Cottage Center for Population Health

LISTENING TOUR FINDINGS

Summary of Key Findings • December 2019

Below is a summary of the findings from the Listening Tour. Emergent themes have been organized into the following sections:

1. Structural factors contributing to mental health and substance use issues
2. Obstacles while seeking care
3. Challenges while providing care
4. Opportunities to improve behavioral healthcare in Santa Barbara County

For each theme, we display illustrative quotes from the interviews and focus groups.

Structural factors contributing to mental health and substance use issues

This section addresses root causes of behavioral health issues at the socio-political level. High costs of living, working excessively to make ends meet, wealth inequality and disparities in accessing care, normalization of substance use, and social media were identified as contributing factors to mental health and substance use challenges in Santa Barbara County.

Almost everyone recognizes that Santa Barbara County has communities with a strong sense of belonging. Moreover, because the county is geographically located in a place with an **attractive climate and landscape**, it has become a destination for people coming from other places. People like living in Santa Barbara even though it poses steep challenges for the most vulnerable populations.

> "We don't freeze or melt. I mean, we're not like Phoenix, where the temperature rises to 120 degrees for 6 months, or the polar vortex of Chicago, where we have to worry about all their homeless freezing to death, right? We, geographically, and because of the extraordinary people in our community, we're really lucky."
>
> - **Physician**

> "I'm not from here. So when I landed here, the weather was just Goldilocks Mediterranean weather. I was blown away. I'm from Portland. So it's totally different. And it makes things a lot easier what the weather does when you're out there. And just notice that the kind of people over here are totally different than in Portland. Nice, but in a totally different way almost, almost like I was in a different country or a different planet. It was a big change, by night, the weather is a lot easier."
>
> - **Person experiencing homelessness**

> *"Me gusta el clima, se parece mucho al clima de mi país, de donde vengo, entonces, me hace sentir más en casa. La amabilidad de las personas, y lo limpio y tranquilo que es el lugar."*
>
> "I like the weather, it's similar to the one in my country and it makes me feel at home. People are gentle, and the place is chill and clean."
>
> - **Hispanic/Latinx Community Member**

The inherent beauty of the place and its clement weather have brought **tourism**, along with **increasing housing costs**, and a **rise in the homeless population**. Participants suggest that the benefits of living in Santa Barbara are unevenly distributed. For instance, beautification efforts can be detrimental and make life harder for the poor and those who are unhoused.

> "Even just for the general mental health population, the lack of housing availability and its costs creates this economic struggle where they just live under stress. Kind of all the time working multiple jobs and people break eventually. It's hard to get through daily life."
>
> - **Behavioral Health Provider**

> "If you're disturbing the tourism or business you start to get stereotyped. I mean, I get stereotyped all the time because I'm homeless. Right? And people in the stores end up telling me I can't use the bathroom or 'get out of here.'"
>
> - **Community member**

"In Santa Barbara, we used to have [...] a lot of single-occupancy hotels [...] that a lot of the people we served in my HIV/AIDS years could afford with their welfare check, and they had free food, a meal program, lunch program. They could afford to not be in the doorways of businesses on State Street. They had a hotel room. It was a monthly rent. They made just enough to survive. And as the whole South County culture has changed into a much higher income demographic, all those hotels are gone except one or two. And the more days that these folks are on the streets, the more mental health gets worse and worse by the day for them. I mean, put any of us on the streets and that would happen. That's been my observation growing up in this town."

- **Mental Health Provider**

"And the other thing is housing. I mean, so if you look at that flowchart, and you've ever been at a shelter even transitional shelters, we have nothing other than that. And so we're seeing people stay longer in emergency shelters, which kind of changes the whole dynamic of emergency shelter. And then having a difficult time. We've got people on the housing list that have been on the house list for five and six years. And what has happened is they've become extremely depressed about it, and they just give up. And so they live in their car."

- **Service Provider**

"For example, last week they had a vigil at the beach [in which mourners honored the 34 people who perished during the Conception boat disaster]. Well, they cleaned up the whole park of all the homeless for the people mourning the people on the boat. Well, I mean, you don't think homeless have family out there? You don't know. And they feel bad, too. Why can't they mourn, too? [...] They have like a no tolerance [policy]. You disturb downtown, you disturb their business, you disturb tourism."

- **Community member**

Very often people find it **difficult to make ends meet** given the high cost of living in Santa Barbara County. Because residents are working a lot, **stress** can funnel into violence, self-medicating with substances, and more complex physical and mental health situations. Many participants are struggling to "keep up" with the cost of living, making their living situations highly precarious. Especially among the Hispanic/Latinx population, the **excessive work** can lead to self-medication to numb their pain or to derive energy to keep working.

"Uno de los problemas también importantes aquí en Santa Bárbara es lo caro de la vivienda, que eso genera que los padres busquen doble trabajo, doble turno, para que pueda alcanzar para llevar lo básico a la casa; eso genera estrés, porque abandonamos a los hijos por responsabilidad de tener lo básico en mi casa."

"One of the main issues is the high cost of housing in Santa Barbara, which obliges parents to find two jobs, do two shifts, with the aim to bring the basics home. That creates stress because we abandon our children because we want to have the basics at home."

- **Hispanic/Latinx Community Member**

"There's a huge poor population living here in Santa Barbara that are working two jobs just to stay afloat."

- **Physician**

"Las personas que tienen más bajos recursos tienen hasta dos trabajos para poder pagar la renta. Entonces eso sí es como a diario están viviendo el estrés. Y ese exceso de trabajo, ¿qué genera en la gente, en la comunidad? Yo pienso que genera las fricciones de emociones."

"People with fewer economic resources have to have two jobs to pay their rent. They are living under constant stress. And that excessive work, what does it create in the people, in the community? I think it creates emotional friction."

- **Cottage Health Employee**

"Muchos jóvenes se van a trabajar al field en el verano, en la fresa. En primer lugar, no están acostumbrados a trabajar en el campo; segundo lugar, tienen la necesidad de trabajar. Van, no aguantan las jornadas de trabajo. Entonces, esos niños empiezan a tomar Red Bull. El día de mañana, cuatro, cinco pastillas de aspirina para aguantar el dolor de espalda. A la tercer semana la marihuana."

