BOARD OF SUPERVISORS
AGENDA LETTER

**Agenda Number:**

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

| | |
|---|---|
| **Department Name:** | CEO |
| **Department No.:** | 012 |
| **For Agenda Of:** | April 21, 2015 |
| **Placement:** | Departmental |
| **Estimated Time:** | 1 hour |
| **Continued Item:** | No |
| **If Yes, date from:** | |
| **Vote Required:** | Majority |

**TO:** Board of Supervisors

**FROM:** Department Director: Mona Miyasato, County Executive Officer

Contact Info: Terri Nisich, Assistant County Executive Officer (568-3400)

**SUBJECT:** **Assisted Outpatient Treatment Services (Laura's Law) Analysis**

**County Counsel Concurrence**
As to form: Yes

**Auditor-Controller Concurrence**
As to form: N/A

**Recommended Actions:**

That the Board of Supervisors:

a) Receive report regarding the analysis and feasibility of implementing Assisted Outpatient Treatment per the parameters set forth in Welfare and Institutions Code Sections 5345-5349.5 (AB1421/"Laura's Law) in Santa Barbara County, and;

b) Provide staff with direction regarding the following options for future service delivery:
   i) **Full Implementation (Cost $2,263,387 annually)**: Pursue full implementation of Assisted Outpatient Treatment (AOT) for 75 individuals evaluated and an estimated 38 individuals likely served, and;
      1) Return to the Board of Supervisors in April 2016 with program design, comprehensive budget proposal, and resolution to direct the implementation of AOT for a three-year period and make finding that no voluntary mental health programs serving children or adults will be reduced as a result of service implementation.
      2) Ensure community participation and partner with County of Santa Barbara service provider departments and the Court system in AOT program design.
      3) Develop a program utilizing an external evaluator to determine overall impacts of 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.
      4) Review Mental Health Services Act Plan via the Community Program Planning Process to determine feasible use of funds for program service delivery.
      5) Direct Alcohol, Drug, and Mental Health Services and partner departments to pursue all grant funding options to offset cost of implementing and sustaining the AOT program.
      6) Ensure program is designed and ready for implementation on July 2016.

7) Include start up and program design staffing of .5 Psychologist, .25 of clerical, and $10,000 for the contract evaluator and general office needs at a total cost of $121,000 in one time general fund monies, in the 2015/2016 budget process.

ii) **Pilot (Cost $634,496 annually):** Pursue Pilot Assisted Outpatient Treatment Program to Serve 10 individuals and;
   1) Return to the Board of Supervisors in April 2016 with program design, comprehensive budget proposal, and resolution to direct the implementation of AOT for a three-year period and make finding that no voluntary mental health programs serving children or adults will be reduced as a result of implementation.
   2) Ensure community participation and partner with County of Santa Barbara service provider departments and the Court System in AOT program design.
   3) Develop a program utilizing an external evaluator to determine overall impacts of program to individuals and the 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.
   4) Review Mental Health Services Act Plan via the Community Program Planning Process to determine feasible of use of funds for program service delivery.
   5) Direct Alcohol, Drug, & Mental Health Services and partner departments to pursue all available grants funding to offset the cost of implementing and sustaining the AOT program.
   6) Ensure program is designed and ready for implementation by July 2016.
   7) Include start up and program design staffing of .5 Psychologist, .25 of clerical, and $10,000 for the contract evaluator and general office needs at a total cost of $121,000, in one time general fund monies, in the 2015/2016 budget process.

iii) Provide other direction to staff regarding timing, scale, and funding level of potential implementation strategy regarding Assisted Outpatient Treatment.

iv) **No Assisted Outpatient Treatment Implementation**: Continue system change activities designed to enhance outpatient services and voluntary treatment services including the provision of specialty housing supports.

c) Determine the above actions are exempt from environmental review per CEQA Guideline Section 15378(b)(5), since they are a government activity that does 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 September 2, 2014 direction of the Santa Barbara County Board of Supervisors to work with affected departments, external partners, and stakeholders to assess the feasibility and potential resource needs for implementing Assisted Outpatient Treatment (AOT), known as AB1421 or Laura's Law, in Santa Barbara County. Per the Board's direction, the review includes the following components:

