

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY**

***REVIEW OF SERVICES FOR
INDIVIDUALS WITH SERIOUS
MENTAL ILLNESS WHO ARE
RESISTANT TO TREATMENT***

July 30, 2013



**LIVE WELL
SAN DIEGO**

Report to San Diego County Board of Supervisors

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Executive Summary

The County of San Diego is committed to enhancing services and seeks to ensure that it has a robust tool kit to meet the needs of residents. A comprehensive continuum of care for mentally ill individuals must include effective tools to assist in serving those that are severely mentally ill and resistant to treatment. On March 19, 2013 (5), the San Diego County Board of Supervisors directed that an analysis be conducted on the differences and similarities between the County of San Diego's In-Home Outreach Team (IHOT) program and Laura's Law; along with a review and analysis of related legislation; and recommended next steps for closing service gaps.

As a result of the Board's direction, the Health and Human Service Agency (HHS) convened a multi-disciplinary team comprised of representatives across the County enterprise, including the HHS, Office of Strategy and Intergovernmental Affairs, and the Public Safety Group (PSG), with participation from the Sheriff's Department, the Office of the District Attorney and the Public Defender and Probation Departments. Additionally, representatives from the Superior Court, the San Diego Police Department, and Patients Rights Advocacy services collaborated on the analysis and review of program and legislation, which is contained in this report.

This report is the culmination of the analysis and review conducted. In addition to the analysis of IHOT and Laura's Law, this report contains a detailed review of; available services, such as Full Service Partnership (FSP) programs; staffing and costs; and a complete review of current legislation impacting Laura's Law.

Based on the analysis contained within this report, it is recommended that the existing mental health system be expanded to serve additional individuals who are mentally ill and have been resistant to treatment. The overall enhancement could include:

- Expansion of the IHOT program countywide;
- Increased capacity of Full Service Partnership Programs; and
- Increased utilization of the Conservatorship Office.

Additionally, building on this preliminary expansion, a move towards the implementation of Laura's Law will take place upon further review of data, and contingent upon availability of funding and attainment of legislative remedies.

Introduction

The Health and Human Services Agency (HHS) provides many services to help county residents lead healthy, safe, and thriving lives. This includes protective services, preventive health care, publicly funded health care coverage, self-sufficiency services, and mental health and substance abuse programs. The Behavioral Health Services (BHS) division within HHS provides a range of mental health, alcohol and other drug programs, promoting recovery and well-being through prevention, treatment and interventions.

Through the Behavioral Health Services Division and the Conservatorship Office, an array of services is available to adults, including those with severe mental health needs. Services available include acute care psychiatric hospitals, crisis residential treatment programs, intensive case management programs, outreach and engagement services and conservatorship.

In 2002 the California Legislature passed AB 1421, also known as Laura's Law. Laura's Law was created as an additional tool to serve the mentally ill through court-ordered treatment. These individuals must have a history of refusing to accept treatment and have recent psychiatric hospitalizations, incarcerations, or threats or attempts of serious violence towards self or others. Unfortunately, the present law falls short in meeting its intent in effectively serving treatment resistant individuals. The law does not include any form of involuntary or locked treatment, it does not specify any intervention by law enforcement, beyond what is currently available in Welfare and Institutions Code 5150, which governs the detention of Mentally Disordered Persons for evaluation and treatment, and does not permit the use of existing funding sources.

To strengthen the effectiveness of Laura's Law, and become a viable tool, changes are necessary to the enforcement process of the judicial order. Additionally, changes to current law are needed to allow the use of funding sources, such as the Mental Health Services Act (MHSA), that are not currently an option.

Given the limitations on the current law, on September 27, 2011 (7) the Board of Supervisors approved the implementation of a pilot program, In-Home Outreach Team (IHOT), as an alternative to Laura's Law. IHOT, a three-year pilot program, was implemented on January 1, 2012, in three of the six HHS geographical service regions - North Coastal, Central and East. Using mobile teams, the goal of IHOT is to support and educate treatment-resistant individuals and their families to engage in appropriate services available in the community.

