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Agenda: \_\_\_\_\_ February 25, 2014

February 5, 2014

The Honorable Board of Supervisors  
Administration Building  
1221 Oak Street  
Oakland, CA 94612

Dear Board Members:

**SUBJECT: APPROVE THE IMPLEMENTATION OF TEN RECOMMENDATIONS DEVELOPED IN RESPONSE TO AB 1421 (ALSO KNOWN AS LAURA'S LAW) THAT ADDRESS THE NEEDS OF MENTAL HEALTH CLIENTS/CONSUMERS WITH HISTORY OF NON-COMPLIANCE WITH TREATMENT OR THOSE SERIOUSLY MENTALLY ILL CLIENTS/CONSUMERS WHO OUR SYSTEM HAS BEEN UNABLE TO REACH AND ENGAGE IN ONGOING TREATMENT.**

**RECOMMENDATIONS:**

Approve the plan of the Behavioral Health Care Services Department to proceed with the implementation of a set of recommendations developed in response to AB 1421, and reviewed by your Board's Health Committee, focused on voluntary programs and an assisted outpatient treatment pilot program which incorporate approaches to address the needs of clients/consumers with serious mental illness who have a history of noncompliance with treatment or who have not been engaged in treatment.

**SUMMARY:**

As requested at the March 18, 2013 Board of Supervisors Public Hearing on AB 1421, also known as Laura's Law, Health Care Services Agency/Behavioral Health Care Services (HCSA/BHCS) developed a set of recommendations focused on voluntary programs and an Assisted Outpatient Treatment (AOT) pilot to meet the needs of clients/consumers that are not engaged in services or are resistant to treatment, and their family members. This includes individuals that "fall through the cracks" of the system and may be in and out of psychiatric emergency rooms or the county jail or on and off 5150's.

BHCS utilization data points to the high rates of involuntary treatment consumers already experience through over reliance on the 5150 and EMS system and the effective use of the bench in other

collaborative models of bringing previously disconnected consumers into treatment. BHCS will include consumers in outreach and delivery of multiple models of voluntary treatment before referral to AOT would be considered.

BHCS Leadership is confident that these recommendations, when implemented as described, will expand and improve services for the clients/consumers identified in AB 1421. Outreach programs will assist clients and their families. Peer navigators will offer their lived experience and support to clients/consumers across the systems of care. Family members will receive more direct support and assistance. Clients/consumers that are experiencing early episodes of mental illness will receive intensive case management and step down into community programs with peer support. A pilot AB 1421/AOT program will be designed, implemented, and evaluated by a diverse stakeholder body that will carefully honor and reflect the voice of consumers.

### **DISCUSSION:**

BHCS Leadership has worked closely with its existing provider and stakeholder groups, including multiple consumer and family member groups, the Mental Health Board, acute care clinical providers and our Criminal Justice Mental Health Program. We have had lengthy conversations with additional system partners including Patient Rights Advocates and the Social Services Agency Public Guardian/LPS Conservator. We have carefully and aggressively sought input from other jurisdictions that have wrestled with this issue.

Specifically we reviewed AB 1421 and other AOT initiatives at our monthly Greater Bay Area Mental Health Directors meeting, learning from our colleagues what they have put in place, what has worked well and what has not. Throughout these conversations, we have identified gaps in our system, clearly defined our needs, and considered many different service strategies.

To thoroughly understand the AB 1421 programs that are in place, BHCS worked directly with Nevada County's Mental Health Director to learn about their AB 1421 program, which is the only fully implemented program in California. We researched the details of voluntary AOT programs in Los Angeles, San Diego and San Francisco Counties and included San Diego's In Home Outreach Team model in our recommendations.

To ensure involvement of Alameda County stakeholders and interested community members, BHCS conducted two extensive public comment periods. More than 150 individuals, in all regions of the county, participated in this process. BHCS integrated stakeholder feedback into the final set of recommendations.

BHCS recognizes that sometimes people are not ready for treatment, and as a result may need repeated attempts for engagement and treatment. We also recognize that families experience significant frustration and disappointment at not being able to help their loved ones navigate the mental health system and get the help they need. Given the complex challenges faced by those living with a mental illness, we know that no single program or approach will meet the needs of every client. However, each of the program recommendations are based on practices that have been successful in engaging clients/consumers and family members and demonstrating improvement in client and family outcomes.