An assessment of resources, capabilities, and costs to address the criteria for AOT and related support services as required per AB1421 "Laura's Law" (Welfare and Institutions Code Section 5345-5459.5) includes:

- Community based multidisciplinary mental health teams at appropriate staff to client ratios
- Determination of approximate numbers to be series at key points thought the system
- Outreach programming

- Ability to meet all needs referred within the code including:
    - Family and Peer Support capabilities
    - Rehabilitation and Recovery
    - Integrated Psychiatric and Psychological services provided in collaboration with service planning
    - Programming for adults at risk of being homeless
    - Needs of those with diverse cultural backgrounds
    - Provision of housing supports (immediate, transitions and permanent)
    - Designation of service coordinators to facilitate aspects of the service spectrum

This Board letter includes background information and a summary of the findings of the analysis. Detailed information is provided in the *Feasibility Analysis of Assisted Outpatient Treatment in Santa Barbara County.* (Attachment A)

The purpose of Laura's Law is to provide court-ordered assisted outpatient treatment services to individuals who cannot access community mental health services voluntarily because of their mental illness.

**Background:**

In order to prepare a thorough feasibility analysis of AOT implementation in Santa Barbara County, extensive research was conducted. The research included but was not limited to a literature search, review of multiple studies, discussion with representatives of and a review of reports from multiple California Counties including: Nevada, Santa Francisco, Contra Costa, Alameda, Yolo, Placer, Orange, San Diego, and Los Angeles. In addition, materials from the State of New York regarding Kendra's Law were reviewed. Multiple conversations occurred with internal stakeholders including the Court System, County Counsel, Public Defender, Public Guardian, Alcohol Drug Mental Health Services, and others. Finally, various professional organizations such as the Mental Illness Policy Organization, the Mental Health Services Oversight and Accountability Commission and the California State Department of Behavioral Health were contacted for information.

**What is Assisted Outpatient Treatment?**

Passed in the California Legislature in 2002 AB1421 (Laura's Law) provides for court ordered assisted outpatient treatment services for persons with serious mental illness, 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. AB1421 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 the action through an adopting resolution or ordinance.

AB1421 sets forth the following nine eligibility criteria that must be met for enrollment in an associated outpatient treatment program:

1. The person is 18 years of age or older.
2. The person must suffer from a mental illness.
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 within the last 36 months.

b. One or more acts out serious and violent behavior towards themselves or another or threats or intent to cause serious physical harm to themselves or another with in the last 48 months.

5. The person has been offered an opportunity to participate in treatment and plan by the director of the local mental health agency and the treatment plan includes all of the services described in 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 restricted placement necessary to ensure the persons recovery and stability.
8. In view of the person's treatment history and current behavior, provision of AOT is needed to prevent relapse or deterioration that would likely result in grave disability or serious harm to self or others as defined as section 5150 of the Welfare and Institutions Code.
9. It is likely that the person will benefit from assisted outpatient treatment.

AOT does not provide for forced medications as part of treatment.

**What services are required for AOT Implementation?**
If the County authorizes application of "Laura's Law", Welfare and Institutions Code Section 5348 requires that the County offer all of these assisted outpatient services. Services in summary include:

- Community based mobile multidisciplinary highly trained mental health teams that use high staff to client ratios of no more than 10 clients per team member and a personal services coordinator
- Outreach and engagement services
- Coordination and access to medication, psychiatric and psychological services and substance abuse services
- Supportive housing or other housing assistance
- Veterans Services
- Family support and consultation services
- Parenting support and consultation services
- Peer support and self-help group support where appropriate
- Age, gender and culturally appropriate services

(A detailed listing of all services is attached in appendix to *Feasibility Analysis of AOT Implementation in Santa Barbara County*)

Welfare and Institutions Code Section 5348(b) Laura's Law mandates that "a county that provides assisted outpatient treatment services pursuant to the article shall also provide the same services on a voluntary basis". Presently, Santa Barbara County does not offer a voluntary program which meets the minimum program standards specified within AB1421.

