

**SANTA BARBARA COUNTY
BOARD AGENDA LETTER**



Clerk of the Board of Supervisors
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Agenda Number:
Prepared on: September 11, 2003
Department Name: Alcohol, Drug & Mental Health Services
Department No.: 043
Agenda Date: 09/23/03
Placement: Administrative
Estimate Time: 45 MINS.
Continued Item: NO
If Yes, date from:

TO: Board of Supervisors

FROM: James L. Broderick, Ph.D., Director, 681-5233
Alcohol, Drug & Mental Health Services Department

STAFF CONTACT: James L. Broderick, Ph.D., Director, 681-5233
Alcohol, Drug & Mental Health Services Department

SUBJECT: Local Alternatives to Implementation of AB 1421 ("Laura's Law")

Recommendation(s):

That the Board of Supervisors:
Accept the informational update from the Alcohol, Drug and Mental Health Services (ADMHS) Department regarding Local Alternatives to Implementation of AB 1421 ("Laura's Law"). ADMHS is recommending that AB 1421 should not be implemented in Santa Barbara County. No Board action is requested.

Alignment with Board Strategic Plan:

The recommendation is primarily aligned with Goal No. 7: A Community That Fosters the Safety and Well-Being of Individuals, Families, and Children.

Executive Summary and Discussion:

EXECUTIVE SUMMARY

Since 1967, the California Welfare & Institutions Code has given Counties the authority to involuntarily hold individuals in an *inpatient* psychiatric facility for a limited time if they pose a danger to themselves, a danger to others, or are gravely disabled due to a mental disorder.

AB 1421 ("Laura's Law"), which took effect on 1/1/03, allows the Board of Supervisors, on a County-by-County basis, to enact a program for court-ordered involuntary *outpatient* treatment for adults with serious mental illness, called "Assisted Outpatient Treatment." The law was intended to provide a new means for reaching people with serious mental illness who are unserved or under-served, many of whom cycle in and out of inpatient facilities and/or jail and who may have concurrent substance use disorders.

AB 1421, as enacted, includes extensive mandates regarding the types of services, court processes, and education & training that must be provided in Counties that choose to implement it. No funding is provided for those services, which are estimated to cost \$15,000 to \$25,000 per client per year. Further, AB 1421 mandates that Counties may not re-direct funding from voluntary adult services or any children's mental health programs.

ADMHS conducted an AB 1421 Study Group in May-June 2003 to engage major stakeholders in analyzing the potential advantages and disadvantages of implementing AB 1421 in Santa Barbara County, including program, legal, and fiscal issues. The Study Group's findings are presented to the Board today. Although the Study Group members generally agreed with the intentions of AB 1421 to aid the difficult-to-serve population of adults with serious mental illness, the overall consensus was that the law, as written, is unworkable and should not be enacted locally. In particular, the lack of funding, complex requirements, and limited ability to enforce a court order were identified as significant problems. Other than a partial implementation in the form of a pilot project in Los Angeles County, no other California County has chosen to implement AB 1421 to date. L.A. County's program will serve 40 individuals at an annual cost of \$1.2 million.

Based on these findings, ADMHS is recommending that AB 1421 should ***not*** be implemented in Santa Barbara County. Rather, we are actively pursuing alternative approaches to reaching more of the difficult-to-serve population of adults with serious mental illness and co-occurring substance use disorders. In particular, we are working with consumers, family members, community-based organizations, and other City and County departments on:

- Sustaining existing 24/7 services (SHIA & AB 2034)
- Proposed "Request for Services Committee" to improve access to assertive outreach and community treatment
- Proposed "AOT/Santa Barbara County" court-related program
- Review of existing LPS Act provisions
- Collaboration with law enforcement agencies

DISCUSSION

Problem Not Limited to Santa Barbara County

A November 2000 report from California's Little Hoover Commission on adult mental health services stated that State and local mental health funding lags behind the demand for public services, reaching only about half of those in need. Similarly, President Bush's New Freedom Commission on Mental Health recently reported that less than 40% of adults with serious mental illness receive stable treatment. ADMHS is not alone in struggling to meet the demand for public mental health services in Santa Barbara County. There is a core population of difficult-to-serve individuals, many of whom have co-occurring substance use disorders, who are at the margins of service systems throughout the nation. Too often, these vulnerable individuals end up in jail. In California, consumers, family members, law enforcement, and mental health staff are frustrated by the problem of how to help people in psychiatric crisis who do not quite meet the criteria for a 5150 involuntary hold.

