

Katherine Douglas

Public Comment

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From: Lynne Gibbs <gibbslyn2@gmail.com>
Sent: Monday, July 17, 2023 8:05 AM
To: sbcob
Cc: Das Williams; Spencer Brandt; Laura Capps; Aaron Hanke; Joan Hartmann; Steve Lavagnino; Cory Bantilan; Bob Nelson; Chris Henson
Subject: July 18 BOS Statement Dept. Agenda Item #5
Attachments: BOS Statement 2023 07 18 (2).docx

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Please see attached. Thank you.
Lynne Gibbs

To: Chair Das Williams and Santa Barbara County Supervisors
From: Lynne Gibbs on behalf of NAMI Santa Barbara County and Families ACT!
Subject: Statement on June 18th Departmental Agenda Item #6
Date: July 16, 2023

Thank you to the Department of Behavioral Wellness for the excellent update on its 2016 Capital Needs report. We agree that “an ideal behavioral health system has capacity at every level along its continuum from acute care to permanent supportive housing.” The department has done an impressive and commendable job since 2016 in expanding the county’s number of supportive housing units and stock of voluntary placement options. This isn’t easy work. However, we continue to suffer a most severe lack of beds at the highest levels of acute and subacute care. Our only addition of such care has been our 32-bed contract at the Champion Center. Most of those beds were filled by transferring persons back to the county from out-of-county placements. While important, this did little to increase the number of available placements for those needing a secured setting. And, the Champion Center does not accept forensic clients.

We are gratified to see the Rand report and DHCS recommendations for acute care and subacute care reflecting for the first time the substantive need for such beds. Persons with the most serious illness continue to be incarcerated for lack of acute inpatient beds in which they could be more appropriately placed and stabilized. They remain in the jail deteriorating with trauma and permanent brain damage for lack of subacute treatment beds on the outside.

The recent report on Jail Diversion by Assistant CEO Tanja Heitmann reflects “In July 2019, there were 13 felony IST inmates in the jail. As of June 28, 2023, there were 52.” Lacking higher levels of care for our most seriously ill population, we continue to see the number in the jail grow. We still have no longer term secured (subacute) beds in the county to serve forensic clients.

The top two priorities identified in the 2016 Sequential Intercept Model (SIM) report were to “establish an alternative crisis center”, and to “add psychiatric input beds” We have yet to do either. Despite a financial set aside for creation of a Mental Health Rehabilitation Center (MHRC) by the Community Corrections Partnership more than five years ago, we have yet to pursue this critical need – the consequence being a 6 million dollar fine by the state for the growth of our Incompetent-To-Stand-Trial felony population in the jail.

The department’s board letter notes that “Gaps along the continuum of care, from a facility and program support perspective, can result in overuse of high levels of care.” We have no such risk. What we do have is repeated recycling from crisis to emergency rooms to the jail due to the underuse of higher levels of care for lack of treatment beds. Sometimes the cycle is interrupted by death. This category of bed shortage has been referred to as a bed shell game with life-and-death implications.

Only when we have sufficient inpatient capacity to adequately stabilize persons with the most severe illness, and an adequate system of outpatient care to which our loved ones can step down and be

treated will we successfully address our treatment crisis. National recommendations of psychiatric bed need specify 40 to 60 beds to adequately serve a population of 100,000. Santa Barbara County has a population of 450,000. While short-term crisis stabilization beds at Marian and Cottage hospitals partially reduce the need for inpatient beds, it is clear to all stakeholders we know that the county's stock of secured treatment beds is woefully inadequate. In 2016, in response to the first Capital Needs Report, we urged the county to address an initial plan for 40 additional inpatient beds. This would be a good start in addressing the infrastructure imbalance that keeps us from adequately addressing mental health deterioration and criminal justice recidivism of our most ill and vulnerable citizens.

We urge priority attention to the following:

- 1) A stronger partnership between the county and community hospitals to address the need for inpatient beds, particularly those that can serve Medi-Cal patients, who wait the longest in our ERs for inpatient placement, and are most likely not to receive it.
- 2) Attention in the Calle Real campus remodel plan to PHF expansion.
- 3) Strong advocacy to include acute and subacute beds in the anticipated 4.7 billion dollar California bond measure (see Assembly Bill 531) intended to fund treatment beds and housing, in accord with the California State Association of Counties (CSAC) recommendation.
- 4) Secured (IMD) treatment beds funded by the Community Corrections Partnership that can serve the forensic mental health population.
- 5) County application for the IMD Medi-Cal Exclusion waiver once it becomes available via BH-CONNECT*. Successful application will require us to meet evidence-based standards for community-based, outpatient care. We should focus now on improving this continuum of care in order to strengthen our BH-CONNECT application.
- 6) Strong advocacy to avoid reallocation of 30% or our MHSA income to housing via the proposed ballot measure for MHSA Modernization (See Senate Bill 326). While housing is a critical need, our county's treatment budget should not be reduced to fund housing. Those dollars will be needed to fund treatment associated with the operation of expanded infrastructure, and to improve our system of outpatient care.
- 7) Pursuit of a Psynergy-type Adult Residential Facility that can serve as a stepdown from locked facilities, as well as an available longer-term treatment facility for direct diversion of mental health inmates who have the potential for recovering in a non-secured, longer-term treatment facility. This licensing category is included in the current version of the infrastructure bond.
- 8) Pursuit of funding for secured treatment under the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 6, should Round 6 permit such funding.

Thank you for your attention and consideration,

Lynne Gibbs, NAMI SBCO Public Policy Chair, Families ACT! Advisor, Treatment Advocacy Center Ambassador

*** Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration**, which expands behavioral health services for Medi-Cal members living with serious mental illness and serious emotional disturbance. DHCS will submit the BH-CONNECT Demonstration proposal for federal approval this summer, with implementation beginning no sooner than January 1, 2024. A critical part of CalAIM, BH-CONNECT includes both statewide and county opt-in components to strengthen the continuum of mental health services, with a focus on children and youth, individuals experiencing or at risk of homelessness, and justice-involved individuals. BH-CONNECT also includes a new workforce initiative, and new investments totaling \$2.4 billion over five years will be directed toward strengthening the pipeline of behavioral health professionals needed to staff existing and new behavioral health treatment settings as well as toward improving short-term recruitment and retention efforts in the robust, diverse behavioral health workforce.”