From:

Sharyne Merritt <pinot@sandpointvineyard.com>

Sent:

Monday, June 08, 2015 7:40 AM

To:

sbcob

Subject:

Letter to be distributed to members of BoS

Attachments:

letter to BoS re Ag staff 6 8 15.docx

Please distribute the attached letter to members of the Board. It regards an issue being considered Wednesday June 10, 2015.

Thank you,

**Sharyne Merritt** 

June 8, 2015

Ms. Janet Wolf, Chair County of Santa Barbara Board of Supervisors 123 East Anapamu Street<sup>®</sup> Santa Barbara, CA 93101

RE: Agricultural Commissioner/Weights and Measures Department Budget discussion June 10, 2015

Dear Chair Wolf and Members of the Board of Supervisors,

On Wednesday, June 10, you will hear a request from Agricultural Commissioner Cathy Fisher to move 2 high level positions - Plant Pathologist and Entomologist – to half in order to provide 2 entry-level biologist positions.

#### I strongly urge you to reject this request.

I attended the June 3, 2015 Agricultural Advisory Committee (AAC) at which Ms. Fisher and the two current high-level employees whose jobs she proposes to down-size spoke.

Ms. Fisher said her request was fiscally responsible. She said the Department is stretched thin when someone is out sick or on vacation and noted pest identification can be handled through smart phone photos (the latter convincingly contradicted by the Entomologist).

This proposal is not fiscally responsible; it is **fiscally IRRESPONSIBLE**.

Given globalization, more and more exotic pests and diseases will enter our County and threaten our agricultural sector, the County's top industry, as well as our native habitats. A study conducted by the Commonwealth Scientific and Industrial Research Organization of Australia estimated the avoidable costs of an invasion of one bee mite at \$16mil to \$39mil.<sup>i</sup>

The County needs specialists in the Agricultural Commission Department not recent college graduates with smart phones. And specialists are not likely to take half-time positions.

We are lucky to have the current employees (both of whom have Ph.D.'s in their specialty). Note: the County Agricultural Commissioner is not only responsible for pesticide regulation. According to FOOD AND AGRICULTURAL CODE SECTION 2276.5.(a) "California' s unique system of county agricultural commissioners forms

the front line of defense in protecting the state from the many exotic and invasive species threatening our people, commerce, and environment."ii

Please reject Ms. Fisher's proposal. Competent early detection of pests must be a priority.

The AAC has requested an alternative to Ms. Fisher's proposal: increase the Department's budget so the two specialists can be maintained, an additional biologist hired, and a weed specialist funded (I believe when the last weed specialist left the department, that position was changed to a Deputy Commissioner). This is a fine proposal. But if you are not able to expand the Department's budget, do not eliminate the specialists.

Thank you,

Sharyne Merritt, Farmer pinot@sandpointvineyard.com

<sup>&</sup>lt;sup>i</sup> Cook, D., et. al. "PREDICTING THE ECONOMIC IMPACT OF AN INVASIVE SPECIES ON AN ECOSYSTEM SERVICE." (2007)

 $http://www.researchgate.net/profile/David\_Cook7/publication/5932142\_Predicting\_the\_economic\_impact\_of\_an\_invasive\_species\_on\_an\_ecosystem\_service/links/00b4951f1d67603d06000000.pdf$ 

 $<sup>^{\</sup>rm ii}$  http://www.leginfo.ca.gov/cgi-bin/displaycode?section=fac&group=02001-03000&file=2271-2287

**From:** Russ Waldrop <russ@pacifictimberproducts.com>

**Sent:** Saturday, June 06, 2015 10:48 AM

To: sbcob

Cc: jlitten@cecmail.org

#### Board of Supervisors, Santa Barbara County

I am writing this so you will know that as a local business owner and county resident I will provide my whole hearted support to the creation of the Community Choice Energy concept. This concept has been established in both Marin County and Sonoma County where local business and residential customers are receiving more than 50% of their electricity from renewables and at rates that are less than those being charged to customers still using the traditional utility services offered by PG&E.

For more than forty years I have produced my own electricity at my residence, using a combination of solar panels and wind. On an annual basis I produce approximately 50% more electricity than I consume. This goes back into the grid and is available as renewable energy for consumption by others. If each of the business and residential customers in Santa Barbara had a choice as to whether they wanted to purchase their electricity form a traditional utility, which used coal or nuclear as their generating source, or purchase their electricity from a renewable source, I believe the response would be overwhelmingly in favor of sourcing a renewable option, especially if the rates are lower than the traditional SCE rate schedule.

The added benefit of this would be to further promote the development of clean sources of renewable energy while making a positive contribution towards transitioning away from our dependency upon fossil fuels as our primary energy source.

As was the case in 1969, the eyes of the world are now firmly fixed upon Santa Barbara and the Refugio oil spill. Our initial response in 1969 resulted in the creation of an environmental awareness that has produced amazing results in the ensuing years. Santa Barbara has an international reputation as a city and county that has been able to create an enormously positive response to the initial tragedy of an oil spill onto the pristine beaches of this area.

Give us the option of Community Choice Energy, and the international response will be enormous. Once again Santa Barbara will be seen as forging ahead and leading by example as to what can be a sustainable, practicable response to yet another oil spill.

Your support of Community Choice Energy will be remembered far beyond your years of service as supervisors.

Respectfully,

## Russ Waldrop

Pacific Timber Products 616 E. Haley St. Santa Barbara, Ca. 93103

Office: (805) 962-2202

Fax: (805) 564-4895

www.pacifictimberproducts.com

From: John Dutton < John.Dutton@patagonia.com>

**Sent:** Friday, June 05, 2015 5:06 PM

To: sbcob

**Subject:** Community Choice Energy

Santa Barbara County 1<sup>st</sup> District Supervisor Salud Carbajal Santa Barbara County 2<sup>nd</sup> District Supervisor Janet Wolf Santa Barbara County 3<sup>rd</sup> District Supervisor Doreen Farr Santa Barbara County 4<sup>th</sup> District Supervisor Peter Adam Santa Barbara County 5<sup>th</sup> District Supervisor Steve Lavagnino

#### County Supervisors,

Climate change is a fact. There is no use sticking our heads in the sand and pretending it isn't happening. We are deep in a historic drought here in California, storm events are growing in size and intensity, and we face an uncertain future weather wise. The one thing we can do is reduce our reliance on fossil fuels.

As a resident of Santa Barbara County, I request that the Board of Supervisors fund a feasibility evaluation of a local Community Choice Energy program.

Community Choice Energy could offer Santa Barbara County residents, businesses, and governments:

- ? Non-Fossil fuel based energy
- ? New opportunities for local energy generation
- ? Local economic stimulus and job creation
- ? Cheaper electricity rates
- ? Local control and accountability

9

The feasibility study is the critical first step towards a local Community Choice Energy program which brings the County closer to realizing these benefits. I urge the Board of Supervisors to approve a budget expansion for Community Choice Energy feasibility evaluation.

