

Meeting the Mental Health Needs in
Santa Barbara County
Recommendations Regarding AB 1421

Board of Supervisors Hearing
May 10, 2016



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Recommended Actions

- A. Receive and file a report with further analysis of options and feasibility of implementing Assisted Outpatient Treatment for the parameters set forth in Welfare and Institutions Code Sections 5345-5349.5 (AB 1421/ “Laura’s Law”) in Santa Barbara County;
- B. Provide staff with conceptual direction about one of the following options, or provide other direction, subject to annual appropriations, and direct staff to return at a later date:
 - 1) Targeted expansion of existing services(*Cost \$700,000 GF annually)
 - 2) Robust expansion of existing services (*Cost \$1,375,000 GF annually)
 - 3) AB 1421 pilot project implementation (*Cost \$606,888 GF annually)
 - 4) Full AB 1421 implementation (*Cost \$2,047,691 GF annually)
 - 5) No service expansion
(No adoption of AB 1421/no additional annual cost)

**County General Funds would be necessary until growth in MHSA and other funding sources are able to sustain the program and for court and legal fees in Options # 3 and #4*

Background

April 2015

- CEO presentation to the Board regarding AB 1421. Board voted not to implement at this time.

June 2015

- During Budget Hearings, Board requested Behavioral Wellness Director to return “when ready” with options for implementing AB 1421 and department’s recommendations.

Dec 2015

- System Change activities in process and update presented to the Board
- Directed by the Board to return with options and timeline for program design, but not a completed program design, for implementation of Laura’s Law.

May 2016

- Department of Behavioral Wellness presentation to the Board following up on the Dec 15 request.



Review of AB 1421

- Provides court-ordered intensive outpatient services for adults with serious mental illness who have repeated crisis events and who are not voluntarily engaging in mental health services (AB 1421 specifies the eligibility criteria)
 - Requires the provision of housing assistance
 - AOT is a civil matter and heard in civil court
- Counties not required to participate. If “opt-in”, BOS must authorize through resolution or the County budget process

Facts:

- 16 of the 58 counties in CA have adopted AB 1421
- 7 of the 16 counties have implemented AB 1421
- 5 of the 7 counties who have implemented are in their first year of implementation, making use of their experience and data challenging



Review of AB1421

No Forced Medications

No Restraints

No Locked Placement in
Institutions



Arguments for and against AB 1421

Pros

- Provides mechanism for engagement for those who do not recognize their illness and do not engage in treatment
- Increases referrals into the MH system
- Provides oversight and accountability by the Courts
- Provides Mental Health professionals with another “tool”
- Engages individual and support system in individualized treatment planning

Cons

- Ethical concerns regarding court-ordered AOT
- AOT “has no teeth” to mandate compliance with treatment and can not force client to take medications
- Concerns with potential abuse of the process
- Non mental health professional at the courts involved in Treatment process
- No evidence to support efficacy of court ordered treatment
- Monies used for AOT may not replace existing voluntary services



Changes in the Mental Health system since the passage of AB1421

2004 - Passage of Mental Health Services Act.

This passing added housing, recovery-based services, 24/7 ACT/FSP programming, emergency response, family and peer support services

2010 - Passage of Affordable Healthcare Act.

This passing expanded Medi-Cal eligibility and Medi-Cal covered services for mental health and substance abuse treatment

2014-2015 - Received Triage and CHFFA Grants Through SB82

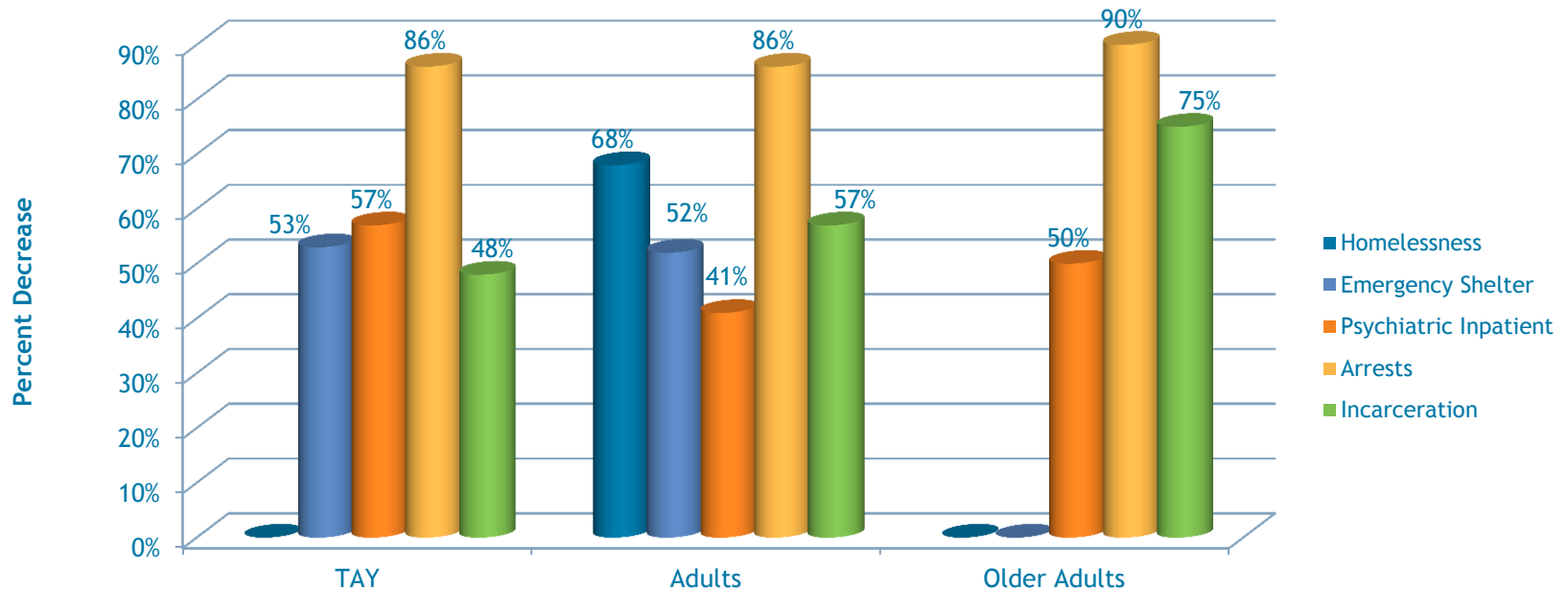
Crisis service system expansion. Triage teams developed countywide. Lompoc Mobile Crisis begun. Crisis Stabilization Unit opened in Santa Barbara. Crisis Residential House opened in Santa Barbara.



