinator
- **NEW** Health Equities Conference
- **NEW** FSA: Wellness Promotion for Seniors
- **NEW** Mental Wellness Center: Peer & Parent Partners in Wellness and Recovery for Families



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## Capital Facilities and Technological Needs (CFTN)

### Capital Facilities:

**Purpose:** This component supports the creation of facilities necessary for the delivery of services. Funds may also be used to support an increase in peer-support and consumer-run facilities, and development of community-based settings.

### Technological Needs:

**Purpose:** This component provides funding for developing an effective technological infrastructure to support the mental health system.



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## Funded CFTN Projects

### Electronic Health Records:

- In 2020, the State of California introduced CalAIM, with the stated goal to advance and innovate Medi-Cal by offering a more equitable, coordinated, and person-centered approach to maximizing one's health
- This new advancement in our healthcare requires a new, more advanced and more integrated Electronic Healthcare Records System
- Behavioral Wellness is contracting with CalMHSA, along with the majority of other counties in the State of California, to survey the counties and then choose a subcontractor to create a new Electronic Healthcare Records System based on the counties' needs



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## Workforce Education and Training (WET)

**Purpose:** The Workforce Education and Training component supports programs that help to recruit, develop, and retain a diverse workforce. Funded programs enhance recovery-oriented skills and develop competency in the use of best practices.

Clients and families/caregivers are also given training to work collaboratively with other mental health staff to deliver client-and family-driven services, provide outreach to unserved and underserved populations



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**Purpose:** Activities through Innovation involve creative and innovative projects designed to increase access to underserved groups, improve the quality of services, and promote interagency collaboration. (projects can be in administrative, research, training or service delivery areas).

Programs should meet one of the following:





## Funded Innovation Projects



### Help@Hand:

The goal for this Innovation Project is to utilize technology to improve mental health and overall wellbeing.

Our county has chosen to free Headspace licenses to anyone who lives, works, or goes to school in the county. The team provides outreach with Workshops, discussing topics such as how to create an email and email maintenance, utilizing zoom for telehealth and social connections, and maximizing the use of smart phone capabilities.



### HART Housing Retention:

The Housing Assistance and Retention Team (HART) project is a three-prong approach to increase retention within our permanent supportive housing program by providing onsite support, independent living skills classes, housing management trainings, and a 24 hour a day “warm line” for assistance.



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How are MHSA principles  
applied throughout the  
Behavioral Wellness  
Department?



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## Guiding Principles

### Client-driven and family-oriented system of care

- Individuals and families participate in decision making at all levels, empowering clients to drive their own recovery.

### Partnership culture

- We develop partnerships with clients, family members, leaders, advocates, agencies, and businesses. We welcome individuals with complex needs, spanning behavioral health, physical health, and substance use disorders, and strive to provide the best possible care.

### Peer Employment

- Client and family employees are trained, valued, and budgeted for in ever-increasing numbers as part of a well-trained workforce.

### Integrated service experience

- Client-driven services are holistic, easily accessible, and provide consistent and seamless communication and coordination across the entire continuum of care of all delivery providers, agencies and organizations.



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## Guiding Principles, Continued

### Cultural competence, diversity and inclusivity

- Our culturally diverse workforce represents this community. We work effectively in cross-cultural situations, consistently adopting behaviors, attitudes and policies that enable staff and providers to communicate with people of all ethnicities, genders, sexual orientations, religious beliefs, and abilities.

### Focus on wellness, recovery and resilience

- We believe that people with psychiatric and/or substance use disorders are able to recover, live, work, learn and participate fully in their communities.

### Strengths-based perspective

- Recovery is facilitated by focusing on strengths more than weaknesses, both in ourselves and in our clients.



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## Guiding Principles, Continued

### Fiscal responsibility

- We efficiently leverage finite resources to provide the highest quality care to our clients, including those who are in need of financial support

### Transparency and accountability

- The MHSA Team is continuously updating the public on programs and plan initiatives.

### Continuous quality improvement

- We reliably collect and use data from client outcomes, as well as data related to the perceptions of families, employees, and community-based organizations, to support a continuous quality improvement process.



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## Our Promise to You....

Throughout the department there are posters in the lobbies that apply these guiding principles:

Your voice counts. We encourage clients and families to participate in decision-making. Clients are in charge of their own recovery. We're here to help.

We embrace individuals and agencies that help us serve you.

We welcome you and seek to serve you regardless of how challenging your problems may be.

We seek to train and employ clients and families to strengthen services and promote recovery.

We want you to receive all the services you need in a smooth, consistent, and continuous manner.



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## Our Promise to You....

As much as possible, we serve everyone who seeks our help.

Recovery is promoted when staff and clients emphasize their strengths.

We will strive to follow through on our commitments to you.

Recovery happens every day. You are not your illness; a diagnosis is not a destiny.

We will do our best to provide high quality services with the resources we have available.

We collect information about our services to continually improve the quality of those services.



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## MHSA Contacts



“Nothing about us, without us”

MHSA Manager: Natalia Rossi, JD  
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Branch Chief of Quality Care Management:  
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SANTA BARBARA COUNTY  
DEPARTMENT OF  
Behavioral Wellness  
A System of Care and Recovery

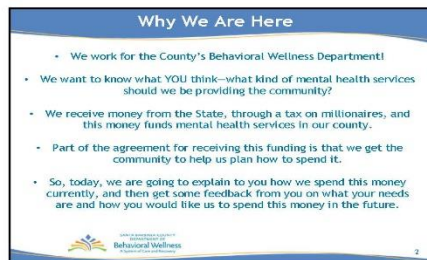
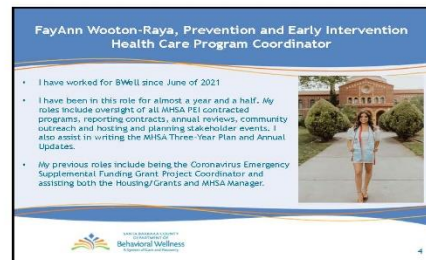
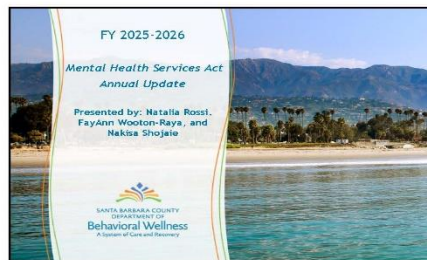
24

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

4. The Outline (or copy of presentation) of the training offered and/or provided to stakeholders, clients, and family members of clients who are participating in the CPPP

2/5/2025




# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES


2/5/2025


### About the Department of Behavioral Wellness

 Founded in 1962, the Santa Barbara County Department of Behavioral Wellness celebrated our 63rd birthday last year!

 We provide mental health and substance use services countywide for adults, children, and youth.

 We provide early assistance and education to prevent and aid recovery from addiction and mental illness.

 We provide inpatient, outpatient, and crisis services. These are known as intensive services.

 In FY 23-25, our mental health programs served nearly 9,300 unique individuals. Substance use programs served 2,400 unique individuals. There were 9,300 total individuals served through our programs.

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### Public Comment - Public's Role as Stakeholders

Stakeholders are anyone from our community who have a "stake", or interest, in important issues and matters.

Our MHSA programming is developed with local stakeholders like yourselves!


This includes consumers (people living with serious mental health/substance use conditions), families, service providers, youth, veterans, representatives from law enforcement, education, social services, alcohol and drug and health care organizations.


We do our best to have a lot of diverse representation when we gather our feedback. We focus on unserved or underserved groups, and people who represent the diversity of our County.

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### History of the Mental Health Services Act

- MHSA is a law that was passed in California in 2004
- It taxes all millionaires in California 1% of their personal income
- This money is gathered up, and then distributed to all of the counties in California
- Each County then decides how to use their portion of the money to create mental health programs and help those with serious mental health issues




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### How the Annual Update Process Will Work

```

graph TD
    A[We are gathering feedback from our stakeholders throughout the year and Fall] --> B[We will submit an initial Draft Program Budget based on stakeholder feedback Jan 2 Feb 2025]
    B --> C[We will submit an initial Draft Service Initiative and plan for 30 day Public Comment April 2025]
    C --> D[At the close of the 30 day public comment period we will bring the Plan to the Board Commission for review]
    D --> E[We will revise the Draft Plan based on public feedback May 2025]
    E --> F[We will go to the County Board of Supervisors for approval May/June 2025]
    F --> G[We submit final approved plan to DHS and MHSAC by June 2025 and plan is adopted for the new fiscal year]
    
```

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### Essential Elements of MHSA

 **Wellness, Recovery, and Resiliency Focused**  
Focus on recovery and resilience: people diagnosed with a mental illness are able to live, work, learn and participate in their communities.

 **Client/Family Driven Services**  
Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.

 **Cultural Competence**  
Adopt behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.

 **Integrated Service Experience**  
Consumers and family members are to be trained and employed to provide services to clients.

 **Community Collaboration**  
Individuals, families, and agencies work together to accomplish a shared vision, services across multiple agencies and funding sources are coordinated.

 **Value-Driven Outcomes**  
Data on outcomes of delivered services are collected/evaluated and researched methods of treatment are to be employed to ensure the efficacy of treatment and services.

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### Annual Update

**Goal:**

- Provide the community with meaningful information about our programs and budgets
- Gather input for our planning next year.

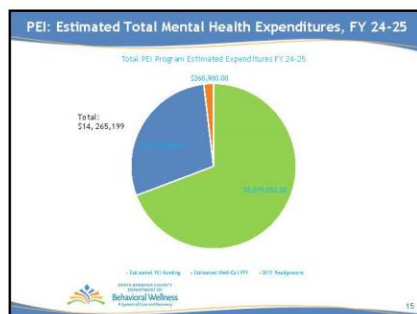
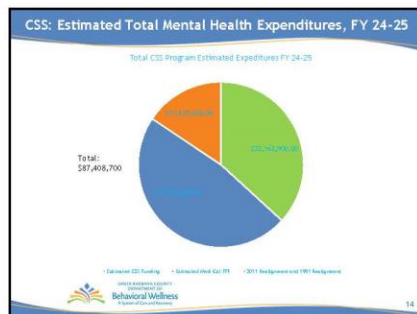
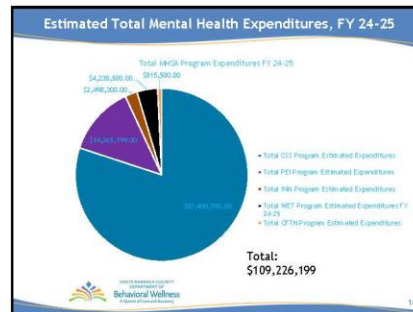
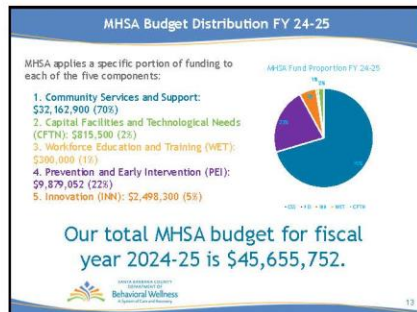


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# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

2/5/2025





# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

2/5/2025

**Program Highlight: Full Service Partnerships**

In FY 22-23, we served 845 people and made progress across both Adult/Older Adult and Children's FSPs:


Across all Adult/Older Adult FSPs, 94% of clients remained stable and were not admitted to a higher level of care	Across all Adult/Older Adult FSPs, 80% showed improvement within 12-18 months.	Across all Children's FSPs, 90% of clients were discharged to a lower level of care within one year.
---	--	--

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**Priority #1: Things We Can Do to Increase FSP Capacity in FY 25-26**


1. How can we make our services more accessible for FSP clients?
2. What would you like to see us focus on?

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**Priority #1: Increasing FSP (Full Service Partnership) Capacity**

- Created an FSP Manager role to create better uniformity of care.
- We have increased FSP budgets to increase flex funding to spend on client's housing and other non-mental health needs.
- Increased staffing for Justice Alliance FSP
- Started Growing Grounds Prevention Program: Brevi contracted with Transitions Mental Health Association (TMHA) to provide a Relapse Prevention Program addressing resiliency factors and supported employment for mental health consumers. This program is new, and takes referrals from Santa Maria FSPs.

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**Priority #2: Increasing Timeliness and Navigation Services for Those Entering Our System of Care**

In January 2024, we implemented new Mobile Crisis Benefit:

Screening, qualified teams of mental health and substance use professionals will respond quickly to behavioral health crises to de-escalate & stabilize individuals in need.

This is intended to allow our crisis teams to provide the best client care and respond to any mental health or substance use crisis county-wide.


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**Priority #1: Increasing FSP (Full Service Partnership) Capacity: FY 24-25:**

**What we are currently doing for FY 24-25:**


- Investigating ways to measure client focused outcomes that prioritize quality of life for FSP clients and improve healthcare outcomes for FSP clients
- These outcomes include:
  - Enrichment activities, including: engagement in self care, hobbies, community involvement, developing meaningful relationships.
  - Independent Living Skills, including: addressing physical healthcare needs, obtaining benefits, developing financial skills, obtaining housing
  - Vocational Skills, including: working, volunteering, going to school, participating in job readiness skills development

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**Program Highlight: Homeless Outreach Team FY 23-24**

The Homeless Outreach program aims to assist homeless individuals by providing them with mental health services, substance use disorder treatment, and essential support to become eligible for housing opportunities. It focuses on transitioning clients from homelessness to shelters/interim housing, facilitating access to health and cash benefits, and aiding in securing permanent supportive housing or rentals with housing vouchers.

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# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

2/5/2025

**Program Highlight: Homeless Outreach Team FY 23-24**

- In a review of current FY 2023-2024 HMIS Data for Behavioral Wellness Homeless Services, The Homeless Outreach Team so far in FY 23-24 has:
  - Facilitated 42 exits from homelessness into a shelter setting
  - Moved 23 clients into permanent supportive housing
  - Secured 20 clients housing with a housing voucher
  - Transitioned 5 clients from homelessness to live with family

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**Program Highlight: Behavioral Wellness' Access Line, FY 22-23**

15,662 calls received and fielded through our Access Line

The Access Line received 10,536 mental health calls and 5,126 alcohol and drug use calls

Youth crisis calls relating to alcohol and drug use were offered an appointment within the same or next day

99.6% of crisis calls to the Access Line were offered an appointment within the same or next day.

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**Priority #2: Increasing Timeliness and Navigation Services for Entering our System of Care: Currently in Place for FY 24-25**

**1. NEW Peer Access Team**

- This team reaches out to all new clients including post-hospitalization.
- They provide support services and help people entering our system of care

**2. NEW Homeless Early Intervention Team**

- This team provides early intervention mental health treatment to unhoused populations throughout our County.

**3. NEW CARE Court/ Outreach team**

- Starting December 1st 2024, we will implement a new team to provide continued outreach and linkages to services for CARE Court referrals and others in need

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**Priority #2: We Want to Hear From You! Things We Can Do to Increase Services for those Entering our System of Care?**


Do you have ideas on how we could help clients smoothly enter our system of care ?

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**Program Highlight: Behavioral Wellness' Access Line**

The 24/7 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. The Access line is designed to streamline the process of accessing mental health or substance abuse treatment services, provide immediate support and guidance during crisis, and connect individuals with appropriate care providers and resources.


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**Priority #3: Increasing Mental Health Education and Prevention Programming for Youth and Families**

**Prevention:**

- We started eight new prevention programs:
  - MICOP (Miwok Indigenous Community Organizing Project)
  - LEAD Program (Lived Experience Advocacy Development) through Transitions Mental Health Association (TMHA)
  - Casa Pacifica's School-Based Suicide Prevention Program
  - YouthWell's County-Wide Youth Advisory Board
  - YouthWell's Youth Linkage Network
  - Family Services Agency's Wellness Promotion for Seniors
  - The Mental Wellness Center's Peer and Parent Partners in Wellness
  - Behavioral Health Outreach/Promoters/es

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# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

2/5/2025

**Priority #2: Increasing Mental Health Education and Prevention Programming for Youth and Families**

- We launched a Suicide Prevention Campaign called, "STAIR"
- We increased the budgets for CALM's Early Childhood Mental Health program, Santa Ynez Tribal Health Clinics and Santa Ynez Valley People Helping People.
- Hired a Prevention and Early Intervention Coordinator
- Hosted a Health Equities Conference for Behavioral Health Staff
- Hosted a Student Wellness Summit

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**Priority #3: Increasing Mental Health Education and Prevention Programming for Youth and Families: Our Plan for FY 24-25:**

**What we are doing FY 24-25:**

- Starting New Mental Health Education program to **Mixed Youth and Families** In North County with **MICOP**
- Starting New Mental Health Education program County-Wide to **hire three regional promotoras/es** to provide outreach and access to linkages especially to **LatinX** and Spanish-speaking members in their community.

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**Program Highlight: Casa Pacifica's School-Based Suicide Prevention Program**

- Casa Pacifica's School-Based Suicide Prevention Program provides suicide prevention trainings for students, staff and families at schools throughout Santa Barbara County.
- The program's outreach provides an increase in visibility of resources that are available, trains the specified audience on how to identify and assess for risk in youth and how to call local crisis lines for immediate intervention and assessment.
- The program addresses and increases awareness of youth mental health and wellness needs specific to our county and its regions.

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**Priority #2: Things We Can Do to Increase Mental Health Education and Prevention Programming for Youth and Families: Our Plan for FY 25-26:**

**What would you like to see us focus on for increasing Mental Health Education and Prevention Programming (awareness) for Youth and Families?**

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**Program Highlight: Casa Pacifica's School-Based Suicide Prevention Program**

- Hosted 12 Trainings and Presentations for school staff and other professionals throughout the county on Clinical Risk Assessments and Commercial Sexual Exploitation of Children in FY 23-24.
- Attended 51 events where they were able to disseminate information to students and parents at school events on how to access behavioral health services.
- Hosted 29 Presentations to students and families on recognizing early signs of mental illness and accessing behavioral health services.
- Through this program, the staff were able to reach over 7,000 individuals throughout Santa Barbara County.

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**Priority #4: Implementing Mental Health Programs Specifically for Older Adults**

- Started Wellness Promotion for Seniors Prevention Program in partnership with Family Services Agency which is specifically for Older Adults
- Started Peer and Parent Partners in Recovery and Wellness, which is an outreach program for Older Adults who live with an adult child with serious and persistent mental illness

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# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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**Program Highlight: Mental Wellness Center's Peer & Parent Partners in Recovery and Wellness**

- Mental Wellness Center's interdisciplinary team works in a family's home or at their offices to engage and support the mental health needs of referred families who have adult children with mental illness.
- The team establishes individual relationships with family members and the adult child with a severe mental illness in the hopes of providing education, support and connection to mental health resources in the community in a manner that breaks down barriers to seeking help while promoting recovery and resilience for the entire family.

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**Priority #4: Providing Mental Health Programs Specifically for Older Adults**

What do you think would be helpful for Older Adults who are interested in mental health and substance use support programs for their age group?

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**Program Highlight: Mental Wellness Center's Peer & Parent Partners in Recovery and Wellness Program**

Served a total of 18 families who were provided services and assistance to help their overall well-being

Provided 71 workshops, prevention activities and trainings to families around the county throughout the year.

Hosted 108 trainings with consumers and families. This includes WRAP trainings at 26/11/2024


Hosted a total of 187 support groups throughout the year. Each quarter they are providing 36 support groups, if not more!

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**Priority #5: Recruitment and Retention of Behavioral Health Workforce**

We implemented the Masters in Social Work Scholarship and awarded 4 scholarships last year.


We provided DEI trainings for management and staff specifically addressing how to recruit and retain a diverse and inclusive workforce


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**Priority #4: Implementing Mental Health Programs Specifically for Older Adults: Our Plan For FY 24-25:**

**What we are doing for FY 24-25:**

- Implement specific outreach to older Latinx adults with trusted community leaders County-Wide
- Developing a Department Suicide Prevention Plan that will include suicide prevention for older adults
- Implement a Suicide Awareness campaign specifically addressed to Older Adults




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**Priority #5: Recruitment and Retention of Behavioral Health Workforce: Our Plan for FY 24-25:**

**What we are doing for FY 24-25:**

- Masters in Social Work Scholarship Program:** BWell funded up to \$25,000 for 4 staff during FY 23-24 pursuing MSW degrees and intends to fund up to 4 more scholarships in FY 24-25
- Work on developing workforce pipeline:** Present at High School and College Job Fairs throughout the County on Mental Health Career Pathways, Career opportunities in our Department, and information about Bilingual allowance for staff. The intention is to begin attracting high school and college students, especially Spanish and Mixteco speaking students, to pursue career paths in our Department.

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# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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2/5/2025

Priority #5: Recruitment and Retention of the Behavioral Health Workforce.

What would you like to see us focus on for the recruitment and retention of the Santa Barbara County behavioral health workforce as a whole?



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Mental Health Services Act Contact Information

Feel free to reach out with questions, comments and ideas

Thank you,  
Natalia Rossi, JD  
MHSA Manager  
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[nrossi@sbcbwell.org](mailto:nrossi@sbcbwell.org)



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Please take our MHSA Annual Update Survey!

English



<https://www.surveymonkey.com/r/K8GHTSQ>

Spanish



<https://www.surveymonkey.com/r/F4J8J4R#>



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Program Highlight: Transitions Mental Health Association-Growing Grounds Farm

- Served 53 unique clients including TAY 16-25, adults 26+, English speaking and Spanish speaking individuals
- Hosted 57 meetings with community leaders about their program
- Hosted 135 vocational planning trainings
- Hosted 57 workshops, activities and vocational trainings
- 40 individuals were referred to Supportive Employment Program for further job development



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MHSA Contacts

“Nothing about us, without us”

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PIO/Chief of Strategy and Community  
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## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

5. Copies of emails, website screenshots, flyers, notices in media, used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP



SANTA BARBARA DEPARTMENT OF  
BEHAVIORAL WELLNESS PRESENTS:

# Mental Health Services Act (MHSA) Fall Presentations and Feedback Sessions!

SANTA BARBARA PUBLIC LIBRARY-- FAULKNER GALLERY (MONDAY,  
OCTOBER 21ST, 5:30PM-7:30PM)

SANTA MARIA PUBLIC LIBRARY-- SHEPARD'S HALL (SATURDAY,  
NOVEMBER 2ND, 11:00AM-1:00PM)

LOMPOC PUBLIC LIBRARY--GROSSMAN GALLERY (TUESDAY,  
NOVEMBER 12TH, 5:30PM-7:30PM)

VIRTUAL-- ZOOM (WEDNESDAY, DECEMBER 4TH, 5:30-7:30PM)



## Overview

### Items Included in this Communication Packet:

- Page 3: What to Expect-- Event Summary
- Page 4: Talking Points-- MHSA Stakeholder Events
- Page 5 and 6: Press Release
- Page 7: English Registration Flyer
- Page 8: Spanish Registration Flyer
- Page 9: Resource Tabling Registration Flyer

**Please share this packet with your  
networks and spread the word!**

We strongly encourage all Santa Barbara County residents  
to attend and make their voices heard.

Your input is vital in ensuring that MHSA funds are used  
effectively to enhance the mental health and well-being of  
our community.

For any questions, please contact MHSA Manager  
Natalia Rossi at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)



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

## What to Expect:

Please join us and register today!

Resource Tables

Interactive Presentation on Local Programs

Updates on Behavioral Health Program Planning

Opportunity to Share Feedback

Community Connections

Free food!

Our goal is to provide meaningful information  
about the status of our local programs, and  
gather your input for behavioral health program  
planning.

For any questions, please contact MHSA  
Manager Natalia Rossi at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)



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# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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Santa Barbara, CA 93110  
(805) 681-5220 • FAX (805) 681-5262  
[www.countyofsb.org/behavioral-wellness](http://www.countyofsb.org/behavioral-wellness)

PRESS RELEASE  
October 2, 2024

News Media Contact:  
Suzanne Grimessey, MFT  
PIO/Chief of Strategy and Community Engagement  
Cell: (805) 886-5403

### COUNTY BEHAVIORAL WELLNESS HOSTS MHSA STAKEHOLDER FEEDBACK FORUMS

*Community Encouraged to Participate in Mental Health Planning and Provide Feedback*

(SANTA BARBARA, Calif.) - The Santa Barbara County Department of Behavioral Wellness invites community members to take part in a series of Mental Health Services Act (MHSA) Stakeholder Annual Update Feedback Forums. These events are an excellent opportunity for the public to learn about the impact of MHSA on local mental health programs and play an active role in shaping the future of mental health services by offering feedback on how MHSA funds should be allocated for Fiscal Year 2025-26.

Attendees will receive an overview of the MHSA budget, presentations on current MHSA-funded programs, and an opportunity to discuss how these services can be improved to better meet community needs. Free food will be provided, and local community organizations are encouraged to host resource tables to share information about their services.

#### Key Topics:

- Understanding MHSA and its role in funding mental health services
- MHSA Fiscal Year 2024-25 budget overview and funding allocations
- Presentations on current MHSA-funded programs
- Gathering community input on funding priorities for Fiscal Year 2025-26
- Exploring potential enhancements to mental health services for MHSA Annual Update for FY 25-26

#### Forum Dates & Locations:

- Santa Barbara Public Library – Faulkner Gallery
- *Monday, October 21st, 5:30 PM – 7:30 PM*
- Santa Maria Public Library – Shepard's Hall
- *Saturday, November 2nd, 11:00 AM – 1:00 PM*
- Lompoc Public Library – Grossman Gallery
- *Tuesday, November 12th, 5:30 PM – 7:30 PM*
- Virtual Forum via Zoom
- *Wednesday, December 4th, 5:30 PM – 7:30 PM*

We strongly encourage all Santa Barbara County residents to attend and make their voices heard. Your input is vital in ensuring that MHSA funds are used effectively to enhance the mental health and well-being of our community.

-More-

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### COUNTY BEHAVIORAL WELLNESS HOSTS MHSA STAKEHOLDER FEEDBACK FORUMS

For more information or to register, please visit [Behavioral Wellness Website](#). To register for a forum in English, click [here](#). To register for a forum in Spanish, click [here](#).

For questions, please contact the MHSA Program Manager, Natalia Rossi, at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org). For assistance accessing Behavioral Wellness services, call the 24/7 Crisis Response and Services Access Line at (888) 868-1649.

-30-



## **EVENTO DE ACTUALIZACIÓN ANUAL DE LA MHSA: APARTAMENTOS SOBRE LA CALLE NORTE DEPOT EN SANTA MARÍA**

**¡Por favor, reúnanse con nosotros a una  
presentación de actualización anual de la  
ley de servicios de Salud Mental (MHSA)!  
¡OFRECEREMOS ALMUERZO GRATIS!**

**Miércoles 9 de octubre  
2:00 - 4:00 P. M.**

---

**Calle N Depot  
Salón comunitario (The Community Room)**

**¡Su opinión ayudará a guiar el  
desarrollo, la implementación y la  
evaluación de los servicios de la MHSA  
para nuestra comunidad!**

**Si tiene preguntas, contacte  
a [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org).**



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## **MHSA ANNUAL UPDATE EVENT: THE RESIDENCES AT DEPOT STREET**

**Please join us for a FREE lunch and hear  
about our Mental Health Services Act  
(MHSA) Annual Update!**

**Wednesday, October 9th  
2:00 - 4:00 PM**

---

**The Community Room**

**Your input will help guide the  
development, implementation and  
evaluation of MHSA services for our  
community!**

**For any questions, contact  
[nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)**







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## We want to hear from you!

Please join us for **FREE FOOD** and a Mental Health Services Act (MHSA)  
Presentation and Feedback Session!

Our goal is to provide meaningful information about the status of our local  
programs, and gather your input for behavioral health program planning.

SANTA BARBARA  
PUBLIC LIBRARY

5:30 - 7:30 PM

OCT  
**21**

SANTA MARIA  
PUBLIC LIBRARY

11:00 AM - 1:00 PM

NOV  
**02**

LOMPOC PUBLIC  
LIBRARY

5:30 - 7:30 PM

NOV  
**12**

VIRTUAL  
SESSION

5:30 - 7:30 PM

DEC  
**04**

TO REGISTER, CLICK THE LINK IN OUR  
INSTAGRAM BIO OR VISIT OUR WEBSITE:  
[HTTPS://WWW.COUNTYOF SB.ORG/507/MENTAL-  
HEALTH-SERVICES-ACT](https://www.countyofsb.org/507/mental-health-services-act)



SANTA BARBARA COUNTY  
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## ¡Nos gustaría saber su opinión!

¡Reúnase con nosotros para una presentación de La Ley de Servicios de Salud Mental (MHSA)! **¡SERVIREMOS COMIDA GRATIS A LOS PARTICIPANTES!**

Nuestro objetivo es compartir información importante sobre nuestros programas locales y escuchar su opinión para planear los programas de salud mental.

BIBLIOTECA  
PÚBLICA DE  
SANTA BÁRBARA  
5:30 - 7:30 PM

OCT  
**21**

BIBLIOTECA  
PÚBLICA DE  
SANTA MARÍA  
11:00 AM - 1:00 PM

NOV  
**02**

BIBLIOTECA  
PÚBLICA DE  
LOMPOC  
5:30 - 7:30 PM

NOV  
**12**

SESIÓN  
VIRTUAL  
5:30 - 7:30 PM

DIC  
**04**

PARA REGISTRARSE, HAGA CLIC EN EL ENLACE DE LA BIOGRAFÍA DE  
NUESTRO INSTAGRAM O VISITE NUESTRO SITIO WEB:  
[HTTPS://WWW.COUNTYOF SB.ORG/507/MENTAL-HEALTH-SERVICES-ACT](https://www.countyofsb.org/507/mental-health-services-act)



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

# MHSA Annual Update Event: CFMAT

Please join us for a *virtual session* to hear  
about our Mental Health Services Act  
(MHSA) Annual Update!

**THURSDAY, AUGUST 15TH**

**2:00–3:30 PM**

Click [Here](#) for Zoom Link!

Meeting ID: 915 5607 4916

Passcode: 01137343

Your input will help guide the development,  
implementation and evaluation of MHSA  
services for consumers and family members!

**FOR ANY QUESTIONS, CONTACT**  
**[NROSSI@SBCBWELL.ORG](mailto:NROSSI@SBCBWELL.ORG)**



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

# **MHSA Annual Update Event:** **UC Santa Barbara University &** **Community Housing Services**

Please join us for a *virtual session*  
to hear about our Mental Health  
Services Act (MHSA) Annual  
Update!

**Tuesday, November 5th**  
**11 AM - 12 PM**

Your input will help guide the  
development, implementation and  
evaluation of MHSA services for our  
community!

For any questions, contact  
[nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)





## **MHSA Annual Update Event: Resilience Institute**

**Please join us for a free dinner and hear  
about our Mental Health Services Act  
(MHSA) Annual Update!**

**Friday, September 25th  
6:00 – 8:00 PM**

**La Casa de Maria Retreat Center  
800 El Bosque Road  
Santa Barbara, CA 93108**

**Your input will help guide the  
development, implementation and  
evaluation of MHSA services for  
our community!**

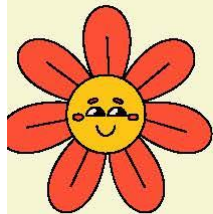


**For any questions, contact  
[nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)**



# MHSA Annual Update Event: Youth Linkages Network

Please join us for a *virtual session* to hear  
about our Mental Health Services Act  
(MHSA) Annual Update!



**Friday, December 13th  
12:00 - 1:30 PM**

Click [Here](#) for Zoom Link!  
Meeting ID: 878 3436 8053  
Passcode: 107265

Your input will help guide the  
development, implementation  
and evaluation of MHSA  
services for the youth in our  
community!



For Any Questions, Contact  
[nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)



## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES



Thu 8/1/2024 11:00 AM

FayAnn Wooton-Raya

aIFW: You're Invited! MHSA Consumer and Family Member Action Team Public Stakeholder Event

To

Cc Nakisa Shojaie

You replied to this message on 8/1/2024 11:03 AM.



MHSA CFMAT Presentation Flyer.pdf  
133 KB

**From:** FayAnn Wooton-Raya

**Sent:** Thursday, August 1, 2024 10:58 AM

**Cc:** Nakisa Shojaie <[nshojaie@sbcbswell.org](mailto:nshojaie@sbcbswell.org)>; Natalia Rossi <[nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)>; [REDACTED]

**Subject:** You're Invited! MHSA Consumer and Family Member Action Team Public Stakeholder Event

Hello All!

I hope you all are doing well.

I wanted to inform you of the MHSA Annual Update Stakeholder Event for Fiscal Year 25-26 that is taking place on August 15<sup>th</sup> from 2-3:30pm.

You are welcome to join us and provide your feedback on how we can implement programming for our Behavioral Health Services within Santa Barbara County.

The flyer that is attached above has more information regarding this event as well.

**Meeting Link:**

<https://sbcbswell.zoom.us/j/91556074916?pwd=TGIBMFpTUXhqafMvUIBqVDVmQUREUT09>

Meeting ID: 915 5607 4916

Passcode: 01137343

Call-In Number: +1 213 338 8477 or 1 301 715 8592

Thank you so much,  
FayAnn

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES



Fri 9/20/2024 2:51 PM

Natalia Rossi

RE: link for CES office hours

To [REDACTED]

Cc [REDACTED] Elise Ramacciotti



MHSA FY 25-26 Annual Update Slides Final.pptx  
10 MB

[REDACTED] thank you again for having us, here is the link for the survey, anyone can take it, including County employees, and we really appreciate the feedback:

<https://www.surveymonkey.com/r/K8GHTSQ>

Also attached is the power point, thanks again!

Natalia

**Natalia Rossi, JD**

She/Her/Hers 🇺🇸

MHSA Manager

Mental Health Services Act/ Strategy and Community Engagement

Santa Barbara County Department of Behavioral Wellness

[nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)





# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

Reply Reply All Forward IM



Fri 9/13/2024 12:01 PM

Nakisa Shojaie

RE: Scheduling Santa Barbara County Behavioral Wellness MHSA Presentation

To [Redacted] Elise Ramacciotti; Natalia Rossi; FayAnn Wooton-Raya

This message is part of a tracked conversation. Click here to find all related messages or to open the original flagged message.



MHSA Events Full Flyer English and Spanish .pdf  
254 KB

- Santa Barbara Public Library-- Faulkner Gallery (Monday, October 21st, 5:30PM-7:30PM)
- Santa Maria Public Library-- Shepard's Hall (Saturday, November 2nd, 11:00AM-1:00PM)
- Lompoc Public Library--Grossman Gallery (Tuesday, November 12th, 5:30PM-7:30PM)
- Virtual-- Zoom (Wednesday, December 4th, 5:30-7:30PM)
  - Join Zoom Meeting  
<https://sbcbswell.zoom.us/j/96356283948?pwd=cWOTfpFnV9ac4azitXE20VVkE5j9jD.1>
  - Meeting ID: 963 5628 3948  
Passcode: 19913964

Our goal is to provide meaningful information about the status of our local programs, and gather our community's input for behavioral health program planning. **Food will be provided!**

Community-Based Organizations will be tabling and offering info and resources a half hour before the Presentation period, and for a half hour after.

**To register for this event, please click the registration link below, or view the attached flyer:**

ENGLISH: [Registration: Mental Health Services Act \(MHSA\) Public Stakeholder Events Survey \(surveymonkey.com\)](#)

SPANISH: [Registro: eventos públicos para partes interesadas de la Ley de Servicios de Salud Mental \(MHSA\) Survey \(surveymonkey.com\)](#)

We encourage you to please share out this email and the registration materials to your networks and communities broadly!

Please email myself or Natalia Rossi ([nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)) for any questions.

Thank you so much, we hope to see you there!

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

Reply Reply All Forward IM



Tue 12/10/2024 10:08 AM

Nakisa Shojaie

Complete MHSA Survey for a Chance to Win!

To

Cc: Natalia Rossi; FayAnn Wootton-Raya

Dear Behavioral Wellness Team,

We are excited to invite you to participate in the MHSA Annual Update Survey for FY 25-26!

Any BWell staff are welcome to participate—you are all considered stakeholders in our community!

This survey is an important opportunity to share your input on key priorities within the Mental Health Services Act (MHSA), including programming, services, and workforce recruitment and retention efforts.

**Survey Link:** [BWell Staff MHSA Annual Update Survey](#)

**Deadline to complete: January 15<sup>th</sup> 2025**

Your feedback will help guide decisions around MHSA priorities, ensuring that our programs and services align with the needs of both our workforce and the communities we serve.

As a thank-you for your time and participation, **respondents can enter into a raffle to win a gift basket filled with goodies!**


We appreciate your participation and look forward to hearing your valuable insights! For any questions, please reach out to myself or MHSA Manager Natalia Rossi ([nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)).


Best,

Nakisa

Nakisa Shojaie, B.A.  
she/her/hers  
Department Business Specialist 1  
Mental Health Services Act  
Santa Barbara County Department of Behavioral Wellness  
[nshojaie@sbcbswell.org](mailto:nshojaie@sbcbswell.org)

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

**sbcbwell**...




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

### ¡Nos gustaría saber su opinión!

¡Reúnase con nosotros para una presentación de La Ley de Servicios de Salud Mental (MHSA)! **¡SERVIREMOS COMIDA GRATIS A LOS PARTICIPANTES!**

<p>BIBLIOTECA PÚBLICA DE SANTA BÁRBARA 5:30 - 7:30 PM</p> <p>OCT <b>21</b></p>	<p>BIBLIOTECA PÚBLICA DE SANTA MARÍA 11:00 AM - 1:00 PM</p> <p>NOV <b>02</b></p>
<p>BIBLIOTECA PÚBLICA DE LOMPOC 5:30 - 7:30 PM</p> <p>NOV <b>12</b></p>	<p>SESIÓN VIRTUAL 5:30 - 7:30 PM</p> <p>DIC <b>04</b></p>


**REGISTER HERE:**  
[HTTPS://WWW.SURVEYMONKEY.COM/R/8XQWGNV](https://www.surveymonkey.com/r/8XQWGNV)


1

Liked by **ashleyaamp** and **others**

**sbcbwell** Behavioral Wellness wants your input! Please join us for FREE FOOD and a Mental Health Services Act (MHSA) Presentation and Feedback Session... [more](#)

October 2, 2024 · [See translation](#)

**sbcbswell**...







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

## We want to hear from you!

Please join us for **FREE FOOD** and a Mental Health Services Act (MHSA) Presentation and Feedback Session!

