

NAMI Southern Santa Barbara County 2016 Report of Accomplishments

1. Family to Family Classes
 - a. 42 family members have graduated from Family to Family
 - b. 1 teacher has completed teacher training and been certified to teach class bringing number of active certified teachers to 14.
 - c. An affiliate "F2F Teachers' Update" was held in December to discuss how to improve F2F and to allow teachers to share their experiences in teaching the class; 11 current teachers attended and feedback was provided to NAMI national.
2. Weekly Family Discussion Groups
 - a. More than 500 family members have attended the weekly group
 - b. 4 certified Family to Family teachers have been trained as group facilitators and one individual awaiting F2F training/certification is also in training as FDG facilitator
3. Monthly Education/Speaker Meetings
 - a. Total attendance totaled more than 425.
 - b. Promotion of meeting expanded to include MWC Community Wellness monthly calendar
4. Joint MWC/NAMI Weekly Share and Care Support Group
 - a. Total attendance totaled more than 500
5. NAMI Mandatory Re-affiliation Process
 - a. NAMI Steering Committee and MWC board and staff reached agreement on plan to maintain MWC/NAMI relationship while fulfilling NAMI re-affiliation requirements
 - b. By-laws and Articles of Incorporation created and approved by NAMI CA
 - c. NAMI Board of Directors has been created
 - d. NAMI SSBC filed for and received approval for designation as a non-profit corporation by both California Dept. of State and IRS
 - e. NAMI SSBC bank account has been activated
 - f. 2017 NAMI Budget has been created and approved by Board
6. NAMI News
 - a. Volunteer Editor recruited
 - b. Content has been expanded to include more advocacy information and local news
 - c. Newsletter has been re-formatted for more professional look and to allow photos
7. MWC/NAMI Website
 - a. New NAMI home page created with links to provide much more information on NAMI, NAMI/MWC programs, local resources and advocacy
 - b. Direct link established from name.org and namica.org websites
8. The Ann Eldridge Advocacy Award was presented to Lynne Gibbs at a reception/picnic dinner in her honor in August for her tireless work on the Public Policy Committee including successful effort to create a 3 year pilot program for Laura's Law in our county.
9. The joint NAMI –Mental Wellness Center Public Policy Committee grew both in membership and reach, with 33 individuals having participated at monthly committee meetings this year, including members of NAMI, other local mental health advocacy constituent groups and members of the community at large. The committee undertook advocacy projects at local, statewide and national levels and are detailed below:

NAMI Southern Santa Barbara / MWC Public Policy Committee
2016 Annual Report

2016 was an active year for the Public Policy Committee! We had significant accomplishments, made progress in some other areas, and look forward to continuing progress in 2017.

Laura's Law (Assisted Outpatient Treatment)

On May 10th, the Board of Supervisors voted 4-1 to undertake a three-year pilot of Laura's Law. This vote culminated years of advocacy on the part of NAMI Southern Santa Barbara County and many others in Santa Barbara County for adoption of the 2002 law. During the run-up to vote: we partnered on advocacy with FamiliesAct and the Santa Barbara Coalition Against Gun Violence, in addition to other entities and individuals. We presented on Laura's Law in various forums. We participated in an SBTV program on Laura's Law. We met multiple times with individual supervisors. On April 16, we asked that \$121,000 in unspent funding allocated in 2015 to the Department of Behavioral Wellness for program design be rolled into a special allocation to fund the pilot. We testified multiple times at Board of Supervisors hearings.

From June through November, we participated in productive stakeholder meetings on program design with Deputy Director Pam Fisher. We recommended specific outcome measures, which were adopted. We recommended a Laura's Law oversight committee, similar to ones appointed in some other counties, without success. We continued to share information in the community. We identified questions related to the intersection of Laura's Law and the Mental Health Court. Disappointingly, we were unsuccessful in urging the Department of Behavioral Wellness to apply for significant grant funding available from SAMHSA (the national Substance Abuse and Mental Health Services Agency) for first-time implementers. (Four million dollars was subsequently awarded to Ventura County, whose pilot program begins in January).

Status: With strong leadership from the Department of Behavioral Wellness, we look forward to supporting the implementation of Laura's Law beginning January 1st, enthusiastic about the prospect of demonstrating the success of assertive community outreach. We await direction on the Laura's Law referral process beginning January 1. We anticipate information from the Department of Behavioral Wellness on funding for years 2 and 3 of the pilot program. We need further clarification of the intersection of Laura's Law and the Mental Health Court.

