BOARD OF SUPERVISORS AGENDA LETTER

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Agenda Number:

Department Name:	Behavioral Wellness
Department No.:	043
For Agenda Of:	May 10, 2016
Placement:	Departmental
Estimated Time:	1.5 hours
Continued Item:	No
If Yes, date from:	
Vote Required:	Majority

TO:	Board of Supervisors	
FROM:	Department Director(s)	Alice Gleghorn, PhD, Director Department of Behavioral Wellness 805-681-5220
	Contact Info:	Pam Fisher, Deputy Director

SUBJECT: **Director's Report on options regarding Laura's Law (AB 1421)**

County Counsel Concurrence
As to form: Concurrence

Auditor-Controller Concurrence
As to form: N/A

Other Concurrence:
As to form: N/A

Recommended Actions: That the Board of Supervisors:

A. Receive and file a report with further analysis of options and feasibility of implementing Assisted Outpatient Treatment for the parameters set forth in the Welfare and Institutions Code Sections 5345-5349.5 (AB 1421/ "Laura's Law") in Santa Barbara County, and;

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.

Option 1 - Targeted service expansion: Expand targeted services to address the needs of individuals who are High Users of Multiple Systems (HUMS), including those who would potentially benefit from AB 1421 (adding 15 ACT slots, 45+ intensive outreach/case management, 20+ beds safe and stable housing); No adoption of AB 1421/ Requested General Fund Cost annually $700,000 and a total program cost of $850,000 with estimated Medi-Cal revenue.

Option 2 - Robust service expansion: Broad service expansion to address the needs of high risk/hard to reach HUMS clients: System Expansion (adding 30 Assertive Community Treatment (ACT) slots, 90+ regional intensive outreach/ case management, 40+ beds safe and stable housing); No adoption of AB 1421/Requested General Fund Cost annually $1,375,000 and a total program cost $1,675,000 with estimated Medi-Cal revenue.

Option 3 – AB 1421 Pilot Project Implementation: (estimate about 10 persons served). Adoption of AB1421/Requested General Fund Cost annually $606,888 and a total program cost of $755,496 with estimated Medi-Cal revenue.

Option 4 - Full AB 1421 implementation: (estimate about 75 persons evaluated and 38 served); Adoption of AB1421/Requested General Fund Cost annually $2,047,692 and a total program cost $2,384,387 with estimated Medi-Cal revenue.

Option 5 - No Service Expansion: No adoption of AB 1421/no additional annual cost.

C. Determine the above actions are exempt from environmental review per CEQA Guideline Section 15378 (b)(5), since they are government administrative activities that do not involve a commitment to a specific project that may result in a potentially significant effect on the environment.

Summary Text:

This item is on the agenda to respond to the December 15, 2015 direction of the Santa Barbara County Board of Supervisors to present options and a timeline for program design**,** but not a completed program design, for implementation of Laura's Law (AB 1421 (2002)). The review of the options presented today includes the following components:

- Total number of individuals evaluated and number who are expected to be served
- Possibility of partial funding support through MHSA, Medi-Cal, Medi-Care and non-Mental Health service monies
- Cost for Capital Assets & Facility needs as well as legal and court costs
- Start-up staffing considerations
- Costs for necessary program enhancements to assume an Assertive Community Treatment (ACT)/Full Service Partnership (FSP) level of care
- Assumed costs for Institutions for Mental Diseases (IMD) step down, crisis residential costs and single bedroom housing or shelter bed use

This Board letter includes background information and a summary of research findings and analysis of several implementation options for AB 1421 ("Laura's Law").

The purpose of AB 1421 is to provide court-ordered assisted outpatient treatment services to individuals who are unlikely to survive safely in the community without supervision and who do not access community mental health services voluntarily because of their mental illness. Options 3 and 4 both involve different scales of implementation, which also include the provision for implementing voluntary services.

