



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: Behavioral Wellness
Department No.: 043
For Agenda Of: September 21, 2021
Placement: Departmental
Estimated Time: 30 minutes
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Pam Fisher, PsyD, Acting Director
Directors Behavioral Wellness, 805-681-5220
Contact Info: Laura Zeitz, RN, Division Chief
Behavioral Wellness, 805-681-5220
SUBJECT: Santa Barbara County Department of Behavioral Wellness Capital Housing and Care Continuum

County Counsel Concurrence

As to form: N/A

Other Concurrence: N/A

As to form: No

Auditor-Controller Concurrence

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

- A. Receive and file a presentation on capital housing and care continuum progress and the priorities for future projects to serve individuals receiving specialty mental health and substance abuse recovery services from Santa Barbara County Department of Behavioral Wellness; and
- B. Determine that the above actions are exempt from the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(5) of the CEQA guidelines, as organizational or administrative activities of governments that will not result in direct or indirect physical changes in the environment.

Summary Text:

The purpose of this agenda item is to inform the Board of Supervisors through a visual and oral presentation about the housing and treatment facilities developed and priorities to create a more balanced behavioral healthcare continuum. An ideal behavioral health system has facility and programmatic capacity at each level along the continuum of care and recovery community such that clients receive appropriate care in the least restrictive and most cost-effective setting. Santa Barbara County has a number

of existing resources and projects underway to address these needs, but service gaps remain in the system. The presentation will provide a brief overview of types of housing/treatment facilities and illuminate areas where lack of housing and facilities are needed to meet current demand. We will also enumerate priorities for consideration that have been determined in cooperation with stakeholder groups.

Background:

Health Systems require sufficient and balanced facility and programmatic capacity at each level along the continuum of care and recovery in order to function efficiently. Gaps along the continuum of care, from a facility and program support perspective, can result in overuse of high levels of care, or crisis situations due to lack of resources to match need. Both scenarios constitute suboptimum care, resulting in poor outcomes and higher costs and fail to adhere to the recovery model that families, clients, partners, and Behavioral Wellness has adopted through System Change. This can have negative effects on clients and their families, and results in unnecessary facility cost and service level increases. Stable housing is the key component for creating successful outcomes, as it aids in avoiding periods of regression through homelessness, hospitalization and incarceration.

As part of the Behavioral Wellness and Behavioral Health Systems Change efforts, the department, action teams and stakeholders have worked to prioritize the unmet facility needs within the county for further discussion, analysis and potential solutions. Pursuant to this, and as part of Systems Change initiatives, Behavioral Wellness is working towards increasing capacity for mid to low level services in residential and supported living facilities, and reducing use of high level services in acute and crisis facilities. Our goal in the coming fiscal years is to develop more capacity in lower level treatment facilities and safe and stable housing in our continued efforts to see reduced rates of relapse in behavioral health treatment which includes development of permanent supported housing.

Below is a description of the facilities currently owned, operated or under contract with or utilized by clients served by Behavioral Wellness, as well as a discussion of the County's needs and Behavioral Wellness' solutions to fulfilling those needs. The facility types have been organized along the mental health programmatic service continuum of care and recovery, from the most restrictive and costly to the least restrictive and less costly settings. The four types of facilities in the BeWell Continuum of Care are:

1. Acute
2. Crisis
3. Residential
4. Permanent Supportive Housing.

1. Acute Facilities:

- **Inpatient Acute Adult** - Can be free standing psychiatric health facilities limited to 16 beds or an acute hospital affiliated psychiatric unit with no limit on number of beds. These facilities provide 24 hour, acute, inpatient voluntary or involuntary care to individuals requiring psychiatric hospitalizations per California Welfare and Institutions Code Section 5150 *et seq.* (Psychiatric Health Facility, Las Encinas Hospital.)

2. Crisis Facilities:

- **Crisis Stabilization** – Crisis Stabilization Units (CSUs) provide rapid treatment and stabilization interventions to individuals experiencing a psychiatric crisis. Empirical evidence demonstrates that many of these persons can be treated in a CSU, either voluntarily or involuntarily for up to 23 hours, and returned to the community without an acute inpatient admission occurring. The more quickly a person receives treatment (as opposed to being held without psychiatric treatment, such as in local ERs), the more likely a positive result becomes. The department has contracted with Dignity Health, dba Marian Regional Medical Center (“Marian”), to add 2 beds at Marian in Santa Maria for this level of care. The opening is pending licensure from the California Department of Public Health and Medi-cal certification.
- **Crisis Residential** – Short-term residential alternatives for people experiencing an acute psychiatric episode or intense emotional distress who might otherwise face voluntary or involuntary inpatient hospitalization. Residents can typically stay up to 30 days. Programs provide crisis stabilization, medication monitoring, and ongoing evaluation to determine the need for additional services within a framework of peer support and trauma-informed recovery planning. Programs often include treatment for co-occurring disorders based on either harm-reduction or abstinence-based approaches to wellness and recovery. A supportive environment nurtures the individual’s processes of personal growth as he or she works through crisis at an individualized pace. (La Mirada, Carmen Ln, Agnes)

The County continues to utilize Emergency Shelters which provide overnight sleeping accommodations for the homeless. The primary purpose of these facilities is to provide temporary shelter. Currently, the department contracts for **49** beds. Our solution is to contract for additional beds and link to housing first model and the Assertive Community Treatment (ACT) Program teams.