Intensive Advocacy Resulted In Passage Of the Law

Mental health advocates in California organized to promote legislation at the state level that would help to remedy these problems. The resulting legislation was AB 1421, the "Assisted Outpatient Treatment Demonstration Project Act of 2002," sometimes called "Laura's Law" in memory of a murder victim in Nevada County. (See Attachment A, "Overview of AB 1421," for a summary of the law's provisions.) AB 1421 is the result of many years of effort by former Assemblywoman Helen Thomson, with strong support from some mental health groups, and equally strong opposition by others. Similar laws -- sometimes called "outpatient commitment" -- have been passed in eight States, including New York. The results elsewhere are mixed; analyses of the outcomes in other states performed by the RAND Corporation and Duke University are cited as evidence by both opponents and proponents of AB 1421.

Santa Barbara County's AB 1421 Study Group

As the leader of the local system of care for persons with mental illness and/or addiction, ADMHS is always looking for ways to improve our services. "Collaboration" and "continuous learning and improvement" are two of our Department's Core Values. We felt it was important to engage in a thorough examination of AB 1421 and its potential implications for Santa Barbara County before taking a position on local implementation.

As indicated in written correspondence from ADMHS to the Supervisors on 3/21/03, we chose to initiate a Study Group that met three times in May & June 2003. Our goals were that Study Group participants would: 1) be well-informed about the specific provisions of AB 1421; 2) be knowledgeable about actions taken by other California Counties with respect to AB 1421; and 3) have a deepened understanding of the positions of other Study Group members on local implementation of AB 1421.

Fifth District Supervisor Joe Centeno -- Board Liaison to the Mental Health Commission -- personally participated in each of the Study Group sessions. Also participating in each meeting was Mental Health Commission Chair Ann Eldridge, Presiding Judge Clifford Anderson, County Counsel Shane Stark, Public Defender Jim Egar, and Treasurer/Tax Collector/Public Administrator Bernice James, whose Department includes the Public Guardian's Office. They were joined by representatives of each the three chapters of the National Alliance for the Mentally Ill (NAMI), the Mental Health Association in Santa Barbara County, mental health consumers, Community-Based Organizations, the County Administrator's Office, the District Attorney's Office, the Sheriff's Department, and ADMHS Staff and Management. (See Attachment B for the roster of Study Group Participants.)

Findings from the Study Group

The Study Group undertook a systematic examination of the law, its mandated services and legal processes, funding, and rights issues. We reviewed many documents, looked at activities in other California Counties, and listened to presentations from the Los Angeles County and Kern County Departments of Mental Health.

At the final meeting, Study Group members presented their analyses of the advantages & disadvantages of local implementation of AB 1421 in the form of individual written statements. An overview of their comments is provided in Attachment C.

Briefly stated, the consensus among Study Group members may be summarized as follows:

“We regret that AB 1421, as written, is unworkable. But we must do something – not exactly 1421, not a full implementation – rather our own voluntary program that builds on existing programs and meets Santa Barbara County’s needs.”

In other words, there was tremendous support for the services described in the law, but AB 1421's specific features made it undesirable for local implementation.

Key concerns with implementing AB 1421 locally

The Study Group's three central objections to enacting AB 1421 locally were lack of funding, the complexity of the law's mandates, and the limited ability to enforce a court order. Each is explained below.

➤ Lack Of Funding

- The services mandated in the law cost about \$15,000 to \$25,000 per client per year.
- No funding was provided by the State for AB 1421 implementation, or the related treatment services and Court costs.
- Because implementation is a local option, SB 90 reimbursement is not available.
- The law mandates that, if AB 1421 is implemented, no funding may be re-directed by the County from children's mental health services or voluntary services for adult clients.

