

May 9, 2016

Honorable Supervisors,

Below, we address several significant misconceptions regarding Laura's Law, as represented in the Department of Behavioral Health's presentation.

Thank you for your conscientious attention and consideration to this matter,

Lynne Gibbs

Public Policy Committee,
NAMI Southern Santa Barbara County

1. **Cost.** The Department of Behavioral Wellness estimates the cost of a 10-person pilot to be "\$606,888 and a total program cost of \$755,496 with estimated Medi-Cal revenue," considerably higher than any other CA county has realized or projects.

The fact is the real and estimated costs of Laura's Law to CA counties range from \$18,600 (Orange County) to \$40,000 (San Francisco) per slot per year, with Nevada County spending approximately \$21,000 per person; LA County projecting \$20,400 per person (extrapolated from real costs of its pilot program); Ventura County \$30,000.*

Furthermore, Santa Barbara County already funds the Assertive Community Treatment (ACT) teams, whereas a number of counties do not already have these teams in place. The Department proposes adding 10 Laura's Law slots, yet these added slots are unnecessary, as existing slots are not filled. The southern SB County team has a capacity to serve at least 100 clients, and it presently serves 88, the highest number since at least October 2015.

Furthermore, some of the persons who meet Laura's Law criteria (by definition among the most seriously ill) are the very persons who appear on the department's high utilizer list and are already ACT clients who are not being served because they are not electing treatment. They receive expensive inpatient, involuntary care for brief periods, and this money is essentially wasted when they are stabilized in the hospital only to be discharged, and then disengage with case management and outpatient psychiatric treatment. In some cases, they are now placed at Crisis Residential (a component of newly funded crisis services), only to leave for the street where they continue to enact the "revolving door" of non-treatment.

The average annual cost of a "high utilizer" to the Behavioral Wellness department is \$86,000. The cost of Laura's Law is much lower, \$18,600 to \$40,000. Santa Barbara County will save money by adopting Laura's Law.

2. **Housing.** The Welfare and Institutions Code (5348) says Laura's Law clients must "**Live in the most independent, least restrictive housing feasible in the local community.**"

The cost of new housing, a large component of the cost estimate, is mistakenly presented as an incremental cost of Laura's Law adoption. While no one disputes the critical need for additional supported housing and residential treatment in Santa Barbara County (and our NAMI affiliate agrees wholeheartedly), AB 1421 does not itself require the provision of housing.

In Santa Barbara County, persons eligible for Laura's Law live in their family homes, supported housing, etc. Others wash in and out of supported housing, board and cares, room and boards, and sober living homes as a result of their symptomatic illness. We see this repeatedly. Studies show that under Assisted Outpatient Treatment, these persons are better able to retain housing or return to live in their family homes. Landlords are more willing to house persons with serious mental illness when they are stabilized and have treatment support. Under Laura's Law,

clients are even engaged when refusing housing and living in their cars. This engagement process often coaxes them into existing housing.

3. “No evidence to support efficacy of court ordered treatment.”

This statement ignores the huge amount of data in studies of Assisted Outpatient Treatment (AOT; Laura’s Law in CA) published since 1996 (see NAMI Southern Santa Barbara County’s Laura’s Law recommendation), that accounted for the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) declaration of AOT to be an evidence-based treatment. The success of Assisted Outpatient Treatment accounts for its adoption by 46 states, and now by counties in CA representing more than half of CA’s population.

The presentation accurately reports outcome data from Los Angeles County (78% reduction in incarcerations; 86% reduction in hospitalizations) and Nevada County (65% reduction in incarcerations; 46% reduction in hospitalizations). **Data reported from (Contra Costa County, 2% reduction in incarcerations; 23% reduction in hospitalizations) represents the county’s initial 3 months of start-up, and has no scientific validity.**

The Department of Behavioral Wellness limits its presentation of studies to a report of the Cochrane Collaborative that narrows consideration to two early flawed studies of AOT, and a second report from Cochrane updating its 2005 “study” by adding consideration of two studies of AOT in England, where AOT differs so substantially from AOT in the US and California that there is little basis for comparison.

4. “Monies used for AOT may not replace existing voluntary services.”

The Welfare and Institutions Code says:

“This article shall be operative in those counties in which the county board of supervisors, by resolution or through the county budget process, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of the implementation of this article.”

The Department of Behavioral Wellness has consistently misinterpreted the statute’s provision to require that all potential “voluntary” mental health clients be served **before** treatment-resistant clients can be served. In fact, law prevents discrimination against either class of clients.

At this time, Santa Barbara County’s ACT teams exist to serve both “voluntary” AND treatment-resistant clients. No one is proposing the reduction of any “voluntary mental health program.”

*From: <http://www.vcstar.com/news/local/county-to-start-lauras-law-mental-health-program--2d3cf13c-c009-6ccf-e053-0100007f05b3-371475541.html> "Ventura County's plan calls for spending \$600,000 from that tax for 12 months, which would allow 20 people to get help."

From: <http://www.ocregister.com/articles/county-651302-law-treatment.html> "In Orange County, Laura’s Law is expected to affect only about 120 people a year, but cost some \$5.7 million to \$6.1 million. That’s to pay for a staff of nine at the Health Care Agency, as well as costs borne by the Public Defender and County Counsel for cases that wind up in court. Break out the treatment portion of that, and it will cost some \$18,600 per client per year."

In Nevada County, Laura’s Law costs about \$21,000 per patient; in Los Angeles County (which anticipates spending \$10.2 million to reach 500 patients), it’s expected to run some \$20,400 per year."

From: <http://ww2.kqed.org/stateofhealth/2015/10/26/san-francisco-set-to-implement-lauras-law-compels-treatment-for-mentally-ill/> "Public health officials estimate only about 100 people in San Francisco will meet the strict eligibility requirements of the program every year, though they hope more people will be guided toward treatment voluntarily. They estimate that treatment costs will be \$40,000 per person, per year."

From: <http://www.sanluisobispo.com/news/local/article65718447.html> "The cost to the county of implementing Laura’s Law, whittled down significantly since the Board of Supervisors heard the report in September, comes to about \$442,000 a year. That figure also includes administrative costs and the cost to hire a full-time administrative services officer and a part-time mental health therapist."