

May 25, 2021

# Santa Clara County adopts Laura's Law

by Madelyn Reese

MAY 25, 2021



The Santa Clara County Board of Supervisors meeting chambers. File photo.

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Twenty years after California gave counties the option to create court-ordered psychiatric treatment programs, Santa Clara County supervisors have “opted in” to the legislation.

The Board of Supervisors voted unanimously Tuesday to opt in to Laura’s Law and begin creating an assisted outpatient treatment (AOT) program that legally requires individuals struggling with severe mental illness to comply with treatment.

New legislation requires counties to formally opt in or out by June 30.

“I have also been persuaded by those that have argued that while involuntary treatment raises some obvious concerns,” said Supervisor Joe Simitian Tuesday prior to casting his vote, “there’s nothing very voluntary about the incarceration or

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restraints or commitments that take place when we don't have the kind of services available for folks that really need them.”

Supervisor Susan Ellenberg expressed reservations about whether the law deprived residents of their civil liberties, but ultimately voted in favor.

“We all have the same goal, we all want our residents to have access to the vital resources that they need to thrive and we want to erase any stigma and barriers around mental health that prevent our residents from thriving,” Ellenberg said.

Development of the countywide assisted outpatient treatment program will begin this fall.

To date, only 21 of California's 58 counties have opted in to the program, according to the California Association of Local Behavioral Health Boards & Commissions.

Laura's Law is named after Laura Wilcox, a 19-year-old woman killed in 2001 while working as a receptionist at the Nevada County Department of Behavioral Health. The man who killed Wilcox was a former patient of the county's outpatient mental health clinic, and had a habit of resisting treatment.

The law allows a court to compel services to an individual struggling with mental health that refuses treatment, and only applies to a specific group of people who have formerly been hospitalized or incarcerated as a result of their mental illness.

“It's not a cure all, it's not a panacea—but for the people it will matter to, it will make all the difference in the world, in my view,” Simitian said.

During public comment Tuesday, Affordable Housing Network President Sandy Perry spoke out against the board's approval and the people supporting it.

“Unfortunately, the debate about Laura's Law is being politicized by people playing  
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on the public’s frustration with our homelessness problem,” Perry said. “Laura’s Law will not solve homelessness... What’s most alarming about Laura’s Law debate is that it’s loudest advocates are the same people trying to make homeless people disappear from our streets.”

Another prominent opponent of the law is the Law Foundation of Silicon Valley. In a strongly-worded letter to supervisors, attorneys Abre’ Connor and Becky Moskowitz wrote that those in support of Laura’s Law wrongly conflate homelessness and mental illness.

“At a time when the county is grappling with ensuring that it creates culturally competent care and safety for individuals, AOT is a step in the wrong direction,” Connor and Moskowitz wrote. “AOT’s effectiveness is premised on individuals being more likely to engage in an outpatient program endorsed by a judge than a robust voluntary program like Assertive Community Treatment (ACT). However, communities such as Black, Latinx, Indigenous and other people of color are more likely to have negative experiences with or impressions of the judicial system and may find a judge’s involvement in their mental health treatment off-putting, and in some cases, re-traumatizing.”

Those compelled to get help under Laura’s Law must meet specific requirements that include recent hospitalizations within the last 36 months, demonstrated violent behavior towards themselves or others, repeatedly refused treatment, or being in a “substantially deteriorating” state. Concerned family members and caregivers can also request that an individual be referred to an assisted outpatient treatment program.

The Santa Clara County Behavioral Health Services Department estimates that the cost to implement the program, after MediCal reimbursements, will be a bit more than \$10 million per year. The department also estimates the need for about 18 full-time employees dedicated to the program

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“The full cost of AOT is not anticipated to be fully expended in (the next fiscal year), but rather over time, as the program requires time to ramp up and hire staffing,” county health officials wrote in a report to supervisors. “Additional funding for increased program slots, expansions, or other adjustments to address existing service needs may also be required depending on actual number of AOT clients that qualify for services.”

Health officials estimate the program could serve between 20 to 50 people annually, based on an analysis of surrounding counties with similar programs, including San Mateo and San Francisco counties.

Under Laura’s Law, counties are prohibited from reducing existing voluntary mental health programs to enact assisted outpatient treatment, meaning implementation would expand, rather than shift, the county’s current services.

Elisa Koff-Ginsborg, executive director of the Behavioral Health Contractors Association of Santa Clara County, represents more than 30 contractors providing mental health services in the region. Koff-Ginsborg said some members support Laura’s Law while others are strongly opposed.