The chart below provides an overview of what is presently available in Santa Barbara County regarding the array of services mandated for AOT. Many of the existing programs meet threshold requirements; however, in order to fully implement AOT, the gaps in services must be addressed. This disparity of services and costs associated with the services are referenced in the fiscal section of this letter. Many of

the AOT program mandates currently lacking within the system were identified as areas for improvement in the 2012 TriWest report.

| AOT Laura's Law Requirements | Santa Barbara Availability |
|---|---|
| **•Community-Based Services (low client-to-staff ratio)** | Yes (ACT) |
| **•Specialized Care (Recovery Principles):** | |
| Outreach and engagement | Partial (ACTOE) |
| Medication support | Yes |
| Crisis response | Yes |
| Substance abuse treatment | Yes |
| Supportive housing | Partial (Systems Change) |
| Vocational services | Yes |
| Cultural competence | Partial (Systems Change) |
| Peer & family involvement | Partial (Systems Change) |
| 72-hour 5150 assessment | Yes |
| **•Specialized Services for:** | |
| Persons with physical disabilities | Partial |
| Older adults | Being Implemented |
| Young adults | Yes |
| Women from diverse cultures, w/ children | No |
| **•Provision for Housing** | Very Limited |
| **•Early Intervention for those at Risk of Homelessness** | Limited |

**What are the arguments for and against adoption of AOT?**
AOT is a highly debated topic among a variety of stakeholder groups and advocacy organizations. The key arguments are consolidated into the following points:

***Opposition:***

- Concerns about potential abuses of the process of involuntary commitment
- Non mental health professional at the courts involved in treatment process
- Concern for consumer rights and personal decisions making regarding care
- Quality intensive voluntary treatment proven effective (FSP, ACT). Efficacy of Court order questioned
- AOT may strain unfunded mental and systems and directs resources to small population of those in need

***Proponents:***

- Subgroups of adults with serious mental illness do not recognize illness and therefore do not engage in services
- There are limited options to engage adults with serious mental illness not voluntarily
- Court system mandates the treatment and provides oversight
- Provide critical intervention to those at risk of homelessness, violence, incarceration of death
- Saves money by replacing high cost services with lower cost community based treatment
- Engage individual and support system in individualized treatment plan

**What does the research say?**
Randomized control studies are studies in which individuals are randomly assigned to receive an intervention, in this case court order, or no intervention, treatment with no court order, and followed over the course of time. In a review of the randomized control study literature research, no evidence was found to indicate that a court order is necessary or produces treatment compliance or that the court order in and of itself has an independent effect on client outcomes. Research does indicate that intensive long term treatment, such as adequately resourced Assertive Community Treatment Programs and Full Service Partnerships with intensive treatment components play a key role in improved clinical outcomes. A sampling of randomized control studies reviewed is attached to the appendix of *The Feasibility Analysis of AOT Implementation in Santa Barbara County Report.*

However, within California multiple non-randomized research studies have been conducted to determine the effectiveness of AOT programs. Generally, findings suggest that AOT demonstrates positive outcomes for clients and yields cost savings. As an example, the Los Angeles County AOT pilot program report indicates that incarceration was reduced by 78% and hospitalizations were reduced by 86%, as a result of AOT. A sampling of non-randomized studies reviewed is attached to the appendix of *The Feasibility Analysis of AOT Implementation in Santa Barbara County Report.*

In addition, outside of California, New York's assisted outpatient treatment law, commonly known as Kendra's Law has been the subject of two key investigations. While not randomized controlled studies, a 2005 study conducted by the New York State Office of Mental Health (OMH Study) and a 2009 evaluation performed under a contract with New York State by an independent research team were conducted. The studies report that AOT reduces hospitalization homelessness, arrests and incarceration among people with severe psychiatric disorders, while increasing adherence to treatment and overall quality of life. The evaluations further note that the effectiveness of Kendra's Law is not simply a product of a systemic service enhancement but rather attributed to the court ordered component of AOT motivating treatment compliance.