System Change outcome measures

Recognizing the significant human and financial impact serious mental illness has throughout the County system, on the jail, emergency rooms, and on our streets via the homeless population, we recommended that the County track three key indicators of mental health crisis on a quarterly basis:

- 1) Number of out-of-county psychiatric hospital days per month;
- 2) Number of days of incarceration for persons with mental illness;
- 3) Emergency room utilization by persons with mental illness (3 hospitals).

During 2016, we followed up in conversations with the Sheriff's Department and Cottage Hospital, bringing our recommendation back to the Supervisors on two occasions. In February, the Department of Behavioral Wellness issued an excellent report on psychiatric hospitalizations with quarterly data through 2nd quarter, Oct.-Dec. 2015. We continue to urge this report be updated as an invaluable tool for tracking the trend of in-county and out-of-county psychiatric hospitalizations.

Status: We recognize that tracking of metrics on a regular basis requires the regular provision of simple data by multiple county departments. This has posed a challenge. The recent adoption by the Board of the national "Stepping Up Initiative" proposes measures of incarceration to be tracked. Knowing that persons with serious mental illness are frequently criminalized and incarcerated when hospitalization and treatment are unavailable. (Nationally, jails have become the new mental illness asylums, housing ten times more seriously mentally ill persons than hospitals).

The Sheriff's Department and Cottage Hospital indicate counts could be taken once specific definitions are established. The recent proposal to the Board of Supervisors for adoption of Stepping Up defines measures for persons with mental illness who are incarcerated. We will continue to advocate for metrics, and we will follow progress in 2017.

Mental Health Services Administration (MHSA)

We reviewed the updated Little Hoover Commission (California) report restating concern about lack of data and accountability for MHSA spending and program outcomes. We testified to the Board of Supervisors on the insufficiency of data and paucity of stakeholder participation related to the 2016-17 MHSA plan. We identified the need for a more robust stakeholder input process on the upcoming 2017-2020 3-year plan.

Status: We await information on the county stakeholder process for the 2017-2020 plan (initiated in the Fall by a number of CA counties), and expect to make recommendations, including the option of identifying MHSA funding for years 2 and 3 of the Laura's Law pilot program.

Assertive Community Treatment (ACT)

We realized adoption by the Department of Behavioral Wellness of a monthly ACT Family Council meeting for family members, caretakers, and consumers.

Status: We will continue to track fidelity to the outreach component of ACT, our expectation being improvement with the adoption of Laura's Law as a model.

Housing and Treatment

We served on the HEART Steering Committee (Dept. of the Department of Behavioral Wellness's housing action team), reviewing and making successful recommendations to the draft of the department's Capital Needs Report to the Board of Supervisors, reflecting on the need for additional psychiatric hospital beds, and longer term treatment beds at the most intensive level of the continuum of care. We partnered with CLUE (Clergy and Laity United) and FamiliesAct on a response to the Capital Needs Report, entitled "Gaps in the Mental Health Continuum of Care: Inpatient Care, Crisis Placements, Residential Treatment, and Housing." We met as an ad hoc coalition with individual supervisors. We continue to advocate for alleviation of the severe shortage of psychiatric beds in Santa Barbara County, contributing to the over-utilization of incarceration and emergency rooms. While temporary, involuntary placements should always be the last resort, we understand that an exclusive focus on voluntary treatment does little to break the cycle of crisis for those among us with the most serious mental illness.

Status: We will continue to advocate for additional hospital beds and IMD placements, presently a severe gap in the continuum of mental health care. We will continue to follow housing initiatives and advocate for an appropriate level of associated treatment and care.

Mental Illness and Law Enforcement

In May, we met with the Sheriff's department, following its assumption of Crisis Intervention Training from the Department of Behavioral Wellness.

Beginning in March, we served on the newly-initiated Sheriff Department's Community Correction Input Group, addressing medical and mental health care grievances and improvements at the jail.

We studied and shared information on the national Stepping Up Initiative, attending a meeting of key departmental stakeholders in November. We urged its adoption. In December, the initiative was adopted by the Board of Supervisors.

We advocated individually for persons with severe mental illness in the jail.

In August, we participated in the Criminal Justice Realignment Plan (AB109) stakeholders' meeting, making recommendations to the county consultant, and following with a letter recommending funding for Laura's Law and intensive residential treatment. We clarified provisions for allocations to juvenile programs. In October and November, we met with representatives of the League of Women Voters in anticipation of a forum the League will host in March on "Behavioral Health: the intersection with jails and the court."

On December 8th, Undersheriff Bernard Melekian joined us for conversation at a special meeting. At the meeting, we identified the need for closer communication and integration between law enforcement and the mental health department for mental health calls in the field, with the goal of avoiding criminalization, when appropriate. Partnering mental health professionals with law enforcement on mental health calls has proven effective in other locations, as has been establishing 24/7 crisis centers where persons can be taken by law enforcement, as an alternative to the jail and/or the ER. In some places, law enforcement can place 5150 holds. In addition to diversion, there is a need to enhance mental health treatment when persons with serious illness leave the jail, in order to avoid continuing crisis and re-incarceration. Finally, more housing and intensive residential treatment are needed.

