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Re: The Continuum of Care for the Seriously Mentally Ill in Ventura County

There is a mental health crisis in Ventura County due, in part, to large gaps in the continuum of care for individuals who live with serious and disabling mental illnesses. This crisis is not unique to Ventura County; however, even in the face of restrictive LPS laws, other California counties have done much more to provide critical evidence-based front end services and supports to this population.

There are two separate groups of individuals served by Ventura County's mental health system: The first group has mild, moderate, or no current mental health needs; the second group suffers from medically-based brain diseases that present with the symptom of psychosis. The first group seeks services voluntarily, and receives a full continuum of coordinated mental healthcare and assured access to effective treatment

and supports. Individuals in the second group do not seek services voluntarily and they do not receive a full continuum of mental health services and access to effective treatment and supports. The ability to get help in Ventura County is inversely related to need. It is this second group that suffers with the most severe, persistent and disabling of mental illnesses that we witness cycling through numerous hospitalizations, arrests, homelessness and incarcerations. Critical *front end* interventions, services, and supports are sorely lacking in Ventura County for these people. It is a serious ethical transgression to neglect an entire group of people who are most in need.

Although there are numerous gaps in the continuum of care for the seriously mentally ill, this paper focuses specifically on front end psychiatric emergency services, including in-patient psychiatric beds and early intervention treatment and supports. Ventura County can do far more to better utilize and leverage available funding, create public-private partnerships, and do what other counties have done to address emergency room boarding and overcrowding. Ventura County neglects the seriously mentally ill. We need to prioritize science-based treatments for those who need help the most rather than focusing the majority of our resources on those who need help the least.

I have spent the last four and a half years observing how Ventura County Behavioral Health (“VCBH”) makes decisions regarding mental health programs, the use of Mental Health Services Act (“MHSA”) funds, and how services are prioritized. I have served on the Behavioral Health Advisory Board (“BHAB”) since June 2015, as a representative of District 1. I attend BHAB general meetings and the issue-focused BHAB Committee meetings.

Since 2016, I have served as the co-chair of the Assist Implementation Workgroup, formerly known as the Laura’s Law Implementation Workgroup. In 2017, I attended a site visit to the Ventura County Inpatient Psychiatric Unit (“IPU”) and I am currently a member of the BHAB’s Lanterman Petris Short (“LPS”) Act workgroup. With this paper, I do not represent or speak for any committee, workgroup or any other BHAB member.

I have listened to countless people talk about their experiences with Ventura County’s mental health system and how it has affected their loved ones and families. As a citizen of Ventura County since 1991, I have noticed the effects of untreated serious mental illness in our communities and an increase in homelessness and violence (both committed against and perpetrated by the seriously mentally ill) as well as an increase in the number of mentally ill individuals cycling in and out of hospitals, board and cares, jails, and homelessness – these people are not getting better. Instead, the county tries to manage them, passing the buck of responsibility to law enforcement, hospitals, jails, and communities. The only services provided to this latter group are back end services long after functional impairment and lifelong disability sets in. It doesn’t have to be this way. Ventura County can do so much better. We have working models.

Hospital Boarding

Individuals in psychiatric crisis in Ventura County are brought to hospital emergency rooms where there are no psychiatrists or other qualified staff, no security measures in place, and where no investment has been made to handle the evaluation and treatment of individuals in a psychiatric crisis. Individuals in crisis and in need of help languish for long periods of time with no treatment or supports. They are often transferred out of county because Ventura County has no available in-patient psychiatric beds. Law enforcement has confirmed that they wait hours, sometimes days, with 5150 holds in hospital emergency rooms. Sometimes they wait so long that the 72-hour hold expires before an individual receives treatment or is transferred. When this happens, a person who has been deemed gravely disabled or a danger to self or others is discharged back into the community without treatment.

The amount of time that individuals wait for evaluation and treatment, the environments and conditions in which they are placed, and the fact that, for many, there are no in-county options for their treatment, exacerbates their condition and causes illness decompensation resulting in great harm to their potential long-term recovery. "If you're a paranoid schizophrenic, being in the ER is the worst place," according to Carmela Coyle, CEO of the California Hospital Association. Not only does this common scenario worsen disease, it is tremendously costly.

