

## Barker, Russ

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**From:** Allen, Michael (COB)  
**Sent:** Tuesday, September 02, 2014 7:58 AM  
**To:** Lenzi, Chelsea; Barker, Russ  
**Subject:** FW: ATTORNEY-CLIENT: PLEASE POST THESE E-MAILS ONLINE: "Laura's Law": Exploring AB 1421... including attachment!  
**Attachments:** JT - AB 1421 - Laura's Law - Recommendations - June 2003 v2 2014.pdf

FYI

**From:** Craft, Michael  
**Sent:** Monday, September 01, 2014 6:07 PM  
**To:** J. T. Turner; Wooton, Tina; 'Wayne Mellinger'  
**Cc:** 'Lynne Gibbs'; 'Emily Allen'; 'Jan Winter'; 'Ann Eldridge'; 'Annmarie Cameron'; 'Patricia Collins'; 'Suzanne Riordan'; 'Deborah McCoy'; 'Alice Villarreal Redit'; 'George Kaufmann'; Carbajal, Salud; Farr, Doreen; Wolf, Janet; 'maureen earls'; 'Frank'; Mina, Maureen; Baizer, Eric; Vesper, Andrew; [KMinkov@aol.com](mailto:KMinkov@aol.com); [casas@education.ucsb.edu](mailto:casas@education.ucsb.edu); [tonabringsbcohome@cox.net](mailto:tonabringsbcohome@cox.net); 'Betjent Hove'; 'Michelle G'; Eymann, Jonathan; Grimessey, Suzanne; [mureenbrown@yahoo.com](mailto:mureenbrown@yahoo.com); 'Burleigh, Craig'; 'Mike Gorodezky'; Andrew Keller - TriWest Group; Cindy Burton; Jim Piekarski (Phx); Ava Polan - Phx; Jim Rohde  
**Subject:** RE: "Laura's Law": Exploring AB 1421... including attachment!

JT, thank you. Your summary and recommendation remains relevant and timely. While your recommendation was not fully implemented in 2003, the essence of it was subsequently implemented in 2010 in the form of the ACT Outreach and Engagement option (you were prescient!). As part of the current analysis, it will be instructive to examine the strengths and weaknesses of that approach, along with the recent research on AOT, and the potential costs and benefits locally.

Thank you for sharing the history and reminding us of how much knowledge and insight are already available within our system.

Michael Craft, MFT  
Assistant Director  
ADMHS Clinical Operations  
805-680-9271

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**From:** J. T. Turner [[jt@phoenixofsb.org](mailto:jt@phoenixofsb.org)]  
**Sent:** Monday, September 01, 2014 4:44 PM  
**To:** Wooton, Tina; 'Wayne Mellinger'  
**Cc:** 'Lynne Gibbs'; 'Emily Allen'; 'Jan Winter'; 'Ann Eldridge'; 'Annmarie Cameron'; 'Patricia Collins'; 'Suzanne Riordan'; 'Deborah McCoy'; 'Alice Villarreal Redit'; 'George Kaufmann'; Carbajal, Salud; Farr, Doreen; Wolf, Janet; Craft, Michael; 'maureen earls'; 'Frank'; Mina, Maureen; Baizer, Eric; Vesper, Andrew; [KMinkov@aol.com](mailto:KMinkov@aol.com); [casas@education.ucsb.edu](mailto:casas@education.ucsb.edu); [tonabringsbcohome@cox.net](mailto:tonabringsbcohome@cox.net); 'Betjent Hove'; 'Michelle G'; Eymann, Jonathan; Grimessey, Suzanne; [mureenbrown@yahoo.com](mailto:mureenbrown@yahoo.com); 'Burleigh, Craig'; 'Mike Gorodezky'; Andrew Keller - TriWest Group; Cindy Burton; Jim Piekarski (Phx); Ava Polan - Phx; Jim Rohde  
**Subject:** RE: "Laura's Law": Exploring AB 1421... including attachment!