"Young people go to work in the strawberry fields during the summer. First, they are not used to working in the field; secondly, they have the need to work. They go and they do not resist the work. So, those kids start drinking Red Bull. The next day, four, five aspirins to cope with the back pain. The third week, marijuana."

- **Hispanic/Latinx Community Member**

"I think these parents are overwhelmed, as well. Many of them have multiple jobs. They're not home with the kids."

- **Behavioral Health Provider**

"Along the lines of poverty and stress, I would say most individuals in this town work more than one job. And when you're working more than one job, sometimes you need substances to keep you going. And I think that's big. [...] You know, it's expensive here. But I think that is a big stressor for many people."

- **Psychiatrist**

"And every day, they just keep up. And it's like, the stress of just constantly keeping up. And, I think that's a stress in itself. [...] And then something happens and...just like a house of cards, it all sort of falls down. [...] But I mean, you know, for some of these people, I don't even know how they pay their rent. I literally have had people who something bad happens and then... I found an employee and two other people living out in their car... I mean, I think it's just something can just tip you over the edge."

- **Cottage Health Employee**

Many vulnerable populations feel there is extreme social inequality in Santa Barbara County. For instance, the Hispanic/Latinx population report **wealth inequality, differentiated access to healthcare services**, and discrimination as factors that worsen behavioral health. Discrimination is also felt by LGBTQ+ community members, people experiencing homelessness, and drug users.

"I guess social issues are always happening in every community. I mean, but I think in this community, it's a little bit more twisted because we have so much wealth in this community. But there's a lot of racism in this community."

- **Hispanic/Latinx Community Leader**

"El primer problema que veo ahí es que es la falta de documento, la falta de MediCal, por la falta de documentación obviamente, y pues el miedo a lo que se habla ya ahorita en esta época de que si pides ayuda, si cuando quieres arreglar en un futuro, no vas a poder, sea verdad, sea mentira, la gente se asusta."

"The first issue that I identify is the lack of documents, not having access to MediCal because of not having documents, and also the fear. People are saying that if you go to ask for help, and then you want to fix your situation here, you won't be able, I don't know if it is true or false, but people get scared"

- **Hispanic/Latinx Community Member**

"A nosotros nos pasó algo en la tienda de que estábamos hablando español a la hora de pagar y estaba una americana ahí delante parada al frente de nosotros Y voltea con una mirada tan fea a decirnos que por qué no hablábamos inglés, que porque estábamos en un lugar donde teníamos que hablar inglés. Y yo no sé 100% inglés, pero sí puedo hablar mucho inglés."

"To us it happened that we were in a store, in line, ready to pay, speaking in Spanish. And there was an American woman in front of us, and she turns with this ugly look to tell us why didn't we talk in English because we were in a place where we had to. And I don't know 100% English, but I know a lot."

- **Hispanic/Latinx Community Member**

"We have incredible inequities in socio-economic status in our community, we have the underinsured and the poor, who have no access to inpatient, substance abuse, or mental health services, and limited fragmented access to mental health outpatient services, depending on the day of the week, the hour a day, their insurance status, their immigration status, etc."

- **Nurse**

"I've been doing this work since 2008. And my experience has always been that any counseling, any opportunities are really handed out the white community more. And minorities are more towards catching a case. You know, sent to the DA's. [...] So, same crime, but for the most part, minorities get shipped out towards the justice system, and whites get more of the counseling and come back to school."

- **Hispanic/Latinx Community Leader**

"[It would be helpful to have] employers that are willing to hire people who have been in homelessness. [...] Or on their resume, if there's a huge gap because they were homeless. They might be stereotyped and excluded."

- **Person experiencing homelessness**

"[In the LGBTQ community] folks are at greater risk of using drugs and alcohol to cope with the exorbitant rates of family rejection, religious rejection and attack, workplace discrimination, and housing discrimination. All of which target LGBTQ folks pretty young."

- **LGBTQ+ Activist**

People also point to the **wine country atmosphere** of Santa Barbara and compare it with the ongoing normalization and prevalence of **vaping** and the legalization of **marijuana**. This context in which substance use is normalized also expands to other drugs, such as meth.

"I noticed when I moved here it was like, everybody kept bringing out the bottle of wine and giving people bottles of wine whenever they have birthdays and things like that. Even in the work setting, which I didn't see so much maybe in other places where I have worked before I moved here. Yeah, Detroit was not a big wine country."

- **Promotora**

"If you talk to any principal [in the school system] right now, it's e-cigarettes. The electronic delivery systems that are delivering both nicotine and marijuana. And they're flooding the schools. And we've stood by and watched it happen. They've made millions of dollars off of it. And it's really frustrating. We had tobacco use down to 4% in California."

- **Substance Use Treatment Provider**

"We hadn't really mentioned the legalization of marijuana. I'm concerned about how that might be influencing substance use patterns and I wonder if that might be a good community question to pose about the legalization of marijuana we have increasing number of dispensaries. We are growing loads and loads of marijuana in Carpinteria which is Santa Barbara County just slightly south of Santa Barbara. I'm not sure if you're from here but... So well, if you roll down your windows on your way here from Los Angeles, when you stop when you go to Carpinteria, you, you will smell the marijuana from the freeway."

- **Cottage Health Employee**

"So meth is a big issue. It can be used, almost recreationally. So people kind of go to sort of parties together, where there can be sort of a hookup culture that is infused with the recreational use of meth. It creates dangerous, you know, behavior in terms of passing HIV and other sorts of sexually transmitted diseases and it can also lead to really intense addiction really quickly. So there's kind of this idea or image that if you, you know, just use it a little bit, and then you're a working professional, you're Monday through Friday, that you won't get addicted, but it's so highly addictive, that that's a dangerous leap."

- **LGBTQ+ Activist**

Ambivalence surrounds **social media** and the use of **cell phones**. These emerged as a central concern that is changing socializing behaviors. Their negative uses create **apathy, depression, and addiction**, and is reported as a medium for **bullying**. Fear is also spread through social media. But at the same time, social media can be used in positive ways, too.