Thank you for your consideration.

John Dutton 3919 La Colina Rd. Santa Barbara, CA 93110

From: Paulo Sitolini <psitolini@haywardlumber.com>

**Sent:** Monday, June 08, 2015 7:45 AM

To: sbcob

Cc: 'Jefferson Litten' (jlitten@cecmail.org); Dennis Allen (DAllen@buildallen.com)

**Subject:** Community Choice Energy Program

#### County Supervisors,

As a Santa Barbara County resident, I call on the Board of Supervisors to fund the feasibility evaluation of a local community choice energy program.

Community Choice Energy could offer Santa Barbara County residents, businesses and governments:

- Cheaper electricity rates
- Local control and accountability
- Cleaner energy
- New opportunities for local energy generation
- Local economic stimulus and job creation

The feasibility study is the critical first step towards a local Community Choice Energy program which brings the County closer to realizing these benefits. I urge the Board of Supervisors to follow staff's recommended budget allocation towards feasibility evaluation.

Thank you for your consideration.

Paulo Sítolíní COO - Hayward Lumber

**From:** Synergy Design <info@synergylight.com>

**Sent:** Friday, June 05, 2015 12:43 PM

To: sbcob

Cc: jlitten@cecmail.org

**Subject:** Community Choice Energy program

Attachments: Business in Support of Santa Barbara County CCE.pdf

Dear County Supervisors,

Please find my letter attached in support of the feasibility evaluation of a Community Choice Energy program.

Thank you for your consideration.

Rob Jenneve Principal Synergy Lighting Design 805-448-2672 info@synergylight.com Santa Barbara County 1<sup>st</sup> District Supervisor Salud Carbajal Santa Barbara County 2<sup>nd</sup> District Supervisor Janet Wolf Santa Barbara County 3<sup>rd</sup> District Supervisor Doreen Farr Santa Barbara County 4<sup>th</sup> District Supervisor Peter Adam Santa Barbara County 5<sup>th</sup> District Supervisor Steve Lavagnino

#### Supervisors:

As a Santa Barbara County business, we respectfully ask that the Board fund the feasibility evaluation of a Community Choice Energy program for the Santa Barbara County region.

Marin Clean Energy, Sonoma Clean Power, and Lancaster Choice Energy have demonstrated that Community Choice Energy programs can offer substantial savings though lower electricity rates for commercial businesses and residences.

Community Choice Energy programs are also prove to facilitate the development of local renewable energy projects, providing numerous benefits to the business community. These benefits include:

- 1. Competitive, stable energy costs: revenues from a Community Choice Energy Program can be reinvested to create an integrated suite of services (e.g. financing, energy efficiency upgrades, distributed energy generation, automated demand response, and smart grid technology) that would reduce the County's energy use and create additional cost savings.
- 2. New business opportunities: Community Choice Energy programs have the power to turn rooftops, parking lots, and other under-utilized spaces into assets that generate energy and revenue as surplus power is sold into the grid.
- 3. Community-wide economic gains, including local job creation: By keeping the millions of dollars of electricity payments now leaving Santa Barbara County local and reinvesting these dollars into the community, A Community Choice Energy program will stimulate the economy and create much needed jobs, especially for building trades.

In light of these potential benefits, we call on the Board to fund the feasibility evaluation of a Community Choice Energy program. Moving forward in coming years, we urge the Community Choice Energy Program to set ambitious goals, develop a strong business plan, and pursue a focused implementation of this plan.

Santa Barbara County has the resources to realize the vision and promise of a Community Choice Energy program that offers ratepayers competition and choice, stimulates the local economy, improves resiliency, and maximizes environmental benefits. We are proud to support the feasibility evaluation of a Community Choice Energy program in Santa Barbara County, and hope that the Board will choose to do so as well.

Thank you very much for your consideration,

Rob Jenneve

Rob Jenneve Synergy Lighting Design provider of high efficiency lighting solutions 805-448-2672 info@synergylight.com

From: Carolyn Morthole <cmorthole@SBNATURE2.ORG>

**Sent:** Friday, June 05, 2015 10:59 AM

To: sbcob

**Subject:** Dear Supervisors - Community Choice Energy Program



Inspiring a thirst for discovery and a passion for the natural world since 1916

Santa Barbara County 1<sup>st</sup> District Supervisor Salud Carbajal Santa Barbara County 2<sup>nd</sup> District Supervisor Janet Wolf Santa Barbara County 3<sup>rd</sup> District Supervisor Dorcen Farr Santa Barbara County 4<sup>th</sup> District Supervisor Peter Adam Santa Barbara County 5<sup>th</sup> District Supervisor Steve Lavagnino

#### Dear Supervisors:

For one hundred years, the Santa Barbara Museum of Natural History has promoted understanding and stewardship of the rich natural wonders of the Santa Barbara region. Our mission is to inspire our residents and visitors to care for the world of which we are a part and to live more lightly within it.

It is in this spirit that I respectfully ask that the Board fund the feasibility study for a Community Choice Energy program for the Santa Barbara County region. If feasible and if implemented, this program promises to offer ratepayers competition and choice; it will stimulate the local economy; and very importantly it will maximize environmental benefits.

Macin Clean Energy, Sonoma Clean Power, and Lancaster Choice Energy have demonstrated that Community Choice Energy programs can offer substantial savings though lower electricity rates for commercial businesses and residences.

Community Choice Energy programs have proved to facilitate the development of local renewable energy projects, providing numerous benefits to the business community. These benefits include:

- Competitive, stable energy costs: revenues from a Community Choice Energy program can be reinvested to create an integrated suite of services (e.g. financing, energy efficiency upgrades, distributed energy generation, automated demand response, and smart grid technology) that would reduce the County's energy use and create additional cost savings.
- New business opportunities: Community Choice Energy programs have the power to turn rooftops, parking lots, and other under-utilized spaces into assets that generate energy and revenue as surplus power is sold into the grid.
- Community-wide economic gains, including local job creation: By keeping the millions of dollars
  of electricity payments now leaving Santa Barbara County local and reinvesting these dollars into the
  community, a Community Choice Energy program will stimulate the economy and create much
  needed jobs, especially for building trades.

In light of these potential benefits, I call on the Board to fund the feasibility evaluation of a Community Choice Energy program. Moving forward in coming years, we urge the Community Choice Energy program to set ambitious goals, develop a strong business plan, and pursue a focused implementation of this plan.

The Museum is proud to support the feasibility evaluation of a Community Choice Energy program in Santa Barbara County, and hopes that the Board will choose to do so as well.

Thank you very much for your consideration.