Ventura County's failure to prioritize emergency treatment contributes to the problems facing our communities - homelessness, incarceration, and hospitalization recidivism. Data from all of the systems affected by untreated serious mental illness will likely confirm that the failure to provide critical front end services for this population is costing Ventura County taxpayers millions of dollars every year. Some of these costs include, but are not limited to, off-patrol law enforcement, public safety, emergency room overcrowding, social services, court-involvement, jails, out of county psychiatric placements, lawsuits, and quality of life for family members of those suffering from mental health crises.

The 5150 Involuntary Hold – Time is of the Essence

At the September 15, 2019, Ventura County BHAB meeting, a mother spoke at public comment stating that her 24 year old son, who first began exhibiting signs of psychosis at age 22, just underwent 5 back to back 5150 hospitalizations beginning at Adventist Health Simi Valley. Not one hospital administered meaningful treatment for his illness. He was, instead, transferred out of county because there was no place for him in Ventura County. At the time of the meeting, he was at home, untreated, violent and paranoid, and his mother was afraid for the safety of her family and the community.

Another mother at the August NAMI regional meeting stated that her son, a Ventura County resident, just went through 5 back to back 5150 hospitalizations and never received enough treatment to become stabilized; he was transferred out of county because there was no place for him in Ventura County. She is now seeking

conservatorship and having difficulty because Ventura County does not have a good track record of working well with families seeking to conserve their loved ones.

Numerous individuals taken in on an involuntary 5150 hold have schizophrenia or other serious mental illnesses that present with psychosis, hallucinations, and/or delusional and disordered thinking. An involuntary 5150 hold means that it has been determined by law enforcement personnel, a crisis assessment team, or other qualified medical personnel, that an individual is so ill that they have been determined to be gravely disabled and/or a danger to themselves or others. Thus, an involuntary hold signals an extreme emergency medical crisis situation.

Serious mental illness that presents with the symptom of psychosis is a no-fault, medically-based brain disease. Science has made clear that these illnesses are medical conditions requiring a medical response that reflects the latest science on effective treatments. Similar to other illnesses, there are certain contraindications or actions that will exacerbate the disease and, for serious mental illness with psychosis, studies have shown that there is a direct correlation between the duration of untreated psychosis (“DUP”) and the prospect for long-term recovery, functionality and disability.

As is true with any emergency crisis situation, time is of the essence. Similar to an individual experiencing severe chest pain suffering from a heart attack or an individual experiencing paralysis evidencing a stroke, those in psychiatric crisis are experiencing psychosis evidencing a serious mental illness – for all three, delay can mean the difference between recovery or life-long functional impairment – for all three, prompt intervention is necessary. Ventura County discriminates against individuals with serious mental illness because it does not provide them with the same prompt and medically necessary treatments that it provides to others who are sick. The differences in treatment between those who live with a serious mental illness and all others who suffer from illness are stark.

We Need Solutions, Not Excuses

Throughout my tenure on the BHAB, I have noticed a recurring theme: VCBH believes that hospitals should do more to help the seriously mentally ill and vice versa. Law enforcement is caught in the middle and spends an inordinate amount of time responding to psychiatric emergencies and waiting in hospital emergency rooms when they should be on patrol in communities. Hospitals ignore the problem and allow people who need treatment to wait long hours in emergency rooms. One VCBH manager recently stated that the hospitals ignore the problem and pretend that it will just “go away.”

VCBH makes financial decisions that are not intended to improve care for people with serious mental illness or reduce costs to taxpayers. Their decisions are intended to shift costs onto other departments and agencies, including law enforcement, hospitals, and jails. This disjointed silo-like system is inefficient, ineffective, results in bad health outcomes, and is a waste of resources and taxpayer money. Pointing

fingers, pretending the problem will go away and shifting responsibility represents poor leadership.

Instead of providing prompt science and evidence-based treatment, Ventura County treats the seriously mentally ill like hot potatoes, passing the responsibility from law enforcement to hospitals, to out of county facilities, back to law enforcement, to jails, board and cares, to homelessness, and back to hospitals. Ventura County creates high-resource utilizers who will be dependent on the system for many years and the costs associated with this system are tremendous.

