



**BOARD OF SUPERVISORS
AGENDA LETTER**

Agenda Number:

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

Department Name: Behavioral Wellness
Department No.: 043
For Agenda Of: August 23, 2016
Placement: Departmental
Estimated Time: 30 minutes
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors

FROM: Department Alice Gleghorn, Ph.D., Director
Director(s) Behavioral Wellness, 805-681-5220
Contact Info: Pamela Fisher, Deputy Director Clinical Operations
Laura Zeitz, RN, Program Manager
Behavioral Wellness, 805-681-5220

SUBJECT: Santa Barbara County Department of Behavioral Wellness Capital Resources and Behavioral Health Facilities

County Counsel Concurrence

As to form: N/A

Other Concurrence: N/A

As to form: No

Auditor-Controller Concurrence

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

- A. Receive and file a presentation on Capital Resources and Behavioral Health Facilities for individuals receiving specialty mental health services and substance abuse recovery services from Santa Barbara County Department of Behavioral Wellness, and;
- B. Direct Behavioral Wellness to work in collaboration with the County Executive Office on the development of a feasibility assessment for implementation of the Capital Resources and Behavioral Health Facilities Report to include but not limited to capital funding strategies, timelines for project implementation and operational costs, and;
- C. Determine that the above actions are exempt from the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(5) of the CEQA guidelines, as organizational or administrative activities of governments that will not result in direct or indirect physical changes in the environment.

Summary Text:

One of the largest issues people with mental illness face is the lack of available housing. For some, the basic necessity of securing a stable home is one of the most powerful barriers to recovery. When this need is not adequately met, people may decompensate; cycle in and out of homelessness, shelters and hospitals; and/or become involved with the criminal justice system. Therefore, in conjunction with state and federally funded mental health treatment services, an ideal mental health system also has access to housing supports that provide clients appropriate care in the least restrictive and most cost efficient setting. Although Santa Barbara County has a number of existing resources and some new housing projects underway, it continues to have insufficient housing resources to meet the needs of the community.

The purpose of this Board letter is to inform the Board of the capital resources currently within our community as well as identify the continued housing needs for those who are accessing behavioral health care. To accomplish this, the board letter will provide a brief overview of housing options, including treatment facilities for individuals with mental health and substance abuse issues. Additionally, it will focus on key areas where the department (with input from stakeholder groups) believes the current availability of housing and or facilities do not meet the current demand. The Board letter concludes with what Behavioral Wellness has determined are the top priorities for the department.

Background:

Effective Behavioral Health Systems require sufficient facility and programmatic capacity at each level along the continuum of care and recovery. As an adjunct to treatment accessible, safe, and affordable housing fosters recovery and stability for those with behavioral health needs, creates successful outcomes, and aids consumers in avoiding periods of regression. It also limits the use of high cost and inappropriate systems (such as emergency rooms, inpatient psychiatric hospitals and the criminal justice system). Current research has demonstrated that without stable housing, individuals with mental health conditions do not maximally benefit from mental health services.

Given this research, one of the central goals of the department's system change initiative is the focus on recovery models of care that aim to provide services to consumers in the most compassionate and least restrictive setting possible. Having a full continuum of care includes a variety of residential options and moves the service model away from high intensity services (such as inpatient hospitalization) to lower levels of care. As important as stable housing is for clients with behavioral health needs, funding for housing is not provided by most federal and state resources available to our department. Even when a residential setting is central to a model of care (for example, Residential Treatment for Substance Abuse), federal reimbursement only pays for the treatment service provided to the client within the facility, and does not cover the cost of client's room and board. Local governments have therefore initiated innovative strategies to address housing needs, recognizing the local cost of frequent hospitalizations, incarceration, and crisis services they incur from unmet housing/facility needs. While recent federal and state initiatives indicate that they may become more involved in the funding of housing for our vulnerable populations in the future, the current financial burden of homelessness has fallen largely on local governments.

