

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS  
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 9/22/2015	(3) CONTACT/PHONE Anne Robin, Behavioral Health Administrator 781-4719	
(4) SUBJECT Submittal of a report summarizing an analysis of Assisted Outpatient Treatment (also known as "Laura's Law") in San Luis Obispo County. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board receive and file this report regarding the analysis of implementing an Assisted Outpatient Treatment program pursuant to State regulations, and provide staff direction as necessary.			
(6) FUNDING SOURCE(S)	(7) CURRENT YEAR FINANCIAL IMPACT \$0.00	(8) ANNUAL FINANCIAL IMPACT \$0.00	(9) BUDGETED? No
(10) AGENDA PLACEMENT { } Consent    { } Presentation    { } Hearing (Time Est. ____ )    { x } Board Business (Time Est. <u>60 min</u> )			
(11) EXECUTED DOCUMENTS { } Resolutions    { } Contracts    { } Ordinances    { x } N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A { } 4/5 Vote Required    { x } N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY { } N/A    Date: <u>March 17, 2015</u>	
(17) ADMINISTRATIVE OFFICE REVIEW Leslie Brown			
(18) SUPERVISOR DISTRICT(S) All Districts			

# County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director  
Anne Robin, L.M.F.T., Behavioral Health Administrator

DATE: 9/22/2015

SUBJECT: Submittal of a report summarizing an analysis of Assisted Outpatient Treatment (also known as "Laura's Law") in San Luis Obispo County. All Districts.

## **RECOMMENDATION**

It is recommended that the Board receive and file this report regarding the analysis of implementing an Assisted Outpatient Treatment program pursuant to State regulations, and provide staff direction as necessary.

## **DISCUSSION**

On March 17, 2015, the Board directed staff to return with an analysis of "Laura's Law", hereon known as Assisted Outpatient Treatment (AOT), as a follow-up to a presentation of current gaps in the Behavioral Health system.

### Background

Assembly Bill (AB) 1421 (commonly known as "Laura's Law") was signed into law by Governor Gray Davis in 2002 and took effect January 1, 2003. The law was encoded in the Welfare and Institutions Code section 5345-5349.5 and was due to sunset on January 1, 2013. However, in 2012, the Governor approved AB 1569 (Allen) which extends the law until January 1, 2017.

AB 1421, officially called the Assisted Outpatient Treatment Program Demonstration Project Act of 2002, was named after Laura Wilcox, a 19 year old who was working in the Nevada County mental health clinic when she was shot and killed by a man with untreated severe mental illness. Laura's Law was modeled after a New York State statute commonly known as Kendra's Law, passed in 1999. Approximately 44 states have enacted similar laws. Nine (9) California counties now have Board of Supervisor approval to pilot or fully implement AOT including: Nevada, Yolo, Orange, Los Angeles, San Francisco, Placer, Mendocino, San Diego, and Contra Costa. Twelve additional counties, including Santa Barbara, are also considering implementation.

### What is Assisted Outpatient Treatment?

AOT is a sustained and intensive mandated treatment program in the community for those individuals who are experiencing severe mental illness, but who do not voluntarily engage in treatment. AOT allows civil courts to order certain individuals to comply with treatment while living in the community. Strict eligibility requirements limit the range of individuals who may be subject to a civil court order. A hearing is held before a judge who ultimately determines whether court ordered treatment is warranted. The court order commits the individual to accept treatment and the mental health system to provide such treatment. However, the only service the individual is mandated to accept is case management. Medication is not forced as part of AOT outpatient services. The individual has opportunities to voluntarily engage in treatment prior to court involvement.

Some individuals with disorders such as schizophrenia often need medication to enable them to control their own thoughts and behaviors. At times, these individuals may not recognize that their thoughts or behaviors may lead them to act in ways that could be dangerous to themselves or others. Anosognosia is the term utilized to describe an individual who does not recognize they are ill, due to a mental illness. It is estimated that 2.5% of individuals with severe mental

illness may experience anosognosia. Individuals experiencing anosognosia frequently reject all treatment, or are very selective in which treatments they may accept. Medication is the most commonly rejected intervention by individuals with anosognosia. Resistance to treatment and lack of insight into a mental illness in these cases is not willful but due to a neurological syndrome. According to the Treatment Advocacy Center, "Anosognosia – 'lack of insight' or 'lack of awareness' - is believed to be the single largest reason why individuals with schizophrenia and bipolar disorder do not take their medications. A result of anatomical damage to the brain, it affects approximately 50% of individuals with schizophrenia and 40% of individuals with bipolar disorder. When taking medications, awareness of illness improves in some patients".

