



Mental Health Commission Annual Report

FISCAL YEAR 2015-2016

County of Santa Barbara

June 2016

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**SANTA BARBARA COUNTY
MENTAL HEALTH
COMMISSION**

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Letter from the Chair

June 2016

Dear Honorable Board of Supervisors:

Please accept the Mental Health Commission's Annual Report highlighting our accomplishments for Fiscal Year 2015-16.

This past year the Commission has worked collaboratively with the leadership and staff of the Santa Barbara County Department of Behavioral Wellness. We have received regular updates from department executives, as well as public testimony from our community.

The Commission holds rotating monthly meetings in Santa Barbara, Lompoc and Santa Maria to learn about the entire county and to provide citizens with an accessible forum to raise concerns.

The central responsibilities of the Commission articulated in the W&I Code 5604.2a(1) are:

- *To review and evaluate the community's mental health needs, services, facilities and special problems.*
- *To advise the governing body and the local mental health director as to any aspect of the local mental health program.*

Implicit in this broad mandate is that the Commission serves as an objective evaluator of a very large service delivery system that includes hundreds of County employees and numerous non-governmental providers. To achieve this goal, the Commission seeks to listen to many perspectives, including those who are organized advocates, as well as individual citizens whose voices are equally important.

The Commission also reviews data from the extensive information system operated by the Department. These data not only inform the leadership of the Department, but also the Commission as we meet our mandate to evaluate the many programs.

The Commission serves at the direction of the Board of Supervisors. Our goal is to advise not only the Mental Health Director, but the Board of Supervisors, as well.

During our next year, the Commission will work collaboratively with the Department to help to improve mental health services in our community.



Michael J. Gorodezky, MSW, Ph.D., Chair

Introduction

Purpose of the Annual Report

Mandated by the Welfare and Institutions Code, the Mental Health Commission's Annual Report highlights the most significant endeavors of Commission members during the past year and recommends areas for future consideration.

About the Mental Health Commission

Authorized by California's Welfare and Institutions Code 5604, the Santa Barbara County Mental Health Commission advises the local governing body and the Mental Health Director on major issues affecting the public mental health system. The Mental Health Commission:

- Evaluates the needs of, and services for, individuals experiencing mental health challenges.
- Reviews and approves the annual Mental Health Services ACT (MHSA) plan update.
- Ensures citizen, consumer and professional involvement in the planning of services and review of performance outcomes.

The Commission is made up of eleven members. Each Board of Supervisor appoints two Commissioners from his or her District. The eleventh member is a member of the governing body (Board of Supervisors). In addition, the Commission has one "alternate" position per each region, also appointed by the Supervisor. Alternates are encouraged to attend meetings, serve on committees and vote when members of their Districts are not present. A second member of the Board of Supervisors serves as an alternate.

Commissioners as Liaisons

Mental Health Commissioners also serve as liaisons to various committees that affect mental health issues, including the Advisory Board on Alcohol & Other Drug Problems, the Latino Advisory Committee, the Jail Services Committee, the Consumer and Family Member Advisory Committee, the Systems Change Steering Committee and action teams. Liaisons help keep communications open, build partnerships, share mental health perspectives and represent the Commission on important community committees.

We extend a special thanks to Commissioners Eldridge, Gorodezky, Huffines, Mellinger, Urbanske and Winter for their input for this report.

Accomplishments

Mental Health Commission/Advisory Board on Alcohol and Other Drug Problems Merger

The Mental Health Commission (MHC) and the Advisory Board on Alcohol and Other Drug Problems (AOD) have held numerous collaborative meetings. It is the consensus of both groups that a combined Behavioral Wellness Commission should be formed. A joint AOD-MHC work group has produced a new set of revised bylaws that would govern the new Behavioral Wellness Commission. This group would become a new commission, replacing both the existing MHC and AOD Advisory Board. The Behavioral Wellness Commission would serve as the mandated advisory group under W&I Code 5604.

The new Behavioral Wellness Commission will address all the programs and services encompassed by the Behavioral Wellness Department. Many topics, such as housing, collaboration with law enforcement, public health and the judicial system, are of clear concern to the new Commission. In some cases, topics specific to mental health or alcohol and other drug concerns will be the focus of committees within the new Behavioral Wellness Commission.

The creation of a new combined W&I 5604 Commission is at the discretion of the Santa Barbara County Board of Supervisors (BOS). We look forward to BOS approval of a Behavioral Wellness Commission.