➤ Complexity Of The Law's Mandates

- Where it is enacted, AB 1421 requires Counties to create a comprehensive array of community-based services for adults with serious mental illness including:
 - mobile, multi-disciplinary, highly trained mental health teams with a ratio of no more than 10 clients per team member;
 - psychiatric and psychological services;
 - medications;
 - immediate, transitional, or permanent housing;
 - vocational services;
 - primary health care;
 - veterans' services;
 - outreach to homeless persons;
 - outreach to clients living with family members;
 - specialized services for young adults (under age 25) transitioning out of children's services;
 - specialized services for older adults;
 - specialized services for persons with physical disabilities;
 - specialized services for women, including supportive housing that accepts children and substance abuse treatment that addresses gender specific trauma and abuse in the lives of persons with mental illness;
 - parenting support and consultation services;
 - specialized services for clients who have experienced untreated mental illness for less than one year and are at risk of becoming homeless; and
 - peer support or self-help groups.

- The County must also establish a comprehensive training and education program for mental health professionals, law enforcement officials, and LPS hearing officers.
- Before a person may be ordered to comply with treatment on an involuntary basis, the identical set of services must be available in the community and offered to him/her on a voluntary basis.
- Counties implementing AB 1421 must submit a plan to the State Department of Mental Health including:
 - Board of Supervisors' Resolution certifying that no voluntary mental health program or children's program is to be reduced as a result of implementing AB 1421;
 - Program Narrative describing our Court process, due process safeguards, and how we will comply with the law's provisions;
 - Proposed Budget & Narrative;
 - Plan for Data Collection & Evaluation; and
 - Plan for Development of a Training & Education Program.
 - An evaluation report is due to the State Department of Mental Health annually.

➤ Limited Ability To Enforce A Court Order

- The ability to enforce a court order under AB 1421 is extremely limited. The only recourse is a judge can order a 5150 evaluation as currently provided under Section 5150 of the LPS Act.
- The law specifically states that failure to comply with an AB 1421 court order is not grounds for contempt of court.
- AB 1421 does not provide any authority to administer medications involuntarily (that requires a Riese Hearing, as already provided for in the LPS Act).

Local Alternatives to AB 1421 Implementation

Based on the Study Group findings, and our own internal review, ADMHS is recommending that AB 1421 should ***not*** be implemented in Santa Barbara County. Rather, we are actively pursuing alternative approaches to reach more of the difficult-to-serve population of adults with serious mental illness and co-occurring substance use disorders in our County. In particular, we are acting in the following areas:

➤ Sustaining existing 24/7 services (SHIA & AB 2034)

Our first priority is to sustain services that are already in place. The SHIA Collaborative has the capacity to provide intensive 24/7 services and housing supports to over 100 difficult-to-serve clients, and has achieved very positive client outcomes. The collaborative partnership includes ADMHS, Transitions - Mental Health Association, the Mental Health Association in Santa Barbara County, Sanctuary Psychiatric Centers of Santa Barbara, and Work Training Programs, Inc. The State grant funds with which SHIA was established are scheduled to end in June 30, 2004. Fortunately, the SHIA member agencies are working hard to generate revenue and plan for the program's long-term sustainability. A SHIA Program Manager was recently hired; securing ongoing funding for SHIA is one of her primary responsibilities.

The AB 2034 program in Santa Barbara County, which is operated by Telecare Corporation, provides comprehensive outreach and 24/7 supportive services to 100 homeless persons with serious mental illness countywide. Client outcome data is very positive. Funding for AB 2034 was under

consideration for Realignment II. Since Realignment II was not implemented, AB2034 funding was allocated to Mental Health for FY 03/04.

➤ Proposed "Request for Services Committee" to improve access to assertive outreach and community treatment

This proposal, originally presented to the Study Group by John Turner, MFT, Executive Director, Phoenix of Santa Barbara, enables family members and other concerned individuals to formally request outreach and engagement of someone living with serious mental illness in the community. The request would receive an initial screening, then be referred to a committee for review. If it is found that the individual is indeed unserved or inadequately served, a referral would be made to a 24/7 community-based provider or ADMHS staff. The goal of the referral would be to have the person accept services in a non-coercive way. The Request for Services Committee would provide a means for community members to request outreach, and for those in need to gain access to services more quickly.

This proposal will be developed by ADMHS's newly appointed Adult Mental Health Division Manager, John Truman, who will assume his new duties full-time once a replacement is found for the position of Santa Maria Adult Mental Health Services Program Manager. Under John's leadership, a project team will be formed by the end of the calendar year to further develop the Request for Services Committee concept and to address issues of confidentiality, individual rights, and screening criteria. The project team will include consumers, family members, community-based organizations, and ADMHS staff and management.