SANTA BARBARA PUBLIC LIBRARY 5:30 - 7:30 PM <b>OCT 21</b>	SANTA MARIA PUBLIC LIBRARY 11:00 AM - 1:00 PM <b>NOV 02</b>
LOMPOC PUBLIC LIBRARY 5:30 - 7:30 PM <b>NOV 12</b>	VIRTUAL SESSION 5:30 - 7:30 PM <b>DEC 04</b>

**REGISTER HERE:**  
[HTTPS://WWW.SURVEYMONKEY.COM/R/WCBRR7](https://www.surveymonkey.com/r/WCBRR7)

 1 

Liked by ashleyaamp and others

**sbcbswell** Behavioral Wellness wants your input! Please join us for FREE FOOD and a Mental Health Services Act (MHSA) Presentation and Feedback Session... more

October 2, 2024 • See translation



# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES



Home > Departments > Behavioral Wellness > Services > Clients & Families > Mental Health Services Act

### Mental Health Services Act

#### MHSA Stakeholder Forums

[English](#) [Spanish](#)

Please join us for our Fall MHSA Presentation and Feedback Sessions! Our goal is to provide meaningful information about the status of our local programs, and gather your input for behavioral health program planning.

**English Registration Link** [here](#)

**Spanish Registration Link** [here](#)

#### Background

In November 2004 the voters of California passed Proposition 63, which imposed a 1% income tax on personal income in excess of \$1 million. The law, known as the Mental Health Services Act (MHSA), provides increased funding for mental health services. Additional information is available from the [California Department of Health Care Services](#) and the [Mental Health Services Oversight and Accountability Commission](#).

#### Guiding Principles

MHSA programs and services are guided by five principles designed to transform the public mental health system of care:

- Community collaboration: individuals, families, agencies, and businesses work together to accomplish a shared vision.
- Cultural competence: adopting behaviors, attitudes, and policies that enable providers to work effectively in cross-cultural situations.
- Client- and family-driven system of care: adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- Focus on wellness, including recovery and resilience: people diagnosed with a mental illness are able to live, work, learn and participate fully in their communities.
- Integrated service experiences: services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

#### Issue Resolution

If you are a stakeholder and wish to resolve an issue concerning an MHSA program, service or activity, view the [MHSA Issue Resolution page](#).

#### MHSA Audit Report

You can find our MHSA audit plans [here](#).

[English Survey here](#)

[Spanish Survey here](#)



#### Key Documents

- [Santa Barbara County MHSA Annual Update FY 24-25](#)
- [Appendices-- Santa Barbara County MHSA Annual Update FY 24-25](#)
- [MHSA FY 23 26 Final Plan](#)
- [Santa Barbara POC, Citations of Evidence of Correction](#)
- [Santa Barbara MHSA FY 23 26 Three Year Plan APPENDICES](#)
- [Help@Hand Annual Evaluation Report Year 4 + CalMHSA Memo](#)
- [Navigating the MHSA 3-Year Plan FY 2023-2026](#)
- [Amended MHSA One Year Plan Update FY 22-23, Fully Updated](#)
- [Developing an Effective Multidisciplinary Response to Serve Exploited Youth RISE Toolkit \(PDF\)](#)
- [MHSA FY 21-22-FY 23-24 Three Year Expenditure Plan Summary](#)
- [MHSA Help@Hand Annual Evaluation Report - Year 1](#)
- [MHSA Help@Hand Annual Evaluation Report Year 2](#)
- [MHSA Help@Hand Annual Evaluation Report-Year 3](#)
- [MHSA One-Year Plan Update FY 2021-2022](#)
- [MHSA Stakeholder Forums \(PDF\)](#)
- [MHSA Three Year Plan Update 2020 to 2023 \(PDF\)](#)
- [RISE Final Evaluation Report \(PDF\)](#)
- [Santa Barbara FY 2020-21 MHSA Rev and Exp Report \(2-1-22\)](#)
- [Santa Barbara Housing Retention INN Plan Final](#)
- [Amended MHSA One Year Plan Update FY 22-23](#)

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### 6. Documentation that demonstrates stakeholders provided input during the CPPP

<b>Fiscal Years 2025-2026 MHSA Community Program Planning Process Schedule</b>	
<b>MHSA CPPP Sessions – Stakeholder Focus Groups Meetings/Tabling</b>	
Housing Authority Youth, Annual Update Presentation	7.30.24
Independent Living Resource Center, Annual Update Presentation	8.5.24
Wellness Promotion for Seniors, Annual Update Presentation	8.7.24
Santa Maria Staff Lunch	8.14.24
Consumer and Family Member Action Team, Annual Update Presentation	8.15.24
New Cuyama Food Distribution, Annual Update Presentation	8.16.24
Lompoc Staff Lunch	8.21.24
Stay and Play, Annual Update Presentation	8.22.24
Mental Wellness Center: Fellowship Club	8.27.24
Alan Hancock Bow Wow WOW, Annual Update Presentation	8.28.24
CBO Collaborative, Annual Update Presentation	9.4.24
Santa Barbara Staff Lunch	9.4.24
MHSA Steering Committee, Annual Update Presentation	9.5.24
MHSA PEI Quarterly Meeting, Annual Update Presentation	9.10.24
Tri County Regional, Annual Update Presentation	9.11.24
Santa Barbara Cottage Hospital, Annual Update Presentation	9.11.24
NAMI, Annual Update Presentation	9.13.24
Coordinated Entry System, Annual Update Presentation	9.19.24
Justice Alliance Action Team Meeting, Annual Update Presentation	9.25.24
Network of Family Resource Centers (NFRC), Annual Update Presentation	10.1.24
Noah's Anchorage Family Services Staff, Annual Update Presentation	10.8.24
Depot St. Santa Maria Housing Site, Annual Update Presentation	10.9.24
Helping Hands of Lompoc (H2L), Annual Update Presentation	10.15.24

Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26  
APPENDICES

Santa Barbara Public Library, Annual Update Presentation	10.21.24
Santa Maria Wellness Center, Annual Update Presentation	10.30.24
Alan Hancock B.I.G.E, Annual Update Presentation	11.1.24
Santa Maria Public Library, Annual Update Presentation	11.2.24
UCSB Basic Needs Rehousing, Annual Update Presentation	11.5.24
MHSA Steering Committee	11.7.24
Lompoc Public Library, Annual Update Presentation	11.12.24
Virtual Session, Annual Update Presentation	12.4.24
Youth Linkages Network, Annual Update Presentation	12.13.24
YouthWell Youth Action Board, Annual Update Presentation	2.10.25
<b>Survey Monkey – Virtual MHSA Feedback Survey</b>	
“MHSA Stakeholder Survey, FY 25-26”,	

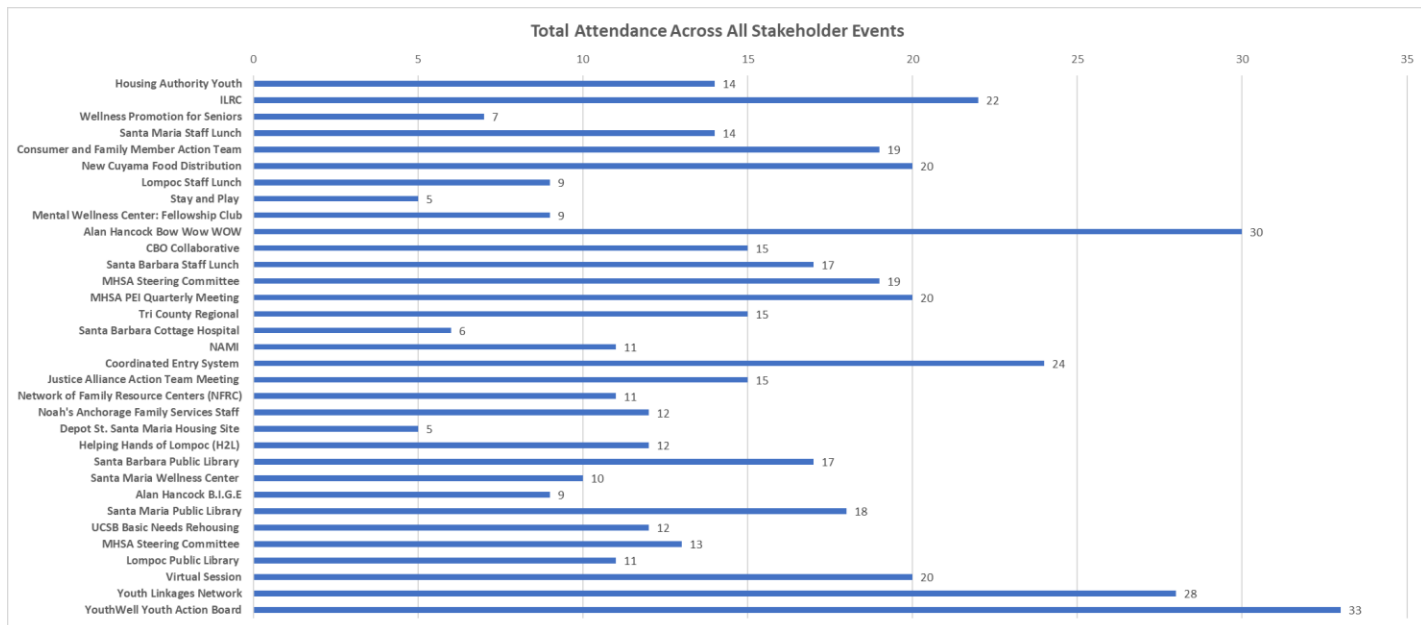
# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

### Stakeholder Attendance Data

\*\*Please double click [here](#) to open a link to the full Excel data sheet.

Event	Date	Total attendees	Consumer	Family Member	County Staff	BWELL Staff	Healthcare	Veteran	Community	Housing Provider	Homeless students	Law Enforcement	Social Services
Housing Authority Youth	7.30.24	14									14		
ILRC	8.5.24	22	5						17				
Wellness Promotion for Seniors	8.7.24	7	7										
Santa Maria Staff Lunch	8.14.24	14				14							
Consumer and Family Member Action Team	8.15.24	19	3	1	2	1	7		5				
New Cuyama Food Distribution	8.16.24	20		20									
Lompoc Staff Lunch	8.21.24	9				9							
Stay and Play	8.22.24	5		5									
Mental Wellness Center: Fellowship Club	8.27.24	9	4			1	1			2	1		
Alan Hancock Bow Wow WOW	8.28.24	30									30		
CBO Collaborative	9.4.24	15							15				
Santa Barbara Staff Lunch	9.4.24	17				17							
MHSA Steering Committee	9.5.24	19	4			8	3		3				
MHSA PEI Quarterly Meeting	9.10.24	20	1			4	6		9				
Tri County Regional	9.11.24	15			15								
Santa Barbara Cottage Hospital	9.11.24	6					6						
NAMI	9.23.24	11		11									
Coordinated Entry System	9.19.24	24			2	2			9	8			2
Justice Alliance Action Team Meeting	9.25.24	15	10			5							
Network of Family Resource Centers (NFRC)	10.1.24	11		11									
Noah's Anchorage Family Services Staff	10.8.24	12							12				
Depot St. Santa Maria Housing Site	10.9.24	5	2						2	1			
Helping Hands of Lompoc (H2L)	10.15.24	12	4		2	1	2	1	2				
Santa Barbara Public Library	10.21.24	17	1	5					8	1	2		
Santa Maria Wellness Center	10.30.24	10	4				2				2		
Alan Hancock B.I.G.E	11.1.24	9	9										
Santa Maria Public Library	11.2.24	18	2	1	1		4		8		1		
UCSB Basic Needs Rehousing	11.5.24	12									12		
MHSA Steering Committee	11.7.24	13				4	2		5		1		1
Lompoc Public Library	11.12.24	11		1			2		4	2	1	1	
Virtual Session	12.4.24	20		11		5			4				
Youth Linkages Network	12.13.24	28							28				
YouthWell Youth Action Board	2.20.25	33				3			3		27		
Total Number of Attendees		502											



### Stakeholder Public Comments from all CPPP Events



**Housing Authority Youth Event**

**7.30.24**

- Don't know how to access services
- Breakdown= not being able to take care of self
- Social media
- Going through the schools, posting outreach materials there
- Post in public spaces
- People can be resistant to accessing resources
- Schools should have mental wellness resources centers
- Usually have to make an appt to go to HS wellness center, and this is less approachable; it would be more accessible if it was less formal and a walk-in style
- More MH counselors at school
- More privacy for when kids talk to the counselors
- Drop in center in the community for youth
- Environment for counseling could be cozier/comfier
- Self-care activities like videogames
- Text line would be nice, texting is to ask for help, could route you to someone to help you
- Mental health 101 education; framed as MH is for everyone
- Networking with family resource center, HA is a part of this

**Independent Learning Resource Center MHSA Annual Update Stakeholder Event Feedback**

**8.22.24**

Questions & what they offer

- Are there ACT teams?
- What's offered for youth?
- Custom services for each person at their center
- Housing placement
- Section 8 housing
- Assisted technology
- Youth services
- Personal assistants
- Independent living center works with individuals at centers
- Housing units

PEI

- Stable housing (can't get treatment and meds)
- Drop-in center, housing navigation assistance, place where youth feel safe, TAY housing, peer

## APPENDICES

youth training

- How to deal with stigma and bullying
  - Functional skills
  - Social media
  - Institutions biases or judgement
- Youth moving out, getting off parents insurance, program, college career setting, workforce career paths, functional skills in life (finances, community college, Mental health help and skills)
- Helpful to know about housing
- Have someone help youth with daily skills (wake up, take meds)
- have worked with consumers in the past, have worked with the ACT team before
- what's the criteria for determine if someone qualifies for full service partnership or not—would be someone who is a frequent utilizer of ER services, been incarcerated, etc.
- available for youth as well? yes, for children and TAY, for children as young as five
- familiar with THMA in Slo as well
- ILRC, disability services and advocacy non profit, work with individuals who identify with a disability.
- what do FSP services look like for a 5 year old client?
- lots of work with the family
- if someone is already using therapeutic services how do they get housing? they should have a caseworker who would be able to help them fill out the application for housing site eligibility; have them ask their caseworkers
- happy to see more money going into housing, worried about treatment services getting less funding
- when someone doesn't have stable housing it throws everything off, they don't take medications, etc. someone who is homeless will be at a total disadvantage
- drop in center for youth to offer housing navigation services
- transitional housing just for youth/TAY
- Peer trainings so the youth could mentor one another, might be more comfortable with people their own age
- how to deal with stigma and bullying for youth—functional skills, how to deal with social media, judgement, etc.
- as youth transition from being under parents roof and covered from their insurance, how to navigate that transition, more so 16, 17, going out into the world
- functional skills training for youth, how to get integrated into the community, financial responsibility, ways to get involved and improving feelings of stigma
- funding for someone to go check on youth in the morning, in supportive housing that helps with daily skills

### **Wellness Promotion for Seniors MHSA Annual Update Stakeholder Feedback**

#### **8.7.24**

- Coordinate with cottage on follow up after release because they go home alone, and then die by suicide
- More housing for those with mental health diagnoses
- Women only housing with mental health professionals onsite

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

- Retirement home on the mountain that was for priests (place for people struggling or who have MH and SUD diagnoses)
  - Increases mental health education in sb county bc there's so much to learn
1. No services, covid 2020, need people to be checked on, people die alone, property manager should come to visit resident, resident community room isn't open on weekends so we have no weekend activities to do
    - a. Examples of hangouts: watch Olympics together, drink tea
  2. Some people who are struggling mentally don't want to come to events, food, events, music
    - a. We all have mental health, we see people dying around us, we and they are lonely, feelings of sadness, good and bad feelings, would be nice to talk to someone
  3. Mental health clinic, family service, SB neighborhood clinics, anything physical, having walking clubs
    - a. Bwell stickers or magnets so people know the #
    - b. Housing support for animals- acceptance

#### General comments:

- Provide food for people at these events
- Bring pets/ animals
- Entertainment
- Someone consistently here and showing up (continuity)- builds trust
- Have a reason to come together
- In the newsletter, we know about things 2 days before the event, bulletin board posting, not everyone reads the newsletter
- Conversation days
  - o Different topics
  - o Different speakers
  - o More education
- Mon-Friday (5x a week lunches)
- Pet show- gather people
  - o Sb dog therapy
- Fiesta show
- Weekly meeting of social topic
- Not everyone who lives here likes to talk, but it's nice to gather and listen to others
- Have table on the side of the room with mh or sud professional with a sign that says, "questions/ here to chat/ anything you need, come say hi"
  - o Put a chair out for individual questions/conversations
- Post an anonymous needs board
- Student invites for music shows
- "we & them" mentality with residents and housing authority
- Thanksgiving- no one does anything here for us
  - o We all had families and know how to cook, it would be lovely to host here for the residents
- Residents offered to cook and they got a no from housing authority

## APPENDICES

- Host potlucks
- Taco parties
- Activity budgets?
- Coordinating with Cottage Hospital, should have follow up
- More housing
- Housing for just women, mental health clinicians on site
- Supporting infrastructure purchases
- Educating the public on stigma and harm reduction
- No services on site promoting health, wellbeing/connection; people on their own
- Residents passing away alone
- Some have no family or care
- You have to reach out to management
- Form community visitation
- Main room has not been opened, can't engage with community
- Couch and piano were removed, huge loss
- Room is closed/locked on weekends
- Could watch Olympics/other major events together, social gathering
- People who are unstable might not come to a gathering
- Hard to get people to gather for MH care; might be better to frame it otherwise around food and music
- Make events more frequent at first to get people warmed up, consistency would help this develop
- Being alone and getting old, seeing people pass affects you
- Exercise and walking clubs
- SB neighborhood clinics
- Stickers used to be handed out to advertise, magnets
- Services for animals, housing people with dogs

### **Santa Maria Staff Lunch MHSA Annual Update Stakeholder Event Feedback Cont.**

**8.14.24**

#### Priority #1: Increasing FSP Capacity (Comments & Feedback)

- JA North County – vehicles, battle of who has priority
  - Vehicle is a van
  - Vehicles used for staff
- Staffing for telecare and TMHA
- ACT level FSP and FACT with BHSA at bundled route
  - More money, blackout w/ CRT
- Use MHSA money when can't bill for services

#### Priority #2: Increasing Warm Handoffs and Navigation Services for Those in Crisis



## APPENDICES

- Staff in Santa Barbara weren't available?
- Program helped many, some in program weren't fully well so draw attention away from other clients
- Could be better, be more selective
- Feel connection
- Once entered CRT (TMHA & Telecare), medical "blackout can't bill FSP services
  - Discharge planning can be done
  - CRT short staffed
  - Focus on medical support over discharge planning
- Crestwood
  - \*\*Look/notify our BWell supervisors on what CRT's are doing
- Non-profit sustainability, billing challenges
  - Not provide as many services
- 1-on-1 or 2-on-1 for Zoom/Teams when onboarded for BWell \*\*orientation
  - Done with clinic specific staff that they'll be going to
    - ♣ Connect with faces, person to person
- People get confused on buildings/offices
  - Carmen Ln vs. Foster Road

### Priority #3: Recruitment and Retention of Behavioral Health Workforce (Comments & Feedback)

- 2 Options:
  - Get taxed, smaller payments (paid back ?)
    - ♣ Affects person's tax bracket, union will deduct \$1,500
      - Directly employ them
  - Low pay – work somewhere else
    - ♣ Thought to get paid (counts as income instead) → not intentioned
    - ♣ Bwell not attracting staff
- More education on scholarship money (taxes, mounts, income, reimbursements, gift, etc)
- Facilities: AC, kitchen, cleanliness, washing dishes in bathrooms, temp streamline, offices don't get cleaned
  - Carmen JA, homeless services (stress because of caseload)
- Uncomfortable working spaces (weather temp)
- Can't meet in treatment rooms because they can't shut
  - Need to find different spaces
- Portable AC doesn't work (up to 7 people)
- More positions (70 clients each) – no quality care with that many
  - Demoted to peer rather than RA, RA's lost caseload
  - Job description less and less over years (took away responsibilities)
  - Job duties not all reflected in Smartcare (ERR looks bad)
- Hire staff that can take case loads
- Adults cover for childrens
- Pay for the work that is done
- Hire case workers

## APPENDICES

- Playing catch up
- Nursing students from AHC, nurses, advocate to have them hired – tell HR and nothing happens
- Hire for experience rather than seniority
- “Cover/help out” -- Sharing staff, extra work, Smartcare doesn’t show, non-billable not recognized
- Children’s don’t have a nurse or AOP that are provided by staff
- Someone will cover children’s
- Not recruiting well
- Mentorship program for streamlining workforce

### Priority #4: Increasing Mental Health Education & Prevention Programming for Youth and Adults (Comments & Feedback)

- SUD help for kids
  - Nurses here are now serving the kids bc no nurse
  - Distribute shots
- Pharmacist doing injection so kids come here

### Priority #5: Implementing Mental Health Programs for Older Adults (Comments & Feedback)

- Like Latinx older adult campaign idea

#### FSPs

- Justice alliance staff do a lot of the work that BWell pays CRTs to do
- CRT staff don’t get paid a lot
- CRT’s short spots/ no insurance/ different insurance challenges
- CRT capacity
  - Tell QCM or check dashboard

#### WET

- Extra-help vs. full-time, reaches 1040 hours and can’t work anymore which then limits services
- Extra-help catches up on the work that has been slacked on due to no staff
- Productivity issues
- Other clinics need help, Santa Maria staff helping other clinics and we’re all getting hit with stressful balances of work
- HR needs more people

### CFMAT Public Comment Notes

8.15.24

#### General Comments

- will there be something like growing grounds in south county?
- capitalizing on the use of peers for warm hand offs, being able to support that workforce
- medi-cal takes longer to help patients, busier system, not as much higher level transport options, so whatever we can do to facilitate faster interaction with step down and higher level of care would be great: physicians tell us we don’t have as many resources in our county and in

## APPENDICES

other counties. rate of people who visit the crisis units multiple times is shocking

- identifying who the support government or care person is for the client is helpful to have in place; providing support to not only the client but there care giver as well.
- suggestion to use acupuncture at the CSU, helps de stress, particularly in crisis stabilization; ruth ackerman has staff to suggest at this from intake at the jails
- are there any programs centering the MH care of parents with children of ages 0-5? would suggest increasing/having further supports. first 5 supports that age group to support MH needs of the children and the families/caregivers. would be happy to talk about collaborations. they are in a strategic collaboration year
- for the spanish speaking community, radio outreach would be helpful for MH education and prevention programming. unfortunately don't have a TV station in Spanish unfortunately, so the two major spanish stations would be helpful, very open. one in SM has programming on sundays in mixteco, always looking for agencies to come and share resources and information, great way to reach a lot of people. "La Ley"
- for spanish community can be overcrowded. not a lot of space, difficult having access to services. pools in santa maria and santa barbara that they have no access to. would be a great if we could get them access. music is also very healing, helpful for memory loss as well. having the senior activities be a little bit more active and fun like dancing. can make it culturally appropriate and relevant. can partner with different housing authority locations to use their space to host this. could partner with the churches, a lot are active in their religion and spirituality
- pay is difficult for contracted programs because the budget is lower so it's hard to pay good staff and keep good staff
- Change priority to read, "behavioral health" workforce
- Change warm handoffs to reach & entering our system
- "I have to go now. You make such a great team and make a very complicated program very understandable. Thanks for all your hard work with MHSA"

### FSP

- Plans for growing grounds in south county?
- FSPs have to offer supportive employment services with BHSA so maybe?

### Warm Handoffs

- Add prescription refills in ppt
- Remove duplicate question
- "More emphasis and resources focused on crisis handoffs is a great idea."
- In Merian Hospital crisis unit, July 34 Medi-Cal foundations, 8 had been in unit in last 3-6 months
- High rate of recidivism
- Capture people quickly, keep track, wouldn't cycle as much
- Placement of patients, blue-cross ex. A lot faster versus 24 hours
- Medi-cal, takes longer, busier system, higher level of transport options
- Anything they can do to facilitate faster step-down or higher level would be great
- Not as many resources in our County of Santa Barbara

## APPENDICES

- People visit crisis unit many times in past few months
- Identify support system/ care giver for client who experienced crisis immediately
- Offer support to client AND care giver
- "crisis stabilization has benefited in many communities using group ear acupuncture to decrease stress without having to engage much verbally"
  - Made transition way easier for everyone
  - Funding to take another look into this at CSU

### Youth and Families

- Are there any active programs that you are working with centering the mental health of parents/caregivers of young children (0-5)?
- Mental health needs of families
- First 5- talk about collaborative efforts.
- TMHA Family Services
- Radio- Spanish, way to get information to them
  - (like mental wellness on KEYT)
  - Mixteco- radio La Le
  - Please give me the call letters of the radio stations with programming in Spanish.

### Older Adults

- No access to pools
- Crochet program, need something more active like dancing, culturally appropriate, relevant, partner with HA locations, they all have space/ identify one location in each region
- Partner with the churches- religious support
- Lot of community partners/agencies where these resources could be provided county-wide

### WET

- Very cool to see staff use scholarships
- Scholarships only for BWell?
- Pay is a tough one, hard to get good staff and keep good staff
- "How about offering a childcare stipend?"

## **New Cuyama Food Distribution MHSA Annual Update Feedback**

**8.16.24**

Question 10 on wheel:

- safety, place to live, stuff will be there when they get back, community, sense of belonging
- cleanliness
- basic care/water/food/housing
  - having security in these
- new Cuyama is a food desert

Comments:

- there are people in this area who need MH services and/or lots of them



## APPENDICES

- need person available by phone
  - so we don't have to drive long distances
- no service here (SOS) on phones
- no wifi
- non-emergency phone calls- just to talk to someone, relieves stress
- one store, expensive, little produce
- love ongoing support and education on mental health first aid (not always taking the training) training course is taken and then that's it and we are certified. Reminders would be nice
- phone calls over video because the service is so bad here
- telehealth
- letting people know what's available
- Cuyama Strong Facebook group- notify/post on there
- Notify through the schools
- Where can we go for slip ups?
- AA, NA meetings (don't have them here)
  - People relate to this and need this but bc it's so small here, everyone would know who's going and it wouldn't be anonymous
  - Maybe zoom meetings?
- Tabling at schools so families/parents/students are aware
- Need mental health services- "have a lot of people with BH problems"
- Community needs a lot of support since Cuyama is so isolated
- Spanish speakers:
  - doesn't know how to read or write
  - And doesn't know how/where to get mental health services
  - Does not know how to access services directly from BWell- would come to the FRC to get help
  - There are people in our community that need BH services
  - Transportation- to get access to services since we are very isolated here
  - Doesn't know where to get support for mental health
  - For older adults, get information to them. Most are unaware of what is available, always come to FRC
  - People in our community don't know where to ask for help. Usually call and she directs/guides us and the community to services
  - Walking exercises to relax
  - Having support or family to help with translation to crisis
  - More people to provide education
    - ♣ Prefer in person outreach versus telehealth/zoom/virtual
  - All community comes to the FRC to get information regarding any and all services needed. Martha guides us.
  - Don't know where to get help, haven't needed it yet but will come to the FRC
  - We don't have any services here, very isolated- if we need help, we come to the FRC

**8.21.24**

Increasing Warm Handoff & Navigation Services to those in Crisis

- Care court for minors?
- Update workflow (phone, PEI, location)
- Better public transportation for Lompoc
- Offer bus tokens/passes/flex funding for incentives
- Appointment based, skill building, takes time
- New program is working
- Gaps of what client thinks they're here for through referrals
  - Educate community providers (CHCC, PHD, CenCal, Hospitals, CHC (Jeff, contact))
  - Brochures on what's available
  - Positive way to explain other options
  - Presentations on who we are/who we see
  - App to explain services (English & Spanish)
    - ♣ On website, QR code – Bwell video?

Implementing Mental Health Programs Specifically Older Adults

- Board & Cares in Lompoc – maybe w/ BHSA \$?
  - Buy homes if we can
- Peer program help elderly w/ mental health struggles (check ins)
  - Isolated, lonely
  - Reminders, check-ins, uplifting
  - Have this team/staff @ 55+ housing sites
  - Like care court but peer team for our clients

Recruitment & Retention of Behavioral Health Workforce

- FSP staff retention – higher salary
- Manageable workloads so staff don't get burnout
- Staff support (supervisors onsite), more supervisors (less staff to supervise), clinical supervisors to supervise
- Track positive outcomes (we get into this for Jay)
- Staff check-ins
- Office culture
- Sharing success stories rather than negatives
- Supervisor acknowledgements (ex: yay, client got a job)
- Flexible work schedules (9/80s), (4/10s), clinics open later
- Supervisors to talk to managers on "staff trades"—clinical staff, recharge battery, change clinics, internal swaps, open/candid conversations

Increasing Mental Health Education & Prevention Programming for Youth & Families

## APPENDICES

- LEAD → share info
  - YLN → share info
- TMHA (SM & Lompoc WC) support groups
- Have YAB present to BWell staff/clinics

### Increasing Full Service Partnerships (FSP) Capacity

- Lompoc to help & track FSP Pilot Program Positive Outcomes (ex: independent living skills) – client-based outcomes
- We get into this for joy: positive workplace culture
- Having supervisor available all the time, sense of safety/ security
- Is supportive employment like the DOR?
- Using FSP flex funds to support clients
- Excited about FSP pilot program positive outcomes
- Staff retention for FSPs remain a concern
- Suggestion to pay staff more, and manageable workloads; short staffed, burnout
- Support; having a supervisor on staff, leads there to help
- Supervisors with more manageable loads as well
- Tracking positive outcomes to change workplace culture; make it not feel systemic to come in and perform the role
- We get into it for the joy
- Continuing positive outcome culture
- Having supervisor available all the time makes the biggest difference
- Sense of safety and security from supervisor that is valuable and tangible
- Clinician acknowledgement
- Talking about things that are going well, highlighting the positive instead of just the negative
- Talking to other managers in other clinics, to help move people around to make people happy; finding better ways to improve quality of work life for clinical staff
- Manager check-ins for their staff
- Doing 4 10s so that the clinic could actually be open longer if it was staffed correctly
- Updating workflow
- Can feel like you never stop working, but still joy in it
- Transportation difficult—must call 3 days in advance for Cencal transportation card
- Buses are not a great solution
- Does not offer bus tokens/passes
- Only by skill building and going out can they learn how to call for transportation; used to getting services for years delivered in a totally different way
- Money incentives
- Bus passes
- Teaching them life skills
- Most of the time it is honoring to the client to be able to connect them with Cencal; it is the most appropriate fit most of the time

## APPENDICES

- Sharing access line trainings, presenting to Jeff's committee
- Making an app to explain services would be very helpful
- Can download it off website or the app store; QR code they can scan
- Something like a welcome to BWell and breakdown of what it is going to look like
- Asking Geoff in SM about the BWell intro video, said he was making it
- LEAD Persuade and respond—training on MH first aid, would be happy to share materials with the Lompoc clinic
- What about support groups that ended because of Merakey/funding for TMHA at the Recovery Learning center? Anything we could do to pick that up again?
  - Still fully funded, but they were having staffing issues; once they have the staff they can have the groups again. Contract would have to be changed if they can't start up the support groups again due to staffing issues
- Love for the YAB Youthwell program
- Can share out info regarding the Youth Linkages Network
- Peer program to check on elderly people with mental health issues
- Checking on those living in mobile homes who have been involved in programs
- Peers can check in and see if they need a nurse
- Kind of like a mobile care team that is for older adults; similar to care court. A check-in, can check on their conditions
- Lompoc clinic is down from 8 to 2 clinicians
- Department doesn't get to control the amount that we pay clinicians
- Can't compete with other agencies
- Pet days

### Stay and Play Public Comment

**8.22.24**

- Need more spaces for women and young families, children to come together and gather resources, make community

### Notes from MWC Stakeholder Event

**8.27.24**

- Showers and washing machines
- Some places will give discounts for 10-day and 30-day bus passes
- Would be nice to be able to receive their mail here, lockers, so their packages don't get stolen
- Rescue mission—could get 5-gallon water jugs set up better so that people could plug into water and access it instead of going through locked doors to get down on the ground and fill up for their water—it should be available
- Grants for individuals, community development, business grants
- Mental health counselors here at WMC- public health nurse came out
- They would like to see a budget breakdown for specifically the MWC on paper
- 2 months out to be able to get an appointment through BWell, just for an orientation



## APPENDICES

appointment

- Crisis services, stabilization units, all fall under the 70 percent of funding of CSS
- People with MH problems are getting housing, but you can't get housing without having a MH problem
- Access line just offers counseling; they said there is no long-term recovery or co-occurring places; how do we reach your department?
  - Access line is our department, it covers both SUD and MH
  - We serve people with moderate to severe disorders
- Wanting MH services where you are housed like SUD
  - We only have psychiatric hospitalization
    - ♣ You get placed in the PHF during a screening
    - ♣ You can request it, but you might not meet the criteria; it means you cannot care for yourself/you are a risk to yourself or others due to having a MH condition
- Is there a doctor that can come out and check on people to see how they are doing; would be a good way to help with MH in California
- If we don't know about the people who are struggling, we can't do outreach for them; the homeless outreach team goes out on a regular basis, but we can only regularly check on our clients because they are the only people who have consented to our services
- What does next level of care mean?
  - Banned from some places due to my mental health condition, so I need next level of care; what does that mean?
    - ♣ We have full service partnerships, which are still outpatient; we go out to see that person where they are, 2-3x a week ideally, whole team is involved
    - ♣ If someone is further involved in recovery, they go to the clinic to receive psychiatric level of services
    - ♣ Separate from those levels are crisis services, where someone is going through crisis and going to a CSU for 23 hours
- Took 7.5 years to get recognized that she needed housing, had to talk to caregivers for a long time, and if you come from another state, they prioritize people from CA
- All the housing in SB is overbooked, and the homeless overflow is more than usual fighting battle that might not happen
- It's all a long process; we don't get field trips
- Having trouble processing what we are saying, feel underserved
- Talk to MWC staff to see about volunteering
- If you are trying to get services, talk to MWC staff, they know the access line and screening process
- CALM—what kind of service is it?
  - MH, wellness, and intervention services for families, children 0-5
- Figuring out where to go, who do you trust—have to get to know people to feel safe, it takes time, and it's a process
- Navigation center is going well, nice amenities, the hours are good; would need them more on weekends, if they could be open on Saturday and Sunday; no one is open on the weekends, would be nice to have somewhere to go on the weekends, we will pass this info on

## APPENDICES

- If you are looking for a job, they hire on Chapala for 20 dollars an hour as an ambassador—but a lot of people don't want to take initiative; have to humble yourself
- HDAP, is that related to our funding?
  - Not related to our department, might be the community services department
  - Assistance of being disabled and receiving resources
- There are people who can navigate the system, and those who can't; it can be confusing
- Encouraged to call access line, because even if it's not directly related to their situation, they can connect them to the right people
- Why reinvent the wheel? We have one counselor here, three bike mechanics here teaching a class on how to fix your bike, able to get a certificate from the training, but these services go away
- Another counselor got them tickets for the Dodgers game; all about retention of the good counselors and employees, need to have a foundation for these programs, not just one really good counselor
- Used to go to the movies as a group, more field trips with the MWC
- Recreation is considered a luxury, when for good mental health it should be considered a necessity; nonprofits will give out extra tickets to their concerts, but you have to ask
- Not a foundational thing when it comes to the recreation; would be better if it was consistent
- Staff should be asking the community for people to offer recreational services
- Assistance with things like drivers licenses, gas cards, all in the past these were available, would be great to bring these back
- Would like to know if they can fundraise shows so they can get supplies; other than art and computer room, can we bring more life into here? Can we have an art fundraiser where you attend, community attends, share the art?
  - Can look at increasing the art supply in the contract/budget
  - 400 dollar wish list
- Utilizing the ocean and the environment, marine life, to explore as recreation, field trip, beach day, going to the sea center
- Used to go to the Channel Islands national park, would be nice to go again
- Important to have activities, more cultural events, more music, more art, keep our minds occupied
- In Madrid the state gives a voucher for those with disabilities, addictions, older people, etc. for going to concerts, theaters, activities
- Bringing in classes, teachers, courses
- Showgrounds and fairgrounds, can get free tickets
- Staff coordinator who does extracurricular activities
- Doing hike in Los Padres
- Coordinator for social media; connect with people on Facebook, someone to show us how to get on craigslist and look for housing, furniture
- Some people here are getting older; wondering if we could have a class for lifting weights, healthy aging , would provide a lot of benefits; would be great to have an instructor come by
- For those without insurance and don't speak English, can they access services?
  - Our Department provides services in Spanish, and any other language using a translating

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

service

- o We do serve undocumented people
- o Our funding is for people who don't have insurance or are undocumented
- Do you provided classes for people who speak Spanish only so they can learn English, so that they can then get a job?
- Not always easy to learn the languages
- Long beach got minute maid to donate juices to them, so minute maid donated their services to connect with non-profits

#### Allan Hancock Bow Wow WOW Event Feedback

**8.28.24**

- Wheel Spin Answers:
  - Question 1) be mobile, have a van
  - Question 5) go to therapy, ask for help
  - Question 6) hire happy people to spread it to others Inspire others /feel inviting)
  - Question 1) make sure all services are in other languages besides Eng. (all material + Staff)
  - Question 8) have ads on phones about BWell. Facebook, Insta, etc. To have BWell be known
  - Question 10. yourself → when you know yourself, you know how you're Feeling inside
  - Question 1. advertise in magazines
- General MHSA Stakeholder Public Comments:
  - foster road clinic turned away client who is suicidal. This person is also in a wheelchair and physically disabled, made it all the way to the clinic and still turned away when he expressed that he is suicidal. He was yelled at as well.
  - stickers @ clines on floor to direct and guide clients/ visitors to go to adult or children's clinic (children's feet versus adult feet)
  - Proper signage (have logos on buildings, don't have weeds covering the signs
  - front desk to be Inviting, have office chairs face the front, have front desk staff stand up and come to the window. There are times they don't even look at us, don't acknowledge us, yell at us, speak away from us and don't look at us
  - Put picnic table, shade section in parking lot while families wait in the parking lot for family member to have appointment vs. having them waiting in their car with kids or even no kids and just a general area to hangout outside while waiting for their family/friend/whoever to be done with their appointment (we have smoking section, why not have this)

#### CBO Collab

**9.4.24**

WET

## APPENDICES

- Are there scholarships available for other disciplines like MFT and PCC?
- Opening up scholarships to CBOs and contracted providers as well
  - Include CBO opened positions to these scholarships
- Is there an opportunity for BWell to work with a local high school and perhaps other partners to create a Mental Health Academy? Like the Engineering or HealthCare or Visual Arts Academies here in south county (the ones I'm familiar with)
- Are the incentives taxable income?
- Contracted providers asked for incentives for CBO staff too, they would like scholarships that are available to BWell staff, they are concerned about taxing issues and would like more information on that.
- They recommend doing monthly reimbursement payments for school loans because that works better than lump payments. Lump payments would not work for staff involved in Loan Repayment programs.
- Contacted providers would like our staff to also advertise their positions and recruitment opportunities when we do public facing events like participating in Job Fairs at high schools and colleges.