Background:

A presentation was made to the Board of Supervisors regarding AB 1421 (Laura's Law) in April 2015. At that time, the Board of Supervisors determined not to implement. During the Board of Supervisors Budget meeting on June 10th, 2015, the topic of Laura's Law implementation was discussed. In recognition of the Department's current focus on System Transformation activities, the Board requested Dr. Alice Gleghorn, the Department's Director, to return with options and recommendations for implementation of AB 1421"when ready". Throughout the past year, the Department has made great strides with System Transformation projects resulting in many system changes, and is on track for expected progress within the five year timeframe. The Department has also had the opportunity to review the latest research on court ordered treatment in addition to best practices for treating individual

living in our community who are homeless and struggling with mental health needs yet who do not engage in treatments available to help. At the December 15, 2015 Board of Supervisor's meeting, the Board directed staff to return with options and a timeline for program design, but not a completed program design, for implementation of Laura's Law.

What is Assisted Outpatient Treatment? Brief Review of AB 1421

Passed in the California Legislature in 2002, AB 1421 ("Laura's Law") provided for court ordered assisted outpatient treatment (AOT) services for persons with serious mental illness, who are experiencing repeated crisis and who are resistant to voluntarily participating in services. AOT involves civil court ordered treatment provided within the community through outpatient services. AB 1421 specifically delineates the eligibility criteria, referral process and the required suite of services for an AOT program. Counties are not required to provide AOT. However, if a county determines they do want to implement a program, the Board of Supervisors must authorize by resolution or through the County budget process. Once a county authorizes adoption of Laura's Law, the full range of services must be available to be accessible to all individuals who meet program criteria, as well as those who are willing to engage in these services voluntarily. A complete overview of AB 1421 is available for the April 2015 presentation to the Board (see:

https://santabarbara.legistar.com/LegislationDetail.aspx?ID=2260640&GUID=E91BD289-F165-44B4-8BDF-4F1EB36AE65F&Options=&Search=).

AB 1421 does not allow the administration of involuntary or "forced medications". AB 1421 also does not allow the use of restraints in locked institutions or residential placements. Individuals who require this level of intervention would not be candidates for AB 1421 services. Medications and treatment participation can be ordered by a judge in a civil process, but there is not any enforcement mechanism (for example, fines or involuntary administration of medications) permitted to ensure compliance. AB 1421 court civil court procedures operate on the premise that direction from the judge will provide adequate pressure for the individual to comply with treatment recommendations (termed "the black robe effect" by advocates).

AB 1421 sets forth the following nine eligibility criteria that must be met for enrolment in an assisted outpatient treatment program:

1. The person is 18 years of age or older.
2. The person must suffer from a mental illness (as defined by statute).
3. There is a clinical determination that the person is unlikely to survive safely in the community without supervision.
4. The person has a history of a lack of compliance with treatment for their mental illness and that at least one of the following is true:
    a. At least two hospitalizations for mental illness within the last 36 months.
    b. One or more acts of serious and violent behaviour toward themselves or another or threats or intent to cause serious physical harm to themselves or another within the last 48 months.
5. The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health agency and the treatment plan includes all of the services described in Welfare and Institutions Code Section 5348 and the person fails to engage in treatment.
6. The person's condition is substantially deteriorating.

7. Participation in AOT would be the least restrictive placement necessary to ensure the person's recovery and stability.
8. In view of the person's treatment history and current behaviour, provision of AOT is needed to prevent relapse or deterioration that would likely result in a grave disability or serious harm to self or others as defined by section 5150 of the Welfare and Institutions Code.
9. It is likely that the person will benefit from AOT.

Within the State of California, sixteen of the fifty-eight counties have been authorized through Board action to adopt AB 1421. As of December, 2015 only seven of the 16 counties had implemented an AOT program. Five of the seven have been implemented newly, within the past year, resulting in little or no data to allow a full analysis of program and cost effectiveness. Additional counties have considered but not adopted AB 1421.