➤ Proposed "AOT/Santa Barbara County" court-related program

The "AOT/Santa Barbara County" proposal was authored by Study Group participants John VanAken, Jan Winter, Nancy Haydt, Ann Eldridge, and Nancy Chase. It is intended to accomplish many of the goals of AB 1421 without requiring compliance with every AB 1421 provision. Requests for treatment could be submitted by family members, probation officers, law enforcement officers, or others. A Court hearing would be held at which the judge could order the individual to participate in treatment. The process would be stopped if the individual, after substantial efforts at engagement, refused to be evaluated.

This proposal shares many features with the existing specialized court programs -- such as the Substance Abuse Treatment Court -- which are directed by the Therapeutic Justice System Policy Council and related Core Committees. Participants include Superior Court Judges, County Counsel, District Attorney, Public Defender, Probation Department, Public Guardian, Sheriff's Department, and ADMHS. The Core Committee that had been established to oversee the Mental Health Treatment Court had concluded in June 2003, as that grant-funded program is ending.

ADMHS recently requested the Policy Council to designate a Core Committee to deal with issues related to persons with serious mental illness, including the AOT/Santa Barbara County proposal and the newly created Mental Health/Dual Diagnosis Treatment Court in Santa Maria. We are pleased that this request has been approved. We are especially gratified that Presiding Judge Clifford Anderson, who was a full participant in the Study Group meetings, has agreed to chair the

Committee, and will invite one of the authors of the AOT/Santa Barbara County proposal to participate. This interdepartmental forum is clearly the best place to further develop this proposal, gain support from decision-makers who are in a position to implement it, and address issues such as program capacity, Court jurisdiction, and linkage with community treatment. The new Mental Health/Dual Diagnosis Core Committee will convene in October 2003.

➤ Review of existing LPS Act provisions

Since the beginning of the dialogue at the State level that led to AB 1421, it has been frequently noted that there is significant variation across California's Counties regarding local interpretation and application of the LPS Act, particularly in the definition of "grave disability." We have asked the Office of the County Counsel to research how the LPS Act is implemented in other Counties, and whether there are any changes that could be made locally in our interpretation of the law to better meet the needs of difficult-to-serve individuals with mental illness and their families. We expect to receive the initial results of this review by late September 2003.

➤ Collaboration with law enforcement agencies

ADMHS joined with the City of Santa Barbara Police Department, the Mental Health Association in Santa Barbara County, and the County Public Health Department in co-sponsoring a local training presentation, which was held on September 5, 2003, by staff of the Restorative Policing Program in San Rafael, CA. Over seventy community leaders attended from all areas of the community concerned with high risk mentally ill, including Chairperson of the Board of Supervisors, Naomi Schwartz and the Mayor of Santa Barbara, Marty Blum.

Many of the difficult -to-serve individuals with mental illness are homeless or come into contact with law enforcement officers. Incarceration for minor offenses can be traumatic and typically results in little long-term change in their situation. The Restorative Policing Program is an innovative approach to generating cooperation among human service and law enforcement agencies for the benefit of people with mental illness and the community. Individual police officers that patrol areas frequented by homeless persons become Mental Health Liaison Officers. Staff from various agencies meet together in a Forensic Multi-Disciplinary Team to review needed services on a case-by-case basis. Ultimately, their goal is to help clients get services, including permanent housing.

Santa Barbara Police Chief Cam Sanchez was instrumental in launching the Restorative Policing Program in San Rafael. He is a passionate supporter of mental health interests in the community, and hopes to start a similar program here. ADMHS is working closely with his office to create a pilot program in the City of Santa Barbara and potentially assist other areas of the County to develop their own programs. Together, we are also investigating the possibility of bringing Crisis Intervention Team (CIT) Training to local law enforcement agencies. CIT is a one-week intensive course for officers that provides them with a deepened understanding of the individual and family experience of mental illness, and teaches them intervention strategies to de-escalate situations involving a person in psychiatric crisis.