Ooops, here it is with the attachment! JT

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**From:** J. T. Turner [<mailto:jt@phoenixofsb.org>]  
**Sent:** Monday, September 01, 2014 4:39 PM  
**To:** 'Wooton, Tina'; 'Wayne Mellinger'  
**Cc:** 'Lynne Gibbs'; 'Emily Allen'; 'Jan Winter'; 'Ann Eldridge'; 'Annmarie Cameron'; 'Patricia Collins'; 'Suzanne Riordan'; 'Deborah McCoy'; 'Alice Villarreal Redit'; 'George Kaufmann'; 'Carbajal, Salud'; 'Farr, Doreen'; 'Wolf, Janet'; 'Craft,

Michael'; 'maureen earls'; 'Frank'; 'Mina, Maureen'; 'Baizer, Eric'; 'Vesper, Andrew'; 'KMinkov@aol.com'; 'casas@education.ucsb.edu'; 'tonabringbcohome@cox.net'; 'Betjent Hove'; 'Michelle G'; 'Eymann, Jonathan'; 'Grimmesey, Suzanne'; 'mureenbrown@yahoo.com'; 'Burleigh, Craig'; 'Mike Gorodezky'; Andrew Keller - TriWest Group ([akeller@trivestgroup.net](mailto:akeller@trivestgroup.net)); Cindy Burton ([Cindy.Burton@pathpoint.org](mailto:Cindy.Burton@pathpoint.org)); Jim Piekarski (Phx); Ava Polan - Phx ([apolan@phoenixofsb.org](mailto:apolan@phoenixofsb.org)); Jim Rohde

**Subject:** RE: "Laura's Law": Exploring AB 1421

In 2003, there was an AB 1421 Study Group convened by Jim Broderick, that met a number of times. It was coordinated by Laura Mancuso. Joe Centeno, County Supervisor, attended all the Study Group meetings. I served on the Study Group, and wrote a proposal about AB 1421 that was adopted by the Study Group (along with another proposal from the NAMI group headed by John Van Aken) for further exploration, and possible implementation. Neither of our proposals was implemented, though there were some follow-up meetings to explore implemetation. I am attaching my two-page proposal (with a few edits to make it relevant in 2014). Below is a list of those who were part of the AB 1421 Task Force in 2003. There are only a few of us still active in the system! JT

1. 5th District Supervisor Joseph Centeno
2. Ann Eldridge, Chair, Mental Health Commission
3. Presiding Judge Clifford R. Anderson, III
4. Zandra Cholmondeley, Administrative Analyst, County Administrator's Office
5. Shane Stark, County Counsel
6. James Egar, JD, Public Defender
7. Aileen Kroll, JD, Patients' Rights Advocate
8. Bernice James, Treasurer - Tax Collector (Public Guardian's Office)
9. Norm Horsley, Chief Deputy, Law Enforcement Operations, Sheriff
10. Sharron Branco, SHIA Member
11. David Boggs, Mental Health Commission Member
12. Annette Goldreyer, Treasurer, National Alliance for the Mentally Ill – Northern Santa Barbara County
13. Cathy Walker, Vice Chair, Mental Health Commission
14. Jan Winter, National Alliance for the Mentally Ill – Southern Santa Barbara County
15. John Van Aken, Board Member & Member, Public Policy Committee, Mental Health Association in Santa Barbara County
16. JT Turner, MFT, Executive Director, Phoenix of Santa Barbara
17. Charles Nicholson, MD, ADMHS Medical Director
18. Heidi Garcia, MFT, ADMHS Assistant Director – Programs
19. Louise Jansen, LCSW, ADMHS Adult Mental Health Program Manager
20. Rob Walton, RN, MPA, ADMHS Quality Assurance, Utilization Review, Access Team
21. Connie Dorsey, MFT, ADMHS Adult Mental Health Staff- North County – Staff
22. Peter Dean, LPT, ADMHS Adult Mental Health Staff- South County – Staff

#### STUDY GROUP MEMBERS NOT PRESENT

23. Raul Jimenez, LCSW, ADMHS Forensic/Acute Division Manager
24. Daniel Hopson, National Alliance for the Mentally Ill -- Lompoc Chapter
25. Darryl Perlin, Deputy District Attorney
26. Dave Schierman, Mental Health Assessment Team, American Medical Response

#### 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.  
Marilyn Ulvaeus, League of Women Voters

FACILITATOR

Laura L. Mancuso, CRC, ADMHS Project Manager

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**From:** Wooton, Tina [<mailto:twooton@co.santa-barbara.ca.us>]

**Sent:** Sunday, August 31, 2014 4:19 PM

**To:** Wayne Mellinger

**Cc:** Lynne Gibbs; Emily Allen; Jan Winter; Ann Eldridge; Annmarie Cameron; Patricia Collins; Suzanne Riordan; Deborah McCoy; Alice Villarreal Redit; George Kaufmann; Carbajal, Salud; Farr, Doreen; Wolf, Janet; Craft, Michael; maureen earls; Frank; Mina, Maureen; [jt@phoenixofsb.org](mailto:jt@phoenixofsb.org); Baizer, Eric; Vesper, Andrew; [KMinkov@aol.com](mailto:KMinkov@aol.com); [casas@education.ucsb.edu](mailto:casas@education.ucsb.edu); [tonabringsbcohome@cox.net](mailto:tonabringsbcohome@cox.net); Betjent Hove; Michelle G; Eymann, Jonathan; Grimmesey, Suzanne; [mureenbrown@yahoo.com](mailto:mureenbrown@yahoo.com); Burleigh, Craig; Mike Gorodezky

**Subject:** Re: "Laura's Law": Exploring AB 1421

Thank you Wayne for attaching the LA Times article.