#### AOT Target Population

AOT targets individuals with serious mental illness who have had at least two involuntary psychiatric hospitalizations or incarcerations within the past 36 months; and whose illness has resulted in one or more acts of serious and violent behavior toward self or others, or threats, or attempts to cause serious physical harm to self or others within the last 48 months.

Counties who are considering implementation of AOT have used an estimate of one for every 25,000 population as potentially eligible for AOT. Multiple factors must be considered for AOT eligibility beyond the basic factors listed above. Evaluation of potential AOT clients must demonstrate that the client has been given every opportunity to participate in voluntary treatment, but continues to fail to engage in treatment, resulting in the substantial deterioration of the client's condition. AOT eligibility is also contingent upon demonstrating that participating in AOT would benefit the client by providing services in the least restrictive setting possible, and that the provision of AOT services would result in preventing relapse and/or deterioration to grave disability or serious harm to self or others.

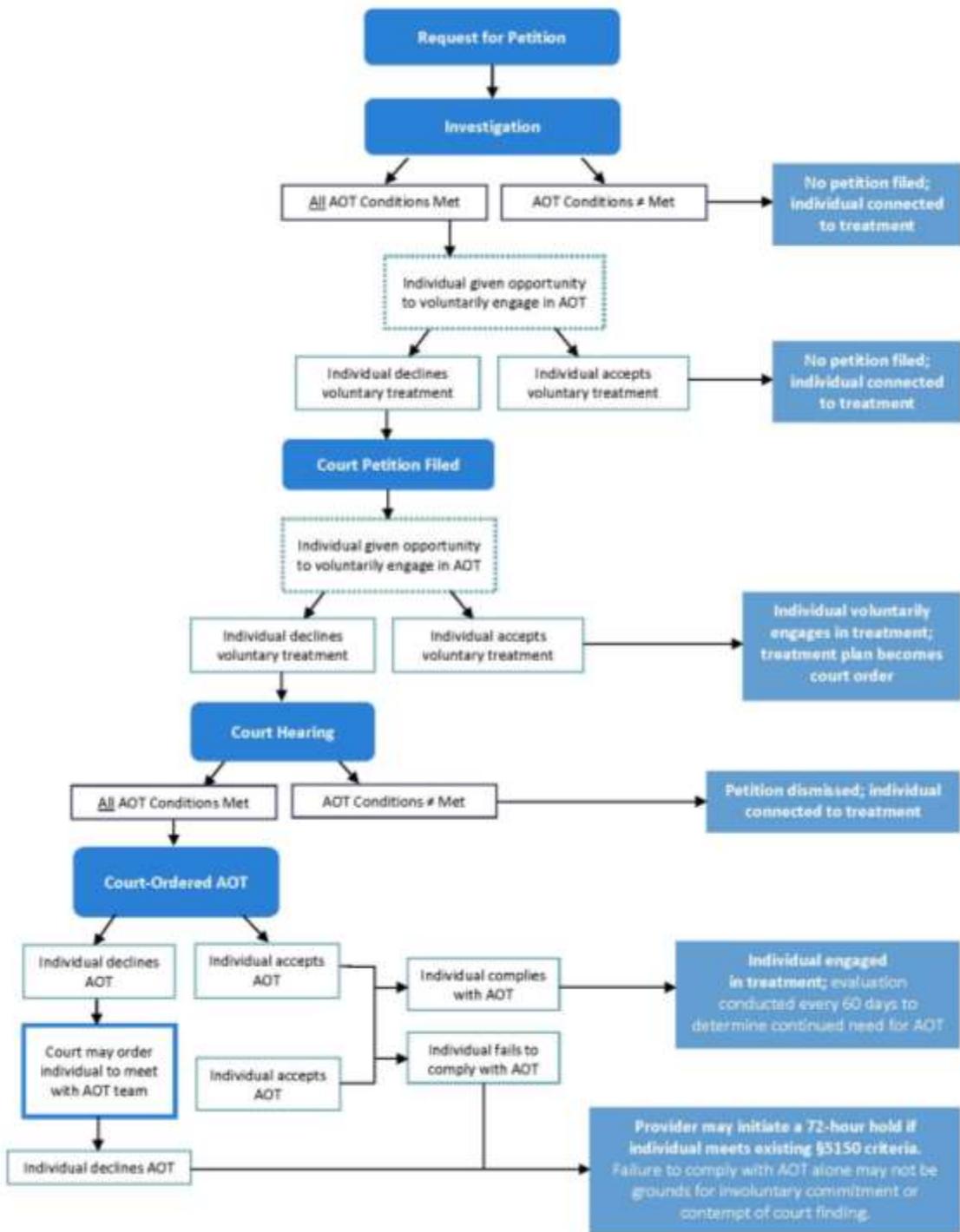
#### AOT Eligibility Criteria

AB 1421 lays out nine specific eligibility criteria that must be met for enrollment in an AOT program. A person may be placed in AOT only if, after a court hearing, all of the following criteria have been met:

1. 18 years of age or older,
2. Suffering from mental illness as defined by Welfare and Institutions Code (WIC) Section 5600.3,
3. Have a clinical determination that the person is unlikely to survive safely in the community without supervision,
4. Have a history of lack of compliance with treatment for their mental illness, and at least one of the following is true:
  - a. Within the last 36 months, at least two psychiatric hospitalizations or treatment within a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
  - b. One or more acts of serious and violent behavior towards themselves or another or threats or intent to cause serious physical harm to themselves or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition,
5. Has been offered an opportunity to participate in a treatment plan by the director of the local mental health agency, and the treatment plan includes all of the services described in section 5348 of the WIC, and the person fails to engage in treatment,
6. The person's condition is substantially deteriorating,
7. Participation in AOT would be the least restrictive placement necessary to ensure the person's recovery and stability,
8. In view of the person's treatment history and current behavior, the person is in need of AOT in order to prevent relapse or deterioration that would likely result in grave disability or serious harm to self or others as defined in section 5150 of the WIC, and
9. Be likely to benefit from AOT.

Process to Petition the Court for AOT

Overview of Assisted Outpatient Treatment (AOT) Process - [W&I 5345-5349.5](#)