President & CEO

From: Dennis Thompson < Dennis@thompsonnaylor.com>

**Sent:** Friday, June 05, 2015 9:32 AM

To: sbcob

Cc: jlitten@cecmail.org; Dennis Allen; Dennis Thompson

**Subject:** Community Choice Energy-

**Attachments:** Community Choice Energy memo 6-15.pdf

To the Clerk of the Board-

Please forward the attached letter to the Supervisors before their meeting next week.

Thank you,

Dennis Thompson, AIA, LEED AP Thompson Naylor Architects 900 Philinda Ave., Santa Barbara, CA 93103 (805) 966-9807 ext.1 website facebook houzz Date: June 5, 2015

To: Santa Barbara County Board of Supervisors

From: Dennis Thompson, AIA

President, Thompson Naylor Architects

Re: Community Choice Energy

#### Supervisors:

As a business owner and 40-year resident of Santa Barbara, I am concerned about the reliability of our local energy grid, the impacts of dirty energy production on our environment, and the increasing cost of energy.

I understand that Community Choice Energy is one way to address all of these issues simultaneously. Other counties in California have adopted similar programs and have seen their business, residential and government energy costs reduced and their local economies stimulated.

Therefore, I urge the Board to fund the feasibility evaluation of a Community Choice Energy program for our county. The costs of this study could be repaid in the first few years of operation of this program.

Thank you for your consideration.

From:

ghouse@silcom.com

Sent:

Thursday, June 04, 2015 11:52 AM

To:

sbcob

Cc:

maureen earls; Suzanne Riordan Agenda Item ADMHS Budget

Subject: Attachments:

Letter to Board 1st district 3-3A-5.docx; Letter to Board 2nd district 3-3A-5.docx; Letter

to Board 3rd district 3-3A-5.docx; Letter to Board 4th district 3-3A-5.docx; Letter to

Board 5th district 3-3A-5.docx;

HousingandRecoveryActionTeamRecommendations150323.docx

Dear Janet, Peter, Salud, Doreen, and Steve, Here is a letter from Maureen Earls, President of CLUE SB Board. The letter refers to the ADMHS Systems Change Housing and Recovery Action Team Recommendations, specifically recommendation 6: Expand Choice by Building New Units and Providing Expanded Licensed Residential Treatment

6.4

Demonstrate the need and financial feasibility to support service and housing partners to build intensive, licensed, residential treatment centers to provide a level of step-down and step-up care that is critically missing in the Continuum of Care.

6.5

Identify and work through County processes to provide suitable sites for new permanent residential units and licensed residential treatment on County land (North and South).

6.6

Identify and allocate predevelopment funds to begin the development of these housing programs to ensure that ADMHS and the County are ready and able to qualify for tax credit financing and other funding as they become available.

In April, the Housing and Recovery Action Team requested for the 2015-16 ADMHS budget \$25K for a Site Feasibility Study (to be conducted by General Services) and \$475K for Predevelopment Work for two sites to prepare the County to qualify for Federal and Tax Credit project funding.

If you have any questions, please do not hesitate to call Maureen 450-6111 or me 570-9721.

Grant House Strategic Consultant FamiliesACT! 805 570-9721

June 3, 2015



Clue Santa Barbara 1500 State Street Santa Barbara, CA 93101

First District Supervisor Salud Carbajal 105 East Anapamu Street Santa Barbara, CA 93101

Dear Santa Barbara County Supervisor Carbajal,

# Cancel STAR Funding; Redirect County Funds to Residential Treatment and Supportive Housing Instead

As you consider funding of the STAR Complex, CLUE and Families ACT! voice our strong recommendation to <u>redirect</u> the county contribution of these STAR Complex funds to ADMHS for residential treatment and supportive housing (a.k.a. community treatment).

Why would we dedicate our precious local funds to incarcerate non-violent mentally ill people when we are so desperate for intensive licensed residential treatment and supportive housing which prevents people from going to jail in the first place?

Directing our precious limited resources to this more compassionate solution will reduce the current practice of criminalizing people with mental health issues, reduce the use of highly expensive crisis services, and support people with mental illness and (often) cooccurring disorders in their progress to lasting recovery.

	Jail	Community Treatment	
Housing	\$44,572	\$11,400	
Mental Health Services	\$4,030	\$18,600	
Medical Treatment	\$4,200	\$3,500	
Total	\$52,872	\$33,500	
Savings for Community			\$19,372 per person
Treatment Option			\$2,905,800 per year

cluesb.org CLUE SB report 2013

We advocate for a fair and just distribution of County funds to the severely underfunded ADMHS. There is consensus that Santa Barbara County needs to allocate a substantial increase in funding for ADMHS. The Tri-West County ADMHS Assessment Report provided evidence that Santa Barbara County allocates far less for ADMHS than the standard allocation from other comparative County General Fund budgets.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> County of Santa Barbara Comprehensive Analysis and Assessment of Alcohol, Drug and Mental Health Services Project 2 and 3 Final Report County of Santa Barbara May 2013 pg 76

#### County TriWest Report 2013

Santa Barbara	426,878	\$3.14 million (approximately \$7,356 per 1,000 population)
San Luis Obispo	271,969	\$6.5 million (approximately \$23,000 per 1,000)
San Mateo (best practice)	727,209	\$23 million (approximately \$31,600 per 1,000)

# Support the Current ADMHS Budget Recommendation of \$1 million for Crisis Housing and Treatment and creation of a management level behavioral health Housing Coordinator position inside ADMHS.

We support the new Housing Coordinator position and the proposed \$1 million for 12 crisis beds primarily serving those who have been determined Incompetent to Stand Trail in coordination with the Mental Wellness Center. But 12 crisis beds are not enough!

# These 12 beds do not address the severe lack of residential treatment beds and supportive housing for long-term recovery.

They do not provide the treatment and support needed by those in jail with mental illness and co-occurring disorders who don't belong there. And the Housing Coordinator will need resources for a feasibility study and the predevelopment work necessary for the County to qualify for Federal tax credits and other significant funding for residential treatment and supportive housing.

Some believe the County is currently overspending on ADMHS. This could not be farther from the truth. In actuality the problem is the ADMHS budget is severely underfunded! A step in the right direction would be to provide seed funding for a feasibility study and predevelopment work for new beds and supportive housing units.

#### \$500K for 132 New

CLUE SB strongly urges the Board of Supervisors to approve the Housing and Recovery Action Team (HEART) 2015-16 recommendation to set aside \$500K for 132 new ADMHS housing units and treatment beds. These funds are for a feasibility study (\$25K) and predevelopment work (\$475K) preparing for two facilities, one in North County and the other in South County. Each site would have 50 supportive housing units and 16 residential treatment beds.

It was reported in HEART meetings that lack of a feasibility study and predevelopment funds in the last budget prevented our County from taking advantage of millions of dollars of grants and new funding that became available for housing and treatment earlier this year. We cannot let another year pass with no action.