“For family members and friends, it’s grueling pain to watch your loved ones suffer... while they’re refusing to accept treatment,” Koff-Ginsborg said. “We have a crisis and we need to make sure we’re doing everything we can, and that goes beyond the limited potential of AOT.”

Those advocating for the program shouldn’t see it as a panacea, Koff-Ginsborg said.

Santa Clara County already has many resources that neighboring counties didn’t have before implementing AOT, she added, including a comprehensive program that offers a wide range of services from therapy to temporary housing and job support.

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“So the question I would ask is, what’s preventing us from having more people engaged in those now?” Koff-Ginsborg said. “The mandatory aspect is only going to be a small portion, how are we going to engage everyone else? If AOT is passed and nothing else is changed, no one should be surprised that we don’t get the results that we’re looking for.”

Supervisors Otto Lee and Simitian supported implementing the program at a county Health and Hospital Committee meeting in March. Simitian voted in favor of Laura’s Law when he was a state assemblyman in 2002.

In a March 24 letter to supervisors, the Santa Clara County National Alliance on Mental Illness (NAMI) urged county leaders to finally implement Laura’s Law.

“(AOT) is the only option for families having a loved one living with mental illness; these families are often desperate to get treatment for family members but are generally barred from helping, even to warn of potentially volatile behavior,” the NAMI Board of Directors wrote.

November 18, 2021

## **Santa Clara County to create mental health navigator to better connect residents to services**

New program would help people 'find the right path to treatment, and then stay on it

by **Jana Kadah / Bay City News Foundation**

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Ana Lilia Soto, youth development manager at the Stanford Center for Youth Mental Health & Wellbeing, describes how allcove Palo Alto is reaching out to the community during a tour of the youth mental health clinic on June 30, 2021. Photo by Magali Gauthier.

A new program to help residents navigate Santa Clara County's mental health system, including public and private resources, is being developed by the county.

On Tuesday, the county Board of Supervisors unanimously voted to direct staff to create a new program designed to help those who encounter barriers to access when

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seeking mental health support for themselves or their loved ones.

"People who need mental health help for themselves, a friend or a family member are already in a world of hurt," wrote Supervisor Joe Simitian, who proposed the idea. "Then they have to confront a 'system' that's complicated, confusing, and bureaucratic. What I hear too often is that folks really need a guide."

Simitian said he calls it a "navigator" that would help residents "find the right path to treatment, and then stay on it."

More than 40,000 people accessed the county's behavioral health system in the last year, according to Simitian's office.

About 4,500 of those accessed the county's addiction and substance use services — a 13% increase from the previous year.

The demand for services was heightened during the pandemic from both existing patients and new ones, with the stress of the pandemic exacerbating substance use disorders for many, according to a March 2021 report published by the American Psychological Association.

But Simitian said the need for a mental health navigator predates the pandemic.

"Even before the pandemic, demand for mental health and substance use services was high," said Simitian. "The pandemic — with its resulting isolation and economic consequences — has intensified these challenges."

In Santa Clara County, more than 30,000 people struggle with serious mental health conditions, county data showed. And in the last year, the county's behavioral health system referred about 24,000 people to the county's nonprofit partners.

So, the navigator will work with those nonprofit partners and the county to better connect patients to the most appropriate resources for them and their families.

The program can find local resources for residents, with the ability to even connect them to private resources when appropriate. It also will provide support and as

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troubleshooting if the first referral doesn't work out well.

"By guiding patients through and around barriers, we can help them get the treatment they need so they can get their lives back on track," Simitian said.

The proposal has received support from Asian Americans for Community Involvement, Catholic Charities of Santa Clara County, Behavioral Health Contractors' Association and Momentum for Health.



August 19, 2022

## Santa Clara County 'navigators' tackle mental health crisis

By Lorraine Gabbert

*Times Senior Staff Writer*

For someone in crisis, being able to access assistance is critical.

To help, Santa Clara County is striving to connect people with the right services for treatment.

The Behavioral Health Navigator Program, which launched July 27, offers personalized support by referring people to county and community resources that best fit their needs.

The goal of the program is to address challenges people face in navigating the county's complicated mental health care system.

When a call comes in to the behavioral health call center, mental health peer support workers—known as navigators—are there to assist. These navigators are individuals with lived experience such as peers, family members or caregivers of someone who has experienced the behavioral health system. They understand the anxious voice on the other end of the line because they have lived it.

If people are given the wrong information and resources or turned away because their insurance is ineligible, it can prevent them from seeking help, said Alicia Anderson, program manager of access and unplanned serv-

ices for the county's behavioral health services department.