Changes in Mental Health Services and Further Studies on AB 1421

The Mental Health Services Act (MHSA) was passed through a voter initiative (Proposition 63) in November 2004, two years after passage of AB 1421. MHSA funds significantly altered the availability of Mental Health treatment services throughout the state, and provided a particular focus on expansion of Full Service Partnership (FSP) services, with 51% of overall county funding designated for direct services required to implement this intensive level of care. Many counties, including Santa Barbara, implemented FSP services using the Assertive Community Treatment (ACT) model of care. This model is guided by research that supports its efficacy in reaching and treating difficult-to-reach clients who are not adequately served by the traditional outpatient system of care. ACT models include intensive outreach and engagement efforts, as well as wrap around services, low client to staff ratios, a team based approach, housing, access to 24/7 team response, and other services or supports provided through flexible funding designed to provide "whatever it takes" to keep an individual stable and functioning in a community setting. The County has three ACT programs that accommodate 100 clients per program. There are many studies that show the efficacy of the ACT extended outreach and engagement activities as well as the provision of housing, small client to staff ratio and a "whatever-it-takes" or wraparound approach for engaging and effectively treating the homeless and difficult to engage mentally ill population. Longitudinal analysis of clients enrolled in ACT programs after 1 year and 2 years of service delivery across the State (California Institute for Behavioral Health Solutions, MOQA survey, 2015) show that after 2 years of ACT enrollment: adult client homelessness was reduced by 68% , utilization of emergency shelters decreased by 53% for Transitional Age Youth (TAY) and 52% for adult clients, psychiatric hospitalization rates decreased by 57% for TAY, 41% adults and 50% for older adult clients, and arrests decreased for TAY and adults by 86% and by 90% for older adults. Furthermore, a recent study on homelessness concluded that no matter the amount of mental health counseling given to individuals who are homeless and have a mental health condition, their level of distress and mental illness decreased only after a significant time in stable housing (Samuels et.al. 2015). https://chronicleofsocialchange.org/research-related/16414/16414

Recent studies have looked at the potential added value of "assisted" or court ordered treatment, and have found no significant differences between court-ordered clients who receive ACT and clients receiving ACT services without a court order. Advocates for AOT have made claims that the "black robe effect" provides an effective, additional tool for treatment of those who may otherwise be considered non-compliant or resistant to care. While this may be an additional approach, the assertion that this is an effective strategy is not supported by objective research that accounts for the effect of different components of treatment (Rand Corp, 2001; Cochrane Review Group, 2014; Kisely & Hall, 2014).

Recent data from the state Department of Justice shows that Santa Barbara County has one of the highest rates of misdemeanour arrests in the state (http://openjustice.doj.ca.gov/agencies/county-map). Recent data from the Santa Barbara District Attorney's office shows that misdemeanour arrests among homeless individuals, many of whom are likely mentally ill, have increased significantly over the past several years (Figure 1 below), with a smaller increase in felony arrests. In addition, the County currently has more than 10 specialty courts focused on the needs of individuals with mental health and/or substance abuse concerns, and there is no evidence to suggest that an additional civil court process would increase compliance with treatment recommendations.

