High Desert Crisis Residential Treatment Programs

Investing in the continuum of care for behavioral health care has been a pillar of the Board of Supervisors' recent priorities. This investment is rooted in a commitment to healthcare parity. The Mental Health Parity and Addiction Equity act of 2008 required healthcare plans to provide mental health care services in the same way they cover clinical services. In line with this, it is imperative on the County that we make mental healthcare available equitably across our communities.

Residents in the County's Service Area 1 (SA1), which includes the Antelope Valley, are still disproportionately disadvantaged in receiving mental health care. Last year, the County opened the much-needed High Desert Behavioral Health Urgent Care Center (HDBHUCC) in Lancaster, the first of its kind in the area. This was a significant step forward in addressing the coverage gap in the high desert, but step-down residential services are still direly needed.

Crisis Residential Treatment Programs (CRTPs) provide recovery-oriented, individualized plans that promote the ultimate goal of becoming self-sufficient and returning to the community. Currently the closest CRTP is over 50 miles away at the Olive View-UCLA Restorative Care Village in Sylmar. This distance severely limits our ability to connect north county clients with the necessary next steps in their continuum of care, whether that be additional inpatient treatment or wraparound outpatient services.

The Antelope Valley is experiencing a growing in the need for primary and behavioral healthcare services. The expansion of our mental health continuum of care for this community is long-overdue.

I, THEREFORE MOVE that the Board of Supervisors direct the Department of Mental Health to report back in 30 days, with an assessment of the utilization and disposition of clients at the High Desert Behavioral Health Urgent Care Center, and an analysis of the need for a Crisis Residential Treatment Programs in County's Service Area 1.

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