Conclusion

Unmet needs for public mental health services is a local, state, and national challenge. Those who advocated for passage of AB 1421 were trying to find a better way to help people with serious mental illness who are on the fringes of our service system, or worse, receiving no help at all. The law was also intended to help avoid needless tragedies. However, Assisted Outpatient Treatment, as enacted by the California legislature in the form of AB 1421, is burdened with complex requirements, lack of enforceability, and no funding. In the words of one Study Group member, AB 1421 "proposes to do too much while actually offering too little."

ADMHS is committed to sustaining current programs, investigating new proposals, and reviewing our current expenditures with the goal of using our existing resources more wisely. We will continue to work with our stakeholders -- including consumers, family members, the Mental Health Commission, Community-Based Organizations, ADMHS Staff and Management, and other City and County Departments -- to develop collaborative solutions that make sense for Santa Barbara County.

Mandates and Service Levels:

AB 1421 is not mandated, its implementation is at the Board of Supervisors direction.

Fiscal and Facilities Impact:

No facilities impact.

Initially AB 1421 included 50 million dollars in State funding. The funding was removed from the final version of AB 1421. The Work Study Group estimated that at least 500 Santa Barbara residents who are mentally ill might qualify for an AOT Program. The average cost for Programs Assertive Community Treatment (PACT), is approximately \$20,000 per client. To fully implement AB 1421 correctly, our Chief Financial Officer estimates that it would cost approximately \$8 million dollars in required new funding. For comparison, our current PACT-like programs (which don't meet all of the requirements of AB1421) AB 2034/Homeless Outreach and Supported Housing Initiative Act (SHIA) costs 2.8 million dollars for 180 clients.

If the program proved successful, these could be conservative financial estimates.

Overview of AB 1421 (“Laura’s Law”)

**Prepared by Alcohol, Drug & Mental Health Services
County of Santa Barbara -- March 2003**

What is A.B. 1421?

Assembly Bill 1421 is the “Assisted Outpatient Treatment Demonstration Project Act of 2002.” The law was enacted as California Welfare & Institutions Code sections 5345 through 5349.5, also known as “Laura’s Law.” Although the law took effect on January 1, 2003, it is only operative in counties where the Board of Supervisors acts to authorize it and the State Department of Mental Health has approved a written implementation plan.

What are the law’s major provisions?

AB 1421 enables counties to enact an involuntary Assisted Outpatient Treatment (AOT) program that permits court-ordered treatment for adults with mental illness who meet all of the following criteria:

- Clinically determined “unlikely to survive safely in the community without supervision”;
- Have a history of lack of compliance with treatment as evidenced by two or more hospitalizations within the past 36 months, *or* threatened or actual serious acts of violence toward him/herself or others within the past 48 months;
- Have a substantially deteriorating condition;
- Given the person’s treatment history and current behavior, AOT is needed to prevent him or her being a danger to self, danger to others, or gravely disabled;
- The person is likely to benefit from AOT;
- AOT is the least restrictive approach necessary to ensure the person’s recovery and stability; and
- The person has been offered the same services on a voluntary basis and refused them.

What types of mental health services are to be provided in AOT?

The law mandates that the services will be community-based, mobile, multi-disciplinary, and provided by highly trained mental health teams with a staff-to-client ratio of 1:10, including a Personal Services Coordinator. The Program for Assertive Community Treatment (PACT) model meets these criteria. The law requires that same service be available on a voluntary basis in the community.

How would the program be funded?

The state legislature provided no funds to pay for the treatment or court services associated with AB 1421. If a County chooses to implement 1421, the Board of Supervisors must submit a resolution to the California Department of Mental Health certifying that no voluntary mental health program serving adults, and no children’s mental health program, will be reduced as a result of AOT implementation. The California Mental Health Directors’ Association reports that, “Consequently, AOT programs can be financed only by additional local General Fund appropriations or funding shifts from ‘involuntary’ mental health programs.” PACT model services cost \$10,000 to \$25,000 per client per year.

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What is the Court's role in AOT?