The local portion of STAR funding should be diverted to provide supportive housing and residential treatment for people with mental illness. This diversion could help fund the \$500K

#### No Excuse

#### Begin planning and investing this year to bring our county up to standard.

Eventually, allocate at least \$9 million rather than the current \$3 million for ADMHS. Imagine the residential treatment and supportive housing units we could build with this funding each year! Imagine the continued downward numbers in our jail and on our streets and the reduced costs of crisis response! In a nearly \$100 million budget, starting with \$500K this year is a small but critically important investment that will give the new behavioral health Housing Coordinator the tools needed to do the job.

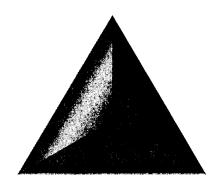
#### Summary

We urge you to abandon the STAR complex. Instead, set aside a relatively small amount of money (\$500K) to qualify for millions of dollars in outside funding for 100 supportive housing units and 32 residential treatment beds.

Sincerely, Maureen Earls President CLUE SB Board (805) 450-6111

# HOUSING AND RECOVERY ACTION TEAM SYSTEMS CHANGE RECOMMENDATIONS March 2015

Wellness



Housing Treatment

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



#### **Co-Chairs**

Michael Camacho-Craft Deborah McCoy Frank Thompson

#### **Housing and Recovery Action Team Members and Contributors**

Michael Camacho-Craft ADMHS Assistant Director for Clinical Operations
Refugio "Cuco" Rodriguez ADMHS Mental Health Services Act Division Chief

Tina Wooton ADMHS Consumer Empowerment Officer

Celeste Andersen ADMHS Compliance Officer

Andrew Vesper, LSCW ADMHS Regional Manager, Mental Health Clinics

Ole Behrendtsen, M.D. ADMHS Psychiatric Health-Facility PHF

Imelda M. Loza Casa Serena

Zahra Nahar-Moore Central Coast Collaborative on Homelessness C3H
Jeff Schaffer Central Coast Collaborative on Homelessness C3H
Maureen Earls Clergy and Laity United for Economic Justice CLUE
Wayne Mellinger Clergy and Laity United for Economic Justice CLUE

Suzanne RiordanFamilies ACT!Deborah McCoyFamilies ACT!Grant HouseFamilies ACT!

Chuck Hughes Finding Our Voices CA
Sylvia Barnard Good Samaritan Shelter

Rob Fredericks Housing Authority of the City of Santa Barbara
Alice Villareal Redit Housing Authority of the City of Santa Barbara
Skip Szymanski Housing Authority of the City of Santa Barbara
John Polanskey Housing Authority of Santa Barbara County

Emily Allen Legal Aid

Annmarie Cameron Mental Wellness Center
Frank Ricceri Mental Health Association

Lynne Gibbs National Alliance on Mental Illness NAMI
Kristine Schwarz New Beginnings Counseling Center NBCC

Cindy Burton Pathpoint
Jennifer Newbold Pathpoint

John Fowler Peoples' Self-Help Housing Corporation PSHHC Rick Gulino Peoples' Self-Help Housing Corporation PSHHC

JT Turner Phoenix of Santa Barbara

Lyra Monroe Restorative Justice Resources RJR

Emmet J. Hawkes Santa Barbara Community Housing Corporation CHC

Catherine Birtalan Santa Barbara Peer Empowerment

April Howard Santa Barbara Wellness Coach and Trauma Recovery

Frank Thompson Thompson Housing Consultants

Kathleen Baushke Transition House
Deborah Barnes Worth Street Reach

Erin Weber Third District Supervisor Doreen Farr

And many others...

#### County CEO's Office and Alcohol, Drug, and Mental Health Services Executive Support

Terri Maus-Nisich Assistant County Executive Officer

Alice Gleghorn ADMHS Director

Susanne Grimmesey ADMHS Chief Strategy Officer

Nancy Vasquez ADMHS Systems Change Project Manager

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



#### March 2015

The Housing and Recovery Action Team was chartered to address the present and expanding housing and treatment crisis facing clients and potential participants of Alcohol, Drug and Mental Health Services (ADMHS) in Santa Barbara County. The team has produced policy, program and capital recommendations for incorporation into the 2015-2016 budget and the programs of ADMHS.

This report has been generated to provide policy direction and recommendations for action to improve choice and access for people experiencing serious persistent mental illness (SPMI) often with complex needs to supportive housing, residential treatment and other support services. The context of the Committee's work includes the ADMHS Systems Change process, ADMHS Capital Needs process and the County Budget process. There are seven recommendations with associated action Items included in this report.

Relevant Tri-West findings are cited with each of the recommendations with overarching reference to the need for integrated housing and services geared to support long term recovery for ADMHS clients and their families.

Surveys are being conducted by the Housing and Recovery Action Team to enrich the recommendations with fresh data from five constituent groups including participants inside and outside the ADMHS service environment, housing providers and facilities, service providers, and families and other caregivers. The complete data and analysis will be published separately.

This report is aligned with the Vision and Guiding Principles articulated by the Systems Change Behavioral Health Steering Committee, November 2013.<sup>1</sup> It is intended to complement and reinforce the adopted recommendations of the other Systems Change Action Teams.

The Housing and Recovery Action Team offers this report in a forward looking, encouraging and constructive spirit with a strong intention that these recommendations are implemented as part of the System Change process.

Respectfully submitted,

The Housing and Recovery Action Team Co-Chairs:

Michael Craft Deborah McCoy Frank Thompson

http://cosb.countyofsb.org/uploadedFiles/admhs\_new/resources/Systems\_Change/Steering\_Committee\_2013/ Systems%20Change%20Vision%20%20Guiding%20Principles%20-%20Dec%2027%202013.pdf

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



CO	N	TE	N	TS
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- 3 Introduction
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- 7 Findings
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- 12 Recommendations
- 13 NAVIGATION, FEEDBACK, AND WHOLE SYSTEM IMPROVEMENT
  Coordinate a Supportive Housing Program with Navigation Assistance
  Collect and Share Baseline and On-Going Housing, Treatment and Wellness Data
  Implement Whole System Cost/Savings/New Revenue Accounting
- 15 <u>EXISTING HOUSING, HOUSING RETENTION, AND SUPPORT</u>
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  Increase Housing Retention and Reduce Risk of Eviction Strengthen Services
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  Expand Choice by Building New Units and Providing Licensed Residential Treatment
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  Reduce System-wide Costs and Increase Revenue
- 19 Appendix
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#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



#### **Policy Statement**

The Housing and Recovery Action Team envisions a behavioral health system that meets the housing, services, and support needs of the recovery community at each step of the continuum of care:

- outreach and prevention
- crisis management and post crisis step-down
- intensive licensed residential care
- > long term recovery in a wide range of permanent supportive housing

