ASSISTED OUTPATIENT TREATMENT

PRESENTED TO THE MENTAL HEALTH COMMISSION
BY TERRI NISICH, ASSISTANT CEO

MARCH 20, 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
  - 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

AOT DISCUSSION & DEBATE

- Continued Debate…
  - Consumers often oppose
  - Families of consumers (adult children) often support
  - Strong advocacy in support and opposition of AOT

- Areas of Debate…
  - Efficacy - Does AOT work? What elements work? Do we know?
  - Ability to choose course of treatment- Rights of individual
  - Consistency with MHSA Principles
  - Funding parameters
  - Cost savings vs. cost avoidance

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

- **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 saves 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 does not provide sufficient protection against process and involuntary commitment
- Overall concern for consumers' rights
- Court intervention into process has not been proven to be effective at this juncture
- 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 others.**

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.

SNAPSHOT SANTA BARBARA COUNTY SERVICES

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 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. 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 SERVICE GOALS

- The individual's personal services plan shall ensure that persons subject to assisted outpatient treatment 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.

AOT – NUTS & BOLTS

- **Yes- Shall Offer per Welfare and Institutions Code Section 5346** :
  - Community-based
  - Multi-disciplinary
  - 24/7 on-call outreach & support
  - Individualized service plans
  - Low client-to-staff rations no more than 10:1
  - Least restrictive housing options
  - Comprehensive wrap-around mental health, physical health, social, and housing services

- **No**:
  - Forced medications
  - Restraints
  - Locked placement in institutions

AOT PROCESS

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.
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 (cont'd)

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.