**What are other Counties doing to address service needs?**
In a survey conducted by Contra Costa County, of all 58 counties it was determined that 26 are not pursuing implementing AOT at this time. Nine counties have decided not to implement AOT, but have or are working to enhance their voluntary services for the most severely mentally ill by establishing programs that meet the minimum standards for ACT level of services. Reason provided for not implementing AOT included:

- Preferred increase in voluntary services
- Lack of funding
- Court systems were not capable of handling the workload

Twelve are currently considering implementing AOT including Santa Barbara County. Six counties have implemented or are in the process of implementing AOT. These include Nevada County (full implementation), Placer County, San Francisco, Mendocino County, Contra Costa County, and Los Angeles County. Yolo County has started a pilot project with five individuals. Many of the counties that chose to implement the program conducted pilot programs before implementation. Several counties did not respond to the survey.

**How many individuals in Santa Barbara County would meet the eligibility criteria for AOT?**
Based on a review of current Alcohol, Drug, and Mental Health Services caseloads, conducted by April Howard, PhD of ADMHS, it has been determined that as of this date, 75 known individuals within

Santa Barbara County may likely meet the screening criteria for AOT. Of these individuals, based on the experience of both Nevada County, Contra Costa County and Orange County it is anticipated that 38 will voluntarily engage in services and 37 will require involuntary court ordered treatment services. This is a working estimate which may change. If the numbers anticipated change significantly, the Board of Supervisors will be informed. In order to meet the program requirements as referenced in Welfare and Institutions Code Section 5348(b), "*any county that offers AOT services . . . shall also offer the same services on a voluntary basis.*"

**Fiscal Considerations**

**What are the costs to implement AOT?**

In order to ascertain the full costs of AOT implementation, the CEO's Office worked closely with ADMHS fiscal staff to ascertain the present costs of existing services and programs as well as the current revenue generation rates (Medi-Cal, Medi-Care) 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 the following two possible implementation scenarios were developed. Each scenario contains the following recommended components sized to meet the needs of the AOT population referenced in each option:

- System navigator (oversight of process)
- Appropriate level of dedicated staff
- Inclusion of all administrative and startup 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 Medical 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 single family with an escalator for multifamily as well as Board and care)
- Costs to provide "gap" services not currently in place in Santa Barbara County and required to meet AOT criteria
- Assumed use of a percentage of existing voluntary service slots
- MHSA potential funding source

With these assumptions in place the following options were developed.

**Option 1: Full implementation (75 persons evaluated)**

This option is designed to evaluate 75 individuals for AOT services. Anticipating that 50% of the individuals would meet all nine criteria for AOT, the program would serve 38 individuals. Of the individuals meeting all criteria it is anticipated that 50% (19 persons) will voluntarily participate in treatment services with the remainder (19 persons) would engage in the assisted outpatient court ordered process to receive services. The total cost to implement a program of this size is $2,263,387. The program may be funded via MHSA, Medi-Cal, Medi-Care and non-Mental Health Services monies (i.e., general fund). Should this option be pursued it is highly recommended that partial staffing be considered as a part of the process to facilitate program design, evaluation parameters and community outreach. This would entail .5 Psychologist, .25 of clerical, and $10,000 for the contract evaluator and general operating needs. Total costs estimated for 2014/15 budget is $121,000. General Fund would be necessary in 2014/15. However, in all future years, staffing associated with program implementation could be included under MHSA.

VOLUNTARY AOT IMPLEMENTATION MODEL PROJECT: *Evaluation of 75 Individuals*

| Program Costs (Itemized) | Cost | Notes |
|---|---|---|
| Total Salaries & Benefits | 303,325 | 1 FTE Psychologist/1 Psych Tech/.25 Clerical |
| Total Services & Supplies | 87,642 | Contract Evaluator $40,000 |
| Total Start Up - Capital Assets & Facility | 180,000 | Vechicles & facilities |
| Total Administrative Costs | 85,645 | |
| Total Legal and Court Costs | 265,000 | .6 Counsel/.3 Defender, Courts/ .5 paralegal, .5 LOP |
| Housing - Single Bedroom Apartments | 150,000 | |
| Housing - IMD Step Down Cost | 100,000 | |
| Housing Board and Care | 66,240 | |
| Enhanced Programming | 124,000 | Gap in services identified. |
| FSP Net Cost Vol | 282,420 | |
| FSP Net Cost Invol | 282,420 | |
| **Total Net Program** | **1,926,691** | |
| FSP Treatment Revenue | 260,695 | Medi-Cal Reimbursement |
| Enhanced Programming Revenue | 76,000 | Medi-Cal Reimbursement |
| **Total Gross Program** | **2,263,387** | |
| **Total Cost Per Client** | **30,178** | 75 starting, average cost |

