



# ASSISTED OUTPATIENT TREATMENT WORK GROUP RECOMMENDATIONS

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# What is AOT?

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- Passed in 2002, AB1421 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 are not engaging in mental health services 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.

# Why should we consider AOT?

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- There is a sub-group of adults with serious mental illness who don't engage in needed voluntary services.
  - ▣ A percentage of people with serious mental illness don't have an awareness that they are ill and don't recognize the need for mental health treatment.
  - ▣ Some adults with mental illness may have experienced trauma and/or stigma related to mental health services.
  - ▣ Some adults may experience difficulty accessing or navigating the mental health system.
- There are limited options available to intervene with individuals with serious mental illness who are not voluntarily engaging in mental health services and are experiencing repetitive crisis events and hospitalizations.

# AOT in the United States

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- Across the nation, 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 set of services than is specified in AB1421.
- 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

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- 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 but not yet implemented** AOT:
  - San Francisco County has passed an AOT resolution but is not planning to implement until 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.
  - Orange County is planning an 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.
- 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.

# AB 1421 Eligibility Criteria

## Welfare and Institutions Code Section 5346

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- ❑ The person is 18 years of age or older.
- ❑ The person is suffering from a mental illness
- ❑ There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
- ❑ The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
  - ❑ At least 2 hospitalizations within the last 36 months
  - ❑ One or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months.
- ❑ The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.
- ❑ The person's condition is substantially deteriorating.
- ❑ Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.
- ❑ In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.
- ❑ It is likely that the person will benefit from assisted outpatient treatment.



# AB1421 Service Goals

Welfare and Institutions Code Section 5348

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- 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, for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.
  - 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.
  - Access an appropriate level of academic education or vocational training.
  - Obtain an adequate income.
  - Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.
  - Access necessary physical health care and maintain the best possible physical health.
  - Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.
  - Reduce or eliminate the distress caused by the symptoms of mental illness.
  - Have freedom from dangerous addictive substances.



# AB 1421 Service Requirements

Welfare and Institutions Code Section 5348

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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 include a personal service coordinator.

- ❑ Outreach and engagement services
- ❑ Coordination and access to medications, psychiatric and psychological services, and substance abuse services.
- ❑ Supportive housing or other housing assistance.
- ❑ Vocational rehabilitation.
- ❑ Veterans' services.
- ❑ Family support and consultation services.
- ❑ Parenting support and consultation services.
- ❑ Peer support or self-help group support, where appropriate.
- ❑ Age, gender, and culturally appropriate services.



# AOT Process

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- 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 AB1421 are 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)

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- 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.
  - However, the hospital may not hold the individual if they do not meet 5150 criteria.

# AOT Funding Considerations

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- 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.
  - Currently, Yolo and Nevada County use County General Funds to pay for court and legal costs.
- 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).

# FSP and AOT Outcomes

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- 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.
- 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 Contra Costa 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 implemented in small counties.



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# AOT Workgroup

# Who participated in the AOT Workgroup?

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- AB1421 requires that local mental health departments enact a service planning and delivery process involving groups who would provide, receive, or be affected by AB1421 programs including,
  - *“the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic, and citizen constituency groups as determined by the director.”*
- Contra Costa’s AOT Workgroup included representatives from Behavioral Health, Conservator’s Office, Public Defender, the Superior Court, Law Enforcement, County Counsel, Mental Health Commission, contracted providers, consumers, and family members of consumers.

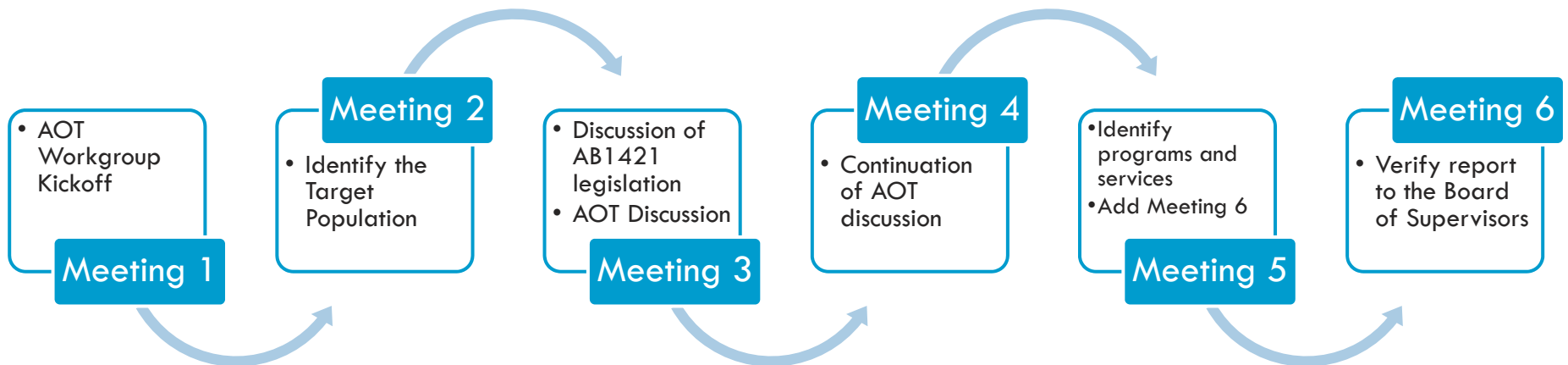
# AOT Workgroup Overview

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## AOT Workgroup Pre-Meeting Activities:

- ❖ Interviews with AOT workgroup participants, with the exceptions of Director of Behavioral Health Services Cynthia Belon, LCSW, and Adult/Older Adult Mental Health Chief Victor Montoya

## AOT Workgroup Meeting Timeline



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# AOT Workgroup Recommendations



# Contra Costa's Target Population

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- How many people have had at least 2 hospitalizations?
  - ▣ 707 individuals in the past 36 months
  - ▣ 203 individuals in the past 12 months
    - 181 individuals are Contra Costa residents
- Based on a case by case review, how many of the 181 County residents would likely meet AB1421 criteria?
  - ▣ 28 are no longer accessing mental health services and have not had subsequent hospitalizations.
  - ▣ 13 are currently in stable placements and doing well.
  - ▣ 29 are currently enrolled in FSP programs.
  - ▣ 76 would likely benefit from and engage in FSP services but are unlikely to qualify for AOT.
  - ▣ 37 would likely pass a clinician assessment to determine eligibility for AOT.

# AOT Workgroup Recommendations

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- **In Home Outreach Team** to provide in-home outreach and engagement services to adults with serious mental illness who are reluctant to seek outpatient mental health services, and to their family members or caretakers. (\$735,395)
  - IHOT would be a new program for Contra Costa County.
- **Psychiatric Emergency and Hospital Transitions Team** to provide outreach and engagement services to people CCRMC's PES and inpatient units. (\$520,396)
  - PE/HT Team would be an expansion of the existing CCBHS Transitions Team.
- **Full Service Partnership** to expand voluntary FSP services to an additional 76 individuals who experience frequent crisis events and are likely to engage on a voluntary basis. (\$3,653,472)
  - FSP services would be an expansion of existing FSP services.
- **Assisted Outpatient Treatment** to provide court-ordered outpatient services to 37 individuals who experience frequent crisis events and are unlikely to engage on a voluntary basis. (\$2,721,735- \$3,191,807)
  - \$1,778,664 is the service and housing estimate; \$943,071.65 - \$1,413,143.29\* is the court and legal cost estimate.
  - AOT would be a new program for Contra Costa County.

*\*Does not include law enforcement/sheriff costs.*



# Proposed 37 person AOT Program Budget (20 court hours/week)

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Program	Service	Capacity	Annual Cost	Cost per Person	Notes
<b>In Home Outreach Team</b>	IHOT Services	1 team	\$ 735,395.10	N/A	Staffing: Clinical, Case Manager, Peer, Family
<b>PES/Hospital Transition Team</b>	Transition Services	1 team	\$ 520,396.85	N/A	Staffing: Clinical, Peer, Family
<b>Full Service Partnership</b>	FSP Services	76	\$ 2,850,000.00	\$ 48,072.00	Assumes \$37,500 per individual Assumes 100% need housing @ ~\$880/month (Average of studio/1 bedroom FMR-30% SSI contribution)
	Housing	76	\$ 803,472.00		
	<b>Total</b>		\$ 3,653,472.00		
<b>Assisted Outpatient Treatment</b>	FSP Services	37	\$ 1,387,500.00	\$ 73,560.42	Assumes \$37,500 per individual Assumes 100% need housing @ \$880/month No existing capacity, requires new calendar, 20 hours per week Assumes 1 FTE attorney Assumes 1 FTE attorney, .5 FTE paralegal
	Housing	37	\$ 391,164.00		
	Court	37	\$ 470,071.65		
	County Counsel	37	\$ 248,000.00		
	Public Defender	37	\$ 225,000.00		
	<b>Total</b>		\$ 2,721,735.65		
<b>GRAND TOTAL</b>			\$ 7,630,999.60		

# Proposed 37 person AOT Program Budget (40 court hours/week)

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Program	Service	Capacity	Annual Cost	Cost per Person	Notes
<b>In Home Outreach Team</b>	IHOT Services	1 team	\$ 735,395.10	N/A	Staffing: Clinical, Case Manager, Peer, Family
<b>PES/Hospital Transition Team</b>	Transition Services	1 team	\$ 520,396.85	N/A	Staffing: Clinical, Peer, Family
<b>Full Service Partnership</b>	FSP Services	76	\$ 2,850,000.00	\$ 48,072.00	Assumes \$37,500 per individual Assumes 100% need housing @ ~\$880/month (Average of studio/1 bedroom FMR-30% SSI contribution)
	Housing	76	\$ 803,472.00		
	<b>Total</b>		\$ 3,653,472.00		
<b>Assisted Outpatient Treatment</b>	FSP Services	37	\$ 1,387,500.00	\$ 86,265.06	Assumes \$37,500 per individual Assumes 100% need housing @ ~\$880/month No existing capacity, requires new calendar, 40 hours per week Assumes 1 FTE attorney Assumes 1 FTE attorney, .5 FTE paralegal
	Housing	37	\$ 391,164.00		
	Court	37	\$ 940,143.29		
	County Counsel	37	\$ 248,000.00		
	Public Defender	37	\$ 225,000.00		
	<b>Total</b>		\$ 3,191,807.29		
<b>GRAND TOTAL</b>			\$ 8,101,071.24		