Hospitals Violate the Emergency Medical Treatment and Labor Act (EMTALA) and Discriminate Against the Seriously Mentally Ill

Both private and public Ventura County hospitals are violating the law when they allow individuals in psychiatric crisis to languish in emergency rooms without treatment. The EMTALA is a federal law that requires stabilization and treatment of all persons coming to an emergency room prior to transfer, regardless of the insurance status or ability to pay. Nonetheless, psychiatric patients wait longer in emergency rooms than other medical patients and experience other disparities, including discharge without treatment or even arrest (*Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care*, October 2017, NASMHPD, Treatment Advocacy Center).

The law is clear that if an individual presents in an emergency department with an emergency crisis that requires immediate medical attention in order to prevent further deterioration or decompensation of their medical crisis, according to law, they shall be given immediate interventions and appropriate treatment, *without delay* (42 U.S.C.S. sec 1395dd).

The EMTALA, 42 U.S.C.S. section 1395dd, provides that hospitals that have entered into Medicare provider agreements are prohibited from inappropriately transferring or refusing to provide medical care to "any individual" with an emergency medical condition.

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A section 794) prohibits federally funded programs and activities (including hospitals that receive federal funds) from excluding any "otherwise handicapped individual...solely by reason of this handicap." The broad definition of handicap is "physical or mental impairment that substantially limits one or more of a person's major life activities." Thus, hospitals that receive federal aid may not deny treatment to patients who have mental impairment if the reason for this denial is based solely by reason of this handicap.

Ventura County hospitals are in violation of the EMTALA every time a psychiatric medical emergency pursuant to a 5150 hold presents in a hospital emergency room and is not provided necessary treatment. The EMTALA also provides that any significant delay in treatment that can lead to irreversible injury is against the law. Psychosis is one of the symptoms of gravely disabling medical brain diseases. The duration of

untreated psychosis defines long term health outcomes and is determinative of long-term disability. Delay in treatment can lead to irreversible injury. “Long DUP predicts poor outcome.” *Causes and Consequences of Duration of Untreated Psychosis in Schizophrenia*, The British Journal, 2000.

The U.S. Supreme Court in *Roberts v. Galen of Virginia, Inc.*, 525 U.S. 249, 119 S. Ct. 685, 142 L. Ed. 2d 648 (1999), ruled that patients who have an emergency medical condition who are transferred from a hospital before being stabilized may sue the hospital under the EMTALA.

The court interpreted the EMTALA to allow any patient to sue under the stabilization requirement, even those who are not emergency room victims of patient dumping. Under the decision, a patient may recover if a hospital transfers the patient without stabilizing his or her condition, regardless of whether the doctor who signed the transfer order did so because the patient lacked health insurance, ‘*or for any other improper purpose*’- (*emphasis added*).

An improper purpose exists here because Ventura County engages in an established practice of not providing necessary emergency medical treatment to individuals who present in hospital emergency rooms with a psychiatric emergency. Discrimination is clear in that individuals who have been determined to be “gravely disabled” are not afforded a full continuum of medical care commensurate with their needs as is afforded to others who suffer with illness and present in hospital emergency rooms in crisis.

Ventura County Needs to Invest in Dedicated Psychiatric Emergency Services

Ventura County is the 13th largest county in the state but it is not doing what other counties have done to address the crisis of emergency room boarding. As of 2015, Alameda, Sacramento, San Francisco, Orange, Marin, Los Angeles, Sonoma, Santa Clara, and San Mateo Counties are all ahead of Ventura County in providing psychiatric emergency services to help the seriously mentally ill.

Back in 2014, VCBH represented to stakeholders, including NAMI Ventura County and the BHAB, that it was creating a Psychiatric Emergency Services (“PES”) program that would alleviate hospital emergency room overcrowding and provide a higher level of stabilization services and evaluation for the seriously mentally ill, including individuals brought in on an involuntary 5150 hold.

Two of the most important reasons to invest in a PES program is to reduce hospital emergency room wait times and to provide prompt evaluation and treatment to individuals undergoing a psychiatric emergency. A PES that has all of the requisite space and staffing (psychiatrists, nurses, peers, and community triage supports) can greatly reduce the need for in-patient hospitalization and out of county placements. The

better the PES, the better the health outcomes and the more money, time and resources we can save.