On March 19, 2013 (5), the San Diego County Board of Supervisors directed that an analysis be conducted on the differences and similarities between the County of San Diego's IHOT program and Laura's Law, complete a review and analysis of related legislation and provide recommended next steps, and quarterly reports. This report contains the review and analysis requested by the Board.

Differences and Similarities Between In-Home Outreach Team (IHOT) and Laura’s Law

San Diego’s diverse mental health treatment system is designed to provide a comprehensive array of interventions for individuals with a serious mental illness. For those who are the most seriously mentally ill, San Diego currently offers multiple services based on level of need and care. For the most severe need there is an array of countywide services that include acute care psychiatric hospitals, alternatives to psychiatric hospitalization such as the Crisis Residential Treatment programs, intensive case management programs like the Full Service Partnerships, outreach and engagement services such as the IHOT program, and Conservatorship.

Services

For purposes of this analysis, the existing IHOT and Full Service Partnership programs are described below along with the Assisted Outpatient Treatment as defined in Laura’s Law.

In-Home Outreach Teams (IHOT)

Recognizing the challenges that family members and loved ones face when an adult with serious mental illness declines or refuses any intervention and treatment, the County of San Diego established the IHOT program. The IHOT program provides intensive outreach and engagement, mental health screening, in-home intervention, family education and support and linkage to treatment for this hard to engage population. The IHOT program does not provide on-going mental health treatment, but provides outreach and engagement with the goal of engaging individuals in accepting treatment and services over time, thus linking them to services available in the community.

The IHOT program was established as a pilot program in January 2012, in three regions of the county. In the North Coastal, Central, and East regions, the IHOT program offers mobile, intensive outreach to adults with serious mental illness who are reluctant or “resistant” to receiving mental health services. In addition, extensive support and education is provided to family members who are dealing with the mental illness of a loved one within their family. Services include

Case Example: “Tom”

IHOT helped Tom, a 22 year old male, with a history of Psychotic Disorder and heroin dependence. Tom was initially hospitalized and then transferred to inpatient treatment for four months. After a relapse, IHOT continued to work with Tom and determined that he needed to be hospitalized again, leading to placement at a locked long-term residential treatment facility. He then transitioned into an unlocked residential treatment program specializing in services for young adults with co-occurring mental health and substance abuse issues. He has been fully engaged in the residential program since January 2013. He recently was released from conservatorship and is now being transitioned to a Full Service Partnership program for community-based mental health treatment while he pursues part time employment opportunities.

behavioral health screening, outreach and engagement, crisis management, transitional case management, support and educational services, and conservatorship as needed. The program provides individualized and culturally competent services five days a week, during regular business hours. The primary goal of the program is to engage resistant individuals by developing a relationship built on trust and enhanced awareness so they can more readily accept services that will meet their unique needs, and to provide support for family members and loved ones.

Full Service Partnership (FSP)

While the focus of the IHOT program is intensive outreach and engagement services for individuals who are seriously mentally ill and have resisted treatment, the focus of Full Service Partnerships is the provision of community-based intensive case management, mental health treatment, rehabilitation, and recovery services in addition to outreach and engagement. Programs collaborate as necessary with the justice system. In contrast to IHOT, the FSP programs provide comprehensive, individualized, integrated, and culturally competent services 24 hours per day, 7 days per week, using a “whatever it takes” approach. Services include support in employment, education, housing, and transportation, and assisting the individual in establishing health services and peer relationships, and conservatorship services as needed.

Case Example: “Sally”

Sally was referred to one of the FSP-ACT programs through San Diego’s Vulnerability Index Survey. Sally was a hoarder and paid for several storage sheds rather than paying rent, because she could not bear to give up the prized possessions of those she loved that were no longer with her. Sally lived in an old car, and did not trust anyone. In addition, she was drinking heavily. The FSP-ACT staff worked with Sally, and she slowly started to engage and allowed the program to help her reduce the number of storage units, so she could afford her own apartment. Sally credits the FSP-ACT program with giving her renewed hope and she grins from ear to ear every time she comes to the office. She has now reconnected with her children and found employment as a house cleaner.