Vital Signs Committee

The Vital Signs Committee is composed of commissioners, providers and concerned citizens who wish to review and evaluate the substantial data and reports provided by the Department of Behavioral Wellness (BW). On January 20, 2016, the Mental Health Commission recommended to the BOS that a variety of key indicators be continuously monitored and presented to the community.

The use of these measurements, such as the number of out-of-county psychiatric hospital days per month and the number of persons in jail who have a mental illness, requires the cooperation of the Department of Behavioral Wellness, the Sheriff and the County's three hospitals.

We believe a comprehensive set of metrics will be reported by Behavioral Wellness on a regular basis. The Vital Signs Committee plans to carefully review such data.

In April, 2016, Dr. April Howard presented a [six-month evaluation report for the SB 82 CHFFA grant](#) which covered the CSU, Crisis Residential and Lompoc Crisis grants. In addition, Dr. Howard presented her recently produced [high-user report](#). The committee members welcomed the opportunity to discuss the policy implications of both reports.

Reviewing the high user report, the committee asked a variety of questions to better understand the data and to further clarify how BW uses such information in program planning and policy development.

Review of ACT Programs

On January 20, 2016, Tammy Summers, MFT, Quality Care Management Coordinator with the Department of Behavioral Wellness, reported on findings of a fidelity review evaluating the Santa Maria, Lompoc and Santa Barbara Assertive Community Treatment (ACT) programs. Challenges identified for all three programs were not enough staff, alternative work schedules, lack of clear understanding of the fidelity model and its value, a lack of tools, scheduling challenges, not having a full-time psychiatrist and lack of fidelity to the ACT structure.

Recommendations included reviewing funding and staffing patterns, developing action plans and meeting schedules, implementing a certification process, ensuring ongoing support and increasing reporting to leadership. In addition, ACT team members should deliver the majority of their services in the community, rather than in the ACT offices, in keeping with fidelity to the ACT model, which recognizes that ACT clients are often resistant to treatment and generally more amenable to contacts made informally in their homes or other community venues

Commissioners will continue to advocate for greater fidelity to the ACT model and greater consistency among the three ACT programs.

Implementation of Crisis Services

The Commission will continue to closely monitor expanded crisis services made possible through Senate Bill 82 funding – crisis triage units countywide, a new crisis residential house in Santa Barbara, a Lompoc mobile crisis team and a crisis stabilization unit in Santa Barbara. The Commission has heard regular reports on the progress of the development and expansion of crisis services, as well as crisis residential programs. In addition, the Vital Signs Committee has reviewed data associated with these program expansions.

The Commission has expressed concern that the greatly needed expansion of crisis services, including crisis residential beds, has been developed with grant funding. Commissioner Eldridge has cautioned that such funding may stop and that the continuation of these programs should be part of current planning efforts.

Review of Children’s Services

On October 21 and 22, 2015, representatives of the [Mental Health Services Oversight and Accountability Commission](#) (MHSOAC) visited Santa Barbara County. A presentation to the Commission on Santa Barbara County children’s services included an update on crisis services from Tom Sodergren, Director of Santa Barbara County Community Programs for Casa Pacifica, a nonprofit organization.

Mr. Sodergren briefed the Commission about the work of Safe Alternatives for Treating Youth (SAFTY), a 24/7 mobile crisis response service for children and youth up to 21. Through a contract with the Department of Behavioral Wellness, SAFTY operates countywide to serve children and youth

experiencing a psychiatric emergency. SAFTY focuses on specialized crisis intervention, in-home support and linkage to county mental health services.

On January 20, 2016, the Team Supervisor of the Santa Barbara Children's Clinic, Sarah Bazan, MFT, introduced herself to the Commission and offered an overview of clinic-based programs and services. She noted that a core team serves clients primarily in the clinic and provides individual and family services. Children in high-risk families up to five years are served through Great Beginnings, a contracted program provided by CALM. CALM also provides intensive home services for individuals six to 18 years.

Based in the clinic, the SPIRIT program offers wraparound services that encourage parental involvement. The SPIRIT team is available 24/7 to handle crises. Transition-age youth at risk for, or experiencing psychosis are served by a special team, and the New Heights program addresses the needs of youth with severe and persistent illness. Therapeutic Behavioral Services (TBS) is a four-to-six month intensive program for children at risk of being removed from their homes. The Katie A program is focused on services for children in the foster care system.