A PES facility can accept most 5150 holds directly rather than first redirecting them to hospital emergency rooms and it can provide accessible psychiatric and medical evaluations to individuals in psychiatric crisis adding the capacity for basic medical screening and the management of basic, non-emergency and/or chronic conditions. A PES has the capacity to stabilize clients on site to avoid psychiatric hospitalization whenever possible. A true PES is staffed with psychiatric physicians and mental health professionals who can provide:

- Screening for all emergency medical conditions and provide basic primary medical care.
- Medication management
- Laboratory testing services
- Psychiatric evaluation for voluntary and involuntary treatment; treatment with observation and stabilization capability on site
- Crisis intervention and crisis stabilization
- Screen for inpatient psychiatric hospitalization
- Linkage with resources and mental health and substance abuse treatment referral information.

A PES team provides 24/7 emergency services to all walk-ins, police-initiated holds, and crisis phone services. The reason a PES facility can conduct medical screening and provide basic primary medical care is that it has medical staff and laboratory testing services. PES programs release individuals with a solid aftercare plan, including follow-up appointments, medication information and prescriptions, and strategies to help the person avoid crises in the future.

People in crisis need immediate help, not sitting for hours untreated in an emergency room while already overwhelmed staff members call around to arrange a multiple-day hospital stay. A PES decreases emergency room boarding times by over 80% and reduces the need for psychiatric hospitalizations by up to 75%. What is more, the costs of all the care in the PES is less per patient than the cost of the typical boarding time in an emergency room alone (*Effects of a Dedicated Regional Psychiatric Emergency Service on Boarding of Psychiatric Patients in Area Emergency Departments*, 2013, Alameda Health system, Wright Institute, California Hospital Association).

Ventura County's Crisis Stabilization Unit is Woefully Insufficient

Unfortunately, the PES promised by Ventura County through VCBH never materialized and instead became a very small and seriously understaffed 4-chair Crisis Stabilization Unit ("CSU") that does not reflect fidelity to an effective PES program. The CSU does not allow prompt access to treatment for individuals in a psychiatric crisis because law enforcement is still required to bring individuals to hospital emergency rooms and wait for hours or days.

It makes sense that the CSU is ineffective at alleviating emergency room boarding and providing prompt treatment to individuals in the middle of a psychiatric crisis— the County invested so little in this CSU; there is no capability for law enforcement drop-offs, no screening, no on-site psychiatrists, no laboratory testing services, and no 24/7 specialists for evaluation and treatment. The County didn't even ensure that they obtained the proper licensing for any of these critical components of a PES. The county's failure to adequately invest in this critical piece of the continuum of care for the seriously mentally ill is questionable decision making, both from a fiscal and a healthcare standpoint.

We need leadership that will do the work to build private-public partnerships to implement a long-term cohesive vision for a dedicated PES program in Ventura County.

Delays in Treatment Greatly Harm Potential Recovery and Long-term Functionality

5 back to back 5150 hospitalizations for a young man, with no meaningful treatment and supports, is shameful. California's LPS laws are restrictive; however, Ventura County can do much more, even in the face of these laws, to get young people the help and treatment they need. Ventura County has a duty and responsibility to provide prompt medically necessary treatment equally to all who present with illness. Why are people with the disabling disease of serious mental illness not afforded prompt and medically necessary healthcare on equal footing with other diseases? We cannot blame restrictive state laws when other counties are addressing these critical needs.

Every time a young person enters a hospital emergency room with a psychosis-related mental illness is a chance to intervene, work with their family, and provide effective and evidence-based treatment for their recovery and an opportunity to change the trajectory of that young person's life. With early treatment, some people never have another psychotic episode. For those with schizophrenia or other psychosis-related mental illnesses, early treatment provides a foundation for recovery and a full life. (*NAMI, First Episode Psychosis Programs, A Guide to State Expansion, 2017*) Families in Ventura County have nowhere to go to get prompt and effective help for their loved ones dealing with a psychiatric crisis. This can be changed.