Only the county mental health director, or their designee, may file a petition with the superior court in the county where the person is present or reasonably believed to be present.

The following individuals may request that the county mental health department investigate whether to file a petition for

the treatment of an individual:

- Any adult with whom the person resides;
- An adult parent, spouse, sibling or adult child of the person;
- If the person is admitted to an inpatient facility, the hospital director;
- The director of a program providing mental health services to the person in whose institution the person resides;
- A treating or supervising licensed mental health treatment provider;
- The person's parole or probation officer.

Upon receipt of a request from a person in the categories above, the county mental health director is required to conduct an investigation. A petition will only be filed if it is determined that the referred individual is likely to meet all of the criteria for AOT by clear and convincing evidence. In addition, if the court finds that there are no appropriate and feasible less restrictive alternatives, the court may order the individual to receive AOT for an initial period not to exceed six months. County counsel will be essential to assisting with initial petition review to ensure that a clear and convincing evidence standard is met before the petition for treatment is filed with the court.

*Calendar* – The court must determine a date for a hearing on the petition that is no more than five work days after the petition is filed. Continuances can only be allowed for good cause.

*Notifications* – The petitioner (county mental health) must ensure that the petition and notice of the hearing is personally served upon the person who is the subject of the petition. The petitioner must also send notice of the hearing and a copy of the petition to the county office of patients' rights, and the current health care provider appointed for the individual.

The person subject to a petition may also designate others to receive adequate notice of the hearings, such as family members or others supporting them in their recovery.

*Representation* – The person who is subject to the petition has the right to be represented by counsel at all stages of an AOT court proceeding. If the person elects, the court shall immediately appoint a public defender or other attorney to oppose the petition. If able to afford it, the person is responsible for the cost of the legal representation on his or her behalf.

*Prior to the Conclusion of the Hearing* – The person who is the subject of the petition may waive the right to a hearing and enter into a settlement agreement. If the court approves it, a settlement agreement has the same force and effect as a court order for assisted outpatient treatment. Settlement agreements must be in writing, agreed to by all parties and the court, and may not exceed 180 days. The agreement is conditioned upon an examining licensed mental health treatment provider stating that the person can survive safely in the community and also includes a treatment plan.

