ASSISTED OUTPATIENT TREATMENT

(AB1421 OR LAURA'S LAW)

BOARD OF SUPERVISORS HEARING

APRIL 21, 2015

APPROACH TO ANALYSIS

- Interviews, documents and data review
  - Nevada County
  - San Francisco City/County
  - Contra Costa County
  - Placer County
  - Orange County
  - San Diego County
  - Los Angeles County
  - Alameda County
  - Yolo County
  - State of New York – Kendra's Law
  - State Department of Behavioral Health
  - Mental Illness Policy Organization
  - Mental Health Services Oversight and Accountability Commission
  - Literature search
  - Internal: ADMHS, Public Defender, County Counsel, Courts, Public Guardian

WHAT IS AOT?

- Passed in 2002, AB1421 (Laura's Law) allows local Boards of Supervisors to adopt Assisted Outpatient Treatment (AOT) in their respective counties.
- AOT provides court-ordered intensive outpatient services for adults with serious mental illness who are experiencing repeated crisis events and who are not engaging in treatment on a voluntary basis.
- AOT is a civil matter and heard in civil court. It is not a criminal matter and has no involvement with criminal proceedings.
- AB1421 specifies the eligibility criteria, referral process, and suite of services for an AOT program.

WHAT HAPPENS IN AOT?

- Individualized Treatment Plan
- 24/7 Access to Team
- Intensive Case Management
- Procedures to monitor compliance
- Hearing to determine if court-ordered treatment is necessary (Representation by legal counsel)

Goal

- Prevent individuals from deteriorating to the point to need an involuntary inpatient commitment and reduce hospitalization and potential dangerous acts.

WHY CONSIDER AOT? PROPONENTS

- Sub-group of adults with serious mental illness who don't engage in needed voluntary services. (Do not recognize need)
- Limited options available to intervene with individuals with serious mental illness who are not voluntarily engaging
- Court system ensures "right level" of treatment
- Provides intervention to those at risk of homelessness, violence, incarceration, or death.
- Enacting AOT may save money by replacing high cost emergency and inpatient services with lower cost outpatient and community based treatment.
- Potential savings ($1.81 – 2.51 return for $1.00 investment. Nevada County)

WHY NOT PROVIDE AOT? OPPONENTS

- AOT may not provide sufficient protection against process and involuntary commitment
- Overall concern for consumers'/patients rights
- Court intervention into process has not been proven to be effective at this time
- Quality voluntary treatment proven effective (FSP, ACT)
- AOT may strain unfunded mental health systems and directs increased resources to small population

AOT IN THE UNITED STATES

AOT is an “umbrella” term that refers to court-ordered outpatient mental health services.

- Each state has different legislation that specifies the eligibility criteria, referral and court process, and specific services for an AOT program.

45 states have legislation authorizing AOT. New York is the only state with widespread implementation.

- Also known as Kendra’s Law, NY’s AOT program authorizes a different range of services than is specified in AB1421. Kendra’s Law positive outcomes, 2 empirical investigations.

In California, AOT can be likened to:

- Full Service Partnership* + Legal/Court Involvement.
  - *Full Service Partnership is a set of intensive wraparound services that provides “whatever it takes” to serve people with serious mental illness. It is a required set of services within the MHSA.*

AOT IN CALIFORNIA

California counties who have implemented AOT:

- **Nevada County** has served 76 individuals in their AOT program since 2008. There is an average of 5 individuals with an AOT court order at any given time in the County.
- **Yolo County** currently has an AOT program with capacity for 5 individuals. Utilization data suggests that, at any time, 2-3 individuals are enrolled in AOT.

California counties who have adopted AOT:

- **San Francisco County** has passed an AOT ordinance. Planning to implement in FY2015-16 to allow for program planning.
- **Los Angeles County** is planning for 500 AOT referrals per year and will maintain capacity for 300 individuals to receive AOT services. Cost estimates are $7.8 million annually. This estimate does not include legal/court costs. Initial 6 month review complete. Strong AOT Pilot.
- **Orange County** AOT program to serve 120 individuals and estimates that costs will range from $5.8 -$6.1 million annually. This estimate does not include court costs. Strong Pilot.
- **Placer County and Contra Costa County.**

California counties who are implementing alternatives to AB1421 and are not planning to implement AOT:

- **San Diego County** has implemented an In Home Outreach Team (IHOT) program to engage the "difficult-to-engage" population in mental health services.
- **San Mateo County** has implemented an LPS community conservatorship model combined with Full Service Partnership services.