Research conducted by the National Institute of Mental Health ("NIMH") through the Recovery After an Initial Schizophrenia Episode ("RAISE") project shows that people with early psychosis who receive appropriate treatments through First-Episode Psychosis ("FEP") programs experience greater improvement in symptoms and quality of life, stay in treatment longer and are more likely to stay in school or working and are more connected socially than those who receive standard mental healthcare. These brain diseases are treatable and evidence has shown that treatment works for many. With timely, effective, and evidence-based treatments, people who have these diseases can live healthy lives, free from hospitalizations, homelessness, arrests, episodes of violence, and incarcerations. Our failure to provide this treatment has resulted in staggering costs and poor health outcomes.

In a school district the size of Ventura Unified, with 17,000 students, approximately 238 will be diagnosed with schizophrenia and another 578 will be diagnosed with bi-polar, psychotic depression or other psychosis-related mental illnesses. These illnesses typically emerge between the ages of 16-25. We do not provide supports and treatment for this extremely vulnerable subpopulation of residents, as is evidenced from the testimony of many Ventura County families.

The MHSA, at Cal.Govt.Code section 5835, provides funding for counties to implement the Early Psychosis Intervention Plus Program and states, as follows:

“Early psychosis and mood disorder detection and intervention refers to a program that “utilizes evidence-based approaches and services to identify and support clinical and functional recovery of individuals by reducing the severity of first, or early, episode psychotic symptoms, other early markers of serious mental illness, such as mood disorders, keeping individuals in school or at work, and putting them on a path to better health and wellness.”

In my four and a half years on the BHAB, I have not been able to ascertain whether VCBH is administering an evidence-based program, with fidelity, for individuals experiencing first-episode psychosis. The EDIPP and VIPs programs have been mentioned, but I am unaware if they are active and if they have adhered to the evidence-based criteria required. I called the phone number provided on the VCBH website for the VIPs program and it was disconnected. Funds are there for this program, but I do not believe they are being used with fidelity to effectively target and provide treatment to this population. If these programs do exist, they are not working; if they were implemented with fidelity, those young men who underwent 5 back to back hospitalizations would have received much needed interventions and treatment at the first hospitalization.

Ventura County should be implementing evidence-based FEP programs to reduce the DUP for these young people.

Jailing the Mentally Ill – another cost of failing to provide treatment

Ventura County has secured funds for forensic beds for seriously mentally ill inmates. Mental illness, however, is not a crime and jails are not the best place to provide treatment to the mentally ill. Jails were never created to be mental health facilities and jails are ill suited to assuring that mentally ill persons will receive the psychiatric aftercare they will need upon their release.

Jails require two to three times more funds to house and treat the mentally ill than to treat the non-mentally ill. The mentally ill stay longer, require more staff, cause more management problems, are at higher risk of recidivism, and are more likely to commit suicide. Many mentally ill inmates wait months to be transferred to state

hospitals, at great expense to the county, and numerous mentally ill people die in police custody or jail.

Treatment and care for those in psychiatric crisis and involuntarily detained has been removed from the mental health department to the criminal justice system as is evidenced from the county's prioritization of back end services and forensic beds over emergency services and in-patient beds. We shouldn't pat ourselves on the back for securing funding for forensic beds while our non-forensic psychiatric bed capacity is at 30 beds for a population of 850,000 and the county has no credible emergency care services. Care for the seriously mentally ill should be the responsibility of mental health departments and hospitals, not jails.

Lawsuits – another cost of failing to provide treatment

Someone in the throes of psychosis who is not thinking rationally and who is experiencing extreme paranoia can become dangerous and commit crimes. They need treatment. As former NIMH director Dr. Thomas Insel stated, "we have to realize that part of having a psychotic illness is you are not yourself and you do things you would not do without the illness and violence can be and often is part of this. . . Denial of a link between untreated serious mental illness and violence against self or others serves neither those with serious mental illness nor our larger society."

Numerous lawsuits have been filed against the county and cities in Ventura County related to untreated serious mental illness and the incarceration of the mentally ill, including, but not limited to, the Aloha Steakhouse tragedy when a man with untreated schizophrenia stabbed a young man while his daughter sat on his lap, and the 2017 Adventist Health Simi Valley incident when a mentally ill man on an involuntary hold escaped after waiting for 5 hours in the hospital and was shot by a Simi Valley police officer. After the Simi incident, Simi Valley Police Department Commander Steve Shorts stated that the incident reflected a shortage of psychiatric beds in Ventura County. The hospital was fined \$45,315.00.