### Warm Handoffs

- Linkage during crisis, us attending CTS children's clinical collaborative meetings to link clients
  - Hard to connect families but still helpful
  - Talk about program in clinical way, weekly collaborative meeting
- Are there multiple phone numbers for people to access? Do people know what numbers are available?
- About entering our system of care: it works pretty well if it is a contracted provider handing off to a BWell program via something like the CTS meeting.

### **SB Staff Lunch MHSA Annual Update Stakeholder Event**

**9.4.24**

### General Comment:

- People who need help from FSP, YMCA membership, don't use flexibility too often bc too much help can be unproductive but very flexible and helpful
- As a county citizen, worried about the homeless
- Needles in the park
- Complex problem of the homeless
- Calle real adult clinic, 26+, main doctors are remote, phone calls, not video, they don't live nearby and I don't see that as good care
  - Difficult to recruit psychiatrists, difficult to get people to live and stay here
  - Dream scenario, incentive to work onsite, \$ for
  - Motivate psychiatrists with food-catered options at Calle Real clinic?
  - I wouldn't be able to look at myself in the mirror if I only did telehealth
- 20% of people who need mental health services actually show up
- How to retain clients?

## APPENDICES

- “Bribing clients with food for treatment I don’t see fit”
- Cooking groups, crotchet group, incentive for blankets, yarn
- Advertising campaigns, signage, call outs, “feeling depressed or suicidal- call this #”
- Educate judges on substance use, domestic violence sentencing
  - Ex: substance use person- sentence them to AA
  - Ex: bring in the research and show the judges, neurobiology of addiction
- No CommUnify FSP Case Works for FSP TAY program
  - End program with CommUnify and hire case workers
  - Performance outcomes are under our BWell expectations
- Who are your main groups?
- Access line answered in 3 calls- amazing
  - Ventura never helped
- Warm handoffs
- We have tons of treatment resistant families
- CARE Court- voluntary, assuming referrals will be so low

### WET:

- Bring in speakers, ED presentations, steer exec team to prioritize trainings that provide cohesive care at each level, not just right medication, booster trainings, backup 6 months later, refresher trainings
- Staff Value: pay, market value, lunch today, valued when I feel heard, people take care of me, engagement at all levels (clients and staff), knowing what everyone in the department is doing,
- Don’t know who I go to for when I need anything
- All staff- need to keep a boundary so I don’t go, no ice breakers- or be specific bc there are triggers with ice breakers “dead or alive, who would you have lunch with”
- Pardoned for 50% client direct services? Taking off time at all staff
  - 4-6 hours for quota? What does that day look like for the direct service staff?
- Treat staff with the same respect as we do with our clients and to work on sensitivity
- Not having a full day all staff
- Having an SB, Lompoc and SM specific event. Smaller groups (don’t have to account for the driving), small groups aren’t as overwhelming
- Training unit binder: everyone gets the same training so everyone is on the same page, supervisors train their staff the same why, in region, PEI/WRR, need consistency county wide for services. Educating, laws, mandates, example binder for court reports, highlight key phrases and words
  - Streamline and make training effective: something to refer to, printouts of how to find things online, simple breakdowns step by step
  - Documentation training is always changing
  - “I liked documentation support/empowerment group”
  - In binder- link to training
- Going out to CSUCI, CSUN- centered at Antioch, close enough to recruit at
- Insurance is expensive
- Referral incentives for jobs, countywide, once you pass probationary period
- Us to say, we heard you, and this is what we are trying to do, or, we cant do this bc xyz, revisit



## APPENDICES

ideas that may not be feasible in the moment but not down the line, new FY

- Staff announcing these at the all staff stating what we have done, discusses what staff wanted, how we are moving forward or why they're paused/ not working
  - Or, share with exec supervisors and then discuss down to clinic staff
  - Same complaints-
  - Public acknowledgement of things we can't change
- \* share main WET comments for the year with staff\* at all staff meeting
  - This is what we are working on
  - This is what we can/can't do
  - Working on for next year
- Workday flexibility, meetings on meetings and then still being able to do our jobs/admin work, but across the board (all staff), balance, what needs to be done? This is why we keep asking for pay. Being pushed to the limit and beyond. Huge part of retention, spends weekend typing up notes, enforced breaks
- Flexible hours: 4/10s, clinics could stay open later, request from the public, having plethora of flexible options, someone with 9/80 isn't allowed to flex their time.. why can't that be their schedule and flex it as possible. Offer 4/10s at clinics first- pilot program, better for client care- SPIRIT team, kids need after school hours, slots get booked fast, ask staff what they want, how to keep it legal, ideal for commuters as well, food trucks for lunch,
- Knowing you have someone who is protecting my time and looking out for me makes a huge difference
  - Managers attitude makes a huge difference
  - Trainings for managers- look after one another
  - More support as a supervisor
    - ♣ When you see someone breaking- say something
  - Some clinics have 2 supervisors, why don't we at SB?
    - ♣ One person does admin, one does clinic
  - Trusting relationship with staff that you oversee?
    - ♣ Constructive criticism
    - ♣ Be firm, give feedback and not be mean
      - Some people need that extra help
- No training at BWell for managers how to supervise
- EPR- should not be a surprise, ongoing conversation about them and growth throughout the year
- Explain EPR rating
- How to recruit extra-help staff, maxing out hours
- Do you do this survey with PHF staff?

### Older Adults:

- LatinX older adults
  - "Stigma is so strong, how dare you"
- Education is so important because the simple things make you realize that it's okay to get help
- Private insurance therapist is expensive

## APPENDICES

### MHSA Steering Committee

#### 9.5.24

##### FSP/CSS:

- Required to have ACT
- Same ACT that has been the same as SAMSHA?
  - Two levels
  - Asking DHCS what do they mean?
- When do we separate FACT from ACT?
  - Why separate when we do they in the FSP?
  - Relapse population versus sober population concerns
  - In BH programs, we don't separate higher risk, from relapse treatment and sober groups as they are high level risks
  - We operate treating all of them

##### PEI:

- Los Alamos Old Days is September 28-29

##### CPPP:

- Is registration required?
- "thank you for Spanish"
- "Will this be on the community calendars of the independent, voice, etc? Is this a dialogue with question answer?"
- "Lompoc Vision would be great"
- Advertisement for Lompoc events only 😊

##### Housing and Grants Update:

#### Round 1

- Bond BHCIP Round. What do you want to see in our communities? New facilities and infrastructure?
- "Are there any plans to develop a 2 week crisis stabilization center for people who need longer than 24 hours to stabilize a crisis but may not need an inpatient unit??"
  - Yes! We understand that need and will
- "Peer respites"
  - Yes, they are.
- "We need an inpatient psychiatric unit for geriatric patients"
  - We also understand that we need a new PHF.
  - There is a round 2 if we aren't launch ready. This will come out next summer.
- Launch ready projects, site control. Applications due in December, meaning we need to own the property. SB and SM properties. The further we are along in these plans, the better. BWell, in phase 1 of this plan. We have design, phase 2 out of 4 launch ready.
- "We need a 16 bed PHF in Santa Maria. Maybe at Santa Maria jail campus?"
- "I agree that we need these facilities in both north and south county "
- "We also need a psychiatric unit for minors"

## APPENDICES

- Minors have to go out of County
- This is eligible, licensing gets tricky. We are talking with SLO and Ventura to get this in the region. Adolescent facility. When we figure out what youth need best (or anybody), we want less restrictive as possible. Have to look at sustainability of programs as we think about what we want to build. Talking mostly about rebuilding something versus fixing what we currently have.
- 2-week facility, wrap around model, intensive services for a short period of time
- Outdoor space with kids
  - Courtyards and outdoor spaces are in the plans and are very important
- “Subacute adult facilities”

### BHBH

- Focused on moving people from unsheltered, to sheltered, to permanent supportive housing. We can do housing navigation with day rates, heart team and housing navigators, help with documents, credit reports, CES,
- Where are the units located?
  - Negotiating day rates with shelter providers
  - Increase in day rate
  - We would’ve lost shelter beds but because of BHBH, we can capture and expand on this.
  - The shelters we are currently contracted with, we can use BHBH to pick up 5-6 beds. If there is a need, we can expand with this funding
  - La Posada, in SB, tiny homes, almost full there. Started placing clients there in June
  - Participant assistance funds, rental assistance, assisting with \$ that might be needed for obtaining the needed documents, outreach and engagement supplies- water, food, other supplies to build a relationship in hopes for placement
- “Good thing to have a place to see all available housing, spots that are available and contact information for people to make it easier for people to find ways to connect with housing. I don’t know how to navigate the system, I am lost. It would be good for people to have a place to see what’s available and who to contact. Need to do a better job on letting people know what there is.
  - CES is the clearing house for identifying housing
- “People who live at home who need the help, won’t get that outreach”
  - Additional outreach regarding CES in community as a whole. Not just for BWell clients, for the entire county.
- CES- moving forward with BHSA, people have to be identified in the CES
- CSD- show housing available, on website how to contact CES

### MHSA Public Stakeholder Session Public Comment

#### General Comments:

- What's Innovation? (briefly)
- Excellent job, thank you so much
- “have to run all. Thanks for a great presentation.. I know i personally appreciated it and I am

APPENDICES

sure the community will as well.”

FSP:

- “you may want to define what a Full Service Partnership is for those that don’t have experience”
  - Highest level of care for outpatient services, go out to where client is, psychiatrist, nurse, case worker all present to aid you in recovery
- On website, it says Medi-Cal clients, website is so hard to navigate and not user friendly. It is the first place where a lot of people go. Look at LA or SF county websites, they are user friendly
- What would’ve helped my son is that he was promised housing, but never got it. Housing could have sealed the deal with him. He felt promises were made that were not kept. He moved to NorCal with family and not getting MH care at all. We need ways to catch the people when they’re willing to deal with this and get them involved into the system. He was in the AOT program, he wanted to get out of our house into housing, he was dual diagnosed and using substances, but more carrots, less stick..
  - Right now, FSP flex funds can work once they’re involved in the FSP
  - The model would be that the homeless outreach team would find those who are unhoused, and get them into housing
  - not unhoused can still be in an FSP
    - ♣ Want to second the trickiness that he was living with his parents so he is technically not “unhoused”
- “Leonard, thank you for sharing that. Good to keep in mind that even just when information is provided and stakeholders are asked for input, expectations are formed. When those don’t come to fruition, trust drops and people suffer.”
- “How to people get into FSPs when they are the highest-level risk? Paranoid? Using? Undiagnosed SMI? Truly don’t know where to start and never been in the system/ don’t know how to navigate it?”
  - How to identify homeless outreach team when they don’t even know?
- Have form on website where parents/families/public can fill out form expressing needs/concerns/hangout where person is at. “Keep them in mind and on your watch” form.
- AOT- persistent treatment team
  - Don’t have this process in place for homeless outreach team/ not for general public
  - Sober living
- CARE Court- only with diagnosis for those diagnosed with schizophrenia
- AOT- family referral process, why they think person needs service, person would be referred into AOT program, then outreach would be provided to have the person agree to connect
- “there should be a better system in place for the general public on the referral system”
- “when you are in the situation like Lenny, your child or loved one won’t accept treatment, the state needs to understand that there are three adult people. Parents can’t work, parents have depression. Just want to advocate and say this over and over again”
- State is the one not budging on this but counties are advocating..
  - Continue advocating!!
- “The right choice needs to be the easy choice.... Any door needs to be the right door.”
- “I know in Lompoc, the BWell homeless outreach team and other outreach providers are

## APPENDICES

available on Mondays at the recycling center.”

- “fund bathrooms, showers, clothes for people on the street. Give food to people. Free lunch every day at every spot. More innovative to get people involved at our system.”
  - Pay for portable showers and then Homeless Outreach Team to provide services right there.
  - “perhaps coordinating with Showers of Blessings”
- Breaking up encampments...
- “If they refuse a shelter where do the people from encampments go?”
- “Are we planning to have more day centers for shelter?”
- “There are active plans to open a day center in Lompoc which would include food, showers, services, etc...”

### Warm Handoffs

#### NEW Peer Assessment and Access Team

- “This is wonderful! So impressed to know that these follow ups are finally happening in this way. Hurray!”
- “Very happy about these. Hope some of the team members speak Spanish and Mixteco.”
- “this is great! This is what we talked about last year. I felt this was so important. It was a part that was totally missing. There was no follow up at all. My son was released from the PHF and there was no follow up. AOT, released and no follow up asking how he was doing. We got one call from BWell, after a few years there was an opening in AOT. Sadly, he left the county but maybe he will come back and we could help him again. This is so great and helpful. When someone is as sick as he was, this is great. Thank you for this! It is obvious that you are listening to our advocating.”
- “This is a great program and I am so glad that you all are doing this. Is there any collaboration with the jail?”
  - Staff are in jail in regards to discharge. Behavioral Health Linkages Program
  - \*have team come and speak about this\*

#### NEW Homeless Early Intervention Team/ CARE Court

- Diagnosis of schizophrenia- only eligible for CARE Court
  - Not anticipating large referrals bc it is so specific to meet qualifications
- Still eligible for AOT

#### Other Comments on this category:

- Overdose awareness day, released next day without a lot of follow up. Are we checking in with people who have overdosed? Same way we do with the homeless? Could we help them in between?
  - Yes, we do. Don’t know degree. Great idea to implement this into the team with post hospitalization.
  - Coordination with the hospitals?
- Utilizing the Wellness Centers
- “Does BWell plan to restart the pilot that started pre-COVID? Dr. Kalir was seeing clients at Helping Hands of Lompoc Wellness Center.”



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- “Make psychiatrists more available. People have said that when they were released from the jail, it took three months to see a psychiatrist or even get meds. Hardly saw psychiatrist. How do they know someone after a 15-minute appointment? They need to spend more time with the client. Maybe then there would be more diagnoses with schizophrenia.”
  - If they aren’t consenting, we can’t give the intensive services. With AOT, you don’t have to consent because it’s outreach and not as official.
  - **CARE Court: diagnosis on schizophrenia spectrum**
- “from my perspective, I heard it was any psychosis underlying diagnosis? Bipolar? Obviously, it has changed. Need to do a better job on telling people what the actual law is. CARE Court is a failed, flawed, system. People who need it most, don’t want it. I thought judge’s intervention would help, but there are too many hoops for the client. AOT didn’t do anything, when to civil court, ball was totally dropped. Seemed like the right thing to do but CARE Court and AOT won’t address the programs we need. Need to find a way to get families involved. In AOT, families have no idea what is going on with the family member’s care treatment plan.”
- “When someone doesn’t want to provide information to the family, the clinician can provide a line of communication if they were willing to be open. Train people on this.”

### PEI:

- What does MICOP stand for? (reminder to spell out all acronyms for future slides for the first time we say the word)
  - Mixteco indigena comunidad organizing project
- Have you looked into partnering with mental health matters program?
  - It’s a very popular class
  - We haven’t partnered with them before but we will look into it
  - <https://mhmyouth.org/>
- For the mental health matters program, it’s in Carpinteria and Santa Ynez, trying to talk to FSA for Orcutt, Santa Maria, and Guadalupe, comes down to staffing and funding; 3 volunteers currently
- Priority #4:
- Seen a lot of isolation with seniors in the community, especially if they have health issues/wheelchair bound; lack transportation to get around. Friendship center is great for those who can afford it, but not enough community support/activities; ¼ people in our community are over the age of 60, more should be done for that age group
- Can you tell us a little more about the outreach for older Latinx adults? Who is doing that outreach? Where should they be directed (what's the best door)?
  - Doing more communication with community partners to do the outreach with Latinx adults
- The promotores are doing outreach for PEARLS.
- Incorporate MHSA info for elders into PEARLS efforts
- LEAD will be facilitating a QPR training at the Santa Maria Library in October. Our first open to the community at large.
- Latino Elder Outreach Network (LEON)

### WET:

- Getting more peers involved and kids involved

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- Younger people have a lot of tough experiences right now; any way to get them involved is really important. Kids looking at the future and maybe feeling nervous about housing, how much money there is to be made, etc.
- Getting kids involved is great, and getting a lot of peers involved as well; prioritizing getting people involved, making them feel less threatened, random people who aren't peers might not understand problems as well
- Sheriff's have done a phenomenal job with programs involved, but we could do better with more peers
- Better pay for CBO peers; hopefully billing will help
- A lot of need but not enough money; peers are a good way to approach this as they understand the problem
- Left my role as Peer Program Supervisor last October and the position is still open in Lompoc
- Maybe connecting with YouthWell for young peers?
  - They have a program right now for HS students doing this kind of work, mental health advocacy; too young to be peers, but letting them know it is a potential career path down the road
- Future leaders of America
  - Very connected through drug and alcohol programs; good idea to do peer recruitment through them
- Apple program at San Marcos does a health curriculum, great spot to incorporate mental health in the education system
- Thinking about in the HS's how they have the AVID programs; it is for students that want to get into college/pursue higher education after highschool; recruiting seniors about to graduate/going into college, knowing this is the career path they want to go down, giving them the opportunity to build their resume
- Could be as simple as running groups for individual rehabilitation, coping skill groups, public settings
- Allowing the clients in the TAY populations in children outpatient to have internship opportunities; similar to Growing Grounds, incentivizing doing that for TAY population in the clinic, 18-25 or even younger if permitted to work; accessing people that way
- Rising Scholars at Allan Hancock B.I.G.E. Student Club at Hancock (Beyond Incarceration)

### PEI Quarterly Annual Update Public Comments

#### 9.10.25

- Seniors aging in place have low access to services, makes it more difficult to get medical care. Partnering with city college, nursing care, home visit checks for seniors aging in place, to help them maintain independence
- People in the perinatal stage (pregnant or recently gave birth) have a lot of need in North County- issues with immigration status, insurance. Gap in care since not reimbursable, difficult to support the adult and the development of the child. Important to continue to provide some kind of pathway for folks who fall into that category
- Re-entry programs—deal with a lot of people who are being released from prison; youngsters in

## APPENDICES

the CPS system; once they age out of the systems or are released, they don't have a lot of direction, no one has sat with them to show what to do

- Count peers hosting support groups at the wellness centers; great way to do a warm handoff to the wellness centers
- Knowing how big a role culture, language, education plays; great as providers to have a space to talk about the role culture plays, talk about the practices they are using; not being as siloed necessarily
- Making sure we aren't duplicating community events, seeing if there could be a community calendar for everything
- Community page for calendar, resource groups, everything; YouthWell has an established one; matter of people using it
- Our dept is focused more on the services we provide, more difficult for BWell to be the ones to host the Community Calendar
- It's hard to get people committed to keeping tis calendar updated
- Encouraging people to fill out the calendar so programs can actually be accessed; need the organizations to actually send it in to Youthwell: <https://youthwell.org/events/>
- Programs will connect with YouthWell to get access to updating their community calendar
- Programs on what grandparents can do to support their grandchildren; providing education to them to help them become more holistic and family centered- can come in with education for the grandparents too as well
- Easier to talk to the elders in the tribal community 1-1; they don't do Zoom, it takes more of that 1-1 individual situation
  - Also use the circle of hope youth group to go in and discuss these things with not their family members, but other elders; it is better received that way.
  - It allows the youth to see and learn to respect their elders
  - It shows the elders that they are still useful
  - Turns into a more personal conversation where they both learn
  - Collaborating, bridging communities and age gaps

I love these ideas. We are not currently doing it in an intentional way, but have had a few YAB students who talked to their grandparents about their experiences with "mental health". Would love to do more around this
- Would be great to open up recruitment and retention MSW program to CBOs
- LMFT students get paid while doing practicum, but MSW don't get this opportunity; any support to help MSW students, opening up and expanding that; getting people who are part of our community going to graduate school who might not have the financial resources would be extremely helpful to grow and support our community
- Opening up MSW funding to our community partners and not just internal BWell staff
- Huge financial burden for MSW; would be huge for CBOs and would help retain people in our own community
- Question on how you all recruit and retain staff that have experience in the Department
  - We have a specific job classification, peer trainees and certified peers
  - State of CA to become a peer is now a licensure, can bill to medi-cal once licensed
  - Must have lived experience and be comfortable talking about that
  - Internal and with contracted providers

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- o Looking at creative ways to include lived experience throughout our different program
- If someone gets a peer position, could the certification cost be covered?
  - o Right now the costs are covered from grants from the state to provide training to peers
  - o We could bring our peer Manager to come and discuss this process (could be part of the live training coming up)

### Tri-County Regional Centers

9.11.24

15 participants, tri-county staff

General Comments:

- What is the average wait time for the access line?
- What does moderate to severe look like?
- What are your housing services in general?

FSP

- No comments or questions

Warm Handoffs

- For mobile crisis teams, do they have to be on Medi-Cal? Do they need insurance?
  - o Nope, for crisis services, we served anyone regardless of insurance status or residency
- Disconnect with hospitals and BWell, BWell and hospital would turn our clients away
  - o We serve anyone regardless of their disability (as long as they fit the moderate to severe range and are determined to fit as a client with the assessment) (crisis calls, serve anyone)
- More communication with BWell team, post-hospitalization
- If TCRC psychiatrist says their client needs BWell's level of care, but BWell psychiatrist states they don't fit, (could be autism not MH diagnosis, etc.)
  - o Call compliance hotline

PEI

Youth and families:

- Work with adults ages 25-age of life
- Do you connect with alpha resource center? Could be a good connection with family services agency

Older adults:

- Substance use treatment services
- Direct person that we support in the right direction
- Knowing about all SUD resources in the County of Santa Barbara
- Training with BWell SUD program?
- Website/ pamphlet to provide to the family

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

- Share ADP and SUD materials with TCRC

#### Cottage Hospital MHSA FY 25-26 Annual Update Event

9.11.24

#### General Comment

- Is the 1% \$ enough money for your department?
- What is happening with BHSA?
- What kind of housing? Where is the housing?
- Do they have to be fully independent to live there?
- Can you house a family?
- Are these housing through group homes?
  - Permanent supportive housing
- Is BHSA ongoing? Paying for the rent? No end date?
- Are the housing sites privately owned?
- Pool of money to CenCal and BWell, third party to check on housing sites, and landlords

#### FSP

- What is an FSP?
  - Outpatient clinic at the highest level of care
  - “whatever it takes approach”
  - Sometimes daily, meeting weekly
  - Meeting the client out wherever they are (hospital, assisted living, transportation, CRT facility)
  - There’s a psychiatrist and treatment nurse
  - Is FSP available for kids and adults?
  - I have patients with a case manager,
  - Children’s FSP, TAY FSP, Children’s and TAY Outpatient Clinic
- Biggest need we need is transportation from the hospital to home but we don’t normally know this until the day of
- Would like to get the community psychiatrist involved with our psychiatrist. Easier communication and handoff, getting them to call one another
- People always say, “oh they’re a BWell client”. BWell is huge and we don’t know where they are
- Training with BWell staff to know what to do with hospital staff
- We don’t know where they are or who they’re working with at BWell
- Ventura transit contracts with Lyft for transportation
  - Bc the state gives money to CenCal, we can’t use more \$ for transportation
- Transportation after 5pm
- I like the warm handoff ideas with the FSPs
- The impact of the providers schedule is hard in general but also specifically for clients with severe physical and mental health needs



## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

- Client was placed on a 5150 hold, deemed not to fit by cottage psychiatrist and then safety plan established but no further contact with BWell?
- Does BWell get notified about safety plan for those who aren't 5150
- With my experience, ACT, AOT, FSP, children's, JA- all great
- Crisis- has been struggling for years
- In-patient care for eating disorders?
  - If client meets moderate to severe needs, they can get enrolled into an FSP

#### Warm Handoffs

- Can we make referrals to CARE Court?
- \*It would be helpful to have a suggestion sheet of what clients should ask/say
- Bounce back is really frustrating for clients who are calling (BWell to CenCal & back and forth)
- Access Line staff was very helpful and kept calling us back for follow up

### **NAMI Stakeholder Event Public Comments**

**9.13.24**

#### FSP

- How many clients are you serving in FSP's?
- Why can't he get counseling at La Posada?
  - Good Sam has a therapist onsite
- I wish I had the same experience for my brother
- The fact that she had to drop staff name to get her son help really bothers me. Nice people should have helped him
- You all seem nice, I wish I worked with you all for FSPs with my brother
- What is innovations?
- Crisis website and most materials are very old, as 2011 and 2015
- Information on homelessness, mental illness, crisis action team, justice alliance, AOT, all info on them were outdated
- Someone should review the websites and send to the directors of these programs to update
- Is there an opportunity for me to follow up to send information to someone if I can't figure out what I fully want tonight?
- More direct contact info on staff within these programs
- Handouts and info under homelessness and mental health information were outdated

#### Warm Handoffs

- Can I communicate with someone who is on the homeless early intervention team?
- My son does have schizophrenia and I want him to be exposed to services
- If no one is reaching out to him, he won't get services
- Not happy with AOT Team communication. Only through text, 2-week period
- The team hasn't reached out to him
- I am not familiar with the process
- Case worker tried to attempt to reach out and talk with individuals on the street

## APPENDICES

- What else can I do?
- Trying every opportunity to let people know he is out on the street
- Part of the problem might be ratio of case workers to clients
- Frustrating at this point
- Communication is key. We want more communication
- \*have AOT team come talk to NAMI
- Follow up is necessary
- Can AOT contact parents to let them know what's happening?
- Case worker
- What is the average case load?
- My son goes mute when he is uncertain, he is paranoid, not sure if an assessment happens, doesn't have a doctor in sb, he finds the safest route is to not say anything
- Likes idea of CARE Court
- Good diet helps my son mentally
- Any point in their journey, emphasis on eating well. Good healthy meals provided rather than hot dogs
  - Flexibility with having nutrition education at housing sites maybe?

### Youth and Families

- Partner with MWC on mental health matters for 6<sup>th</sup> graders
- HIPAA- info is protected for loved ones, some extent it's okay, when loved one has mental health issue, parents or family should know some information, 16 years, misdiagnosed, 18- now I know nothing. It prevents us from helping them. Especially with youth
- I have to find out that there was a mental illness, no doctors told me, he was arrested and when I went to clean out his home, I found paperwork that said he was schizoaffective
- With education from NAMI, I knew how to talk to him and he is doing okay. After 20 years, he was too scared to tell me due to stigma
- Protecting people's privacy who have mental illness isn't working

### Older Adults

- Peer and Parent Partners- reaching out to 35 years and younger & living at home
  - There shouldn't be an age limit
- Good start but, supportive services for families
- Outreach in engaging older adults- asking what he likes to do, get to know him
- Adult person with a diagnosis, different ages, same needs with Peer and Parent, but in this situation, not viable for the person with the diagnosis to live at home but parent is in the community, child needs adult interaction and stimulation
- ECM- outreach and engagement,
- Need Peer and Parent Partners program with those who don't live with the family

### WET

- Pay will keep staff
- Include compassionate and kind people. I have run into too many people who aren't compassionate and kind, but maybe they are burnout out, I'll give them the benefit of the doubt
- Are you allowed to get housing increases?

## APPENDICES

- Compassion trainings, rest periods
- Staff have to have fun as well
- Having fun and finding joy
- Peer and parent plan were very nice, the young people running it did a great job, but they weren't very supported, I hope that the program has more than 2 people in it, we need to support people and not expect too much from them. They were trying to do way too much with too little resources. Seems like this is typical with MWC and BWell, bc people aren't getting the support they need. We need to support the staff.
- Not supporting youth who have bright ideas so they leave and get burnt-out

### Coordinated Entry System Office Hours

9.19.24

#### Behavioral Wellness Mental Health Services Act (MHSA) Presentation

- Explained Mental Health Services Act
- Explained BWell services
- Explained MHSA Budget and distribution
  - o Include slide on populations served and the amount of unique individuals served?
  - o Q: Do we provide data for people served?
    - § Yes, but usually in MHSA Plan.
    - § \*Maybe include a slide on populations served and data in next slideshow?
  - o Q: How do you go about calculating overserved vs underserved populations
    - § We calculate them using penetration rates, census data, Medi-Cal beneficiary data and county data
    - § \*Maybe we could include this on the same slide as well
- Outlined 5 Priorities established by stakeholders
- Feedback Priority 1: Increasing Full Service Partnership Capacity
  - o They want to know more about FSP criteria.
  - o Can someone from FSP attend at-risk case conferencing?
  - o What is the best way to advocate for an FSP?
    - § Mental health assessment from clinician that prescribes needing higher level of care
  - o Is there any literature on these steps for FSP?
    - § Access line materials – have to enter systems of care by being screened and then assessed
    - § Can share FSP criteria but ultimately clinician has to make the diagnosis
  - o Could be great for FSP to be a part of at-risk case conferencing
    - § Make connection to unhoused and at-risk communities
    - § Focus on identifying those in need, by using other enhanced care management teams
    - § HART team can refer to BWell

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

- Feedback Priority 2: Warm Handoff and Navigation Services for those in Crisis
  - o I want to refer people to BWell but it is hard. You have about an hour to engage someone and we need someone to come out and try and engage right then.
  - o We need a BWell rep we can call and they will be there to try and engage homeless individual in an hour
  - o Increase speed of referral time
  - o Would help if there was a phone number they could call just for homeless outreach referrals
  - o Maybe having more staff available would help
- - o How will Prop 1 change dynamics with clients that obviously need services?
    - § Prop 1 means 30% of funds set aside for housing, but in actuality this means less money for programs than before
    - § People will be identified through CenCal and receive services for 6 months, and then BHSA funds will kick in after to provide rent funds, etc
    - § How state works – if on MediCal, outreach will occur and will be referred to our department's services
- Feedback Priority 4: Implementing Mental Health Programs specifically for older adults
  - o Older adults have a lot of problems with hoarding, hygiene, would help if someone could come out and serve them where they are
  - o We are working with FSA and PEARLS but need more help with outreach to older adults
  - o We need more in-home supportive services to help older adults age in place.
  - o Aging homeless population dealing with physical health conditions – need outreach services that can provide referrals to medical services as well as substance use and mental health services
  - o At good sam shelter 27% of clients over 55; 10.8% are over 65; there are a lot of unhoused older adults that need extra help, they have aggravated physical conditions that need attention
- Feedback Priority 5: Recruitment and Retention of Behavioral Health Workforce
  - o Hire more paraprofessionals/peers which lived experience to conduct outreach to unhoused communities
    - § Peers with lived experience with being unhoused might build rapport with unhoused communities and increase ability to get people into services/accept treatment

**Justice Alliance Action Team Meeting**

**9.25.24**

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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#### General Comment

- Budget: How are you anticipating prop 1 changing things?
  - Our budget will be completely different
  - Explain new breakdown
- Would CARE Court be in your budget?
  - Our department was not given \$ for CARE Court

#### FSP

- Transportation, clients are at highest level of care in FSPs so when they're expected to use CenCal (VTA) or other local transit, I don't see that fit for their needs right at the beginning of them entering the FSPs- they're not seen fit to use this at the time of where they are at.
- Get dedicated county cars for this transportation to help transfer clients and not take away staff time from appointments
- they won't transport teens without parents, which are often working
- CTA services can be fully booked
- Increasing staff dedicated to multi-disciplinary teams in the field. We have robust team of outreach workers (50-100), idk how much BWell can keep up with this, although you do the great work in South County with the Homeless Outreach Team, it would be great to have even more staff
- We are getting a rapid response from your staff, but I think they're getting more than we can handle

#### Warm Handoffs

- People in jail don't feel comfortable with the access line
- Struggling in general with the access line

#### PEI

#### Youth

- Email for prevention brochure

#### Older Adults

- Having older adult FSP
- More resources for housing support for these clients
- Some of them have a co-occurring disorder which can create barriers for them to maintain placement in supportive housing or shelter beds (medical issues, mh issues, sud)
- Housing specifically for older adults that could help them age in place
- Another Polly's House for older adults
- We need more board and cares
- Inability to create ADLs, support for showering, eating drinking, turning, change their own bedding, walking. Older and aging population- not enough resources for this group,
  - sounds like assisted living- which we can't use funding for but I will look into this to see if we can fund with new BHS funds

#### WET



## APPENDICES

- Transferring available for open county positions if people are no longer wanting to serve where they are working right now. We then lose them to the department all together. Why don't we save them and keep them in the department? Lack of response when people ask for a new role or interest in other roles within the department so we lose them as a whole
  - Are you talking about when folks are reassigned?
  - Set policy when people request to transfer?
  - HR/Staff, leadership, managers to follow up so the person can get assistance with internal transfers so we don't lose them

### **Network of Family Resource Centers (NFRC) MHSA Annual Update**

#### **10.1.24**

#### General Comment:

- how young do FSPs serve?
- adult fsp serves 18 and older, we also have TAY fsp 16-25
- do you serve clients with disabilities
- how do FSPs interact with cal aim enhanced care management services
- -making sure our enhanced care providers are referring to us, designed to supplement each other
- alpha resource center specifically focuses on those with intellectual and developmental disabilities
- have called the access line, often they take the appointment at home so we don't hear the conversation goes; we have referred families to the access line before
- for the casa pacifica school suicide prevention program. it's county wide right? is there a process for getting that into carpinteria, does the school district reach out? email us at BWell and we can get you into contact with them
- would like to see us focusing on schools, anything we can do to help school districts understand the different new options, how they fit together, how much do you take advantage of what's already in the community vs building something new in the district, seems challenging for them to figure it out
- here in carp there is an abuelos group, would be happy to have us come out and do outreach with their group in carpinteria; they want to talk more and normalize this in the latinx community, providing education and showing how to access resources
- collaborating with other groups who are working on workforce
- need to figure out how to get more practitioners and providers into the county rather than just passing them around—county level effort aiming to do that makes sense

#### FSP

- How do clients get into an FSP?
- Do you serve people with disabilities?
- How old can you be in an FSP?
  - 18+
  - TAY: 16-25

## APPENDICES

- Depends on location and case by case, usually 16-25 if 18
- How does this interact with CalAIM, ECM?
- Trainings or anything extra needed for disability community?
  - Alpha Resource Center, will support people with intellectual and physical disabilities/impairments.
  - ARC- happy to come train

### Warm Handoffs

- In the past, the access line appointment has been at home, so we don't know how the conversation goes. I do like what you said regarding that we can call with them

### PEI

#### *Youth and Families:*

- Casa Pacifica: school district should contact them (Carp),
- Carp- removed social workers, CADA staff no longer on site,
- Connect with Casa Pacifica
- How much do you use what's already in the community? How challenging this is for the school districts, regarding CalAIM?
  - Might partner with CenCal and County Office of Education
  - We can do screenings and assessments, that won't change
  - EPSTD

#### *Older Adults:*

- In Carpinteria, we have a grandparent's group, they meet every Friday, Spanish speaking group, receptive to the MWC presentation, outreach with the grandparent's group (abuela/abuelos), signs of depression, how to speak to someone, first experience hearing about these conversations and they wanted more
- Education, and how to get support
  - mental health education training? Access line training?
  - ♣ both

### WET

- collaborating with other groups who are working on workforce
- effort from Santa Barbara foundation
- folks hire practitioners from one organization to another, it seems that what we need is how to get more providers or practitioners into the county, rather than passing them around
- work as a county as a whole versus one organization/provider
- workforce assessment- find update on the results and outcomes
- housing is so expensive
- SB foundation, focus groups
- Are those MSW scholarships only for county employees?