"If the only answer you get is, 'We only work with Medi-Cal beneficiaries,' instead of where you can go for help, that's a big difference," she told San José Spotlight, adding the beauty of the program is anyone can call regardless of their insurance provider.

### Santa Clara County sees demand for mental health treatment

The navigator program is the brainchild of Santa Clara County Supervisor Joe Simitian, who often heard from families that they needed help in finding the right path to treatment. In November 2021, the board of supervisors unanimously supported his proposal.

"People who need mental health help for themselves, a friend or a family member, are already in a world of hurt," Simitian said in a statement. "Then they have to confront a system that's complicated, confusing and bureaucratic."

Three full time peer navigators knowledgeable about community resources refer clients to services. Three more may be added early next year, Anderson said.

The navigator team works closely with the behavioral health call center, the 988 suicide and mental health crisis hotline and mobile crisis teams. Two drop-in centers are also available for in-person consultation.

The pandemic exacerbated the need for support. In 2021, more than 40,000 residents accessed the county's behavioral health system and about 4,500 accessed its addi-



tion and substance use services, a 13% increase over the previous year, according to the county health system.

In January, county officials declared a public health crisis in the region related to mental illness and substance abuse. Compounded by the pandemic, there's been a dramatic increase in students suffering from severe depression and anxiety. An inadequate number of beds in treatment facilities has led to incarceration rather than mental health support services. The county has since added an outpatient treatment program known as Laura's Law, which seeks to help those with severe mental illness.

### Making a difference

Bruce Copley, director of access and unplanned services for the behavioral health department, told San José Spotlight part of

the difficulty people face in seeking mental health support is the stigma and shame attached to these needs.

He said because the navigators have lived experience, they can share their own stories with callers to bring them out of their shells and help open doors to appropriate services.

Anderson said getting people the right care is crucial. In the past, residents weren't connected to the right referral due to a complicated phone tree or not being asked deeper questions. If a caller said they needed help with housing, they'd be given a number to call, but a further conversation might have revealed a domestic violence issue, she said. Now navigators spend more time with each caller to better understand the situation.

Although the program focuses on mental health, substance abuse and suicide prevention, navigators receive and refer calls regarding domestic violence, medical services and housing to other county services through detailed hand-offs.

"I think there's a lot of anxiety going to a new service for the first time," Anderson said. "It's very different knowing what to expect when you go somewhere versus just having the information about what they provide."

To contact the Navigator Program, call the Behavioral Health Call Center at (800) 704-0900, option 4. Drop-in centers are located in San Jose at Zephyr Self Help Center, 1075 E. Santa Clara St., or Behavioral Health Urgent Care at 871 Enborg Ct.

October 2022

## Improving mental health care for the “missing middle”

By Joe Simitian,  
Santa Clara  
County Supervisor

Challenges with mental health and addiction affect us all, and the number of people struggling only intensified during the pandemic. In 2021, for example, 37% of the U.S. adult population suffered from moderate to severe anxiety, up from 7% in 2019, according to the Century Foundation.

Here in Los Gatos, the Town contracted with SASCC to conduct a Community Assessment Survey for Older Adults (CASOA) which found that about 30% of residents over age 60 live with depression, and 80% said they do not have access to quality mental health care.

That’s simply not acceptable. Mental health care is health care. Folks should have access to it at every phase of life, no matter what their income or resources may be.

Yet, affordability is a huge barrier, even for those who earn what most of us would consider a decent living. Many West Valley residents fall into what I call the “missing middle”—people who earn a bit too much to qualify for Medi-Cal subsidies but not enough to pay for care out of pocket. Having commercial health

insurance is no guarantee, since many plans don’t offer adequate coverage.

Whatever the case, the mental health needs of the missing middle have been overlooked for far too long. We need to close the gap that has allowed too many people to slip through the cracks in our healthcare system.

As Chair of Santa Clara County’s Health and Hospital Committee (HHC), I’m pleased that the County is making real progress in doing just that.

First, the Board of Supervisors unanimously supported my proposal to ensure that residents are aware of their “mental health parity” rights. Under state law, medically necessary treatment for all mental health and substance use disorders must get equal treatment with other health conditions.

California Senate Bill (SB) 855 expanded this right in 2020, prohibiting health plans and insurers from limiting these benefits to short-term or acute treatment. But not all insurers are stepping up as they should. And many patients are not aware of their rights. People often spend a lot of time trying to figure it all out, worrying if their insurance covers the services, and working out how to pay for it all.