The Commission believes that it is critical to consider children's services, as well as those for other age groups, and it welcomed this comprehensive review of children's services. The Commission has been advised that new outcome data from children's programs will be forthcoming and looks forward to learning the results.

Integration of Services

As alcohol and other drug (AOD) and mental health services are more closely integrated, the Mental Health Commission continues to review the progress of Behavioral Wellness. This integration is a key element of behavioral health and wellness.

On September 16, 2015, the Behavioral Wellness Department Alcohol and Drug Program Manager John Doyel briefed the Commission on progress toward better service integration. He noted that joint meetings between the Mental Health Commission and Advisory Board on Alcohol and Other Drugs are continuing. Furthermore, an alcohol and other drug (AOD)/co-occurring conditions counseling service has been established at Los Prietos Boys' Camp.

Mr. Doyel also discussed the recently approved Drug Medi-Cal Organized Delivery System (ODS) waiver, which expands substance use disorder services not previously funded by Medi-Cal. Team-based care, will be implemented throughout the County, fostering collaboration among clients, AOD counselors and psychiatrists.

Cultural Competence

Mental Health Commissioners are encouraged to serve as liaisons to other committees and groups that advance public mental health. Over the past year, Commissioner J. Manuel Casas worked on numerous

committees, work groups and teams to contribute his expertise as a multicultural psychologist and strengthen cultural competency in public behavioral health.

As a member of the Systems Change Steering Committee, Dr. Casas continued to advocate for the need to address culture in all its varied forms throughout the provision of mental health services. Dr. Casas' work on the Latino Advisory Committee has focused on reducing barriers encountered by clinicians and providers serving clients, advocating for the use of appropriate language when identifying service eligibility and ensuring that need comes before the ability to pay.

Working with the Cultural Competence Action Team, Dr. Casas was very involved in creating an introductory section to the initial assessment instrument to facilitate gather required culturally relevant information for diagnostic purposes. Also, demographic and service information on the major racial and ethnic populations that Behavioral Wellness is supposed to serve equitably was collected and compiled in [a short report](#) presented to Behavioral Wellness administration, the Commission, the Systems Change Steering Committee, selected supervisors, partner county departments and other stakeholders.

The report finds that Latinos are not served equitably. For example, it appears that Latinos are under-represented in the higher-cost services, and Latino youth are over-represented in restrictive juvenile justice facilities—a significantly large number of whom have some kind of mental health problem.

Participating with the Behavioral Wellness Communications Workgroup, Dr. Casas provided guidance on the development of a new information flyer that addresses the concerns of new clients and families. The flyer is available online in English and Spanish at <http://countyofsb.org/behavioral-wellness/deptbrochures.sbc>

Dr. Casas also works with the County Probation Department's Committee on Racial and Ethnic Disparities to examine disparities across groups relative to the over-representation of youth of color in the justice system, disparate treatment of youth of color and unnecessary entry into the justice system.

Jail Liaison

Commissioners are encouraged by two new steps taken by the Sheriff's Department to better serve individuals with severe mental illness. A new Jail Grievance Committee in which Mental Health Commissioners and other stakeholders participate will help to ensure that the behavioral health needs of inmates are met. In addition, the Sheriff's Department has extended Crisis Intervention Training (CIT) to all officers to help them respond appropriately when encountering individuals with severe mental illness.

On March 16, 2016, Lt. Mark Mahurin briefed the Mental Health Commission on the Jail Grievance Committee. The Commission was very impressed by the Sheriff's Department effort to involve community advocates in a highly transparent process. Committee members review inmate grievances regarding health care and may follow individual grievances through to resolution. James Rohde, Julie Solomon and Ann Eldridge represent the Mental Health Commission on the Grievance Committee.

Mental Health Commission Board Training

At the suggestion of Behavioral Wellness Director Alice Gleghorn, Ph.D., a one-day training retreat focusing on best practices of mental health commissions and boards was held on February 6, 2016 in Solvang. A trainer from the [California Institute of Behavioral Health Solutions](#) (formerly CIMH) conducted a comprehensive review of the [W&I Code Section 5604 mandate](#).

The training was very useful for new commissioners and reaffirmed the understanding of ongoing members. The important role the Commission should play in reviewing all mental health programs was emphasized. The training also underscored the importance of the Commission, composed of consumers, family members and other community members, in representing the whole community's best interests in providing the finest, most up-to-date services for our fellow citizens with mental illness.