"The world has changed so much. We've seen it with our kids. I see it with my grandkids. There's a lot of adolescent isolation. They spend so much time on their devices."

- **Mental Health Service Provider**

"Social media plays a huge part of it. Do I get liked enough? What's happening on social media when I'm in school? What happens when I'm not connected online? All these factors that occur create a very anxious population, a young anxious population. I'm curious to know the research around screentime and anxiety. I think we're going to find there's a huge problem."

- **Service Provider**

"Aparatos como el internet, las computadoras y teléfonos, es un arma de dos filos, yo les platico [a mis hijos], les digo: "okay, tú lo puedes usar para bien, como para hacer tu tarea o lo puedes usar para ver cosas que no te dejan ningún beneficio", yo trato de explicarles a ellos, pero obvio, ellos quieren experimentar, saber cosas y lógico, siempre se van por el lado equivocado."

"Tools like the internet, computers, and telephones have two sides. I tell my children: 'OK, you can use these for good stuff like a tool to do your homework or to do stuff that does not leave any benefit for you'. I try to explain them but they want to experiment, know things, and naturally, they always choose the wrong side."

- **Hispanic/Latinx Community Member**

"And then for kids, a lot of its social media. I mean, social media can be horrible but for a lot of kids, it can also be a lifesaver. A lot of kids reach out through social media. The important part is being able to point them in the right direction and not in the wrong directions".

- **Mental Health Provider**

"I mean, I think it's worth noting, too, that teens are just always at an increased risk. I think we're seeing more and more young people, and that includes teens, older teens also, just with more and more, obviously, social media. And I'm hearing so much about people posting things, nude pictures, sexting, and so there's just so much of that out there that people aren't able to navigate at their age, and it's really traumatizing to people and no way to really sort of navigate that as a parent sometimes. And so they're just at increased risk for ongoing mental health problems with all the exposure."

- **Behavioral Health Provider**

Experiencing Care

Central challenges that care-seekers face while accessing behavioral healthcare in Santa Barbara County are discussed below. The multiple barriers involved in accessing care include: prevailing stigma surrounding mental health and substance use concerns; language and cultural barriers; rising levels of fear generated by xenophobia; logistical and bureaucratic obstacles; and narrow-scope insurance policies that do not cover behavioral health care.

Stigma and fear of judgment are common concerns for those seeking care for mental health challenges or substance use issues. Stigma is experienced many times within medical facilities, but also in daily life. Often, the stigma can be internalized and become a barrier in seeking healthcare due to fear of judgment.

"And I think there's still stigma. A lot of people feel embarrassed to ask for help, embarrassed to go see a doctor."

- **Nurse**

"Hispanic, as well. I mean, we see [stigma] certainly with the Chinese and the Korean students at UCSB. The students seem willing to seek treatment, but they don't want to tell their parents, because their parents think it is a bad thing. Or it's taboo. You don't talk about your mental health problems or your emotional distress."

- **Cottage Health Employee**

"They were really nice and great, until they did a drug test and saw that I had drugs in my system [...] It's like, stuff like that makes it so you don't want to go get help. Because the places that are supposed to help you and are supposed to be there for you are supposed to, like, provide you with what you need. They don't. They judge you."

- **Person experiencing homelessness**

"If folks have had a bad experience [trying to access help for mental health or substance use issues]. LGBTQ people have had a bad experience. Maybe they were mis-gendered, or maybe people shamed them about their sexual partners or sexual practices or anything like that. They tell their friends, they tell their community. And so if they're in a substance using community, and they go for any kind of treatments and it doesn't go well because of who they are, they will tell their substance using friends who are in that community that our people aren't welcome there."

- **LGBTQ+ Activist**

"Just to give you an example. If someone said they were on antibiotics, no one would think that was weird. But I know a lot of people who would judge you for saying, 'I'm on a pill for depression' or something. They would just judge that in such a different way. And we really just need to reduce the stigma."

- **Teen Community Member**

"I think stigma is a big problem because they don't want to admit to anyone that they have a problem and then it's too late. The lack of compassion from other people who are just going, 'Oh, get your [expletive] together.' They don't understand mental illness."

- **Community Member**

"Well, there's still a very big stigma attached to mental health. And I can't say I blame people when someone says, 'Hey, we've got another crazy person for you to see.' Well, you're a well-educated person in a medical community and you're using that language. I mean, why do you think someone is apprehensive about telling the truth that they're hearing voices or that they're up all night, they can't sleep, they worry? We can do better, too, as professionals."

- **Healthcare Provider**

For care-seekers **language and cultural barriers** emerged as an issue when approaching mental health care services. In some cases, children are having to translate for their parents in clinical settings due to a lack of bilingual providers. Furthermore, Hispanic/Latinx communities said that even though professionals have the ability to speak Spanish, they may not understand their particular cultural backgrounds. This makes it difficult to provide effective and appropriate care. In particular, there is a lack of providers who are able to speak Mixteco, an indigenous language spoken by many residents in Santa Barbara County.

"I don't see a lot of bilingual doctors, they don't really speak Spanish. So usually, if I go to the doctor, I have to translate to my mom what the doctor is saying."

- **Hispanic/Latinx Youth Community Member**

"As you saw here, when you asked the kids, how many of you translate for your parents? [Many participants raised their hands]. So, imagine a doctor trying to explain to you what is wrong with you, and then the kid has to translate that to the parents. Kids are not gonna understand how to translate a lot of the medical terminology or a lot of the stuff that they are talking about. A lot of the kids are second English learners, you know, ESL. So their comprehension as far as their language goes, may not be enough for them to make the right translation for their parents."

- **Hispanic/Latinx Community Leader**

"We [as professionals] are not representative enough of the people we serve. For us, one of the huge challenges is that we have a large Mixteco population. And the amount of dialects spoken is something that we have a hard time keeping up with. Because you may have an advocate that speaks Mixteco Alto, but also the population in Santa Maria speak Mixteco Bajo. And then you have subdialects where you can have two people from the same region who cannot understand each other. So doing therapy with someone like that is not possible. I do the best I can, but again, it's really really limited. So they're not getting the level of care that everybody else is. [...] They're not getting what they need to get."