Status: We will continue to participate in the Stepping Up initiative as stakeholders. We will follow up on ideas proposed at the December 8th meeting. We will continue to serve on the Community Corrections Input Group. We hope to participate in CIT (Crisis Intervention Training) when 40-hour trainings commence.

Mental Health Treatment Concerns

Throughout the year, we continued to agenda concerns shared with us by community members, family members and the Department of Behavioral Wellness staff related to perceived deficits in mental health case management and continuity of care. We raised a number of questions: Are the Department of Behavioral Wellness clinics short-staffed? Why are caseloads increasing? Why is the department losing experienced staff? Are salaries too low? Is morale a factor? Is county funding adequate? Are there "warm handoffs" among BW units when clients are transferred internally, and similarly when clients on psychiatric medications are assessed as no longer eligible for departmental services, and their cases are closed? How do we secure mental health services for persons with the most serious illness when the access line, and other defined means of access fail? What avenue is available for raising concerns?

In an attempt to answer the last question, having been advised by the Department of Behavioral Wellness to access the grievance process, we met twice with a representative of Quality Care Management, in March and again in November, to

clarify steps in the grievance process, determine under what circumstances it is appropriate to file a grievance, and who has authority to do so.

Status: The information supplied by the Department of Behavioral Wellness was invaluable, and we have shared it with our members. However, we understand the grievance process is reserved for consumers, or someone specifically authorized by a consumer to undertake it; nor is the grievance process an appropriate means of addressing systemic concerns. This topic needs further address in 2017.

Federal legislation

In 2016, we continued to advocate for adoption of HR 2646, the bipartisan “Helping Families in a Mental Health Crisis” bill, meeting with our congressional representative and her staff on multiple occasions, writing letters of support, and sharing information in the community. Of particular interest to us and our members was modification of “IMD Medicaid Exclusion” (presenting financial obstacles for the construction and/or addition of psychiatric beds greater than 16 in free-standing facilities); clarification and modification of HIPAA (cited as an impediment for sharing critical information with family members and caregivers); and, incentives for adopting Assisted Outpatient Treatment (Laura’s Law in CA).

Status: HR 2646 was incorporated into the 21st Century CURES bill, signed by President Obama in December. We are encouraged by its passage, and think the bill’s passage represents a first step in mental health reform, despite the fact that a few of the key provisions we supported were compromised in the final bill. We look forward to continuing advocacy in 2017 to fund elements of the bill. We will continue to advocate for modification of the IMD Medicaid Exclusion.

State legislation

AB 1194, a modification of LPS law, clarifying that mental health history can be taken into account in assessing for involuntary commitment, and specifying that “imminent” danger need not be present, was implemented January 1. We advocated for the bill, and shared information with the Department of Behavioral Wellness and the community.

AB 1014, the Gun Violence Restraining Order, implemented January 1, is another we advocated for, in partnership with the Santa Barbara Coalition Against Gun Violence. We continue to share information. Santa Barbara County has taken the lead in the state in applying the order in situations of extreme risk; most have entailed serious mental illness.

AB 59, extending the sunset date for Laura’s Law to 2020, another we supported, was passed.

SB 614 Peer Certification. We wrote a Letter of Support, and continued to advocate for passage. The bill is currently in abeyance in Committee, with further action expected.

AB 1300, a provision of which expanded authority to emergency room staff and others to release 5150 involuntary holds was defeated. This was a bill we actively opposed. Our hope is that if this matter is re-introduced, it will be in a form we can support, because it preserves a "safety net" for persons with the most serious mental illness.

AB 1618, the "No Place Like Home" bill, which passed, will allocate MHSA dollars to housing construction and renovation for the homeless. We tracked the bill and expressed concern about lack of clarity that MHSA dollars are intended to serve persons with serious mental illness.

Other bills of interest: AB1584, that would have made a cost of living adjustment to state social security payments was vetoed by the Governor, as was AB 2279, a requirement that annual county-by-county MHSA expenditure information be compiled by the state.

Areas of focus in 2017

1. Support implementation of the Laura's Law pilot program.
2. Continue to participate as stakeholders in the Stepping Up initiative.
3. Pursue adoption by the county of mental health metrics first recommended by the PPC In December 2015.
4. Advocate for increased homeless outreach to persons with mental illness.
5. Contribute as stakeholders to the MHSA 2017-2020 planning process.
6. Continue to advocate for state and national legislation supported by our membership.