Sent from my iPhone

On Aug 30, 2014, at 4:58 PM, "Wayne Mellinger" <[waynemellinger@gmail.com](mailto:waynemellinger@gmail.com)> wrote:

Oops! The article failed to attach when I previously sent this:

Please find attached the Los Angeles Times article in which Patt Morrison interviews Dr. Tom Burns, the noted Oxford Professor of Social Psychiatry and world-renowned expert on "Community Treatment Orders", as they are called in Great Britain.

Tina Wooton and Eric Baiser have both highly recommended this article also.

On Sat, Aug 30, 2014 at 4:56 PM, Wayne Mellinger <[waynemellinger@gmail.com](mailto:waynemellinger@gmail.com)> wrote:  
Please find attached the Los Angeles Times article in which Patt Morrison interviews Dr. Tom Burns, the noted Oxford Professor of Social Psychiatry and world-renowned expert on "Community Treatment Orders", as they are called in Great Britain.

Tina Wooton and Eric Baiser have both highly recommended this article also.

On Sat, Aug 30, 2014 at 3:28 PM, Wayne Mellinger <[waynemellinger@gmail.com](mailto:waynemellinger@gmail.com)> wrote:  
Dear Friends,

This is an excellent dialogue we need to have as a community. We need to hear each other and the good arguments on each side.

Wayne

On Sat, Aug 30, 2014 at 1:35 PM, Lynne Gibbs <[gibbslyn2@gmail.com](mailto:gibbslyn2@gmail.com)> wrote:  
In New York State, a study of consumers assigned to Assisted Outpatient Treatment reported that 80% felt it had helped them get well and stay well.

Here is a video that shows AOT in action:

[http://www.lauraslawoc.org/index.php?option=com\\_content&view=article&id=8](http://www.lauraslawoc.org/index.php?option=com_content&view=article&id=8)

On Sat, Aug 30, 2014 at 2:25 PM, Emily Allen <[emilyalleninsb@gmail.com](mailto:emilyalleninsb@gmail.com)> wrote:  
I 100% agree. I've been having an email conversation with someone I respect about this article. But that "If" is key. A lot of people aren't getting the care they need. Laura's Law creates a tool for the court. I'm in court ever week and see the handful of people who could benefit. I think it's also important to note State law requires a resolution that protects existing voluntary mental health services for adults and children. Emily

Sent from my iPhone

On Aug 30, 2014, at 1:05 PM, Jan Winter <[wintercal@cox.net](mailto:wintercal@cox.net)> wrote:

Tina and all,

I have read that LA Times article and the assumption is made that people are otherwise getting adequate care. The people targeted by Laura's Law are not getting that care. They are those who land in prisons or hospitals all too often because of untreated illness. Here is an excerpt from the article, published July 22: (CTO's are Community Treatment Orders.)

**LA Times article: "So you found CTOs don't prevent the mentally ill from getting worse as a group, but are there any good outcomes from them?"**

If you look at high-quality research evidence, you could say there is no evidence patients are benefited by CTOs if they are getting decent care otherwise. We were careful in our Lancet article to say that in well-coordinated mental health services, compulsory treatment has nothing to offer. If you have semi- to nonexistent services, then you don't know whether compulsion is helping the patient or whether treatment is helping the patient. I think treatment helps patients."

Laura's law does not address people who are getting "well-coordinated mental health services" or "decent care otherwise". Laura's Law is not intended for them. It is an attempt to get the small minority of folks whose inability to know that they are ill or who refuse treatment into "well coordinated mental health services." If you read the law's text, you will see that the targeted group are those whose untreated mental illness is frequently getting them into far more restrictive and tragic involuntary situations: jail, prison, hospital. You know these tragic, revolving door stories as well as I do.

Jan Winter

On Aug 30, 2014, at 11:58 AM, Wooton, Tina wrote:

Treatment does led to recovery but research shows compulsory doesn't. People and families want treatment but the court ordered part doesn't prove to be beneficial. Please read Dr. Burns research.