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### Noah's Anchorage Youth Crisis Shelter YOUTH AND FAMILY SERVICES Staff

##### 10.8.24

- We talk about BWell with clients frequently, but in term og what is the process for lining them to services, we try and have it be as accessible as possible, but what would you recommended for our clients being routed to your services?
- Is there any room for technological literacy for youth and their guardians? In terms of access to these services, they need access to the tech and education for it
- Working with non-english speakers to see where they can access translation services and where we can access those to
- Would like to see more parenting classes based on mental health education especially in the Latino community; often not as open, having the education available would really help bring awareness
- Is it possible for a certain youth to reach out personally without their guardian's knowledge, or does the guardian have to be involved?
  - will look into this process and let know
- Minor where parents could go get connected without parent's knowledge due to stigma
- At 12 they are able to access services even if guardians don't consent, but it brings up a good question about how to implement services when it's not readily accessible
- Do the MSW scholarship split the 25,000 or is it per degree?
- Would support funding opportunities for MSW for behavioral health staff in the County of Santa Barbara
- More money, higher pay in SB County
- Opportunity to grow as an individual, being able to move up and have the support of one another
- Not only as a team but with other programs in the community
- Assisting with moving and housing expenses, more scholarships, education opportunities, those supports and safety nets would make it a lot easier
- Have to work 2 jobs to keep working at Noah's, increasing rate of pay
- Possibility of stipends
- Building excitement of staying where you are
- Professional growth, additional trainings and certifications

#### Housing Authority Depot Street

##### 10.9.24

#### FSP

- Transportation is a huge piece
- People wish to go to events but can't because of lack of transportation

## APPENDICES

- Public transportation's timing is difficult, we have to wait 45 minutes but it's all about timing
- Sometimes we have to hop 2-3 routes due to traffic
- Bus tokens
- VRAT- I used it once, from Santa Maria to Santa Barbara
- Working with VRAT is hard, it has to be medical, not an activity
- Is Ventura apart of the SM transit?
- CenCal has a contract with VRT
- Access for rideshare with Uber and Lyft
- Didn't take long but it has to be 5 business days prior so it shouldn't be an issue unless it's an urgent matter than it doesn't work
- Based on past client experiences, the trickiest part is the timeframe of how long the appointment is. The pickup shuttle might be out there but you're still in your appointment
- You have to be on top of it
- Tokens wouldn't help in this situation
- Having to work with the BWell case manager bc not everyone can go on the certain days in advance
- Hours of operation
- I wish we were open 24/7
- It would be nice if staff were here on evenings and weekends
- Once it goes dark, there are occurrences that happen, people have setbacks or relapses
- We have the luxury of having a security guard, but we have to call the police or fireman in those instances
- If we had staff on call like a counselor or the other staff that we get during the day, it would be helpful to have them come out and visit
- If it's an emergency, we call 911, but if it's just someone who could assist with talking to the person, it could be nice to de-escalate the situation because many people become distressed or arguments happen
- There should be an intermediate step
  - Central coast hotline
- HART- Peer Warm Line
- Security should have access to all of these support numbers to then give to residents so they can talk to someone
- Flow chart when a person experiences a crisis
- Reminders to have the staff be trained on assessing the situation and helping out best they can

### Warm Handoffs, Entering Systems of Care and Crisis Services

- I went after my own will
- They screened for autism but that I should go to Foster Road, I have been receiving services for 19 years
- At first it was a struggle when I first started
- Transportation would be helpful because of timing, there is no guarantee that they would be arriving on time. Even with VRT

## APPENDICES

- Location wise, it would be nice to have something central
- People miss the bus after their appointments, even going to appointments which sends them into crisis or further distress
- A smaller, satellite clinic would be nice
- Having a mental health shuttle would be great. At a central location
- Advocate with CenCal on the mental health shuttle
- If we can't do the CenCal transportation, we then have to fund transportation ourselves

### PEI

#### Youth and Families:

- I love the outreach to the Spanish speaking families
- Showing education that the system does work. It takes a long time but it does work
- If there were people to educate folks entering the system that it does work, that would be great because that would've helped me when I first entered BWell
- More education for Spanish speaking families to break down the stigma
- The wellness center classes information isn't out there as much as you think. It's very word of mouth
- How can we get access to LEAD to then show our residents? They could benefit from the program
- Social media, false information, mental illness can mimic drug use, but that isn't always the case. There is a lot of stigma with the messaging
- Social media to spread the proper information and break the stigma
- Figure out how to get the word out

#### Older Adults:

- Bringing engagement in, having these types of conversations with older adults
- Transitional aged support for folks pre-older aged, assistance with services that are available or what's to come
- Additional programs for people who are having aging challenges
- Connect with local senior programs that are already in place, see what they're doing and work together

### WET

- Why is it that BWell doesn't offer to pay for your master's program but social services will pay
- Have companies pay for schooling
- Can we partner with schools who have students who are trying to get their hours? Can we provide housing to them? Can they get their hours working with us? Can we collaborate better to then have these pipelines work? It is doable.
- Have Behavioral Wellness offer more internships
- All of us steal staff from county departments
- I was shocked to see how much SB county pays, but how hard it is to keep jobs
- How can we get students to stay in SB? Housing is such an issue
- Work together
- Work with County HR



## APPENDICES

- If you're already in the system/department, why does it take so long to move roles?
- Explosion of need for staff
- Buy a plot of land and develop workforce housing for county employees

### Helping Hands of Lompoc Wellness Center

10.15.24

#### FSP

- How can I get housing?
- Increase number of people we reach who are justice involved
- In their sentence, is the judge ordering mental health help if the person needs it?
  - Is this going on?
  - Is it tracked?
- Coast Valley Treatment Centers (SUD) sentencing
  - Do this with BWell and mental health sentencing
- Judge should order mental health help in court
- Has FSP criteria been lowered?
- Is this for number of people in FSPs?
- The teams have increased capacity of clients? Seeing more clients?

#### Warm Handoffs

- I waited a long time, 1 month
- I had to go to CHC to get my meds
- BWell staff at clinic didn't know about Helping Hands of Lompoc Wellness Center to refer clients to
- Member of H2L got H2L information from CADA, not BWell
- Client asked BWell for referral to H2L
- Lots of staff turnover at Lompoc BWell clinic
- Is CARE Court a specialty court for drugs? Court ordered treatment?
- How does CARE Court apply to Crestwood?
- Champion Center- Conservatorship
- CRT, do you need insurance? How is that? They don't have insurance
- Extend hours of operations in the evening for clinics countywide
- Work 4-10s
- Are you guys or the county doing anything to publicize the extended hours?
- Make a PSA, have access line announce the extended hours, share with SMWC
- H2L staff answer a lot of public calls asking
- Share info and day(s) of extended hours with SMWC

#### PEI

#### Children and Families

- MICOP, refers to TMHA and Wellness Centers

## APPENDICES

- Spanish monolingual
- With prop 1, how much is cut?
- Where will these programs get \$ after prop 1?
- Clubhouse model- for Wellness Centers
  - Clinical services, no peer
  - One stop shop

### Older Adults

- Make any programming available for after they age out of other services (due to physical impairment, (can't eat)
- Have MH provider on older adult programs that already exist

### WET

- Paying off student loans
- Is there a career ladder for peers?
- Sign on bonus

## SB Library Stakeholder Event

10.21.24

### Priority #1: Increasing FSP Capacity:

- Families ACT, main concern is with lack of beds → MHSA can fund CRTs and CSUs\*\*
- Staffing, shortened waitlists (sm-Telecare), clients transitioned to lower level of care \*\*
- We need more FSP positions, keep increasing capacity\*\*
- People don't even know where to start. Need to address these folks! \*\*
- In-person way for screening (over phone was overwhelming, paranoia), have these happen at clinic \*\*
- Audience in support of co-response team → state pays for mobile crisis benefit\*
- What does someone do if they don't have a phone? \*
- After Prop 1, what does this look like? More details and mandates next Fall
- BWell clinicians w co-response, most popular w/NAMI because better response with them vs. with the crisis team
- We spent \$ on FSP reset in 22-23 and 23-24 → created FSP manager, increased staffing work flow
- "Thank you for hiring FSP manager" Great experience with SB FSP, NAMI family having good experience
- Long wait with Access Line, family member was told to research

### Priority #2: Increasing Timelines and Navigation Services for those Entering our System of Care

- Community Navigators\*\*\*\*
- Do these services apply to someone in a residential home? \*
- Can I take someone to the ER? Is ER the only option?
- "Access Line process is confusing" "Access Line worked great!" "Access Line was confusing for

## APPENDICES

us”

- CARE Court – to engage people in services, connect with people who have SMI and/or SUD and aren’t currently receiving services
  - Intent not to scare away but to collaborate and be positive
  - Not criminal court
  - Can call Access Line staff for Care Court info
  - Also staff and volunteers at MWC to provide clarity and education
- CARE Act/Court through Access Line?
- Petition for Care Act!
- What do I do if I have a loved one who is unhoused, has SMI and/or SUD, and I don’t know where they’re at? All I know is that they are in SB.
  - Call Access Line
  - Call Access Line, ask for Homeless Intervention Team, give location of where person is
  - Call SYPHP, they call us, outreach then begins
- Sheriff’s Office released a BOLO
- Compliment Homeless Outreach Team, easier interactions & transitions w/ Access Line
- Create as many access points as possible
- What happens when unhoused person calls & they don’t have SMI? Interacts with HART Team
- In the past, much easier to get into BWell, criteria was different
  - BWell was onsite, clinicians were onsite, drew people in, connected to services. That’s the hardest part now. Hard to get client to clinic. Unfamiliar/unknown face of provider, BWell not present like they used to
  - Partner with 211, they can reach us
- CBOs & other providers. Get together again, weekly meetings.
- Partner with community services department
- Second card on other needs/support, ex: “This card isn’t for me”
- Unhoused done with getting help, give up, don’t feel like anyone cares

### Priority #3: Increasing Mental Health Education and Prevention Programming for Youth and Families

- Where do the Promotores engage with people?
  - Cultural events, community events, connect with their locals \*\*\*\*
- Publish access line card in the independent as a regular fixture\*\*\*\*
- Connect and support with CBOs & MWC more\*
- Great to reach out to families who are difficult to reach, don’t know where to go\*
- Connect with schools to engage families\*
- Include decision tree in Access Line Flow Chart\*
  - Attach link to our site in the flow chart
- Engaging with officials who work with youth
  - Wellness teams and wellness summits at schools
  - Mental health education in HS health class
- Communicating with contracted providers
- Prevention education for marijuana

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### Priority #4: Implementing Mental Health Programs Specifically for Older Adults

- Call MWC programming for seniors\*
- Clarification on who is considered older adult → 60 and older
- Increasing MWC programming for seniors

#### Priority #5: Recruitment and Retention of Behavioral Health Workforce

- Have staff represent community (ex. African American)\*\*\*\*
- More affordable housing \*\*\*
- Flexible working hours\*\*
- Paying back student loans\*
- Masters in Clinical Psychology\*
- Proper empathy trainings\*
- Increase benefits\*
- LMFT/AMFT hours
- SB County salaries → similar to other counties? – compare to similar cost of living
- Issues with community
- How many county employees live in SB county?
- Sign-on bonuses
- County to partner with local gyms for staff to have discounts or memberships (Pilates, yoga, kickboxing, regular gym, etc.)

#### **Santa Maria Wellness Center**

**10.30.24**

- If HART team could come out to the SMWC and provide support, especially to families with children
- Would love for SMWC to be more open
- Geared towards the families of the adults themselves (peer and parent partners in wellness)
- Bring the peer and parent partners in wellness program to SMWC
- Supporting individuals living alone
- Elders living alone need a lot of support too
- More services for single people at any age, focusing on that demographic to prevent isolation
- Older adult being taken care of by older parent, when parent passes, they deteriorate, they need support
- People stop programs when their older caregiver passes, we need an intervention program for life skills building
- Giving people resources
- Need to have peer support come in periodically for the older adult population
- Prioritize peer support training
- Defeatism, what are we doing to combat this

## APPENDICES

- Retaining workforce means no one leaving, staff burnout, you can feel it on the consumer end
- Burnout on mental health employee directly affects the consumer
- Unempathetic staff leads to feelings of helplessness
- Strongest thing is peer support
- Making it not feel like a factory line receiving services
- Wellness centers only open during the workday, would like more flexible hours so people can come and staff can have a break
- Struggling with increasing warm handoffs, community disconnect, telecare staff were more hands on and would walk their clients in
- Half of referrals don't show up to appointments, falling through in the winter
- Main funding used to help more
- Retaining our staff
- Providing extra support to staff
- SMWC to attend orientations again and connect people to services, attend more BWell orientations
- Staying connected and remind people about wellness center
- Attempt to have staff bring those "graduating" from programs, have them physically brought to SMWC
- BWell waiting room is very office-y and cold
- A greeter at the intake area, explaining the process to people so they don't get frustrated
- Waiting room experience felt uneasy
- Would like someone to welcome them in
- Friend graduated system but was not ready to leave, is there a way or him to return to the system?
- Hard time making the access phone call, is there a way for screeners to know when someone is returning?
- What if there were was expedited reinstatement if you were a previous client seeking services again, maybe another number to press to re-establish care?
- A lot of times, people are not ready to leave services
- Things can be fine for years, but for them, they may need to eventually re-enter
- Clients feel pushed out of the system
- Feels like a cliff dive when graduating out of the system
- Encourage those stepping down to be included in public events, not as isolating right of the bat; warm hand-off post graduation
- Graduation along with meds, the therapy, was also helpful, feels like meds are stripped
- Graduation means losing routine and a listening ear; people looked forward to their appointments
- Feelings of abandonment
- Maybe a volunteer or connector during the graduation process
- EHR should be mandatory for all counties
- Could enter a peer training immediately upon graduating
- Helping those going through system to get education at Alan Hancock
- Using education to become better peers, developing list of core CC classes to take



**Alan Hancock B.I.G.E**

**11.1.24**

- There were nine members attending, all formerly incarcerated
- there's no place in the system for us, I feel like I am doing well, and I am not getting any help
- Where can we send people who need substance use services NOW?
- Is there a drop-in clinic for substance use?
- I am going to lose my housing soon, what can you do to support housing?
- We really need help with housing, we are going to school, getting jobs, but moving out of halfway house is impossible rent is too expensive
- We really need more help with housing
- Can I qualify for Depot?
- We need more help with housing, especially for families moving out of the justice system
- I feel like there needs to be more help for people like us, who are turning their lives around and don't have serious mental problems
- I like the Access line stuff, that is helpful
- Thanks for the Access line cards
- It would be nice to have someone from Substance Use come talk to us about services
- It would be good to learn more about how to work for your department

**Santa Maria Public Library**

**11.2.24**

- Priority #1
  - Clients are hesitant to graduate, could we highlight/introduce a practitioner beforehand? (THMA program); quarterly gathering with client → have food, caseworkers there to introduce client beforehand \*\*\*\*\*
  - Explain day 1: goal is to graduate from FSP. Educate client beforehand, rather than at the end, because this can be a shock. See outside goal; clients can't feel right when moved \*
  - Reducing/reoccurring amount of time someone is seen (level 1 → 2 → 3); all three levels work together
  - Have one clinic with all three levels so it's not as shocking of a transition to a lower level of care
  - Not enough money for services
  - Show visual picture of staff member, same language, in-person meeting, or if not known, introduce the client/show client the team
- Priority #2
  - No answering \*
  - Central Santa Maria location in town \*\*
  - TMHA behavioral health navigator program; help consumers navigate BH system;

APPENDICES

- maybe connect community health workers, could send peer specialist with consumers to the wellness centers, like a warm hand off \*\*\*\*
- o Letting people know about peer advocates, consumer advocates, right away at the start of care
- o Making sure all people who need services are connected to services when leaving jail
- o Transfer from county to county medi-cal?
- o Social services = long holds, hung up on; getting ahold of them is like pulling teeth
- o In SB unarmed law enforcement presentative can come out?
- o Crisis intervention team assists through access line? Yes
- o Individual with PD in city limits? Not in Lompoc
- o Stat doesn't want law enforcement involved in MH crisis
- o Public liked access line program highlight
- o Have BWell staff take client to wellness center
- o 10 years into services, someone told me there were advocates; knowing this I would've helped
- o How do we approach clients who are in jails?
  - ♣ JA FSP
  - ♣ PATH 3 grant; purposes of discharge
  - ♣ Wellpath = jail contracts with to provide services to those in jail
  - ♣ MHS funds for purposes of discharge
- o Has there been contact ever with 911 call center on messages that BWell has to call 911? Revolving door, was in crisis, called BWell, then called 911, 911 said MH crisis isn't physical harm crisis
  - ♣ When I was stuck, revolving door
  - ♣ This now won't happen; legally can't not answer
- o Access line directly dispatches mobile crisis team
- o Central coast hotline → warmline supportive services, access line doesn't provide call or texts to chat, only for crisis or connecting to BWell services
- o CARE act → diagnosis of schizophrenia? Yes
  - ♣ Court referrals will be pretty rare
- o Still implementing with AOT? yes
- Priority #3
  - o Expanding suicide prevention awareness to libraries, parks and rec, holiday fairs, church related events \*\*\*\*
  - o Education presentations for migrant schools
  - o Video, recorded voice message, photo novellas, all as ways to promote BH services to Mixteco speaking populations \*
  - o Expanding prevention services for 0-5 year olds
  - o Reducing stigma for AA/PI community members
  - o How do parents know about these school events or training?
  - o Could we do these educational events @ malls, churches, libraries?
    - ♣ Participate @ community events
    - ♣ Also MH trainings

APPENDICES

- Presentations at youth meetings already taking place
- Mixtec community is growing, non-written language, what's being done?
  - ♣ Be creative to bring them into the system, show as positive support vs. a negative
  - ♣ We could do videos, voice messages, audio
- Youngest age we serve?
- Priority #4 \*
  - Bigger font flow charts
  - Outreach support to people in retirement and car facilities for older adults\*
  - Investigate funding for denture and hearing aid replacements \*
  - Bigger font on materials
  - Seeing programs for families, would like to see more for individuals
  - Older adults are an abandoned group
  - Outreach worker going to senior homes
  - Lead QPR tailored to older adults
- Priority #5
  - Open up MSW to our contracted providers as well \*
  - More volunteers especially for administrative duties like greeting, helping people fill out paperwork, etc. \*
  - Keeping hybrid option alive
  - Get younger commission members; all expense paid trips?
  - More incentives to recruit and retain psychiatrists
  - "Day in the Life" career videos
  - Equitable compensation between contracted providers and county \*\*\*\*\*
  - Ways to retain staff who leave to pursue higher education
  - Accountability esp. for managers and supervisors to prevent burnout and provide good client care \*
  - Have 1 scholarship for CBOs
  - Is work hybrid?
  - List of wanted roles for volunteering or transferring
  - Youth on BWell commission
  - Not enough psychiatrists
  - Constant staff change, stresses client, services/meds change=bad
  - What does school pipeline mean to you all?
    - ♣ Introduce the opportunity, not "pipeline" them through each step
    - ♣ Grants, scholarships, would be helpful
  - Equitable wages for CBO and County of Santa Barbara tracking going on to identify and help with burnout, heavy caseload?
    - ♣ Identify when staff needs support
  - Rehiring staff when they go to school?
  - Managers and supervisors union protected position
- General comments
  - How does the general public access the plan to comment on it?

## APPENDICES

- o Budget: dollar for every person in the state
- o Money paying staff salaries?
- o Could we see how money is distributed throughout the region?
- o Is money distribution based on need for each county?
  - ♣ Medi-cal beneficiaries
- o Total for MH and SUD in SB is 200 million

### UCSB Basic Needs and Rapid Rehousing MHSA Annual Update

#### 11.5.24

MHSA background info, access line introduction, housing introduction & BHSA changes

- Is mobile crisis mandated reporters?
- When is 911 present/called?
- Who is on the mobile crisis team?
  - o Two people, clinician and either a social worker or peer
- Will connect us with counseling center staff about this and can also connect you to social work

Housing

- Need to be a SB resident to receive housing?
- what is the makeup of the mobile crisis team
- are the mobile crisis team mandated reporters
- do people have to be county residents or can they be in international students to get into CES?
- to qualify for a slot they have to be chronically unhoused or at risk of losing housing
- does their status effect eligibility for funding?
- what is an example of an FSP/FSP clinic?
- ucsb is resource rich so can often handle situations internally
- a circumstance would be a student on break at ucsb/not currently enrolled, not sure how much access they get to university resources
- would connect services to the campus social services dept, and then the department would likely connect them to BWell depending on if they're in SB county, sometimes the individual is located somewhere else in California
- curious about homeless outreach team, are they all over the county?
- we have three teams, one in SB, lomdoc, and SM, with clinicians and caseworkers
- more information to help people access our services
- would like to know more about the access line itself, the CARE office would love to know more about
- Need to be in CES
- Does legal status effect housing status?
  - o BHSA can pay for rent
  - o Client trying to access HUD federal services, could possibly be affected

FSP

- Could you give us an example of an FSP?
- We use the access line for county support and hospitalization

## APPENDICES

- We are able to provide many services
- If a student is on a break from UCSB, and they aren't currently involved, I'm not sure if they could access UCSB resources. I want to come back to UCSB, staff would connect them to social work office, they have access to bwell services

### Accessing Services

- Getting to know more about the line itself
- Interest in having more access line trainings

## MHSA Steering Committee

11.7.24

### Housing Update:

- Update on La Posada
- Tenants in CES system
- Cypress and 7<sup>th</sup> units in Lompoc, new build, permanent supportive housing, opening in December, fully furnished, support services helping with living supports, have funding, connected to medical, ssi and things they may need
- Tecelote House, board and care, 12 beds, scheduled to begin construction early 2025, roughly 12 beds
- BHBH- rental supports, outreach, identifying details of tracking,

### Consumer Perceptions Survey:

- Treatment Survey- ADP surveys
- Consumer Perception Survey- MH side of services
  - Reviewing May of 2023 data
- Used to be done twice a year, now once
- 1 for adults
- 1 for older adults
- 1 for youth
- 1 for youth and family (youth and their guardians)
- For outpatient clients
- Everyone who gets services that week, if offered the survey, 4-5 pages in length, not everyone takes the survey
- Don't have the best response rate
- Over 100 questions
- Ask youth about suspensions
- Summarize into domains
- Sharing average domain scores today
- Higher the average domain score, the more positive it is
- Who completes the survey
- 399 respondents
- A lot of missing data for race and ethnicity



## APPENDICES

- Response rate was about 23% completion
- Pretty positive results
- Send data to UCLA
- We can compare our own results overtime, and with other counties
- Youth and family had same results as statewide
- Older adults were slightly lower compared to those statewide
- We cannot offer incentives (water, coffee, donuts, comfy space/room)
- Can have peers help with the survey
- State mandated survey- can't add to it, change it, Department of Health Care Services survey
- Very helpful to have Dr. visit and review data with us! 😊
- Can you give UCLA feedback that the survey isn't well received?
  - Aware that feedback has been given over the years
  - *MHSA Steering Committee recommended in order to increase participation, to decrease # of questions and provide incentives. Also, to give programs specific feedback to better the services*
- 1-page survey- 60%
- How are these outcomes used to improve feelings about the outcomes of services?
  - Share these results at CBO Collab, BWell Commission, here, QCI meeting (share broadly)
  - Key in comments, Code them as negative, positive, neutral or suggestion
  - Pull negative comments and meet with QCM to review and edit service delivery (opportunities for quality improvement)
  - Program specific changes with ADP, not MH
  - Give programs specific feedback
- % of high and positive responses, and then compare statewide
- Reviewed questions and answers for the comment sections of all age groups
- Breakdown of domains provided
- UCLA overall report is also included
- *In the future and once hired, have R&E representative on the MHSA Steering Committee call*

### PEI Update

- Directly dispatch Mobile Crisis Team
- Look into few other changes, another training with Promotores
- Hours-

### BHSA Update-FSP

- ACT and FACT level services will be required
- Individual placement and support supportive employment will also be required
- IPS available for an Medi-Cal client or only FSP clients?
- How is it accounted for if the FSP is doing these 6 times to get paid?
  - Documenting in EHR
  - If they don't provide 6x, won't get that bundled rate
  - Tricky to maintain that level of fidelity to bill that rate
- "creates pressure from administration to ensure that they're staffing properly"
- Bundled rate for contracted providers should help them!

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

- Ideally, see client 2x face-to-face
- “I think it’s great”
- State is developing centers of excellence, provide training for ACT level services for free
- Monitor every month that we are providing that level of care, and if things are going wrong, then to fix the,
- Determine appropriate level of care (we already do this)
- Rigid criteria from DHCS- counties fought this bc they already determine this

#### BHSA Update- PEI

- Population-Based Prevention will be under Department of Public Health
  - Not sure if any \$ will go to county PHD’s or stay at state level & apply for grants
- BHHS EI
  - NEW: required to have EI services for 0-5
  - Selection EI, Indicated E: not sure if we can
  - Case Identification EI: that we already do
- At risk population, LGBTQIA+, look into serving them
- At risk, undocumented individuals, keep an eye out for mental health concerns
- Have people who are undocumented, apply for Medi-Cal
  - Undocumented folks don’t want to apply bc they don’t want to be identified
  - BWell looking into this
- Are there EI programs funded through MHSA?
  - *FayAnn to send PHD EI list to Nakisa to send to MHSA Steering*
- People are really hurting and are scared. Need EI outreach to undocumented individuals
- Starting new Promotores program countywide
- People who have citizenship who have undocumented family members, reach out to them to support further
  - BWell working on find culturally sensitive approach to address this issue
  - “talking with our certified CHW promotores who have experience in this area.”

#### BHSA Update- Exemptions and Transfers

- We can request a transfer from one category to another of up to 7%
- Still determining criteria that DHCS would use to approve a transfer
- Have to present budget of transfer in community planning

#### BHSA Update- Housing

- Allowable Uses- Proposed Housing Interventions
- Community Supports (Housing Related)
- Housing interventions of community supports are ONLY allowed for those enrolled in Medi-Cal or members whose lifetime limit has been reached
- Operating Subsidies Expanded
- Costs covered by BHSA include: utilities, maintenance, repairs, property management, office supplies and expenses and cleaning fees
- *Natalia to send Excel sheet of Community Supports and CenCal info of ECM*
- How do they find short term housing post hospitalization through CenCal?
  - Social worker at hospital states that client doesn’t know where to go, CenCal puts

## APPENDICES

person in post hospitalization unit and connects them to proper care (ideally)

- Do people deal with this in the ER?

### CPPP

- Shared list of Completed Stakeholder Events
- Shared list of Upcoming Stakeholder Events

### Comments

- Suggestion to push back January meeting

## **Lompoc Public Library**

**11.12.24**

### FSP:

- Are we meeting the criteria and needs of the community for FSPs?
- Where are your primary referrals coming from?
- How satisfied are you with outreach to faith-based organizations?
- Suggestions: “identify faith-based staff to come in and speak up at the church because they’re a trusted source. Have them be a faith-based ambassador. Coming in cold from the outside, you may not get a response. Go beyond the outreach team or CBOs. Identify organizations who are to connected to faith-based groups.” “awake” in Lompoc to connect with
- Please explain the CSU versus the PHF. Which takes private insurance?
- Do you take people with no insurance?
- Does the CSU take people with no insurance?
- Savie clinic offers onsite services, can connect with BWell
- Promote more widely how to access services
- Measuring recovery outcomes, MORS scale
- Tabling availability- can we do more outreach and be made available on weekends?
- Public needs to know about the access line, should be first point of contact, needs better promotion, commercials, Facebook, Instagram, tv, tap tv in Lompoc- running loop
- Awareness to people can connect others experiencing suicidal ideation
- \*Collaborate with schools. Provide presentations on access line, bh services and mental health education for parents in Spanish
- Sometime difficult with Latino community to identify themselves
- 8 intentions of wellness, resource for recognition of early signs of mental illness
- Eligibility criteria for FSP clients? How do we evaluate it?
- Who are the primary referrers? (our access line)

### Increasing Timeliness and Navigation Services for Those Entering Our System of Care:

- How long ago did the person have to have a diagnosis of schizophrenia?
- What happens if they refuse treatment services at the end of the 15 months?
- Homeless intervention team- how many staff are there? Do they collaborate with CBOs?

## APPENDICES

- \*Collaborating with outside organizations for homeless intervention
- Dr offers supports at the Lompoc clinic
- \*\*Is Lompoc getting a mobile crisis team? It needs its own, not just North and South Mobile Crisis Teams
- What communication is being made to hospitals/ law enforcement regarding changes to Access Line? There needed to be way more communication plus consultation, presenting on the changes to Lompoc
- Do you have an advocator willing to go into the trenches? \*Not avoiding groups and places, getting information out there, making Access Line number more accessible, advertising it simply, communication less centered around internal audience
- More mini access line cards to get the word out, put it everywhere
  - o \* connecting with C4
- Was told that with the access line it turns into crisis only during certain hours?

PEI:

### Youth and Families

- \*\*\*\*Have a LatinX community summit with theme of Empowerment, Action, Resilience and Strength. Bringing in leaders, superintendents, reminding latino community they are a force, similar to youth summit and health and equities conference but for whole county. One big gathering, offering regional events, offering transportation. Have promotores, MICOP, and interpreters present at the event. Increase hiring in these roles and show that it's possible to have a job like this, too. Show career opportunities
- Taking recommendations for PEI events/programming: fearful of impact from the election, Latino community feeling disenfranchised
- Substance use, fears of fentanyl, passing of prop 36, how to implement preventative care?
- \*Don't want to correlate services with getting in trouble. How do we mitigate this?
- More PSA on mobile crisis unit, connect with the public and find ways to share success stories, don't want people to fear law enforcement response
- Success story of the hotline, the access number is imperative and needs to be blasted everywhere. Share this story at all staff event
- Need people to not be afraid to approach different demographics and get the access line out everywhere
- Speakers bureau - sign waiver to tell your story at meetings
- Videos on county website of people sharing their experiences

### Older Adults

- See if MWC families would like to speak at all staff and or speaker's bureau
- Groups for foster teens about to age out of the system-TAY age?
  - o Have a support group for this age and demographic as well (Awakening Giants)

## APPENDICES

### WET Recruitment and Retention of the Behavioral Health Workforce:

- \*Setting up scholarships for caseworkers, clinicians, for certification of substance use and MH. Increasing dual certification especially as we transition to BHSA. MH rehab specialists, additional training to be cross trained, lower \$ to hire more staff, make sure we have the proper workforce supporting those we serve
- \*Have clients who have been through treatment program work in field
- Higher education professionals (higher than certified peer support specialist)
- \*Have more clinicians with and/or who have struggled themselves
- Highlight and welcoming that awareness (DEIB)

### **Virtual Stakeholder Session**

**12.4.2024**

#### FSP Comments:

- Have similar apartments elsewhere just like MWC garden street apartments. My son is stabilizing here and I would like to see more
- Is transportation available to FSP clients?
- Is there any possibility of offering equine assisted mental health therapy?
- Can Santa Barbara area get the Growing grounds program?

#### Timeliness and Navigation Services Comments:

- The access line is working better
- KEYT promotion of the access line & Success stories
- MICOP just got trained at the Access line 😊 thank you for that!

#### PEI Youth & Families

- We need a team to dispense Information to family members with loved ones that are new to the BWell system. My son's life would be different if I'd known that intense intervention at the beginning of his illness would have made a difference before stigma prevented him from accepting help. RAISE (Recovery After an Initial Schizophrenia Episode)
  - this is a great idea, thank you, like an education program for parents/care givers with a new BWell Client?
- Flyer of do this first, do this second and how to get involved
- Adult side, there is an orientation for the client, program and processes
- Orientation class for loved ones and care givers
- These prevention services are wonderful, and so important for mitigating serious mental illness. I would also like to advocate for culturally informed prevention services reducing risk of substance misuse, and offering coping tools/ resilience skills among youth, families and older adults.

#### PEI Older Adults



## APPENDICES

- We work with a lot older residents who experience a lot of anxiety and trauma around evacuation. Suzanne did a wonderful job about being prepared but I was wondering if you have other materials available that might be helpful
  - Could focus on training older peers to offer support for these anxieties and trauma
  - Will look into other materials for this

### Workforce and Retention:

- Incentives or encouraging organizations to take on clinical supervision hours. Culturally and linguistically aligned with the community
- Incentives payments made available for organizations and, stipends for interns who are finishing graduate work but aren't licensed yet
- Thank you for prioritizing Mixteco staff and or Indigenous language,
- Staff need to know how to work with these clients once the client is in their hands
- Have staff who are from the Mixteco community and represent the community
- Happy to spread the word on recruitment, happy to support staff once staff is hired, happy to support with language on broader reach of Mixteco
  - Reach out about help with recruitment and support
- MICOP are here to support with all of that as well
- County offers bilingual allowance, trying to see if there is a trilingual allowance
- In Ventura, and collaboration with CenCal, they are prioritizing scholarships for the behavioral health workforce. Keep students within this workforce, culturally and linguistically relevant
  - Reach out to MICOP for more information on how program operates in Ventura County
- Wellness centers are such a thing at high schools, how can we catch them within those TAY years and transition to college

### **Youth Linkages Network Presentation**

**12.13.24**

### General Comment:

- Can undocumented folks receive funding from MHSA?

### Access Line:

- If you call 988 will they be connected to access?
- Do you serve undocumented individuals?

### PEI:

- Contact SMHS for health careers academy
- Glad to hear about promotoras/es program within our department
- What's the hiring and career pathway for this?
- Community health workers who overlap with other organizations
- How is this program ensuring an authentic promotora staff versus peer program?
- It would be nice to see Public Health have promotoras and community health workers
- Love to see a program that is presented yearly at all of the school sites
- It's good to be up front and in your face to open up the platform to allow students to ask

## APPENDICES

questions

- Students don't want to talk to staff, and rather talk to their friends regarding MH and SUD
- I see it first hand and jump in to help and work with crisis, counselors, and admin
- My concern, I don't see a lot of follow up or follow through
- They're examined and put on a plan, there is no safety plan then onsite
- Student is getting treatment but not followed through
- Lasts 2-3 months
- To focus on permanent support and help, how can we connect the 2?
- Privacy laws are strict but, she would love to see the schools and outside resources to hold each other accountable
- Mental health education classes in junior high are needed. Have providers lead a class
- "the full time promotora employee was one of the original founders of the sb county promotores network which has been operating for over 20 years so those roots go very deep into the promotora a tradition"
- Mental health matters was just here in our 9<sup>th</sup> grade classes. They have been here the last three years and have been great"
- Collaborating with CBOs in the school
- Have education for parents and teachers
- "Casa pacifica does presentations at elementary junior high and high school levels. We go in and talk about mh, suicide prevention and we talk about SAFTY. We have been presenting to the 7<sup>th</sup> grade class at SB middle school for the last 2 years. We would be happy to come out and present anytime"
- Is there more education on how to handle this? We can handle crisis but we need more education and support on the drills. They're affecting the students
- It can take 2 hours to regulate the student's emotions to explain that they were only drills
- Support for school staff on how to deal with stress and anxiety within the students
  - These can be done through programs in the county (trauma-informed trainings"
  - Dysregulated students
  - MWC, MWELL, YouthWell, FSA
- Access Line is going to be a warm line, further mental health support available
- Educating youth and parents to make the calls to the access line/support lines
- Incorporating warm and openness with no wrong door, call anyone to ask for help and connect those to the right place
- SB Hospice does grief and loss support services in secondary schools (high schools get a clinician to come to campus once a week, 4-6-hour day. Been doing it since 2009, and has grown over the years. Carp, sb, Goleta, Santa Ynez) don't have bandwidth to do in north County of Santa Barbara medical hospice by dignity health
- Advocating for grief support in north county for students
- 1 of 17 voluntary hospices left in the country
- Bereavement services, companion model
- Open to train therapists to do the work to do more reach
- No one should be referred to another therapist if they're seeing their own therapist
  - Hospice can train therapists. They can do training and consultation

**YAB MHSA Presentation**

**2.10.2025**

Attendees: 33

**General:**

- What areas of mental health do you work on at BWell? What kind of clients do you serve?
- Is it different getting funding for different age levels? Do you have to put more effort into one than the other \* will go through the funding breakdown\* 51% of funding under PEI has to go to ages 0-25 years old
- Are there any ways to impact independent/private schools? We would love to come to private schools
- Is this MHSA at risk with the new government? State prop/thus state funding not federal MHSA → BHSa from Prop 1 update
  - MHSA has been around 20 yrs
  - BHSa now allows us to work more with substance use providers than solely mental health provider
- Who decides what gets what funding? Yes we can see where a need is more so, but state mandates → no private health info being shared with the state
- We serve medi-cal, medi-care and populations without insurance
- Use the access line! Can access this without a parent's permission
- How can youth advocates in non-profits effectively push for better mental health policies in our communities and respective communities?
- Clinicians screen and ask questions to determine whether you are moderate or severe
- This session made us feel very excited and interested in this field

**Priority 3 – Education and Prevention for Youth and Families**

- Counselors at public schools handle a huge caseload of students
- A lot of counselors are uneducated in mental health – do we have program to train (yes we do have a program to have
- Create mental health 101 for school staff/counselors \*\*\*\*\*
- Health class was recently cut and added to PE in another public school
- Would be nice to have a health class/mental health class within schools for students/teens at all grade levels – Casa pacifica and YouthWell could hopefully do this \*\*
- Want more funding focused on education for students on LGBTQ+ specifically transgender care/health/community/existence \*\*\*
- Want to see programs for elementary and middle school youth mental health programs \*\*\*\*
- I would love to see funding for food & translation as it relates to the mental health training opportunities \*\*\*\*\*
- 2. Translation being not just limited to Spanish, but Mixtec dialectics as well?

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3. I think funding or prioritizing these educational modalities within schools. One thing that I have run into is schools not feeling that they have the time to “forfeit” to prioritize them. There also is not collective “buy in”

4. Stress relief/counseling for students is something that I feel should be funded. Students are balancing so much and are expected to do it flawlessly. \*\*\*\*\*

5. I third funding for LGBTQIA+ students

6. Funding for PEI for BIPOC communities \*\*\*

- Education about mental that is specifically designed for parents and communicate it well (a commercial?) \*\*\*
- Teen mental health class being advocated for by school counselors but often these emails aren’t even acknowledged, have to keep being the squeaky wheel because that is what will get attention \*\*
- I’d love to see funding for youth-led projects and initiatives around mental health and wellness \*\*\*\*\*
- Narcan and fentanyl testing strips and trainings for youth/students/etc \*\*\*\*\*
- Peer support center- closest is in LA, none in SB county. Need one IRL! ++++++
- Phone # area code automatically reroutes to wherever it’s from, harder to connect people in need to support systems. (for ex. 310 will reroute to LA) We think it’s an AT&T thing ++++++
- Talked about social media impact on school-age kids... supportive of NO devices in schools until middle school (7th grade in SB county) ++++++
- Easier and more productive to retain info on paper vs. thru devices
- Anti on high schools banning phones (safety risks etc) Off & away is fine, but no confiscating personal property ++++++
- Available (hopefully required?) for school staff to have at LEAST an education on what mental health is for students and how to handle it (MHFA and/or QPR certifications??) ++++++
- Graduation requirement: Teen MHFA certification (in health or ethnic studies or during pacer testing or PSAT testing) Could be taught from our teachers, increasing trusted adults on campus!++++++
- School counselors should encourage their students to talk about MH beyond academics- at least let them know the outlet is available. With that, having excused mental health days advertised to students in school, we didn’t know this was a thing!++++++
- Have excused absence mental health days (CA Education code 48205) able to be excused directly by students or co-excused by school counselors/trusted adults on campus, not all parents are on-board with this idea! ++++++
- The county should provide more opportunities for service providers to receive direct feedback from community members, especially youth! ++++++
- Climate anxiety! Tons of kids are concerned about the future of our planet- we should have more resources for education + community connection ++++++
- Schools (maybe at parent orientation) include MH education + exposure intro ++++++

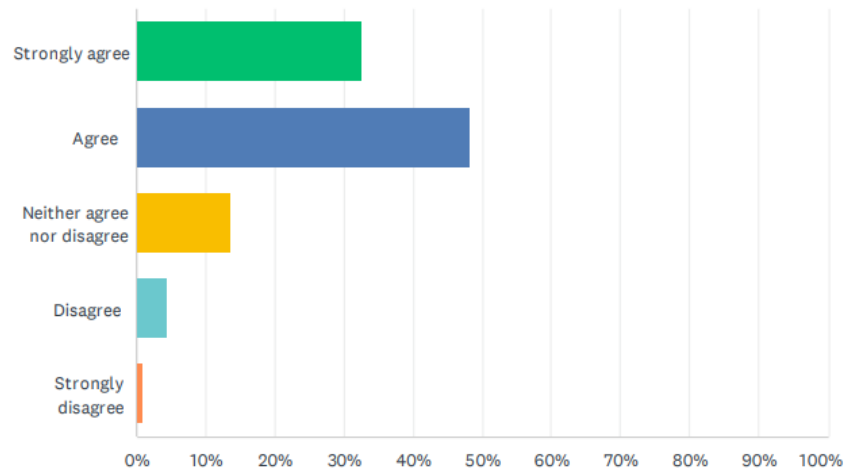


## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

MHSA Annual Update Survey, FY 25-26

Q1 For Fiscal Years 2023-26, one of BWell MHSA's top five goals is Increasing FSP (Full-Service Partnership) Capacity. To what extent do you agree that we are prioritizing this goal?