At this month’s HHC meeting, we’ll be considering options to improve mental health parity in the County, including an education and outreach campaign to ensure that residents are aware of their rights under state law.

Second, at my request, the County is developing a program that ensures mental health treatment for middle-income residents, that missing middle I’m talking about.

Accessible and affordable outpatient services are essential to avoiding the high costs and societal harms from inpatient treatment, hospitalization, or a lack of treatment. Some individuals receive these services from public programs, others use commercial insurance. But coverage options are often imperfect, due to high out-of-pocket costs and a decline in the number of mental health professionals accepting public insurance.

I’m encouraged as well by how much mental health has become part of the everyday conversation. Last month, SASCC brought its annual health fair back from pandemic hiatus, focusing on mental health.

What I loved is that the event wasn’t tucked away in a corner somewhere. We gathered in front of Los Gatos High School’s



Santa Clara County Supervisor Joe Simitian speaking at the SASCC Health Fair 2022.  
Photo by Maria Guldner

beautiful Neoclassical style building, a place everybody in the community knows. That’s the way we ought to be talking about these issues, right out front, right in public, no stigma attached.

Because we have to face up to the fact that people in need aren’t getting the help they need and deserve.

I think we’ve finally turned a corner in understanding the role we have to play, whether it’s for young people who need help, or programs that help families and seniors in the “missing middle” get affordable outpatient mental health services.

Every one of us can make a difference. We can start by getting the word out about the resources that are now available, by advocating for more, and by doing everything we can to help make folks feel welcome, valued, and

connected. It’s good for patients, good for families, and good for our entire community.

*Joe Simitian was elected to the Santa Clara County Board of Supervisors in 2012 and re-elected in 2016 and 2020. He represents the Fifth District, which now includes Cupertino, Los Altos, Los Altos Hills, Los Gatos, Monte Sereno, Mountain View, Palo Alto, Saratoga, Stanford, and portions of San Jose. Joe’s public service over the years includes stints as a member of the California State Senate, the California State Assembly, Mayor of Palo Alto, President of the Palo Alto School Board, as well as an earlier term on the Santa Clara County Board of Supervisors. He served as an election observer/supervisor in El Salvador and Bosnia and participated in refugee relief and resettlement efforts in Albania and Kosovo.*

January 14, 2022

# Saving lives by sending the right people to crises

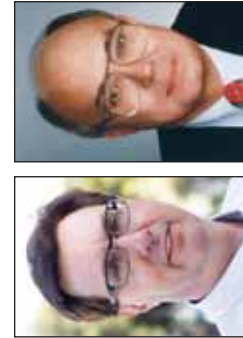
By Joe Simitian and Tom DuBois

Six years ago, William Raff died after a tragic encounter with police on Christmas night. When Palo Alto police officers responding to a 911 call from the 31-year-old mentally ill man arrived, they were immediately attacked with what was later discovered to be a butter knife.

Raff's death underscores the sad reality that too often, a call for help ends in tragedy when in a mental health crisis holding a weapon. The Raff case — and others like it — raises a question: When is it appropriate to dispatch only armed police officers to mental health emergencies — and when is it not?

Of late, this question has been top of mind for city leaders in Palo Alto. Motivated by national events over the last two years, the City Council and Police Department spent time last summer reviewing police procedures, use of force, and alternative models to dispatching armed officers to certain types of mental health crisis calls.

It's an issue the county of Santa Clara has been working to address for some time. Two



Tom DuBois

Joe Simitian

however, are better met by folks whose training is in the behavioral health arena.

The public benefits from this approach because responders will be appropriately trained mental health specialists. Law enforcement benefits because officers aren't put in situations beyond the scope of their training and expertise.

The Palo Alto PERT team (a police officer and a mental health clinician) work in tandem on cases involving a mental health crisis, combining their unique skill sets, training and expertise to troubleshoot situations rife with uncertainty. The clinician has access to the county mental health system, which means they'll be able to, for example, determine if the individual experiencing a mental health crisis has been seen before.

If so, the clinician can look up information about the individual's clinical diagnosis, their treating physician, and level of medication they've been prescribed — information law enforcement wouldn't otherwise have at their disposal. Providing the best care for a peaceful resolution begins with understanding

the individual in crisis, with the added benefit of having an officer there as a safety measure.

The goal, of course, is not to issue mental health "holds"; it's to see how many community members we can safely and appropriately divert from the system. We want to keep people out of the hospital and out of jail, if possible. We want to look for opportunities to de-escalate and identify alternatives and resources before considering something potentially more restrictive.