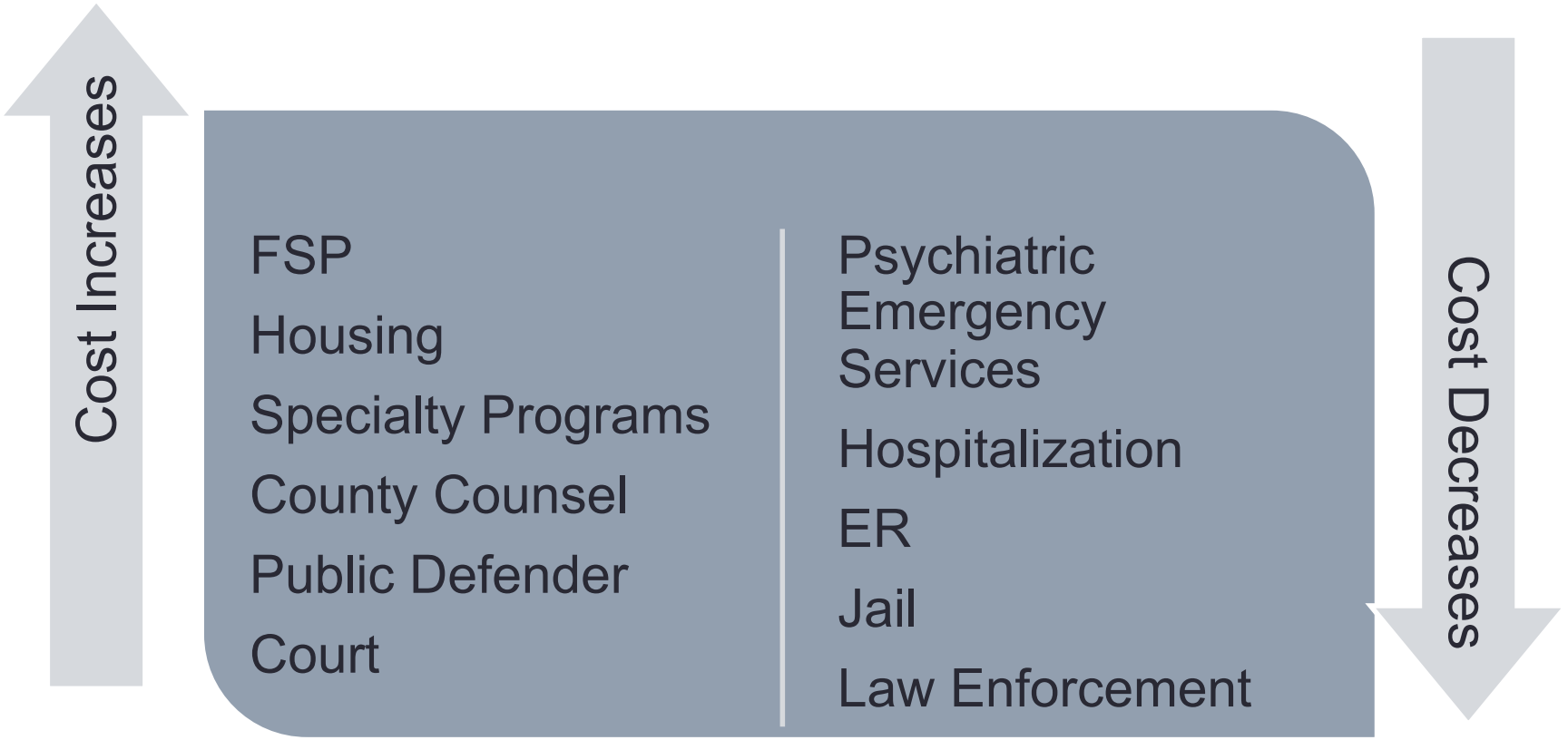
AOT FUNDING CONSIDERATIONS

- Service costs for AOT
  - Any funding source that currently funds Full Service Partnership services.
  - If services were to be funded by MHSA:
    - There must be funding available. The costs associated with AOT implementation cannot reduce or eliminate voluntary programs.
    - A plan update would be required and include a CPP process, 30 day public posting, public hearing, and Board approval.
  - Court/Legal Costs for AOT
    - The CA Attorney General has issued a position that MHSA and Realignment funds cannot pay for court/legal costs associated with AOT.
  - H.R. 4302: Protecting Access to Medicare Act of 2014
    - Provides funding for AOT pilot projects through a competitive grant program.
    - The request for applications is expected to be released this federal fiscal year (2014-15).
    - Grantees would then likely commence services in the following federal fiscal year (2015-16).

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. (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 ➢ 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.

POTENTIAL COST IMPACTS



Hard cost savings or cost avoidance?

FSP AND AOT OUTCOMES

- 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.
- Will AOT save money?
  - The research is inconsistent/inconclusive about whether or not AOT specifically results in cost savings. However, the services provided under AOT, such as Full Service Partnership, are 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, as defined in AB1421, is different than AOT implemented outside of California.
    - AOT, within California, has only been fully implemented in small counties.

BENEFITS

- Therapeutic option for a small subset of seriously mentally ill populations who 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, EMS).
- AOT consolidates the services of multiple agencies.

CHALLENGES

- Individuals, not a danger to themselves or others, have the right, as part of their inherent civil liberties, to decide their own treatment and take responsibility for consequences.
- 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 small population.