AOT ELIGIBILITY CRITERIA

WELFARE AND INSTITUTIONS CODE SECTION 5346

1. Serious mental illness.
2. At least 18 years of age.
3. History of poor treatment compliance leading to:
   - 2 hospitalizations or incarcerations in the last 36 months or
   - Violent behavior at least once in the last 48 months.
4. Offered and declined voluntary treatment in the past.
5. Unlikely to survive safely in the community without supervision.
6. Least restrictive measure necessary to ensure recovery and stability.
7. Condition substantially deteriorating.
8. Likely benefit from treatment.
9. Not being placed in AOT most likely will result in the patient being harmful to self/others and/or gravely disabled.

AOT SERVICES:

Required per Welfare and Institutions Code Section 5346

Community based multidisciplinary mental health teams at appropriate staff to client ratios (10:1)

- Determination of approximate numbers to be served at key points thought the system
- Outreach Services

Ability to meet all needs referred within the code including:

- Persons physically disabled
- Special needs of older adults
- Family support and consultation – Peer support – Parenting support
- Client centered services (psychosocial rehab and recovery)
- Services to those at risk of homelessness (25 or younger)
- Women of diverse cultures with children
- Housing (immediate, transitional, permanent or all)
- Services to those suffering from severe untreated mental illness

AOT SERVICE GOALS

Personal services plan ensures programs receive:

- Age-appropriate,
- Gender-appropriate, and
- Culturally appropriate services, to the extent feasible, that are designed to enable recipients to:
  - Live in the most independent, least restrictive housing feasible in the local community and/or reunification for clients with children.
  - Engage in the highest level of work or productive activity appropriate to their abilities and experience.
  - Create and maintain a support system consisting of friends, family, and participation in community activities.
  - Reduce or eliminate distress, antisocial behavior, exposure to addictive substances.

SNAPSHOT OF SERVICES

	(Guidelines)			(Mandated)
Component	FSP	ACT	ACTOE	AOT
Low Client Ratio	✓	✓	✓	✓
Team-Based Care	✓	✓	✓	✓
All MH Services	✓	✓	✓	✓
Substance Abuse Tx	✓	✓	✓	✓
Field-Based	✓	✓	✓	✓
Housing Svc	✓	✓	✓	✓
Vocational Svcs	✓	✓	✓	✓
Cultural Competence	✓	✓	✓	✓
Wellness / Recovery	✓	✓	✓	✓
24/7 Response	✓	✓	✓	✓
Peer Members	✓	✓	✓	✓
Flex Funding	✓			✓
Physical Housing	✓			✓
Extended Outreach & Engagement			✓	✓
Specialized Svcs (Age, Gender Etc.)				✓
Court Process/Order				✓

AOT PROCESS FAQ'S

Who can refer an individual to AOT?	**An adult who lives with the individual**; parent, spouse, adult sibling, or adult child of the individual; Director of an institution or facility where the individual resides; Director of the hospital where the person is hospitalized; Treating or supervising mental health provider; Probation, parole, or peace officer.
Who can file a petition for AOT?	**The mental health director or designee must file the petition** and certify that each of the criteria set forth in AB1421are met. County Counsel engagement.
What services are included in an AOT order?	**The mental health professional must provide a written treatment plan to the court.** In a collaborative court model, all involved parties (including the consumer) work together to design a treatment plan that meets the specific needs of the individual. The court then orders services, in consultation with the mental health director or designee, that are deemed to be available and have been offered and refused on a voluntary basis.
Are family members included as a part of the treatment team?	Family members may be included as part of the treatment team, with written permission from the consumer. AOT does not exempt the County from compliance with HIPAA requirements.