The Courts have a central role in pre-filing engagement and investigation, court hearings, due process requirements, and supervision of the AOT following a court order. The process is launched when the County Mental Health Director receives a request for an AOT petition. The Mental Health Director's designee conducts an investigation and proceeds only if there is "clear and convincing evidence" that involuntary AOT is appropriate in the individual case. The petition is filed in Superior Court, accompanied by an affidavit from a licensed mental health practitioner who has examined the individual within ten days. Once the petition is filed, the Court must hold a hearing within five business days, with testimony by the mental health practitioner, and possibly others (e.g., the individual with mental illness, family members, and law enforcement officers). The mental health client has due process rights, including the right to counsel. If all statutory criteria are met, the Court may order AOT for up to 180 days based on a written treatment plan. The order is reviewed every 60 days, and may be renewed for an additional 180 days.

What if the client refuses to participate in AOT?

A person receiving court-ordered AOT who fails to comply with treatment can be involuntarily detained for an evaluation under Welfare & Institutions Code Section 5150. However, failure to comply with AOT is not, by itself, grounds for further commitment or contempt of court. Persons in court-ordered AOT retain the right to refuse medication unless they are found in a court hearing to lack capacity to refuse.

Under 1421, the court may also order a person who is the subject of an AOT petition but refuses to be examined to be taken into custody and held at a hospital for up to 72 hours. Once the examination is completed, the person may not be further detained involuntarily unless he or she meets the 5150 criteria for involuntary commitment.

How many counties have implemented 1421 to date?

The California Mental Health Directors' Association (CMHDA) conducted a survey of California counties in December 2002 regarding their plans for 1421 implementation. They found that twenty-six counties were not actively considering AOT, sixteen counties were studying the law, three counties had decided against implementation due to lack of funding, and one county – Los Angeles – had chosen to implement it. CMHDA staff confirmed in March 2003 that Los Angeles remains the only county that is proceeding with AOT implementation to date. L.A. County's program is a partial implementation of 1421 in the form of a pilot project for individuals found incompetent-to-stand trial for misdemeanors.

What's happening in Santa Barbara County?

Alcohol, Drug & Mental Health Services (ADMHS) Department will host a study group beginning in May 2003 to learn more about 1421 and its implications for our local system of care. Invited participants will include representatives from: the Mental Health Commission, the Courts; Public Defender; District Attorney; Public Guardian; County Counsel; the Sheriff's Department; consumers; family members; community-based organizations; and ADMHS staff and management.

Where can I obtain further information?

For more information about AB 1421 or the ADMHS Study Group, please contact James L. Broderick, PhD, ADMHS Director, (805) 681-5233.

*Santa Barbara County -- Alcohol, Drug & Mental Health Services
AB 1421 Study Group*

PARTICIPANT LIST

STUDY GROUP MEMBERS

<u>Category</u>	<u>Name</u>
STUDY GROUP SPONSOR	James L. Broderick, Ph.D., ADMHS Director
COUNTY BOARD OF SUPERVISORS	5 th District Supervisor Joseph Centeno
COUNTY ADMINISTRATOR'S OFFICE	Zandra Cholmondeley, Administrative Analyst
MENTAL HEALTH COMMISSION	Ann Eldridge, Chair, Mental Health Commission
COURTS	Presiding Judge Clifford R. Anderson, III
COUNTY COUNSEL	Shane Stark, JD, County Counsel
PUBLIC DEFENDER	James Egar, JD, Public Defender
DISTRICT ATTORNEY	Darryl Perlin, Deputy District Attorney
PATIENT'S RIGHTS ADVOCATE	Aileen Kroll, JD
TREASURER – TAX COLLECTOR (PUBLIC GUARDIAN'S OFFICE)	Bernice James, Treasurer - Tax Collector
SHERIFF	Norm Horsley, Chief Deputy, Law Enforcement Operations
COMMUNITY MEMBERS	
▪ North County	Annette Goldreyer, Treasurer, National Alliance for the Mentally Ill – Northern Santa Barbara County
▪ North County	Sharron Branco, Community Member
▪ Mid-County	David Boggs, Mental Health Commission Member
▪ Mid-County	Daniel Hopson, President, National Alliance for the Mentally Ill – Lompoc
▪ South County	Cathy Walker, Vice Chair, Mental Health Commission
▪ South County	Jan Winter, National Alliance for the Mentally Ill – Southern Santa Barbara County
▪ Mental Health Assn in SB County	John Van Aken, Board Member & Member, Public Policy Committee
COMMUNITY-BASED ORGANIZATIONS	
▪ Adult Mental Health Service Providers	John Turner, MFT, Executive Director, Phoenix of Santa Barbara