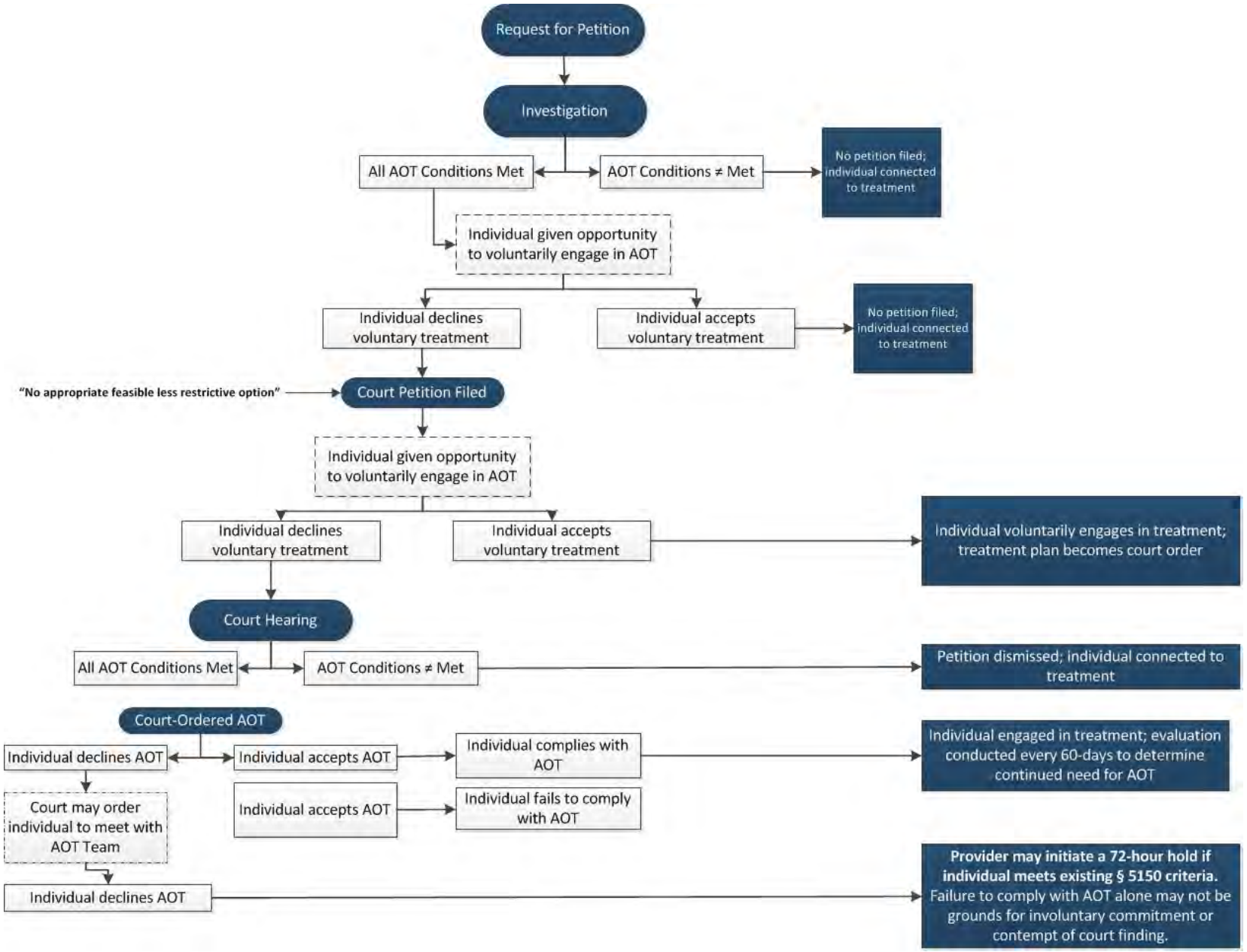
KEY POINTS OF ANALYSIS

- 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)