AOT PROCESS FAQ'S

What if someone refuses to comply with an AOT order?	• If an individual refuses to participate, the court can order the individual to meet with the treatment team. If the individual does not meet with the treatment team he/she can be involuntarily transported to a hospital for examination by a licensed mental health treatment provider.
Caveat	• The hospital may not hold the individual if they do not meet 5150 criteria.
Will AOT save money?	• Research is inconsistent/inconclusive. Services provided under AOT, such as Full Service Partnership, consistently associated with cost savings in the literature. • It is difficult to predict cost savings in Santa Barbara County because there are no comparable counties from which to make assumptions.

AOT PROCESS FAQ'S

Do the services provided under AB1421 work when provided on a voluntary basis and when people choose to engage?	Full service partnership services, when provided on a voluntary basis, decrease ER visits, psychiatric hospitalizations, admissions to long-term care facilities, arrests, incarceration, and homelessness.
Is the court order for AOT necessary or would voluntary Full Service Partnership services effectively serve the target population?	The research is inconsistent/inconclusive at this time.

AOT ALLOWABLE FUNDING SOURCES

Category	Allowable Funding Sources
Full Service Partnership (FSP) Services	Any funding source that currently funds FSP/ACT services, including MHSA. If FSP services were to be funded by MHSA: ➢ A plan update would be required and include a CPP process, 30-day public posting, public hearing, and Board of Supervisor approval. ➢ The costs associated with AOT implementation cannot reduce or eliminate voluntary 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 ➢ MHSA and/or Realignment funds cannot be used for legal costs associated with AOT implementation.
Public Defender	General Fund ➢ MHSA and/or Realignment funds cannot be used for legal costs associated with AOT implementation.
Court	General Fund ➢ MHSA and/or Realignment funds cannot be used for legal costs associated with AOT implementation.

KEY POINTS OF ANALYSIS

- Resources, Capabilities and Costs to provide:
  - Approximate numbers to be served
  - Community based teams at 10:1 ratio
  - Services to the physically disabled, special needs and older adults, gender
  - Family and peer supports
  - Rehabilitation and recovery
  - Integrated psychiatric services
  - Services to young adults at risk of homelessness
  - Services to those with diverse cultural backgrounds
  - Housing supports (immediate, transitional and permanent)
  - Service coordinators to facilitate aspects of the system

Challenge: System in flux – Systems Change

- Program Expansion ($12 million)