- Net Cost for FSP and Enhanced programming assumes 48% reimbursement (20% are indigent and then 80% have Medi-Cal with 60% reimbursement of those costs)
- No net cost for IMD step down. This is only calculated as Gross. Assume Crisis Residential at contract rate of $100k/yr.
- No net costs for Single Bedroom Apartment, assume $1250 per studio per month
- Evaluate 75, 50% qualify for program in FSP level of care

| **Funding Opportunities 75 person Pilot** | $ |
|---|---|
| MHSA Eligible Costs (with MHSA Plan review process) | 1,345,452 |
| Non MHSA Funds (General Fund) | 265,000 |
| Non MHSA Housing needs:<br>Current funds fully utilized for existing FSP clients – non MHSA funds needed (General Fund) | 316,240 |
| FSP Treatment Revenue | 260,695 |
| Enhanced Program Revenue | 76,000 |
| **Total** | **2,263,387** |

**Option 2: Small Pilot Project Implementation (10 persons served)**

This option provides for a small yet statistically valid pilot program designed to serve 10 individuals. It is anticipated that 50% of the individuals will voluntarily engage and 50% will engage through the assisted outpatient court ordered process. The total gross cost to implement a 10 person pilot is estimated at $637,496. This program may be funded via MHSA, Medi-Cal, Medi-Care, and non-Mental Health monies such as general fund. Should this option be pursued it is highly recommended that partial staffing be considered as a part of the upcoming process to facilitate program design, evaluation parameters and community outreach. This would entail .5 Psychologist, .25 of clerical and $10,000 for the contract evaluator and general operating funds. Total costs estimated for 2014/15 budget is estimated at $121,100. General Fund would be necessary in 2014/15. However, in all future years, staffing associated with program implementation could be included under MHSA. These costs resemble the full program cost as the level of effort to design both the pilot and full program are relatively similar.

VOLUNTARY AOT MODEL PROJECT: *10 Person Pilot*

| Program Costs (Itemized) | Cost | Notes |
|---|---|---|
| Total Salaries & Benefits | 92,520 | .5 Psych/.23 Clerical |
| Total Services & Supplies | 52,642 | Contract evaluator $10,000 |
| Total Start Up - Capital Assets & Facility | 3,000 | |
| Total Administrative Costs | 22,224 | |
| Total Legal and Court Costs | 10,000 | |
| Housing - Single Bedroom Apartments | 30,000 | |
| Housing - IMD Step Down Cost | 100,000 | |
| Housing Board and Care | 8,260 | |
| Enhanced Programming | 18,600 | Gaps in services identified |
| FSP Net Cost voluntary | 74,321 | |
| FSP involuntary | 74,321 | |
| **Total Net Program** | **485,888** | |
| FSP Treatment Revenue | 137,208 | Medi-Cal Reimbursement |
| Enhanced Programming Revenue | 11,400 | Medi-Cal Reimbursement |
| **Total Gross Program** | **634,496** | |
| **Total Cost Per Client** | **63,450** | 10 person pilot cost per person |

- Net Cost for FSP assumes 48% reimbursement (20% are indigent and then 80% have Medi-Cal with 60% reimbursement of those costs)
- No net cost for IMD step down. This is only calculated as Gross. Assume Crisis Residential at contract rate of $100k/yr.
- No net costs for Single Bedroom Apartment, assume $1250 per studio per month

| **Funding Opportunities: 10 person Pilot** | $ |
|---|---|
| MHSA Eligible Costs: (with MHSA plan review process) | 337,626 |
| Non MHSA Funds: (General Fund) | 10,000 |
| Non MHSA Housing needs:<br>Current funds fully utilized for existing FSP clients non MHSA funds needed (General Fund) | 138,262 |
| FSP Treatment Revenue | 137,208 |
| Enhanced Program revenue | 11,400 |
| Total | 634,496 |