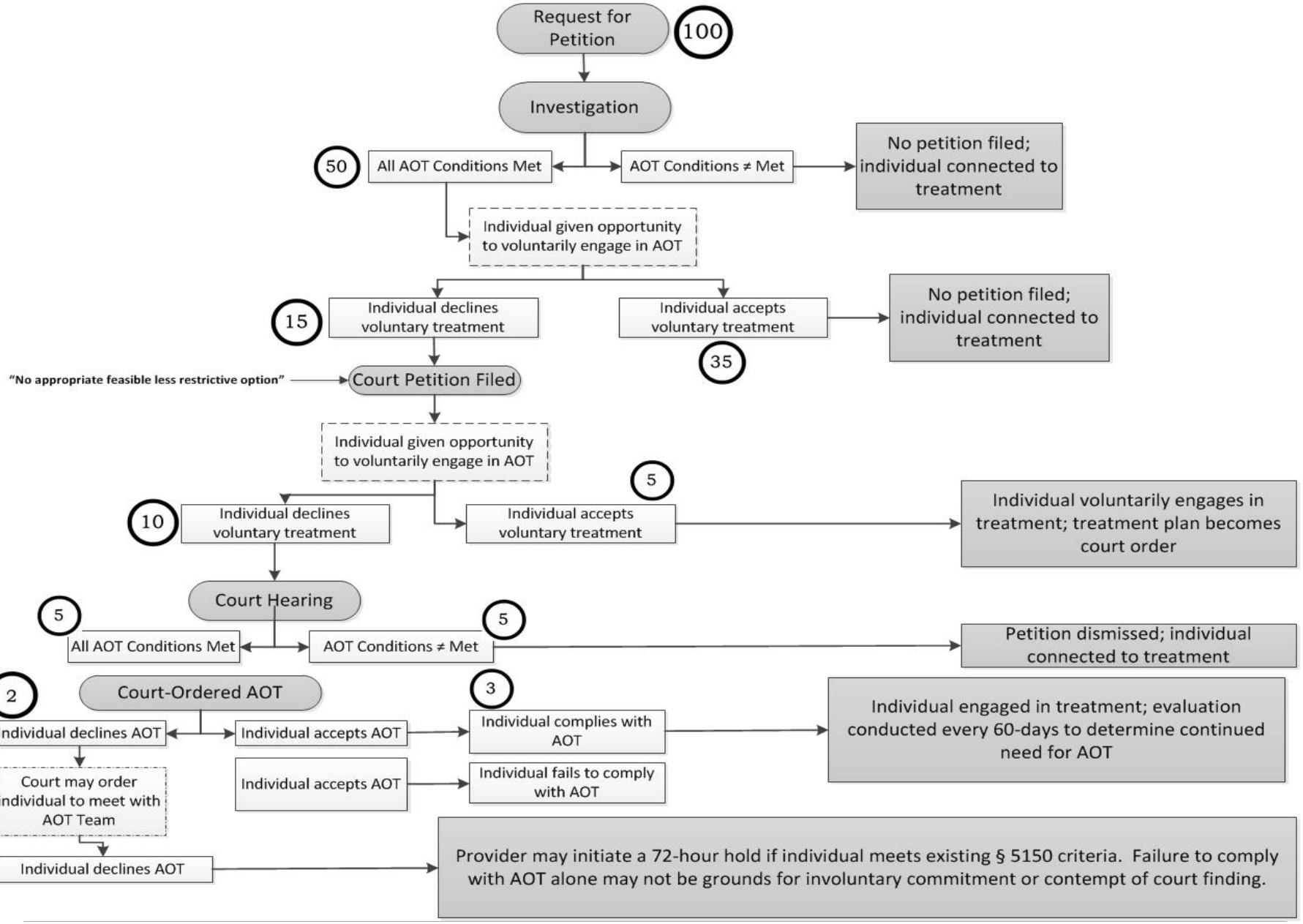
COSB OVERVIEW OF ASSISTED OUTPATIENT TREATMENT (AOT)



