



**Executive Summary**  
**Strengthening the System of Adult Behavioral Healthcare**  
**in San Luis Obispo County<sup>1</sup>**

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<sup>1</sup> Information was gathered from October 2022 – June 2023. The report does not reflect changes made since that time.

## Executive Summary

This report, *Strengthening the System of Adult Behavioral Healthcare in San Luis Obispo County*, describes and analyzes behavioral health services for adults that currently exist in San Luis Obispo County. This analysis represents the first step in a significant strategic planning effort with the expectation that a subsequent stakeholder process will determine action steps and priorities.

In order to conceptualize the elements of a continuum of behavioral health care, this analysis relied on work commissioned by the California Department of Health Care Services and performed by Manatt Health. Entitled “*Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications*”<sup>2</sup>, the report catalogues services available in each County within a “Core Continuum of Care” (Figure 1).

Figure 1<sup>3</sup>

Prevention and Wellness Services	Outpatient Services	Peer and Recovery Services	Community Services and Supports	Intensive Outpatient Treatment Services	SUD Residential Treatment Services	Crisis Services	Intensive Treatment Services
Prevention and wellness services, including a variety of traditional activities and assessments that educate and support individuals to maintain healthy lifestyles and prevent acute or chronic conditions, like wellness checks and health promotion activities	Outpatient services, including a variety of traditional clinical outpatient services like individual and group therapy, ambulatory detoxification services	Peer and recovery services delivered in the community that can be provided by individuals with lived experience, including young adults and family members	Community supports include flexible services that are designed to enable individuals to remain in their homes and participate in their communities, like support housing, case management, supported employment and supported education	Intensive outpatient treatment services including services such as ACT (Assertive Community Treatment) and substance use intensive outpatient services that are delivered using a multi-disciplinary approach to support individuals with higher acuity behavioral health needs	SUD residential treatment provided in short-term residential settings to divert individuals from or as a stepdown from intensive services	Crisis services include a range of services and supports, such as crisis call centers, mobile crisis services and crisis residential services that assess, stabilize and treat individuals experiencing acute distress	Intensive treatment services are provided in structured, facility-based settings to individuals who require constant medical monitoring

<sup>2</sup> Manatt Health (with support from Dr. Anton Nigusse Bland), “Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.”, January 10, 2022. Available at: <https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf>

<sup>3</sup> Manatt Health (with support from Dr. Anton Nigusse Bland), “Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.”, January 10, 2022. Available at: <https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf>

Adopting this framework enables this report to align with a recognized continuum of services for both mental health and substance abuse treatment. Through the utilization of data and key informant interviews, CSCG consultants analyzed each element of the service continuum. The body of the report is organized into two chapters (mental health and substance abuse). Within each chapter, consultants provide:

- A description of the component of the continuum of services
- Observations and an analysis of the status of San Luis Obispo County with regard to the capacity of that component of the continuum of services
- Findings regarding processes that govern access to care and/or transition clients between levels of care/programs
- Recommendations

Descriptions of programs that demonstrate desirable characteristics are included in an Appendix to this report.

Before delving into specifics regarding service delivery capacity, it is necessary to highlight a significant challenge for San Luis Obispo County Behavioral Health Department (SLOBHD) as well as the BH System: the workforce shortage. The longstanding difficulties associated with attracting and retaining a behavioral health workforce in San Luis Obispo were exacerbated by the pandemic. Competition over the insufficient supply of mental health professionals, cost of living in SLO, opportunities for virtual work and reluctance to return to in-person settings have contributed to a problem that significantly affects the ability of SLO BH System to fulfill its mission. Key informants acknowledged this issue and the fact that, from their perspective, the SLO BH System is doing a commendable job delivering services under adverse conditions. Added to the serious workforce constraints is the issue of whether San Luis Obispo County has sufficient resources to develop a full continuum of care locally. Creative approaches to limitations in funding have been attempted through partnerships with neighboring counties and cross-county providers that accept residents of San Luis Obispo County. Nevertheless, as this report will show, workforce and resource shortages have impacted the full implementation of the continuum of care in the County.

#### General Observations: Strengths

There is much to recognize regarding the strengths of the behavioral health system in San Luis Obispo County. Consultants saw and heard reports of the following:

- Certain clinical programs, including Full Service Partnerships, are highly successful in meeting the full range of needs of highly vulnerable mental health clients.
- Forensic mental health programs, including integrated field response teams and post-release services, are effective and show exceptional collaboration between law enforcement and mental health professionals.
- The access protocols for obtaining substance use disorder services are relatively easy to understand and navigate.

- New substance use disorder programs (such as Sun Street Centers) show promise regarding their ability to successfully stabilize, treat and maintain clients with a history of substance use disorders.
- Peer and family support services are exceptional both for the knowledge and dedication of staff and for their comprehensive support for individuals attempting to enter and navigate the mental health system.
- The close personal connections among community leaders who all recognize the need for improvements create a strong matrix for action.

#### General Observations: Lack of Services/Limitations in System Capacity

There are capacity issues in parts of SLO's continuum of care for behavioral health services. It should be noted that in addition to considering capacity issues for the County as a whole, geographic distribution of services must be reevaluated. Multiple informants reflected the inadequacy of services in geographic areas of the county where transportation to services is inadequate or unavailable.