The Housing and Recovery Action Team urges the County to adopt policies and practices that result in a behavioral health system that: ☐ Works with partners in the community to implement a flexible, dynamic, effective, and responsive system that is not singularly reliant on crisis management but instead focuses programs and resources on long term supported recovery. ☐ Is designed for resilience with programs organized so that regression, relapse, and decompensation are recognized as steps along the path to recovery and setbacks are neither harmful to an individual's well being nor extremely costly to the public. ☐ Closes the "revolving door" of incarceration, homelessness, repeated use of the emergency room, and jail. ☐ Welcomes people with complex needs. ☐ Works toward a continuous process of recovery that meets the individual needs and receptivity of each consumer. ☐ Removes bottlenecks to continued long-lasting recovery mindful of the concepts of "timely intervention" and "flow." ☐ Helps decision makers to see that the behavioral health system as not just facilities and programs but a dynamic - a movement or flow - where each interaction with a client is part of a "chain of moves" toward long term recovery. Reinforces the message that this work involves real people's lives with complex collections of needs, goals, problems, solutions and opportunities that define "pathways to success." ☐ Ensures that its programs address the needs of the wide diversity of participants including families and children. ☐ Demonstrates how the whole system works together when it is working efficiently and notices what is missing or needs to be changed when it is not. ☐ Utilizes data, evaluation tools and success models from other communities to design and maintain a Continuum of Care that is efficient and meets participants' needs. ☐ Enhances and improves the system's performance for individual consumers and the system as a whole by creating real-time feedback loops that are shared between service, medical, and housing providers. ☐ Takes the lead in partnering with others to fill the housing and service gaps in the

Continuum of Care in appreciation that, despite the heroic actions of the dedicated

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



professionals operating within the current system, significant gaps in the Continuum of Care
continue to exist.
Recognizes the extreme shortage of quality transitional and permanent housing.
Prepares to accept significant State and Federal funding to build new housing and licensed residential treatment beds for AMHS clients.
Restores ongoing funding for services, programs, and capital needs to support Behavioral Health clients in their recovery.
Leverages limited local resources and designs the improved behavioral health system for the most efficient use of new and existing funding opportunities.
Returns savings from implementing this report's recommendations back to expanded programming and improved wellness outcomes for clients.
Provides a new way of looking at system-wide costs that reaches out beyond County
departments into the recovery community as a whole.
Understands that stakeholders are aligned for a common purpose, each contributing their part in a cooperative effort. <sup>2</sup>
Appreciates that access and choice in behavioral health is a human rights, social justice, and health and safety issue affecting a large number of county residents. <sup>3</sup>
Provides treatment regardless of payer sources while encouraging self-determination and voluntary participation on the path to self-sufficiency.
Offers choice and access to housing and services within a system founded on strong cultural competence and respect for the diversity of people living with SPMI and complex needs.
Institutionalizes cultural competencies in staffing, programming, and in the types and design of housing and support facilities.
Offers user-friendly navigation of the behavioral health system that facilitates participation at all stages of recovery.

<sup>&</sup>lt;sup>2</sup> Restorative Court and the City of Santa Barbara's Restorative Policing program are good examples. ADMHS, contractors, service providers, the private sector, hospitals, District Attorney, the Courts, Probation, Sheriff, police, and the jail each have a unique part to play.

<sup>&</sup>lt;sup>3</sup> Approximately 72% of people in our county experiencing SPMI are not receiving services from ADMHS. 431,249 people were surveyed in the most recent census. 12,554 likely have SPMI based on data from the National Institute of Mental Health. An estimate of adults 18 or over served by ADMHS in 2012/2013 was 3,450.

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



#### **Findings**

The continuum of care is fractured. ADMHS is underfunded to address documented unmet needs. The need is greater than the system's current capacity. The current system is a "fail first" model that results in recurring set-backs for many consumers. Santa Barbara County allocates a low percent of its general fund budget for behavioral services for the mentally ill compared to other California counties.<sup>4</sup>

There is a critical shortage of beds, residences and services. Many of the housing options available to consumers are sub-standard. Existing facilities and programs are being asked to do what they were not designed to do. The South County Assertive Community Treatment (ACT) program, a critical link in the flow of services for recovery, has not performed as expected and needed, unlike the successful models elsewhere in the County. Existing programs are chronically underserved by current psychiatric and case management services.

As noted in the 2013 Tri-West assessment, there are large gaps in service and support.<sup>5</sup> These gaps include a wide range of currently missing or inadequate supportive housing options. Were they to be provided as part of a coherent supportive ADMHS housing and recovery strategy, they would present an alternative to eviction, incarceration and homelessness.

- 1. Outreach and case management to people experiencing SPMI.
- 2. Licensed intensive residential treatment beds
- 3. Permanent affordable housing units with available licensed and unlicensed supportive services
- 4. Services for people in housing, e.g. wrap around case management, interdisciplinary mobile support
- 5. Conversion of use and physical improvements to existing units, master leases, board and care, etc.

Currently a large investment is being made in crisis services. These services will work as intended if there are housing options and appropriate services as next steps toward recovery for participants. It is essential that there are strong combined housing and recovery options for successful referrals post-crisis to support each person on his/her pathway to recovery.

Combined data from C3H Point in Time surveys of people experiencing homelessness between 2011-2015 reveal that 54% of the 2767 respondents report that they suffer from mental illness (64% in 2015), 34% severe mental illness (48% in 2015), 60% received treatment for mental

<sup>&</sup>lt;sup>4</sup> ADMHS Fiscal Services Presentation, Mental Health Commission 11/20/2014. 2% of the ADMHS Expenditures in the FY 14-15 Budget are allocated to capital assets such as land, structures, equipment, and information systems (2.3M). ADMHS revenues show that the ADMHS Budget is funded with only 3% General Fund dollars (3.1M) for FY 14-15

<sup>&</sup>lt;sup>5</sup> County of Santa Barbara Comprehensive Analysis and Assessment of Alcohol, Drug, and Mental Servies Project 2 and final Report," TriWest, May 2013.

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illness, and 45% experience alcohol abuse (52% in 2015). According to Clergy and Laity United (CLUE) at least 150 misplaced participants are in jail for lack of diversion facilities.

Due to the lack of facilities in Santa Barbara County, many local clients living with SPMI have been placed In IMDs in other counties. When they return, there are few supportive units ready to accept them back into the community. Many people with SPMI rent substandard housing with limited access to the system of ADMHS and service providers.

With a less than 1% vacancy rate on the South Coast and 1.8% in North County, rentals are difficult to find. Rental rates are at an all time high and accelerating. It is becoming more difficult to find housing managers and owners who are willing to rent to people who are low-income, indigent, and/or living with SPMI, often with complex needs.