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

AOT PROCESS 100 PERSONS SCENARIO 1 – FULL IMPLEMENTATION



SCENARIO 1 – 100 PERSONS

SANTA BARBARA COUNTY - DEPARTMENT OF MENTAL HEALTH

VOLUNTARY AOT IMPLEMENTATION MODEL PROJECT - Implementation scenario of 50 Voluntary Slots after Screening/Evaluation of 100

EOB ITEM & DESCRIPTION	FTE	YEARLY SALARY	SALARY SAVINGS 0.0000%	NET SALARY	EB RATE 74.4800%	TOTAL S&EB
TOTAL S&EB	**2.25**		-	173,845	129,480	**303,325**

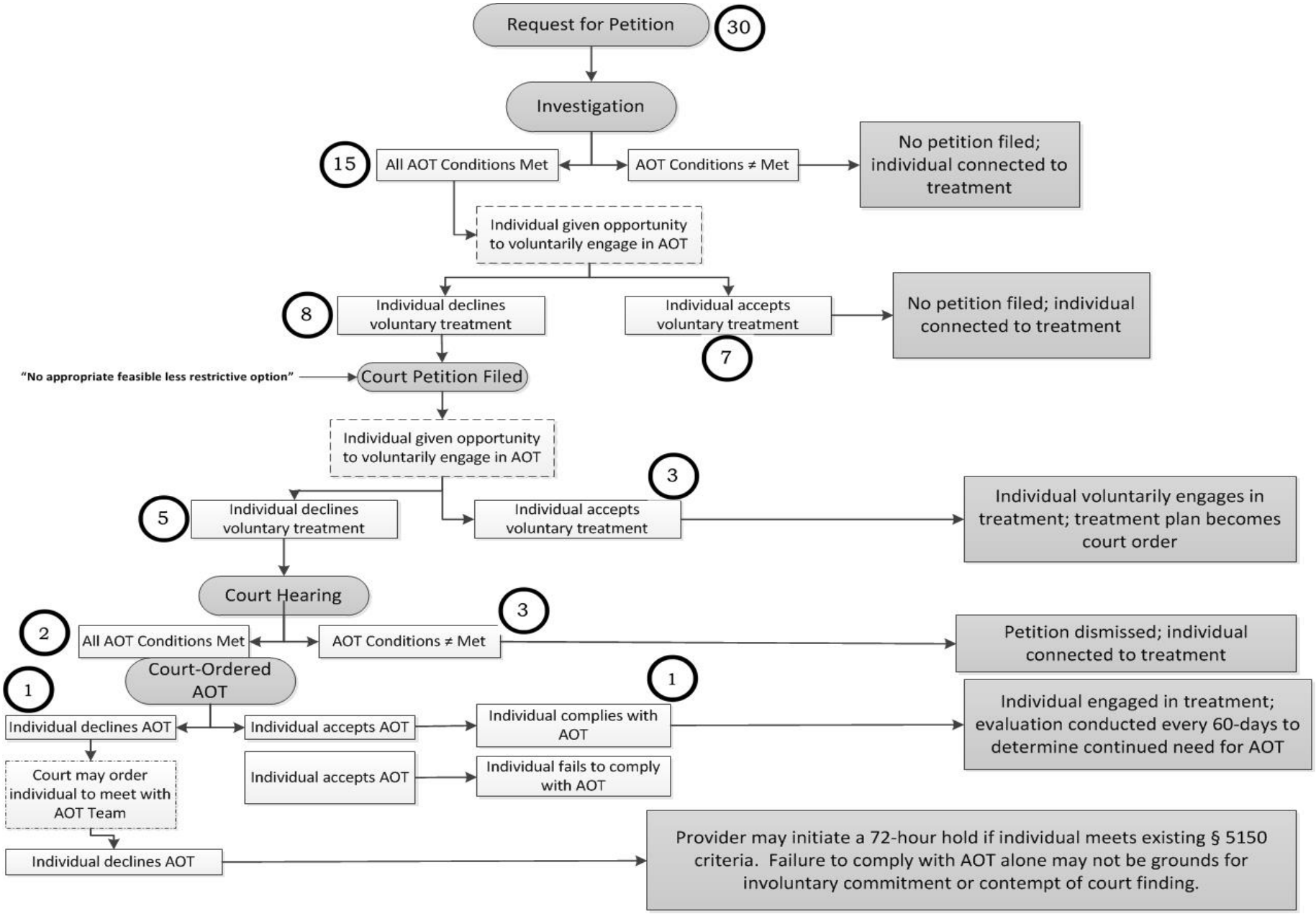
TOTAL SERVICES & SUPPLIES		**87,642**
TOTAL START UP - CAPITAL ASSET/FACILITY		**180,000**
TOTAL ADMINISTRATIVE COSTS		**85,645**
Total Staff & Operation Costs:	**$**	**656,612**
Total Legal and Court Costs	**$**	**265,000**

