

Director's Report

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DEPARTMENT AND COUNTY NEWS

Thomas Fire and 1/9 Debris Flows Update: The Thomas Fire and the Montecito Mudslide that occurred from December 2017 to January 2018 have had an unprecedented impact on Santa Barbara County. In total, the Thomas Fire burned over 280,000 acres; the largest acreage ever burned in California; destroyed 1,063 structures and damaged 280 structures. As a result of the fire, 27 homes were destroyed in Santa Barbara County. During the Thomas Fire, 93,243 individuals were impacted by evacuation orders across Santa Barbara and Ventura counties. Two weeks after the Thomas Fire, extreme rainfall triggered mudslides in Santa Barbara causing 6,000 to evacuate. The mudslides have changed the geography of the county. It took many homes and erased property lines and in many cases, there is no longer a lot for the owner to rebuild upon. In some cases, homes have been moved to other properties. As a result of the mudslides, another 440 homes were damaged/destroyed, 23 commercial businesses were damaged/destroyed, and there were 21 deaths and 2 missing persons. There will be a huge economic impact on the county due to destruction of property, agricultural asset loss, damaged business and revenues, and loss of workplace, home and community spaces.

A number of the mudslide victims were children or youth, which has caused the disaster response to focus on establishing Compassion Centers at eight local schools. Two schools could not open on campus and were temporarily moved to local college campuses, which has been very disruptive to students and families already displaced from their homes. Multiple parent meetings, school town halls, student support sessions, and staff interventions were provided reaching more than 500 impacted individuals. Lengthy evacuation periods negatively impacted residents, including those whose homes were not damaged. Support has also been provided to congregations at four churches.

The loss of Vista Del Mar psychiatric hospital in Ventura has negatively impacted Santa Barbara County by eliminating access to acute inpatient beds, which had been contracted at an average of 10 per day. This loss leaves just 16 acute beds for involuntary service in county, increasing pressure on an already over-burdened resource.

The 101 freeway is the major connector throughout the county was closed briefly during the fire, and for nearly two weeks after the mudslide. Due to its extended closure, the county's wine country, agriculture and tourism have all been impacted by both of these disasters. Deliveries of goods from south of Carpinteria were unable to be completed, furthermore impacting the economic flow of the community.

Also due to the freeway shutdown, county staff residing south of Montecito had to commute using boats, trains and county contracted bus convoys from Ventura to Santa Barbara. The local hospital also deployed planes to transport medical staff from the Los Angeles area to work. Many staff stayed in hotels for multiple days because they were unable to return home. Additionally, a large portion of county staff commute from Ventura county were either not able to make it in to work or were having to come in on

alternative transportation (ferry, train, escorted bus). Alternative transportation schedules did not coincide with a normal work day, leaving the department short staffed to see clients, much less meet the added demand of the disaster.

During to the Thomas Fire, smoke and ash became so bad that schools were forced to shut down for at least two weeks, and residents were strongly advised to wear N95 masks (more than 400,000 masks were distributed throughout the county), with south county being the primary focus. The holiday closure followed the Thomas Fire and shortly after returning from the holiday closure, the floods and mudslides transpired. Several schools daycares, elementary, private, and colleges continued to be closed.

Since the Thomas Fire and the mudslide (December 4 - January 12), Santa Barbara county has launched nine mental health activities (a combination of call lines, school parent supports, staffing at shelters, community meetings etc.). In addition, Santa Barbara is currently assisting the Office of Emergency Management (OEM) by answering calls from the public, acting as Public Information Officer, and are deployed across all sections of the impacted areas. The county is also providing counseling assistance at the evacuation shelter and staffing local "Compassion Centers" at various schools throughout the community. Lastly, the county crisis teams have worked with individuals to assist with evacuations and repopulating families as they were returned to their homes or were told about the loss of their loved ones.