Answered: 110 Skipped: 13



ANSWER CHOICES	RESPONSES	
Strongly agree	32.73%	36
Agree	48.18%	53
Neither agree nor disagree	13.64%	15
Disagree	4.55%	5
Strongly disagree	0.91%	1
TOTAL		110



# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q2 Do you have suggestions, additional input, or ideas for BWell MHSA program planning for Increasing FSP (Full-Service Partnership) Capacity?

Answered: 47 Skipped: 76

#	RESPONSES	DATE
1	No	2/14/2025 9:26 AM
2	Not any that come to mind.	2/10/2025 7:04 PM
3	I'm glad you are investing \$ into promotores and giving them good employment opportunities and at the same time too I know that some of the best promotores cannot be hired by government organizations for a number of different reasons. So contracting with CBOs like MICOP or mine (CFRS) opens up to a wider pool of people.	12/13/2024 1:19 PM
4	Not at this time.	12/13/2024 1:08 PM
5	Perhaps including the non-profit and for profit providers	12/13/2024 1:03 PM
6	Not at this time	12/13/2024 1:03 PM
7	Work more closely with school districts and partner with potential community schools	12/4/2024 6:34 PM
8	n/a	12/4/2024 6:33 PM
9	Provide more communication to friends and family of loved ones.	12/4/2024 6:31 PM
10	Aggressive advertising	11/26/2024 3:50 PM
11	EMDR training (I waited 10 years to get a therapist qualified in EMDR)	11/19/2024 12:20 PM
12	equal pay across county fsp's with contracted fsp's for their own retention.	11/19/2024 12:02 PM
13	N/A	11/19/2024 11:14 AM
14	N/A	11/19/2024 11:11 AM
15	No.	11/19/2024 11:08 AM
16	Not this time.	11/12/2024 7:27 PM
17	Concierge services for family members lost in the system	10/23/2024 10:29 AM
18	Added FSP slots should be the #1 priority.	10/23/2024 10:15 AM
19	1. Change the wording/text on business card & signage/handouts to remove trigger words like "court" and "mental" 2. In person access for those without phone	10/23/2024 10:09 AM
20	Reaching out to the homeless population. As part of housing require Mental Health services	10/16/2024 12:23 PM
21	I believe we need more outreach works	10/16/2024 12:08 PM
22	Increase clients access to their case manager.	10/15/2024 10:25 AM
23	Warm-handoffs/care coordination, post hospitalization	10/15/2024 10:11 AM
24	No	9/27/2024 12:42 PM
25	More staff or more FSP programs. Also making sure that staff is meeting with their clients a bare minimum of 1-2 times weekly	9/25/2024 3:15 PM
26	Strong and frequent clinical supervision/management and support for staff to prevent burnout and improve staff retention.	9/25/2024 2:57 PM
27	Leveral Cal-AIM?	9/25/2024 2:55 PM
28	It must be a "whatever it takes" model. Current FSP provider does not have that approach.	9/23/2024 7:03 AM

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

### MHSA Annual Update Survey, FY 25-26

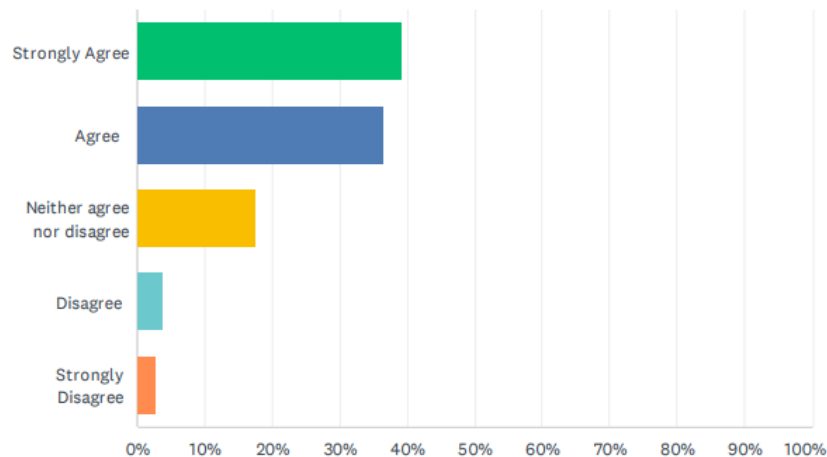
29	Identify people who have not been successful in permanent supportive housing who need a higher level of care. Coordinate with At Risk CES Case Conference. Utilize Homeless Outreach as a model that meets people where they are and works well with community organizations.	9/20/2024 2:29 PM
30	Additional staff available to assist unhoused/unsheltered persons in the field. Specifically, staff who can create relationships with and provide ongoing support, not just crisis services.	9/19/2024 2:00 PM
31	More transparency, and less staff spending.	9/16/2024 5:04 PM
32	Be more open to the idea that a shot or a pill is not the big picture answer.	9/16/2024 10:29 AM
33	no	9/5/2024 1:17 PM
34	Sign on bonuses, retention bonuses, meaningful COLAs annually	9/5/2024 1:14 PM
35	I did not know this was a goal. Have spirit percent partner be a BWell full-time employee. (not contracted)	9/5/2024 1:08 PM
36	Since its mandated that programs follow FSP, take it out of the program name	9/5/2024 1:04 PM
37	Giving supervisors the help/employees they need to effectively run their department	9/5/2024 12:56 PM
38	Incentives to hire (case worker/therapist)	9/5/2024 12:50 PM
39	No	9/5/2024 12:40 PM
40	End w/ contracted providers and have all staff be BWell employees	9/5/2024 12:36 PM
41	No - I know a little bit about it	9/5/2024 12:26 PM
42	FSP is currently limited and caps new clients who do not have insurance	8/22/2024 9:11 AM
43	Yes Path 3 needs a vehicle since it covers the entire county and JA only has one vehicle. Also need someone to be connected to jail for info on clients, prior to discharge.	8/22/2024 9:07 AM
44	Vehicles, fully staffed CBO's (Telecare, TMHA)	8/21/2024 12:02 PM
45	N/A	8/21/2024 11:58 AM
46	N/A	8/21/2024 11:56 AM
47	N/A	8/21/2024 11:45 AM

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

MHSA Annual Update Survey, FY 25-26

Q3 For Fiscal Years 2023-26, one of BWell MHSA's top five goals is Increasing Warm Handoff and Navigation Services for Those in Crisis. To what extent do you agree that we are prioritizing this goal?

Answered: 107 Skipped: 16



ANSWER CHOICES	RESPONSES	
Strongly Agree	39.25%	42
Agree	36.45%	39
Neither agree nor disagree	17.76%	19
Disagree	3.74%	4
Strongly Disagree	2.80%	3
TOTAL		107

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q4 Do you have suggestions, additional input, or ideas for BWell MHSA program planning for Increasing Warm Handoff and Navigation Services for Those in Crisis?

Answered: 55 Skipped: 68

#	RESPONSES	DATE
1	No	2/14/2025 9:26 AM
2	Not that come to mind!	2/10/2025 7:04 PM
3	No	12/13/2024 1:19 PM
4	I would just recommend strong advertisement and sharing of this resource. Additionally, we are always in need of multilingual supports in the north county region. Our Mixtec speaking population continues to grow and there are varying dialects too.	12/13/2024 1:08 PM
5	I think it would be important to get feedback from those who are helped regarding their wait times and experience.	12/13/2024 1:03 PM
6	Access follow up monitoring.	12/13/2024 1:03 PM
7	Working and training promotoras to do more of case management work	12/4/2024 6:34 PM
8	training for relatives	12/4/2024 6:33 PM
9	Convince the jail NOT to release people in the middle of the night	12/4/2024 6:31 PM
10	Have professional staff as well including those who have lived experience with mental illness, for valuable insight.	11/26/2024 3:50 PM
11	prioritize the utilization of peers in this role	11/26/2024 12:03 PM
12	No	11/19/2024 12:23 PM
13	Help enrolling in adult ed classes/basic ed classes. Peer support group	11/19/2024 12:20 PM
14	A caseworkers should go with the client to first appts or orientations at outside programs instead of just sending a referral.	11/19/2024 12:04 PM
15	At the moment maybe it might be difficult to recruit indigenous staff. However, to recruit someone who speaks indigenous language	11/19/2024 11:28 AM
16	Look into TMHA's Behavioral Health Navigation	11/19/2024 11:16 AM
17	N/A	11/19/2024 11:14 AM
18	N/A	11/19/2024 11:11 AM
19	No.	11/19/2024 11:08 AM
20	Not at this time	11/12/2024 7:27 PM
21	BWell staff in Cottage Er/5East to catch people	10/23/2024 10:29 AM
22	Establish peer staff of sufficient magnitude to provide warm handoff & follow up for every crisis clinic	10/23/2024 10:15 AM
23	Please insure our people get warm handoffs/follow-through	10/23/2024 10:09 AM
24	Yes, put the program into the justice system. Mandatory to receive services upon completion, ie coast valley treatment centers -- lom poc	10/16/2024 12:23 PM
25	More peers to assist that know how to help out in the field	10/16/2024 12:08 PM
26	temporary navigation	10/15/2024 10:28 AM

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

### MHSA Annual Update Survey, FY 25-26

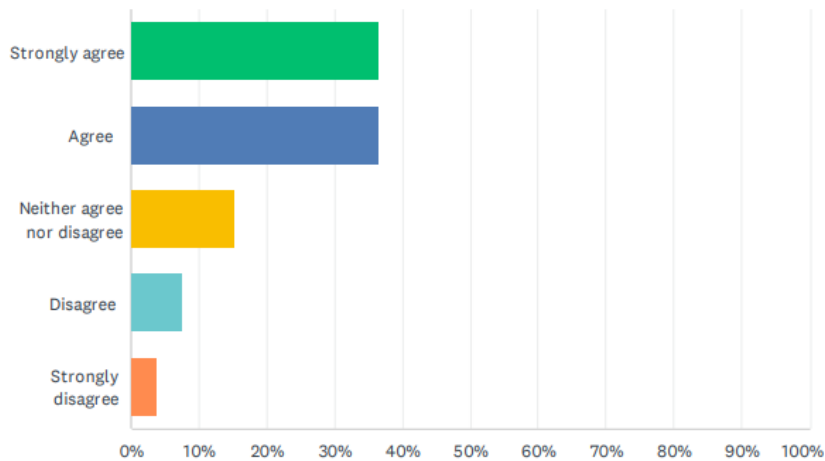
27	availability of proper contact numbers would be helpful	10/15/2024 10:27 AM
28	Increase staff as well as ability for the hospital to schedule an appointment with a psychiatrist (M.D>) to continue meds that were changed in the hospital	10/15/2024 10:25 AM
29	No but would love improved coordination between psychiatry, social work, and BWell.	10/15/2024 10:11 AM
30	Increase collaboration with community partners.	10/15/2024 10:08 AM
31	We should come up with a good agreement between cottage & BWell for warm hand offs. Come up with an ROI or point person cottage can call and then be connected w/ correct BWell staff.	10/15/2024 10:02 AM
32	No	9/27/2024 12:42 PM
33	Make the process and program access known to other agencies that work closely with bewell	9/25/2024 3:15 PM
34	Increasing staffing to reduce client to staff ratios for homeless clients	9/25/2024 2:55 PM
35	Handoff to who?	9/23/2024 7:03 AM
36	More staff to be as responsive as possible.	9/20/2024 2:29 PM
37	Hire additional outreach staff to meet the "in the moment" needs. Often participant willingness to engage is fleeting. Staff needs to be available to engage quickly.	9/19/2024 2:01 PM
38	NA	9/19/2024 2:00 PM
39	There are still lot's of patients in the prisons who need Medical help not prison help.	9/16/2024 5:04 PM
40	I believe BWell peers can play a bigger part in warm handoffs to the Wellness Centers. Maybe even attending a support group/event with them. I also believe it would be beneficial to have BWell peers facilitate peer support groups at the Wellness Centers. Helping Hands of Lompoc had a Dual Diagnosis group that was led by BWell peers. It was one of the most consistent and highest attending group and yet it recently stopped. I'm not sure why but someone said it was "funding".	9/10/2024 7:34 AM
41	Tracking who is coming in and out of hospitals and jail is critical so people aren't just released to the street.	9/7/2024 7:33 AM
42	No	9/5/2024 1:17 PM
43	Same as #2	9/5/2024 1:14 PM
44	From the outside it seems like we keep talking about it but don't make much headway.	9/5/2024 1:04 PM
45	Add warm "reception" by team 2	9/5/2024 12:50 PM
46	No	9/5/2024 12:40 PM
47	For those with psych hospitalizations, not allowing for discharge without not only an appointment to next level of care, but insuring someone to get them there	9/5/2024 12:26 PM
48	New laws	8/27/2024 12:25 PM
49	Assign each client to a specific case manager -- otherwise the client may "get lost"	8/22/2024 9:18 AM
50	Utilizing peer support staff to support clients through transition	8/22/2024 9:13 AM
51	We need to have a better relationship with CBO's and especially ADP since theres a gap there so we can't serve at our highest capacity. I think that meeting where we introduce who does what and have to work together	8/22/2024 9:07 AM
52	Telecare/TMHA not providing FSP services is someone is in CRT.	8/21/2024 12:02 PM
53	N/A	8/21/2024 11:58 AM
54	Clarify the criteria for a crisis clinic appt to make referrals smoother	8/21/2024 11:56 AM
55	Peer Navigators	8/21/2024 11:45 AM

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

MHSA Annual Update Survey, FY 25-26

**Q5 For Fiscal Years 2023-26, one of BWell MHSA's top five goals is Recruitment and Retention of our Public Mental Health Workforce. To what extent do you agree that we are prioritizing this goal?**

Answered: 104 Skipped: 19



ANSWER CHOICES	RESPONSES	
Strongly agree	36.54%	38
Agree	36.54%	38
Neither agree nor disagree	15.38%	16
Disagree	7.69%	8
Strongly disagree	3.85%	4
TOTAL		104



# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q6 Do you have suggestions, additional input, or ideas for BWell MHSA program planning for the Recruitment and Retention of our Public Mental Health Workforce?

Answered: 61 Skipped: 62

#	RESPONSES	DATE
1	No	2/14/2025 9:26 AM
2	No thank you!	2/10/2025 7:04 PM
3	Is there a way to consider more "mid level" providers and non traditional ways of support - sounds like you are doing that by adding promotores and community health workers	12/13/2024 1:19 PM
4	I wish there was a way to "grow our own" and "raise up" those from within our community. There are too many barriers for our parents, for example, who are not formally educated, to apply for so many positions. They are trilingual, which is a great asset. Meanwhile, we cannot find enough trilingual, formally educated adults to fill all of our positions.	12/13/2024 1:08 PM
5	Increased pay to better align with the cost of living in SB	12/13/2024 1:03 PM
6	Hiring processes seem to take a long time.	12/13/2024 1:03 PM
7	Start education at middle school level, planting the seed	12/4/2024 6:33 PM
8	Incentives for organizations to provide supervision to clinical interns would help expand opportunities within the talent pipeline.	12/4/2024 6:33 PM
9	Pay off student loans requiring repayment if they leave employment	12/4/2024 6:31 PM
10	Be sure to incorporate employee those with lived experiences with mental illness for their feedback, support and suggestions.	11/26/2024 3:50 PM
11	prioritize CBO staffing equity with BeWell staffing	11/26/2024 12:03 PM
12	more footwork and employees	11/19/2024 12:23 PM
13	creating a healthier working environment and providing more trauma informed trainings	11/19/2024 12:21 PM
14	lower case load - hire more people; vicious cycle - hire more people so more will stay	11/19/2024 12:20 PM
15	A day in the life of ____ video	11/19/2024 12:11 PM
16	Burnout prevention recognition (support)	11/19/2024 12:04 PM
17	see response from question #2. Same suggestion	11/19/2024 12:02 PM
18	N/A	11/19/2024 11:14 AM
19	N/A	11/19/2024 11:11 AM
20	No.	11/19/2024 11:08 AM
21	Not at this time	11/12/2024 7:27 PM
22	Really using employees' specific skills & passion where possible, whatever made them study the field	10/23/2024 10:37 AM
23	Support families that have loved ones by providing more for family members so that they don't have to go out of town to ...	10/23/2024 10:29 AM
24	Pay off school debt	10/23/2024 10:29 AM
25	Keep it up!	10/23/2024 10:15 AM
26	1. Talk with the workforce themselves 2. Loan repayment help	10/23/2024 10:09 AM

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## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### MHSA Annual Update Survey, FY 25-26

27	High incentives upon recruitment. Reach out: talk on show about programs. TAP TV - local station CH 24 - Lompoc.	10/16/2024 12:23 PM
28	Yes	10/16/2024 12:08 PM
29	Paying off student loans, Peer Career ladder	10/16/2024 12:04 PM
30	none	10/15/2024 10:29 AM
31	Hire more case managers/social workers as well as psychiatrists	10/15/2024 10:25 AM
32	Increase training	10/15/2024 10:08 AM
33	No	9/27/2024 12:42 PM
34	Tell programs to take a chance and hire. Lots of programs say they are hiring but spots don't seem to be getting filled. For instance, I've called ACCESS line multiple times and have been asked to call in the afternoon when they may or may not have a greener available	9/25/2024 3:15 PM
35	Support current staff through stronger and regular clinical supervision and case consultation (not just administrative).	9/25/2024 2:57 PM
36	Seem like a low level of funding - can interns get paid during licensing process?	9/25/2024 2:55 PM
37	Must have a workforce that is willing to engage in the field.	9/23/2024 7:03 AM
38	Creating roles for people with lived experience (mh, sud, homelessness) and creating pathways for training and education for them.	9/20/2024 2:29 PM
39	Workforce Housing	9/19/2024 2:01 PM
40	NA	9/19/2024 2:00 PM
41	The only budget that gets priority is the sheriffs budget. That needs to change.	9/16/2024 5:04 PM
42	I believe BWell is prioritizing recruitment and retention for County staff; however, CBO's contracted under the county struggle immensely. In particular, CBO peer staff, are under paid and undervalued. The Program Supervisor position at Helping Hands of Lompoc has been vacant since October 2024 (almost a year). This should be a huge message that something is missing.	9/10/2024 7:34 AM
43	To the extent that is in our power. Options - flexible solutions & 4/10s, 9/80s. Offer other options	9/5/2024 1:17 PM
44	Same as #2	9/5/2024 1:14 PM
45	Empty positions are not filled for months. existing staff has to pick up the slack	9/5/2024 1:08 PM
46	Were stated during meeting	9/5/2024 1:04 PM
47	For admin, fiscal and contracts staff it feels like we are not considered in Retention promotions. All staff should be considered not just clinical staff.	9/5/2024 12:58 PM
48	Having supervisors train someone for almost/over a year for extra help and that employee maxing out and having to leave	9/5/2024 12:56 PM
49	Mandate help for middle man when short handed (regional managers)	9/5/2024 12:50 PM
50	Incentives for joining BWell, Incentives to refer employees	9/5/2024 12:45 PM
51	Better pay.	9/5/2024 12:40 PM
52	Have a training curriculum to ensure all new staff are properly trained, checklist to ensure they are trained on all items. Recruit at CSUI, CSUN, UCSB, SBCC, Long Beach and LA	9/5/2024 12:36 PM
53	referral incentives	9/5/2024 12:26 PM
54	I think staff turnover is high due to stress and when associate therapists get licensed they leave because they can go to a lower stress job for more \$.	8/22/2024 9:18 AM
55	Pay increases	8/22/2024 9:13 AM

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

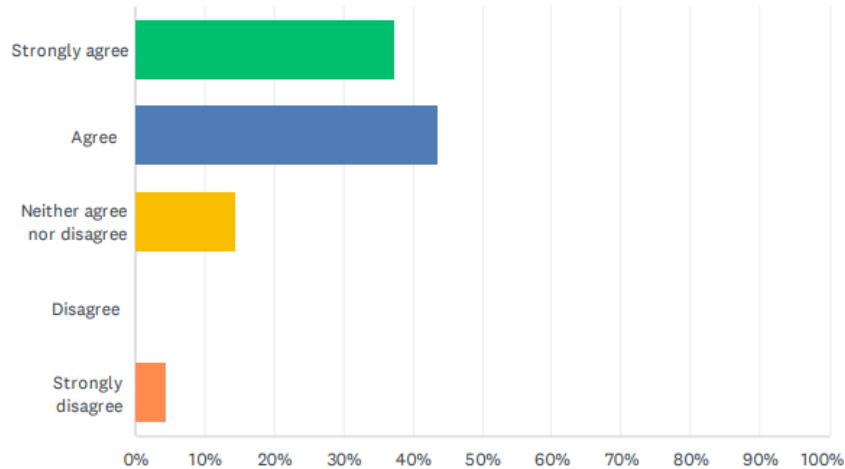
### APPENDICES

#### MHSA Annual Update Survey, FY 25-26

56	Yes. More pay, SAFETY pay and cage cars. We still need to be protected per SAFETY protocols.	8/22/2024 9:07 AM
57	QCM/Admin seems top heavy; Better pay, flexible schedules, telecommute, clinical supervision for all, better facilities	8/21/2024 12:02 PM
58	N/A	8/21/2024 11:58 AM
59	Increase wages	8/21/2024 11:56 AM
60	N/A	8/21/2024 11:45 AM
61	student loan repayment	8/15/2024 3:27 PM

**Q7 For Fiscal Years 2023-26, one of BWell MHSA's top five goals is Increasing Mental Health Education and Prevention Programming for Youth and Families. To what extent do you agree that we are prioritizing this goal?**

Answered: 110 Skipped: 13



ANSWER CHOICES	RESPONSES	
Strongly agree	37.27%	41
Agree	43.64%	48
Neither agree nor disagree	14.55%	16
Disagree	0.00%	0
Strongly disagree	4.55%	5
TOTAL		110

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q8 Do you have suggestions, additional input, or ideas for BWell MHSA program planning for Increasing Mental Health Education and Prevention Programming for Youth and Families?

Answered: 57 Skipped: 66

#	RESPONSES	DATE
1	No	2/14/2025 9:26 AM
2	No thank you!	2/10/2025 7:04 PM
3	Be creative	12/13/2024 1:19 PM
4	None at this time.	12/13/2024 1:08 PM
5	MHM education for Junior High School. More educational opportunities for parents	12/13/2024 1:03 PM
6	More focus on reaching educators and caregivers.	12/13/2024 1:03 PM
7	Providing more workshops for parents through schools	12/4/2024 6:34 PM
8	Start with elementary school parent	12/4/2024 6:33 PM
9	Increasing prevention of substance misuse and severe mental illness through coping tools and resilience skills.	12/4/2024 6:33 PM
10	Reduce stigma	12/4/2024 6:31 PM
11	Education for prevention is valuable.	11/26/2024 3:50 PM
12	Leverage and expand existing CBO programs rather than start new programs	11/26/2024 12:03 PM
13	No	11/19/2024 12:23 PM
14	family therapy group/help families do activities together. spend time in groups. Art therapy etc	11/19/2024 12:20 PM
15	outreach to community - churches, community events, etc	11/19/2024 12:11 PM
16	The Agriculture Workers and the indigenous community works during the week. It is hard for them to access services during the days, maybe have services or events on the weekends.	11/19/2024 11:28 AM
17	N/A	11/19/2024 11:14 AM
18	N/A	11/19/2024 11:11 AM
19	No.	11/19/2024 11:08 AM
20	Not at this time.	11/12/2024 7:27 PM
21	Hire more ethnic minority individuals to outreach minority in BWell system	10/23/2024 10:29 AM
22	PEI TAY program is not enough once a week	10/23/2024 10:29 AM
23	Increase parent support by MWC	10/23/2024 10:09 AM
24	Start in the lower grades, span up to families, reach out to school boards.	10/16/2024 12:23 PM
25	Need more outreach people out in the field to help out	10/16/2024 12:08 PM
26	none	10/15/2024 10:29 AM
27	School Mental health services -- increase needed. One therapist a school is not enough. More parent education and how to support children's mental health needs	10/15/2024 10:11 AM
28	No	10/15/2024 10:08 AM
29	No	9/27/2024 12:42 PM

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### MHSA Annual Update Survey, FY 25-26

30	Continue educating the Hispanic population so that the stigma may be reduced and that pop maybe more open to help and resource	9/25/2024 3:15 PM
31	MHSA needs to focus on those with higher needs until that population is better served.	9/23/2024 7:03 AM
32	Work closely with homeless youth service providers who have identified people for assessment so there can be early intervention.	9/20/2024 2:29 PM
33	Increased outreach and community education.	9/19/2024 2:01 PM
34	Flyers, tri-folds and advertising. We often find that folks are learning about services via word of mouth.	9/19/2024 2:00 PM
35	What kind of programs have you started in the high schools. None	9/16/2024 5:04 PM
36	Partner with Mental Wellness Center to bring Mental Health Matters countywide	9/7/2024 7:33 AM
37	None	9/5/2024 1:17 PM
38	Partnering w/ CBOs to hold regular family psychoed groups?	9/5/2024 1:14 PM
39	Doing well especially with fewer resources and funding	9/5/2024 1:04 PM
40	need parent training and family therapy services	9/5/2024 12:50 PM
41	No	9/5/2024 12:40 PM
42	nice building - lighthouse idea hehe it would trend because it looks nice	8/22/2024 9:59 AM
43	More of it in school. Some teachers don't believe in it.	8/22/2024 9:54 AM
44	None	8/22/2024 9:53 AM
45	No	8/22/2024 9:51 AM
46	Yes you can give people the card with the phone number	8/22/2024 9:49 AM
47	No	8/22/2024 9:48 AM
48	None	8/22/2024 9:47 AM
49	Putting in school	8/22/2024 9:43 AM
50	Putting it in school	8/22/2024 9:42 AM
51	Putting more conversations in schools	8/22/2024 9:36 AM
52	N/A	8/22/2024 9:18 AM
53	More fairs w/staff representing their program so they can answer questions and provide info.	8/22/2024 9:07 AM
54	N/A	8/21/2024 11:58 AM
55	N/A	8/21/2024 11:56 AM
56	N/A	8/21/2024 11:45 AM
57	It would be great to see focus on: perinatal mood and anxiety disorders; infant and early childhood mental health; mental health of primary caregivers. Perhaps partnering with First 5 Santa Barbara County.	8/15/2024 3:27 PM

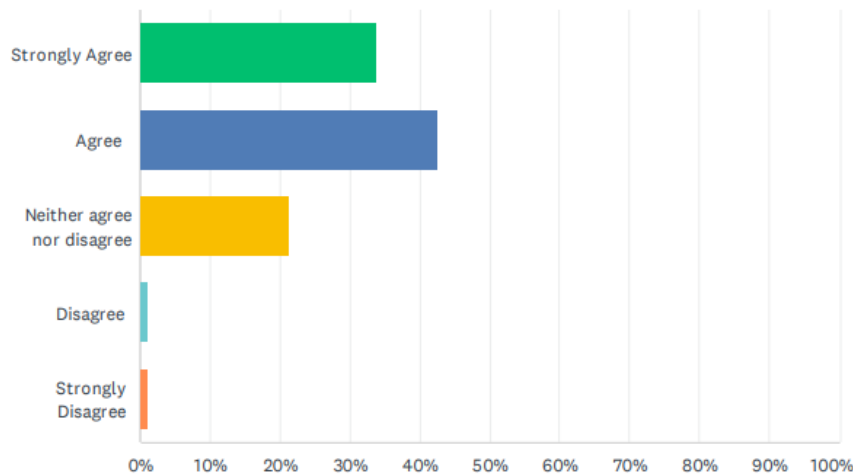


## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

MHSA Annual Update Survey, FY 25-26

**Q9 For Fiscal Years 2023-26, one of BWell MHSA's top five goals is Implementing Mental Health Programs Specifically for Older Adults. To what extent do you agree that we are prioritizing this goal?**

Answered: 103 Skipped: 20



ANSWER CHOICES	RESPONSES	
Strongly Agree	33.98%	35
Agree	42.72%	44
Neither agree nor disagree	21.36%	22
Disagree	0.97%	1
Strongly Disagree	0.97%	1
TOTAL		103

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q10 Do you have suggestions, additional input, or ideas for BWell MHSA program planning for Implementing Mental Health Programs Specifically for Older Adults?

Answered: 50 Skipped: 73

#	RESPONSES	DATE
1	No	2/14/2025 9:26 AM
2	Nope!	2/10/2025 7:04 PM
3	No	12/13/2024 1:19 PM
4	None at this time.	12/13/2024 1:08 PM
5	Offering education to retirement facilities.	12/13/2024 1:03 PM
6	Recruiting local senior center staff and orgs who serve homeless	12/13/2024 1:03 PM
7	Elder Peer to peer programming	12/4/2024 6:33 PM
8	Follow the Mental Wellness model of permanent housing	12/4/2024 6:31 PM
9	Older adult are vulnerable to depression more so than any other population.	11/26/2024 3:50 PM
10	This is essential for all clients, not just FSP clients	11/26/2024 12:03 PM
11	encourage them to participate in peer support as both receiving and giving ends	11/19/2024 12:20 PM
12	outreach to senior centers? Partner w/ visitors?	11/19/2024 12:11 PM
13	Work w/orgs like community partners in caring	11/19/2024 11:16 AM
14	N/A	11/19/2024 11:14 AM
15	N/A	11/19/2024 11:11 AM
16	No.	11/19/2024 11:08 AM
17	Not at this time	11/12/2024 7:27 PM
18	More support for families	10/23/2024 10:29 AM
19	Open up recruitment, peer to peer more involvement.	10/16/2024 12:23 PM
20	I think all ages, young and older	10/16/2024 12:08 PM
21	County wide evening hours; promoting the longer hours in PSA & through Access Line	10/16/2024 12:04 PM
22	none	10/15/2024 10:29 AM
23	Many older adults have medical needs as well & housing or safe discharges are very difficult to find	10/15/2024 10:25 AM
24	No	9/27/2024 12:42 PM
25	Loved the more housing suggestion geared towards that population. Closer collaboration with ihss and aps?	9/25/2024 3:15 PM
26	Partner with DSS and CenCal for IHSS and CenCal for Personal Care and Homemaker Services to keep people housed and when that is not possible create more skilled nursing beds designed to serve people with complex needs.	9/20/2024 2:29 PM
27	Increased outreach and education. Partnership with CBO's who serve this population educate CBO staff regarding programming available.	9/19/2024 2:01 PM

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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### MHSA Annual Update Survey, FY 25-26

28	NA	9/19/2024 2:00 PM
29	Help seniors find low costs housing.	9/16/2024 5:04 PM
30	Neglecting counseling for psychotic clients is like putting a ban-aide on bullet wound. Five minutes with a psychiatrist is not going to get my son to improve and I've been pleading for help for ten years. He gets a shot once a month but his brain is rotting away.	9/16/2024 10:29 AM
31	No	9/5/2024 1:17 PM
32	Unsure. My population is children (6-26)	9/5/2024 1:14 PM
33	I work with children only at SB Children's Clinic	9/5/2024 1:08 PM
34	Don't know enough to comment	9/5/2024 1:04 PM
35	Having specialized programs for specific racial groups because we're all different and it would be better	9/5/2024 12:56 PM
36	Physical health impacts mental health -- integrate both strength training and balance therapy?	9/5/2024 12:50 PM
37	No	9/5/2024 12:40 PM
38	transportation	8/27/2024 12:28 PM
39	have fun!	8/22/2024 9:59 AM
40	No	8/22/2024 9:57 AM
41	No	8/22/2024 9:49 AM
42	Anything will help	8/22/2024 9:36 AM
43	Help them out with their inner child by doing activities that can heal them	8/22/2024 9:31 AM
44	N/A	8/22/2024 9:18 AM
45	Better pay!! More positions that can carry a caseload, more vehicles	8/22/2024 9:14 AM
46	Specifically older adults in Board and Cares that have no family	8/22/2024 9:11 AM
47	Yes in person w/ people who represent what the older population needs.	8/22/2024 9:07 AM
48	N/A	8/21/2024 11:58 AM
49	N/A	8/21/2024 11:56 AM
50	N/A	8/21/2024 11:45 AM

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

### MHSA Annual Update Survey, FY 25-26

#### Q11 Do you have any other input or suggestions you would like to share related to the BWell MHSA Plan, Activities and staff overall?

Answered: 50 Skipped: 73

#	RESPONSES	DATE
1	No	2/14/2025 9:26 AM
2	Keep rocking it! What you guys do helps a lot of people.	2/10/2025 7:04 PM
3	Thank you for what you are doing, I wish the funding was going to continue beyond 2026	12/13/2024 1:19 PM
4	I agree with the request shared to provide more education for our students' parents/families.	12/13/2024 1:08 PM
5	No	12/13/2024 1:03 PM
6	Not at this time.	12/13/2024 1:03 PM
7	n/a	12/4/2024 6:33 PM
8	More outreach to families. Our loved ones are dying because of HIPPA.	12/4/2024 6:31 PM
9	None.	11/26/2024 3:50 PM
10	open to having community volunteers	11/19/2024 12:11 PM
11	Talk about self care or self care planning/funding for those who are provided or who work helping community members with mental health	11/19/2024 11:20 AM
12	N/A	11/19/2024 11:14 AM
13	N/A	11/19/2024 11:11 AM
14	No.	11/19/2024 11:08 AM
15	Not at this time	11/12/2024 7:27 PM
16	Didn't know it existed.	10/23/2024 10:37 AM
17	make sure info in new changes is shared with homes.	10/23/2024 10:29 AM
18	Keep it up	10/23/2024 10:09 AM
19	It's an uphill battle. Most people need money and resources. Our services can only take them so far. More and more people are unable to meet their basic needs because things have gotten so expensive. I would suggest doing more youth activities and anti-vape & alcohol campaigns.	10/16/2024 12:25 PM
20	More shelter for mental health	10/16/2024 12:08 PM
21	none	10/15/2024 10:29 AM
22	Increasing staffing/flexibility/availability for clients, especially with mental health & on	10/15/2024 10:02 AM
23	No	9/27/2024 12:42 PM
24	Thank u for the hard work!!	9/25/2024 3:15 PM
25	Disappointed to not see outreach to persons experiencing homelessness with SPMI not a priority for MHSA.	9/23/2024 7:03 AM
26	I agree with the priorities you have identified.	9/20/2024 2:29 PM
27	It would help to have materials available for outreach, especially for those who may not have internet access.	9/19/2024 2:00 PM
28	We need to create more jobs for entry level employees. More input from the public. More BIPOC community members appointed on the boards.	9/16/2024 5:04 PM

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### MHSA Annual Update Survey, FY 25-26

29	Give [redacted] a raise and give him time to train an army!	9/16/2024 10:29 AM
30	Natalia, FayAnn & Nakisa are a stellar team. They make it a priority to reach as many stakeholders as possible. Thank you!	9/10/2024 7:34 AM
31	Staff is doing an incredible job.	9/7/2024 7:33 AM
32	Sadly it really comes down to COLA and quality-of-life for staff right now. People who can afford to stay will stay, and then we can do the work that needs doing.	9/5/2024 1:14 PM
33	Doing a great job	9/5/2024 1:04 PM
34	No	9/5/2024 12:40 PM
35	If you're cutting back on budgets for client reimbursements stop spending money on food at management meetings. Please budget money elsewhere.	9/5/2024 12:36 PM
36	No	8/22/2024 9:57 AM
37	no :)	8/22/2024 9:54 AM
38	None	8/22/2024 9:53 AM
39	No	8/22/2024 9:51 AM
40	No	8/22/2024 9:49 AM
41	No	8/22/2024 9:48 AM
42	No	8/22/2024 9:47 AM
43	No	8/22/2024 9:45 AM
44	Nope	8/22/2024 9:43 AM
45	No	8/22/2024 9:42 AM
46	No, thank you	8/22/2024 9:36 AM
47		8/22/2024 9:07 AM
48	N/A	8/21/2024 11:58 AM
49	N/A	8/21/2024 11:56 AM
50	N/A	8/21/2024 11:45 AM

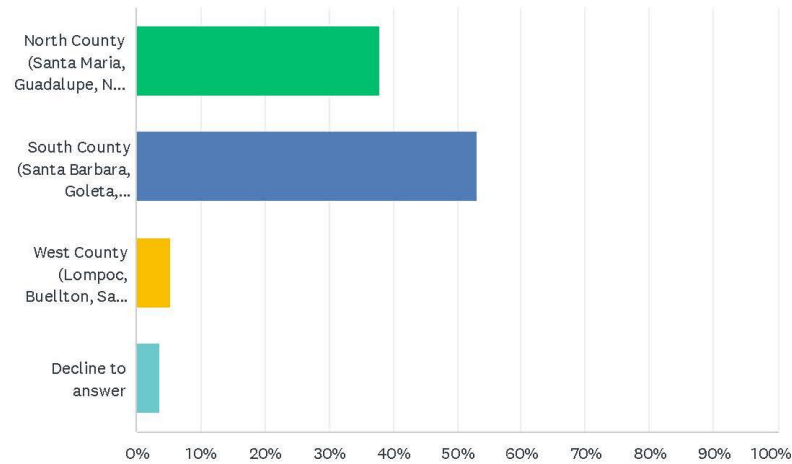
# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q12 In which region of the county do you live or represent/work?

