

A-41 (LATE DIST)

**Katherine Douglas** *Public Comment - Families ACT! and NAMI SBCO*

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**From:** Lynne Gibbs <gibbslyn2@gmail.com>  
**Sent:** Monday, June 24, 2024 7:12 AM  
**To:** sbcob  
**Cc:** Steve Lavagnino; Bob Nelson; Joan Hartmann; Laura Capps; Supervisor Das Williams  
**Subject:** Public Comment, BOS Hearing 6/25, A-41  
**Attachments:** BOS Statement 2024 06 24.docx; Subacute Bed Need 2024 06 10.docx

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Please see attached public comment from Families ACT! and NAMI SBCO.  
Thank you,  
Lynne Gibbs

To: Chair Lavagnino, and Honorable Supervisors  
From: Lynne Gibbs on behalf of Families ACT! and NAMI Santa Barbara County  
Subject: Request Investigation of a 30-Bed Step Down Subacute Facility  
Date: June 24, 2024

Families ACT! and NAMI envision a different system "flow" for persons such as the very psychotic young woman who was arrested last week on a trespassing charge, someone who has cycled through the county's system repeatedly. In our world, she would have been placed on an involuntary hold (5150d) instead, taken to an available PHF bed (or another acute psychiatric hospital bed) for stabilization, then had a warm handoff, down to whatever lower, less expensive level of the continuum of care was called for (subacute, CRT or outpatient) with the goal of interrupting the continual cycle of crisis, risk, and incarceration. IF we had a proper continuum of care including an adequate number of acute and subacute treatment beds, it is not so difficult to imagine this very different flow reducing the jail population and the need for additional jail pods because many such as this woman with serious mental illness would not get arrested in the first place by enhancing Diversion via our county's Sequential Intercept Model (SIM) Level 0.

**We urge that the county's proposed study of a 30 person step down facility focus on provision of subacute (IMD) beds for all the reasons detailed in our previous memo, attached.** This Subacute facility, originally an element of the Calle Real Campus Master Plan, was excised from that plan when it was estimated to cost 2 more million than what the Community Corrections Partnership had set aside for the facility. Now, we have an upcoming opportunity for funding via Prop 1 and the statewide Behavioral Health Continuum Infrastructure Program (BHCIP). We should not pass this up.

Thank you for your consideration.

**To:** Toni Navarro, Dept. of Behavioral Wellness of Santa Barbara County; Tanja Heitmann, Asst. County CEO; Supervisor Steve Lavagnino; Supervisor Joan Hartmann; Supervisor Bob Nelson; Supervisor Das Williams; Supervisor Laura Capps

**From:** NAMI Santa Barbara County, and Families Act!

**Subject:** Action Alert: Support the Need for Subacute Psychiatric Treatment Beds

**Date:** June 10, 2024

A full and effective system of behavioral health care requires treatment beds and housing at ALL levels of the continuum of care, from supportive housing to acute and subacute care. Our county has a severe deficit of acute and subacute beds to serve the most seriously ill while preserving public safety and providing a platform for stepdown to behavioral health recovery and independence.

In this memo, we present the need for more subacute treatment beds as a Santa Barbara County capital needs priority for reducing the population of persons in the jail in by diverting the most ill BEFORE incarceration, as well as broadening the number of those jail residents eligible for mental health Diversion.

We recommend placing an urgent focus on the following:

- A. An active exploration of a potential site, contractor and operator for a Mental Health Rehabilitation Center (MHRC)<sup>1</sup> so that the county is poised and ready when a funding opportunity presents.
- B. Identifying a source of funding, such as the \$4 billion next-phase Prop 1 grant opportunity via the Behavioral Health Continuum Infrastructure Program (BHCIP)<sup>2</sup>