To manage FEMA funds provided to the state and counties through SAMHSA, Santa Barbara County Behavioral Health Department has employed a contractor, The Mental Wellness Center (MWC), to implement the Crisis Counseling Program (CCP). MWC has the capacity to quickly hire paraprofessionals as well as licensed clinicians, as the organization is currently operating several paraprofessional and clinical program in the area. The county anticipates hiring 2.0 FTE team leads and 12.0 FTEs crisis counselors, which will encompass a mixture of clinicians, para-professionals, fiscal, and data staff for a total of 16 FTEs. Funds will support both pre-award activities and on-going crisis counseling. Nearly 100 Behavioral Wellness staff provided support to the tragic impact of the Debris Flows in our community. Behavioral Wellness staff led the development and operation of the Community Wellness Team which provided broad collaborative community support. The Community Wellness team membership includes multiple responding agencies including Red Cross Mental Health, Hospice, Institute for Congregational Trauma and Growth, Sheriff Department Behavioral Services Unit, Santa Barbara Response Network, Santa Barbara Psychological Association, Cottage Hospital and Cottage Hospital Ministries, Santa Barbara Jewish Federation, Santa Barbara Unified School District, Presbyterian Disaster Assistance and VOAD, and At-Ease. Behavioral Wellness staff provided support (and continue to provide support) in a variety of settings. Some of these include emergency response work at the County Emergency Operation Center, Call Center Support, support in Red Cross Shelters, field support to community members returning to damaged or destroyed homes, support at the Family Assistance Center, ongoing support for families directly impacted with loss of lives, support in numerous compassion centers at a variety of schools, congregational support within local churches, support at the Family Assistance Center and ongoing availability for support for the Disaster Recovery Center, support at community meetings and forums, debriefings for community, schools, first responders and many local county government teams and support during memorials. While the crisis disaster response work concludes, Behavioral Wellness remains actively involved in supporting the community recovery phase of this disaster within our community. Initial FEMA funds will cover a sixty day response period, but additional resources may be accessed for an additional nine months if needed.

Through FEMA funding California HOPE is Seeking Crisis Response Assistance Workers: The Department of Behavioral Wellness has been awarded funding through FEMA which will support the hiring

and training of crisis response assistance workers to support our community recovery efforts from the impact of the Thomas Fire and 1/9 Debris Flows. The Mental Wellness Center will be leading the application and hiring process. Successful applicants will be employed to participate in training and provide services in teams for those in our community who have been impacted. Outreach services will be provided in a variety of settings including homes, schools, businesses, churches and community centers. No minimum professional training is required as training will be provided for selected applicants, though prior disaster response experience is considered to be greatly beneficial. Bi-lingual Spanish speakers are encouraged to apply. Interviews will take place on February 23. Those selected to participate will begin training shortly thereafter. Initial employment will last 60 days with the possibility of extension depending on community need.

Alcohol and Drug Program Staffing Update: Congratulations are offered to John Doyel who was recently reclassified from the Manager of the Alcohol and Drug Program (ADP) to that of the Alcohol and Drug Program Division Chief. This reclassification corrects an existing historical structural inequity between Mental Health and Alcohol and Drug program oversight, and establishes an appropriate level of administrative direction for the evolving ADP division. With the Department of Health Care Services readiness review of the ADP Organized Delivery System (ODS) scheduled for April 2018, and the anticipated launch of the program on July 1, 2018, John will be responsible for a much expanded ADP Program. ODS services will now include Early Intervention, Outpatient Services, Residential Treatment Services, Narcotic Treatment Programs, Withdrawal Management, Medication Assisted Treatment, Recovery Services, Case Management and Physician Consultation. Services provided to eligible clients will be billable to the Drug Medi-Cal program. It is anticipated that the operational budget for the Alcohol and Drug Program will double to over 20 million dollars as a result of this expansion.

Additional changes within the Alcohol and Drug Program include:

Stephanie Diaz transferring to the Quality Care Management Division to serve as a Quality Care Management Coordinator for the Alcohol and Drug Outpatient Delivery System which will have a heightened level of monitoring under ODS.