In San Diego County, the FSP program adheres to the evidence-based Assertive Community Treatment (ACT) model using a treatment team approach. The ACT model consists of comprehensive, community-based psychiatric treatment, rehabilitation, and support through a team of professionals providing mobile and site based services that include: outreach and engagement, initial and ongoing behavioral health assessments; psychiatric, rehabilitation and recovery services; supportive employment and supportive housing assistance; family support and education; and other services and supports critical to an individual's ability to live successfully in the community.

Clients served by San Diego’s FSP-ACT programs are individuals with serious and persistent mental illness, with severe functional impairments, and who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services co-

existing problems such as primary health conditions, homelessness, substance use disorders, and involvement with the justice system.

Laura's Law (Assisted Outpatient Treatment)

Laura's Law authorizes court-ordered outpatient treatment pursuant to Welfare & Institutions Code (WIC) 5345-5349.5, for individuals who have a history of untreated

1. *Be at least 18 years of age*
2. *Be mentally ill as defined in W&I Code*
3. *Be clinically determined unlikely to survive safely in the community without supervision*
4. *Have a history of treatment non-compliance for one of the following:*
 - *Two occurrences of hospitalization, or incarceration in prison or jail within the last 36 months: - OR -*
 - *One occurrence of serious or violent behavior within the last 48 months*
5. *Refused or did not engage in prior opportunities for treatment*
6. *Have a condition that is deteriorating*
7. *Assisted Outpatient Treatment must be the least restrictive placement to ensure the person's recovery and stability*
8. *The treatment must be deemed to prevent a relapse or deterioration that would likely result in involuntary mental health treatment through 5150*
9. *The person is expected to benefit from the Assisted Outpatient Treatment.*

mental illness and meet all nine of the following criteria stipulated in the Code:

Assisted Outpatient Treatment (AOT) was not designed as a replacement for the involuntary evaluation and treatment provisions of Welfare and Institutions Code 5150-5157. Laura's Law specifically stipulates that in the event a person fails or refuses to comply with court-ordered AOT, continued involuntary services must be pursuant to Sections 5150 et seq. The Lanterman-Petris-Short (LPS) Act of 1967, as codified in Sections 5150 et seq. provides a procedure for the involuntary detention for evaluation and treatment of persons who, as a result of a mental disorder, constitute a danger to themselves or others or are gravely disabled. Individuals who are not compliant with AOT may *only* be involuntarily held pursuant to 5150, which is currently in place throughout San Diego's adult mental health system of care. Laura's Law does not allow for involuntary medication without a separate court order.

The AOT program specifies an Assertive Community Treatment model, as is in place through the existing FSP-ACT programs, including services that use community-based, mobile, multidisciplinary mental health teams that provide outreach services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and veteran's services. Mirroring the FSP-ACT program, the services provided via the AOT program must be individualized, comprehensive, and culturally

appropriate meeting the unique array of service needs of the individual. Attachment A, *Assisted Outpatient Treatment Flow Chart*, provides a visual description of this process.

Staffing

In-Home Outreach Team

The IHOT program incorporates a 1:25 staff to client ratio. This contracted service utilizes a team approach led by a clinician and includes a case manager, family coach and peer support.

Full Service Partnership/Assertive Community Treatment

The FSP/ACT programs follow a 1:10 staff to client ratio, using a multidisciplinary team approach. The team consists of a psychiatrist, nurse, case manager, therapist, housing specialist, job developer/employment specialist, peer support, and substance abuse counselor. Depending upon the needs of the individual, additional clinicians or case managers may be involved as necessary. All members of the team work closely together to provide a comprehensive approach to services.

Conservatorship

Expansion of IHOT countywide and potential implementation of Laura's Law (Assisted Outpatient Treatment) is expected to increase the utilization of evaluations requested of the Conservatorship Office. Based on initial referrals from the IHOT pilot, it is projected that an increase of up to three Mental Health Public Conservator Clinicians could be necessary due to increased demand.

Laura's Law (Assisted Outpatient Treatment)

The Assisted Outpatient Treatment (AOT) model requires a 1:10 staff to client ratio. Each individual works with a Personal Services Coordinator (synonymous with the role and function of a case manager) who is responsible for assuring needed services are provided through a complete assessment and linkage with all appropriate community services and ensuring services meet the individual's needs. The Personal Services Coordinator may be part of the required community-based, mobile multidisciplinary mental health team working with the individual.