Answered: 113 Skipped: 10



ANSWER CHOICES	RESPONSES	
North County (Santa Maria, Guadalupe, New Cuyama)	38.05%	43
South County (Santa Barbara, Goleta, Carpinteria)	53.10%	60
West County (Lompoc, Buellton, Santa Ynez)	5.31%	6
Decline to answer	3.54%	4
TOTAL		113



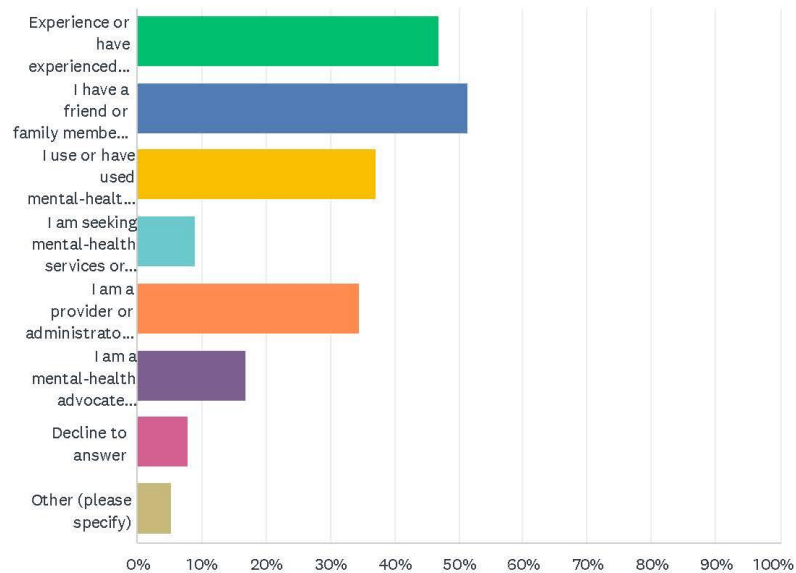
# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q13 Which of the following describes you? (Check all that apply)

Answered: 113 Skipped: 10



ANSWER CHOICES	RESPONSES	
Experience or have experienced mental-health challenges	46.90%	53
I have a friend or family member who experiences or has experienced mental-health challenges	51.33%	58
I use or have used mental-health services or supports	37.17%	42
I am seeking mental-health services or supports	8.85%	10
I am a provider or administrator for mental health services	34.51%	39
I am a mental-health advocate representing a specific racial/ethnic, cultural, or other group	16.81%	19
Decline to answer	7.96%	9
Other (please specify)	5.31%	6
Total Respondents: 113		

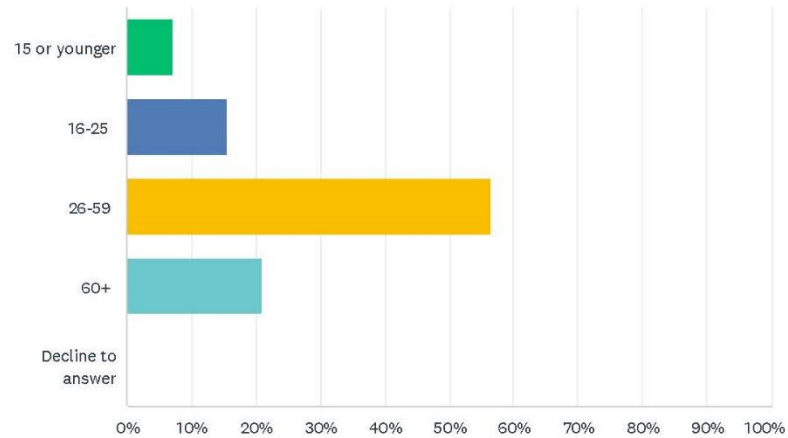
## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

MHSA Annual Update Survey, FY 25-26

#### Q14 How old are you?

Answered: 115 Skipped: 8



ANSWER CHOICES	RESPONSES	
15 or younger	6.96%	8
16-25	15.65%	18
26-59	56.52%	65
60+	20.87%	24
Decline to answer	0.00%	0
TOTAL		115

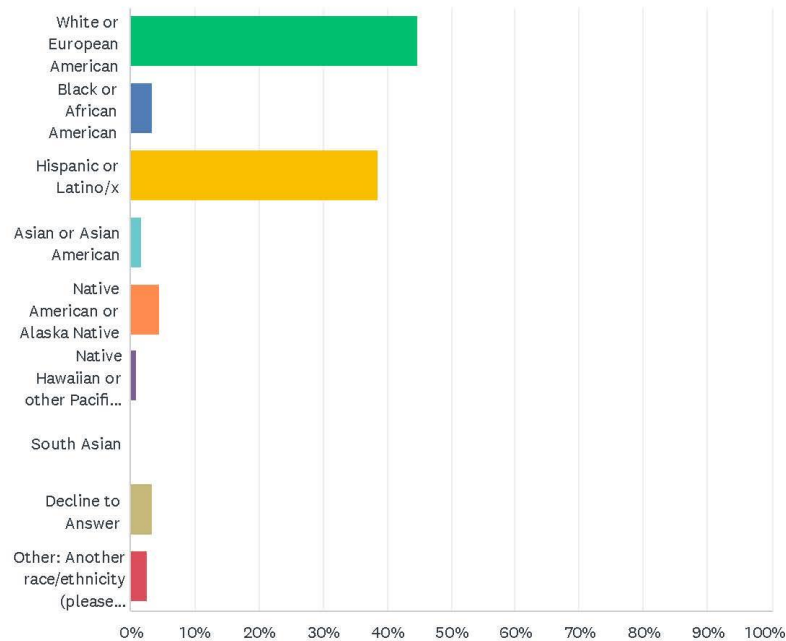
# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q15 What is your race/ethnicity?

Answered: 114 Skipped: 9



ANSWER CHOICES	RESPONSES	
White or European American	44.74%	51
Black or African American	3.51%	4
Hispanic or Latino/x	38.60%	44
Asian or Asian American	1.75%	2
Native American or Alaska Native	4.39%	5
Native Hawaiian or other Pacific Islander	0.88%	1
South Asian	0.00%	0
Decline to Answer	3.51%	4
Other: Another race/ethnicity (please specify)	2.63%	3
<b>TOTAL</b>		<b>114</b>

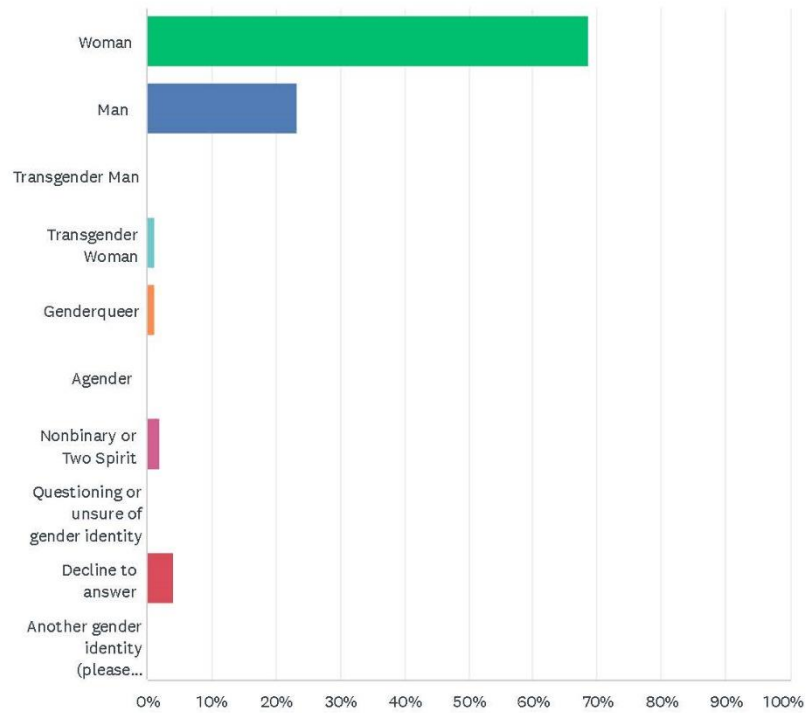
# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

MHSA Annual Update Survey, FY 25-26

### Q16 What is your gender identity?

Answered: 99 Skipped: 24



## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

MHSA Annual Update Survey, FY 25-26

ANSWER CHOICES	RESPONSES	
Woman	68.69%	68
Man	23.23%	23
Transgender Man	0.00%	0
Transgender Woman	1.01%	1
Genderqueer	1.01%	1
Agender	0.00%	0
Nonbinary or Two Spirit	2.02%	2
Questioning or unsure of gender identity	0.00%	0
Decline to answer	4.04%	4
Another gender identity (please specify)	0.00%	0
TOTAL		99

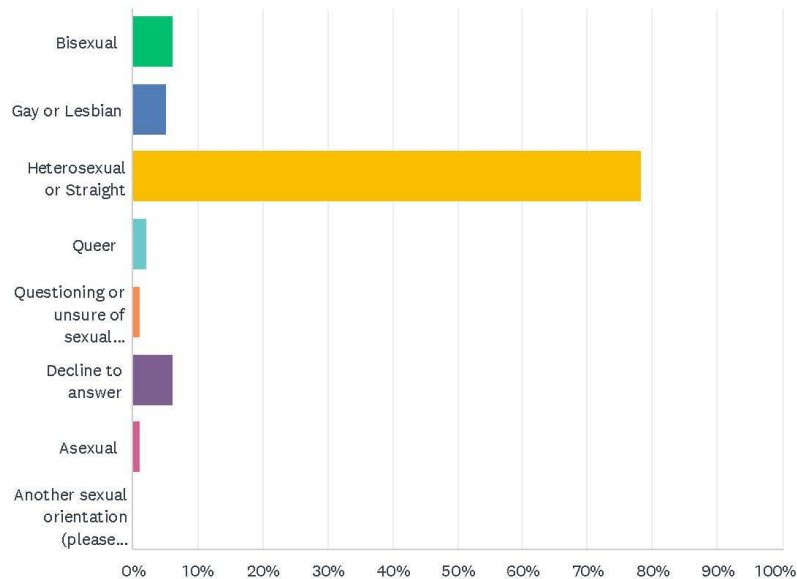
## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

MHSA Annual Update Survey, FY 25-26

#### Q17 What is your sexual orientation?

Answered: 97 Skipped: 26



ANSWER CHOICES	RESPONSES	
Bisexual	6.19%	6
Gay or Lesbian	5.15%	5
Heterosexual or Straight	78.35%	76
Queer	2.06%	2
Questioning or unsure of sexual orientation	1.03%	1
Decline to answer	6.19%	6
Asexual	1.03%	1
Another sexual orientation (please specify)	0.00%	0
TOTAL		97



## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

7. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. that were used to circulate, for the purpose of eliciting public comment on the draft Plan/Update to community stakeholders and any other interested party who requested a copy



Fri 4/11/2025 12:59 PM

Nakisa Shojaie

**Draft MHSA** Annual Update FY 25-26 Now Available for Public Comment

To

Hello **MHSA** Steering Committee Members!

The **Draft** Mental Health Services Act (**MHSA**) Annual Update for FY 25-26 has now posted on our website, under "Key Documents": [Mental Health Services Act | Santa Barbara County, CA - Official Website](#)

You can view and leave comments for both the **Plan** and the Appendices to the **Plan** until May 20<sup>th</sup>, 2025.

We will then bring the **Plan** to the Behavioral Wellness Commission for public comment on May 21<sup>st</sup>, 2025.

For any questions, please reach out to **MHSA** Manager Natalia Rossi at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)

Thank you!

Best,

Nakisa



Fri 4/11/2025 1:04 PM

Nakisa Shojaie

**Draft MHSA** Annual Update FY 25-26 Now Available for Public Comment

To

Dear Behavioral Wellness Team,

The **Draft** Mental Health Services Act (**MHSA**) Annual Update for FY 25-26 has now posted on our website, under "Key Documents": [Mental Health Services Act | Santa Barbara County, CA - Official Website](#)

You can view and leave comments for both the **Plan** and the Appendices to the **Plan** until May 20<sup>th</sup>, 2025.

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For any questions, please reach out to **MHSA** Manager Natalia Rossi at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)

Thank you!

Best,

Nakisa

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES



Fri 4/11/2025 1:08 PM

Nakisa Shojaie

Sharing **Draft MHSA** Annual Update to BWell Commission

To

Cc Natalia Rossi; Elise Ramacciotti

I hope you are doing well!

When you have a moment, could you please send an email to the Behavioral Wellness Commission on behalf of Natalia, that the **MHSA Plan** has been posted to our website and is available to view and comment on?

Below is the messaging we are using:

-----

Hello!

The **Draft** Mental Health Services Act (**MHSA**) Annual Update for FY 25-26 has now posted on our website, under "Key Documents": [Mental Health Services Act | Santa Barbara County, CA - Official Website](#)

You can view and leave comments for both the **Plan** and the Appendices to the **Plan** until May 20<sup>th</sup>, 2025.

We will then bring the **Plan** to the Behavioral Wellness Commission for public comment on May 21<sup>st</sup>, 2025.

For any questions, please reach out to **MHSA** Manager Natalia Rossi at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)

Thank you!

-----

Thank you so much, we appreciate it!

Best,

Nakisa

-----



Fri 4/11/2025 1:12 PM

Nakisa Shojaie

sharing **Draft MHSA** Annual Update to CBO Collab

To

Cc Natalia Rossi; Elise Ramacciotti

I hope you are doing well!

When you have a moment, could you please send an email to the CBO Collaborative list on behalf of **MHSA** Manager Natalia Rossi, that the **MHSA Plan** has been posted to our website and is available to view and comment on?

Below is the messaging we are using:

-----

Hello!

The **Draft** Mental Health Services Act (**MHSA**) Annual Update for FY 25-26 has now posted on our website, under "Key Documents": [Mental Health Services Act | Santa Barbara County, CA - Official Website](#)

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For any questions, please reach out to **MHSA** Manager Natalia Rossi at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)

Thank you!

-----

Thank you so much, we appreciate it!

Best,

Nakisa

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES



Mon 4/14/2025 8:34 AM

FayAnn Wooton-Raya

**Draft MHSA** Annual Update FY 25-26 Now Available for Public Comment

To

Cc Natalia Rossi; Elise Ramacciotti; Nakisa Shojaie

Hello!

The **Draft** Mental Health Services Act (**MHSA**) Annual Update for FY 25-26 has now posted on our website, under "Key Documents": [Mental Health Services Act | Santa Barbara County, CA - Official Website](#)

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For any questions, please reach out to **MHSA** Manager Natalia Rossi at [nrossi@sbcbswell.org](mailto:nrossi@sbcbswell.org)

Thank you!

Best,  
FayAnn



Fri 4/11/2025 12:55 PM

Nakisa Shojaie

**Draft MHSA** Annual Update FY 25-26 Now Available for Public Comment

To Natalia Rossi; FayAnn Wooton-Raya; Elise Ramacciotti

Hello!

The **Draft** Mental Health Services Act (**MHSA**) Annual Update for FY 25-26 has now posted on our website, under "Key Documents": [Mental Health Services Act | Santa Barbara County, CA - Official Website](#)

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Thank you!

Best,  
Nakisa

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES



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

Client & Family Resources +

HIPAA Privacy

Obtain Services

Obtain Your Medical Records

Mental Health Services Act

Patient Access and Provider Directory Application

Patients' Rights

Home › Departments › Behavioral Wellness › Services › Clients & Families › Mental Health Services Act

## Mental Health Services Act

To leave anonymous comments on the Draft MHSA Annual Update for FY 25-26, please [click here](#).

### Background

In November 2004 the voters of California passed Proposition 63, which imposed a 1% income tax on personal income in excess of \$1 million. The law, known as the Mental Health Services Act (MHSA), provides increased funding for mental health services. Additional information is available from the [California Department of Health Care Services](#) and the [Mental Health Services Oversight and Accountability Commission](#).

### Guiding Principles

MHSA programs and services are guided by five principles designed to transform the public mental health system of care:

- Community collaboration: individuals, families, agencies, and businesses work together to accomplish a shared vision.
- Cultural competence: adopting behaviors, attitudes, and policies that enable providers to work effectively in cross-cultural situations.
- Client- and family-driven system of care: adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- Focus on wellness, including recovery and resilience: people diagnosed with a mental illness are able to live, work, learn and participate fully in their communities.
- Integrated service experiences: services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

### Issue Resolution

If you are a stakeholder and wish to resolve an issue concerning an MHSA program, service or activity, view the [MHSA Issue Resolution page](#).

### Key Documents

- [Draft MHSA Annual Update 25-26 for public comment](#)
- [Draft Appendices-- Santa Barbara County MHSA Annual Update FY 25-26](#)
- [MHSA Revenue and Expenditure Report for FY 23-24](#)
- [Santa Barbara County MHSA Annual Update FY 24-25](#)
- [Appendices-- Santa Barbara County MHSA Annual Update FY 24-25](#)
- [MHSA FY 23 26 Final Plan](#)
- [Santa Barbara POC, Citations of Evidence of Correction](#)
- [Santa Barbara MHSA FY 23 26 Three Year Plan APPENDICES](#)
- [Help@Hand Annual Evaluation Report Year 4 + CalMHSA Memo](#)
- [Navigating the MHSA 3-Year Plan FY 2023-2026](#)
- [Amended MHSA On](#)

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES



### County of Santa Barbara

#### Behavioral Wellness Commission (BWC)

Department of Behavioral Wellness  
315 Camino Del Remedio, Bldg. 3,  
Santa Barbara, CA 93110  
TEL: (805) 681-5220 FAX: (805) 681-5262



#### Behavioral Wellness Commission (BWC) Meeting Agenda

##### Board of Supervisors

Roy Lee - 1<sup>st</sup> District  
Laura Capps - 2<sup>nd</sup> District  
Joan Hartmann - 3<sup>rd</sup> District  
Bob Nelson - 4<sup>th</sup> District  
Steve Lavagnino - 5<sup>th</sup> District

##### Officers

Chairperson  
Pamela Flynn Tambo - 3<sup>rd</sup> District

Vice Chairperson  
Patrina Jones - 3<sup>rd</sup> District

##### Members

VACANT - 1<sup>st</sup> District  
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E. Maria Valencia - 5<sup>th</sup> District  
Yvette Villa - 5<sup>th</sup> District  
VACANT - 5<sup>th</sup> District

##### Governing Board

Laura Capps - Member  
2<sup>nd</sup> District Supervisor

##### Program Administrator

Kristine Haugh

Web site:  
<http://countyofsb.org/behavioral-wellness>

The Santa Barbara County Behavioral Wellness Commission will meet in person from 3:00 p.m. to 5:00 p.m. on Wednesday, May 21, 2025, at the Direct Relief Conference Room located at 6100 Wallace Becknell Road, Santa Barbara, 93117 and until further notice otherwise, with videoconferencing in Santa Maria at the Santa Barbara County 4<sup>th</sup> District BOS Conference Room at 511 E. Lakeside Parkway, Santa Maria, CA 93455. The public are invited to observe and address the Commission in person, telephonically or electronically.

The public may observe the meeting online at Zoom.us by going to <https://sbcbwell.zoom.us/j/96809136417?pwd=IQIsSc0hO7irquvYW1DR1iUajmMXYa.1>. The Meeting ID is 983 5852 4519 and the passcode is 88520796. If you are unable to join the online meeting, you may also call in to (213) 338-8477 and when prompted, enter the Meeting ID 983 5852 4519 and the password 88520796. Persons desiring to address the meeting participants can use one of the options below:

1. **In Person** - Persons desiring to address the meeting participants in person can complete and deliver to the staff the form which is available at the room entrance prior to the commencement of this comment period. This is an opportunity for members of the public to speak on items that are not on the agenda for today's meeting. Times listed for agenda items are estimated only and may change depending on item discussions.
2. **Online via Zoom** - You may 'raise your hand' via a hand icon on your screen. The Chair will call on you, open your mic, and let you address the commission for up to 2 minutes.
3. **By phone** - If you would like to make a comment by phone, please call (805) 681-5232 before 2:30 p.m. the day of the meeting. The Chair will call on you, open your mic, and let you address the Commission for up to 2 minutes.
4. **Distribution to the Behavioral Wellness Commission** - Submit your comment via email, preferably limited to 250 words or less, to the Program Administrator at [khaugh@sbcbwell.org](mailto:khaugh@sbcbwell.org) prior to noon the day before the meeting. Your comment will be placed into the record and distributed appropriately. To assist staff in identifying the agenda item to which the comment relates, the public is encouraged to indicate the meeting date and agenda item or state "general comment" for items not on the day's agenda.
5. **Read into the record at the meeting** - Submit your comment via email, preferably limited to 250 words or less, to the Program Administrator at [khaugh@sbcbwell.org](mailto:khaugh@sbcbwell.org) prior to the start of the meeting. To assist staff in identifying the agenda item to which the comment relates, the public is encouraged to indicate the meeting date and agenda item or state "general comment" for public comment for items not on the day's agenda.

Individuals with disabilities who desire to request a reasonable accommodation or modification to observe or participate in the meeting may make such request by contacting Raquel Gularte at (805) 681-4742 or by sending an email to [khaugh@sbcbwell.org](mailto:khaugh@sbcbwell.org). The request should be made no later than noon on the day prior to the meeting in order to provide time for the County to address the request.

The Commission's rules on hearings and public comment remain applicable to each of the participation methods listed above. The Chair may set reasonable rules as needed to conduct the meeting in an orderly manner.

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES



### County of Santa Barbara

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Laura Capps - Member  
2<sup>nd</sup> District Supervisor

**Program Administrator**  
Kristine Haugh

**Web site:**  
<http://countyofsb.org/behavioral-wellness>

TIME	ITEM	PRESENTER
3:00 p.m.	<b>1. Call-to-Order and Conduct Roll-Call</b>	Pamela Flynt Tambo BWC Chair Kristine Haugh BWC Administration
3:01 p.m.	<b>2. Establish Quorum</b> a quorum shall be one person more than one-half the number of appointed members including the Board of Supervisors member or his/her designee.	Pamela Flynt Tambo BWC Chair Kristine Haugh BWC Administration
3:05 p.m.	<b>3. Welcome and Introductions:</b> chairperson asks for guest introductions.	Pamela Flynt Tambo BWC Chair
3:03 p.m.	<b>4. General Public Comment</b> (2 minutes per person) - members of the public can testify before the meeting participants on any matter not appearing on the agenda.  <b>Action:</b> No action.	
3:05 p.m.	<b>5. Chairperson Announcements</b>  - Public Hearing Overview/Review Agenda - Commission's Role in Public Hearing Overview  <b>Action:</b> No action.	Pamela Flynt Tambo BWC Chair
3:15 p.m.	<b>6. Mental Health Services Act (MHSA) Revenue Expenditure Report</b> (attachment 6&9a)  <b>Action:</b> No action.	Chris Ribeiro CFO, Dept. of Behavioral Wellness Josue Sanchez Fiscal Manager, Dept. of Behavioral Wellness Tor Hargens Cost Analyst, Fiscal Operations Dept. of Behavioral Wellness
3:35 p.m.	<b>7. Public Comment Regarding MHSA Revenue Expenditure Report</b> (3 minutes per person) - Members of the public can testify before the meeting participants on any matter pertaining to the MHSA Revenue Expenditure Report.  <b>Action:</b> No action.	Public
3:50 p.m.	<b>8. Commissioner Comments Regarding MHSA Revenue Expenditure Report</b> – Commissioners comments pertaining to the MHSA Revenue Expenditure Report.  <b>Action:</b> No action.	BWC Commissioners



# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES



## County of Santa Barbara Behavioral Wellness Commission (BWC) Department of Behavioral Wellness 315 Camino Del Remedio, Bldg. 3, Santa Barbara, CA 93110 TEL: (805) 681-5220 FAX: (805) 681-5262



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4:05 p.m.	<b>9. Mental Health Services Act (MHSA) Three Year Plan</b> <b>Fiscal Year 2023-2026 (attachment 6&amp;9a)</b> 1. Public Hearing Overview 2. Commission's Role and Legal Aspects 3. Fiscal Year 2023-26 Three-Year Plan Summary  <b>Action: No action.</b>	Natalia Rossi MHSA Manager  FayAnn Wooton-Raya Prevention & Early Intervention Health Care Coordinator MHSA  Nakisa Shojaie Dept. Business Specialist MHSA
4:30 p.m.	<b>10. Public Comment regarding MHSA Three Year Plan</b> (3 minutes per person) - Members of the public can testify before the meeting participants on any matter pertaining to the MHSA Plan Update.  <b>Action: No action.</b>	Public
4:45 p.m.	<b>11. Commissioner Comments Regarding MHSA Three Year Plan</b> - Commissioners comments pertaining to the MHSA Three Year Plan.  <b>Action: No action.</b>	BWC Commissioners
4:55 p.m.	<b>12. Commissioner Recommendations Regarding MHSA Three Year Plan</b> - Commissioners recommendations for changes to the MHSA Three Year Plan for the Board of Supervisors.  <b>Action: BWC to vote to add recommendations as substantive changes to accompany the MHSA Plan update to the Board of Supervisors.</b>	BWC Commissioners
5:00 p.m.	<b>13. Adjournment</b>	

"Writings that are a public record under Government Code § 54957.5(a) and that relate to an agenda item for open session of a regular meeting of the Behavioral Wellness Commission and that are distributed to the majority of the members of the Behavioral Wellness Commission less than 72 hours prior to that meeting shall be available for public inspection at the Santa Barbara County Administration Building at 105 E. Anapamu Street, 1<sup>st</sup> Floor in Santa Barbara, and also on the Behavioral Wellness website at: [www.countyofsb.org/behavioral-wellness](http://www.countyofsb.org/behavioral-wellness)

### Further Information Regarding Meetings:

**Meeting Procedures:** Members of the public are encouraged to attend and testify before the meeting participants on any matter appearing on the agenda.

**Correspondence:** to the Behavioral Wellness Commission regarding items appearing on the agenda should be directed to Raquel Gulate at [khaugh@sbcbswell.org](mailto:khaugh@sbcbswell.org). Please call (805) 681-4742 for directions to submit correspondence in a format other than email.

**The schedule:** of the Behavioral Wellness Commission, meeting agendas, supplemental hearing materials and minutes of the Board meetings are available on the Department of Behavioral Wellness website at [www.countyofsb.org/behavioral-wellness](http://www.countyofsb.org/behavioral-wellness).

**Disability Access:** Individuals with disabilities who desire to request a reasonable accommodation or modification,

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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Leonie Mattison - 2<sup>nd</sup> District

Pamela Flynt Tambo - 3<sup>rd</sup> District  
Patrina Jones - 3<sup>rd</sup> District  
Keith McLellan - 3<sup>rd</sup> District  
Oscar Rivera - 3<sup>rd</sup> District

James Halsell - 4<sup>th</sup> District  
Karen Draper - 4<sup>th</sup> District  
VACANT - 4<sup>th</sup> District  
VACANT - 4<sup>th</sup> District

Edward Lamberson - 5<sup>th</sup> District  
E. Maria Valencia - 5<sup>th</sup> District  
Yvette Villa - 5<sup>th</sup> District  
VACANT - 5<sup>th</sup> District

#### Governing Board

Laura Capps - Member  
2<sup>nd</sup> District Supervisor

#### Program Administrator

Kristine Haugh

Web site:  
<http://countyofsb.org/behavioral-wellness>

to observe or participate in the meeting may make such request by contacting Raquel Gularte at (805) 681-4742 or by sending an email to [khaugh@sbcbbwell.org](mailto:khaugh@sbcbbwell.org). The request should be made no later than noon on the day prior to the meeting in order to provide time for the County to address the request.

American Sign Language interpreters, Spanish language interpretation and sound enhancement equipment may be arranged by contacting Raquel Gularte at [khaugh@sbcbbwell.org](mailto:khaugh@sbcbbwell.org) by 4:00 p.m. three days prior to the meeting date.

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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#### 8. Documentation that demonstrates stakeholders provided input during the 30-Day Public Comment Period

##### **BWell Commission Meeting 5/21/2025: MHSA Draft Plan FY 25-26,**

##### **Public Comment and Commission Comment**

##### **Presented by MHSA Manager Natalia Rossi**

##### **Anonymous Public Comment Received:**

- TAY FSP lost their Communitify staff. Stating that these programs are now fully staffed by Bwell staff gives false information. We are covering utilizing staff that are assigned to other programs, such as WRR to try and fill the need. As it stands the FSP teams are not truly functioning in the way they should be after the loss of their caseworkers.

Response: The Department always strives to be completely transparent with the public. While staffing shortages may occur and are a normal part of providing behavioral health services, all TAY New Heights FSP clients are being fully served by BWell staff.

- I wanted to comment on the positive changes to the ACCESS line coverage and increased staffing. These changes have allowed increased collaboration and smooth warm handoffs to the managed care plan behavioral health team (CenCal Health) when a member's needs are in the mild-moderate range. Additionally, the added staff has allowed for a dedicated ACCESS staff to help coordinate and ensure closed loop referrals when a CenCal member is transitioning their behavioral health level of care. Thank you! Sarah Adams, LCSW @ CenCal health.

Response: Thank You for this feedback!

##### **MHSA Fiscal Portion:**

- No public comments
- Commissioner Comments:
  - Significant amount of carryover funds each year called reserves, how are they reflected in the budget??

Response: MHSA Manager shared where the excessive funds from previous year are in the budget and in the MHSA Plan.

- Which programs are going to be impacted with cuts as we enter FY 26-27?

Response: At this point, the Department is still creating a transition to BHSA Plan. This Plan will be shared with the public in Fall 2025. Final determinations of program impacts will be in the draft Integrated Plan which will then be presented for public comment.

##### **MHSA Annual Update Portion:**

- Public Comments:

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- Our materials are easy to understand

Response: Thank you!

- Can verify that the access line has improved significantly, kudos to our empathetic dispatchers

Response: This is wonderful feedback to hear!

- Comment from CenCal: The Masters in Social Work scholarship retention program is great; valuable to look at incentives for clinical supervisors as well. There are not enough Licensed Clinical Social Workers (LCSWs), cash incentives for clinical supervision would be helpful

Response: We will look into this suggestion for next year.

- Curious about policy effects on DEI initiatives and programs getting cut

Response: Director Navarro clarified that cuts will not impact the 25-26 Draft Plan. BHSA WET funds will become managed at the State level, we will see how it is realigned

- Commissioner Comments:
  - Not seeing programming for African Americans but seeing Latinx specific programs/ Young professionals dying by suicide in the community/ Faith community a potential pathway to engaging the African American community/ Hispanic parents with African American children requiring support
- Response: Chief of Strategy and Community Engagement Suzanne Grimmesey shared that our penetration and suicide rates helped inform our program planning and we are always wanting to hear how we can help communities in times of need. Chief asked for ways to provide more outreach to African-American communities.

- Does the Access line data involve unique cases for the calls, or multiple?

Response: Access line data does not track if multiple calls are originating from one caller, only the unique number of calls, the type of call and the response.

- What issues are causing the number of people calling to increase?

Response: Not necessarily an increase of challenges, but as we are more active in promoting the access line, more individuals are calling the access line and receiving care. This may be in response to increased advertising of Access Line in the Community, as stated in the presentation.

- Presentation is well put together

Response: Thank you!

- Like that there are Certified peer specialists on access line
- Could you also implement a survey after someone calls the access line to monitor quality assurance?

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Response: this is an excellent suggestion, while we really can't ask someone to complete a survey if they are having a mental health or substance use crisis, there may be a lot of ways in which we could track customer satisfaction after using the Access Line, we will investigate this.

- Can we view the Crisis data separated out by co-response and non-co-response?

Response: this is available in the MHSA Plan for the previous fiscal year: 2023-24.

Does the Crisis data indicate the calls that were direct to 911?

Response: We can only track calls where BWell is involved. Crisis data covers law enforcement involvement at any point/stage of the process where BWell is also involved

- Significant shortage of psychiatric beds in the CSU? Is it MHSA funded?

Response: MHSA cannot be used for inpatient psychiatric beds. Assistant Director of Housing and Crisis Services Laura Zeitz clarified that there is not currently a shortage, will bring back data on improvements with increased psych beds availability. Director Navarro pointed out that the data we shared with a decrease in 5150 holds shows that there is less overall need to bring people into intensive inpatient care because the Department is managing to deescalate through prompt crisis interventions.

- Motion approved to recommend the approval of the Plan to the Board of Supervisors

#### **2025-2026 Commissioner Written Comments for MHSA Plan:**

Mental/Behavioral Health Leaders

Santa Barbara County has been under scrutiny regarding various department services in question. This ranges from the Sheriff's department to the local ERs and urgent care to the ambulatory usages in place. I have found that the focus has been securing contracts, and each department places an open concern for job security and lawsuits instead of focusing on what matters most. HUMAN lives. Some departments have even taken recommendations as "unwarranted," and this is about the loss of life and how it was found to be in some connection to local services. I'm recommending that our local Mental health/Behavioral health leaders take the time and money out of these millions of dollars to look into the details of how these overlooked/omitted practices such as in custody deaths and deaths based on unverified cultural assumptions can be prevented, Our local leaders hold the keys to the beginning of how our county can address and implement better practices in prevention of paying the ultimate price.

Commissioner Yvette Villa

Response: The Department takes the Commissioners recommendations seriously and will look into this matter further. However, there was not a recommendation for changes to a specific MHSA program, and the matters the Commissioner wants addressed do not fall within MHSA regulations. The Commission determined to table this issue, look into the Commissioner's recommendations and then determine what actions to recommend the Department take. There was no motion to vote on Commissioner's recommendations.

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

### **2025-2026 Commissioner Substantive Recommendations for MHSA Plan:**

The Commissioners voted to recommend approval of the Plan by the Board of Supervisors.

11 Yays 0 Nays 0 Abstains



## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

9. Documentation of the Public Hearing conducted by the County Behavioral Health Advisory Board (BHAB) or Commission

To be completed after the Commission meeting on May 21<sup>st</sup>, 2025.



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10. Documentation of the adoption of the Plan or Update by the County Board of Supervisors such as Board Resolution or Minute Order

## APPENDICES

### Community Services and Supports and Prevention and Early Intervention FY 23-24 Data and Program Outcomes

#### Program Updates

*Program Performance.* The *Program Performance* tables in this appendix show the demographics of the clients served by each program, unique by region. If a client was admitted to the same program in two or three regions, they are counted once in each region. If a client has two admissions to the same program in the same region, they are counted once in that region.

*Client Outcomes.* The *Client Outcomes* table displays the percent of unique clients who experienced a higher level of care during an admission to the program. The source of incarceration data is the Santa Barbara Jail and therefore only includes adults; clients were matched from the county electronic health record to the jail roster. The source of psychiatric inpatient data and crisis services data is the electronic health record. For programs in which juvenile hall data is included, the source is quarterly reports and the percentage is an average across four quarters.

*Quarterly Reports.* Some outcomes are also tracked and reported quarterly by the program. The percentages included in this report reflect the average percent across four quarters of data. These metrics include: physical health hospitalization, physical health emergency care, stable/permanent housing, engagement in purposeful activities, and level of care at discharge. Additionally, youth programs report on out-of-primary-home placement and stays in juvenile hall.

*MORS.* Client MORS scores are recorded at least every six months (monthly for FSP programs). MORS scores are compared from initial to six months, and six to twelve month. For both time periods, both the % of clients with an improved MORS score and the % of clients with a stable MORS score are provided.

*CANS.* Due to a state mandated change, Santa Barbara County began using a new version of the CANS (CANS-50) in July 2018. In addition to changing items and domains, the CANS age range was extended to age 20. This means that more TAY-aged clients now receive a CANS. *Cultural Factors* is a new 3-item domain. We did not present *Caregiver Resources and Needs* for these analyses because caregivers that are entered in the Caregiver A section often change across timepoints and are not currently tracked to allow for a matched comparison. The CANS data provided shows the percent change in the average number of *actionable needs* within a particular domain. On each item in the CANS, clients are rated a 0-3 on a Likert scale, with higher ratings indicating more serious problems, and a rating of 2 or 3 on an item to be considered an *actionable need*: 0 = no evidence; 1 = history or suspicion, monitor; 2 = interferes with functioning, action needed; 3 = disabling, dangerous; immediate or intensive action needed. For example: at intake, the clients in a program had an average of three actionable needs per client in the 11-item *Life Functioning* domain. At six months, that matched group has an average of two actionable needs per client. This difference corresponds to a 33.3% decrease in their number of actionable needs in that domain. This method of analysis is more meaningful when there are more items in the domains and ratings are more normally distributed. Some scales, such as Cultural Factors, experience large percent differences because the average number of actionable needs are so low that the average actionable needs have positive skew and a floor effect; in other words, it is rare for many clients to be rated as having actionable needs in the *Cultural Factors* domain.