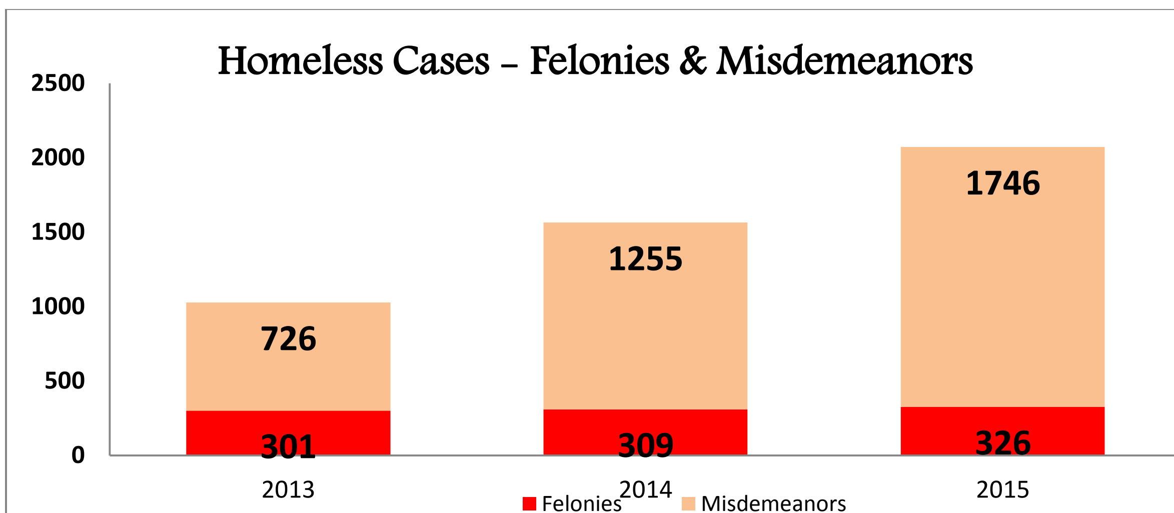

Figure 1
Increase in arrests of homeless in Santa Barbara County 2013-2015. Source: Santa Barbara District Attorney's Office

Locally in Santa Barbara County, there has been great success in the past two years in innovative strategies to reach resistant, long-term homeless individuals many of whom suffer from mental illness and/or substance abuse issues. The collaborative work of C3H, the Milpas/Downtown Organization projects, local business and treatment providers have used intensive outreach, access to treatment, jobs, basic needs, and housing to develop trusting relationships leading to stable lives away from homelessness. In the first two years of this effort, 25 clients were engaged, of these: 68% are currently off the streets, 56% received permanent housing placements, 32% accessed Mental Health treatment, 28% received substance abuse treatment, and 20% gained employment. Only 16% of those who received permanent housing were unable to maintain those placements; 40% have maintained permanent housing (C3H data, 4/2016). This successful model is seeking to expand to all regions of the county. County staff from Behavioral Wellness has actively participated in this work, engaging clients in on-going mental health and substance abuse treatment services when possible, including clients initially resistant to care. By selecting a limited number of high need individuals, resources can be targeted and incentivized to

help some of the county's most vulnerable individuals into more stable and safe lifestyles, with the majority of those served finding opportunities for supported housing. Building on successful collaborative strategies unique to Santa Barbara's needs and community resources is essential to resolving the complex issues of the county's homeless citizens.

Additional resources that have become more recently available state-wide through the SB 82 grants include augmented crisis Triage and Crisis Stabilization services. Santa Barbara County successfully competed for the SB 82 grant funds and established Crisis Triage throughout all three regions as of December 2014, opened 8 new Crisis Residential beds in South County (augmenting 12 existing beds in North County), and built and opened a Crisis Stabilization Unit (CSU) in South County a year later. A second CSU is under development in North County. These services provide important outreach to individuals who may not have severe enough symptoms to warrant involuntary hospitalization, but who nonetheless could benefit from immediate access to trained crisis staff, who can also provide short-term case management to connect them into the broader system of outpatient and community care services addressing their specific needs. The CSU is open 24/7, and offers a comfortable environment for clients in the midst of a personal crisis to interact with behavioural health professionals for up to 23 hours. Crisis Residential beds are available for up to a 30 day length of stay, and facilitate community re-entry and stabilization for clients lacking a safe and stable home environment to return to following a crisis event. These services are now under a single branch of the Department for Acute Crisis and Inpatient care, and form a complete continuum of specialized crisis care that is accessible to county residents, regardless of insurance coverage.

Fiscal Considerations of AB 1421

Over the past year of exploration to ascertain the full costs of Laura's Law/AOT implementation, the CEO's office worked closely with the Department of Behavioral Wellness to determine the present costs of existing services and programs as well as the current revenue generation rates (Medi-Cal, Medicare) applicable for the services mandated for AOT. Multiple counties were consulted regarding program development recommendations, revenue and housing assumptions, and overall approach. Based on this information, key program elements were quantified and two AOT implementation scenarios (small pilot and full implementation) were developed. Each AOT scenario contains recommended components sized to meet the needs of the AOT population references in each option. This is being shared again with the Board of Supervisors in the context of the current request for direction being presented.