In addition to contracted treatment staff and increased county staff in the Conservatorship Office, it is anticipated that up to four additional staff positions could be added within Behavioral Health Services to implement Laura's Law. These positions include one Mental Health Program Manager, one Legal Support Assistant II, and two Psychiatrist Specialists.

Projected Costs

In-Home Outreach Team

The current contracted provider for IHOT is Telecare. The University of California, San Diego (UCSD) conducts the evaluation under contract. The current annual cost of IHOT services and evaluation in x regions is \$1.4 million. During the first 12 months of

implementation, 402 individuals were screened for eligibility and 174 people were accepted for outreach services. The average cost per individual receiving outreach services is \$8,100. If the program were expanded countywide, the total program costs would increase to \$2.8 million, which is an increase of \$1.4 million from current costs.

Full Service Partnership-Assertive Community Treatment (FSP-ACT)

The FSP-ACT program is contracted to various community treatment programs, including Telecare, Mental Health Systems, Inc., Community Research Foundation, and Providence. FSP-ACT provides services countywide and currently receives referrals from IHOT. If IHOT was expanded countywide, it is anticipated that FSP-ACT would realize an increase of approximately 20 additional clients annually. The average cost per client is \$20,000, including housing, for an increased cost of \$400,000.

Conservatorship

If San Diego were to expand the existing IHOT program countywide and/or implement Laura's Law, that action is projected to increase the number of evaluations requested of the conservatorship office. Based on the number of evaluations conducted for individuals who were referred to IHOT within the initial 12 months of the pilot, it is projected that the expansion could result in significant increases in annual evaluations. The cost associated with this increase could be up to \$500,000 annually.

Laura's Law (Assisted Outpatient Treatment)

If San Diego implemented Laura's Law, the expected annual cost would be \$34,000 per client. This cost includes the anticipated contracted treatment and evaluation costs, along with new County costs that would be incurred by the Adult Forensic Unit. Minimal additional costs are anticipated for Office of County Counsel and the Public Defender Department associated with conducting required hearings. The Superior Court has also estimated a potential cost impact associated with required hearings.

Cost Avoidance

Cost avoidance refers to actions that may cause future spending to be modified, but does not necessarily result in system-wide savings. Assisted Outpatient Treatment may result in cost avoidance within the criminal justice system. The actual costs avoided depend on many variables, but the primary costs avoided will be for reduced future use of jail days, either served in a San Diego County jail or one of the county's alternative custody options.

Additionally, in the past, actions of seriously mentally ill individuals have occasionally resulted in major incidents or SWAT responses. Accordingly, component costs potentially avoided include:

- \$31 for the marginal cost for every day of jail avoided
- \$78 for every day of alternative custody avoided
- \$10,000 average (nationally) for a SWAT response avoided

Analysis of Proposed Laura's Law Legislation

Five bills have been introduced in the California State Legislature relating to Laura's Law during this legislative session which began on December 3, 2012. The bills are all subjected to the legislative process which includes hearings in all committees relevant to the bill. Bills that did not make it through the legislative process by the respective deadlines are considered inactive, or "a 2-year bill".

Active Bills

- SB 585 (Steinberg). This bill clarifies that Mental Health Services Act (MHSA) funds and all other current mental health funding streams may be used for implementation of AOT under Laura's Law. This bill is significant as it would allow more funding streams to be available for the implementation of Laura's Law.

Status: The bill passed out of the Senate and is now awaiting hearing in the Assembly Appropriations Committee.

- SB 364 (Steinberg). This bill amends the Lanterman-Petris-Short (LPS) Act relating to involuntary commitment under Section 5150 of the Welfare & Institutions Code. This bill states that the intent of the Legislature is to provide consistent standards for protection of the personal rights of persons who are subject to involuntary detention and to provide services in the least restrictive setting appropriate to the needs of the person. The bill assigns several tasks to local County Mental Health Departments in terms of training and providing information. This bill would have minimal impact to Laura's Law, but as amendments to this legislation may affect section 5150, staff will continue to monitor.

Status: This bill passed out of the Senate and on to the Assembly. The bill is awaiting its first hearing in the Assembly.