**Please address needed data on fundamental questions by calculating the number of subacute beds needed:**

1. How many of our current jail residents with serious mental illness could be diverted by implementing a program such as LA County's voluntary program, as described below?
2. How many more subacute beds would be needed for full implementation of Senate Bill 43 (SB 43), the Grave Disability bill? Behavioral Wellness is scheduled to present a robust plan for SB 43 implementation to the county Board of Supervisors on July 16th. We recommend in the strongest terms that this plan include the construction or renovation of a MHRC facility to meet the increased need.
3. How many patients lingering in the Cottage and Marian ERs on involuntary holds waiting for bed placement at the PHF could qualify for a subacute bed if we had a MHRC?
4. How many persons triaged at the Marian Hospital Outpatient Unit (OPU), and the south county Crisis Stabilization Unit (CSU) currently need and will need this level of subacute care?<sup>3</sup>
5. How many residents on mental health conservatorship now residing out-of-county could be brought back to in-county treatment if we had available MHRC beds?<sup>4</sup>

The recently-passed Prop 1 includes \$6.4 billion for a bond measure for mental health treatment beds and housing. Competitive grants will be awarded via California's Behavioral Health Infrastructure Program (BHCIP) in its upcoming more heavily funded two rounds, with applications for treatment beds expected to be due this summer. A previous round of the BHCIP awarded approximately \$30 million each to Alameda and Contra Costa counties for subacute treatment facilities, with more such county applications expected. If we lose this upcoming opportunity for funding, we may not see it again. The timing could be fortuitous for us given the timing of our Calle Real campus remodel, and also consideration of how many jail pods are needed on the north county jail campus. (The original version of the Calle Real remodel plan included a subacute treatment facility; however, the facility was removed from the plan). We believe our county should provide intensive, treatment outside the jail, funded by the State to avoid requiring more jail beds for this SMI population needing treatment.

Approximately 6 years ago, the county's Community Correction Partnership recognized the need for an MHRC by setting aside \$3 million in reserve for construction, and allocating \$1 million dollars a year for operating it. (The \$1 million a year has since been diverted to an outreach project). This year, the Board of Supervisors wisely approved contracting for 4 beds for jail diversion at the Champion Health Center. However, 4 beds is a very small number as compared with the level of need for additional subacute beds.

### Background

**A subacute mental health facility provides care for individuals with mental health conditions who are more stable than those requiring hospitalization but still need more intensive treatment than what can be provided in the community, or at home or in the jail. They offer a secured, structured environment with 24/7 supervision and focus on helping patients regain skills and independence for eventual return to the community at a lower level of the continuum of care. MHRCs are one category of longer-term treatment facility**

Santa Barbara County's only subacute facility, the Champion Healing Center in Lompoc, is reported to have eighty beds<sup>5</sup>, thirty-two of which are contracted by Santa Barbara County to serve persons on mental health conservatorships. They were initially filled by transferring patients from out-of-county subacute facilities back to Santa Barbara County. The remainder of the 80 Champion Healing Center beds were contracted by other California counties once our County had claimed the 32. In addition, with funding by the county's Community Corrections Partnership, 4 more beds at the Champion Healing Center have recently been contracted at Champion for diversion of inmates with serious mental illness who qualify for mental health conservatorship. This is a 2 ½ year pilot program.

All 36 beds at the Champion Healing Center are reserved for persons on mental health conservatorship and are accounted for. We will need more for the county's SB 43 implementation (delayed from Jan. 2024 to Jan. 2026). The shortage of treatment beds was one of the major reasons given by the Dept. of Behavioral Wellness for delayed implementation. SB 43, the "Grave Disability Bill" expands the criteria for 5150 involuntary holds and mental health conservatorship to include the inability to meet one's need for medical care and/or personal safety. SB 43 also expands coverage to add grave disability as the consequence of a severe substance use disorder (in addition to serious mental illness) to the criteria making one eligible for involuntary care. In its presentation to the Board of Supervisors earlier this year, BW told the Board of Supervisors that SB 43 would increase the need for involuntary care tenfold. While we

believe this figure is a significant overestimation, SB 43 WILL require an as yet undetermined number of subacute beds.

### Other Reasons We Need More Subacute Treatment Beds

As of May 23, 2024, we had 764 inmates in our jails of whom 15%, or 115 have been identified as having serious mental illness (SMI), whose health inevitably declines by being in the jail.

