June 2, 2006

The Honorable Debra Ortiz, Chair
Senate Health Committee
State Capitol Building
Sacramento, CA 95814

Re: AB 2357 (Karnette and Yee) - Assisted Outpatient Treatment
Sponsor: California Psychiatric Association

Hearing: Senate Health Committee
Wednesday, June 14, 2006

Dear Senator Ortiz,

The California Psychiatric Association, which comprises over 3500 psychiatric physicians statewide, asks for your support for AB 2357. We were very pleased to have your support for AB 1421 (Thomson, 2002). AB 2357 simply extends the sunset provision in AB 1421, also known as Laura's Law, due to expire on December 31, 2007. AB 1421 was the first significant reform of California's involuntary treatment laws in nearly 4 decades.

Thirty seven years ago, in 1968, California passed landmark legislation, the Lanterman Petris Short Act, which reformed and modernized mental health treatment law to correct egregious abuses directly attributable to prior law. The LPS Act served as a model for other states, and the treatment laws in most states today still reflect the ground breaking LPS reform provisions that created the principles of a "bill of rights" for people with severe and persistent mental illness. Those principles are contained in the articulation of legislative intent for the LPS Act which is clearly spelled out in Welfare and Institutions Code Section 5001:

> (a) To end the inappropriate, indefinite, and involuntary commitment of mentally disordered persons, developmentally disabled persons, and persons impaired by chronic alcoholism, and to eliminate legal disabilities;
>
> (b) To provide prompt evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism;
>
> (c) To guarantee and protect public safety;
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> (d) To safeguard individual rights through judicial review;
>
> (e) To provide individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons;
>
> (f) To encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures;
>
> (g) To protect mentally disordered persons and developmentally disabled persons from criminal acts.

Those objectives are as valid today as they were in 1968. What we know scientifically about mental illness has matured and developed since 1968: New generations of vastly superior medications have appeared as have well validated psychosocial models like assertive community treatment. But vast social problems have arisen as the state closed its mental hospitals without a meaningful safety net of services in the community. As a direct result California has nearly 50,000 homeless individuals with a mental illness and another 20,000 individuals with mental illness in our jails and prisons today.

When state hospitals closed, not only were California's community mental health clinics too few and vastly underfunded, but California had no knowledge of the particular characteristics necessary in community services and supports to successfully and safely maintain people with severe and persistent mental illness in the community. One of many understandings to emerge in the last decades is that a few individuals with psychotic disorders are too disabled, too sick, too paranoid, or too lacking in insight to realize their need for treatment and therefore continue to revolve in and out of hospitals, to be repeatedly arrested and incarcerated, and continually reject the overtures of teams offering the most aggressive high quality voluntary outreach services (AB 34 and AB 2034, Steinberg, 1999, 2000). Thus they are doomed to repeat these cycles in their personal history as their illness, and not their recovery from that illness, controls their destiny.

AB 34 and AB 2034 both provided funding for assertive community treatment outreach to the homeless with a mental illness. These programs represent the very best in evidence based mental health delivery technology. Voluntary services simply can't do better than the model these programs emulate. Data from AB 2034 indicates very successful outcomes for a very large number of consumers. Yet, state DMH also reports (DMH, May 2003 Report to the Legislature) that it has a large concern with:

> " . . . a number of consumers who simply drop out of the program. 1,958 consumers, 22.7% of all the consumers ever enrolled, have simply disappeared or dropped out in most cases, without explanation."

Of even more concern is that DMH does **NOT** track those individuals who fail to enroll whatsoever in AB 2034 programs even after repeated attempts at engagement and a wide variety of inducements made to them to gain voluntary acceptance of AB 2034 services. One county program indicated that a full 45% of those consumers contacted, deemed to meet target AB 2034 population requirements, did not engage after as many as 12 contacts over as many months.

Informal reports from AB 2034 programs statewide also indicate that in the 5 years since it was enacted the easier-to-engage consumer first interdicted on the street and coaxed into treatment is being replaced by a population both more hardcore and resistant to AB 2034 type services. If this is true then the failure-to-engage rate may be expected to rise in the future.

These considerations make clear that there is a small discrete population that could benefit from more structure coupled with the same intensive services provided in AB 2034. AB 1421 contains a program for Assisted Outpatient Treatment (AOT) that provides effective structure and these very same intensive services.

AOT has been validated as a successful model by the Duke University study of AOT (2000) and its implementation has been validated by very successful outcomes demonstrated in New York's Kendra's law upon which AB 1421 was modeled. (see attached fact sheets)

AOT is very simple in concept: it provides for an intensive treatment plan developed jointly by the consumer and his or her treatment team. A court then orders the treatment team to provide those consumer chosen services, and the court requires the consumer to abide by the terms of the plan for 6 months. In order to have access to AOT a consumer must meet a very clear set of criteria. In order for the court to order such a treatment plan it must abide by multiple due process requirements already imbedded in the LPS Act for determinations of inpatient commitments.

The sunset provision added in the Senate Health Committee was meant to provide AB 1421 with an adequate period of time to prove that it works. Because of budget pressures implementation funding of $50 million was removed from AB 1421. That year, 2002, was the start of the worst budget crisis California had seen in many decades that finally culminated in a $35 billion budget deficit for the state. Los Angeles County, possessing the largest resources of any county in the state, was the only county able to independently fund a pilot in the face of declining revenues. Because of those budget pressures at the county level it was a small pilot.

Now, the situation is reversed as extra billions of dollars start to flow into state and county coffers from state income tax, sales tax, and vehicle license fee income streams.. The Senate Health Committee promised a chance for AB 1421 to prove itself. AB 1421 through no fault of the legislation, only the lack of resources for implementation, has not been given a fair chance. It's reasonable to remove the sunset and let AB 1421 have the chance that was promised.

The key policy issue is what California wants to do to provide services for a population that is so hard to treat that it has traditionally been neglected. The Senate, by passing AB 1421 with 27 "Aye" votes, and the Assembly in passing AB 1421 with 73 "Aye" votes, clearly indicate that the policy direction for California on this matter has been decided.

Now it is time to give AB 1421 a chance to show what can be done. It's only fair. To do otherwise is to discriminate against this neglected population. Neglect is not an option.

We hope we can continue to count on your support for Laura's Law by supporting AB 2357.

Sincerely,

Randall Hagar, Director of Government Affairs
California Psychiatric Association