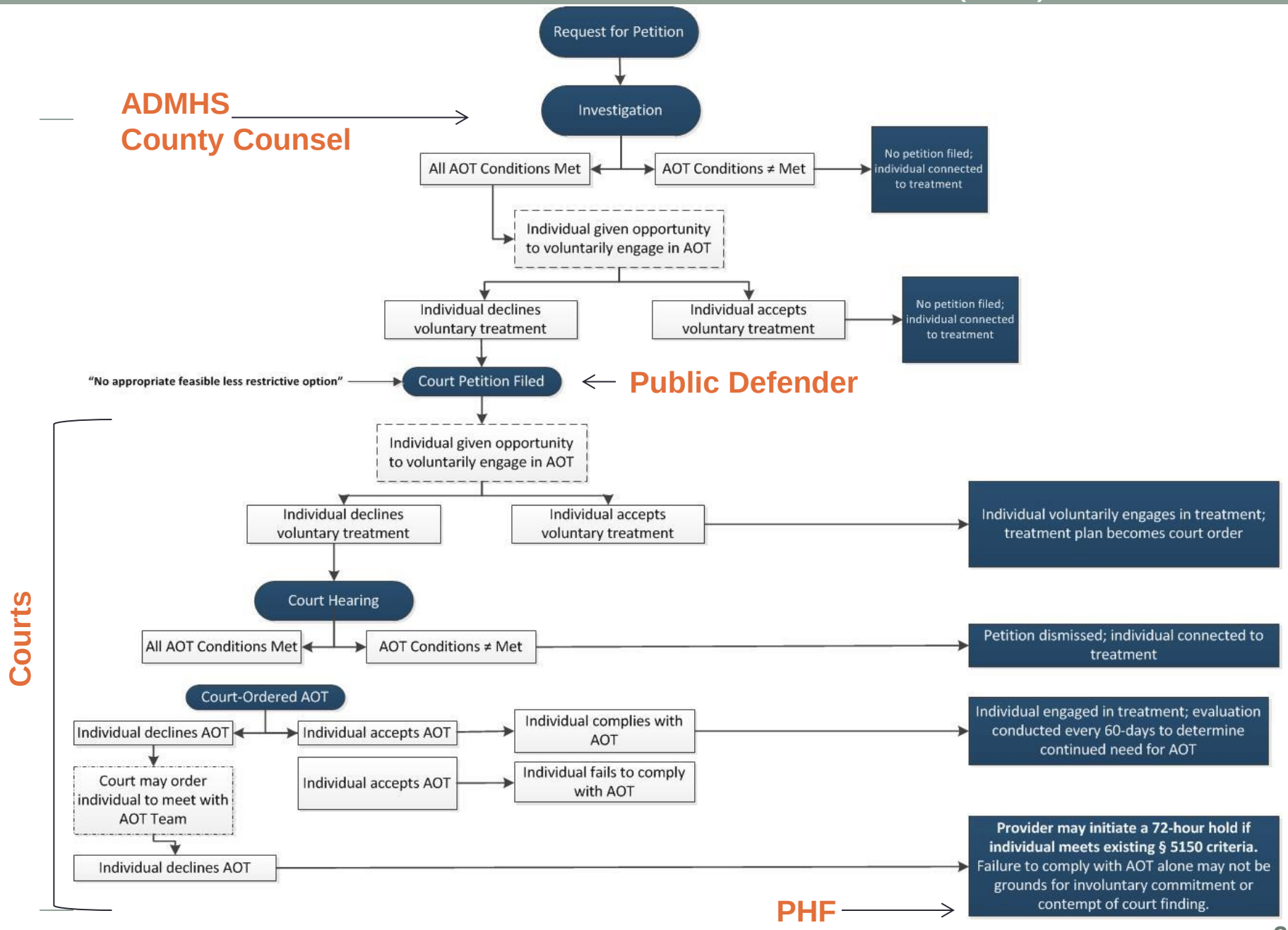
HAVES AND NEEDS:
AOT IN SANTA BARBARA COUNTY