- System navigator (oversight of process)
- Appropriate level of dedicated staff
- Inclusion of all administrative and start-up costs
- External evaluation costs
- Funding for legal staff (County Counsel and Public Defender and Courts)
- Medi-Cal revenue calculated on assumption that 80% of individuals would provide Medi-Cal and 60% of the costs incurred would be reimbursed (current revenue recovery rates)
- Housing would be required by 50% of the AOT participants (range of housing costs included from the metric for a single family with an escalator for multifamily as well as Board and Care costs)
- Costs to provide "gap" services not currently in place in Santa Barbara County and required to meet AOT criteria, namely intensive outreach services
- Assumed use of a percentage of existing voluntary service slots
- MHSA potential funding source

The initial provisions of MHSA did not allow use of these funds for AOT court ordered treatment. Recent legislation (SB 585, effective May 2013) has allowed use of MHSA funds to support AOT to the extent funds are available and only if use of MHSA funds does not result in the reduction of voluntary services. Counties with larger MHSA allocations and/or larger General Fund resources than Santa Barbara County have the ability to leverage these funds in designing and implementing AB 1421 services. Legal Counsel (County Counsel, Public Defender and Court) are ineligible for reimbursement with MHSA or Medi-Cal funds and thus would need ongoing General Fund dollars to cover those costs.

Two additional scenarios were developed to expand services (targeted and robust) focused on difficult-to-reach clients such as those that would be eligible through AB 1421. By expanding these services (outreach, ACT, and housing) outside of regular implementation criteria, the County has greater flexibility in determining expansion options in response to County-specific priorities.

Timelines

The timeframes for adopting any of the AOT or existing service expansion options is dependent on the availability of funding. Flexible funding from County General Funds would allow the most rapid expansion of services. In each Option 1-4 below, County General Fund allocations in FY16-17 would be required to initiate program activity. Without this funding, none of the service expansions can be initiated. Timeframes for program expansion models that leverage other funding resources (i.e. MHSA, Medi-Cal or Realignment growth) are dependent on increased availability of funds through improved state income tax revenues, state sales tax, and other state determined resources that have unpredictable growth factors (i.e. realignment allocation formulas). Additional local planning processes are required for the use of MHSA growth funds, and existing programs cannot be reduced in order to fund AB 1421 services. Pending legislation may also impact the availability of growth and/or sustainable MHSA allocations by diverting county funds to specific statewide programs. Currently available funds include $121,000 allocated by the Board in FY15-16; these could be used to plan implementation of program elements, but could also be designated by the Board to initiate selected service components prior to July 1, 2016. Option 5 requires no funding or program expansion.

With these assumptions in place, the following information was paired with each option earlier noted:

Option 1 – Targeted-Expansion of Existing Services

This option is designed to increase the current system's focused services for individuals who have mental health issues, but who are poorly engaged in services and resistant to care, and are seen frequently in other parts of the County system, (including jail, court, emergency rooms, psychiatric inpatient, homeless services, crisis interventions, emergency shelter, medical hospitals, and substance abuse treatment) and who could potentially qualify for AB 1421. These "High Users of Multiple Systems" (HUMS) clients require specialized, intensive outreach and engagement strategies, access to safe and stable housing through a "Housing First" approach, and active wrap around ACT services based on the Full Service Partnership model supporting "whatever it takes" to stabilize clients in the least restrictive community setting possible based upon their individual needs. Expanded slots (15 total), five in each existing ACT program (two programs which are contracted out and one program which is in-house) to total 105 per program, 1.5 additional outreach/case management staff targeting high need areas (for 45 case management/ 45+ additional outreach contacts), and multiple housing unit options (20+ units- shelter, or Master/scattered/individual leases) would be provided.

