

TO: Santa Barbara County Behavioral Wellness Commission
FROM: NAMI Southern Santa Barbara County
SUBJECT: Recommendation Regarding Continuation of the County's AOT Pilot Program
DATE: May 8, 2017

On March 20, 2015, at the request of the Santa Barbara County CEO's office for input, the Mental Health Commission (predecessor to the Behavioral Wellness Commission) recommended the county adopt a 3-year Assisted Outpatient Treatment (AOT) pilot program. On May 10th, 2016, the pilot program was adopted by the Board of Supervisors.

Following an intensive stakeholder planning process, the AOT pilot program commenced on January 1, 2017. The program has now been in operation for four months.

NAMI's support for AOT commenced in 2002, when AB 1421 (Laura's Law) was passed. We in NAMI witnessed attempts over subsequent years to avoid adopting AOT, including the substitution of a locally-defined program, ACTOE, in 2010. Alternative approaches have failed to effectively substitute for the fidelity of the evidence-based AOT program in delivering results, due to AOT's mandate to deliver assertive outreach to persons too ill to recognize their need for help, as well as the civil court component of AOT, seldom-imposed, but powerful in its "black robe" effect.

We in NAMI, like so many others in the community, rejoiced when the county adopted the 3-year pilot last year. We gladly invested time and effort in the comprehensive stakeholder process to define our county's program. We have witnessed the beginning of a change in culture that embodies compassionate outreach to persons who have rejected engagement and treatment for years. These persons fail in voluntary outreach programs, because they can simply reject engagement; whereas in AOT, treatment professionals don't take no for an answer. The idea that a decision might be made just 4 months into the AOT pilot to de-fund it is practically unfathomable to us.

At the budget hearing, the cost of psychiatric hospitalizations and IMD (long-term, involuntary, locked residential treatment facility) utilization was defined by the Behavioral Wellness director as our county's largest mental health challenge. California counties have shown that AOT significantly reduces such involuntary placements* by providing intensive, outpatient treatment instead, engaging persons who have been ignored for years - neglect that results over time in a state of decline to grave disability necessitating acute psychiatric hospitalizations, IST (incompetent to stand trial) placements, and long-term involuntary placement in IMDs (Institutions for Mental Disease). As family members and advocates, we can testify that some of the "high utilizers" of county services we've known over the years, persons who have cost the county millions of dollars due to refusal to engage in treatment, persons we have long regarded as Laura's Law "poster children" are now in long-term locked placements for lack of an AOT program that could have broken their fall. Had they had AOT, they might have avoided years of crisis, criminalization, and misery.



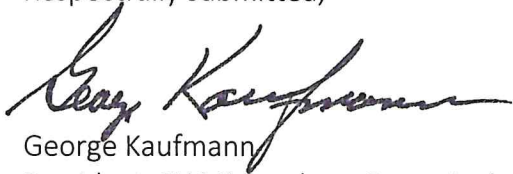
NAMI Southern Santa Barbara County is hosted by and receives support from the Mental Wellness Center
617 Garden Street Santa Barbara, CA 93101 (805) 884-8440
www.mentalwellnesscenter.org/NAMI

Well over half the population of California now reside in counties with AOT programs. It is likely more counties will adopt this year. Ventura County began its AOT program at the same time we did. Their original conception of a 20-slot pilot program was expanded to a plan to serve 240 clients with the most serious mental illness (i.e., high utilizers of services) over the next 4 years. If we discontinue our program, we will be the only county to have done so, moving in the opposite direction of the rest of the state. We ask ourselves how we can risk looking back in 4 years to witness other counties addressing its "high utilizer problem" with an effective, evidence-based AOT program, while we continue to confront crisis, imposing incarcerations and short-term crisis placements, as the cycle of crisis perpetuates.

The Behavioral Wellness Department has contracted with Harder and Company for an outcomes report similar to that prepared by Harder for San Francisco County. We look forward to that analysis; however, we think it highly unlikely any meaningful outcomes of a 10-slot pilot program could be assessed after a mere 4 months, especially as we in Santa Barbara County set a guideline of a 90-day outreach period prior to any referral to the court. NAMI believes we owe it to ourselves to complete the 3- year pilot program adopted by the Santa Barbara County Supervisors, and track the outcomes.

We support Supervisor Das Williams' proposal to allocate funding sufficient for the remaining two years of the 3-year pilot program, and we urge the Behavioral Wellness Commission to re-affirm the Commission's initial recommendation. To that end, we ask that the Commission draft a clear statement endorsing the full 3-year pilot program for presentation at the next Board of Supervisors hearing.

Respectfully submitted,



George Kaufmann
President, NAMI Southern Santa Barbara County

**In San Francisco County: hospitalizations reduced by 65% , incarcerations by 74%. In Orange County: hospitalizations reduced by 70% , incarcerations by 75%. In Los Angeles County: hospitalizations reduced by 86%, incarcerations by 78%. Across the country, similar outcomes have been reported since the early 1990s.*