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

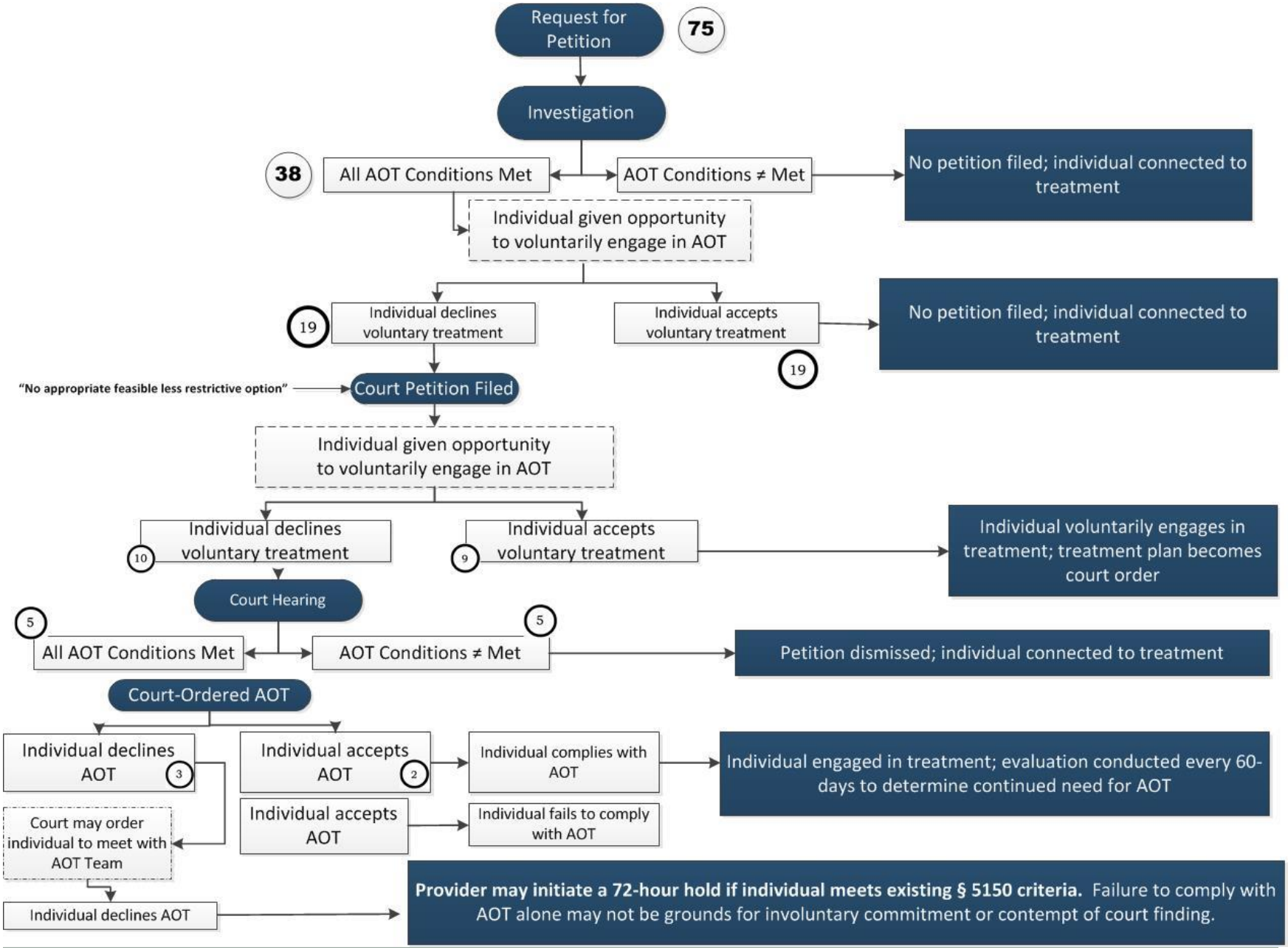
COSTS CONSIDERED FOR AOT

- Dedicated staff –"System Navigator"
- Administrative & Start up
- External evaluator
- Legal costs (County Counsel, PD, courts)
- Medi-Cal Revenue (80% of clients)
- Housing needs 50%
- "Gap" service costs within FSP costs
- Increase for services currently limited
- Use of available % existing voluntary slots for voluntary services
- MHSA potential funding source with plan review

OVERVIEW OF ASSISTED OUTPATIENT TREATMENT (AOT)