		Gross Total	Net Total
TREATMENT	**Totals:**	**3,109,250**	**2,347,210**

Program Costs (Itemized)	Cost	Notes
Total S&EB	303,325	
Total S&S	87,642	
Total Start Up - Capital Assets & Facility	180,000	
Total Administrative Costs	85,645	
Total Legal and Court Costs	265,000	
Housing - Single Bedroom Apartments	180,000	
Housing - IMD Step Down Cost	1,300,000	
Enhanced Programming	124,000	
FSP Net Cost	743,210	
Total Net Program	**3,268,822**	
Total Gross Program	**4,030,862**	

Total Cost Per Client	**40,309**	100 starting, average cost

AOT PROCESS 30 PERSONS – SCENARIO 2 PILOT PROGRAM



SCENARIO 2 – 30 PERSONS PILOT

SANTA BARBARA COUNTY - DEPARTMENT OF MENTAL HEALTH
VOLUNTARY AOT MODEL PROJECT - Pilot Scenario of 15 Slots after Screening/Evaluation of 30

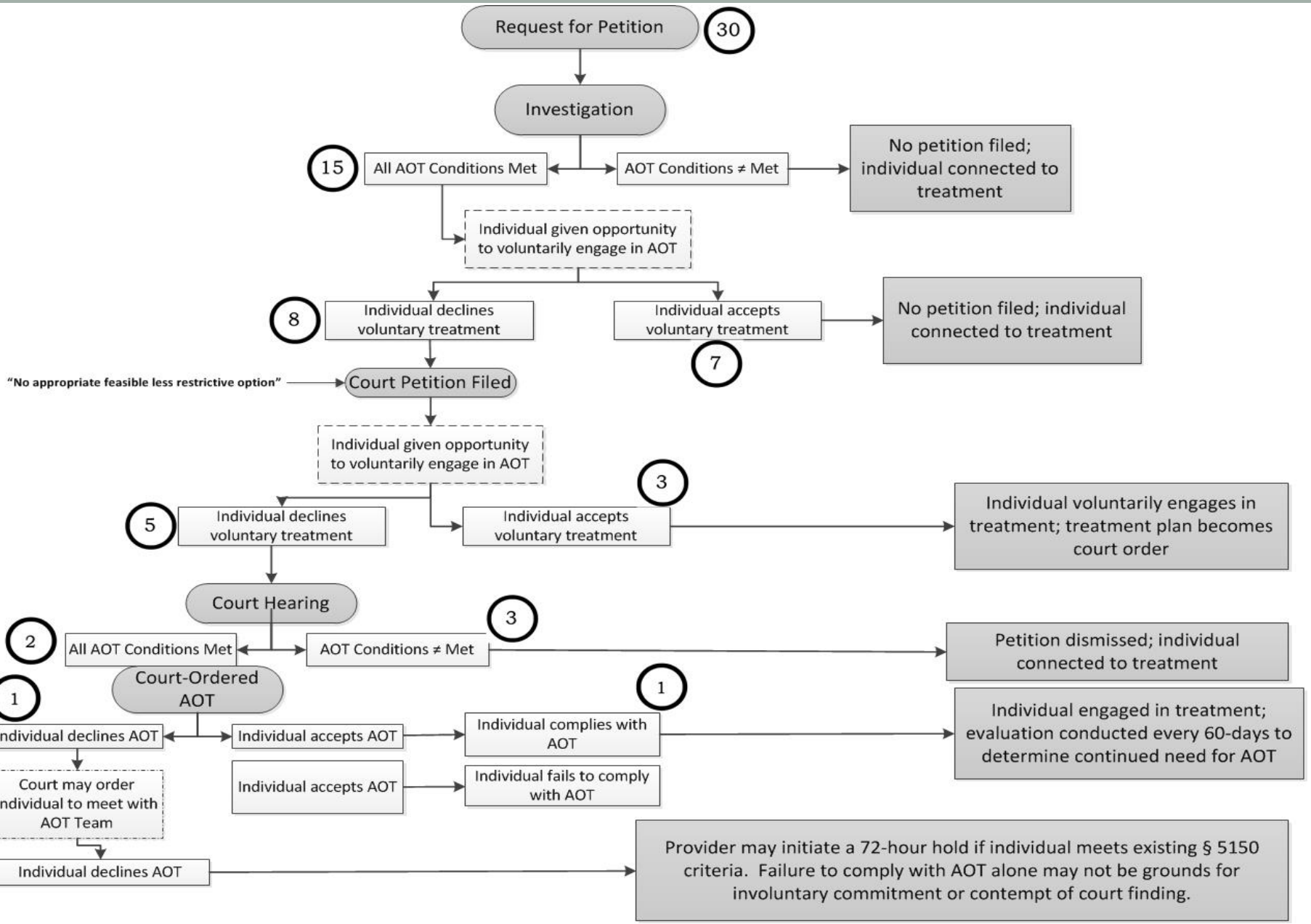
EOB ITEM & DESCRIPTION	FTE	YEARLY SALARY	SALARY SAVINGS 0.0000%	NET SALARY	EB RATE 74.4800%	TOTAL S&EB
TOTAL S&EB	**1.75**		-	135,600	100,995	**236,595**

TOTAL S & S		**67,642**
TOTAL START UP - CAPITAL ASSET/FACILITY		**30,000**
TOTAL ADMINISTRATIVE COSTS		**50,136**
Total Staff & Operation Costs:	**$**	**384,372**
Total Legal and Court Costs	**$**	**115,500**

		Gross Total	Net Total
TREATMENT	**Totals:**	**948,775**	**720,163**

Program Costs (Itemized)	Cost	Notes
Total S&EB	236,595	
Total S&S	67,642	
Total Start Up - Capital Assets & Facility	30,000	
Total Administrative Costs	50,136	
Total Legal and Court Costs	115,500	
Housing - Single Bedroom Apartments	60,000	
Housing - IMD Step Down Cost	400,000	
Enhanced Programming	37,200	
FSP Net Cost	222,963	
Total Net Program	**1,220,035**	
Total Gross Program	**1,448,647**	
Total Cost Per Client	**48,288**	30 starting, average cost

AOT PROCESS 30 PERSONS – SCENARIO 3 PILOT W/ EXISTING SLOTS



SCENARIO 3: 30 Person Pilot (New Slots & Existing Slots)

SANTA BARBARA COUNTY - DEPARTMENT OF MENTAL HEALTH

VOLUNTARY AOT MODEL PROJECT - Pilot Scenario of 15 Slots after Screening/Evaluation of 30, Use of 7 New FSP Slots and 8 Current FSP Slots

EOB ITEM & DESCRIPTION	FTE	YEARLY SALARY	SALARY SAVINGS 0.0000%	NET SALARY	EB RATE 74.4800%	TOTAL S&EB
TOTAL S&EB	**1.75**		-	135,600	100,995	**236,595**
TOTAL S & S		**67,642**				
TOTAL START UP - CAPITAL ASSET/FACILITY		**30,000**				