Inactive Bills

- AB 1265 (Conway). This bill would have increased the AOT initial treatment period from 6 months to 12 months, and would eliminate the requirement that the patient be re-evaluated at the end of that time.

Status: The bill failed passage in its first committee and is now a 2-year bill.

- SB 664 (Yee). Under current Laura's Law provisions, to implement the AOT program, the county Board of Supervisors is required to, by resolution, authorize the program and make a finding that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of the program's implementation. This bill would have removed the requirement for a county to authorize the program by resolution and make those findings to implement the program, and would also authorize a county to limit the number of persons to whom it provides assisted outpatient treatment services. The bill failed to pass the Senate Appropriations Committee.

Status: This bill is no longer moving, and is now a 2-year bill.

- AB 1367 (Mansoor). This bill would have amended the Mental Health Services Act to specify that MHSA funds may be utilized for AOT under Laura's Law, and that MHSA funding could also be used to fund school-based programs.

Status: The bill was never acted upon and is no longer moving.

Efforts to Close Identified Gaps between IHOT and Laura's Law

Laura's Law was created as an additional tool to serve the mentally ill through court-ordered treatment. Unfortunately the present law falls short in meeting its intent in effectively serving treatment resistant individuals. The law does not include any form of involuntary or locked treatment, it does not specify any intervention by law enforcement, beyond what is currently available in Welfare and Institutions Code 5150, which governs the detention of Mentally Disordered Persons for evaluation and treatment, and does not permit the use of existing funding sources. Therefore, to strengthen efforts and support public safety, Laura's Law needs enhancements.

The County is committed to enhancing services for mentally ill clients and seeks to ensure that it has a robust tool kit to meet the needs of residents. A comprehensive continuum of care for mentally ill individuals must include effective tools to assist in serving those that are severely mentally ill and resistant to treatment. The effectiveness of Laura's Law will be strengthened by changes in the enforcement process of the judicial order. Additionally, changes to current law are needed to allow the use of funding sources, such as the Mental Health Services Act (MHSA), that are not currently an option.

Based on the analysis contained within this report, it is recommended that the existing mental health system be expanded to serve additional individuals who are mentally ill and have been resistant to treatment. The overall enhancement could include:

- Expansion of the IHOT program countywide;

- Increased capacity of Full Service Partnership Programs; and
- Increased utilization of the Conservatorship Office.

Additionally, building on this preliminary expansion, a move towards the implementation of Laura's Law will take place upon further review of data, and contingent upon availability of funding and attainment of legislative remedies.

In the upcoming Fiscal Year, the expansion of the IHOT program countywide and increases to the capacity of existing Full Service Partnership-Assertive Community Treatment programs will allow for enhanced access to outreach and engagement services for those who have been resistant to treatment, and establish capacity of intensive treatment and rehabilitation programs.

Staff will continue to review data and identify relevant and appropriate revenues for the implementation of Laura's Law. In addition, legislative remedies will be identified to ensure the effectiveness of a court-ordered outpatient treatment program.

Pending legislation, such as SB 585, would authorize the use of Mental Health Services Act (MHSA) funds to support the implementation of Laura's Law. Contingent upon the availability of MHSA revenue, if SB 585 is enacted, it may provide opportunities for additional funding that is not currently a viable source.