The training also highlighted the vital role of commissioners as communicators to the public and to county supervisors. Commissioners should increase the visibility of the Commission and ensure its accessibility as a public forum and source of information, while also highlighting the Behavioral Wellness Department and its service to the community.

The importance of collaboration among the Mental Health Commission and the Mental Health Director and other key executives in the department was also emphasized. This collaboration is the intent of the W&I Code 5604.

Laura's Law (AB 1421)

[California Assembly Bill 1421](#), also known as "Laura's Law," authorizes court-ordered outpatient treatment for highly at-risk adults with severe mental illness who meet a strict set of criteria, including recent hospitalizations and/or incarcerations, a pattern of violent behavior, lack of willingness to engage in treatment, etc.

Although AB 1421 was passed into law in 2002, implementation was left to the discretion of each county upon approval of the board of supervisors. In March 2015 the Mental Health Commission passed a resolution to support a pilot Laura's Law project in Santa Barbara County.

On May 10, 2016, the Santa Barbara County Board of Supervisors voted to approve a Laura's Law pilot program and allocate \$606,888 for its implementation. The Mental Health Commission, whose members include strong advocates of Laura's Law, will closely monitor progress of the new pilot program, as well as the feasibility of its expansion. The Commission stands ready to participate in a future program planning stakeholder group. It is the Commission's hope that the Laura's Law pilot program will encourage treatment-resistant, at-risk adults to seek the help they need to advance recovery.

Areas of Focus for Fiscal Year 2016-2017

On June 15, 2016, during the Commission's last meeting for Fiscal Year 2015-16, members chose four primary focus areas for its work the following year, beginning July, 2016:

1. *Housing and Homeless Outreach.* Commission members believe that safe housing is fundamental to wellbeing and recovery. In collaboration with individuals and organizations throughout the County, we plan to monitor the Department's efforts to assist in providing more low-income housing for clients. The Commission will also monitor staffing levels for homeless outreach, basic to getting folks into services that can improve their lives.

2. *Laura's Law Pilot program.* The Commission believes that this new effort has the potential to bring into treatment many people who have previously refused to engage. Members of the Commission will serve on the stakeholders' committee providing input to the planning and implementation of Laura's Law in Santa Barbara County. We will follow outcomes and expect to see reduced visits to emergency rooms, hospitals and jail from those individuals who have been heavy and expensive users of these alternatives to regular treatment.

3. *Crisis Services.* The Commission is following the outcomes data produced by Behavioral Wellness with special attention to how these expanded services may reduce hospitalizations.

4. *Integration of AOD services into Behavioral Wellness outpatient clinics.* With the merger of the Mental Health Commission and the Advisory Board on Alcohol and other Drug Problems, the combined membership will be particularly interested in monitoring the program design and outcomes of the new teams for clients with co-occurring mental health and substance use disorders.

Mental Health Commissioners are excited about the pending merger of the two advisory groups and look forward to working together after review and approval of the merger by Santa Barbara County Supervisors.

Members

District	Member/Alternates		Term Expires
1 st Carbajal	Dr. J. Manual Casas, Member	Public Interest	July 7, 2018
	Jan Winter, Member	Family Member	August 1, 2017
	Wayne Mellinger, Alternate	Client	August 1, 2017
2 nd Wolf	Michael Gorodezky, Member, Chairperson	Family Member	June 30, 2018
	Alicia Journey, Member	Public Interest	June 30, 2016
	Vacant – Alternate	Family Member	July 1, 2016
3 rd Farr	Julie Solomon, Member	Family Member	June 30, 2018
	James M. Rohde, Member	Family Member	July 1, 2016
	Thomas Franklin, Alternate	Family Member	July 1, 2017
4 th Adam	Thomas Urbanske, Member	Public Interest	January 1, 2017
	Vacant – Member		February 19, 2016
	Vacant -- Alternate		
5 th Lavagnino	John Truman, Member	Public Interest	August 1, 2016
	Charles Huffines, Member, Vice Chair	Client	June 16, 2018
	Ann Eldridge, Alternate	Family Member	September 8, 2018
Governing Board			
	Steve Lavagnino, Member, 5 th District Supervisor		January 1, 2017
	Peter Adam, Alternate, 4 th District Supervisor		January 1, 2017