AOT PROCESS 75 PERSONS – FULL IMPLEMENTATION



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

Top 75

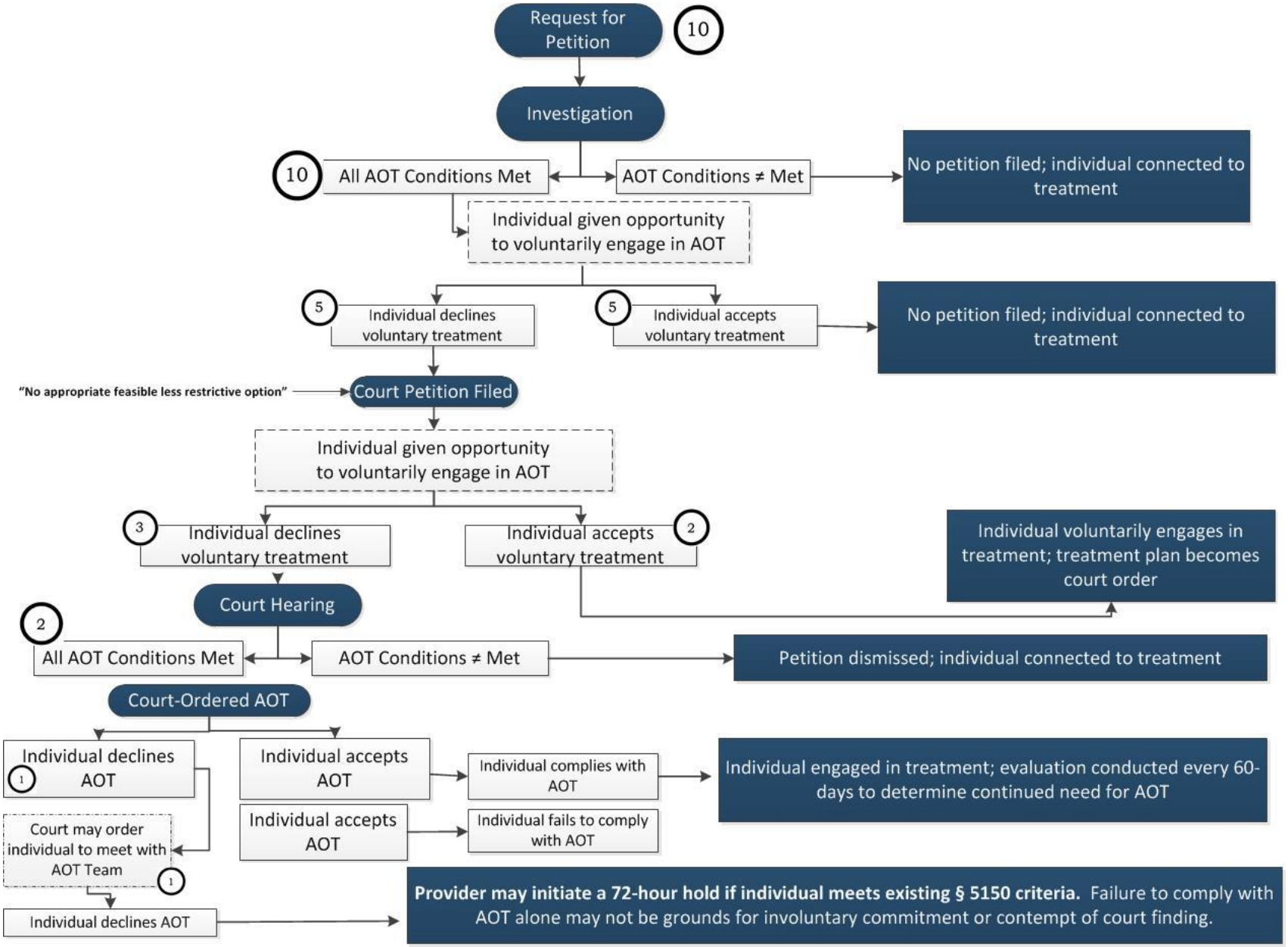
ADMHS Services Utilizers

$88,719

Annual Average Cost per Client

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: 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**

AOT PROCESS 10 PERSONS PILOT IMPLEMENTATION



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

Top 10

ADMHS Services Utilizers

$165,890

Annual Average Cost per Client

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: * 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**

POTENTIAL COST SAVINGS

Overview of reported cost savings associated with AOT in Nevada County and 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

	Santa Barbara County 2014/2015 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

HOW DO WE KNOW IF PROGRAM IS WORKING?

Performance measure and outcomes – State requirements

- Number of persons in the program
- Clients maintaining housing and contact with their treatment program.
- Reduction in homelessness
- Reduction in hospitalization
- Reduction in involvement with law enforcement

Key program measures recommended if implemented:

- Psychiatric hospitalization prior to AOT and at 12 month increments following for term of 3 years.
- Incarceration prior to AOT and at 12 month increments following for term of 3 years.
- Arrests prior to AOT and at 12 month increments following for term of 3 years.
- Emergency room visits prior to AOT and at 12 month increments following for term of 3 years.
- Homelessness prior to AOT and at 12 month increments following for term of 3 years.
- Identification of Treatment Process efficacy (what works)
- Treatment Engagement/Medication Compliance
- Employment, Education and Purposeful Activity engagement

OPTION 3: STABILIZE SYSTEM – (RE-EVALUATE)