#### What happens at an AOT hearing?

The court has two options at an AOT hearing:

1. Find that the person does not meet criteria for AOT and dismiss the petition, or
2. Find that the person does meet criteria for AOT and there is no appropriate and feasible less restrictive alternative, and order the person to receive AOT for up to six months.

If the person is found to meet criteria for AOT, the court must specify the services that the person is to receive in the court order.

#### Treatment Plan

In the AOT order, the court must specify the services that the person is to receive. The court may not require any treatment that is not included in the proposed treatment plan submitted by the examining licensed mental health treatment provider. The court, in consultation with the county mental health director, must also find the following:

- That the ordered services are available from the county or a provider approved by the county for the duration of the court order;
- That the ordered services have been offered on a voluntary basis to the person by the local director of mental health, or her designee, and the person has refused or failed to engage in treatment;
- That all of the elements of the petition have been met; and

- That the treatment plan incorporated in the order will be delivered to the county director of mental health, or their appropriate designee.

The county mental health director may apply to the court prior to the initial order's expiration for an additional period of no more than 180 days.

#### Release from AOT

There are two methods by which someone under an order can establish that he or she no longer meets the eligibility criteria and should be released from an AOT order:

1. No less than every 60 days the director of the AOT program is required to file an affidavit with the court stating that the person still meets the criteria for placement in the program. The person has the right to a hearing to challenge the assessment.
2. The person can request a hearing at any time. At the hearing on the petition the court will determine whether or not the person still meets the initial AOT eligibility requirements. If not, the person shall be released from the AOT order. In either type of hearing the burden of proof that the AOT criteria are still met is on the director of the program.

#### Failure to Comply with AOT Order

Failure to comply with an order of assisted outpatient treatment alone is not sufficient grounds for involuntary civil commitment to an inpatient facility; nor may non-compliance result in a finding of contempt of court.

A licensed mental health treatment provider may request that a person under an AOT order be transferred to an inpatient hospital for 72 hour evaluation only upon determining that:

1. The person has failed or refused to comply with the court-ordered treatment,
2. Efforts were made to solicit compliance, and
3. The person may need involuntary admission to a hospital for evaluation.

Any continued involuntary retention in the evaluating facility beyond the initial 72 hours must be pursuant to the provisions for inpatient hospitalization (WIC 5250). A person found not to meet the standard for involuntary inpatient hospitalization during the evaluation period, and who does not agree to stay in the hospital voluntarily must be released.

#### Additional Requirements of AOT

Prior to adoption of an AOT program, a county must take into consideration the many regulatory requirements stipulated in AB 1421 and SB 585. These regulatory requirements necessitate consideration of the ramifications of implementation.

1. *The County must offer the same services on a voluntary basis* – The intensive services such as those provided in an AOT program cannot be reserved to those solely with AOT orders. Voluntary clients must also have access, based on need, to the higher intensity services equivalent to those dedicated to AOT. This includes the provision for “housing clients that is immediate, transitional, permanent, or all of these”. For persons with children, they have a right to “live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as appropriate”.
2. *The County must ensure effective assistance of legal counsel at all stages of proceeding* – A person subject to a petition for AOT has the right to effective assistance of counsel. If the person chooses, the court appoints the public defender or other attorney to assist the person. A person is required to pay the cost of legal services if he or she is able.
3. *County must inform Patient's Rights office of AOT* – The county mental health director or designee must send a copy of the petition and notice of hearing on the petition to the person subject to an AOT petition and to the county office of Patient Rights. Patients' Rights offices need to be sufficiently funded to respond to such notifications and potential petitions.
4. *County must develop and provide a training and education program* – A training and education program must be developed in collaboration with client and family advocacy organizations, and other stakeholders. Training shall be provided to mental health providers, law enforcement officials, and certification hearing officers, among others. Training shall include legal requirements for involuntary inpatient and outpatient treatment. Training must also include methods for ensuring that decisions regarding involuntary treatment direct clients toward the most

effective treatment. Training shall include an emphasis on each client's right to provide informed consent to assistance.