# Phased in 10 person AOT Program Budget (12 court hours/week)

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Program	Service	Capacity	Annual Cost	Cost per Person	Notes
<b>In Home Outreach Team</b>	IHOT Services	1 team	\$ 735,395.10	N/A	Staffing: Clinical, Case Manager, Peer, Family
<b>PES/Hospital Transition Team</b>	Transition Services	1 team	\$ 520,396.85	N/A	Staffing: Clinical, Peer, Family
<b>Full Service Partnership</b>	FSP Services	76	\$ 2,850,000.00	\$ 48,072.00	Assumes \$37,500 per individual Assumes 100% need housing @ ~\$880/month (Average of studio/1 bedroom FMR-30% SSI contribution)
	Housing	76	\$ 803,472.00		
	<b>Total</b>		\$ 3,653,472.00		
<b>Assisted Outpatient Treatment</b>	FSP Services	10	\$ 375,000.00	\$ 102,176.30	Assumes \$37,500 per individual Assumes 100% need housing @ ~\$880/month No existing capacity, requires new calendar, 12 hours per week Assumes .5 FTE attorney Assumes .5 FTE attorney, .5 FTE paralegal
	Housing	10	\$ 105,720.00		
	Court	10	\$ 282,042.99		
	County Counsel	10	\$ 124,000.00		
	Public Defender	10	\$ 135,000.00		
	<b>Total</b>		\$ 1,021,762.99		
<b>GRAND TOTAL</b>			\$ 5,931,026.94		



# Phased in 10 person AOT Program Budget (16 court hours/week)

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Program	Service	Capacity	Annual Cost	Cost per Person	Notes
<b>In Home Outreach Team</b>	IHOT Services	1 team	\$ 735,395.10	N/A	Staffing: Clinical, Case Manager, Peer, Family
<b>PES/Hospital Transition Team</b>	Transition Services	1 team	\$ 520,396.85	N/A	Staffing: Clinical, Peer, Family
<b>Full Service Partnership</b>	FSP Services	76	\$ 2,850,000.00	\$ 48,072.00	Assumes \$37,500 per individual Assumes 100% need housing @ ~\$880/month (Average of studio/1 bedroom FMR-30% SSI contribution)
	Housing	76	\$ 803,472.00		
	<b>Total</b>		\$ 3,653,472.00		
<b>Assisted Outpatient Treatment</b>	FSP Services	10	\$ 375,000.00	\$ 111,577.73	Assumes \$37,500 per individual Assumes 100% need housing @ ~\$880/month No existing capacity, requires new calendar, 16 hours per week Assumes .5 FTE attorney Assumes .5 FTE attorney, .5 FTE paralegal
	Housing	10	\$ 105,720.00		
	Court	10	\$ 376,057.32		
	County Counsel	10	\$ 124,000.00		
	Public Defender	10	\$ 135,000.00		
	<b>Total</b>		\$ 1,115,777.32		
<b>GRAND TOTAL</b>			\$ 6,025,041.27		



# AOT Implementation Considerations

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- If the Board adopts AB1421, the workgroup makes the following recommendations to include an in AOT program:
  - ▣ Consider the amendments passed by the SF Board of Supervisors.
  - ▣ Limit AOT participation to only those consumers who absolutely need it the most.
  - ▣ Maximize and support opportunities for consumer choice, wherever appropriate and allowable.
  - ▣ Create an interdisciplinary team that includes clinical as well as peer counselor and family liaison staff.
  - ▣ Adopt the collaborative court model for an AOT program.
  - ▣ Select a judge and other AOT involved professionals who are willing to embrace the collaborative court model and work together in service of the consumer and their wellness and recovery.
  - ▣ Transport referred individuals by law enforcement for a mental health evaluation only if the individual meets 5150 criteria.
  - ▣ Use an external evaluator to conduct required program evaluation.

# Next Steps (4-9 months)

- If the board chooses to move forward with any of the recommendations, the following steps would be necessary:
  - Identify funding sources.
  - Develop a workgroup to plan, design, and implement new services.
  - Hire and train new and selected staff.
- If the board chooses to move forward with an AOT program, the following steps would be necessary:
  - 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 CCBHS, 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 the board would like to consider the use of MHSA funding for any of the recommendations, engage in a Community Program Planning (CPP) process, as described in the MHSA legislation and Welfare and Institutions code, to develop an amendment to the three year program and expenditure plan.





THANK YOU!