In February, the family of Ventura County jail inmate filed a wrongful death lawsuit against the county after he was strangled to death by a seriously mentally ill inmate. Lawsuits related to jail homicides committed by the untreated seriously mentally ill and lawsuits related to inmates waiting for placement at state hospitals will continue to add to the county's costs of not providing adequate treatment for the seriously mentally ill.

Ventura County Can and Should Do Better

The Mental Health Services Act provides millions of dollars to Ventura County every year (see Cal. Welfare and Institutions Code section 5800 et.seq), and PEI is one category for funding. Section 5840(a) of the Cal. Govt. Code states that PEI programs "shall be designed to prevent mental illnesses from becoming severe and disabling."

There is much talk around what kinds of programs should be funded with MHSA dollars. Proposition 63 was sold to voters as an initiative to deal with the consequences of closing of state hospitals. In-patient beds were drastically reduced and people who were accustomed to receiving services and treatment in state hospitals were now out in communities struggling to get treatment and supports. Community programs that were supposed to be able to meet their needs never materialized and we saw the effects of untreated serious mental illness on our streets, in our emergency rooms, and in the community. Jails and prisons became the de facto asylums. So in 2005, counties began receiving millions of MHSA dollars to deal with these issues.

The letter and purpose of Proposition 63, and the reason voters supported it, was to fund programs and supports to help those in the second mental health track – individuals with serious mental illnesses to encourage innovation in developing evidence-based interventions that could prevent such illnesses from becoming severe and disabling. Science has shown that although these illnesses cannot be prevented, they can be treated and early interventions can lead to recovery to prevent serious disability. Ventura County should prioritize this population for MHSA PEI and Innovation funding.

Section 5840 (a-d), to paraphrase, states that PEI programs *shall* be focused on recognizing the early signs of potentially severe and disabling mental illnesses and that the programs *shall* emphasize strategies to reduce suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes (emphasis added).

PES and FEP programs would fit squarely within the purpose of PEI funds and would be excellent candidates to receive PEI funding. A PES model can also be financed with MHSA Innovations funds, as is being done in Sacramento County (see below).

VCBH funds PEI and Innovation programs for those who are easier to treat, who have mild to moderate mental health issues, or don't have a mental illness at all. As a result, Ventura County has a robust suite of services for those who seek treatment voluntarily. I have watched over the last four and a half years, and I am sure, prior to my tenure, the funding of programs that outreach to individuals and groups who do not have a mental illness and who are not at high risk for developing a mental illness. You won't find this population cycling in and out of emergency rooms, hospitalizations, jails, and homelessness.

In August of 2012, the Ventura County Mental Health Board made it very clear, through a comprehensive stakeholder process, that all "future MHSA Innovation projects focus on individuals with *serious and persistent mental illness* who do not currently access services or supports." (Ventura County Board of Supervisors Agenda, Exhibit B, Community Program Planning and Local Review Process, August 20, 2012, emphasis added.)

Ventura County, instead, uses the vast majority of their MHSA PEI and Innovations dollars on programs and services that focus on outreach and education programs including positive parenting classes, meal sharing and story-telling programs, bartender training to look for patrons who might commit suicide, after school programs, dance classes, programs for the deaf and hard of hearing, social marketing campaigns, anti-stigma campaigns, and restorative justice trainings, to identify people who *may* get a mental illness. Unlike PES or FEP programs, few of the programs VCBH prioritizes for funding have science or data to back them up and they are not focused on individuals with serious and persistent mental illness.

These are good programs and may be helpful for some, but many of these programs are Public Health programs and thus, should be funded through Public Health as they reflect Ventura County's Public Health priorities (see *Ventura County Public Health Strategic Plan*, July 2015-June 2020, wherein the goals of Health Equity, Healthy and Safe Community Environments, and Preventive Health Care all indicate program types that are currently being funded with MHSA dollars) and they should not be funded with Behavioral Health or MHSA dollars.

On October 13, the Ventura County Board of Supervisors approved 6 million dollars in MHSA PEI Funds for outreach and education programs to be administered through the Ventura County Office of Education. This 6 million dollar expenditure is being used to provide, among other things, positive behavioral intervention supports, information trainings about mental health occupations, resilience training, social-emotional learning, and restorative justice trainings. As a former school board member for the Ventura Unified School District, I am well-versed in restorative justice programs and contrary to the VCBH's stated reasons for funding these types of programs in the category of "Outreach for Increasing Recognition of Early Signs of Mental Illness," restorative justice programs have nothing to do with recognizing early signs of mental illness.