Michaelo Rosso-Balcazar has transitioned to the position of Alcohol and Drug Program Health Coordinator. Congratulations to all!

Alcohol and Drug Program Drug Medi-Cal and Organized Delivery System Update: The Drug Medi-Cal Organized Delivery System (DMC-ODS) is proceeding as planned, though the Thomas Fire and Montecito Mudslides have delayed the process somewhat. A seven member Evaluation Team composed of County employees, Behavioral Wellness staff, and Behavioral Wellness Commission members evaluated proposals from Community Based Organizations to provide Residential Treatment Services through the Organized Delivery Service. Four applicants – CADA, the Salvation Army, Good Samaritan Services and the Tarzana Treatment Center – have received conditional contract awards pending negotiations. On or around July 1, 2018, we will be funding approximately thirty two (32) non-perinatal and perinatal residential treatment beds, including a number of withdrawal management (detoxification) beds. These conditional awards will be made final upon approval by the Santa Barbara County Board of Supervisors and

after successful contract negotiations with the Department of Behavioral Wellness. Our outpatient treatment request for proposal (RFP), covering Outpatient, Intensive Outpatient and Narcotic Treatment, is being finalized and will be submitted to the public by March 1. We anticipate all policies, procedures, plans and guidelines to be completed for a State of CA Department of Health Care Services (DHCS) onsite review between April 10 – 12. In order to ensure success, we have integrated our ADP and Quality Control Management (QCM) Department by transferring an experienced and skilled ADP professional to the QCM department to take the lead on important DMC-ODS projects.

The County ADP Department has begun a series of AOD specific trainings to integrate health care services and prepare for the Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation. Facilitated by the ADP Program Administrator, John Doyel, these trainings are being offered continuously and in cycles. Topics include Motivational Interviewing (MI), ASAM Screening and Assessment, Co-Occurring Disorders and Differential Diagnosis, AOD oriented Cognitive Behavioral Therapy (CBT), Harm Reduction and Relapse Prevention Planning. The first three trainings – Motivational Interviewing, ASAM Screening and Assessment and Cognitive Behavioral Therapy (CBT) – have been offered and were well received. (The Co-Occurring Disorder Training is being rescheduled due to the mudslide). These trainings occur once per month in mid-county, the next one being Harm Reduction scheduled for March 6, 2018. As soon as Relapse Prevention Planning is completed in April, the cycle will begin again. Care and effort will be taken to follow up each training with technical assistance and clinical support for both contracted providers and internal Behavioral Wellness staff to ensure that theory is put into practice.

The CA Association of Alcohol and Drug Educators (CAADE) ceased to exist as a certifying agency for alcohol and other drug (AOD)/Addictions counselors as of December 1. As a result, nine thousand (9,000) CAADE certified counselors will have to switch certifications to one of the two remaining authorized agencies – the California Consortium of Addiction Programs and Professionals (CCAPP) or the California Association of DUI (driving under the influence) Treatment Programs (CADTP). Both agencies have established cost free “grand parenting” policies for CAADE counselors to join their organizations without losing professional status. CAADE has been a pioneer in educating and certifying some of our best substance use and addictions counselors for the past several decades. We cannot overestimate the loss. CAADE and those who have worked with the agency will be dearly missed. However, the consolidation of membership can only make the AOD counseling field more united, stronger and more powerful in treating and advocating for clients with substance use disorders.

Mandatory Trainings: Given the busy start of the new-year with the response efforts for the 1/9 Debris Flows, a reminder goes out to all **Behavioral Wellness** staff that mandatory training requirements must be completed by all staff by June 30. The following trainings are required for all staff: Code of Conduct, Cultural Competence Elective training, Consumer and Family Culture and the Medi-Cal Documentation Training which is now available online as well as in person. Questions regarding mandatory training requirements or individual completion of trainings may speak directly to their program supervisor.