As part of the Behavioral Wellness and Behavioral Health Systems Change efforts, the department, Action Teams, and stakeholders have worked to collaboratively inventory, identify gaps (including the number of Santa Barbara clients being served in facilities out of county), and prioritize the unmet

housing needs within our county. Behavioral Wellness' goal is to work towards increasing the capacity for mid to low level services for clients who would benefit from living in residential and supported living environments, which we believe would reduce the use of high level and costly services of acute facilities. Our goal in the next 18 months is to develop greater capacity in the continuum of community residential treatment programs as well as increase safe and stable housing for our clients throughout the county. Therefore, a further goal of this Board letter is to detail the current inventory of housing for Behavioral Health clients and present what the department has determined are the current facility needs.

Below is a description of residential housing options categories, followed by the department's prioritized list and the associated estimated costs (see Table 1 for a summary). The program types below are organized along the behavioral health service continuum of care and recovery, from the most restrictive and costly to the least restrictive and less costly settings.

Definitions:

- a) Acute: Facilities with the highest intensity level of medical and nursing support for patients in periods of acute psychiatric illness.
 - Inpatient Acute Adult facilities can be free standing psychiatric health facilities beds or an acute hospital affiliated psychiatric unit. These facilities provide 24 hour, acute, inpatient voluntary or involuntary care to individuals requiring psychiatric hospitalizations. Aurora Vista Del Mar and our Psychiatric Health Facility are examples of these types of facilities.
- b) Crisis: Facilities with intense nursing and psychiatry support available to transition and bridge patients following periods of serious psychiatric illness and prepare them for and connect to continuing services.
 - Emergency Shelters are facilities with overnight sleeping accommodations whose primary purpose is to provide temporary shelter. Currently, the department contracts for 40-45 beds which are a small portion of the current county-wide shelter bed capacity of 575. Contracts include PATH, Salvation Army, and Good Samaritan shelters.
 - Crisis Residential 30 day facilities are temporary residential alternatives for people in psychiatric crisis or an intense period of emotional distress who might otherwise face voluntary or involuntary inpatient hospitalization. Residents may stay up to 30 days. Programs provide stabilization, medication monitoring, and ongoing evaluation to determine the need for additional services within a framework of peer support and trauma-informed recovery planning. Programs include treatment for co-occurring disorders based on either harm-reduction or abstinence-based approaches to recovery. A supportive environment nurtures the individual's processes of personal growth as he or she works at an individualized pace. Behavioral Wellness currently has 12 beds at Santa Maria Crisis Residential (Carmen Lane), 8 beds at Santa Barbara Crisis Residential (La Mirada) and has recently been offered grant funding to create a 6 bed facility in Lompoc.
 - Crisis Stabilization Units (CSU) 23-hour facility that provides for rapid treatment and interventions to individuals experiencing a psychiatric crisis. Empirical evidence demonstrates that treatment in a CSU, either voluntarily or involuntarily for up to 23 hours, can effectively help people in crisis return to the community without incurring an acute

inpatient admission. The Department recently opened a voluntary CSU with capacity for 8 in South County and a second CSU is under development in North County.