Again, these are good programs, but they should not be funded with MHSA dollars and they will not prevent mental illness, homelessness, prolonged suffering, incarcerations, or help to prevent mental illness from becoming severe and disabling. School districts have a number of state and federal organizations and agencies from which to secure grants for many of these programs. Using our Mental Health dollars in this way is not the best use of our resources in light of the extreme unmet needs of the seriously mentally ill.

In addition, in July of this year, the Board of Supervisors approved 1 million dollars of MHSA Innovations funds for an after school program that transports children without mental illness, and who are not at high risk for mental illness, to another city within Ventura County to share meals and tell stories with other children. This program states that it is designed to promote youth resilience and prevent mental illness by replicating some of the benefits of family dinners. It is difficult to see a connection to "preventing mental illness" when the only stated risk factor for these children is that they qualify for free and reduced lunch. Programs like this are a boon to contract service

providers but they do not prevent mental illness, and they certainly have no connection to alleviating disability associated with schizophrenia, bi-polar, and other unpreventable psychotic brain diseases.

While Ventura County's Supervisors were approving over 7 million dollars for programs that have no supportive science or data and, at best, have only a tangential relationship to mental illness, Sacramento County was leveraging their MHSA Innovations dollars to provide a PES facility for their region in a program entitled, the Behavioral Health Crisis Services Collaborative Innovation Project. "This project in Sacramento County aims to establish a new benchmark for crisis stabilization services, improve outcomes and positively impact the mental health delivery system for our region."

This Sacramento program brings the County Behavioral Health Services Division, Dignity Health, and other project partners and stakeholders together to work in partnership with the County to provide an "integrated initiative that aims to establish a new benchmark for crisis stabilization services, improve outcomes and positively impact the mental health delivery system for [the] region." (see Dignity Health Mercy San Juan Medical Center, April 9, 2018, letter to the Sacramento County Board of Supervisors).

As stated in this April 2018 letter, "[M]ental health is too large of an issue to be addressed by any one entity. It is a shared community issue and responsibility that requires collaboration and leveraging of resources, expertise and efficiencies in order to advance needed improvements in access, delivery, quality, and continuity and coordination of care. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access to specialty services at the point of entry. An onsite resource center housing peer and family navigators, case managers and health plan care coordinators will ensure direct linkages to aftercare and the social support services that are essential for recovery, ongoing management of conditions and wellbeing of individuals who will be served."

Ventura County leadership's frequent refrain that they cannot afford to provide emergency services, beds, and other necessary front end treatment services for the seriously mentally ill rings hollow when millions of MHSA funds intended by law to be used to alleviate serious mental illness and the problems associated therewith are instead doled out for Public Health and education programs outreaching to individuals who *may someday* get a mental illness. These non-data and non-science driven programs should not be prioritized over treating people already known to have a mental illness.

"Any outreach programs should be programs set up at the exits of hospitals, jails, and shelters" and MHSA funds should be focused on, as directed by Proposition 63's purpose and the county's own stakeholders, providing services and treatments to those with the most serious, chronic, and disabling illnesses (D.J. Jaffe, *Insane Consequences: How the Mental Health Industry Fails the Mentally Ill*, 2017). The money

this county would save by prioritizing the needs of our most ill could be used for outreach and education for the broader community ten-fold.

Inpatient psychiatric beds and other step-down options-the continuum of care

Ventura County has approximately 22,000 or 4.2% of adults aged 18-64 who live with a chronic and disabling serious mental illness. A large percentage of these individuals require emergency crisis intervention services, treatment, and, for some, hospitalization. Those who need in-patient psychiatric hospitalization also need step-down facility options. Many also need long-term services and supports. A smaller number will require long-term hospitalization.

Ventura County families have been relegated to traveling far distances out of county to get treatment for their loved ones because Ventura County does not provide the facilities, the appropriate programs, services, staffing and housing for the seriously mentally ill to meet their needs.