#### Service Requirements for AOT Program

1. 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
2. A service planning and delivery process that includes provisions to determine the number of persons to be served and the programs and services that will be provided to meet the individual needs. The threshold of services must include:
  - i. Outreach and engagement services to reach families and support systems
  - ii. Coordination and access to medication, psychiatric and psychological (therapy) services and substance abuse services
  - iii. Vocational rehabilitation
  - iv. Veterans' Services
  - v. Services to physically disabled
  - vi. Supportive housing or other housing assistance
  - vii. Removal of barriers to services resulting from cultural background, linguistic skills, racial, age or gender differences
  - viii. Services to engage and support individuals who are homeless
  - ix. Services to older adults who are physically disabled and to seriously mentally ill young adults who are at risk of becoming homeless
  - x. Housing that is immediate, transitional, permanent or all of these
  - xi. Needs for women from diverse backgrounds
3. Personal Service Coordinator who may be part of the AOT program team who is responsible for ensuring, to the extent feasible, that individuals subject to AOT receive services that are age, gender, and culturally appropriate and enable them to :
  - i. Live in the least restrictive housing feasible in the local community
  - ii. Engage at the highest level productive activities appropriate to the abilities and experience of the individual
  - iii. Access appropriate education and vocational training
  - iv. Access physical health care
  - v. Reduce anti-social or criminal behavior

#### Research Outcomes

A 2005 study conducted by the New York State Office of Mental Health and a 2009 evaluation performed under a contract with New York State by an independent research team were conducted. The studies report that AOT reduces hospitalization, homelessness, arrests, and incarceration among people with severe psychiatric disorders, while increasing adherence to treatment and overall quality of life. The evaluations note that the effectiveness of AOT (Kendra's Law in New York State) is not simply a product of a systemic services enhancement, but rather attributed to the court ordered component of AOT motivating treatment compliance.

Non-randomized research studies in California suggest that AOT demonstrates positive outcomes for clients and yields cost savings. For example, in Yolo County, individuals involved with AOT have shown an 88% decrease in homeless days, a 67% decrease in psychiatric hospital days, and a 50% decrease in emergency interventions. Nevada County, which was the first California County to implement AOT, shows decreases of 65% to 98% in the same areas.

Research does indicate that intensive long term treatment, such as Full Service Partnerships (FSP), with intensive services and supports, plays a key role in clinical outcomes of individuals. In Santa Barbara County's recent analysis and report to the Board of Supervisors on AOT (Attachment A), it is reported that "in a review of the randomized control study literature research, no evidence was found to indicate that a court order is necessary or produces treatment compliance or that the court order in and of itself has an independent effect on client outcomes".

Options to Implementation of AOT

Component	Adult FSP	HOT FSP	BHTC	50 Now	AOT
Low Client Ratio	X	X	X	X	X
Team Based Care	X	X	X	X	X
All MH Services	X	X	X	X	X
Substance Abuse Treatment			X	X	X
Field-Based	X	X		X	X
Housing Supports	X	X	X	X	X
Vocational Services	X	X	X		X
Cultural Compliance	X	X	X	X	X
Wellness/Recovery	X	X	X		X
24/7 Response	X	X		X	X
Peer Support	X	X	X	X	X
Flex Funding	X	X		X	X
Housing	X	X	X	X	X
Extended Outreach and Engagement	X	X		X	X
Specialized Services (Age, Gender, Homeless, etc)	X	X	X	X	X
Court Process/Order					X

The Behavioral Health Department and Transitions Mental Health Association (TMHA) have several programs which meet part or all of the services requirements for AOT, with the exception of the court process and monitoring.

Program Descriptions

**Adult Full Service Partnership (FSP):**

The Adult FSP team is a community and wellness approach to engage persons at risk and targets adults 26-59 years of age with serious mental illness. The participants are usually unserved, inappropriately served or underserved and are at risk of institutional care because their needs are difficult to meet using traditional methods. They may be frequent users of hospital or emergency room services, involved with the justice system or suffering with a co-occurring substance abuse disorder. Behavioral Health partners with TMHA to provide a full range of services including assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication supports, housing, and integrated vocational services to enable individuals to remain in the community, and live full, productive, self-directed lives.

**Homeless Outreach Team (HOT) FSP:**

The HOT FSP team focuses on outreach to unserved, difficult-to-reach homeless population, and seeks to engage clients in health care, mental health treatment, and housing. Program participants are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each individual to attain their highest level of independence.

**Behavioral Health Treatment Court (BHTC):**

The BHTC team serves adults, ages 18 and older, with a serious and persistent mental illness, who are on formal probation for a minimum of two years, and who have had chronic use of mental health treatment observed as a factor in their legal difficulties. BHTC clients volunteer for the program forming a contractual agreement as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital.