- **Mental Health Provider**

"Otro desafío que también se encuentra es el tiempo que se le dedica al paciente en las consultas [...] en las mentales se ocupa como más tiempo y también es muy limitado el que hay. No hay buena comunicación porque la mayoría de los proveedores se llaman bilingües, pero su español es muy corto, o sea, no hay una comunicación efectiva entre paciente y proveedor, y siempre hay malos entendidos. Entonces, el paciente se desespera y no encuentra la solución que requiere."

"Another challenge is the time dedicated to patients. Mental health issues need more time and it is pretty limited. There is also bad communication because the majority of providers call themselves bilingual, but their Spanish falls short, thus, there's not effective communication between patients and providers; and there are often misunderstandings and patients usually get desperate and do not find the help they need."

- **Hispanic/Latinx Community Member**

The logistics entailed in scheduling and arriving at necessary appointments can be challenging to arrange. Care seekers have difficulties **finding the time** to attend appointments and arranging **transportation**, sometimes to distant locations. Transportation is an especially burdensome barrier for people living in rural areas. In addition, many have to endure **long wait times** on the Access Line and between appointments. These obstacles are compounded with mountains of **paperwork**. Participants share that they feel dehumanized by the paperwork they have to fill out. These issues are particularly troubling when someone is experiencing a crisis that needs to be immediately addressed.

"The time, right? The work, especially if you have people who are working two jobs. When do you have the time to go see a therapist?"

- **Promotora**

"Our families are working families. It's an agricultural community in Santa Maria. They work in the fields. They start at 4:30 in the morning. They get home at 7:30 at night. They can't get their children to appointments at 1:00 in the afternoon or they lose a whole day's pay."

- **Service Provider**

"Hay mucha información que los padres necesitan escuchar, pero no es accesible porque es durante el día o de lunes a viernes. Hay muchas personas que nomás no trabajan los domingos, hay muchas personas que nomás no trabajan es sábado y por esa razón yo creo que nomás no hay manera de escuchar la información."

"There is a lot of information that parents need to know, but they don't have access to it because it is provided Monday through Friday during the day. There are people that only rest on Sundays, and many others on Saturdays, and for that reason, there is no way to listen to the information."

- **Hispanic/Latinx Community Member**

"It also sounds like—is it called Access? The phone number that they're supposed to call? [...] That's a joke. There are people that tell me that they're on hold for 45 minutes and they don't get through. And I hear that over and over again. And I just think taking an addict and saying, 'Here, dial this number and wait 45 minutes,' is a set up for disaster."

- **Service Provider**

"We have to go up to where the many wealthy people live to find the services. And so then transportation becomes an issue."

- **Substance Use Treatment Provider**

"Especially in this [Santa Ynez] Valley. It's hard to get out of the valley or to even get 15 miles away or 20."

- **Service Provider**

"For people who are seeking help at County Mental Health, their crisis service, where you can go if you're in a crisis, it is very difficult to access out of town. You have to take a bus to get there."

- **Psychiatrist**

"Sometimes they have a job for me but the recovery is supposed to come first. Recovery is supposed to come first. We can't work. We need money for a bus pass. How are we going to get from point A to point B? Do you know what I mean? That's a big issue for me."

- **Community Member**

"I think one of the problems with that, in my opinion, is that we, in Santa Barbara County, we have very poor public transportation. And so a lot of my clients that end up being in jail, they just can't get to their appointments. I mean, just going to the Cottage Health Campus is not an easy thing."

- **Service Provider**

#1 M: Well back, back, um, I think it was July of '18. In this place, the director himself, he, I was a court order to a program in LA. And this place right here, the director came out of his own pocket, and bought me and paid for an Uber, to take me from this from right up front, all the way to LA to my program.

#1 F: Cool.

#1 M: You know what I mean? And then that's, in my experience being here, three years 8 months. That was the only person that actually did anything towards help. Last Friday, and that's when I had and then that's when I actually started to take responsibility, and for, for my own actions and my addiction and actually start trying to put forth the effort to actually try to get sober. And that actually made me feel that there's somebody out there, or there are good people out there, that would do something else to help somebody when you're down and out. And I mean.

#7 M: Isn't it crazy that it's the littlest thing for them? And it means nothing, right?

#1 M: But to us, it means it means the world.

#7 M: You know, it could it could change your life. Like it did.

- **Conversation among people experiencing homelessness**

"Yeah. I think the kids that I'm seeing at the schools, transportation is a big barrier, so if we aren't allowed to come on campus anymore and provide that on-campus support, asking a parent who works two jobs or single parent to then get in the car at 3 o'clock in the afternoon to— [inaudible] their kid from the car. They would go— Right. So for a kid on the bus or— so I think transportation is big."

- **Service Provider**

"I took myself to Cottage Hospital in Goleta Valley, just because I wanted to talk to somebody about depression. So I went to the emergency room. And I got, I spent a total of about nine and a half hours between Goleta Valley Hospital and the downtown Cottage Hospital. And I was seen for a total of three minutes and about twenty seconds by the attending emergency room physician, who was an internist. So the whole time I spent waiting. [...] And I was there for serious depression and PTSD and wanted to talk to somebody about it. But on the way out, I spent about two hours and a half with a financial eligibility specialist about how I was going to pay for it. And they said, 'Who do you know that you can bill?' I said, 'nobody….there's nobody I can send the bills.'...So I spent two and a half hours filling out insurance and I got a standard referral sheet. So I just thought I wasn't taken seriously."

- **Person experiencing homelessness**

Fear generated by a xenophobic political climate emerged as one of the most common themes in every Hispanic/Latinx focus group and interview. The current anti-immigrant policies are increasing levels of fear and stress among Hispanic/Latinx communities. In addition, the political climate is deterring people from seeking care. The fear of personal information being given to ICE or the prospect of ICE raids on clinics frequented by Hispanic/Latinx is creating isolation, stress, and family break-ups with tremendous consequences and little support.

"Hay mucha gente con miedo, con estrés y depresión por el tema de migración. La gente no quiere salir a las calles, niños asustados. La gente no sale."

"People are afraid, they have stress and depression due to the migratory issues. People don't want to go out, children are scared. People simply don't go out.