- Maximize System Change and Current Efforts
  - Expand Outpatient System
  - Expand Justice Alliance/Forensics
  - Establish Safe & Stable Housing
  - Maximize ACT/FSP Programming
    - Peer
    - Family & Special Populations
    - Culturally Competent
    - Integrated Services

    Funding for Programming
  - Mobile Crisis/Triage
  - Crisis Stabilization/Crisis Residential
  - MHSA Plan
- Balance system of care

SWOT ANALYSIS
AOT IMPLEMENTATION

STRENGTHS	OPPORTUNITIES
• System change vision and principles consistent outreaching to all in need of care regardless of complexity and creating strong program linkages among partners • Strong foundation of FSP/ AOT/ACTOE services underway (MHSA) • Existing partnerships with court system • Staff capability (training and experience)	• Maximize system change • (integrated, culturally competent services, least restrictive setting, maximize outpatient system capabilities) • Ensure fidelity of ACT/ACTOE/FSP • Fully engage community in development implementation model • Additional mechanism for service for those not engaging and need care • Potential savings and or cost avoidance
WEAKNESSES	**THREATS**
• Capacity of existing staffing limited given attention to systems change – program expansion • Lack of housing supports - Gaps in service required for AOT • MHSA/FSP currently fully dedicated • Analysis presently underway of ACT model fidelity • 2014/15 programs and facilities delayed	• Increasing demand for services outside of AOT – in patient, IST • Potentially divert from system change implementation – program expansion • Unaudited MHSA funds regarding statewide use for AOT • Ongoing general fund for legal costs and portion of housing costs

NEXT STEPS (JULY 2015 – APRIL 2016)

- **If move forward with an option to begin full implementation or pilot, the following steps would be necessary:**
  - Hire and train staff – program design (2015/16 Budget consideration)
  - Develop a workgroup to plan, design, and implement new services to include ADMHS, the Courts, County Counsel, and the Public Defender. Engage community is program design process
  - Pass a board resolution adopting the 1421 legislation and issue a finding that no voluntary mental health program serving children or adults would be reduced as a result of the implementation.
  - Engage in outreach efforts, as set forth in the AB1421 legislation, to educate people likely to come into contact with the AB1421 population, including family members, primary care physicians and other service providers, law enforcement, homeless service providers, and other relevant parties.
- **MHSA use for funding of options, engage in a Community Program Planning (CPP) process, as described in the MHSA legislation and Welfare and Institutions Code.**

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.

RECOMMENDED ACTIONS:

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.

RECOMMENDED ACTIONS:

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.

RECOMMENDED ACTIONS:

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.

RECOMMENDED ACTIONS:

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.

Thank you to...

Mike Ghizzoni - County Counsel

Rai Montes de Oca – Pubic Defender

Darrel Parker - Courts

Alice Gleghorn PhD – ADMHS Director

Michael Craft - ADMHS

April Howard PhD - ADMHS

Suzanne Grimmesey - ADMHS

Lindsay Walter - ADMHS

Chris Ribeiro - ADMHS

Sonia Thompson - CEO

Erin Weber - 3rd District Office

Mental Health Commission

Thank you for your time and consideration...

BENEFITS

- Therapeutic option for a subset of seriously mentally ill populations who may deny their illness.
- Treatment regimen that stabilizes individuals with serious mental illness.
- Access to treatment team and plan.
- Peers and family are embedded in system.
- Multiple opportunities to choose voluntary services.
- Less restrictive than conservatorship.
- AOT may bring potential cost saving (i.e., inpatient, Jail).
- AOT consolidates the service delivery of multiple agencies.

CHALLENGES

- Individual Choice if not a danger to themselves or others
- Processes exists for individuals with severe mental illness, including involuntary hospitalization and conservatorship.
- Seriously mentally ill are much more likely to be victims of crime and physical danger than the mainstream population. (Stigma)
- Lack of clear information regarding cost savings or cost avoidance with AOT.
- Limited availability of resources (housing) to achieve AOT objectives.
- Laura's Law mandates resource allocation for care of a relatively small population.