Funding Opportunities: Targeted service expansion	$
1.5 FTE Homeless Outreach Workers ($125,000 per FTE) serving 45+ clients	187,555
20+ additional beds (short term shelter beds @$35/per night and/or other safe and stable housing options)	287,445
15 new full service partnership ACT slots ($25,000 per slot with Medi-Cal reimbursement of $10,000)	375,000
Total Cost	850,000
Less: Medi-Cal Estimated Revenue	(150,000)
Total Requested Funding	**700,000**

This program would require initial implementation funds through County General Funds, but could potentially be substantially funded and sustained through growth in MHSA (if available) and through Medi-Cal, Medicare, and non-Mental Health monies, including expanded Drug Medi-Cal services. Total annual requested costs estimated would be $700,000--this amount in 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. Total annual budget for this program would be $850,000 but includes anticipated Medi-Cal revenue in the amount of $150,000 per year. Plan implementation could begin prior to July 1, 2016. This option is recommended by the Department of Behavioral Wellness to provide focused services to the target population.

Key staffing needs and program activity anticipated in order to implement this program include:

1. Expand outpatient system, including ACT
2. Expand intensive Homeless outreach services
3. Enhance Cultural Competency throughout all programming
4. Establish additional safe and stable housing
5. Expand Flexible funding to ACT programs
6. Maximize and ensure the fidelity of ACT and FSP programming

Option 2 - Robust Expansion of Existing Services

This option broadly expands the current system to those who would be otherwise be served through AB 1421 by increasing effective intensive outreach and engagement/ case management to the disengaged and homeless mentally ill in each region (90 case management clients/90+ outreach contacts), increasing contracted county shelter beds and other safe and stable housing options (including Master/scattered/individual leases) by 40+ beds, and current ACT programs by 30 slots (10 in each region for 110 per program). Expansion to the programs in Lompoc and Santa Maria will be contracted out to existing providers and the expansion in Santa Barbara will be provided in-house. and the Staffing for this model will require 3 FTE community outreach and engagement workers to provide extended outreach and engagement services in each region of the county to those individuals who are disengaged, potentially homeless and resistant to care, and who are experiencing serious mental health needs and interacting frequently with different systems (health, jail, substance abuse, social services, hospitals, etc.) but not being optimally engaged and served, including individuals who could qualify for AB 1421. For the greatest impact on the target population, this option is recommended by the Department of Behavioral Wellness.

Key staffing needs and program activity anticipated in order to implement this program model include:

1. Expand the outpatient system of care, including ACT
2. Expand Homeless outreach services
3. Enhance Cultural Competency throughout all programming
4. Establish additional safe and stable housing to improve engagement with mental health services and overall health including low threshold and housing first options
5. Maximize and ensure the fidelity ACT/ FSP programming
6. Expand Flexible funding to ACT programs
7. General Fund would be required to develop this expansion until growth in MHSA (if available) and expanded Medi-Cal services would be able to sustain some of the ongoing costs of the program.

This program potentially may be partially funded via MHSA, Medi-Cal, Medicare, and non-Mental Health monies such as County General Fund and Drug Medi-Cal. At this time, MHSA would not be able to fund nor sustain such a program. Total annual general fund costs estimated would be $1,375,000; total program budget would be $1,675,000. County General Fund would be necessary until growth in MHSA and other funds sources is able to sustain some of the ongoing costs of the program. Plan implementation could begin prior to July 1, 2016.