- **Cottage Health Employee**

"Fear and anxiety amongst not only parents but children. Even if they have status, in the population that we serve, chances are someone in their family or extended family is not documented. So they have a general fear of deportation and also a fear of being victims of racism itself. So it's generated a great deal of stress in the immigrant community that we serve."

- **Service Provider**

"With this political climate, the patients that I serve, many of them are undocumented. And that's creating high fear, which of course adds distress. It means they seek less care, because they are worried about things. So we've had patients who are offered Foundation money, and the minute they're given an application, they're like, 'Forget it! We don't want it.' Yeah. So they won't go to rehab, even though they are being offered the opportunity. So I think that the political climate right now is kind of making some of those issues bigger."

- **Cottage Health Employee**

"One of the things I have found pretty unique to the last couple of years in our community is anxiety around the political milieu. The day after the election, we had lots of families refusing to send their children to school because they were afraid that they would go to school and then their parents wouldn't be back home. The same happened in January when our president was sworn in. Same reaction. We had a very hard time getting parents to send their kids to school. We had a lot of students coming in with lots of somatic responses to stress. Headaches, stomach aches. And they're still that way. You will still hear students walking into the nurse's office with symptoms of stress and anxiety, and when you talk to them and ask them what is it that they're concerned about, what is their concern? 'I'm afraid my mom, my parents won't be there. They'll be deported.'"

- **Service Provider**

Narrow-scope insurance policies do not provide access to behavioral health care to all who need it. Participants noted that "people in the middle," who are neither wealthy nor poor are unable to seek care for mental health and substance use issues because it is not covered by their insurance. In some instances, irony appears when the very employees of agencies providing behavioral health care are unable to access services because their insurance policies will not provide coverage.

"Que la población tuviera más acceso al servicio médico para atender cosas así de drogas, de alcohol, mental. Vas al doctor, pues no te cubre la aseguranza. Entonces, ¿qué vas a hacer? Ay no me va a cubrir, entonces le voy a seguir".

"The population should have better access to health care services for drugs, alcohol, and mental issues. You go to the doctor, and the insurance does not cover it. So what are you gonna do? Since it is not covered, I will just keep on on my own."

- **Cottage Health Employee**

"But even for those with insurance, access to psychiatric care in particular is really difficult. Most of the psychiatrists don't accept insurance. And those that do, there aren't enough of them to see the patients. And that's particularly true in child and adolescent psychiatry. So even for the insured population, it's really hard to access treatment."

- **Physician**

"We look at all the patients in the morning, and one of the first things we look at is their insurance, which is really sad. Because if they have insurance, it's like 'Oh, good. Well, at least [this] could be an option.' It's sad because if you don't have insurance or if you have Cen Cal, then it's like who knows what is going to happen."

- **Behavioral Health Provider**

"I think people who are on traditional health insurance plans probably are the least served by both substance use and mental health services. So I mean, I feel like our own staff [have a] pretty mediocre Anthem plan."

- **Substance Use Treatment Provider**

"I mean, wealthy people can access services because they have the resources to pay out of pocket and then [people on Medi-Cal]. It's really the middle [whose insurance won't cover behavioral health needs]. It's most of us in this room."

- **Substance Use Treatment Provider**

"I make about $55,000, but I barely make enough to pay for my own apartment, car payment, cell phone, food, and stuff like that. And I don't even... I had to move out of this community to move about an hour away to afford stuff. So that's what people don't understand. Before I was making less, making $35,000, and I tried to apply for like MediCal stuff like that, but I don't qualify for it, because my salary was too high but I don't make enough to survive."

- **Community Member**

Providing Behavioral Health Care and Services

Providers express several challenges in their work: observing the same patients over and over again as though they are going through a "revolving door" and are "staying sick" because they are not getting effective treatment; there is significant complexity in providing care for mental illness and substance use, including accounting for comorbidities; and the difficulty in measuring the effectiveness of mental health services in the long term by traditional quantitative metrics such as economic productivity.

Patients, organizations, and healthcare providers recognize there is a revolving door in which patients present with increasingly worsening issues during chronic readmissions. Problems of access lie at all levels of the chain, leading patients to "stay sick." Narrow-scope insurances, lack of preventive medicine, stigma, high costs of care are all implicated. Recognizing that providers were unable to provide patients with more effective treatment in the past and now are coming back is frustrating and overwhelms the medical system.

"I think it's difficult because we see chronic readmissions. [...] The people that need the services the most can't get them. And, unfortunately, it all comes back to lack of providers that are able to either work with the person's insurance or with managed care and reimbursement rates. It's getting harder to find providers. Those patients end up using the ED [Emergency Department]. [...] It's impossible. So I feel like the underserved population, their difficulties get reinforced at every single stage. [...] There's nowhere for them to go. Right? There's just nowhere. So then, again, they stay the sickest. So it's just this kind of revolving door."

- **Behavioral Health Provider**

"How do people deal with mental health or substance use concerns? They don't. They get lost in the system. That's why it's a revolving door and they come back to the emergency room."

- **Behavioral Health Provider**

"And then they just come back. They're going to come back to their community and the problems still going to exist, and it's cyclical. So it's going to cost us one way or another. I'd rather try to really have a clear solution and foundation and treatment plan in place. And the individuals' community, because that's where you're going to see success. But it's not us. As a society, we're failing the mental health community."

- **Behavioral Health Provider**

Care-seekers corroborate what providers have to say regarding "revolving doors."

"Because what I end up seeing is they're getting arrested for disorderly conduct or under the influence, spend a certain period of time in jail, which does nothing for their mental illness. And they throw them back on the street. Hang them out to dry again. Yeah, exactly. So it's this revolving door. And what I've noticed over the years, I've seen the same old, same people and they're just getting progressively worse and it's just a matter of time before they die out there or relocate somewhere else. But the people are not being treated. They're just being picked up, taken away."

- **Community Member**

"I mean my older sister, I know that problems follow you to college like they don't just disappear in high school. And I think they can get worse if you don't get the help you need early on. And I honestly think that's just going to follow you in life unless you find a good support system."