- c) **Residential Facilities:** A broad range of facilities that provide varying service intensity levels and longer term stays for clients and include Residential Treatment Facilities, MHRCs, as well as Board and Care facilities.
 - Mental Health Rehabilitation Centers (MHRC) are facilities that generally have more than 16 beds and are primarily engaged in providing long term rehabilitative care services. There are no MHRC facilities in Santa Barbara County. However, to meet the care needs of those in our community, the department contracts for these services with providers located throughout the state. These vendors include Crestwood, Sierra Vista Rehabilitation Center, and Sylmar Health and Rehabilitation Center. The current active census is 28 clients per day in this level of care and to bring these services into our county would be cost neutral.
 - Adult Residential Facilities are licensed by the State of California, under the auspices of State of California Department of Social Services, Community Care and Licensing. These facilities provide care and supervision to adults, ages 18 to 59, with serious and persistent mental illness. Programming may include co-occurring drug and alcohol groups and/or assistance with criminal justice issues. Services include providing the residents access to round the clock staffing and assistance. The department currently utilizes 51 beds in county for this level of care and contracts for 25 beds out of county as well. The department recommends creation of a minimum of 6 in-county beds, as our costs would be neutral. Additional benefits include reducing travel time between clients' home base in- and- out -of -county facility, reduced staff costs spent on transporting clients, and reduced court hearing times. Drug Medical will be supporting AOD residential treatment services as part of the Outpatient Delivery System (ODS) waiver process.
- d) **Permanent and Independent Living Apartments with Support:** Facilities with services that support recovery and independent living.
 - Permanent Housing with Onsite Support is linked to services that support planned treatment and is offered onsite. Minimal living support and supervision are provided; residents live independently and are enrolled in off-site outpatient mental health services (primarily Assertive Community Treatment (ACT) programs). These housing options provide residents with an unlimited length of stay. The current inventory in county is approximately 100 units. Examples of these in the community are Pescadero Lofts, Homebase on G, Rancho Hermosa, El Carrillo and Depot St (which is in process of being built).
 - Independent Living Apartments may be scattered sites or located near other services within a community. Such facilities offer no onsite staffing. Supportive treatment is offered through an outpatient care continuum. Some complexes may offer common space for socialization activities. The current inventory within the county is approximately 120 units and includes apartments such as Garden St. Apartments.

History 2007 to present:

The number of intensive residential placement beds was been reduced from 49 to 33 beds (a loss of 16 beds) in 2008. This includes a decrease from 5 to 3 residential placement contracts. This loss was the result of reductions necessary due to revenue loss associated with the economic down turn. During the same period, the number of Intensive Board and Care beds in the County was also reduced from 54 to 20. This loss in beds was the result of a reduction from 3 to 1 intensive Board and Care contracts as well as the license change from Board and Care to Single Room Occupancy for 2 of 3 facilities within the community.

In FY15-16, the Department requested and the Board of Supervisors allocated \$1,000,000 from General Fund to increase contracts, which restored ongoing 12 of the 50 residential beds lost since 2007.

Department Priorities

In evaluating our needs, the following priorities have been established:

1. Increase independent living and low threshold shelter options to provide immediate stability for clients. This can be accomplished by:
 - a) Increasing the number of contracted shelter beds; and
 - b) Helping to increase the number of units leased by Community Based Organizations

The cost of this strategy is:

- a) Augment beds for shelter beds and
 - b) Fund staffs time to provide the necessary supportive services and administrative costs of Community Based providers and the work to collaborate with other housing partners to leverage resources. Partners would include Housing Authority, property management companies, service providers and property owners. Housing vouchers through local and regional housing authorities may be available to cover rent if adequate services can support the retention of clients in units.
2. Establish a MHRC in county in order to bring people back into the county and close to family support for their treatment. If the facility has less than 16 beds there are provisions for the department to receive Medi-Cal reimbursements to offset the costs for the services provided to the clients within such a facility.

This strategy includes the county providing land for improvement or a low cost leased property to a specified vendor who is willing to bring capital to improve the land and build a facility. Actual cost of the property or land is dependent on current availability and the department has submitted a “request for space” with the General Services Department.

The department currently funds the cost of services with out-of-county providers. This recommendation is the department’s top priority.

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 3. Increase Permanent Housing with Onsite Supports by working collaboratively with the Housing Authority to build additional permanent housing units and creating units with remaining Capital Facilities MHSA funding.

4. Expand Adult Residential Facility beds/Board and Care options.

This strategy can be realized in two ways:

- a. Initiate a public Private partnership and long term Lease to County owned land to vendors willing to bring capital to improve the land and build a facility.
- b. Work with existing Board and Care providers to create more beds and expand facilities available to Behavioral Wellness clients.

Actual cost of the property or land is dependent on current availability. Cost of expanding the Board and Care Options would vary depending on the size of the facility and the level of care. A request for space has been submitted to the General Service Department.

5. Alcohol and Drug Residential Treatment

The County is currently working with the state to expand the Drug Medi-Cal (DMC) treatment services. Estimates for the number of treatment beds in this expansion will be presented to the Board as part of the Organized Delivery System (ODS) in the fall.