To refine and enhance these findings, the Housing and Recovery Action Team is gathering data on the inventory of available housing for people living with SPMI from a variety of sources to determine the gaps and types of housing frequently needed but unavailable in our communities. The team has generated a series of surveys that are being distributed to opinion leaders and:

- > ADMHS current clients
- Individuals living with SPMI not receiving ADMHS services at this time (including 150+ in jail)
- > Housing providers and facilities
- > Treatment and service providers
- Family members, friends, and other care givers

Combined with research into the measures of success or failure of housing and recovery services, the survey data will enrich our understanding with fresh data geared to assist staff and decision makers in the upcoming 2015-2016 County Budget process and beyond.

#### **Impacts**

There is a lack (if not absence) of permanent housing for people living with SPMI and with dual diagnosis that are still active in their addictions. People with complex needs are routinely being sent to sober living homes, the few room and boards that will take them, and the Rescue Mission – all unequal to the task of dealing effectively with co-occurring disorders.

<sup>&</sup>lt;sup>6</sup> Central Coast Collaborative On Homelessness, Point In Time/Vulnerability Index Survey 2015 at http://commongroundsb.org/2015\_registry\_week\_communit.pdf

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ADMHS has a strong role to play in initiating harm-reduction/housing-first units in both North and South County. Most communities around the United States that are making measured progress in reducing homelessness are prioritizing this strategy.

Central to this effort is the Board of Supervisors' role to facilitate and establish incremental goals of supportive housing in all viable locations, especially as it becomes clear that there is a critical and ongoing shortage of treatment beds and housing units with supportive services. This shortage of an adequate range of housing options results in bottlenecks across the entire continuum of services resulting in a costly "revolving door" of hospitalization, evictions, homelessness, incarceration, and premature death.

Participants get stuck at the PHF<sup>7</sup>, at Social Rehabilitation facilities, in transitional housing, shelters, in IMDs, at the jail, at the ER, on the streets, and in supported housing due in large part to their inability to advance to less restrictive and less costly supportive housing choices in their recovery. The recent increase in Incompetent to Stand Trial (IST) cases has added an additional burden on the existing system.

This affects consumers, service providers, landlords, the County and cities, neighborhoods, and families. There is a serious strain on personnel resulting in the loss of valuable human resources due to stress and burn out. One of the greatest stressors is the size of caseload exacerbated by frustration at not being able to guide SPMI cases to less restrictive and more appropriate housing options.

Opportunities for outside funding may be missed if there is not strong policy direction and action from the Board of Supervisors and ADMHS leadership. Planning for additional supportive housing including some predevelopment work is essential to pursuing and achieving new funding sources. To be effective, the County's efforts are best conducted in partnership with other providers, jurisdictions and CBOs.

The current system results in extraordinary system-wide costs. For example, disproportionate costs are associated with the imbalance in funding between proactive and effective psychiatric and social services and the use of the justice system to address these issues. There are very high costs of recidivism and regression that are exacerbated by deferring to arrest, incarceration and probation as the primary interventions.

A climate of hopelessness pervades the affected community. According to case workers, many individuals and families just give up. There are missed chances for healing and wellness. Existing service providers have learned to be careful whom they serve due to the lack of support and

<sup>7</sup> PHF turnover is scheduled to increase as length of stay is reduced toward the goal of 7 days. Shortage of step-down beds is a serious bottleneck.

<sup>&</sup>lt;sup>8</sup> e.g. As a result of increased placement in out-of-county, high cost, non-reimbursable IMDs, capacity has increased from 70-130 costing over \$30,000/day, half of which would be reimbursable if IMDs and licensed residential treatment facilities were in Santa Barbara County.

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resources. This leaves more complex cases without local housing and services. Cases like these are often placed in out-of-County care resulting in greatly reduced State and Federal cost reimbursement due in large part to the lack of IMDs and licensed residential treatment facilities within Santa Barbara County.

The return on investment of improvements to the current system include:

- Improved outcomes
- > Increased retention
- > Reduced regression
- Reduced homelessness
- Reduced hospitalization
- > Reduced incarceration and recidivism
- Reduced deaths
- Increased effectiveness of existing programs
- > Improved quality of life for consumers and their families and neighborhoods
- Additional revenue brought to the system
- Reduced costs
- Reduced staff stress and turnover

#### **Housing and Services Environment**

The current system relies on willing private property owners and non-profit providers to provide housing for 98% of ADMHS participants. In the past, licensed board and care operators housed a larger proportion of people living with SPMI. Now, there is increasing reluctance of housing owners and managers of all types of housing to participate due to past bad experiences and increased costs of operation multiplied by a perceived lack of ADMHS support. With an increase in services and support, housing owners and managers could be motivated to resume renting to individuals living with SPMI.

After years of chronic underfunding, there is a limited local budget to support adequate services. Departmental, jurisdictional, and organizational budgets and cost assessments are in "silos" leading to difficulty in recognizing the value of system-wide savings resulting from strategic changes in the current system by the separate parties.

There are new opportunities to leverage local resources and "increase the size of the pie." Yet, a culture of zero-sum thinking leads to continued, intense and harmful adversarial competition between service providers and even among County departments for "scarce" resources.

Opportunities are missed due to lack of advanced planning and preparation. In the first two months of 2015, three notices of funding availability (NOFA) worth millions of dollars for affordable housing that would have met the needs of ADMHS clients became available. The County could not participate because predevelopment work that may have cost \$250K had not

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been completed. This is not an isolated situation. These opportunities are ongoing and available for Counties and Cities that have made the small initial investment.

Other counties and jurisdictions are having success and demonstrating significant cost reduction by taking the approach of increasing all types of housing supply for people living with SPMI and complex needs while providing robust intensive licensed support services for the residents.

Improved communication between stakeholders and an appreciation of the cost reductions and benefits of restorative approaches can generate extraordinary results. Santa Barbara's Restorative Policing program is a case in point. Strengthening this kind of interaction and planning between law enforcement, ADMHS, service providers, the District Attorney, courts, hospitals, clinics, jails and housing providers would bring about similar savings throughout the County. This could result in diversion of County General Fund revenue currently spent for high cost incarceration and hospitalization to lower cost recovery modalities.

Licensed treatment beds are needed to step down from crisis and short-term programs and proactively bypass or reduce expensive crisis care altogether. As they come on line, clients will be referred to the new licensed treatment beds and available permanent housing from:

**PHF** 

IMDs Jail

Crisis Residential (North and South) New crisis 23-hour facilities Detox facilities (max 2 week stay)

Streets

Court-ordered

Independent housing

Decompensating or relapsing clients

Hospitals

Licensed Board and Care

Public Housing
Room and Board
Halfway Houses
Senior Housing
Sober Living
Safe Parking
Shelters

Consumers who have been turned away or

asked to leave existing programs

Partial List

Strong mobile interdisciplinary service teams are needed to assist consumers in their permanent housing by providing licensed client-centered wrap around support for lower cost long-term results.