- **Teen Community Member**

Behavioral health conditions are uniquely **complex to treat** because they often occur in tandem and it is impossible to extricate mental illness and substance use from the context of one's daily life. Providers discussed the frequent occurrence in which patients have two or more conditions simultaneously. Examples of **comorbidities** discussed during the Listening Tour include dental problems co-occurring with mental illnesses; TB among intravenous drug users; Alzheimer's patients struggling with alcoholism; people with traumatic brain injury and substance use disorder; and depression appears with a variety of chronic diseases such as HIV/AIDS, cancer, pain conditions, and diabetes. In some cases, the presence of two or more conditions can make effective treatment challenging and patients may become "**non-compliant**," struggling to adhere to their treatment plans given the complexity of their medical situation.

"If you have a co-existing illness, that will absolutely sink you. If you have diabetes, if you have inflammatory bowel disease, any of those things. Every single patient we see in the specialty clinics has got to deal with some kind of depressive episode."

- **Pediatrician**

"I see an Alzheimer's patient who clearly is drinking too much. The wife knows it and it's making his disease much worse. And he's probably drinking six to eight drinks a day. And I don't know how to help him because he's never going to go to an in-patient volition or rehab facility. He won't go to AA."

- **Physician**

"When people come in that have substance abuse mental health, they may have a developmental disability or traumatic brain injury and we're finding it very difficult to get them the kind of testing and to really find out what's underneath there that contributes to the substance abuse."

- **Behavioral Health Provider**

"Any kind of pain condition is going to really exacerbate both mental health and substance use, in my experience."

- **Behavioral Health Provider**

"Chronic conditions like diabetes, adherence to their treatment plans are really difficult when they're struggling with these kinds of things [mental health challenges]. So it exacerbates it. We see a lot of patients with diabetes unmanaged."

- **Behavioral Health Provider**

"So somebody with substance abuse issues or mental health issues tend to have issues being compliant with blood sugar testing, medication, diet, things like that. Even once they hit our floor, they're the ones going right to the snack tray. They're not able to employ their tools, their coping skills. And so they start having problems with their feet or their eyes or other things. So the mental health issues or substance use issues impact the way that they're able to manage [concurrent chronic conditions]."

- **Behavioral Health Provider**

"When you talk to the infectious-disease doctors who are taking care of all the HIV cases in the community, they all have underlying mental health [issues]. Most have underlying mental health substance abuse because that's how they ended up with their disease. In talking to trauma surgeons, what percentage of the patients on the trauma service had a positive detox? Right? But we in modern Western medicine are very good at segmentalizing things and [being] like, 'We're going to fix the bones." But look at the social environment where the injury or the illness occurred. And a lot of that [as physicians] is out of our control. And a lot of it, we don't really want to be involved in."

- **Physician**

Behavioral Health Providers call for new ways to assess behavioral healthcare. Conventional economic metrics used to evaluate healthcare provision can be misleading and harmful when it comes to providing care for mental illness and substance abuse. In many cases, individual patients require long-term and resource-intensive engagements in order for them to become and stay healthy. Both care-seeker and care-provider must invest in one another during the treatment process. Despite these challenges, providers note that there are enormous societal impacts that ripple out from effective treatment given in the provider-patient interaction. Providers call for a recognition of the "**bigger picture**" involved in providing effective and appropriate behavioral health care. When an individual receives excellent care and is able to manage her or his condition(s), they are able to be healthier and more productive members of society, which is good for them and their communities.

"You have to see the bigger picture. It may not be a direct revenue-generating program, but you return five 17-year-olds to the community so they can be productive members to the next 70 years. And that is your payback. And that's how mental health is. It's not the direct class that you're getting day to day, it's the fact that 20 years from now, you have productive people in this community. And that cost is immeasurable. [...] We know we're not going to make money on mental health upfront but what you give back to the community and to these individuals, you can't put a dollar amount to that."

- **Behavioral Health Professional**

"And a lot of people I talk to, they just want to get into a program and get fixed. And then I drop the bomb on them and say, 'It's not going to happen that way. How long have you been an addict? How long have you been homeless? 15 years? It's going to take a while.' And we, as providers, have to be willing to say, 'You know what? We're going to hold your hand through this process.' [...] And I think that's something we also need to remind our folks in the public. It takes a long time. [...] That's the whole point. Is the public and are we, as providers, going to make the investment in these people? And we are. We do it every day."

- **Service provider**

"And I think it is important for the organization to understand with behavioral health, people are avoidant. You're asking them to talk about and go through things that are emotionally uncomfortable. If somebody goes to a pain clinic, they're highly motivated to do so because it's going to be, hopefully, a pleasant experience for them, right? They're going to feel better. With us, we're going to ask them to do something that's uncomfortable and ask them to talk about the difficulties in their lives."

- **Behavioral Health Provider**

Recommendations to Improve Behavioral Healthcare

Participants in the Listening Tour suggested potential solutions to providing adequate, effective, accessible, and appropriate behavioral healthcare. Requested resources revolve around building capacity in the medical system. Specifically, participants describe the need for more providers, more outpatient services, and more in-patient beds. In addition, participants recommend tailoring services to specific populations. An opportunity to improve behavioral health in Santa Barbara includes formulating a better-coordinated system of care. Finally, participants offer a variety of avenues to raise awareness and increase education about mental health and substance use.

More providers are needed. There is a dearth of behavioral health providers including psychiatrists and therapists. Participants of the Listening Tour say that providers must be recruited to practice in Santa Barbara County.

> "Provide providers. Cottage Health could employ more people. We need the capacity. Santa Barbara County needs the capacity. That's what we lack."
>
> - **Behavioral Health Provider**

> "It all comes back to a lack of providers that are able to either work with the person's insurance or what managed care and reimbursement rates. It's getting harder and harder to find providers."
>
> - **Behavioral Health Provider**

> "There's a high level of turnover and burnout in our field because you see the same people over and over again. And you feel unsuccessful. And you don't get paid enough."
>
> - **Behavioral Health Provider**

> "So in a perfect world, Cottage would say, 'We're setting up our own clinic. We're going to bring six psychiatrists to town and we're going to offer them attractive packages that make it worth their while to come here. And we will support them."
>
> - **Physician**

> "Yeah, it would be great if Cottage wanted to set up a psychiatric residency program and just churn out a bunch of psychiatrists and psychiatric nurse practitioners."
>
> - **Substance Use Treatment Provider**

Out-patient services that accept walk-ins and have extended hours are needed. Out-patient services are seen as a necessary step to take the burden off of Emergency Departments.