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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### Community Services and Supports (CSS)

#### Crisis Services

	Count
<b>Total</b>	<b>1802</b>
<b>Crisis Evaluations per Quarter</b>	
Q1	507
Q2	452
Q3	438
Q4	405

*Note: Crisis Evaluations (including 5150/5585 holds) conducted by Behavioral Wellness clinicians were only included in the overall analysis. Fifty-five evaluations were excluded from the overall analysis because of missing/inaccurate entries of client information or call date/hold written date, or because they were duplicate records.*

	n	%
	<b>1802</b>	<b>100%</b>
<b>Location of Evaluation</b>		
Community Mental Health Center/Outpatient Clinic	30	2%
Skilled Nursing/Assisted Living Facility	30	2%
Homeless/Emergency Shelter	11	1%
School	7	<1%
Community	507	28%
Emergency Department – Hospital	533	29%
Group Home	18	1%
Home	356	20%
Office/Employer	35	2%
Prison/Correctional Facility	190	11%
Residential and Non-residential Substance Abuse Treatment Facility	9	1%
Inpatient Hospital	30	2%
Telephone (Audio Only)	25	1%
Other	5	<1%
Unknown/Not Reported	16	1%

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	n	%
	1802	100%
<b>Disposition of Crisis Evaluation</b>		
5150/5585	1099	61%
Arrest	19	1%
Info Only	42	2%
Referral	80	4%
Safety Plan	351	20%
Other	199	11%
Unknown/Not Reported	12	1%

Wellness Centers – THMA and MWC

	North		South		West	
Activities	Wellness Center	Family Advocate	Wellness Center	Family Advocate	Wellness Center	Family Advocate
Client Visits	3578	1322	16816	1021	2648	664
Unduplicated Clients	679	463	935	397	505	183
Outreach Events	8	84	19	*	9	17
Outreach Event Attendees	987	2023	0	*	265	613
Computer Classes	54	*	95	*	28	*
Client Visits to Computer Labs	360	*	1114	*	363	*
Classes	*	312	*	*	*	115
Digital Literacy Events Hosted	*	*	89	*	*	*
Consumer/Family Member Trainings	*	*	*	46	*	*
Support Group Meetings	126	96	339	*	216	81
Outings, Educations Events	39	*	10	*	62	*
Unique Clients Provided Services in Spanish	*	299	*	39	*	89
Tech Suite Groups	*	*	591	*	*	*
Links to Additional Services	347	429	24	202	140	164

\* = not reported, not applicable, or not recorded

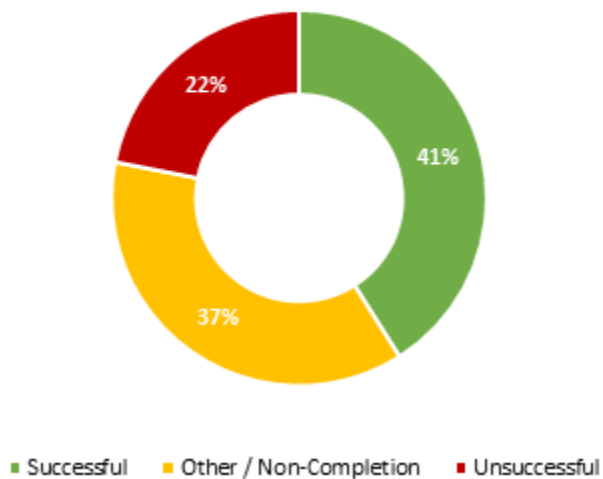


# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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### Homeless Outreach Services – Behavioral Wellness, Good Samaritan

**Discharge Status - Homeless Outreach Services**



	n	%
	351*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>144</b>	<b>41%</b>
Services no longer needed	22	6%
Successful completion	11	3%
Transfer to higher level of care	13	4%
Transfer to lower level of care	47	13%
Transferred to a different program	51	15%
<b>Other / Non-Completion</b>	<b>130</b>	<b>37%</b>
Administrative discharge	37	11%
Client not appropriate for treatment	7	2%
Deceased	8	2%
Incarcerated	0	0%
Moved out of area	9	3%
Never engaged in services	69	20%
<b>Unsuccessful</b>	<b>77</b>	<b>22%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	75	21%
Involuntary discharge	2	1%

\*Missing 228 responses

n	%
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Crisis Intervention		
Crisis Evaluation	89	10%
Psychiatric Hospitalization	13	1%

#### Children's Wellness, Recovery and Resiliency (WRR) Teams: Behavioral Wellness

	n	%
Crisis Intervention		
Crisis Evaluation	200	16%
Psychiatric Hospitalization	7	<1%

#### Adult Wellness, Recovery, and Resilience (WRR) Teams - Behavioral Wellness

Note: Effective March 1, 2024, the Medical Integration/Older Adult (MIOA) and Co-Occurring Disorders (COD) programs were merged with our Adult Outpatient Wellness, Recovery and Resiliency programs.

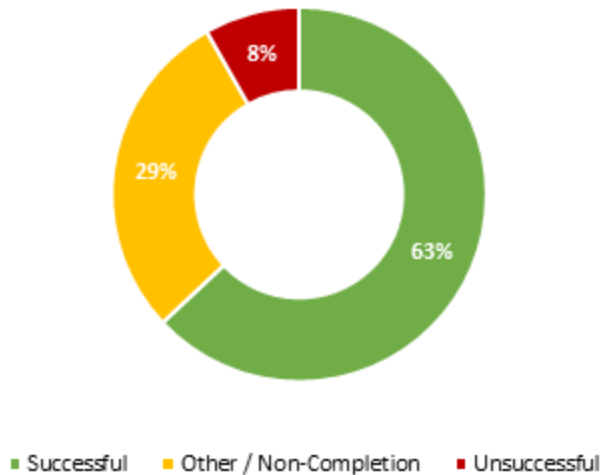
	n	%
Crisis Intervention		
Crisis Evaluation	163	9%
Psychiatric Hospitalization	24	1%

#### Pathways to Well Being (Formerly "HOPE" Program: CALM, Family Service Agency)

	FSA (North)	CALM (South/West)
Performance Outcomes	% Average per quarter	
Incarcerated / Juvenile all	0%	0%
Acute Psychiatric Inpatient Care	0%	0%
Stable/Permanent Housing	100%	100%
Purposeful Activity (employed, school, volunteer)	99%	99%
Discharged to Higher Level of Care	0%	7%
Discharged to Lower Level of Care	94%	93%
New Out-Of-Primary Home Placements	1%	0%

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**Discharge Status - Pathways to Wellbeing**



	n	%
	73*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>46</b>	<b>63%</b>
Services no longer needed	1	1%
Successful completion	32	44%
Transfer to higher level of care	6	8%
Transfer to lower level of care	3	4%
Transferred to a different program	4	5%
<b>Other / Non-Completion</b>	<b>21</b>	<b>29%</b>
Administrative discharge	10	14%
Client not appropriate for treatment	1	1%
Deceased	0	0%
Incarcerated	0	0%
Moved out of area	9	12%
Never engaged in services	1	1%
<b>Unsuccessful</b>	<b>6</b>	<b>8%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	6	8%
Involuntary discharge	0	0%

\*Missing 17 responses

	n	%
<b>Crisis Intervention</b>		
Crisis Evaluation	4	4%
Psychiatric Hospitalization	0	0%

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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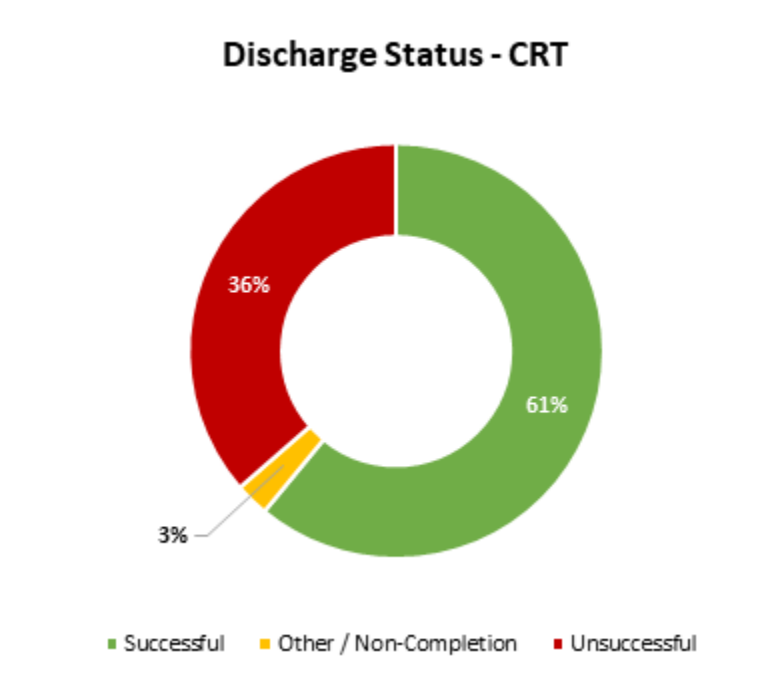
Crisis Residential Services North/South  
Dignity Health  
Behavioral Wellness

	n	%
	240	100%
<b>Unique Clients</b>		
Clients with one admission	197	82.1%
Clients with multiple admissions	43	17.9%

	Mean (Avg)	Median
<b>CRT Facility</b>		
<b>Length of Stay (Days)*</b>		
Telecare Agnes Ave (n=84)	34.1	31
Telecare Carmen Lane (n=127)	28.9	17
Crestwood Santa Barbara (n=94)	21.5	18

*Note: Admissions without discharge dates were excluded from the calculation of average length of stay. \*\*If the mean is higher than the median, it suggests that the data is positively skewed, meaning there are higher values (outliers) pulling the mean upwards. In such cases, the median may be a better representation of the "middle" value.*



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	n	%
	228*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>139</b>	<b>61%</b>
Services no longer needed	30	13%
Successful completion	81	36%
Transfer to higher level of care	8	4%
Transfer to lower level of care	1	<1%
Transferred to a different program	19	8%
<b>Unable to Serve</b>	<b>6</b>	<b>3%</b>
Administrative discharge	5	2%
Client not appropriate for treatment	0	0%
Deceased	0	0%
Incarcerated	0	0%
Moved out of area	0	0%
Never engaged in services	1	<1%
<b>Unsuccessful</b>	<b>83</b>	<b>36%</b>
Discharged against medical advice	45	20%
Disengaged from services/Non-compliant with treatment	37	16%
Involuntary discharge	1	<1%

\*Missing 105 responses

### Adult Housing Support Services – PathPoint, MWC

	Mountain House	Phoenix House	Polly's House	Psynerg y	Artisan Court	Bradley Studios	El Carrillo
<b>Performance Outcomes</b>	<b>% Average per Quarter</b>						
Incarcerated	2%	0%	0%	0%		0%	
Acute Psychiatric Inpatient Care	3%	5%	7%	6%		3%	
Emergency Care for Physical Health	13%	5%	14%	2%		10%	
Hospitalized for Physical Health	5%	2%	5%	1%		5%	
Stable/Permanent Housing	93%	95%	100%	-		100%	
Incidents Requiring a Higher Level of Supervision	-	-	-	6%		-	

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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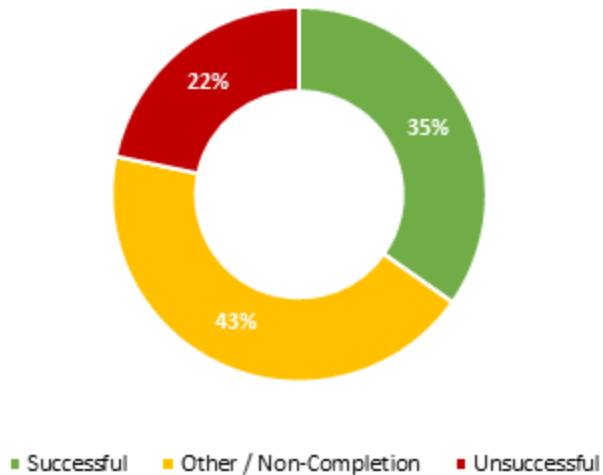
Purposeful Activity (employed, school, volunteer)	55%	71%	40%	-	33%
Discharged to Higher Level of Care	67%	100%	100%	27%	0%
Discharged to Lower Level of Care	17%	0%	0%	65%	100%

	Homekey	West Cox	Depot	Casa Juana Maria	Alameda House	CG House
Performance Outcomes	% Average per Quarter					
Incarcerated	0%	5%	1%	0%	0%	0%
Acute Psychiatric Inpatient Care	0%	5%	0%	4%	4%	4%
Emergency Care for Physical Health	0%	13%	11%	15%	4%	0%
Hospitalized for Physical Health	0%	4%	6%	8%	4%	0%
Stable/Permanent Housing	100%	96%	99%	100%	100%	100%
Incidents Requiring a Higher Level of Supervision	-	-	-	-	-	-
Purposeful Activity (employed, school, volunteer)	65%	93%	81%	32%	33%	29%
Discharged to Higher Level of Care	0%	33%	0%	50%	0%	50%
Discharged to Lower Level of Care	0%	0%	0%	0%	0%	0%



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**Discharge Status - Adult Housing Support**



	n	%
	23*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>8</b>	<b>35%</b>
Services no longer needed	1	4%
Successful completion	0	0%
Transfer to higher level of care	4	7%
Transfer to lower level of care	1	4%
Transferred to a different program	2	9%
<b>Other / Non-Completion</b>	<b>10</b>	<b>43%</b>
Administrative discharge	5	22%
Client not appropriate for treatment	0	0%
Deceased	2	9%
Incarcerated	0	0%
Moved out of area	2	9%
Never engaged in services	1	4%
<b>Unsuccessful</b>	<b>5</b>	<b>22%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	4	17%
Involuntary discharge	1	4%

\*Missing 11 responses

	n	%
<b>Crisis Intervention</b>		
Crisis Evaluation	11	11%
Psychiatric Hospitalization	3	3%

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#### Full Service Partnerships (FSPs)

Assertive Community Treatment (ACT): Santa Barbara, Lompoc and Santa Maria

*Lompoc ACT FSP – Transitions Mental Health Association*

*Santa Maria ACT FSP – Telecare*

*Santa Barbara ACT FSP – Behavioral Wellness*

#### Performance Outcomes

	North	South	West*
Performance Outcomes	% Average Quarterly		
Incarcerated	3%	2%	5%
Acute Psychiatric Inpatient Care	8%	6%	8%
Emergency Care for Physical Health	5%	4%	3%
Hospitalized for Physical Health	3%	5%	3%
Stable/Permanent Housing	92%	94%	92%
Purposeful Activity (employed, school, volunteer)	43%	-	26%
Discharged to Higher Level of Care	29%	12%	0%
Discharged to Lower Level of Care	19%	17%	0%

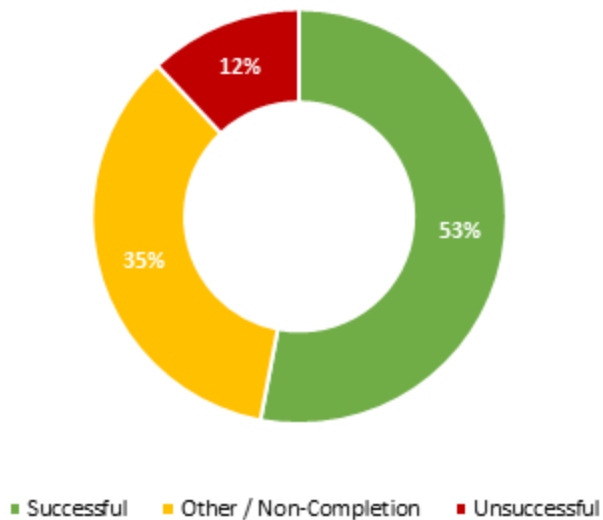
\*Only includes Q1-2

	McMillan Ranch
Performance Outcomes	% Average Quarterly
Incarcerated	0%
Acute Psychiatric Inpatient Care	3%
Emergency Care for Physical Health	14%
Hospitalized for Physical Health	0%
Stable/Permanent Housing	95%
Purposeful Activity (employed, school, volunteer)	100%
Discharged to Higher Level of Care	41%
Discharged to Lower Level of Care	63%

#### Discharge Status

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**Discharge Status - FSP2**



	n	%
	86*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>47</b>	<b>53%</b>
Services no longer needed	4	5%
Successful completion	1	1%
Transfer to higher level of care	13	15%
Transfer to lower level of care	25	29%
Transferred to a different program	4	3%
<b>Other / Non-Completion</b>	<b>30</b>	<b>35%</b>
Administrative discharge	2	2%
Client not appropriate for treatment	0	0%
Deceased	10	12%
Incarcerated	1	1%
Moved out of area	17	20%
Never engaged in services	0	0%

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<b>Unsuccessful</b>	<b>10</b>	<b>12%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	10	12%
Involuntary discharge	0	0%

*\*Missing 63 responses*

	All Regions	North	South	West (Merakey)	West (TMHA)
<b>Total Admissions</b>	<b>393</b>	<b>117</b>	<b>120</b>	<b>91</b>	<b>65</b>
<b>Crisis Intervention</b>	<b>% of total admissions</b>				
Crisis Evaluation	24%	37%	18%	26%	11%
Psychiatric Hospitalization	6%	6%	8%	9%	0%

### Supported Community Services FSP: PathPoint in Santa Barbara and Transitions Mental Health Association in Santa Maria

*Supported Community Services South (Santa Barbara) – PathPoint*

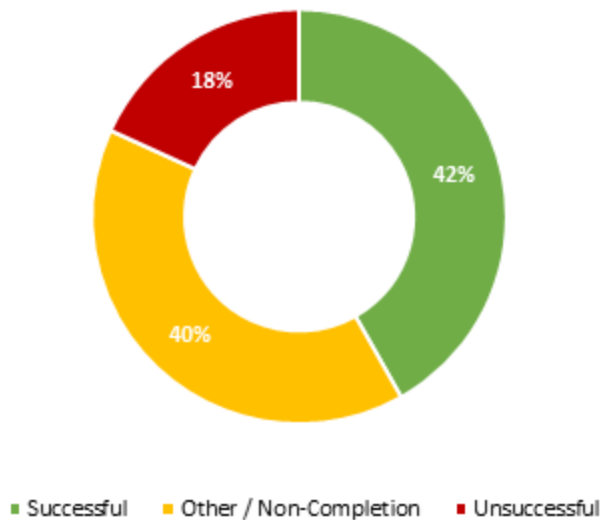
*Supported Community Services North (Santa Maria) – Transitions Mental Health Association*

### Performance Outcomes

	North	South
<b>Performance Outcomes</b>	<b>% Average per quarter</b>	
Incarcerated	0%	1%
Acute Psychiatric Inpatient Care	4%	1%
Emergency Care for Physical Health	8%	4%
Hospitalized for Physical Health	3%	5%
Stable/Permanent Housing	93%	95%
Purposeful Activity (employed, school, volunteer)	47%	19%
Discharged to Higher Level of Care	30%	6%
Discharged to Lower Level of Care	70%	31%

Note: Effective May 2024, the West Merakey clients were transferred to West TMHA.

**Discharge Status - FSP1 SCS**



	n	%
	55*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>23</b>	<b>42%</b>
Services no longer needed	1	2%
Successful completion	0	0%
Transfer to higher level of care	8	15%
Transfer to lower level of care	13	24%
Transferred to a different program	1	2%
<b>Other / Non-Completion</b>	<b>22</b>	<b>40%</b>
Administrative discharge	0	0%
Client not appropriate for treatment	0	0%
Deceased	8	15%
Incarcerated	3	5%
Moved out of area	10	19%
Never engaged in services	1	2%
<b>Unsuccessful</b>	<b>10</b>	<b>18%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	10	18%
Involuntary discharge	0	0%

\*Missing 3 responses

	North	South
<b>Total Admissions</b>	<b>85</b>	<b>129</b>
<b>% of total admissions</b>		
Crisis Intervention	16%	10%
Psychiatric Hospitalization	0%	2%

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

#### FSP New Heights (General System Development) – Behavioral Wellness & CommUnify

Performance Outcomes	North	South	West
Performance Outcomes	% Average per quarter		
Incarcerated	3%	2%	0%
Acute Psychiatric Inpatient Care	8%	9%	1%
Stable/Permanent Housing	98%	91%	79%
Purposeful Activity (employed, school, volunteer)	76%	53%	37%
Discharged to Higher Level of Care	32%	11%	20%
Discharged to Lower Level of Care	68%	89%	80%
New Out-Of-Primary Home Placements	1%	0%	0%

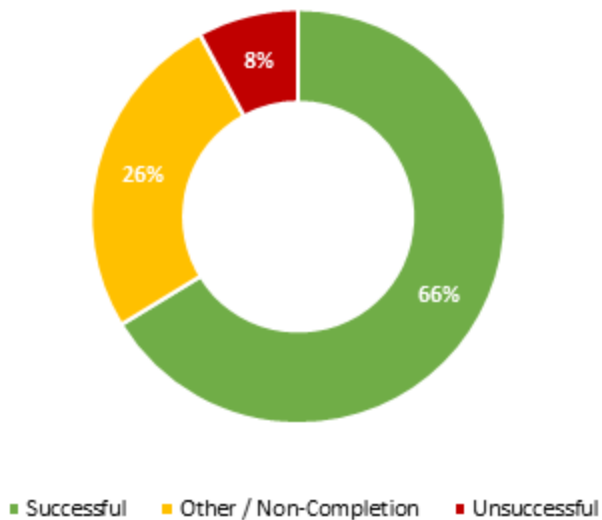
	n	%
Crisis Intervention		
Crisis Evaluation	42	19%
Psychiatric Hospitalization	3	1%

#### SPIRIT FSP Wraparound Services (SPIRIT) – Behavioral Wellness/CALM

##### Performance Outcomes

	All Regions
Performance Outcomes	% Average per quarter
Incarcerated/Juvenile Hall	0%
Acute Psychiatric Inpatient Care	0%
Stable/Permanent Housing	100%
Purposeful Activity (employed, school, volunteer)	99%
Discharged to Higher Level of Care	5%
Discharged to Lower Level of Care	95%
New Out-Of-Primary Home Placements	0%

**Discharge Status - FSP SPIRIT**



	n	%
	89*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>59</b>	<b>66%</b>
Services no longer needed	2	2%
Successful completion	15	17%
Transfer to higher level of care	4	4%
Transfer to lower level of care	24	27%
Transferred to a different program	14	16%
<b>Other / Non-Completion</b>	<b>23</b>	<b>26%</b>
Administrative discharge	17	19 %
Client not appropriate for treatment	1	1%
Deceased	0	0%
Incarcerated	2	2 %
Moved out of area	3	3%
Never engaged in services	0	0%
<b>Unsuccessful</b>	<b>7</b>	<b>8%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	7	8%
Involuntary discharge	0	0%

\*Missing 48 responses

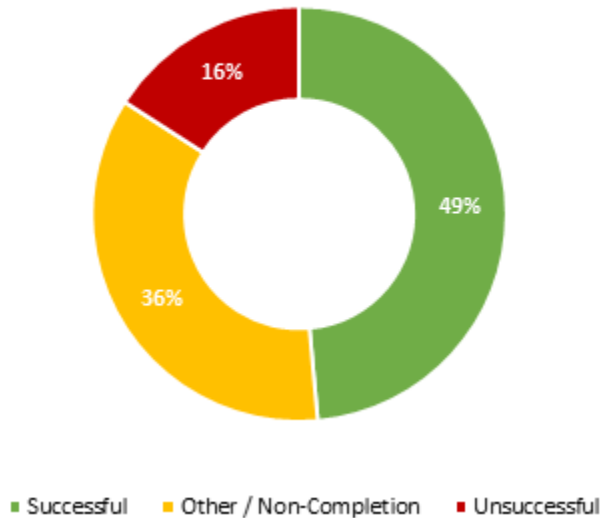
	n	%
<b>Crisis Intervention</b>		
Crisis Evaluation	48	33%
Psychiatric Hospitalization	2	1%



## APPENDICES

Forensic FSP Justice Alliance

### Discharge Status - Justice Alliance



	n	%
	245*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>119</b>	<b>49%</b>
Services no longer needed	15	6%
Successful completion	2	1%
Transfer to higher level of care	26	11%
Transfer to lower level of care	23	9%
Transferred to a different program	53	22%
<b>Other / Non-Completion</b>	<b>87</b>	<b>35%</b>
Administrative discharge	8	3%
Client not appropriate for treatment	23	9%
Deceased	1	<1%
Incarcerated	17	7%
Moved out of area	18	7%
Never engaged in services	20	8%
<b>Unsuccessful</b>	<b>39</b>	<b>16%</b>
Discharged against medical advice	2	1%
Disengaged from services/Non-compliant with treatment	37	15%
Involuntary discharge	0	0%

\*Missing 139 responses

n %

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

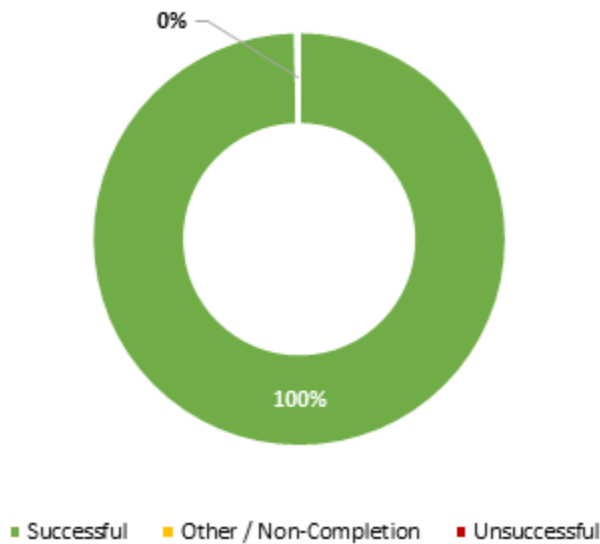
Crisis Intervention		
Crisis Evaluation	70	49%
Psychiatric Hospitalization	23	5%

Crisis Stabilization Unit South- Santa Maria (Dignity Health/Marian)

		North
Performance Outcomes		% Average per quarter
Discharged to Higher Level		39%
Discharged to Lower Level		61%
Referrals to Substance Use Disorder or Mental Health Treatment Services		59%
Referrals to Other Services (vets, food distribution, clothing, personal/grooming, household goods, local transportation, educational support services)		49%

Note: The CSU from North County started serving clients in FY 24/25

### Discharge Status - CSU



	n	%
	437*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>436</b>	<b>100%</b>
Services no longer needed	0	0%
Successful completion	268	61%
Transfer to higher level of care	117	27%
Transfer to lower level of care	1	<1%
Transferred to a different program	50	11%
<b>Other / Non-Completion</b>	<b>1</b>	<b>&lt;1%</b>

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

Administrative discharge	0	0%
Client not appropriate for treatment	0	0%
Deceased	0	0%
Incarcerated	0	0%
Moved out of area	0	0%
Never engaged in services	1	<1%
<b>Unsuccessful</b>	<b>0</b>	<b>0%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	0	0%
Involuntary discharge	0	0%

*\*Missing 37 responses*

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

### Prevention and Early Intervention (PEI)

MHSA Category	PROGRAM	PROVIDER
Innovations	Help@Hand	Department of Behavioral Wellness (BWELL)
Innovations	HART	Department of Behavioral Wellness (BWELL)
Outreach for Increasing Recognition of Early Signs of Mental Illness	Mental Health Educators	Santa Ynez Tribal Health Clinic (SYTHC)
	Mental Health Educators	Community Health Centers of the Central Coast (CHCCC)
Prevention	Early Childhood Mental Health (ECMH)	Child Abuse Listening & Mediation (CALM)
	Early Childhood Mental Health (ECMH)	Santa Ynez Valley People Helping People (SYVPHP)
Early Intervention	Early Childhood Specialty Mental Health (ECSMH)	Child Abuse Listening & Mediation (CALM)
	Early Detection & Intervention for Transitional Age Youth (EDI TAY)	Department of Behavioral Wellness (BWELL)
	START	Council on Alcoholism & Drug Abuse (CADA)
	START	Family Services Agency (FSA)
	School-based Counseling	Family Services Agency (FSA)
Access & Linkage to Services	Crisis Services for Youth (SAFTY)	Casa Pacifica (CP)
	Access and Assessment (A&A)	Department of Behavioral Wellness (BWELL)

Outreach for Increasing Recognition of Early Signs of Mental Illness:

Provider: Community Health Centers of the Central Coast, Resilience Institute

	RI*	CHCCC
<b>Program Activities</b>		
<b>Activity Overview</b>		
Total # Events	32	127
Total # Participants	958	22406
Total # Families Served	134	4906
<b>Program Participation Overview</b>		
Total # Participants (unique)	49	161
<b>Activity Type</b>		
Outreach	8	29
Training	2	12
Forum	1	28
Support Group	21	58

\*Contract began in Q4

Provider: Youth Well, Youth Advisory Board (YAB), Youth Linkages Network (YLN)

YAB

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

Program Activities	
Activity Overview	
Total # Activities	69
Total # Participants	367
Total # Families Served	0
Program Participation Overview	
Total # Participants (unique)	30
Total # Trained in Mental Health First Aid	30
Total # Certified in Mental Health First Aid	30
Activity Type	
Outreach	0
Training	7
Forum	1
Support Group	1

	YLN
Program Activities	
Activity Overview	
Total # Activities	47
Total # Participants	5241
Total # Families Served	1108
Activity Type	
Outreach	37
Training	2
Forum	7
Support Group	0

### Prevention: Early Childhood Mental Health (ECMH) – CALM

	CALM
Performance Outcomes	% Average per quarter
Stable/Permanent Housing	100%
Purposeful Activity (employed, school, volunteer)	100%
Discharged to Higher Level of Care	0%
Discharged to Lower Level of Care	100%
New Out-Of-Primary Home Placements	0%

	n	%
Crisis Intervention		
Crisis Evaluation	1	1%
Psychiatric Hospitalization	0	0%

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

Program: Mental Health Education: Santa Ynez Tribal Health Clinic

	SYTHC
<b>Program Activities</b>	
<b>Activity Overview</b>	
Total # Activities	121
Total # Participants	4625
Total # Families Served	1214
<b>Program Participation Overview</b>	
Total # Participants (unique)	287
<b>Activity Type</b>	
Outreach	18
Training	14
Forum	16
Support Group	72

Program: Growing Grounds - THMA

	THMA
<b>Program Activities</b>	
<b>Activity Overview</b>	
Total # Activities	109
Total # Event Participants (duplicated)	7843
Total # Families Served (duplicated)	721
<b>Program Participation Overview</b>	
Total # Training Cohort Participants (unique)	53
Total # Individuals Trained in Vocational Planning	135
Total # Individuals Referred for Job Development (unique)	40
Total # Individuals Who Obtained Employment (unique)	16
<b>Activity Type</b>	
<b>Training</b>	-
Vocational Training	57
<b>Forum</b>	-
Meetings with community leaders (including Horticultural workshops)	52
<b>Pre/post Job Training</b>	-
% surveys completed	62%

Program: Peer and Parent Partners in Wellness and Recovery – MWC

	MWC
<b>Program Activities</b>	
<b>Activity Overview</b>	
Total # Activities	463
Total # Participants	2476
Total # Families Served	1851
<b>Program Participation Overview</b>	

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

Total # Participants (unique)	18
<b>Activity Type</b>	
Outreach	56
Training	112
Forum	108
Support Group	187

#### Program: Wellness Promotion for Seniors – FSA

	<b>FSA</b>
<b>Program Activities</b>	
<b>Activity Overview</b>	
Total # Activities	99
Total # Participants	308
Total # Families Served	302
<b>Activity Type</b>	
Outreach	65
Training	2
Forum	32
Support Group	0

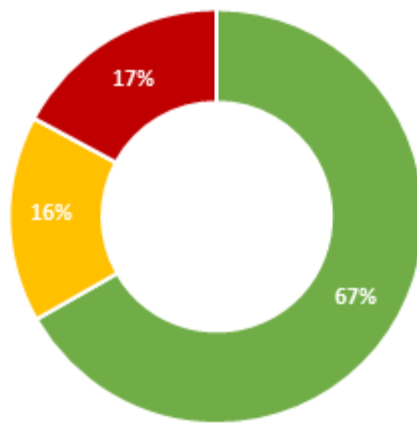
#### Early Intervention: Early Childhood Specialty Mental Health (ECSMH) – CALM

	<b>CALM</b>
<b>Performance Outcomes</b>	<b>% Average per quarter</b>
Stable/Permanent Housing	100%
Purposeful Activity (employed, school, volunteer)	100%
Discharged to Higher Level of Care	1%
Discharged to Lower Level of Care	23
New Out-Of-Primary Home Placements	0



Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26  
APPENDICES

**Discharge Status - ECSMH**



■ Successful ■ Other / Non-Completion ■ Unsuccessful

	n	%
	391*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>261</b>	<b>67%</b>
Services no longer needed	8	2%
Successful completion	135	35%
Transfer to higher level of care	5	1%
Transfer to lower level of care	1	<1%
Transferred to a different program	112	29%
<b>Other / Non-Completion</b>	<b>63</b>	<b>16%</b>
Administrative discharge	45	12%
Client not appropriate for treatment	13	3%
Deceased	0	0%
Incarcerated	0	0%
Moved out of area	4	1%
Never engaged in services	1	<1%
<b>Unsuccessful</b>	<b>67</b>	<b>17%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	67	17%
Involuntary discharge	0	0%

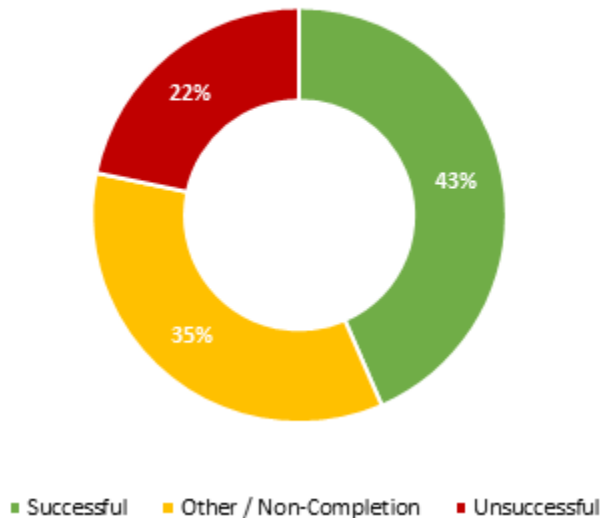
\*Missing 62 responses

	n	%
<b>Crisis Intervention</b>		
Crisis Evaluation	4	<1%
Psychiatric Hospitalization	0	0%

## APPENDICES

Early Intervention: Early Detection and Intervention for Transition-Age Youth (EDI TAY) – Behavioral Wellness

**Discharge Status - EDI TAY**



	n	%
	69*	100%
<b>Discharge Status</b>		
<b>Successful</b>	<b>30</b>	<b>43%</b>
Services no longer needed	4	6%
Successful completion	3	4%
Transfer to higher level of care	4	6%
Transfer to lower level of care	12	17%
Transferred to a different program	7	10%
<b>Other / Non-Completion</b>	<b>24</b>	<b>35%</b>
Administrative discharge	3	4%
Client not appropriate for treatment	0	0%
Deceased	0	0%
Incarcerated	1	1%
Moved out of area	7	10%
Never engaged in services	13	19%
<b>Unsuccessful</b>	<b>15</b>	<b>22%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	13	19%
Involuntary discharge	2	3%

\*Missing 65 responses

	n	%
<b>Crisis Intervention</b>		

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

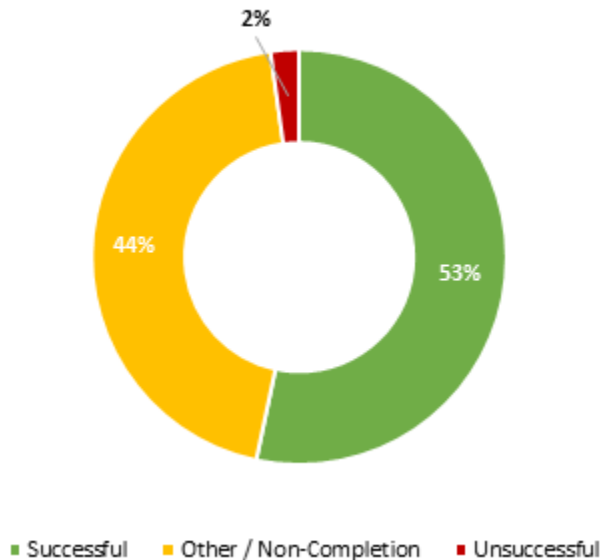
Crisis Evaluation	19	11%
Psychiatric Hospitalization	3	2%

Early Intervention: Services for Children and TAY (START) - Family Service Agency & Council on Alcoholism and Drug Abuse, Santa Ynez Valley People Helping People

	FSA	CADA
Performance Outcomes	Average per quarter	
Incarcerated	0	0
Acute Psychiatric Inpatient Care	0	0
Stable/Permanent Housing	84	17
Purposeful Activity (employed, school, volunteer)	87	
Discharged to Higher Level of Care	1	0
Discharged to Lower Level of Care	23	0
New Out-Of-Primary Home Placements	1	0

	SYVPH
Performance Outcomes	
Parenting Education and Support Groups	30
Screenings and Assessments	163
Linkages/Referrals to Other Needed Services	76

Discharge Status - START



	n	%
Discharge Status	45*	100%

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

<b>Successful</b>	<b>24</b>	<b>53%</b>
Services no longer needed	0	0%
Successful completion	23	51%
Transfer to higher level of care	0	0%
Transfer to lower level of care	0	0%
Transferred to a different program	1	2%
<b>Other / Non-Completion</b>	<b>20</b>	<b>44%</b>
Administrative discharge	18	40%
Client not appropriate for treatment	0	0%
Deceased	0	0%
Incarcerated	0	0%
Moved out of area	1	2%
Never engaged in services	1	2%
<b>Unsuccessful</b>	<b>1</b>	<b>2%</b>
Discharged against medical advice	0	0%
Disengaged from services/Non-compliant with treatment	1	2%
Involuntary discharge	0	0%

\*Missing 3 responses

	<b>n</b>	<b>%</b>
<b>Crisis Intervention</b>		
Crisis Evaluation	1	2%
Psychiatric Hospitalization	0	0%

Access & Linkage to Services: Safe Alternatives for Children and Youth (SAFTY) – Casa Pacifica

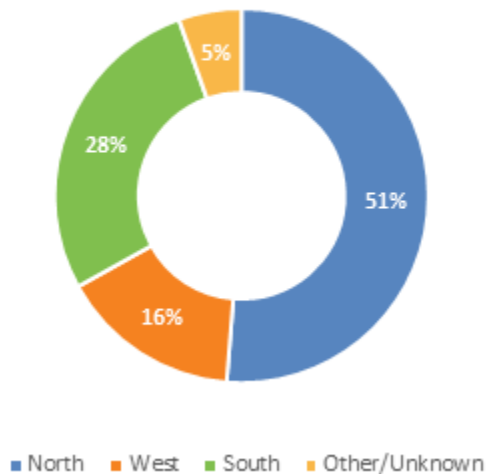
	<b>n</b>	<b>%</b>
	<b>2,075</b>	<b>100%</b>
<b>Call Outcomes</b>		
<b>Contact Type</b>		
Unique Clients Served	888	100%
Total Calls	2,075	100%
Crisis	1,936	93%
Non-Crisis	139	7%
Crisis Calls Responded in Person	793	41%
<b>Reasons for Calls</b>		
Aggression Toward Others	129	6%
Increase in Mental Health Symptoms	69	3%
Oppositional Behavior	35	2%
Peer/Family Conflict	21	1%
Anxiety/Panic Attack	11	<1%
Resources/Access to Service	244	12%
Substance Use/Abuse	24	1%
Homicidal Ideation	50	2%

