

Katherine Douglas

Public Comment, Health + Human Services

**From:** Lynne Gibbs <gibbslyn2@gmail.com>  
**Sent:** Monday, April 6, 2026 6:43 AM  
**To:** sbcob  
**Subject:** NAMI/FACT Statement for BOS Budget Workshop  
**Attachments:** BOS Statement 2026 04 06.docx

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Please see attached.  
Thank you,

Lynne Gibbs, NAMI Santa Barbara County Public Policy Chair and Families ACT! Advisor

To: Honorable County Supervisors

From: NAMI Santa Barbara County and Families ACT!

Subject: Recommendations from NAMI SBCO and Families ACT! on Mental Health Jail Diversion

Date: April 6, 2026

- 1) Determine what is causing the Recidivism of those with behavioral health disorders, determining and instituting measures to reduce these numbers.
- 2) Set goals for an adequate number of treatment beds for Diversion at each level of the Continuum of Care, strategizing a plan to meet the need at each level.

*The BOS charged the CCP Workgroup Ad Hoc Subcommittee on Jail Data and Diversion with a recommendation on treatment beds. While the Subcommittee has not made such a recommendation, the most recent BWell Capital Report inventory of existing beds tells us what currently exists, we believe a deeper dive is needed to determine what gaps still exist at each level in the county's continuum of residential care. We know that 16 inpatient PHF beds is grossly insufficient to serve the entire county population. Jail residents on 5150 crisis holds at the PHF consume inordinately lengthy periods of stays when moved there for lack of more appropriate, less costly longer-term subacute beds they can move to. The limit of 4 secured longer-term treatment beds at the Champion Center are grossly insufficient to serve the most seriously ill inmates in the jail. (See attached our June 2024 Action Alert on the critical need for longer-term, subacute treatment beds). We believe it was a mistake for the county to reverse its decision several years ago to build a forensic Mental Health Rehab Center (MHRC, subacute). Similarly, we regret the county's decision to pass three times on opportunities to apply for multi-millions in funding via the state's BHCIP program, while surrounding counties have secured such funding. We believe this mistake compounds a decision years earlier to return \$30 million dollars to the state that had been awarded for the correctional STAR complex at the north county jail complex. Now, we have the opportunity to allocate approx.\$40 million dollars to a forensic dual-diagnosis, secured treatment facility that will otherwise be spent instead on an additional ½ pod of jail cells. How many people currently in the jail could be served in a program similar to LA County's Olive Vista's whereby jail residents with behavioral health needs could elect to move from incarceration to this treatment facility for longer-term care with the promise of having charges dismissed upon successful completion?*

- 3) Identify, track and quantify outcomes of all existing Diversion programs and Community-based treatment programs and facilities to which those who are diverted are referred. What is the success rate of each program and type of facility annually in reducing recidivism?
- 4) Improve community-based treatment options by enhancing, prioritizing and adopting national evidence-based programs outside the jail, such as Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Assisted Outpatient Treatment (AOT), Co-Response, the CIT (Crisis Intervention Training) Academy, and Early Psychosis Treatment that have been shown to be successful in reducing incarceration.

*Our family members consistently report that CIT-trained law enforcement officers, skilled in de-escalation, are able to defuse potentially dangerous crisis situations, directing persons to treatment while avoiding arrests – ideally as partners on Co-Response teams with behavioral health clinicians. Yet our county has not offered the 40-hr. training academy since September 2023. Funding for our county’s Co-Response program will lapse this June unless we provide sustainable funding. It would be a tragedy to lose this successful, nationally-recognized program. CIT and Co-Response divert persons from arrest BEFORE they are arrested. Without the programs, we will see more ill persons arrested.*

*Last year, the Behavioral Wellness Dept. discontinued ACT with the rationale that it couldn’t meet the evidence-based standard of the nationally successful program in supporting recovery, reducing incarcerations and hospitalizations. We believe the department should invest in re-implementing ACT, the Full Service Partnership model being incentivized by the state, esp. as ACT, FACT, and Early Psychosis Treatment are being required for counties’ eligibility for the IMD Medicaid Exclusion Waiver that would authorize the PHF to draw down Medicaid funding for a capacity exceeding 16 beds under the state’s BH-CONNECT program. Similarly, FACT and First Episode Early Psychosis Treatment (also discontinued) are required to earn the Waiver.*

5) Assess the Behavioral Wellness Adult Full Service Partnership (FSP) program with the goal of defining an adequate number of treatment slots, referencing the Alameda County Indigo Project study as a model for the assessment.

*An FSP is intensive, 24/7, “whatever it takes” treatment, with a low client to staff ration for patients needing the most intensive level of outpatient treatment to prevent hospitalization and incarceration. Alameda County’s study (see attached) identified benchmarks making patients eligible for an FSP at a lesser cost than crisis events, hospitalizations and incarcerations – and then counted the number of patients who were eligible for FSPs and did not receive them. As a consequence, the Alameda County Behavioral Health Dept. increased its FSP capacity by 30%. Under the MHSA to BHSA transition, counties are to increase the proportion of BHSA funding allocated to FSPs to 35%. We’ve been told an increasing number of our patients are being referred to our FSPs with no commensurate increase in staffing.*

6) Appoint an Advisory Council inclusive of community stakeholders to assess planning for and implementation of the above recommendations.

*Family and community members have a uniquely significant perspective on the continuum of behavioral health care in that we track the gaps in the continuum of care generated by siloed programs and stymied access. We see what is working well, what needs improvement, and how. We experience first hand what has worked for our loved ones over time, and have a lot to contribute to strategic planning when we have a seat at the table. treatment silos*