

Lenzi, Chelsea

From: Michael Gorodezky <mgorodezky@gmail.com>
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To: sbcob
Subject: August 14: Departmental item #7 Statement to the Board

To: Santa Barbara County Board of Supervisors
Re: August 14th Departmental Agenda Item #7

Supervisors Williams, Hartman, Wolf, Adam, Lavagnino

I submit this statement as a former Chair of the County Mental Health Commission. When I served in that capacity, the Commission voted unanimously to recommend the pilot project for AOT which is currently underway. I presented that recommendation to the Board and at that time heard the new Behavioral Health Directors objections to the AOT effort.

Now, we are ½ way through the pilot project. The AOT program and their excellent staff have made notable progress helping our most vulnerable. However, the data presented by the independent evaluator raises important questions:

#1 The DBW presentation Budget Summary page shows no revenues other than GFC funds allocated for the pilot project.

- AOT staff activities are billable to Medi-Cal. Any person served by AOT team, who is eligible for Medi-Cal, could be billed to Medi-Cal. Question: **Why has Medi-Cal not been billed during the pilot? Why were only general funds used when many services are billable?**

Other counties use Medi-Cal, LPS, and/or MHS funding sources.

Why have other funds not been drawn upon (MHSA, LPS)?

#2 The evaluator reports no clients have been referred to the courts. The use of the judicial process is a fundamental element of AOT.

In order to **test** a full implementation of AOT, there should be limited and appropriate use of the courts. It appears that DBW chooses not to use the courts as matter of local policy. Thus, the fidelity of the pilot is in question.

- **Why is the Santa Barbara pilot different from virtually all other counties?**
- **What is the explanation from DBW?**

#3 A key rationale for using AOT is that the program will reduce costly county expenses due to incarceration, emergency services and expensive inpatient costs.

The DBW slide presentation shows savings in all the expected areas (e.g. lower incarceration, lower psychiatric inpatient admissions, emergency services. The financial savings that have resulted from the pilot program are **not** indicated .
The Board of Supervisors should have a clear statement of savings achieved by AOT services.

Thank you for considering these comments.

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