Access to and choice of housing and services are limited by language and cultural barriers. Individuals (men and women) and families with children are all impacted by the lack of affordable housing with appropriate supportive services. The system is complex and difficult to navigate for even seasoned professionals. Assistance is needed to provide access and choice for all behavioral health system clients.

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Other counties are having success employing navigators who are proficient in the languages and norms of their constituents. Access to services is enhanced by culturally competent staff members who are reflective of the population that is being served. Peer navigators with lived experience provide a safe and trusted access point for SPMI and complex needs participants.

The characteristics of each community in Santa Barbara County vary greatly. Care must be taken in how participants are informed and guided to the types of housing and associated services that are appropriate for them. Access and choice in housing and treatment for seniors, single men and women, children and families, and various ethnic, linguistic and cultural groups require a variety of approaches and even distinct architectural styles and amenities.

#### Recommendations

Within the Systems Change model, the Housing and Recovery Action Team believes that there are complementary and necessary evidence-based best practices that can be employed to provide an effective Continuum of Care. There are significant cost savings in this model that will go a long way to stretching and expanding available resources for implementation.

System renovations can be designed to avoid bottlenecks by optimizing the capacity and flow from one step to the next - from prevention, crisis, rehabilitation, to independent living. A supportive housing coordinator, a navigator system and a housing and services resource directory will facilitate maximum consumer benefit from available resources.

Use of existing housing resources will be enhanced by supports for clients and property owners. Partnering with housing developers and service providers to produce new units will address the intense competition for the few affordable housing units that are available in Santa Barbara County. And, all of the housing options need an enhanced system of support for clients to meet their needs on an immediate and ongoing basis.

By expanding focus to long-term recovery in a wide-range of supportive housing types, wellness outcomes will be greatly improved while system-wide costs will come down.

The keystone of the system improvements is ongoing feedback using enhanced real-time assessment tools shared across platforms. The result: a responsive, evolving, more cost effective system of care that meets each consumer's unique requirements for recovery.

The Housing and Recovery Action Team's Systems Change recommendations are presented in four areas of emphasis: 1. Navigation, Feedback, and Whole System Improvement; 2. Existing Housing, Housing Retention and Support; 3. New Supportive Housing and Residential Treatment; and 4. Cost Savings and New Revenue.

 $<sup>^{9}</sup>$  San Francisco, Alameda, and Los Angeles Counties are reporting success with their navigator systems

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#### NAVIGATION, FEEDBACK, AND WHOLE SYSTEM IMPROVEMENT

#### 1. Coordinate a Supportive Housing Program with Navigation Assistance

- 1.1 Establish a Supportive Housing Coordinator Position within ADMHS
- 1.2 Provide Navigators, both professional and peer with lived experience, to assist ADMHS clients and caseworkers to find available housing and support services
- 1.3 Organize a comprehensive searchable database and Geographic Information Service (GIS) for housing and t reatment options as a primary resource for the Housing Coordinator and professional and peer navigators
- 1.4 Consider a Partnership with Community Action Commission's 211 (CRIS) Service
- 1.5 Integrate with Housing and Recovery Action Team Survey Data and create links with other housing and service providers

#### 2. Collect and Share Baseline and On-Going Housing, Treatment and Wellness Data

- 2.1 Survey five key stakeholder groups to test the hypothesis that housing plus treatment yields better wellness outcomes (Housing and Recovery Action Team Surveys)
- 2.2 Identify treatment, service and housing gaps, flow rates, and preferred housing and treatment options. Study the characteristics and geographic distribution of the diverse populations living with SPMI.
- 2.3 Increase the collection and availability of housing retention data.
- 2.4 Collect and share data to improve and maintain relations between behavioral health stakeholders and the jail.
- 2.5 Set up a system of ongoing data collection to provide real-time system performance feedback regarding paths to success and regression (for use within the system and for wider access to it). Use the feedback to improve housing retention and wellness measures.
- 2.6 Initiate and maintain departmental performance measures to record and share progress in meeting each of the goals of Systems Change especially in the areas of housing and related supportive services.

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#### NAVIGATION, FEEDBACK, AND WHOLE SYSTEM IMPROVEMENT (continued)

#### 3. Implement Whole System Cost/Savings/New Revenue Accounting

- 3.1 Begin whole-system cost accounting to measure total costs, future cost savings, and new revenue beyond departmental, jurisdictional, and operational silos to assist decision makers in planning for broad community benefit.
- 3.2 Advocate within ADMHS and the County to require cooperation among departmental, CBO, and private sector participants to share cost and cost savings data. Invest in user-friendly informational systems that seamlessly interface with one another.
- 3.3 Coordinate with partners in the behavioral health community to make an annual report on the effectiveness of the changes in the whole behavioral health system.

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#### EXISTING HOUSING, HOUSING RETENTION AND SUPPORT

- 4. Implement Organizational Measures to Improve Client Access to Existing Housing -**Support Housing Owners** 
  - 4.1 Plan, demonstrate feasibility, and provide financial support to service and housing partners to obtain control of existing housing (buy, rent, convert, accept donated property) to meet the needs of low income and indigent people living with SPMI and complex needs.
  - 4.2 Gather information, demonstrate feasibility, and provide financial support to implement creative housing solutions such as a "home-share" program and "landlord liaison" program. 11
  - 4.3 Provide existing examples, demonstrate feasibility, and provide financial and service supports to prioritize housing alternatives for people living with SPMI, SA, and complex needs, such as implementing a master-leasing program that utilizes a harm reduction model.
  - 4.4 Recognize the critical role of many private individuals in providing rental housing for ADMHS clients. Provide support to owners in needed physical quality improvements, client support services, and financial incentives.
- 5. Increase Housing Retention and Reduce Risk of Eviction - Strengthen Services **Associated with Existing and Future Housing Resources** 
  - 5.1 Encourage wider participation in providing housing for consumers. Provide a strong support system for residents to offer meaningful and dependable reassurance for owners and managers of existing housing.
  - 5.2 Provide expanded and more robust services, especially in times of crises or risk of eviction, to support ADMHS clients living in existing room and board, board and care, and independent living housing. Improve on-site and mobile interdisciplinary teams to support participants in retaining existing housing and accessing appropriate services.
  - Increase case management staff at housing provider sites to case management 5.3 basic standards<sup>12</sup> (case managers, drug and alcohol counselors, MSW, etc.).