**50 Now:**

The 50 Now Program is a multidisciplinary team case management model developed to house the 50 most vulnerable homeless adults in the County using a Housing First approach. The 50 Now Program is a collaboration between TMHA, Community Action Partnership of San Luis Obispo (CAPSLO), the Housing Authority of San Luis Obispo (HASLO) and the County Department of Social Services (DSS). The team is made up of a Nurse, Psychiatric Technician, Therapist, and Peer Support Specialist through TMHA. There is also a Housing Specialist and a Drug and

Alcohol Specialist provided by CAPSLO. Together, the team works to house the 50 most vulnerable homeless adults and has 50 housing choice vouchers through HASLO to help that happen. 13 beds of permanent housing are also a component of the program.

**Other programs** which are currently provided in SLO County include the AB109 and MHSA supported Forensic re-entry services, and jail based mental health and substance use disorder treatment. The recent approval of a Mentally Ill Offender Crime Reduction Grant will increase mental health services from initial court hearing through in-custody stay, and will enhance the forensic re-entry teams already in existence. Behavioral Health moved to an integrated mental health and substance use disorder model for forensically involved clients last year. The programs represented by these teams and programs have coordinated and enhanced services and collaboration for both the individual clients and various agencies involved.

**Forensic Re-entry Services:** A Forensic Re-entry Services (FRS) team, comprised of County Mental Health Therapist and a community-provided Personal Services Specialist (PSS) provides a “reach-in” strategy in the County Jail, adding capacity for providing aftercare needs for persons exiting from incarceration. The Forensic PSS is provided in partnership with TMHA, and is responsible for providing a “bridge” for individuals leaving the jail in the form of assessment and referral to all appropriate health and community services and supports in addition to short-term case management during this transition.

**Mentally Ill Offender Crime Reduction Program (MIOCR):**

The MIOCR program has a three pronged approach which will:

- Increase presence of a Behavioral Health clinician in the pre-trial court room to screen mentally ill offenders as they are being sentenced, providing an alternative to incarceration by ordering appropriate offenders into treatment
- Increase the clinical treatment services in-custody in the specialized mental health unit at the County Jail providing evidence based programs by a Behavioral Health Clinician
- Increase access to medication and screening appointments for offenders with mental illness upon release of custody to provide a seamless re-entry from jail to community

The Board may determine that the currently expanded service system should be allowed to fully develop prior to adding an AOT program and revisit the pilot option during the next fiscal year.

Arguments For and Against AOT

Finally, given the controversy and advocacy surrounding Assisted Outpatient Treatment, an analysis of pros and cons of the initiative and program is essential. A comprehensive literature review was completed by Santa Barbara County and is included in Attachment A of this report. Outcome reports from Nevada County’s AOT are also included for reference in Attachment B.

*Arguments of Opponents to Implementation of AOT:*

- Assisted Outpatient Treatment is unconstitutional and infringes on civil liberties
- Concerns about potential abuses of the process of involuntary commitment
- Non mental health professional at the courts involved in treatment process
- Concern for consumer rights and personal decision making regarding care
- Quality intensive voluntary treatment has proven effective (FSP, ACT). Efficacy of Court order (“black robe effect”) has been questioned.
- AOT may strain underfunded mental health systems and directs resources to a small population of those in need
- The expected or hoped for results of court ordered treatment may not be achieved
- Individuals who may be court ordered but still do not comply with treatment may not be sanctioned in any way. Therefore, individuals who do not respond to “black robe effect” who do not voluntarily accept services will still be at risk.
- Provides false hope to loved ones and the community.

*Arguments of Proponents to Implementation of AOT:*

- Existing community mental health programs do not serve the same population as AOT. These programs are for people who voluntarily receive treatment whereas AOT is targeted to the population that refuse treatment.

Assisted outpatient treatment is the only therapeutic option for a small subset of seriously mentally ill people who deny their illness and refuse treatment for it.