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

Depressive Symptoms	29	1%
Self-Harm Thoughts	24	1%
Suicide Attempt	85	4%
Suicidal Ideation	621	30%
Self-Injurious Behaviors	99	5%
Psychiatric Symptoms	23	1%
Running Away/AWOL	17	<1%
In-Person Follow Up Request	6	<1%
5150/5585	13	<1%
5150/5585 Re-Assessment/Bed Search	420	20%
Nightly Check In Request	42	2%
Follow Up After Crisis	30	1%
Other	83	4%
<b>Hospitalization</b>		
Hospitalization Rate on Calls (non-crisis excluded)	139	7%

**Calls Received per Region**



Access & Linkage to Services: Access Line and Access and Assessment – Behavioral Wellness

#### Access Line Calls

Overall	
# of Answered Calls	Average Duration (min)
12081	10.41

	# of Answered Calls	Average Duration (min)
Calls in English		

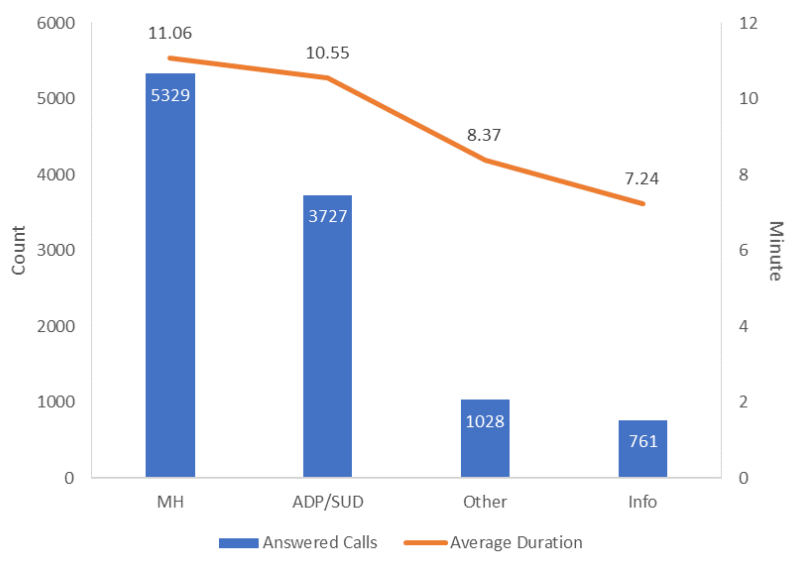
## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

MH	5329	11.06
ADP/SUD	3727	10.55
Other	1028	8.37
Info	761	7.24

Note: MH = Mental Health; ADP/SUD = Alcohol and Drug Program/Substance Use Disorder

#### Calls in English (n = 10,845)

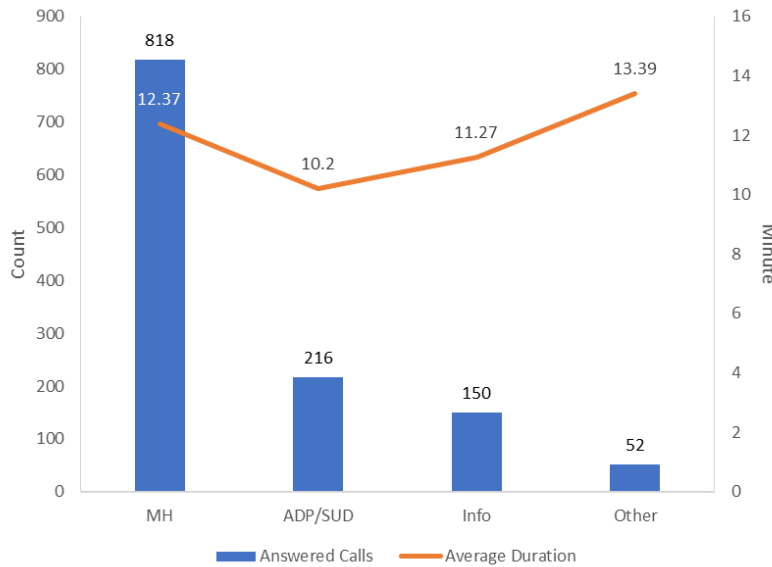


	# of Answered Calls	Average Duration (min)
<b>Calls in Spanish</b>		
MH	818	12.37
ADP/SUD	216	10.20
Other	150	11.27
Info	52	13.39

#### Calls in Spanish (n=1,236)

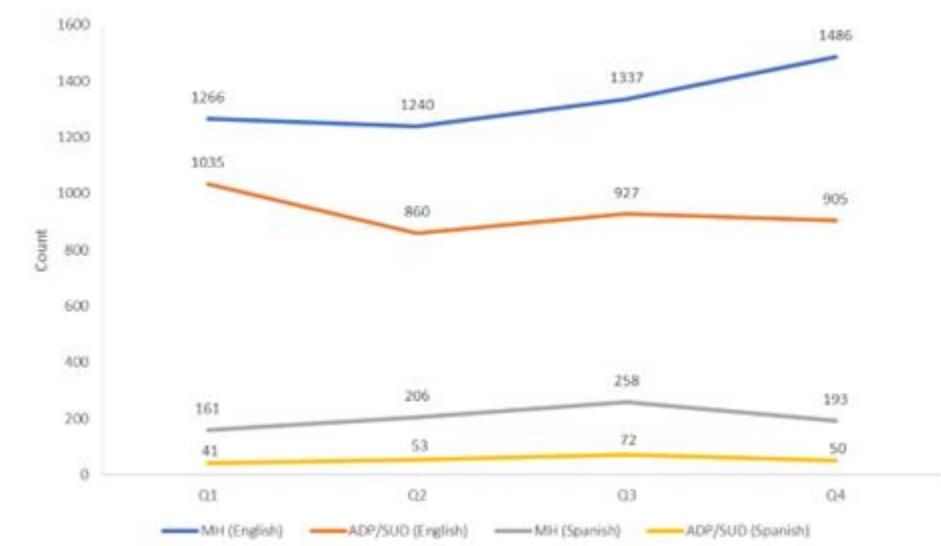
## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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	MH (English)	MH (Spanish)	ADP/SUD (English)	ADP/SUD (Spanish)
Quarter				
Q1	1266	161	1035	41
Q2	1240	206	860	53
Q3	1337	258	927	72
Q4	1486	193	905	50
<b>Total</b>	<b>5329</b>	<b>818</b>	<b>3727</b>	<b>216</b>

### Answered Calls by System of Care and Quarter, FY 2023-2024





# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

## APPENDICES

	n	%
<b>Crisis Intervention</b>		
Crisis Evaluation	254	7%
Psychiatric Hospitalization	14	<1%

### Inquiry Forms

	Count
<b>Total</b>	<b>12306</b>
<b>Inquiry Forms per Quarter</b>	
Q1	3322
Q2	2289
Q3	3135
Q4	3560

	n	%
	<b>12306</b>	<b>100%</b>
<b>Inquirer Type</b>		
School or Employer	7	<1%
Advocate	37	<1%
Social Services	153	1%
Legal and Law Enforcement	172	1%
Healthcare Provider	306	3%
Family Member of Friend	1729	14%
Self	8645	70%
Unknown/Not Reported	1257	10%

	n	%
	<b>12306</b>	<b>100%</b>
<b>Urgency Level</b>		
Not urgent	10799	88%
Emergent	543	4%
Urgent	454	4%
Unknown/Not Reported	510	4%

*Note: Not urgent = Routine/request for services/info only; Emergent = Immediately transferred to 911, Mobile Crisis team, or law enforcement; Urgent = Require follow-up within 48 hours.*

	n	%
	<b>12306</b>	<b>100%</b>
<b>Region of Client Residence</b>		
South	4093	33%
North	4036	33%
West	2236	18%

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

### APPENDICES

Out of County	309	3%
Unknown/Not Reported	1632	13%

#### **Access & Assessment – Adult**

	n	%
<b>Crisis Intervention</b>		
Crisis Evaluation	67	4%
Psychiatric Hospitalization	6	<1%

#### **Access & Assessment – Child**

	n	%
<b>Crisis Intervention*</b>		
Crisis Evaluation	98	9%
Psychiatric Hospitalization	6	<1%

\*Missing TAY – Skyway

Program Category: Stigma and Discrimination Reduction

Program: LEAD - THMA

	THMA
<b>Program Activities</b>	
<b>Activity Overview</b>	
Total # Activities	50
Total # Participants (duplicated)	1322
Total # Families Served (duplicated)	114
<b>Program Participation Overview</b>	
Total # Participants (unique)	661
<b>Activity Type</b>	
Outreach	12
Training	38
Forum	0
Support Group	0
Unserved/Underserved Individuals Linked or Referred	0
Completed Pre- and Post-Assessments	0

Program Category: Suicide Prevention

# Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

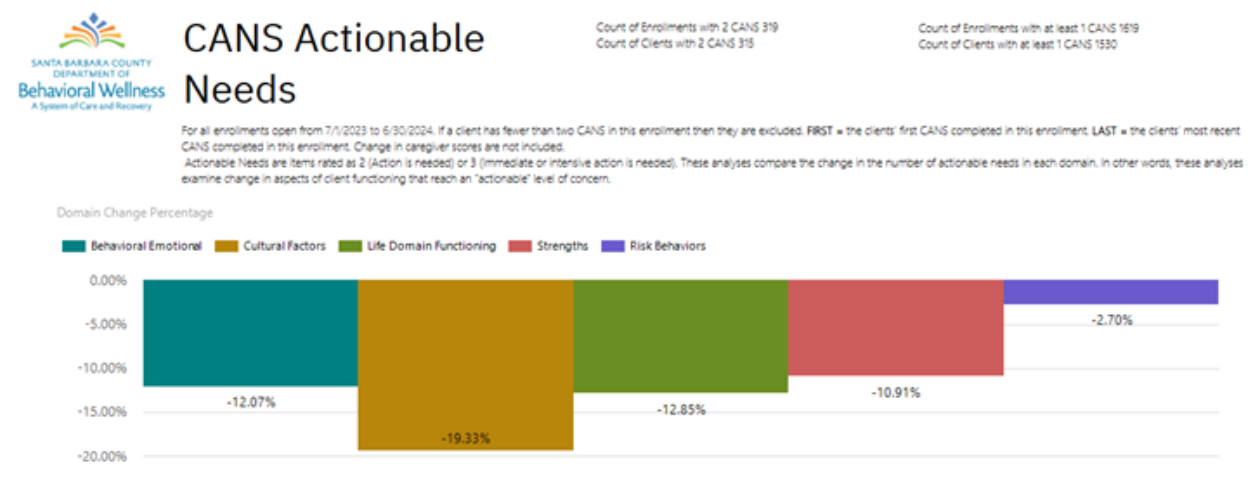
## APPENDICES

Program: School-based Suicide Prevention – Casa Pacifica

	Casa Pacifica
<b>Program Activities</b>	
<b>Activity Overview</b>	
Total # Activities	56
Total # Participants	29070
Total # Families Served	9146
<b>Activity Type</b>	
Outreach	13
Training	21
Forum	22
Support Group	0

### CANS Actionable Needs

One of the impacts of the (Electronic Health Record) EHR transition on 7/1/23 was that the outcome assessments completed in our old EHR aren't able to be linked to those completed in the new EHR. Therefore, we are unable to look at CANS assessments prior 7/1/23, which limits our ability to examine this data over time. This is best depicted through the Ns shown in the chart; there were 1,619 enrollments with at least one CANS assessment, but only 319 enrollments had at least two CANS assessments. Within each program, not enough individuals have completed at least two assessments to share meaningful program-level results. Consequently, for this year's report, we provide the data for all children receiving services in MHSA-funded programs.



APPENDICES

Innovation FY 2023-24 Annual or (FINAL) Evaluation Reports

**Below is the link to our MHSA Help@Hand 4-Year Evaluation Report in its entirety.**

[MHSA Help@Hand Evaluation Report.](#)

**The Housing Assistance and Retention Team (HART) Update for FY 23-24 can be found in the MHSA Annual Update FY 25-26.**

APPENDICES

County Workforce Needs Assessment

**MHSA-WET NEEDS ASSESSMENT 2023-24**

The Workforce Needs assessment for FY 23-24 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 (January 10, 2024 HR Status Report)**

Job Classification – Positions filled, vacancies and Vacancy Rates	FY 23-24
--	----------

The Human Resources status report of January 10, 2024 was reviewed and analyzed to record filled positions and vacancies to assist in determining staffing shortages and challenges.

	filled	Vacant	Total positions	Vacancy %
Practitioner-Associate	34	8	42	19%
Practitioner- licensed	40	13	53	25%
Psychiatric Nurse I/II	26	5	31	16%
Psychiatric Technician	20	2	22	9%
Psychiatrist	9	11	20	55%
Psychologist	6	0	6	N/A
<b>Total -Licensed MH staff – service providers</b>	<b>135</b>	<b>39</b>	<b>174</b>	<b>22%</b>
Patient Rights Advocate	2	0	2	N/A
Case Manager	44	8	52	15%
Recovery Assistant	17	0	17	N/A
Recovery Assistant-Peer	20	10	30	33%
Drug and Alcohol Specialist	12	1	13	7%
<b>Total – MH Staff, license not required – service providers</b>	<b>95</b>	<b>19</b>	<b>114</b>	<b>17%</b>
ADMHS Rehabilitation Specialist	2	0	2	N/A

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Health Care Practitioner	0	2	2	100%
Medical Assistant	0	2	2	100%
Pharmacist	2	0	2	N/A
Recreational Therapist	1	0	1	N/A
Registered Dietician	1	0	1	N/A
Staff Physician	1	0	1	N/A
<b>Total – Other Health Care Professionals</b>	<b>7</b>	<b>4</b>	<b>11</b>	<b>36%</b>
Accountant Supervisor	1	0	1	N/A
ADMHS Team Supervisor	17	0	17	N/A
Administrative LDR-GEN	1	0	1	N/A
Asst. Dept LDR	3	0	3	N/A
Computer Systems Specialist Supervisor	1	0	1	N/A
Dept/Corp LDR-EXEC	1	0	1	N/A
EDP SYS & Prog Analyst SR	1	0	1	N/A
Enterprise LDR-GEN	11	0	11	N/A
Health Care Program Coordinator	3	2	5	40%
Program/BUS/LDR-GEN	17	2	19	11%
Psychiatric Nurse Supervisor	2	1	3	33%
Team/Project LDR-GEN	9	3	12	25%
<b>Total – managerial and supervisory positions</b>	<b>67</b>	<b>8</b>	<b>75</b>	<b>11%</b>
Accountant	3	1	4	25%
Admin Office Pro I/II/Sr	44	5	49	10%
Building Maintenance	2	0	2	N/A
Computer SYSTEMS SPEC	3	1	4	25%

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

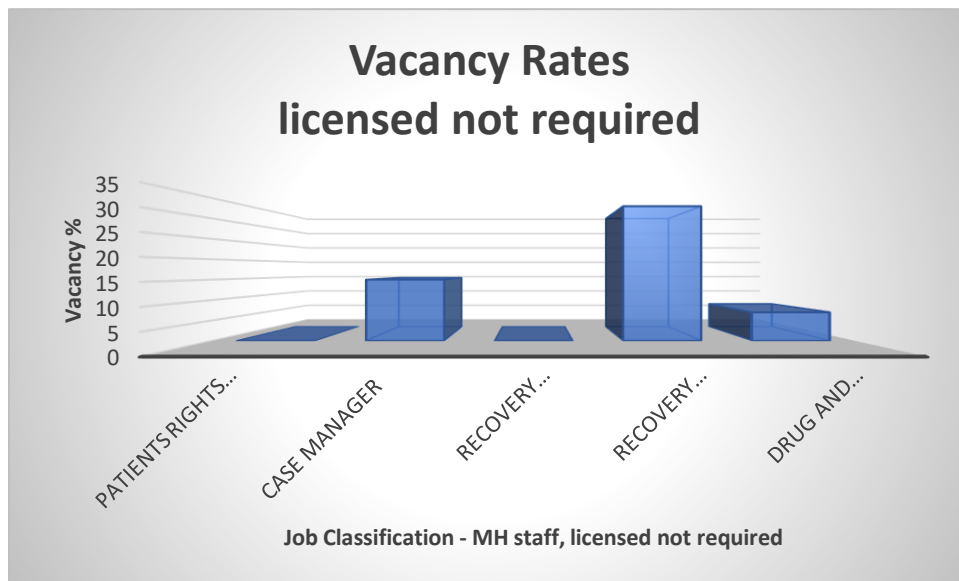
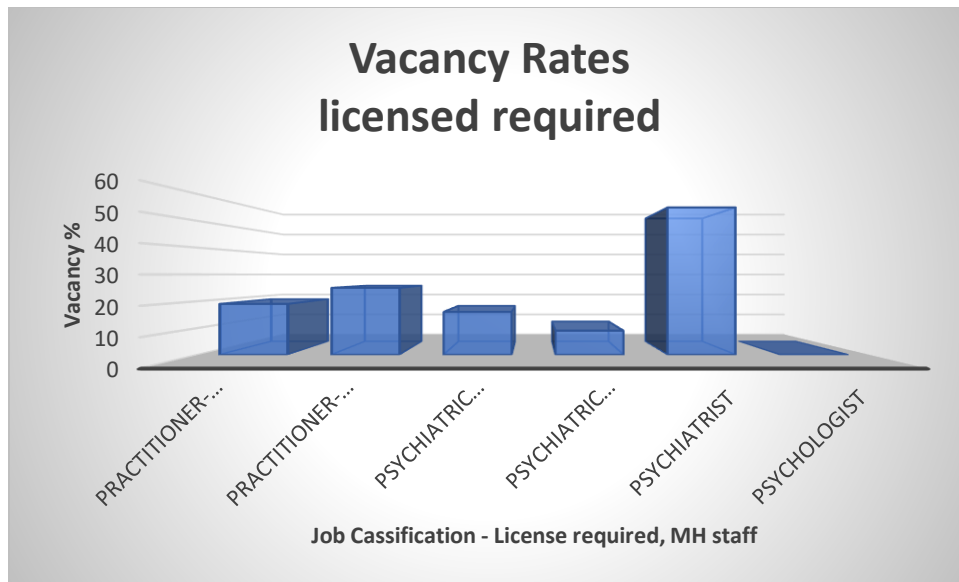
### APPENDICES

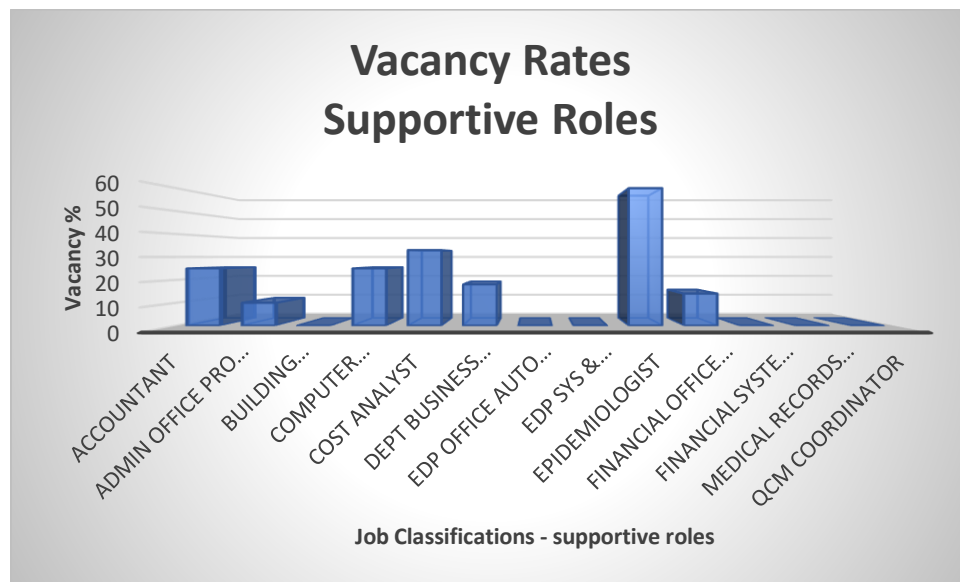
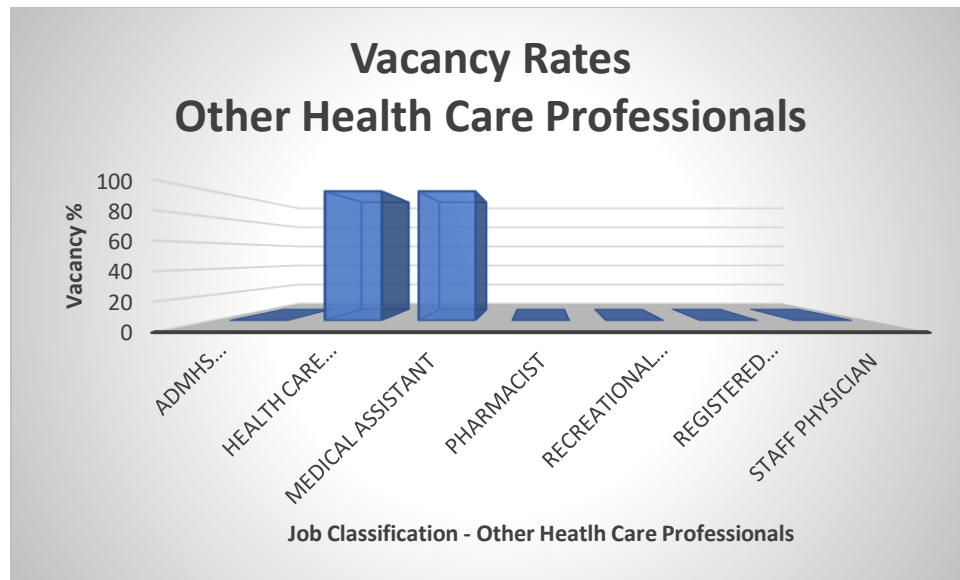
Cost Analyst	2	1	3	33%
Dept Business Specialist	9	2	11	18%
EDP Office Auto Spec	4	0	4	N/A
EDP Sys & Program Analyst	2	0	2	N/A
Epidemiologist	2	3	5	60%
Financial Office Pro	6	1	7	14%
Financial System Analyst	1	0	1	N/A
Medical Records Admin	1	0	1	N/A
QCM Coordinator	14	0	14	N/A
<b>Total – supportive positions</b>	<b>93</b>	<b>14</b>	<b>107</b>	<b>13%</b>
<b>TOTAL DEPARTMENT POSITIONS</b>	<b>397</b>	<b>84</b>	<b>481</b>	<b>17%</b>

### VACANCIES

As of January 10, 2024, in the department’s human resources status report, the total number of vacant positions is 84. 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 22-23 and an overall reduction in the department's vacancy rates from 23% to 17%. Of the vacancies the majority of those vacancies (55) were found within the service provider group of job classifications. The highest rates of vacancies were with the following positions: Psychiatrists (55%) Peer Recovery Assistants (33%), Practitioner positions - licensed (25%) and Practitioner Associate (19%), Psychiatric Nurse I/II (16%), and Case Manager (15%).

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Job classifications with highest vacancy rates	Vacancies 2023-24	Filled 2023-24	TOTAL # OF POSITIONS 2023-24	Vacancy % 2023-24
Practitioner - Licensed	13	40	53	25%
Practitioner - Associates	8	34	42	19%
Psychiatrist	11	9	20	55%
Psychiatric Nurse I/II	5	26	31	16%
Case Manager	8	44	52	15%
Peer Recovery Assistant	10	20	30	33%

As noted in the above table, the highest rates of vacancies are primarily with certain service providing job classifications. These reflect not only challenges within our County but also are noted in nationwide shortages in these career positions. Because of the location of our County there are limited graduate school programs in our local area and the cost of living is at times prohibitive for individuals interested in relocating to Santa Barbara County for employment so this creates an added challenge for Santa Barbara County. Following the COVID 19 pandemic, there are also many new employment opportunities available for mental health professionals through large group practices and companies that manage the financial aspects of private practice type settings while allowing for flexibility for individuals providing mental health services. These factors create challenges with both recruitment and retention of staff.

## Peer Employment

In assessing peer employment within the department, there was a slight increase in Peer Recovery Assistant positions. Currently there are 20 Peers employed as Recovery Assistants. There are additional 17 Recovery Assistant positions that are filled with individuals that are not self-identified peers and are not providing peer specific services. Of the 20 filled peer Recovery Assistant positions, 9 have completed their Peer Certification process. In the table below the locations for each of the peer positions is identified with an increase in the adult clinics, crises teams, and justice involved services.

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<b>Locations of Peer Positions</b> <b>(20 filled / 10 Vacant/ 9 Certified Peer Support Specialists)</b>	<b>Filled positions 2022-23</b>	<b>Filled positions 2023-24</b>
Adult clinics	5	10
ADP	2	0
Help@Hand	4	1
PHF	1	0
TAY/Children's Programs	4	1
Crises Teams	1	4
Justice Involved Services	0	4

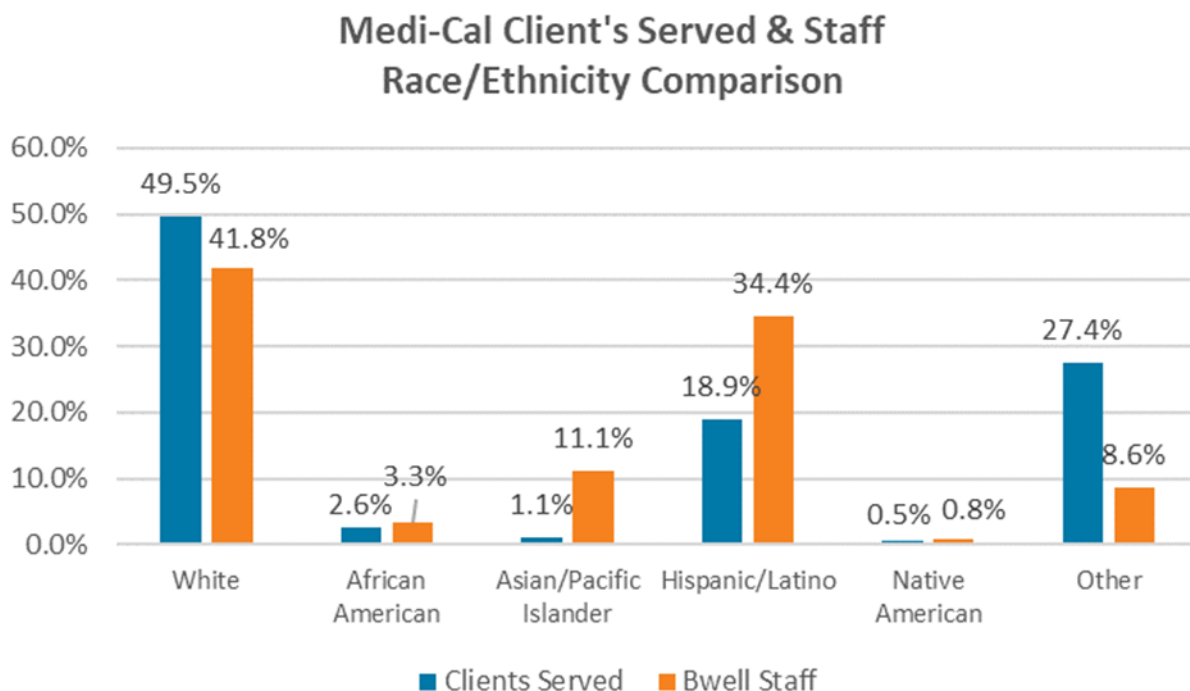
In addition to the Peer Recovery Assistant positions, self-identified peers can be found in several other job classifications: Two are in Case Worker Positions, 1 is a Health Care Program Coordinator supervising the Help@Hand Project, and one is the Peer Empowerment Manager. With the employment of a new Peer Empowerment Manager, it is hoped that additional peers will be recruited for training and will be able to fill peer positions and support them in acquiring their Peer Certification.

<b>Job Classifications filled by Peers</b> <b>(20 filled / 9 are Certified as a Peer Support Specialists)</b>	<b>Filled Positions 2023-24</b>
Recovery Assistant - Peer	20
Case Worker	2
Health Care Program Coordinator	1
Peer Empowerment Manager	1

## APPENDICES

### Staff Racial and Ethnic Diversity

Data was collected from the EQRO MediCal claim data (CY 2021) regarding the race/ethnicity of clients in relation to diversity of department staff. Overall, the data indicates that Behavioral Wellness staff is representative of clients race or ethnicity of clients that are being served in the Department's system of care. There is one category that is not well matched which is the "other" category but it is suspected that this is due to the large number of Medi-Cal clients that have identified as "Other". This data needs to be explored further.



*\*Note: data from the Santa Barbara County - Behavioral Wellness Department Cultural Competency 3-year Plan 2023-2026*

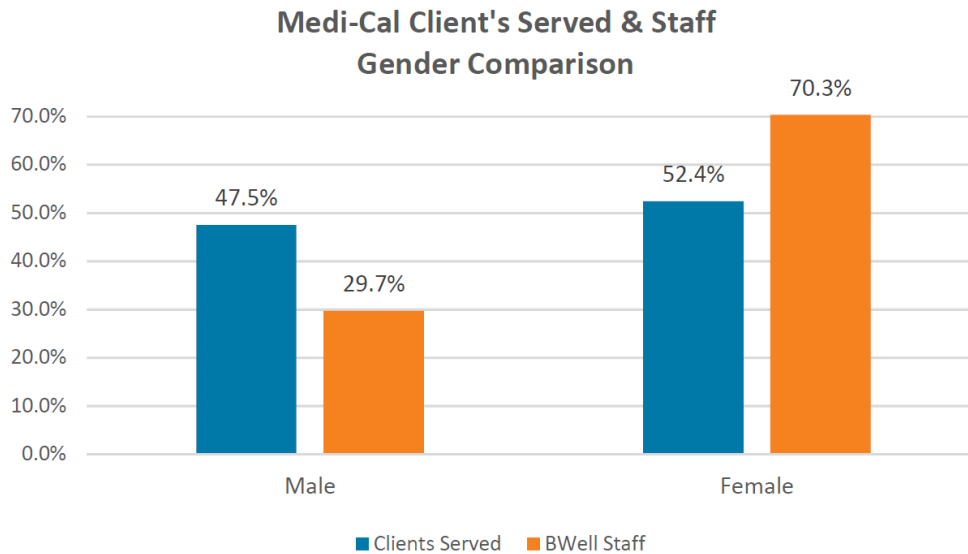
### Staff Gender Diversity

Medi-Cal mental health client population was also reviewed for the match between staff and clients in relation to gender differences. The chart above demonstrates that the Behavioral Wellness workforce demographics is overall matched well but there is a slight need to increase males in the system. This is not unique to Santa Barbara County and is to be expected that this would emerge as a need. Current data is not collected in regards to the LGBTQ+ population due to sensitivity around self-identification and collection of this data. It is hoped that in the

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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future this data can be more accurately captured in a data collection process to assess the match between staff and clients with this population.



*\*Note: data from the Santa Barbara County - Behavioral Wellness Department Cultural Competency 3-year Plan 2023-2026*

### Language Capacity

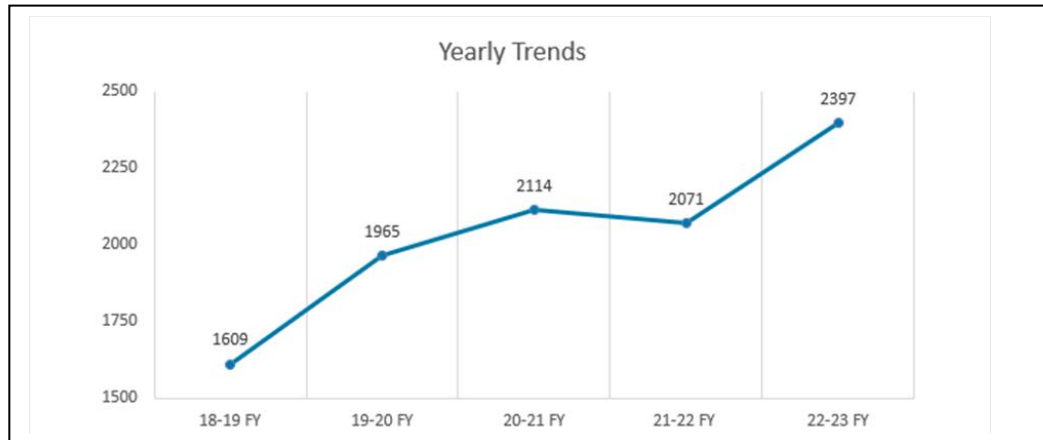
Spanish is the identified threshold language for Santa Barbara County. The use of interpretation services is employed for monolingual speakers in Spanish as well as other languages. In the chart below, it demonstrates an increase each year since FY 2018/19 in the use of interpreter services. FY 2022-23 has seen an increase in interpretation services by 15.74%. This speaks to the increasing need to continue to assess for language capacity of department staff.

# of times Interpretive  
Services were utilized

## Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26

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*\*Note:  
data from  
the Santa  
Barbara  
County -  
Behavioral  
Wellness*



*Department Cultural Competency 3-year Plan 2023-2026*

To address the need to increase the bilingual language capacity of staff, the department has employed a focused approach in the recruitment and retention of bilingual staff. Financial incentive programs such as graduate stipends and loan repayment programs give priority to staff that are fluent in the county's threshold language of Spanish. Job postings for open positions encourage bilingual and bicultural individuals to apply, and the postings advertise the availability of a bilingual allowance. At hire, bilingual employees are encouraged to complete a bilingual fluency exam offered by the Language Line Academy. Successful completion of fluency testing qualifies employees for a bilingual allowance. The table below demonstrates an increasing number of bilingual staff compared to FY21-22 which may reflect the efforts employed by the department.



*\*Note: data from the Santa Barbara County - Behavioral Wellness Department Cultural Competency*

*3-year Plan 2023-2026*



**Employees and Volunteers under contract:** The department typically employs staff through contracted agencies to back fill open positions for leaves of absence or extended vacancies. These positions are transitory and are not a substantive amount to track and record. The department does not utilize volunteers and any contracted employees are supervised by department staff per policy. Also, per policy, department staff is not allowed to be supervised by any contracted agency.

## Summary and Identified Needs

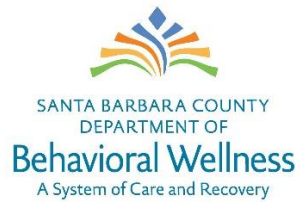
It is encouraging to see that there has been an improvement in filling vacancies and reducing some of the Hard-to-fill or Retain positions. While there are still vacancies in the psychiatric technician positions and the case worker role, the rates of vacancies in those classifications have been reduced and are much less of a concern than other positions that pose a more challenging staffing issue. Supervisory nursing positions and psychology positions do not show any vacancies currently.

In terms of new or additional positions, it was determined by the leadership that the goal is not to reduce caseloads as there are not currently enough clients to meet the fiscal objectives but to increase the outreach/engagement activities and to increase the clinic support staff. Three additional peer positions have been requested for increased outreach and engagement activities. In addition, administrative office professionals in three areas (Santa Maria Children's clinic, Santa Barbara Children's clinic, and FSP programs) have also been requested. These new positions are expected to increase client engagement and improve operations of the clinics.

The highest vacancy rates and the most in need for additional recruitment efforts ongoing are for Practitioners (both unlicensed and licensed), Psychiatrists, Psychiatric Nurses (non-supervisory positions) and Peer Recovery Assistants. There is a specific high need for licensed clinical social workers due to the requirements of the licensing board for the supervision of CSW Associates. There also continues to be a need for ongoing staff recruitment for staff that are fluent in the county's threshold language of Spanish and to increase male staff.

APPENDICES

Workforce Education and Training Coordinator Job Description



DUTY STATEMENT – WET Coordinator

POSITION INFORMATION	
Classification: Program Business Leader-General	Working Title: Manager of Clinical Training and Special Projects
Employee Name: Carla Cross	Supervisor's Name: Pam Fisher
Division: Training and Special Projects	Supervisor's Title: Deputy Director
Work Location: 300 N. San Antonio Rd, Santa Barbara, CA 93110	Employment Status: Permanent, Full Time
SUMMARY STATEMENT	
The Manager of Clinical Training and Special Projects oversees all training, internships, and workforce development programs and projects. This includes all MHSA WET programming and fills the role of WET Coordinator for the department. This manager provides direction to clinical managers and supervisors regarding training, clinical supervision and evidence-based practices. This position also assists in implementing workforce development projects such as peer employment programs and general workforce development activities.	
REQUIREMENTS OF THE POSITION	
Knowledge of MHSA and WET regulations	Knowledge of clinical licensing regulations
Possession of clinical license	Knowledge of evidence-based practices
Knowledge and skills in grant application and management	Knowledge and skills in contract and budget management
DUTIES AND RESPONSIBILITIES	
Development and oversight of Workforce, Education and Training (WET) plan and programs.	Strategic planning and implementation of workforce development programs
Contract management with training facilities, speakers/presenters and educational institutions	Monitoring and development of relevant department policy and procedures to ensure compliance with State regulations regarding licensure, training and clinical supervision
Plan, organize and manage all aspects of department internship programs	Tracking of State regulations and legislation related to licensure, training and clinical supervision
Representation of the department to schools, professional organizations, contracted agencies, community partnerships and state departments.	Collection of data and preparing program related reports for internal assessment of programs, state audits, and grant reports.
Conducting analysis of ongoing training needs for department through surveys, focus groups, stakeholder meetings and feedback from department's management team.	Oversight and quality control over all continuing education activities and the department's learning management system.
County representative for Southern Counties Regional Partnership	facilitation of quality management protocols and program evaluation of training and workforce development programs



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### MHSA Prudent Reserve Assessment

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State of California  
Health and Human Services Agency

Department of Health Care Services

#### MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Santa Barbara County

Fiscal Year: FY 25-26

##### Local Mental Health Director

Name: Antonette Navarro

Telephone: 805-681-5161

Email: anavarro@sbcbswell.org

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, title 9, section 3420.20 (b).

Antonette "Toni" Navarro

DocuSigned by:  
*Antonette "Toni" Navarro*  
2018050409114474

5/16/2025

Local Mental Health Director (PRINT NAME)

Signature

Date

<sup>1</sup> Welfare and Institutions Code section 5892 (b)(2)  
DHCS 1819 (02/19)