Certain elements of a comprehensive continuum do not exist including:

- Residential treatment programs such as Crisis Residential Services and Enriched Residential Programs<sup>4</sup>.
- Partial Hospitalization for substance use disorders

Other elements of the continuum exist, but capacity is insufficient to address the needs of the residents of the County. These include:

- Acute inpatient care for clients in mental health crises.
- Housing options, including additional permanent supportive housing, adult residential facilities (e.g., board and care homes), and sober living programs.
- Higher levels of care in programs for substance use disorders (i.e. residential). These programs have significant waiting lists, a symptom of insufficient capacity.

#### General Observations: Underutilized Services/Opportunities to Enhance the Existing System of Care

Although capacity is a concern throughout the network of services in SLO, there are several areas in which existing programs or processes could be modified to enhance care.

- While SLO has a Crisis Stabilization Unit, utilization is low.
- Opportunities within the San Luis Obispo Behavioral Health Department (SLOBHD) exist to enhance processes to ensure better access to and utilization of services.

#### Recommendations:

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<sup>4</sup> For the sake of this analysis, Enriched Residential Programs are defined as licensed adult residential facilities with intensive mental health services and augmented supervision in a home like environment. Some of these facilities also have services for co-occurring substance use and mental health disorders.

Challenges in the current system and recommendations for remediation are summarized below. They are detailed in the report that follows, but grouped here according to the anticipated ease and timing of implementation as follows:

- Level 1: Solutions that can be implemented in the near-term with existing or limited additional resources
- Level 2: Mid-term Solutions that may be implemented with some additional dedicated resources
- Level 3: Long-term solutions requiring extended planning, funding and implementation timelines

Challenge	Potential Solution
Inadequate capacity to serve those in mental health crisis	Level 1 <ul style="list-style-type: none"> <li>• Redesign the Crisis Stabilization Unit as an Urgent Care Center</li> <li>• Evaluate service priorities currently addressed by the Mental Health Evaluation Team.</li> </ul>
Limited outpatient capacity for most at-risk/vulnerable mental health clients	Level 2 <ul style="list-style-type: none"> <li>• Expand Full Service Partnership slots</li> <li>• Implement an FSP-lite program</li> </ul>
Limited available capacity and timely access; waiting lists reduce flow through the system and increase risk to clients	Level 1 <ul style="list-style-type: none"> <li>• Within the mental health system, add a centralized access and service tracking function; staff appropriately</li> <li>• Use standardized tools to determine readiness for transition of care for mental health services</li> <li>• Within the SUD system, monitor access to care by implementing a data collection system that records time from first walk-in contact to enrollment in treatment</li> </ul>
Care is not fully integrated (mental health-substance use-physical health)	Level 1 <ul style="list-style-type: none"> <li>• Consider using screeners who assess for behavioral health and primary care issues regardless of the system to which the client presents</li> <li>• Expand integrated care through formal and informal partnerships with local providers to ensure all elements of care are provided</li> <li>• Promote opportunities for communication and case conferencing</li> </ul> Level 2

	<ul style="list-style-type: none"> <li>• Augment fully integrated agencies and/or programs that represent the full continuum of care</li> <li>• Explore and invest in technology / data platforms for improved connectivity and integration between programs and systems</li> </ul>
Workforce capacity is constrained; recovery orientation could be enhanced (particularly in the mental health programs)	<p>Level 1</p> <ul style="list-style-type: none"> <li>• Expand opportunities for peers, community health workers and other “nontraditional” providers such as mentors, members of the faith community and others to address the needs of clients</li> <li>• Capitalize on new Peer certification by adding new job classifications</li> <li>• Integrate peers as navigators in outpatient programs where they do not currently work</li> <li>• Operationalize the recovery model within every program and level of care</li> </ul>
Lack of capacity to stabilize clients exiting hospital services or who are at risk for a higher level of care	<p>Level 1</p> <ul style="list-style-type: none"> <li>• Ensure residential treatment programs are rich in programming and offer food and environments that are welcoming to deter clients from leaving before achieving full benefit</li> </ul> <p>Level 2</p> <ul style="list-style-type: none"> <li>• Augment staffing at adult residential facilities to enhance mental health services by adding peer support services and augmented supervision for clients leaving a higher level of care</li> </ul> <p>Level 3</p> <ul style="list-style-type: none"> <li>• Invest in a crisis residential treatment program</li> <li>• Develop an enriched residential treatment program</li> <li>• Expand substance use services by developing a partial hospitalization program in existing outpatient programs; collaborate with sober living homes</li> </ul>
Lack of residential alternatives, including adult residential facilities	<p>Level 2</p> <ul style="list-style-type: none"> <li>• Consider opportunities to expand availability both in and outside of the county (consider specialized populations, i.e. programming for female clients)</li> <li>• Explore supplemental rate programs to expand programming in adult residential facilities</li> </ul>
Lack of adult inpatient beds	<p>Level 1</p>

	<ul style="list-style-type: none"><li>• Conduct a study on length of stay in the SLO Psychiatric Health Facility (PHF); optimize the balance between stay and client outcomes</li></ul> <p>Level 3</p> <ul style="list-style-type: none"><li>• Add an additional Psychiatric Health Facility (PHF) that should accept private insurance as well as Medi-Cal</li></ul>
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