The state recently passed the “No Place Like Home” initiative which will use Mental Health Services (MHSA) funds to create a competitive process for counties to propose housing developments for the homeless. The Department recommends the County support efforts to access these funds; however, few details on this opportunity are currently available. The Department will monitor this program and update the Board on recommended actions.

Table 1. Summary of Facilities Types, Bed Needs, and Costs

Facility Type	Facility	Department Proposal	Department Actions/Requests	Beds Needed	Capital Costs	Yearly operating costs
Acute	Contracted inpatient beds to meet needs, primarily at AVDM	Increase the number of in county Acute beds from 16 to 26.	Support the development of Marion's Acute Care facility and shift county funds to support an addition 10 beds in county	10 additional per day		\$3,102,500 in County services eligible for Medi-Cal reimbursement
Crisis	Emergency Shelter/Low threshold master lease	Increase the number of shelter beds from 49 to 74	<p>In FY 16-17, Department requested and Board allocated use of General Funds to increase shelter bed capacity at PATH by 1460 bed days per year. (\$117,000 for 4 bed/days).</p> <p>Explore the need for a locked CSU in county.</p> <p>Department requests additional funding for 25 beds for FY 17-18.</p>	25 additional	0	\$365,000

Residential	MH Rehab Center un/locked	Department requests additional funding for 30 bed/days for FY 17-18.	Department requests partnerships and collaborations for vendor development and construction of MHRC, which would establish 30 beds in county. County currently contracts for 28 beds out of county. Request is cost neutral to the ongoing Behavioral Wellness budget as the funding for services would shift from out-of-county to in-county.	50	Cost of land or property	Costs for clients placed out of county are currently funded in budget. These funds would use these \$ to serve clients in county
	Adult Residential Facilities/Board & Care	a. Increase number of lower intensity facilities in county targeted to serve homeless and those involved in the criminal justice system.	In FY15-16, with funding allocated from the Board, the Department re-stored 12 of the 50 residential beds lost since 2007. Request \$496,00 for start-up, admin and operating costs for master leasing, scattered site housing.	30-60	Cost of staff to provide the administrative support.	Costs for clients placed in these would be services and staff.
		b. Develop a high intensity and 50-bed capacity facility in-county.	Purchase or use existing County-owned land, so that the Department may issue a Request for Proposal (RFP) for vendors willing to bring capital funding to construct and build a high intensity Adult Residential Facility.	50	TBD	TBD

	AOD Residential	Establish ODS to fund 90 days residential substance use treatment for adult males	More information will be provided the ODS Waiver Implementation process. Presentation to the board will be in the fall of 2016	TBD	TBD	TBD
Supported Living	Permanent Housing with On-site Supports and Independent Living Apartments	Work collaboratively with housing authority and other funders to create additional permanent housing.	<p>Department is currently collaborating with a local CBO to provide a 5-bed Housing First Model in the City of Santa Barbara.</p> <p>Department requests Board to approve \$100,000 startup funding, so that the Department may issue a Request for Proposal (RFP) for vendors willing to master lease and participate in HUD mental health reimbursement programs for an additional 35 Behavioral Wellness clients/beds.</p>	150+	\$50,000 fund for security deposits and 1 st month rent	Costs to Department for services/staff

Fiscal and Facilities Impacts:

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

Fiscal Analysis: Staff will return in the fall with additional detail regarding the funding strategies and implementation plan for facilities referenced within this report.

<u>Funding Sources</u>	<u>Current FY Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund			
State			
Federal			
Fees			
Other:			
Total	\$ -	\$ -	\$ -

Narrative: Costs of facilities and services have been identified as a component of this report. A feasibility assessment for implementation of the Capital Resources and Behavioral Health Facilities Report, to include but not limited to capital funding strategies, timelines for project implementation and operational costs, will developed in conjunction with the County Executive Office.

Special Instructions:

Please send one (1) minute order to admhscontractsstaff@co.santa-barbara.ca.us .

Attachments:

Attachment A: Behavioral Wellness Capital Facilities PowerPoint Presentation

Authored by:

L. Zeitz/Q. Lopez