Research on ACT within CA

Longitudinal analysis of clients enrolled in ACT programs after 1 year and 2 years of service delivery across the State

Client Improvement After 2 Years of ACT Services



Homelessness reported for adults only; emergency shelter not reported for older adults (CiBHS MOQA survey)



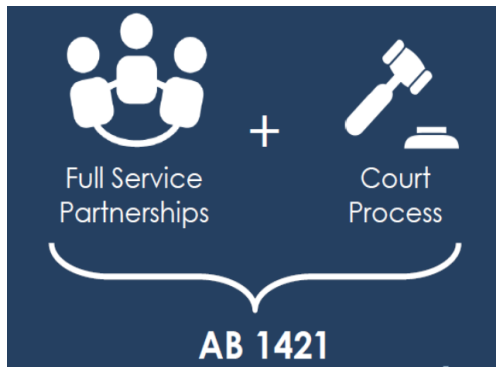
Research on AOT within CA

- Los Angeles County AOT pilot
 - 78% reduction in incarcerations
 - 86% reduction in hospitalizations
- Nevada County
 - 65% reduction in incarcerations
 - 46% reduction in hospitalizations
- Contra Costa County
 - 2% reduction in incarcerations
 - 23% reduction in hospitalizations

Ideally to look at the differential effect of AOT/ACT, you would need to conduct a randomized controlled study. To date, in CA no such study has been completed.



The Question



Recent studies

2012 - Cochrane Review Group comparison of court ordered treatment and ACT concluded:

“Compulsory community treatment results in no significant difference in service use, social functioning/homelessness, quality of life or satisfaction when compared with standard care”

2014 - Kisely & Hall meta-analysis of court ordered treatment in England and two states (N. Carolina and New York) concluded:

“Court ordered treatment did not result in a greater reduction in hospital readmissions or bed days and no significant differences in functioning or psychiatric symptoms”

2015 - Samuels et.al followed 200 homeless mentally ill participants and concluded:

“No matter the amount of counseling treatment given to the homeless participant transitioning into housing, mental illness and distress only receded after significant time in stable housing”



Options for consideration

Option 1 : Targeted Expansion of Existing Services

Add 15 ACT slots

Add 1.5 FTE outreach workers for 45 clients

Add 20+ beds safe and stable housing

* Cost \$700,000 GF annually

Option 2: Robust Expansion of Existing Services

Add 30 ACT slots

Add 3FTE outreach workers for 90 clients

40+ beds safe and stable housing

*Cost \$1,375,000 GF annually

**County General Funds would be necessary until growth in MHSA and other funding sources is able to sustain some of the ongoing costs of the program*



Options for consideration

Option 3: AB 1421 Pilot

Estimated 10 AOT slots with housing as needed

Program design -.5 Psychologist/.25 clerical/program evaluator

*Cost \$606,888 GF annually

Option 4: Full AB 1421 implementation

Estimated 75 evaluations

38 AOT slots with housing as needed

Program design -.5 Psychologist/.25 clerical/program evaluator

*Cost \$2,047,691 GF annually

Option 5: No service expansion

**County General Funds would be necessary for court and attorney time, and until growth in MHSA and other funding sources is able to sustain some of the ongoing costs of the program*



Recommended Actions

- A. Receive and file a report with further analysis of options and feasibility of implementing Assisted Outpatient Treatment for the parameters set forth in Welfare and Institutions Code Sections 5345-5349.5 (AB 1421/ “Laura’s Law”) in Santa Barbara County;
- B. Provide staff with conceptual direction about one of the following options, or provide other direction, subject to annual appropriations, and direct staff to return at a later date:
 - 1) Targeted expansion of existing services (*Cost \$700,000 GF annually)
 - 2) Robust expansion of existing services (*Cost \$1,375,000 GF annually)
 - 3) AB 1421 pilot project implementation (*Cost \$606,888 GF annually)
 - 4) Full AB 1421 implementation (*Cost \$2,047,691 GF annually)
 - 5) No service expansion
(No adoption of AB 1421/no additional annual cost)

**County General Funds would be necessary until growth in MHSA and other funding sources are able to sustain the program and for court and legal fees in Options # 3 and #4*

