

May 19, 2019

Chair Lavagnino; Supervisors Adam, Hart, Hartmann, and Williams,

I write to express NAMI SSBCO's support for the proposed AB 109 2019-2020 annual budget, and wish to emphasize the aspects below:

- We applaud the Community Corrections Partnership's (CCP) allocation to the Sanctuary housing initiative. Appreciating that persons with serious mental illness need adequate treatment in order to live successfully in supportive housing, we were pleased to learn 10 units are to be designated for persons needing intensive attention. Hopefully, this program can serve as proof of concept of what is needed to successfully support the Housing First principle, in that these residents will receive the treatment they need in order to live independently, and can retain their housing.
- 2) Secondly, we wish to emphasize the urgent need to move forward to establish the Mental Health Rehabilitation Center (MHRC), for which the CCP has set aside \$1.6 million.

 MHRCs are by definition and by CA licensing locked treatment facilities. Our county system has a single psychiatric inpatient facility (the Psychiatric Health Facility, PHF) with only 16 beds for persons needing the most intensive level of care for crisis stabilization, a woefully inadequate number of inpatient beds. We have NO facility in the county to serve persons in the jail whose mental illness is so serious they need to be moved to a treatment bed in a secured facility ZERO beds. As a result, at any given time, persons with serious mental illness languish in the jail for months, waiting for an inpatient bed at the PHF or state hospital, often in isolation for months, becoming more and more ill. Most of these persons will inevitably return to our community.

It is a perfect storm. The Incompetent-to-Stand-Trial (IST) problem in California and in our county is exploding, while the already small number of psychiatric inpatient beds in CA continues to decline, having decreased another 20% between 1995 and 2016. When our residents need longer-term temporary treatment in a locked facility, we compete for out-of-county IMD beds, because we have none. The cost of such out-of-county, non-state beds has of late increased considerably, and larger counties are reserving blocks of beds to have available stock. While the statewide need for secured inpatient beds increases, the availability of such beds lessens.

This is the reason the CCP set aside \$1.6 mil for the MHRC, where persons needing mental health treatment and competency restoration could be moved from the jail. The MHRC can serve as a step-down from incarceration to supportive housing for those who require intensive treatment to become ready for independent living. Secondarily, but no less important, the MHRC could relieve pressure on the Psychiatric Health Facility, the PHF, for stays longer than 72 hours, at a lesser cost than the PHF. And, finally, the MHRC could serve persons on conservatorship presently being placed out of county in locked treatment facilities.

We face an increased legal and human risk by returning people with the most serious illness to the community more ill than when they entered the jail, by not having the secured beds needed

for diversion to adequate treatment. We need an in-county, locked treatment facility as an alternative to the jail, and we urge you to assign the highest priority to the MHRC. This is in accord with the strong recommendation in the Austin report of 2016 to increase investment in residential treatment.

3) The first goal of the 2019-2020 CCP plan is "To Enhance Public Safety by Reducing Recidivism." This goal is in accord with that of the county's Stepping Up Initiative to reduce the number of persons in the jail with mental illness. In the coming year, we urge that consideration of the priority programs of the Stepping Up Committee of the CCP (which as yet have no source of sustainable funding) be integrated into CCP's planning process for the 2020-2021 budget. In this regard, we also recommend the CCP fashion a means of incorporating stakeholder input on the draft budget, as it is developed.

Respectfully, Lynne Gibbs, Chair, NAMI SSBCO Public Policy Committee