<sup>&</sup>lt;sup>10</sup> http://www.ventura.org/vcaaa/homeshare

<sup>11</sup> http://www.landlordliaisonproject.org

<sup>&</sup>lt;sup>12</sup> Case management basic standards call for 15:1 average ratio

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



#### **EXISTING HOUSING, HOUSING RETENTION AND SUPPORT (continued)**

- 5.4 Include adequate facilities, equipment, mobile apps, and vehicles for staff and CBOs, in the planning of system improvements.
- 5.5 Return South Coast Assertive Community Treatment (ACT) to the ACT model utilized in North County and adjacent counties to meet uniform standards for access to care by level of care, transitions between levels of care, and functioning of interdisciplinary teams as recommended in the TriWest report.<sup>13</sup>
- 5.6 Support and participate in a central Navigator System to ensure appropriate wrap-around client-centered services, support, and housing placement for each consumer. 14 Offer Peer Navigator services in outpatient clinics.
- 5.7 Expand cultural competence throughout the Continuum of Care in staffing, operations, program design and implementation, the range of housing options and associated residential services.

<sup>&</sup>lt;sup>13</sup> County of Santa Barbara Comprehensive Analysis and Assessment of Alcohol, Drug, and Mental Servies Project 2 and final Report," TriWest, May 2013.

<sup>&</sup>lt;sup>14</sup> Los Angeles County, San Francisco County, Alameda County and others have pioneered Navigator Systems and may be models for Santa Barbara County.

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



#### **NEW SUPPORTIVE HOUSING AND RESIDENTIAL TREATMENT**

# 6. Expand Choice by Building New Units and Providing Expanded Licensed Residential Treatment

- 6.1 Solicit and support affordable housing developers to increase the number of permanent low-income supportive housing units for individuals with SPMI, SA, and complex needs by 250 units/year for five years (1,250 new units for ADMHS eligible clients).
- 6.2 Solicit and support affordable housing developers to increase licensed board and care and room and board units for SPMI, SA, and complex needs clients by 48/year for five years (240 new beds)
- Demonstrate financial feasibility and organizational support within the County and ADMHS to contractually associate new, improved, and strengthened support services for the residents with the design of all new SPMI housing facilities (1,490 new units)
- Demonstrate the need and financial feasibility to support service and housing partners to build intensive, licensed, residential treatment centers to provide a level of step-down and step-up care that is critically missing in the Continuum of Care.
- 6.5 Identify and work through County processes to provide suitable sites for new permanent residential units and licensed residential treatment on County land (North and South).
- 6.6 Identify and allocate predevelopment funds to begin the development of these housing programs to ensure that ADMHS and the County are ready and able to qualify for tax credit financing and other funding as they become available.

#### SYSTEMS CHANGE RECOMMENDATIONS – March 2015



#### **COST SAVINGS AND NEW REVENUE**

#### 7. Reduce System-wide Per Client Costs and Expand Revenue

- 7.1 Identify methods to reduce existing system-wide average per client costs by leveraging local resources through process improvements to relate housing, treatment, and wellness maintenance services (linkages and paths).
- 7.2 Identify and explain available local, State, and Federal financial resources to enable ADMHS and its partners to aggressively pursue grants for capital projects and supporting equipment and amenities.
- 7.3 Use existing County resources to leverage significant sources of funding, e.g. provide County land to qualify for tax credits in lieu of buying expensive market-valued private property.
- 7.4 Demonstrate the need for readiness to capture available charitable, State, and Federal resources. Prepare for ADMHS investment in project pre-development be able to participate in periodic State and Federal grants and loans.
- 7.5 Demonstrate and publicize the need for public/private partnerships with private sector CBOs and other service and housing partners. Recognize the risks taken and contributions of these parties toward wellness for ADMHS clients.
- 7.6 Actively seek available sources of additional resources and funding, e.g. Propositions 41, 47, and 63, currently available \$2.25 million MHSA capital funds, Emergency Solutions Grants (ESG), private philanthropy, corporate participation, and Affordable Care Act (ACA) funding.
- 7.7 Pre-plan for needed improvements even in the absence of existing resources to be ready for funding when it becomes available. Capital improvements need to be planned to the stage of being "shovel ready."
- 7.8 Plan for and demonstrate effectiveness of an annual set aside of capital costs for more licensed and unlicensed housing with treatment facilities (a "sinking fund").
- 7.9 Demonstrate a return on investment from maintaining annual general fund contributions to a housing actions capital fund when ADMHS cost settlement is complete. 15

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<sup>&</sup>lt;sup>15</sup> ADMHS Fiscal Services Presentation, Mental Health Commission 11/20/2014

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# **APPENDIX**

1. Housing and Recovery Action Team Recommendations with Tri-West References



P.O. Box 2152, Santa Barbara, California 805-637-1339 | info@FamiliesACT.org www.FamiliesACT.org

June 8, 2015

To: Janet Wolf, Chair and Santa Barbara County Board of Supervisors

From: Suzanne Riordan, Director

RE: ADMHS Budget 2015-16

In her presentation during the budget workshops and in multiple meetings with the public, **ADMHS Director Gleghorn cites safe and stable housing as essential for an effective continuum of care for people experiencing mental illness**. We agree! Unfortunately, new residential treatment beds and new units of supportive housing are not in the proposed budget.

Our experience working with our clients, our research, and citations from many other jurisdictions here in California and across the Nation support the idea that jailing people with mental illness does not work. Without step-down residential treatment and supportive housing, the jail will continue to be, as Santa Barbara Deputy Chief of Police Mannix lamented, "...the major facility we have to deal with mental illness." At Families ACT! we say **Beds Not Cells!** 

- 1. Mentally ill people and those with co-occurring disorders are highly over-represented in jail populations. Incarceration is not treatment and it is often harmful. (Please go to www.stepuptogether.org for a more information on a national initiative)
- 2. Under-supported housing such as room and board and board and care simply cannot provide appropriate support for lasting recovery for the majority of this population. For many years, our County has neglected transitional, intensive residential treatment. We need hundreds more units with robust support services than we currently have.
- 3. Intensive licensed residential care coupled with supportive housing is an essential component of a system designed to break the deadly cycle of incarceration, hospitalization, and homelessness for people with mental illness.

We are glad there will be a new Housing Coordinator and 12 new short-stay beds for those deemed Incompetent to Stand Trial (IST). But Families ACT! is shocked that the \$25K for a site Feasibility Study and \$475K for Predevelopment Work that was recommended by the Systems Change Housing and Recovery Action Team did not make into the proposed budget!

In a nearly \$100 million ADMHS Budget, this tiny investment will help the new Housing Coordinator draw tens of millions of development and operations dollars to our County for two new facilities that focus on the needs of the mentally ill.

Quit wasting taxpayer money and lives using the jail as a de facto mental hospital. Last year you told us, "Do your homework and come back next year." We did. The people we represent who are caught in that horrible revolving door of incarceration, hospitalization, and homelessness cannot lose another year!

Please set aside \$500K to kick-start the development of 32 new residential treatment beds and 100 new units of supportive housing in two facilities, one in North County and one in South County.

Families ACT! works to create effective treatment alternatives and end the revolving door of incarceration, hospitalization, and homelessness routinely experienced by people and families living with mental illness and substance use disorders.