I'll send the article from the LA Times.

Tina

Sent from my iPhone

On Aug 30, 2014, at 10:36 AM, "Ann Eldridge" <[anneldridge@juno.com](mailto:anneldridge@juno.com)> wrote:

Hi Everyone,

I'm glad to see some thought instead of fearful reaction being given to this issue.

And it is true that housing is a huge issue for everyone not only the small number of possible LL Clients . It's also true that services and housing funds are separate.

It also reminds me of what a former Mental Health director used to say of the clients who now would be eligible for Laura's Law. She maintained that" even if we had the Biltmore for them to live in they wouldn't do it." Rather just keep revolving through the crises services on a fairly regular basis.

This law would not effect huge numbers of people as it turns out. And the service component would certainly be focused on finding and maintaining housing of various kinds. ie not necessarily a "supportive housing" unit. The support is built into the service description of LL. I would not be too mistaken to say that most of the people served by LL would refuse to live in "mental health " housing. Many are fiercely independent and need their "own" space and not run by a mental health provider.

It's also important to factor in the costs of repeated hospitalizations ,jailing s ,court, law enforcement involvement in determining the value of an assisted outpatient model of care for a very small number of people.

And remember they deserve to have the chance of a better life from what most of them now have.

Where it's been implemented AOT ( & LL in Nevada Co) has shown high client satisfaction rates.

LL is another "tool" to help people realize that they don't have to live like feral cats hiding in the bushes and scavenging for their food.

Ann Eldridge

6:18 PM, EmOn 8/29/2014 ily Allen wrote:

Hi all,

I would also recommend reading the text of the law (<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5345-5349.5>)

note that **supportive housing** is an element of a "plan for service."

It appears to me that the services can be "outreach" to people in a Supportive Housing unit. I believe a big problem with our current system is the lack of

supportive services that allow people to transition into housing and then retain their housing.

Partial text describing a "Plan For Services"

"Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and **access to medications**, psychiatric and psychological services, substance abuse services, **supportive housing or other housing assistance**, vocational rehabilitation, and veterans' services. Plans shall also contain evaluation strategies, which shall consider cultural, linguistic, gender, age, and special needs of minorities and those based on any characteristic listed or defined in Section 11135 of the Government Code in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services as a result of having limited-English-speaking ability and cultural differences. Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time. Outreach to adults may include adults voluntarily or involuntarily hospitalized as a result of a severe mental illness."

I also don't believe that the funding streams for housing development are the same as those that can be used for services.

I'm looking forward to the discussion. But leaning toward supporting implementation. Most States have some form of Assisted Outpatient Community Treatment.

(States that don't: Connecticut, Maryland, Massachusetts, New Mexico and Tennessee). For some reason CA is doing it County by County. In my view CA's current system is broken and needs to be fixed. All the best  
Emily

On Fri, Aug 29, 2014 at 5:34 PM, Wayne Mellinger <[waynemellinger@gmail.com](mailto:waynemellinger@gmail.com)> wrote:  
Dear Friends,

Please find attached a document prepared by the Disability Rights California organization arguing against the implementation of AB 1421, also known as "Laura's Law".

I have long been an advocate for Assisted Outpatient Treatment programs, reasoning that some people, who lack insight into their mental health challenges, would benefit from being encouraged to take psychiatric medications. These programs have been known to reduce incarceration, and I feel strongly that jail is no place for people who desperately need treatment.

The document I have attached is scientifically rigorous. I want to stay open-minded to what the literature is saying and am currently re-thinking my position.

Centrally, I am VERY concerned about the cost of AB 1421 and how the use of those funds might be better utilized for supportive housing. The document states:

"Providing housing for people with mental illness who are homeless for up to 18 months with case management, psychiatric and nursing services is projected to cost annually only \$25,000 per client."

In contrast, Assisted Outpatient Treatment programs cost annually \$35,495, and do NOT include supportive housing.

My experience is that people with severe mental health challenges improve greatly when in supportive housing.

I realize this is a very emotional topic with strong arguments on each side.

Please distribute this document to other who may be interested.

Sincerely,

Wayne

--

Wayne Martin Mellinger, Ph.D.