Funding Opportunities: Targeted service expansion	$
3 FTE Regional Homeless Outreach Workers ($125,000 per FTE) serving 90+ clients	375,000
40+ additional short term housing (shelter beds @$35/per night and/or other safe and stable housing options)	550,000
30 new full service partnership ACT slots ($25,000 per slot with Medi-Cal reimbursement of $10,000)	750,000
Total Cost	1,675,000
Less: Medi-Cal Estimated Revenue	(300,000)
Total Requested Funding	**1,375,000**

Option 3 - Small AB 1421 Pilot Project Implementation (estimate about 10 persons served)

This option provides for a small pilot program designed to initially serve about 10 individuals selected on the basis of criteria defined in the AB 1421 legislation. Clients would be selected according to broad categories referenced in AB 1421 to determine feasibility of providing services to clients with various life circumstances (for example, woman with a dependent child, mono-lingual Spanish-speaking, older adult, young adult, married client). This pilot would facilitate development of key project processes and structures that would be required through full implementation. According to Welfare and Institutions Code § 5348 (b), a county that provides AOT services shall also offer the same services on a voluntary basis. Thus, it is anticipated that approximately 50% of the individuals will voluntarily engage and 50% will engage through an assisted outpatient court ordered process. In addition, the pilot project will:

1. Ensure community participation and partnership with County of Santa Barbara service providers, other county departments, and the Court system in program design.

2. Develop a program utilizing an external evaluator to determine overall impacts of the program to individuals and cost savings to the county for individuals ordered to participate in the services versus those individuals who voluntarily participate in the same level and type of service, although the sample size is too small to produce valid outcome data.
3. Review Mental Health Services Act Plan via the Community Program Planning process to determine feasible use of funds for program service delivery in the event growth funds become available.

Total general fund for the pilot would be $606,888; total program budget for an estimated 10 clients served would be $755,496. Should this option be pursued, $10,000 of General Fund dollars would be necessary in all future years of the pilot to cover non MHSA eligible legal counsel (County Counsel, Public Defender, and Court) activities. Due to necessary planning and coordination with the community and the courts, plan implementation could begin Fall of 2016.

Funding Opportunities: 10 person Pilot	$
Outreach and Engagement Staffing	167,386
Program Initiation	3,000
Legal Services	10,000
Housing (shelter and other safe and stable beds)	138,262
Full Service Partnerships ACT Slots	285,849
Enhanced Programming to Fill Gaps	30,000
Program Design and Start up Activities	121,000
Total Cost	755,496
Less: Medi-Cal Estimated Revenue	(148,608)
Total Requested Funding	**606,888**

Option 4 - Full Implementation and Adoption of AB 1421 (estimate about 75 persons evaluated)

This option would allow evaluation of approximately 75 individuals for AOT services. Anticipating that 50% of the individuals would meet all nine criteria for AOT, the program would serve 38 individuals. According to Welfare and Institutions Code § 5348 (b), a county that provides AOT services shall also offer the same services on a voluntary basis. Thus, it is anticipated that approximately 50% (19 persons) will voluntarily participate in treatment services with the remainder (19 persons) would engage in the assisted outpatient court process to receive services. In addition, the full implementation model will:

1. Ensure community participation and partnership with County of Santa Barbara service providers, other departments, and the Court system in AOT program design.
2. Develop a program utilizing an external evaluator to determine overall impacts of the program to individuals and cost savings to the county for individuals ordered to participate in the services versus those individuals who voluntarily participate in the same level and type of service.
3. Review Mental Health Services Act Plan via the Community Program Planning process to determine feasible use of funds for program service delivery.
4. General Fund would be necessary until growth in MHSA is able to sustain the ongoing costs of the program.

5. In compliance with the requirements of AB 1421, provide adequate funding to serve clients resistant to care who engage through a civil court process as well as those with similar needs who engage voluntarily in services.

General Fund contribution to initiate this service would be $2,047,691; total program budget would be $2,384,387. Should this option be pursued, $265,000 of General Fund dollars would be necessary in all future years to cover non MHSA eligible legal counsel (County Counsel, Public Defender, and Court) activities. Due to RFP process, planning and coordination with the community and the courts, plan implementation could begin in 2017.