**Option 3: No Implementation - System Stabilization - Reevaluate**
This option addresses the capacity of the department to implement an additional program given the multiple system change activities currently underway within the ADMHS Department and the ongoing efforts to balance, stabilize, and enhance the system of care. Key staffing needs and program activity anticipated as part of the 2014/15 budget are not complete and the system of care remains out of balance with rising costs within the inpatient system. Key programs and services in development or recently implemented as referenced in the 2014/2015 Budget adoption materials and the MHSA Plan include:

- Expand the outpatient system of care
- Expand Justice Alliance
- Expand forensic team
- Expand Homeless outreach services
- Enhance Cultural Competency throughout all programming
- Establish safe and stable housing
- Maximize and endure the fidelity ACT and FSP programming
- Complete implementation of the crisis triage, crisis respite, and crisis stabilization facilities

**What is the cost savings associated with AOT?**
While it is reasonable to anticipate cost savings as a result of implementing AOT in Santa Barbara County, there is not adequate information from comparable California counties to reliably quantify or estimate what the actual cost savings amount would be. The only county with actual cost savings data is Nevada County ($1.81 per every $1.00 spent on the program), it is unlikely that these costs and cost savings would be applicable to Santa Barbara County given the difference in size and complexity of program. Many counties have not attempted to estimate cost savings or cost avoidance with any detail but are collecting data, as required by the State Department of Health Care Services, to assess actual cost savings after the first year of implementation. In discussions with Orange County, it was indicated that they expect the cost savings from AOT to be similar to the cost savings associated with FSP services.

Multiple studies in California have been published which report the savings associated with intensive treatment services which does not include the court ordered component of AOT. Such services are typically offered as a part of the spectrum of services provided via Assertive Outpatient Treatment (ACT), Assertive Community Treatment with Outreach Engagement (ACTOE), and Full Service Partnerships (FSP). Typically for every $1 spent, $1.27 in savings is yielded by effective FSP programs. Full Service Partnership programs throughout California demonstrate cost reductions in the following categories:

- Psychiatric Emergency Services
- Psychiatric Hospitalization
- Emergency Room
- Jail
- Law Enforcement

The chart below provides an overview of reported cost savings associated with AOT in Nevada County as well as the anticipated cost avoidance estimated by Contra Costa County.

| Services | Nevada County | Contra Costa County |
|---|---|---|
| Inpatient hospitalization | 46% decrease | 23% decrease |
| Incarceration | 65% decrease | 2% decrease |
| Out of County IMD | | 60% decrease |

Applying the methodology utilized to estimate cost avoidance via AOT in Contra Costa County, the following savings may be seen within Santa Barbara County via AOT implementation:

| | Santa Barbara County 014/2015 Costs | Potential Cost Savings | Percent Increase/Decrease |
|---|---|---|---|
| **Inpatient hospitalization** | $11.2Million | $2.5Million | 23% decrease |
| **Out of County IMD** | $2.8 Million | $1.6 Million | 60% decrease |

The chart above reflects an estimate for comparison purposes. Based on the information gathered from other agencies this should not be construed as direct costs savings to occur via the implementation of full AOT. Contra Costa County has only recently implemented the program and does not have actual data to confirm the estimated cost avoidance.

**How can AOT services be funded?**

AOT has two main categories of service costs. This includes the costs associated with mental health services and the costs associated with the legal system, including the court, public defender, and county counsel. In 2013, Welfare and Institutions Code Section 5349 was amended to clarify that MHSA money can be used for court ordered AOT Services. Medi-Cal and Medi-Care revenue may also be used to offset the cost of treatment and certain forms of housing. MHSA funds may be used through Full Service Partnership programs and ACT services to fund treatment and housing pertaining to AOT. If a Board of Supervisors adopts AOT, which results in a utilization of existing Full Service Partnership programs, a community program planning process is required. The MHSA 2015/16 Plan amendment process is anticipated to begin in July of 2015.