ADMHS

- Medical Director Charles Nicholson, MD
- Assistant Director – Programs Heidi Garcia, MFT
- Forensic/Acute Division Manager Raul Jimenez, LCSW
- Adult Mental Health Program Manager Louise Jansen, LCSW
- Quality Assurance, Utilization Review, Access Team Rob Walton, RN, MPA
- ADMHS Adult Mental Health Staff- North County – Staff Connie Dorsey, MFT
- ADMHS Adult Mental Health Staff- South County – Staff Peter Dean, LPT

**STUDY GROUP
FACILITATOR**

Laura L Mancuso, CRC, ADMHS Project Manager

OBSERVERS

Gil Armijo, Office of 5th District Supervisor Joe Centeno
Jan Bailey-King, Community Member
Nancy Chase, Mental Health Association in Santa Barbara County
Matthew Fishler, Protection & Advocacy, Inc.
Clare Macdonald, JD, County Counsel
Betty Newcomb, League of Women Voters
Jim Trombella, Public Guardian's Office
John Truman, Adult Mental Health Division Manager, ADMHS
Marilyn Ulvaeus, League of Women Voters

Findings of the AB 1421 Study Group
Prepared by Alcohol, Drug & Mental Health Services
County of Santa Barbara -- June 2003

Which individuals are we trying to reach?

- ✓ Adults with serious mental illness (and co-occurring substance use disorders) who, without proactive treatment, might:
 - Not get any treatment
 - End up in jail
 - Be dangerous to themselves or others

What are our objectives?

- ✓ Provide better services to individuals who are “on the margins of our current system”
- ✓ Provide additional options for care when a person does not quite meet 5150 criteria but needs help
- ✓ Keep clients from becoming involved in the criminal justice system
- ✓ Reduce admissions to the PHF, IMDs, state hospitals, and jail
- ✓ Enable community members to request outreach to an individual
- ✓ Make society safer by getting people into treatment before they can cause harm or injury to others
- ✓ Protect client dignity and civil rights
- ✓ Build on programs we already have (e.g., SHIA, AB 2034, Mainstream, Treatment Courts)

Should we implement AB 1421 in Santa Barbara County?

- ✓ Few “Yes”
- ✓ Many “No”
- ✓ Many more complex responses...

Consensus Statement

“I regret that AB 1421, as written, is unworkable.
But we must do *something*
– not exactly 1421, not a full implementation –
rather our own voluntary program that builds on existing programs
and meets Santa Barbara County’s needs.”

Areas of Agreement

- ✓ We need to do more to reach the “difficult to serve” population
- ✓ We need to do more to keep people with mental illness out of jail
- ✓ PACT-type services are the preferred model

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Reasons FOR AB 1421 Implementation

- ✓ Families have long been frustrated in their attempts to get help for a loved one who is unable to perceive his/her need for it
- ✓ Get help to people who don't quite meet 5150 criteria
- ✓ Family or others could petition for intervention
- ✓ Outpatient commitment is less confining than conservatorship
- ✓ We are spending a lot now on arrest, incarceration, prosecution, and punishment

Reasons AGAINST AB 1421 Implementation

- ✓ No funding, especially in this fiscal climate (mentioned often)
- ✓ AB 1421 is poorly written, too complex, leaves too many unanswered questions
- ✓ No enforcement mechanism
- ✓ Doesn't add much to current LPS authority (e.g., does not address involuntary medication)
- ✓ Infringes on client choice
- ✓ If we implemented a more limited program, as L.A. did, it does not really address the need
- ✓ "Proposes to do too much while actually offering too little"

What type of services should be provided?

- ✓ Residential treatment or
- ✓ Crisis center or
- ✓ Voluntary "assisted" outpatient treatment consistent with the spirit of 1421
- ✓ PACT services based on SHIA and AB 2034
- ✓ Pilot program
- ✓ "Request for Services Committee"
- ✓ "AOT/Santa Barbara County" with the Courts

What else should be done?

- ✓ Seek amendments to AB 1421
- ✓ Involve consumers in meaningful numbers in all aspects of the system
- ✓ Continue the dialogue on critical issues facing clients, family members, and service providers