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*a non-profit
corporation
established
in 1976*

PROGRAMS

- Sanctuary House
- Day Treatment
- Co-Occurring Disorders
- In-Home
- Supportive Services
- The Center for DBT
- Family Therapy
- Vocational Services
- Hollister Apartments
- Arlington Apartments
- Partial Hospitalization
- Satellite Services
- Chartman EHR Software

CONTACT

Post Office Box 551
Santa Barbara, CA 93102
805.569.2785

Adriana de Bruin
Business Manager, County Executive Office
105 E. Anapamu Street, Room 406
Santa Barbara, CA 93101

Re: The Integrated Care Clinic of Santa Barbara
*A Collaboration Between Sanctuary Centers of Santa Barbara, Inc. and
Santa Barbara Neighborhood Clinics*

Dear Ms. De Bruin,

In California, adults with mental illness are twice as likely to suffer from chronic health conditions, and half as likely to seek treatment. Most shocking of all, this ailing and aging population is dying at an average of 25 years earlier than others in the community, and surprisingly not from their mental illness (California Health Interview Survey 2014). The Integrated Care Clinic is the first and only collaborative clinic in Santa Barbara to co-locate medical, dental, and behavioral health care for adults living with mental illness and substance abuse. The clinic will identify and treat issues before they become chronic conditions, increasing overall life span and decreasing emergency room visits and hospitalization costs. We are requesting \$25,000 to be able to launch this one-of-a-kind clinic this year.

As of 2014, the County of Santa Barbara has determined that approximately 5,000 residents are emergency room visits waiting to happen, and will, without a doubt, develop costly chronic health conditions, if unaddressed. These adults are unable to find medical professionals well-versed in the complexities of mental illness, scheduling and attending appointments for preventative care, and following up on referrals.

The Integrated Care Clinic replicates similar models from several state projects around the country. Impact and outcomes include: Minnesota reporting improved colorectal cancer screenings, asthma care, diabetes care, vascular care and follow up care for depression, 39% fewer ER visits, 24% fewer hospital admissions, 40% reduction in readmission rates and 30% reduction in length of stay of program participants. Michigan reports saving an estimated \$512 million over six years through: disease prevention, reduced hospitalizations and emergency room visits and management of common acute and chronic medical conditions.

The Integrated Care Clinic has the potential to monumentally change the way medical and dental professionals address those with mental illness. It will save the community money, but more importantly it will save and improve lives.

Thank you very much in advance for your consideration of this request.

Sincerely,

Barry Schoer



FY 2016-17 Outside Agency Funding Request Form

Deadline for Submission: Monday, May 2, 2016, 5:00 p.m.

The Board of Supervisors *may* consider funding requests from outside agencies during the **FY 2016-17** budget hearings in June 2016, if funding is available. An allocation of funding to outside agencies is not guaranteed.

Please submit the following by **5:00 p.m., Monday, May 2, 2016, NO EXCEPTIONS, via Email or Hardy Copy (postmarks will not be accepted)**:

1. Provide a cover letter explaining your request; and
2. Fill out this application (no more than 2 pages); and
3. Attach the Line Item Budget spreadsheet (no more than 2 pages) for the agency's program request

Hearings are scheduled for June 13, 15, and 17, with Outside Agency Requests considered on one of these days (yet to be determined). The **requesting agency must be represented and present**; please plan accordingly.

Total Request: \$ _____

Name of Organization: _____

Title of Program: _____ New or ongoing program? _____

Location(s) of services delivered: _____

Name of Agency Executive Director: _____

Phone #: _____ Email: _____ Website: _____

1. Briefly summarize the purpose of the program, why the funds are needed, and the benefit to the community:

2. Briefly summarize the service to be provided and how many people will be served:

3. Detail the timeline for providing the service:

4. Describe key outcomes to be achieved with the funding and how they will be measured:

5. Describe if this is a one-time or ongoing request, and if funded in prior years and amounts:

6. Describe the agency's expertise and capacity to deliver services including fiscal stability:

7. Agency staff responsible for application: _____

County Staff Comments Only:

Address submittals to:

Adriana de Bruin
Business Manager, County Executive Office
105 E. Anapamu Street, Room 406
Santa Barbara, CA 93101

Requests can be emailed to: outsideagency@countyofsb.org

Questions: Please contact Adriana de Bruin, Business Manager, County Executive Office, at 568-3400.

**FY 2016-17 Line Item Budget
For Program**

#45

Agency: Sanctuary Centers of Santa Barbara
 Program Name: Integrated Care Clinic
 Amount \$\$ Requested: 25,000

Program Budget

FY 2016-17

Funding Sources/Revenues	Committed	Uncommitted
Neighborhood Clinics Funding Sources/Revenues		
Medical and Dental Reimbursements	440,000	
In-Kind Donation	70,000	
Sanctuary Centers Funding Sources/Revenues		
County of Santa Barbara		25,000
Drug Medi-Cal Contract	50,000	
Board-Approved Agency Reserves	50,000	
Private Donations for Renovation	25,000	
Local Foundation 1 (application submitted)		100,000
Local Foundation 2 (application submitted)		50,000
Local Foundation 3 (presentation scheduled)		25,000
Local Foundation 4 (in progress)		15,000
Total	635,000	215,000

Funding Uses/Expenses	Budget	Budget	
Neighborhood Clinics		Sanctuary Centers	
Renovation & Purchasing of all equipment	125,000		25,000
Salaries, PR Taxes & Benefits-Doctor, Dentist, Patient Navigator, Medical Assistant, Lab Tech	410,000		75,000
Admin	5,000		6,000
Consultants	0		7,200
Professional Services	0		4,800
Supplies	21,000		6,000
Lab Expenses	12,000		0
Communications/IT/Phones	13,000		1,100
Postage & Shipping	0		2,100
Rent/Utilities	9,000		24,000
Rental Maintenance Equipment	0		6,000
Printing/Publications	0		1,800
Transportation	0		5,400
Conferences, Meetings, Training	0		1,200
Insurance	10,000		4,800
Other-Indirect Costs/Overhead	71,000		3,600
Total	676,000		174,000

Total Revenue over Expenses = 850,000 (635,000 + 215,000) - 850,000 (676,000 - 174,000) = 0