CBO Staff are required to complete a minimum of one training in Medi-Cal Documentation during each fiscal year of employment or other service.

Survey Results of No Place Like Home: A stakeholder meeting was held mid-county to discuss possible funding opportunities for housing using the State’s No Place Like Home program. This program will offer funds from Mental Health Services Act directed specifically at creation of permanent supported housing for individuals with involvement in the mental health system.

There are three ways funds will be distributed available:

1. Technical Assistance funds to prepare our county to prepare for all phases of the application process (our county has applied for this and awaits disbursement)
2. Non-competitive funds allocated based on homeless point in time count (and other factors) which is currently estimated at 2.7 million dollars
3. Competitive funds for all of California’s Mid-sized counties this funding is variable and Non-competitive funds may be leveraged to increase chances to rank higher in competition.

Following the Stakeholder meeting two questions arose and were put out to 900+ stakeholders for input.

Q1- Which area of Santa Barbara if your first choice for development of new housing?

Southern region (including Goleta and Carpinteria) was chosen as a priority.

Q2- For the guaranteed funding, estimated at \$2.7 million, should the county:

Decided the priority was to develop rental housing of 30 units or more using all of the estimated \$2.7 million to leverage in an attempt to win competitive funds.

NATIONAL AND STATE NEWS

The Governor’s Final State of the State Address: The Governor gave his annual [State of the State speech](#) to the Legislature and other state leaders last week. The attendees included several candidates who are running for Governor, including Gavin Newsom, California Lieutenant Governor and John Chiang, California State Treasurer. When the Governor gave his first State of the State address in 1975, the state’s population was 22 million and the total personal income was \$154 billion. The state is now almost twice as populous at 40 million people and personal income is 15 times higher. He focused a significant amount of his remarks on public safety:

“My plea is relatively straightforward: take time to understand how our system of crime and punishment has evolved, how other states and countries have devised their prison systems and what changes might we now make. I urge that instead of enacting new laws because of horrible crimes and lurid headlines, you consider the overall system and what it might need and what truly protects public safety. Certainly, we need more mental health and drug treatment programs and better training and education. Those we are getting, but more is needed, particularly hope. When a human being gets a 20-or 40-year sentence, as tens of thousands do, incentives to reform weaken and hopelessness and violence take over, making prison gang influence all the more powerful. That is why recent measures are so vital which allow the possibility of earlier parole and milestone credits for those who turn their lives around”

DEA Announces Step to Increase Opioid Addiction Treatment: The U.S. Drug Enforcement Administration has officially announced a deregulatory measure that implements a major provision of the Comprehensive Addiction and Recovery Act (CARA) of 2016, which will make it easier for residents of underserved areas to receive treatment for opioid addiction. As published last week in the [Federal Register](#), nurse practitioners and physician assistants can now become waived qualifying practitioners with authority to prescribe and dispense the medication buprenorphine from their offices. According to a 2017 report published by the National Rural Health Association, 90% of DATA-Waived physicians practice in urban counties, leaving 53% of rural counties without any prescribing physician, and 30 million people living in counties where medication treatment for opioid addiction is unavailable. Rural providers of buprenorphine report a demand far beyond their capacity, and say they lack the resources to adequately support patients in treatment. This CARA provision will help expand access to medications for addiction treatment in many of these underserved rural communities.

The California Pan-Ethnic Health Network (CPEHN) Hosting a Statewide Conference on Reducing Disparities to Advance Mental Health Equity: The California Pan-Ethnic Health Network (CPEHN) will host their [California Reducing Disparities Project to Advance Mental Health Equity](#) Statewide Conference on April 10th, 2018 in Los Angeles, and they encourage counties to register and attend. Registration is only \$25. The *California Reducing Disparities Project to Advance Mental Health Equity* Conference will focus on aligning mental health access advocates to build a unified vision for achieving mental health equity. The conference provides participants with the skills and information needed to foster opportunities for health and equity. If you have any questions about the conference please contact Aviva Prager at (510) 832-1160 or aprager@cpehn.org