Funding Opportunities: 75 person Pilot	$
Outreach and Engagement Staffing	476,611
Start Up for Vehicles and Facility	180,000
Legal Services	265,000
Housing (shelter and other safe and stable beds)	316,240
Full Service Partnerships ACT Slots	825,535
Enhanced Programming to Fill Gaps	200,000
Program Design and Start up Activities	121,000
Total Cost	2,384,387
Less: Medi-Cal Estimated Revenue	(336,695)
Total Requested Funding	**2,047,691**

Option 5 - No Service Expansion, No Adoption of AB 1421

This option recognizes the difficulty in assigning on-going General Fund allocations to expand services for difficult-to-reach individuals with complex Mental Health and Substance Abuse issues.

During the 15-16 Budget hearings $121,000 was allocated to the department to use for initiation of AB1421 if adopted by the Board. These funds are still available. Should Options #1 or #2 be adopted, these funds could be used to begin service expansion. If options #3 or #4 are adopted, these funds would be used for program start-up and program design staffing of .5 Psychologist, .25 of clerical, and $10,000 for the contract evaluator. Additionally, if either Option #3 or #4 is adopted the Department will need ongoing support to fund non eligible MHSA legal counsel (County Counsel, Public Defender, and Court) activities.

Performance Measure:

Performance measures associated with assessment of efficiency of the AOT program are an essential component of the program design and a key function of the external program evaluator for Options 3 and 4. Options 1-2 as existing service expansions do not require evaluation beyond existing department metrics. Key measures recommended for Options 3-4 include:

- Psychiatric Hospitalizations prior to AOT implementation and at 6 month increments following for a term of 3 years.
- Incarceration prior to AOT implementation and at 6 month increments following for a term of 3 years.

- Emergency room visits prior to AOT implementation and at 6 month increments following for a term of 3 years.
- Homelessness prior to AOT implementation and at 6 month increments following for a term of 3 years.
- Identification of Treatment Process efficacy:
    - Treatment Engagement/Medication Compliance
    - Employment, Education and Purposeful Activity
    - Quality of Life

Fiscal and Facilities Impacts:

Funds would be allocated in the FY 16-17 budget to implement any of Options 1-4.

Fiscal Analysis:

Fiscal analysis is referenced within options for implementation.

Key_Contract_Risks:

There are no contract risks.

Staffing Impacts:

Dependent on Option selected.

Special Instructions:

Please return one (1) scanned copy of the Minute Order to: admhscontractsstaff@co.santa-barbara.ca.us.

Attachments:

Attachment A: AB 1421 FY 15-15 PowerPoint

Authored by:

Pam Fisher, Deputy Director, Santa Barbara County Department of Behavioral Wellness
cc:
Alice Gleghorn, Director, Santa Barbara County Department of Behavioral Wellness

References

1. Judith Samuels, Patrick J. Fowler, Andrea Ault-Brutus, Dei-In Tang and Katherine Marcal, Time-Limited Case Management for Homeless Mothers With Mental Health Problems: Effects on Maternal Mental Health, *Journal of the Society for Social Work and Research* ,Vol. 6, No. 4 (December 2015), pp. 515-539, The University of Chicago Press on behalf of the Society for Social Work and Research, http://www.jstor.org/stable/10.1086/684122

2. M. Susan Ridgely, Randy Borum and John Petrila, The Effectiveness of Involuntary Outpatient Treatment: Empirical Evidence and the Experience of Eight States, Rand Health/Rand Institute for Civil Justice, Prepared for the California Senate Committee on Rules, 2001, http://www.rand.org/content/dam/rand/pubs/monograph_reports/2007/MR1340.pdf

3. Steve R. Kisely and Leslie A. Campbell, "Compulsory community and involuntary outpatient treatment for people with severe mental disorders," Cochrane Schizophrenia Group, 4 December 2014, http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004408.pub4/full

4. Steve Kisely, PhD, and Katharine Hall, MSC, An Updated Meta-Analysis of Randomized Controlled Evidence for the Effectiveness of Community Treatment Orders, Can J of Psychiatry, 2014 Oct; 59(10): 561-564. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4197791/