Social Justice Educator / Writer / Activist

Board, Clergy and Laity United for Economic Justice (Santa Barbara chapter)

Representative, Central Coast Collaborative on Homelessness (Coordination Committee)

My Websites and Blogs

<http://antiochsb.academia.edu/WayneMellinger>

<http://doingmodernity.blogspot.com/view/flipcard>

<http://ourneighborsonthestreets.blogspot.com/>

Social Justice Writings On Noozhawk

[http://www.noozhawk.com/wayne\\_mellinger](http://www.noozhawk.com/wayne_mellinger)

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Emily Allen

[805-403-5224](tel:805-403-5224)

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<LosAngelesTimesJuly22.pdf>

# What to do about the issues raised by AB 1421 (Laura's Law)

## *Proposal for multi-stakeholder Study Group – June 2003*

J. T. Turner, MFT  
June 4<sup>th</sup>, 2003

### **The Need**

AB 1421 arose out of a need for outreach to prospective clients, identified as having symptoms of mental illness, who are not accessing services.

This is an important need - to provide better services to individuals who are on the margins of our current system.

The question is how to meet this need. Whether to legally coerce these individuals to accept treatment, or whether to provide services they are likely to choose to accept is at the core of the AB 1421 debate.

### **Existing Structures of Involuntary Treatment**

Already we have provisions and structures for legally coerced treatment - based on the application of 5150 and 5250 principles, and the application of the terms of conservatorship. If these are applied well, and are allied with high quality services, there should be no reason to add another form of coerced treatment.

### **Economic Issues**

Not only is AB 1421 unfunded, it arrives at a time when existing mental health services are being reduced throughout the state of California. To put funding into a new kind of service, that has complex and costly legal requirements, while being obliged - due to the State's fiscal crisis - to cut back existing services is not wise public policy, or wise clinical policy.

### **Values and the Concept of Choice**

There is also the issue of values. At the heart of many systems of care is the principle of "client choice." If AB 1421 were implemented it would further infringe on client choice. For this reason and for the others I'm mentioning, implementation of AB 1421 is opposed by the California Network of Mental Health Clients, by the California Association of Mental Health Patients' Rights Advocates, by Protection and Advocacy, and by the California Association of Social Rehabilitation Agencies.

### **Empowerment of Family Members**

But let us not lose sight of the good stuff at the heart of AB 1421. It was largely motivated to help family members who feel - no matter how hard they lobby a County system for services for their mentally ill loved-one who is potentially dangerous or at risk of dying, and not receiving services - that the system is unresponsive. This need is crucial. Family members and friends of the mentally ill must not only have a voice, but that voice must be responded to.

### **A Design for Santa Barbara County**

So, what I propose we do in Santa Barbara County to address the good stuff in AB

1421, and to be responsive to family members, and to individuals with impairing symptoms who are not currently being served is the following:

- Set up a petition system, where a concerned individual could formally petition the County to provide services to someone.
- The petition would be considered (just as the current CTS Placement Committee considers clients for placement) by a Request for Services Committee (RSC). The RSC would apply qualifying criteria in making their decision, these criteria including that the person presents with an Axis 1 Mental Disorder and is not awaiting arraignment on a violent felony charge. It's important not to exclude individuals with drug and alcohol problems since these often co-occur with an Axis 1 mental disorder.
- The RSC would make a recommendation to the appropriate County or CBO program\* to do outreach and provide services – including dual diagnosis services - to the individual named in the petition. (\* The original 2003 proposal mentions a number of programs that no longer exist.)
- The goal is to have the person accept services in a non-coercive way.
- At any time, if the individual named in the petition, while being engaged for and receiving services, showed signs of meeting 5150 criteria, he or she would be evaluated by the Mental Health Assessment Team (MHAT) for inpatient treatment.

### **Working Smarter**

The plan here would be to make existing services and agencies work smarter. And we could borrow – from AB1421 – the idea that members of the community could petition, or formally request outreach to an individual with the symptoms of a mental disorder.

**Reaching Out to People** – to the *Ones with Symptoms* and to the *Ones with Symptoms of Worry* because the *Ones with Symptoms* aren't getting the assistance they need – is the Key.

And after you reach out to provide assistance, you stay in touch.

You don't provide services and have a message on your phone that says, "if it's after 5 p.m. and you are having a crisis, call 911." You stay in touch with your clients through a flexible staff and team approach on a 24/7 basis.

Psychiatric symptoms are not a 9-5 phenomenon.

Mental Health is about relationships – ongoing relationships.

As the Surgeon General, David Satcher, noted: "the need for coercion should be reduced significantly when adequate services are readily accessible." *Surgeon General's Report on Mental Health, 1999.*

J. T. Turner, MFT  
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(805) 895-7585

*With some minor edits to eliminate aspects of the system that no longer exist in 2014 - JT  
September 1, 2014*