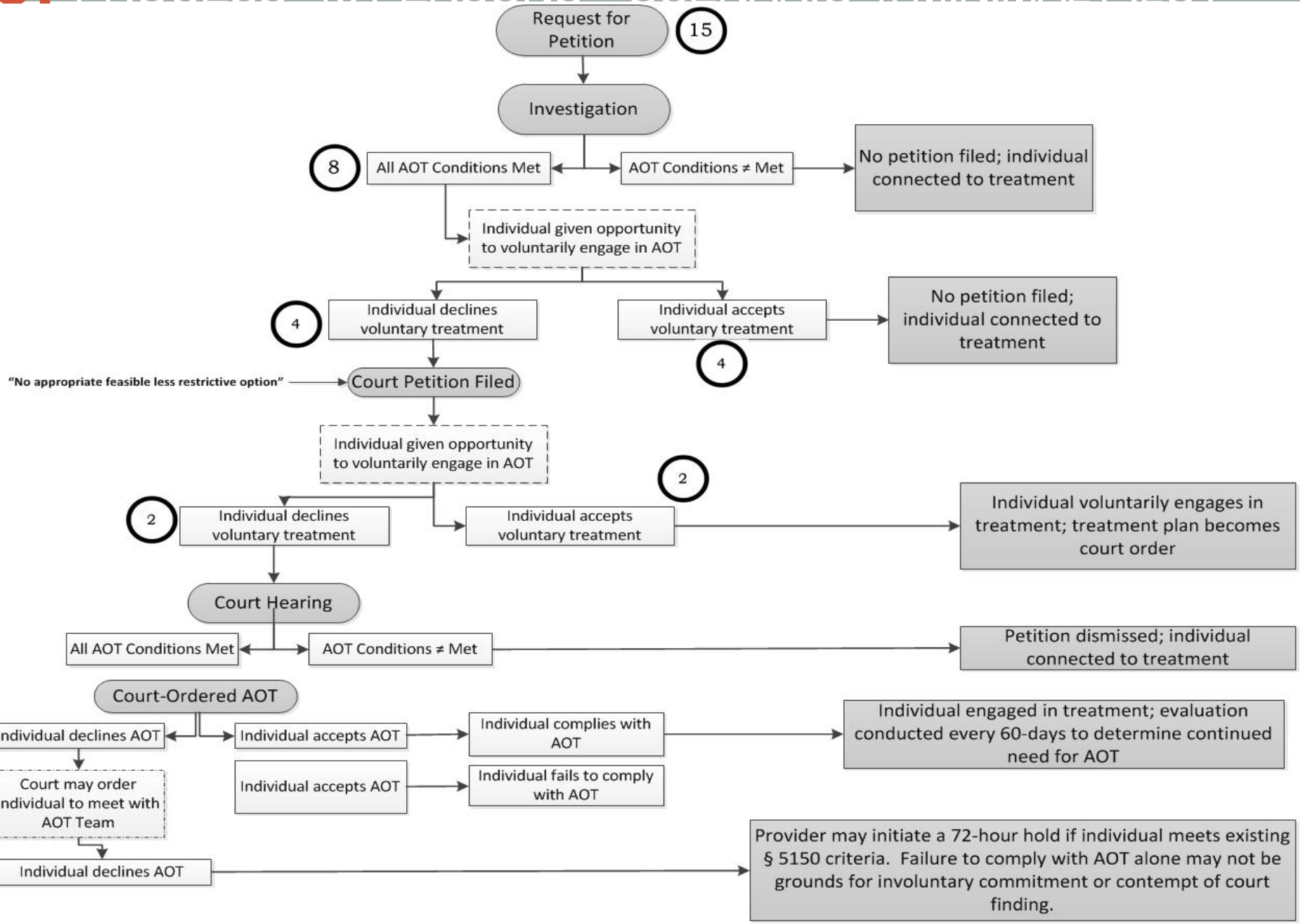
TOTAL ADMINISTRATIVE COSTS		**50,136**
Total Staff & Operation Costs:	**$**	**384,372**
Total Legal and Court Costs	**$**	**-**

*Absorb in current budget

		Gross Total	Net Total
TREATMENT	**Totals:**	**720,095**	**601,249**

Program Costs (Itemized)	Cost	Notes
Total S&EB	236,595	
Total S&S	67,642	
Total Start Up - Capital Assets & Facility	30,000	
Total Administrative Costs	50,136	
Total Legal and Court Costs	-	
Housing - Single Bedroom Apartments	60,000	
Housing - IMD Step Down Cost	400,000	
Enhanced Programming	60,000	
FSP Net Cost	104,049	
Total Net Program	**1,008,422**	
FSP Treatment Revenue	96,046	Medi-Cal Reimbursement
Enhanced Programming Revenue	22,800	Medi-Cal Reimbursement
Total Gross Program	**1,104,467**	
Total Cost Per Client	**36,816**	30 starting, average cost (excludes FSP costs for 8 currentlybudgeted)