> "I love this idea of the out-patient clinic and until we get that I think we need to do more of the hand-offs, walk-in hours or something like that. And maybe they can reserve a space for the Cottage patients."
>
> - **Behavioral Health Provider**

> "Yeah, I think we need a walk-in clinic, urgent care, something they can go instead of coming to the ER."
>
> - **Behavioral Health Provider**

> "We also lack good diagnostic services. Especially, I mean, in an outpatient setting. It would be very helpful to have a short-term evaluation center where their job was to establish one or more diagnoses for an individual, and then be able to refer to appropriate people, assuming the appropriate people existed. But we don't have a diagnostic center, which would really facilitate everything else that falls after that."
>
> - **Physician**

More in-patient beds are desperately needed. There are not enough in-patient beds in Santa Barbara. Because of this, out-of-county referrals are high. When people are referred out of the county, care-seekers and their families have difficulties arranging transportation. In particular, youth beds are needed.

> "The huge need is in-patient beds. I mean, it's unconscionable that we're a county of 400,000 people and we have 16 beds. According to national calculations, that's about one-fifth of what the national average is."
>
> - **Mental Health Service Provider**

"The real problem with access is that Santa Barbara County is chronically underfunded in all areas related to mental health and substance abuse. It spills over into the public guardian's office, which is underfunded. So when you try to find a way of getting protective care for someone who is unable to make their own decisions, the resources are scanty and people involved are always trying to shift costs elsewhere or not respond to save money and save staff resources. So we don't have access to good placement for people who are unable to care for themselves. In this whole county, people who are seriously ill or suicidal, what is it? It's 16 beds and 8 of those 16 beds are often full with long-term patients. So in the whole county of Santa Barbara, there are 16 beds. Some of which are mandated by the court to be filled by certain kinds of people with both mental illness and substance abuse illnesses and legal difficulties. And that's completely inadequate for the in-patient care."

- **Physician**

"One of the things we haven't talked about that's been a big problem in San Marino—and I'm sure it's [a problem] in Santa Barbara—is youth emergency beds. So a young man that needed to be hospitalized last year, I worked with the safety program. They [said], "Yes, he needs to be hospitalized." He waited in the ER for four days. So he sat in the ER for four days waiting for a bed in the state of California to open. [...] So then, he gets transported to Orange County for his psychiatric. [...] So Orange County, where he was was a three and a half-hour drive, depending on the traffic. And so then they call the mom the most. [She said,] "I don't have a reliable car." She lives in publicly supported housing. So she calls me. And I can't help her, so she calls the hospital. What they do is they call the state and say the child's been abandoned in their hospital, please come and get him."

- **Substance Use Treatment Provider**

Services must be tailored to Santa Barbara's diverse residents. Participants describe the need for providers who are trained in providing culturally-competent and trauma-informed care. Participants identified populations that are vulnerable to mental health and substance use challenges. These include youth, seniors, LGBTQ+, Hispanic/Latinx, unhoused individuals, employees, and veterans.

"We also have gero-psych issues and needs. Huge. There aren't resources. I think the nearest gero-psych place is in Sacramento. So there are not resources for families who have family members with dementia and all kinds of things."

- **Cottage Health Employee**

"Our LGBTQ+ population [struggles with] familial supports. [Some can] come out and their parents are accepting of who they are. But those that don't get support really do struggle from mental health issues and [are] also turning to substances to cope. And so, we have higher suicidality, higher depression, higher anxiety issues, in the end, turning to self-medication strategies to cope."

- **Substance Use Treatment Provider**

"We have 25,000 folks who speak [another language, like Spanish]. And so, they're very socially isolated and easily bullied and prone to being picked on. And so, those people are more susceptible."

- **Substance Use Treatment Provider**

"Es importante que las compañias hagan talleres y lleven información. Nosotoros a veces tenemos depresión o estres y no sabemos que hacer. Si ustedes nos dicen donde pedir ayuda es muy bueno."

"It is important that companies do workshops and bring information to workers. There are times we are going through depression or stress and we don't know what to do. If you tell us and guide where to get help, that would be great."

- **Cottage Health Employee**

A focus on prevention and early intervention is key. Rather than waiting until a crisis ensues, participants suggest focusing on prevention, wellness, and working with youth in early intervention programs. In many cases, this means recognizing the validity of experiencing mild-to-moderate conditions. Shifting focus away from reactive care to more skillful interventions is recommended. Many participants identified schools as critical partners in teaching about practicing preventive strategies.

"I think [we have] a system that is reactive and it only treats crisis. That's way more expensive and it costs the systems so much more. And so we're only shooting ourselves in the foot by only treating people in the emergency room and at the hospital level. If we put money into the primary prevention programs, we would be saving so much money at the beginning. I think we should. It costs so much more to hospitalize somebody in an acute crisis that's going to happen again and again and again unless we treat the issue. It's hard to measure prevention, though."

- **Mental Health Provider**

"So [for] primary prevention, preventing the [illness] from ever developing, the longer I've worked in the field, the younger I've gone. So really starting with early childhood parenting, postpartum support, and then really having a support system. [...] Cottage Health has done some work on that. They're funding the collaborative with the Neighborhood Clinics, which is awesome. For secondary prevention, somebody who's acute, preventing them from getting worse. It may be useful to think about something like that for urgent care for psych because right now it's just like the emergency gets used for things that maybe should be urgent care."

- **Behavioral Health Provider**

"But true prevention means that we're going to focus on the positive side of that coin too, which is wellness. And we're actually going to have services to keep you on track maybe when you're not actually sick."

- **Behavioral Health Provider**

"How can we help people before the symptoms appear so that they can start managing the difficulties of life? And I think colleges and others should really step up and help us as society figure those things out. What are best practices? How do we know people have access to parks and exercise and good nutrition? How do we help people get away from their devices? How do we encourage people to do things, more conversations and connectivity and have social isolation mitigated?"