In-patient psychiatric bed capacity in Ventura County decreased by 50% between 2004 and 2019. Health policy experts and the California Hospital Association both recommend that the standard ratio for population and psychiatric beds should be 50 beds for each 100,000 residents. By that standard, Ventura County should have approximately 425 in-patient, non-forensic beds to serve 850,000 residents. In 2004, when the population of Ventura County was 790,000, the IPU had 60 in-patient psychiatric beds to treat individuals in psychiatric crisis and in need of high-level acute care. At present, with an additional 60,000 in population, the IPU has only 30 public non-forensic in-patient psychiatric beds, or 3.7 beds per 100,000 residents, for individuals in psychiatric crisis.

With just 30 beds for residents with illnesses like schizophrenia and bi-polar, limited step-down options, and inadequate interagency support and communication to ensure adequate long-term supports in the community, Ventura County does not provide the same access to services, opportunities for recovery, and a continuum of care for the seriously mentally ill like it does for others who suffer from illness.

The long waits in hospital emergency rooms that contribute to illness decompensation are a direct result of the lack of psychiatric emergency services, in-patient psychiatric beds, step-down options, and long-term hospital beds. A shortage in any one of these areas creates a breakdown in the ability to provide an appropriate level of treatment. The bed shortage is exacerbated by a long-standing federal law - the Institutions for Mental Disease (IMD) exclusion prohibiting Medicaid from reimbursing states for adults with mental illness between the ages of twenty-two and sixty-four who need longer-term care in psychiatric facilities. Inpatient treatment is just one part of a complete continuum of care, and this tool of treatment is necessary yet too hard to access with the IMD exclusion.

We may or may not build more IMDs in Ventura County, but at the very least, we should be advocating for eliminating barriers to receiving reimbursement for those facilities that would qualify as IMDs and are, or could be, housing Ventura County residents. In late 2017, the federal government stated, for the first time, that it will allow states the opportunity to apply for a waiver of the IMD exclusion for treatment of the seriously mentally ill who need longer term hospitalization.

The BHAB voted unanimously earlier this year to request that the Ventura County Board of Supervisors issue a letter to the State of California declaring that Ventura County supports a waiver of the IMD exclusion and asking the state to apply for the waiver. The Los Angeles Board of Supervisors had already made the request as had other counties. The County Supervisors Association of California, the County Behavioral Health Directors Association, the Steinberg Institute, the California Psychiatric Association and others are all on record as supporting the state's application for the IMD waiver.

Ventura County's CEO flatly rejected the BHAB's recommendation to request that the State of California apply for this IMD exclusion waiver.

Conclusion

Ventura County does not provide a full continuum of coordinated mental health care for the seriously mentally ill. Others with illness receive prompt and effective science-based treatments and follow-up supports to realize recovery. Investing in the continuum of care for those living with serious mental illness can alleviate stress on numerous agencies and begin to tackle the cycle of hospitalizations, incarcerations, and homelessness. As we have seen, this work can start with public-private partnerships and the leveraging of MHSA or other funds to create a PES program with fidelity.

The current 4-chair CSU at the IPU is an ineffective band aid that does not create efficiencies and better quality of care. The more effective our psychiatric emergency services are, the less we will need in-patient beds and out of county placements.

In addition, the benefits of programs that identify and treat first-episode psychosis cannot be overstated. No one should be subjected to 5 back to back hospitalizations without effective intervention and treatment. These medically-based brain diseases can be treated. If we can get to these young people early, we can reduce the risk that they will become high resource utilizers for the rest of their lives, caught in the cycle of frequent hospitalizations, arrests, and homelessness. Ventura County resources should be directed at science-based and data-driven FEP programs.

Lastly, Ventura County needs decision makers who truly understand the reality and nature of serious mental illness. They need to be educated regarding the needs of this population so that they can make better and more informed decisions.

Sincerely,

Mary Haffner

cc

NAMI Ventura County

Ventura County CoC Agency

Ventura Social Services Task Force, Homeless Prevention Fund

Ventura County Healthcare Agency

California Hospital Association

Ventura County Sheriff's office

Ventura, Oxnard, Camarillo, Simi Valley, Moorpark, Thousand Oaks Police
Departments

Adventist Health Simi Valley

Los Robles Medical Center

St. John's Regional Medical Center – Dignity Health

Ventura County Star

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