The AB 1421 Recommendations are:

**Outreach and Engage with Youth, Consumers and Families**

1. Pilot San Diego County's In Home Outreach Team (IHOT) to provide home or community-based support and education to clients/consumers, family members and caregivers.
2. Pilot a Street Youth Outreach Team to meet and engage young people "where they're at" in the community and help link them to services and treatment.
3. Offer Multifamily Groups to support family members of youth who are not engaged or participating in their treatment.

**Utilize Peer Navigators to Provide Peer Support to Clients/Consumers Receiving Services**

4. Implement the Mentors on Discharge Program to support clients/consumers following their discharge from John George Psychiatric Pavilion and possibly other local psychiatric hospitals. Funded by a BHCS MHSA Innovations Grant, this program demonstrated a 67% decrease in hospital recidivism rates for clients/consumers that had a peer mentor upon their discharge.
5. Develop and pilot a Peer Navigators Program to offer individual peer support to clients/consumers during care transitions and to provide linkages to primary and behavioral health care services and community resources.

**Expand Hospital-Based Resources and Intensive Case Management Services**

6. Hire an Acute Care Clinical Manager to work with staff at John George Psychiatric Pavilion and to identify BHCS services and community resources for clients/consumers in the Psychiatric Emergency Room or in the hospital.
7. Expand Intensive Case Management Services for Transition Age Youth who are difficult to engage, require assistance with maintaining their activities of daily living and would benefit from these services.
8. Expand capacity of the STEPS Adult Intensive Case Management Program to address a broader target population that includes clients/consumers experiencing early episodes of mental illness in the hospital.
9. Expand capacity of the Forensic Assertive Community Treatment (FACT) Team to address a broader target population that includes clients/consumers experiencing early episodes of mental illness while incarcerated.

**Pilot an AB1421/Assisted Outpatient Treatment Program**

10. Through a stakeholder planning and evaluation process, develop a one year pilot of AB1421/ Assisted Outpatient Treatment that will serve a maximum of 5 adjudicated clients/consumers. The planning process will include defining eligibility criteria for Alameda County and identifying outcomes for the pilot.

Please see Attachment A, which is a table summary of the proposed recommendations.

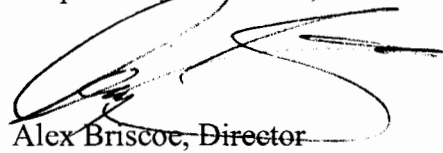
**SELECTION CRITERIA AND PROCESS:**

BHCS will obtain goods and/or services according to county procurement guidelines.

**FINANCING:**

The estimated annual program cost for the ten recommendations is \$1.4 million. The Mental Health Services Act will fund the recommendations, including the AB 1421 Pilot client services. Upon Board approval, BHCS will develop program implementation and procurement strategies for each recommendation and will return to the Board for final funding approval. The AB1421 Pilot court processes will require a \$50,000 increase in County General Funds, as involuntary services cannot be funded by MHSA or realignment.

Respectfully submitted,



Alex Briscoe, Director  
Alameda County Health Care Services Agency

AB:TT

cc: County Administrator  
County Counsel  
Auditor-Controller



AB 1421 Proposed Program Summary

Program Name	Type of Program	Funding	Implementation Timeline
<p>1. Pilot San Diego County's <i>In Home Outreach Team</i> (IHOT) to provide home or community-based support and education to clients/consumers, family members and caregivers.</p>	<p>Outreach and Engagement with Youth, Consumers and Families</p>	<p>\$275,000 (two teams) - \$400,000 (three teams)  This pilot would be funded through a BHCS MHSA Innovations Grant.</p>	<p>6 months</p>
<p>2. Pilot a <i>Street Youth Outreach Team</i> to meet and engage young people "where they're at" in the community and help link them to services and treatment.</p>	<p>Outreach and Engagement with Youth, Consumers and Families</p>	<p>\$300,000  Update: In January 2014, BHCS received a state MHSA OAC Crisis Triage grant which will cover the costs of this program for 3 years.</p>	<p>6 months</p>
<p>3. Offer <i>Multifamily Groups</i> to support family members of youth who are not engaged or participating in their treatment.</p>	<p>Outreach and Engagement with Youth, Consumers and Families</p>	<p>Training is in the range of \$1200/person, which includes 12 months of monthly phone supervision. For a three person team, the training cost would be approximately \$3600. Training expenses would be covered by the BHCS Training Budget.</p>	<p>3 months or less, depending on trainer availability</p>