On March 24, 2015 the Board of Supervisors adopted the MHSA Plan Updated for 2014/2015. This included the provision of Full Service Partnership services within Lompoc, Santa Maria, and Santa Barbara, and supported Housing North and South FSP. From July 2013 to June 2014, these programs collectively provided services to over 470 individuals. The FSP's however contain minimal funding for housing. To ensure the appropriate level of housing is provided, per the AB1421 requirements, costs for varying levels of housing are included in both options. Further, Welfare and Institutions Code Section 5349 indicates that a Board of Supervisors must make a finding that no voluntary mental health program serving adults and no children's mental health program may be reduced as a result the implementation of this article. In regards to treatment spaces, it is anticipated that with anticipated movement of clients within FSP and ACTOE programs, individuals engaging in AOT services will be able to utilize slots provided via MHSA funds as they become available through client transition. Given the 470 slots available this level of transition is highly likely.

| Category | Allowable Funding Sources |
|---|---|
| Full Service Partnership (FSP) Services | Any funding source that currently funds FSP/ACT services, including MHSA.<br>If FSP services were to be funded by MHSA:<br>➢ A plan update would be required and include a CPP process, 30-day public posting, public hearing, and Board of Supervisor approval.<br>➢ The costs associated with AOT implementation cannot reduce or eliminate voluntary programs.<br>(i.e., must be monies not currently allocated to existing programs.) |
| Housing | MHSA funds for housing associated with FSP participation, MHSA housing, or other non-mental health housing subsidies. |
| County Counsel | General Fund or other non-mental health funding<br>➢ MHSA and/or Realignment funds cannot be used for legal costs associated with AOT implementation. |
| Public Defender | General Fund<br>➢ MHSA and/or Realignment funds cannot be used for legal costs associated with AOT implementation. |
| Court | General Fund<br>➢ MHSA and/or Realignment funds cannot be used for legal costs associated with AOT implementation. |

**Mental Health Commission Action**

On March 20, 2015 the County Executive Office provided a report to the Mental Health Commission regarding the preliminary findings of the *Feasibility Analysis of AOT Implementation in Santa Barbara County*. At that time, the Commission recommended pursuing a small pilot program with the following guidelines considered:

- Ensure a system navigator overseeing program is established
- Ensure an external evaluator is utilized
- Establish a project (no term set) with the continuance contingent upon demonstration of the efficacy of the court ordered outpatient treatment

**Next Steps**

Should the Board of Supervisors pursue one of the two implementation options, the following steps would be necessary going forward:

- Pass a resolution or ordinance adopting the AB1421 legislation.
- Make a finding that no voluntary mental health program serving children or adults would be reduced as a result of implementation.
- Retain design and evaluation staff.
- Develop a work group to plan, design, and implement a collaborative process and AOT program design with the community, ADMHS, the Courts, County Counsel, Public Defender, and other partner departments. It is anticipated that this process would be approximately 10 months.
- Engage in outreach efforts as set forth in AB1421 legislation to inform those likely to be in contact with AB1421 population including family members, primary care physicians, law enforcement, homeless service providers, and others.
- Identify funding sources.
- If MHSA funds are to be considered for future years, engage in the community program planning as described in the MHSA legislation (2015/2016 Plan year).

**Performance Measure:**

Performance measures associated with the assessing the efficacy of AOT would be an essential component of the program design and a key function of the external program evaluator.

Key measures recommended include:

- Psychiatric Hospitalization prior to AOT and at 12 month increments follow for term of 3 years.
- Incarceration prior to AOT and at 12 month increments follow for term of 3 years.
- Emergency room visits prior to AOT and at 12 month increments follow for term of 3 years.
- Homelessness prior to AOT and at 12 month increments follow for 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:**

Budgeted: No

**Fiscal Analysis:**

Fiscal analysis is referenced within options for implementation.

**Attachments:**

Feasibility Analysis of AOT Implementation in Santa Barbara County

**Authored by:**

Terri Nisich, Assistant CEO

**cc:**

Alice Gleghorn, Director Alcohol, Drug, & Mental Health Services