- **Substance Use Treatment Provider**

"I think that in addition to what we're saying here is the importance of preventing these illnesses. And it is very important to activities. It's not just through pills and chemicals [that you can be healthy]. It is important to [...] have free time. It is important to know what you like to do, do what makes you happy. Dedicating a little time for yourself. I think this has to do with a cultural change, with the way that we act. Letting us have some time to spend with the family, to go out and ride a bike, walk on the beach. These are things that don't have to do with economic resources, but are about the resource of time."

- **Hispanic/Latinx Community Member**

"I think that needs to start in junior high, maybe even elementary school because the sooner that people feel that they have help, the sooner that they're going to realize that. And in the future, when they have more problems—like if I knew that I could get help since I was younger then I would feel so much more comfortable going up to people to ask for help now in high school when a lot more things are happening. So I think early intervention is a really good thing."

- **Teen Community Member**

A better coordinated system of care is needed. Overall, the Listening Tour revealed a desire for collaboration across agencies to provide better behavioral healthcare. Participants criticized the tendency of agencies to remain siloed. Instead, they argue, there should be more "warm hand-offs" and opportunities for **wrap-around services**. Many suggested the need for a **Mental Health Resource Center**. This would be a one-stop hub for behavioral health needs. In addition, providers and community members alike highlighted the need for dedicated case managers, navigators, family advocates, and peer advocates to assist people as they navigate the mental health system.

"I think what would help tremendously is being able to get assigned a long term case manager or caseworker or navigator, that can be with you on a consistent basis and point you in the right direction. Because all of us out there, it's really hard to focus and know which way to turn. Because we're not professionals, and we don't know the landscape of the housing and the site facilities and everything. I think easier access to a social worker for the long term, that you can connect with. I think [that] would be a tremendous help."

- **Person experiencing homelessness**

"If we had somebody to navigate, just like if you have breast cancer or something like that, if you could hook somebody in with a navigator of where to [go]. 'I'm referring you and you need these things.' This person is going to help you with your insurance, with whatever there is, and tell you where you can go and help make appointments and arrange transportation. Because I think even if you have the services, the next step, if they really have a problem, it's difficult to get them to. Even with the resources sitting right next to them."

- **Cottage Health Employee**

"The act of having a social worker or peer navigator. That's a human being that's even a peer navigator. You train them up and then you have to help the helpee. But I just think that's an insurance need...as well as education for minimizing stigma."

- **Substance Use Treatment Provider**

"I think the warm hand-off is important. We've been talking about that for years. [...] If we're able to have a warm hand-off and make the person feel at ease and then give them the run-down of what's happening. Instead of them just popping up and being like, 'Who are you?' 'Oh, I was referred by so-and-so.' 'Oh. We never got a phone call.' 'Well, they said they called.' 'Well, we checked our messages and we haven't gotten any phone calls.' And so I think I really like that from the perspective of getting that warm hand-off and saying, 'Here's [so-and-so]. Here's their situation. Could you help?'"

- **Service Provider**

"So let's say immigrant families that are worried about ICE issues. And you know, they're at the food bank, but also have several other issues. And if there's someone at the food bank, they trust, they will share, 'My husband's really stressed and we need legal support.' So that is sort of a cross referral [opportunity]. You know, 'every door's a front door' system. This isn't in place. And a lot of the front line, very basic service-level providers are trying to act like a Family Resource Center. They don't have the capacity...Can we set up a system that is more transparent? Where those kinds of referrals look more like an actual warm hand-off? And where there's information going back and forth between agencies that sees someone and wants to refer them. Like, you know, 'What's the waiting list here? Is this going to work? Did it happen?' So I think there's more openness in the conversation about setting those networks up in specific places around specific issues."

- **Community Leader**

We need to raise awareness, provide education, and build skills for behavioral wellness. According to the internal Cottage Health team, leaders, and community members, education is central to reducing stigma and empowering the community when it comes to behavioral health. In addition, participants describe opportunities in which professionals can become better educated to handle mental health and substance use issues. Primary Care Physicians can be better prepared to understand their patients' behavioral health needs and be equipped with information on where to refer them for further treatment. School guidance counselors and teachers can be trained to engage students in behavioral health concerns. In the wider community, workshops can be held with the aim of raising awareness about behavioral health, reducing stigma, and providing tools to foster communication and manage behavioral health challenges.

"[We need to raise] awareness that getting help is okay. Just like going to a regular doctor. Getting help for your mind is a good thing. That you really need to see the doctor every so often, like your dentist to get your teeth checked. Get your mind checked, get the help you might need."

- **Cottage Health Employee**

"If there's something that Cottage Health can do to recruit primary care knowing that primary care does most of the mental health treatment for their patient population."

- **Cottage Health Employee**

"I was thinking if we had actual certified mental health professionals [at] school. I know we do now, but I don't even know anything about that. I mean if every kid in school has a scheduled session for kids to actually talk about the problems they [have]. I think a big step, even if there is a counselor, is getting the counselor or not wanting people to know that you went to the counselors. So having a set up like that, I think would be really helpful."

- **Teen Community Member**

"I think integrating stuff into the curriculum, too. It's supposed to be in our health classes, but I know for me, in my health class, my teacher literally didn't talk about it. We were supposed to have a whole unit on mental health disorders and he didn't teach it because we didn't have enough time. And that to me is such a mistake because we spend all this time talking about nutrition and the reproductive system and all that kind of stuff which is super important, but mental health, I think, tops a lot of those things, so. [...] It's literally a life lesson and it's a life-changing thing, is mental health. And maybe the teachers aren't quite comfortable with that? And maybe we need to somehow make them comfortable with that."

- **Teen Community Member**

"We work here in the hospital, but sometimes with depression or stress from everywhere, from right here, from ourselves at work. I think that this is also important. That companies give people the opportunity to carry out workshops in those places. For the same employees to benefit...If you tell us where we can go to ask for help or where they could give us help. We can pass that information to our families, to our friends."

- **Cottage Health Employee**

For more information on the 2019 Community Health Needs Assessment and Listening Tour, visit: *cottagehealth.org/pophealth*

Cottage
Center for
Population Health