Program Name	Type of Program	Funding	Implementation Timeline
<p>4. Implement the <i>Mentors on Discharge Program</i> to support clients/consumers following their discharge from John George Psychiatric Pavilion and possibly other local psychiatric hospitals. Funded by a BHCS MHSA Innovations Grant, this program demonstrated a 67% decrease in hospital recidivism rates for clients/consumers that had a peer mentor upon their discharge. (New recommendation)</p>	<p>Utilize Peer Navigators to Provide Peer Support to Clients/Consumers Receiving Services</p>	<p>\$187,500 – this program would be supported by MHSA funding</p>	<p>This is a new program which will be contracted out to a community-based provider through the BHCS Request for Proposal (RFP) process. The RFP process takes approximately six months from posting the RFP to the execution of the contract.</p>
<p>5. Develop and pilot a <i>Peer Navigators Program</i> to offer individual peer support to clients/consumers during care transitions and to provide linkages to primary and behavioral health care services and community resources. (New recommendation)</p>	<p>Utilize Peer Navigators to Provide Peer Support to Clients/Consumers Receiving Services</p>	<p>\$200,000 This pilot would be funded by a BHCS MHSA Innovations Grant.</p>	<p>6 months</p>
<p>6. Hire an <i>Acute Care Clinical Manager</i> to work with staff at John George Psychiatric Pavilion and to identify BHCS services and community resources for clients/consumers in the Psychiatric Emergency Room or in the hospital.</p>	<p>Expand Hospital-Based Resources and Intensive Case Management Services</p>	<p>This BHCS position is vacant and funded.</p>	<p>Recruitment will open in September 2013.</p>

Program Name	Type of Program	Funding	Implementation Timeline
<p>7. Expand <i>Intensive Case Management Services for Transition Age Youth</i> who are difficult to engage, require assistance with maintaining their activities of daily living and would benefit from these services. (New recommendation)</p>	<p>Expand Hospital-Based Resources and Intensive Case Management Services</p>	<p>\$350,000 – the expansion would be supported by MHSA funding  Update: In January 2014, BHCS received a state MHSA OAC Crisis Triage grant which will cover the costs of this program for 3 years.</p>	<p>This is a new program which will be contracted out to a community-based provider through the BHCS Request for Proposal (RFP) process. The RFP process takes approximately six months from posting the RFP to the execution of the contract.</p>
<p>8. Expand capacity of the <i>STEPS Adult Intensive Case Management Program</i> to address a broader target population that includes clients/consumers experiencing early episodes of mental illness in the hospital.</p>	<p>Expand Hospital-Based Resources and Intensive Case Management Services</p>	<p>\$250,000 – the expansion would be supported by MHSA funding</p>	<p>BHCS would seek to provide and implement services with an existing provider, as soon as possible, through a contract augmentation.</p>
<p>9. Expand capacity of the <i>Forensic Assertive Community Treatment (FACT) Team</i> to address a broader target population that includes clients/consumers experiencing early episodes of mental illness while incarcerated. (New recommendation)</p>	<p>Expand Hospital-Based Resources and Intensive Case Management Services</p>	<p>\$350,000 – the expansion would be supported by MHSA funding</p>	<p>BHCS would seek to provide and implement services with an existing provider, as soon as possible, through a contract augmentation.</p>
<p>10. Develop an <i>ABI421 Pilot</i> that reflects BHCS values of wellness and recovery, consumer choice and peer support and expands eligibility criteria to include client/consumer participation in: a) outreach or engagement programs and/or b) a peer mentor and c) participation in intensive case management prior to consideration for the pilot.</p>	<p>Pilot an ABI421/Assisted Outpatient Treatment Program</p>	<p>\$175,000 - the services would be supported by MHSA funding. We estimate \$50,000 for court costs, which would need to be supported by County General Funds, as MHSA cannot be used for involuntary services and these costs do not meet realignment requirements.</p>	<p>If approved by the Board of Supervisors, BHCS will convene a Planning Work Group to develop eligibility criteria, program design and processes and to identify outcome measures and an evaluation plan.</p>

**ASSISTED OUTPATIENT TREATMENT  
(W&I CODE 5345) (AB 1421)  
“LAURA’S LAW”**

**FEBRUARY 21, 2014**

**The Nevada County Experience**



# Background

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- Jan 2001, 3 people were killed by an individual with an untreated mental illness in Nevada County, including Laura Wilcox, “Laura’s Law”
- Jan 2003, California enacted court-ordered outpatient treatment, known as Assisted Outpatient Treatment (AOT), as an option for Counties
- Modeled after Kendra’s Law in New York
- 45 states have similar laws

# Nevada County Process

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- County resolved to use any available means to prevent future tragedies
- May 2007, approval from Department of Mental Health to use MHSA funds to implement treatment components of AOT
- April 2008, Board of Supervisor's approval to implement AOT
- May 2008, implemented and began services