We have no subacute treatment beds to which to transfer inmates with SMI on felony charges, other than the recently contracted 4 beds at Champion; hence, the months-long waits in our jails for transfer to state hospital beds. If we had a subacute, locked facility, the DA and judges would feel more confident diverting many in this population from the jail to community-based treatment while ensuring public safety.

Significantly, our county is at high financial risk regarding the Murray lawsuit settlement if we don't reduce the jail population of persons with SMI. We are also at ongoing risk of additional fines by the Dept. of State Hospitals (DSH). If we don't sustainably reduce the historical growth of inmates on felony charges who are incompetent-to-stand-trial waiting for placement at state psychiatric hospitals. This population of the most severely ill needs subacute treatment that isn't presently available.

An example of what more could be done to reduce the jail population of persons with serious mental illness is within LA County's Court Linkage Program wherein subacute beds can be utilized by forensic patients on a voluntary basis or jail diversion. LA County has approximately 50 sub-acute beds at a wing of an IMD Skilled Nursing Facility (SNFs being an additional category of IMD to Mental Health Rehab Centers MHRCs) for this program. The placements are typically for six months to one year. If an inmate successfully completes the program, he/she can have charges dismissed. This gives judges another option for Diversion when they don't want someone in the community yet because of a lack of stabilization. If we had subacute beds for such a program, we could further reduce the population of the most ill stuck in jail.

Because of our lack of subacute beds, we are paying exponentially more to contain some patients at a higher level of the continuum of care than they need. On any given day, beds at the PHF (up to half) are occupied by inmates temporarily transferred from the jail, and/or community members who are undergoing investigations for mental health conservatorship who could be more appropriately and less expensively served at a subacute facility with more extensive programming, helping them regain skills for eventual return to the community. **The average cost per day at our Psychiatric Health Facility (PHF) is \$2209 vs. the Subacute Facility cost of \$381<sup>6</sup>. We could save a good deal of money and free up badly needed PHF beds if we had subacute beds for PHF step down.**

Lack of subacute bed availability impacts all other levels of the continuum of care. The smaller number of PHF beds available for those on 5150 involuntary holds, because we lack subacute beds for step down from the PHF means more patients remain staged at Cottage and Marian hospitals for longer periods of time when they must wait for a PHF bed. Those who are the very most ill, too ill to be discharged home with a safety plan, or receive an alternative placement to a shelter, etc., often wait more than 100 hrs. for a PHF bed via triage of the priority list for placement at the county's Psychiatric Health Facility. In May 2024, Cottage saw the average length of hours patients are held in its Emergency Department Holding Unit (EDHU) grow to its highest number of hours, with Medi-Cal patients waiting much longer than patients with private pay or Medicare.

In its 2023 report to the Santa Barbara County Board of Supervisors, BW conveyed that the county had 59 patients at out-of-county subacute facilities, at a higher per person cost than if we

had these beds in-county. Most of these facilities are run by for-profit companies that can pick and choose the counties and patients they serve and can raise prices based on competitive demand. The competition is likely to increase over the next several years due to factors of need for such beds noted in this memo. We believe the county would be wise to plan for additional subacute beds now to bring more of these patients back to Santa Barbara County as soon as possible and avoid more out-of-county placements and more potential out-of-county patient denials for care. The other benefits of bringing these patients back to a subacute facility in the county is that they would be closer to support networks of family, etc., and have a clearer path to lower levels of the continuum of care.

In light of the information above, we respectfully ask that you consider our two recommendations at the beginning of this paper.

Thank you.

<sup>1</sup>MHRC stands for Mental Health Rehabilitation Center. It is a 24-hour program that provides intensive support and rehabilitative services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning. An MHRC is by definition a category of subacute facility (see able) licensed under LPS (Lanterman-Petris-Short).

<sup>2</sup>BHCIP-Home (ca.gov)

<sup>3</sup> OPU and CSU are secured facilities for up to 24-hr. crisis stabilization.

<sup>4</sup> The "Behavioral Wellness Capital Housing & Care Continuum Report", July 2023

<sup>5\*</sup>Qtr-2-2024-IMD (ca.gov)

<sup>6</sup>The "Behavioral Wellness Capital Housing & Care Continuum Report", July 2023