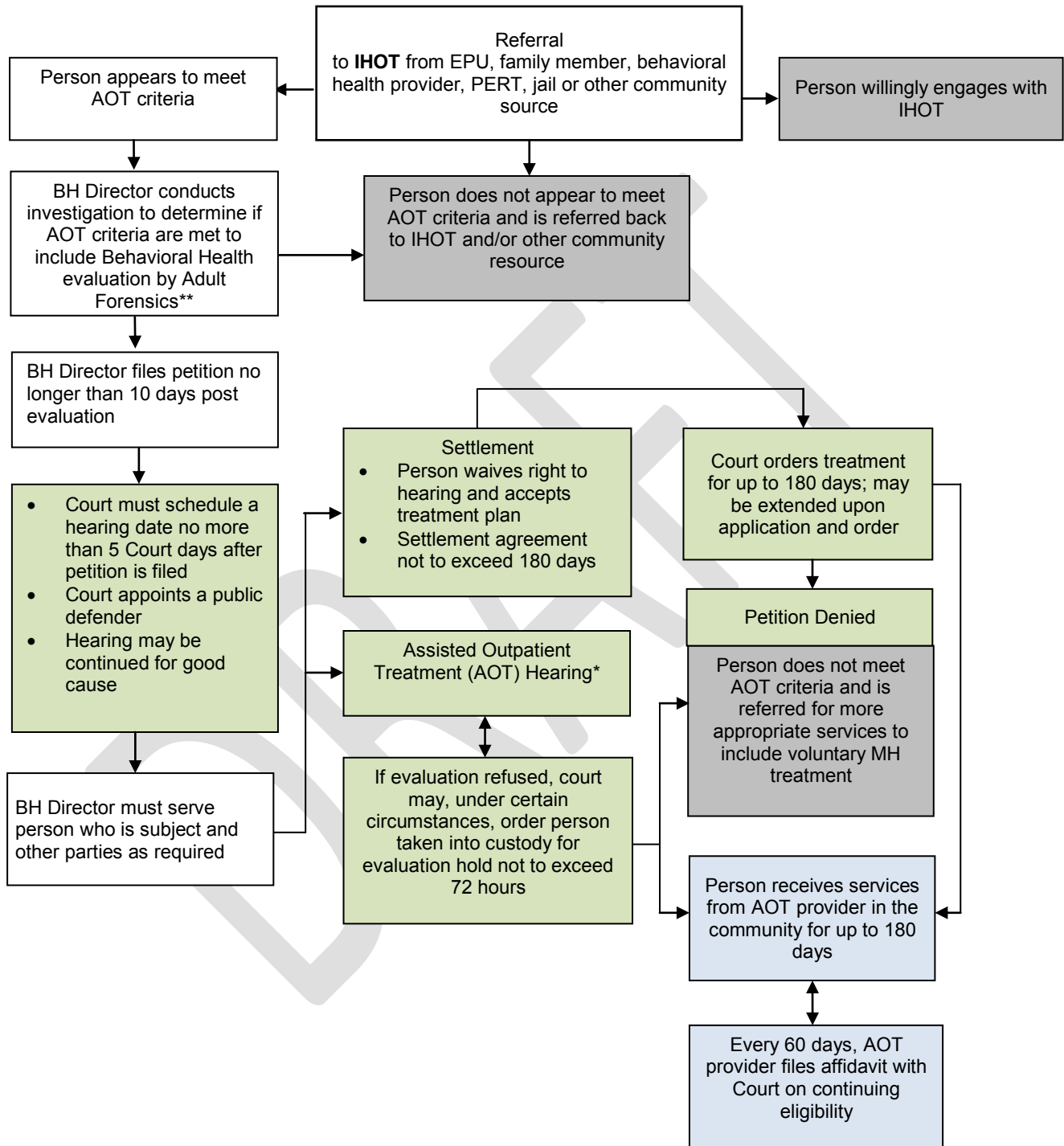
MHSA regulations require a community input process regarding the use of the funds. If the funds are used to expand the existing IHOT program, or if SB 585 passes and the County chooses to implement Laura's Law through MHSA funding, a community input process is required. In addition, approval from the Mental Health Services Oversight and Accountability Commission is required if MHSA Innovation funds are used. Recognizing that additional revenue will be necessary if the Board chooses to expand IHOT and/or implement Assisted Outpatient Treatment, it is further recommended that HHS conduct a community input process regarding the use of MHSA funds for these activities.

Quarterly Updates

In accordance with the Board's direction, results of progress made towards implementation of Laura's Law will be provided to the Board in the IHOT quarterly updates. These reports will include:

- Updates of preliminary IHOT expansion,
- Continued evaluation of data, and
- Legislative remedies that moves Laura's Law to becoming an effective option, through:
 - secured funding, and
 - strengthened effectiveness of the Court Order

Attachment A Assisted Outpatient Treatment Flow Chart



*At any point, person may file a writ of habeas corpus with Court to challenge Laura's Law (AOT) eligibility.

**It is anticipated that some potential Laura's Law (AOT) participants will not consent to a behavioral health evaluation and has identified a process within the W&I code to complete requirements