# AOT Criteria

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- Serious Mental Disorder (WIC 5600.3)
- The person is unlikely to survive safely in the community
- The person has been offered an opportunity to participate in treatment and failed to engage, or refused
- Lack of compliance with treatment, indicated by:
  - 2/36 months; hospital, prison, jail or
  - 1/48 months; serious and violence acts, threats, attempts to self /others

# 5150 and 5350 Criteria-Not Met

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- These individuals do not pose an imminent danger to self or others, and do not meet 5150 criteria
- These individuals are not gravely disabled, and also do not meet 5350 criteria
- Therefore, simply attempting to conserve them is not a viable option

# Who Can Request AOT?

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- Any person 18 and older with whom the person resides
- The person's parent, spouse, sibling or child
- A peace officer, parole or probation officer
- The director of a public or private agency
- The director of a hospital
- A licensed mental health professional

# AOT Services

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- Community-based, multi-disciplinary treatment
- 24/7 on-call support
- Individualized Service Plans
- staff to client ratios of no more than 10 clients per one staff
- Must include a Personal Service Coordinator (PSC)

# AOT Services

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- Comprehensive wraparound mental health, social, physical health, substance abuse, psychiatric, nursing, employment, and housing services
- Assistance with entitlements (Social Security, Medi-Cal)
- Psychiatric medication
- Medical issues
- Substance Use Disorder counseling and treatment
- Life Skills training

# Voluntary v. Involuntary-SB 585

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- Senate Bill 585 was recently enacted, to clarify language and specifically allow the use of MHSA funds
- No locks, restraints, seclusion, or forced medication
- AOT services provided by the treatment team are voluntary; the mandate, legal status, and order originate from the court

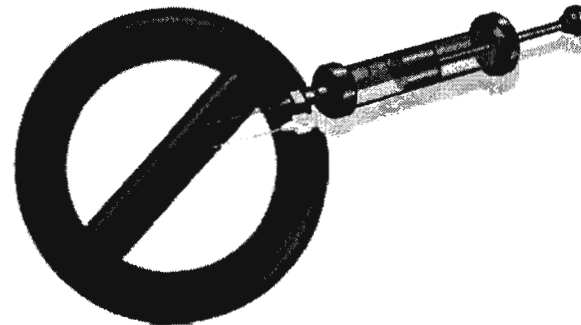




# No Forced Medication

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- Medication may be part of the court-ordered, individualized service plan
- Medications are not “forced”, but they are court-ordered
- Court-ordered treatment is commonly provided throughout the California mental health system



# Court-Ordered Treatment

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Counties typically provide a variety of services to individuals with court orders for mental health treatment:

- LPS Conservatees
- Individuals on probation/parole
- Parents ordered into treatment in dependency court
- Mental Health Court participants
- Court Wards and Dependents



# Court & Legal Process

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- Pre-hearing notice of investigation and hearing
- Superior Court hearings and due process requirements
- Collaborative supervision of AOT after the court order



# Providence Center AOT Data

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Since May 2008:

- 78 referrals and evaluations (60 unduplicated individuals)
- The majority of people engaged in treatment with no court order
- 28 court orders (including Settlement Agreements) for treatment (24 unduplicated individuals)
- 4 adversarial hearings (i.e. where the person appeared with counsel and challenged the petition.)
- 4 hearings where the person did not appear and an evidentiary hearing was held before the judge to present the evidence that the person met criteria.

# Costs and Savings

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- Actual cost per individual varies; approximately \$15,411/year/individual
- \$1.81 is saved for every \$1 invested
- a net savings to the County of \$503,621 for first 31 months



**Actual Outcomes: For 43 unduplicated individuals, for the most recent 12 months pre-treatment vs. 12 months post-treatment**

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- **# of Psychiatric Hospital Days**

212 days vs. 76 days post-treatment = 64.2% ↓

- **# of Incarceration Days**

156 days vs. 123 days post-treatment = 21.2% ↓

- **# of Homeless Days**

1114 days vs. 72 days post-treatment = 93.5% ↓

- **# of Emergency Interventions**

93 contacts vs. 12 contacts post-treatment = 87.1% ↓

# Final Thoughts

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- 45 states have implemented AOT programs
- Provides treatment *before* an individual becomes gravely disabled, or does harm to self or others
- AOT allows for a treatment option that is less restrictive than Conservatorship and locked inpatient care
- AOT saves lives, protects civil rights, promotes public safety, and improves the quality of life for the individual

# Contact Information

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# Laura Wilcox