3. Residential Facilities: This type of facility includes Residential Treatment Facilities, MHRC, IMDs, and Board and Cares.

- **Room & Board** – provides lodging, and may also provide meals, depending upon the facility’s policy and prices. Room and Board facilities are not licensed to provide care and supervision. Residents may be expected to manage their medication, transportation, and other needs on their own.
- **Board & Care** – a type of residential care facility, licensed by State of California Department of Social Services, Community Care and Licensing. Board and Care facilities provide care and supervision to adults, ages 18 to 59, with serious and persistent mental illness.
- **Single Room Occupancy Facilities (SROs)** – SROs operate within apartment buildings selected and leased by consumers, themselves. Supportive programming within a county mental health system assists individuals with serious mental illness to obtain or refine skills necessary for successful independent living and to increase self-sufficiency. These services promote housing stability for individuals at risk for homelessness.

The County would benefit from additional Residential and Board & Care Facilities. Our current facilities are licensed by the Department of Social Services and may provide co-occurring programs for substance use, may serve those with criminal justice issues, and are for adults aged 18-59 who are receiving specialty mental health services. Our solution to this need is to develop additional Board and Care and Residential Facilities in the County.

Even with the gains we have made, the County needs additional Mental Health Rehabilitation (MHRC) beds. These 24-hour programs have locked and unlocked options as well as intensive support and structured rehabilitation services. They are designed to develop residents' skills to become self-sufficient and stay out of state hospitals. At this time, the department contracts for **34** in county beds at the Crestwood Champion Healing Center Mental Health Rehabilitation Center (MHRC) in Lompoc. We would like to explore additional levels of care at this location and explore unlocked MHRC options within Santa Barbara County so that clients can come back to their community and support systems.

4. Supportive Housing

- **Transitional Housing** – a housing facility, with or without a lease or occupancy agreement in which the length of stay is limited to not more than 18 months. Some transitional housing facilities operate in a manner similar to shelters; others are configured as single room occupancy units and even motel units. Some operators do not charge rent, may limit stays to fewer than 28 days, and are not subject to landlord-tenant law.

Housing with lower service intensity levels that may provide on-site support for recovery and independent living skills. In 2021, there were **122** Permanent Supportive Housing units developed:

- Pescadero Lofts
- Carrillo Street
- Residences at Depot
- Psynergy

An additional **33** units are in development.

Department Priorities

BeWell has identified the following as top priorities to address gaps in services and unmet needs in the County:

- Residential
 - Recently secured two additional beds at the Champion MHRC for clients with misdemeanor offenses
 - Goal is to secure an additional 16 MHRC beds with at least 6 for LPS (mental health) conservatorship state hospital stepdown
 - Identify opportunities with community partners for development of additional Board and Care and residential treatment beds (focus on medically fragile, aging population)
 - Explore MHSA and/or grant funding to support development of an unlocked MHRC to support clients transitioning from locked facilities to the community
 - Continue to explore youth placement using grant and STRTP funding
- Supportive Housing
 - Complete development of No Place Like Home (NPLH) funded projects
 - Explore and secure sites for additional Homekey projects

As discussed above, a portion of our focus will be to address services gaps and identify unmet needs for recovery supports, including the complex needs of homelessness and incarceration of non-violent mentally disabled clients. Every two years, the County participates in a "Point-In-Time and

Vulnerability Index” field survey of homeless individuals and families. Historically, statistical analysis showed approximately 30% self-reported severe mental illness diagnoses and 50% reported substance abuse conditions. These surveys have identified approximately 750 homeless with complex needs, 800 with a mental condition, and nearly 900 with substance abuse conditions. The population of mentally ill in the County jail at any one time, including those with complex needs, varies from 150 to 250 persons, a portion of which may benefit from expanded facilities and services outside of the jail and criminal justice system.

The department has utilized available funding streams to create placements focused on pre-trial diversion for mentally ill defendants.

In response to these findings and subsequent analysis, Behavioral Wellness’ efforts are focused on creating a more balanced system by strengthening the prevention and outpatient programs to reduce the demand on higher intensity and higher cost services. It is our goal to enhance and transform the outpatient system of care and recovery in order to make it more accessible, welcoming, outcome-focused, and recovery-oriented.

The department has regularly assessed facility and other capital needs through the broad system change process and associated partnerships, continuously reporting back to the Board on progress and emerging needs. As the local relationship between housing and behavioral health services has become clearer, we have taken steps to meet these needs.

Performance Measure: N/A. This agenda item is for information purposes only.

Contract Renewals and Performance Outcomes:

N/A. This agenda item is for information purposes only.

Fiscal and Facilities Impacts:

Budgeted: N/A. This agenda item is for informational purposes only.

Key Contract Risks:

N/A. This agenda item is for information purposes only.

Special Instructions: Please return one (1) Minute Order to Melanie Johnson at mejohanson@sbcbswell.org and bswellcontractsstaff@sbcbswell.org.

Attachments:

Attachment A: Behavioral Wellness Capital Housing and Care Continuum PowerPoint Presentation

Authored by:

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