When they're not responding to calls, PERT staff also reach out to folks who are homeless because, unfortunately, a significant proportion of our unhoused population do have mental health conditions and don't always get the help they need when a uniformed police officer shows up.

A clinician and officer — working in plainclothes — walk through parking garages, down alleyways and through downtown and other areas of the city where we know unhoused members of our community are found and get to know them, build rapport with them and try to make inroads in a way that a uniformed officer might not be able to do.

We need to be smart about who we send out to deal with people in crisis. If there's a bank robbery in progress, we certainly wouldn't send a social worker. Similarly, if a person is having a mental health episode, it may not make sense to send only an armed officer who may not have the training and depth of expertise to navigate a mental health crisis.

Our local police officers can handle a lot of things, but they're not social workers or mental health specialists.

Simply put, there have been too many avoidable tragedies here in our city, our county and across the country. Having the appropriate resources available, and investing in de-escalation efforts when there's a crisis, is really the key to preventing future tragedies — and getting a vulnerable population the help it deserves. ■

**Santa Clara County Supervisor Joe Simitian serves as chair of the county's Health and Hospital Committee. Palo Alto City Council member Tom DuBois served as mayor in 2021. Email them at supervisor.simitian@bos.sccgov.org and tomforcouncil@gmail.com.**



# The Mercury News

February 20, 2022

## CRISIS RESPONSE

# Santa Clara County expands its mobile mental health unit in West Valley area

By Hannah Kanik

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bayareanewsgroup.com

The West Valley is getting more dedicated men-tal health specialists to help with crisis response and de-escalation.

The Santa Clara County Board of Supervisors voted Feb. 8 to expand the county's Mobile Crisis Response Team program in the West Foothills and North County.

The program, which started in 2018, unites specialized clinicians with law enforcement to respond to people who may be having a mental health crisis. It aims to de-escalate situations and connect individuals with counseling, a re-spite program, mediation or a sobering center instead of an emergency department or jail.

Allocating more staff members to this region will allow the teams to get to people in crisis faster, said Supervisor Joe Simitian, who rep-resents the North County and West Valley.

"We're talking about mo-ments of crisis when minutes can matter. If somebody's literally an hour or two away, depending on traffic and the time of the day, that can have really serious consequence," Simitian said in an interview.

The county added four staff members to cover District 5, which includes Los Gatos, Monte Sereno, Cupertino, Saratoga, Palo Alto, Los Altos, Los Altos Hills, Mountain View and the Almaden Valley in San Jose. These new positions are scheduled to be filled by summer.

Most calls involve someone having a "dangerous mental health crisis," a psychiatric episode or another situation that needs de-esca-lation, the county said in the news release.

Adding more staff members to MCRT teams is meant to expedite deployment and response time, which can be crucial for someone experiencing a mental health emergency, County Behavioral Health Services Director Sherri Terao said.

Simitian said the COVID-19 pandemic has had an impact on the number of people requiring mental health services, while simultaneously making it harder to access them.

The demand for the program's services has spiked in the last two years. MCRT visits have more than doubled from 414 in 2019 to 1,828 in 2021 across the county, and

**"It's really disconcerting, but it's also undeniable; the number of folks that call needing help just goes up and up and up. There's no question that there's a greater need."**

— Joe Simitian, county supervisor representing the North County and West Valley

the number of calls made to the center have increased from 1,072 to nearly 5,100 last year.

"The demand for these ser-vices has just gone through the roof," Simitian said. "It's really disconcerting, but it's also undeniable; the number of folks that call needing help just goes up and up and up. There's no question that there's a greater need.

"The need has perhaps never been greater at exactly a time when it's tougher and tougher to access services, which is why the fact that these are mobile teams is so important, and why its so important that they can be at a scene in a matter of moments," he added.

Federal grant funding will be utilized to ramp up support services for calls that don't require law enforcement, and to incorporate more mobile services for children, youth families and older adults.

Residents can call the MCRT at 1-800-704-0900 and select option 2. Staff is available Monday-Friday, 8 a.m.-8 p.m. A clinician is available 24 hours a day, seven days a week to connect individuals to appropriate services.

The program first worked with local police to respond more effectively to mental-health emergencies before it expanded to cover reports made by the public.

"I think there is a growing awareness and support for trying to find alterna-tives to traditional law enforcement responses in these mental health emergency situations," Simitian said. "I think that's a very healthy development. We ask a lot of law enforcement; expecting them to be trained mental health clinicians is an unreasonable expectation. You want to have the right response in the moment, and that's what these teams do."