AOT PROCESS_15 PERSONS – SCENARIO 4: MINIMAL PILOT



Scenario 4: 15 Person Pilot

SANTA BARBARA COUNTY - DEPARTMENT OF MENTAL HEALTH

VOLUNTARY AOT MODEL PROJECT -Evaluation of 15, Use of 4 New FSP Slots and 4 Current FSP Slots

EOB ITEM & DESCRIPTION	FTE	YEARLY SALARY	SALARY SAVINGS 0.0000%	NET SALARY	EB RATE 74.4800%	TOTAL S&EB
TOTAL S&EB	**0.75**		-	53,026	39,494	**92,520**
TOTAL S & S		**52,642**				
TOTAL START UP - CAPITAL ASSET/FACILITY		**30,000**				
TOTAL ADMINISTRATIVE COSTS		**26,274**				
Total Staff & Operation Costs:		**$ 201,436**				
Total Legal and Court Costs		**$ -**	*Absorb in current budget			

		Gross Total	Net Total
TREATMENT	**Totals:**	**274,340**	**208,057**

Program Costs (Itemized)	Cost	Notes
Total S&EB	92,520	
Total S&S	52,642	
Total Start Up - Capital Assets & Facility	30,000	
Total Administrative Costs	26,274	
Total Legal and Court Costs	-	
Housing - Single Bedroom Apartments	30,000	
Housing - IMD Step Down Cost	100,000	
Enhanced Programming	18,600	
FSP Net Cost	59,457	
Total Net Program	**409,493**	
Total Gross Program	**475,776**	
Total Cost Per Client	**23,789**	15 starting, average cost (excludes FSP costs for 4 currentlybudgeted)

SCENARIO 5: STABILIZE SYSTEM BUILD FSP CAPACITY – (RE-EVALUATE)

- Maximize System Change and Current Efforts
  - Expand Outpatient System
  - Expand Justice Alliance
  - 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
- Maximize FSP opportunities
- Balance system of care

SWOT ANALYSIS
AOT IMPLEMENTATION

Strengths

Strong foundation for AOT/ACTOE services underway

Capability

Existing partnerships with court system

MHSA funds to ACTOE & FSP programs

Opportunities

Maximize system change (integrated, culturally competent services, least restrictive setting, maximize outpatient system capabilities)

Fully engage community in development of appropriate housing

Additional mechanism for service

Savings?

SWOT

Weaknesses

Capacity of existing staffing limited given attention to systems change – program expansion.(voluntary/involuntary)

Lack of housing supports - Gaps in service - Costs?

MHSA/FSP fully dedicated

Voluntary programs (ACT/ACTOE full)

Threats

Increasing demand for services outside of AOT – Priority?

Potentially divert from system change implementation – program expansion

AOT IMPLEMENTATION CONSIDERATIONS

- Consider strengthening criteria (San Francisco Ordinance).
- Establish a system navigator positon to guide individuals through system
- Ensure AOT participation focused on those most in need.
- Maximize and support opportunities for consumer choice and voluntary engagement, wherever appropriate and allowable.
- Enhance ACT teams to include peer counselors and family liaison staff.
- Adopt the collaborative court model for an AOT program.
- Use an external evaluator to conduct required program evaluation.
- Develop comprehensive housing strategy (transitional, supportive permanent).

NEXT STEPS (6 – 8 MONTHS)

- If move forward with an option to begin full implementation or pilot, the following steps would be necessary:
  - Identify funding sources (MHSA/FSP, Realignment fully dedicated).
  - Develop a workgroup to plan, design, and implement new services.
  - Hire and train new and selected staff.
  - 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.
  - Develop a workgroup to plan, design, and implement a collaborative process with ADMHS, the Courts, County Counsel, and the Public Defender.
  - 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.
- If need to consider the use of MHSA funding for any of the options, engage in a Community Program Planning (CPP) process, as described in the MHSA legislation and Welfare and Institutions.

CONCLUSION:

- Staff is continuing to conduct research and compile information for report to Board of Supervisors in April

Seeking Mental Health Commission input regarding:

- Next steps
- Additional data/information needs
- Scenarios for consideration – Pilot?
- System change and service expansion impacts
- System gaps - comprehensive housing strategy
- Overall recommendation on approach to AOT

- Thank you for your time and consideration…