SYSTEMS CHANGE CALENDAR

- **Behavioral Wellness Commission:** The Behavioral Wellness Commission meets on the third Wednesday of every month from 3:00pm – 5:00pm. Video conferencing is available at the Santa Barbara Children’s Clinic large conference room and the Santa Maria Clinic Conference Room. Questions: Karen Campos, kcampos@co.santa-barbara.ca.us
- **Change Agent Meeting:** Change agents meet the fourth Wednesday of every month 9 – 11 am except during quarterly in-person meetings, which are 9 am – 12 noon. Video conferencing is available at the Santa Barbara Children’s Clinic, Small conference room; Lompoc Conference Room, ACT, upstairs, 401 E. Cypress and Large conference room, 500 West Foster Road, Santa Maria. Questions: Nathan Post, npost@sbcbswell.org.
- **Lompoc Regional Partnership Meeting:** Meetings occur every other month on the third Tuesday, 3:30-4:30 at 301 N. R Street. Questions: Nicole Becker, nbecker@co.santa-barbara.ca.us.
- **Santa Barbara Adult Regional Partnership:** meets every 3rd Monday of the month from 10:00 am – 11:00 am at the Santa Barbara Children’s Clinic, large conference room. Questions: Veronica Heinzelmann, vheinzelmann@co.santa-barbara.ca.us.

- **Santa Barbara Children’s Regional Partnership:** 3th Thursday of the month from 2:00 pm – 3:00 pm at the Santa Barbara Children’s Clinic, large conference room. Questions: Veronica Heinzelmann, vheinzelmann@co.santa-barbara.ca.us.
- **Santa Maria Children’s Regional Partnership Meeting** is held every 3rd Monday of the month at 10 am in the large meeting room at the Foster Road Clinic. Questions: Arlene Altobelli, aaltobe@co.santa-barbara.ca.us
- **Santa Maria Adult Regional Partnership** occurs every 3rd Monday of the month at 11 am in the large meeting room at the Foster Road Clinic. Questions: Elodie Patarias, epatari@co.santa-barbara.ca.us or Geoff Bernard, gbernard@co.santa-barbara.ca.us
- **The Housing, Empowerment, Action and Recovery Team (HEART)** meets the second Wednesday of every other month, 1:00-2:30 p.m. Locations: Behavioral Wellness Conference Room 261 and Santa Maria Annex via videoconference. Contact Laura Zeitz, lazeitz@sbcbswell.org.
- **The Cultural Competency and Diversity Action Team (CCDAT)** meets the second Friday of each month, 9:30-11:00 am, Locations: Santa Barbara Children’s Clinic Large Conference Room 119, Lompoc B St. Adult Clinic Conference Room, and Santa Maria Annex via videoconference. Contact Yaneris Muñiz, ymuniz@sbcbswell.org.
- **The Peer Action Team** meets the second Thursday of the Month from 2 – 4:00 pm. Locations: Behavioral Wellness Santa Barbara Conference Room 261, Lompoc Children’s New Port Room the Santa Maria Annex Room via videoconference. Contact Tina Wooton, twooton@sbcbswell.org, regarding the location.
- **The Crisis Action Team** meets the second Thursday of the month, 2:30 – 4:00 pm, Santa Barbara Children’s large conference room 119. Contact John Winckler, jwinckler@sbcswell.org.
- **The Children’s System of Care Action Team** meets the 4th Thursday of the month, 10:30 am - 12:00 noon. SELPA Conference Room, 240 E. Hwy. 246, Suite 200, Buellton CA 93127. Contact Ana Vicuña, avicuna@sbcbswell.org
- **The Forensic Action Team** will be meeting on March 28, from 3:15 – 4:45. The meeting is available through video conference in SB Room 261, Lompoc B St Conf Room and the SM Annex. For questions, please contact Celeste Andersen, candersen@co.santa-barbara.ca.us