- There are limited options to engage adults with serious mental illness who do not voluntarily seek care. AOT provides for a lower cost, less restrictive, and more humane alternative to inpatient commitment (WIC section 5151).
- Court system mandates the treatment and provides oversight
- Provides critical intervention to those at risk of homelessness, violence, incarceration or death. A study of Kendra's Law (New York State) concludes that the law contributed to reduced homelessness (74%), suicide attempts (55%), and substance abuse (48%). There was also a reduction in physical harm to others and property destruction (47% and 43% respectively). Finally, it reduces hospitalization and incarceration of this population.
- There is no provision of the law that requires forced medication
- While there are costs associated with implementing AOT, the return on investment due to savings in hospitalization and incarceration is positive.
- Engages individual and support system in individualized treatment plan

*Other considerations to arguments For and Against AOT:*

Proponents tout the cost saving of AOT as another compelling argument for implementation. While FSP programs, and AOT programs, do show an average reduction in individual costs of from \$1.41 to \$1.81 per dollar spent on the programs, these figures do not take into consideration the fixed costs of jails and hospitals.

AOT programs foreshadowed the very successful FSP programs, which were developed after the initial Laura Wilcox case in 2001. The Mental Health Services Act (Proposition 63 in 2004) requires that FSP programs be a large part of the community services funded. As described above, with the exception of the court process, several local programs provide all of the elements of AOT. However, research indicates that for those individuals who participate in programming, due to the "black robe effect" of facing a judge, AOT is effective for individuals who would not otherwise engage in treatment.

Families have long requested access to information about their loved ones who refuse to allow providers to provide such information. AOT does not set aside any of the privacy provisions stipulated by HIPAA or the State of California privacy codes (California Civil Code 56.00-56.16). However, AOT does allow family members, as well as others, to refer clients for an AOT evaluation.

AOT is not a panacea to relieve the community of violence. Individuals with mental illness are more likely to be the target of violence rather than perpetrators. Fewer than 4% of homicides nationwide are committed by individuals with mental health disorders. AOT does not allow for forced treatment; nor does it allow any sanctions if the individual refuses to participate.

Should the Board of Supervisors recommend development and implementation of Assisted Outpatient Treatment in San Luis Obispo County, the following steps would be necessary going forward:

- Pass a resolution adopting the AB1421 legislation.
- Make a finding that no voluntary mental health program serving children or adults would be reduced as a result of implementation.
- Develop a work group to plan, design, and implement a collaborative process and AOT design with the community, BHD, the Courts, County Counsel, Public Defender, and other partner departments.
- Engage in outreach efforts as set forth in AB 1421 legislation to inform those likely to be in contact with AB 1421 population including family members, primary care physicians, law enforcement, homeless services providers, and others.
- Identify funding sources.
- If MHSA funds are to be considered for future years, engage in the community program planning as described in the MHSA legislation.

**OTHER AGENCY INVOLVEMENT/IMPACT**

The Department worked with the Sheriff, Superior Court presiding Judge and County Counsel to determine the impact the program would have on the Departments. The Sheriff has been supportive of implementing an Assisted Outpatient Treatment program. The Sheriff and the Department discussed with the Superior Court last year. It was decided as that

time that the issue would be revisited at a later date. County Counsel has been involved in preparation and review of documents and development of impact to County Counsel. Anticipated court costs would be minimal as the potential for hearings would be fewer than 10 per year.

**FINANCIAL CONSIDERATIONS**

The FY 2015-16 Behavioral Health Adopted Budget does not include the proposed AOT program. Staff analyzed several county implementation plans to develop estimated costs for an AOT program in San Luis Obispo County, as well as comparing the program to the current cost per individual for the Adult FSP and Homeless Outreach FSP programs. Based on this information, the Department has prepared the following cost estimates for a pilot program for 10 participants/year. The number of participants was based on the population estimate of one individual per 25,000 being eligible for AOT services. This assumption was based on outcomes from Nevada County where 60% of referred individuals who met AOT criteria agreed to voluntary services at the point of initial outreach from mental health workers, without the need for court proceedings. Of the remaining 40% that resulted in a court petition, 90% of those agreed on a treatment plan (settlement) without it being imposed by the court.

The tables below show the estimated start-up cost during the first six months of implementation and the ongoing annual cost.

<b>Six Month Start-up Program Costs</b>	<b>Cost</b>
Total Salaries & Benefits	\$ 121,782
Total Services & Supplies	4,192
Total Start Up - Capital Assets	14,000
County Counsel - Start Up	10,000
<b>Total Gross Program</b>	<b>\$ 149,974</b>
No revenue generated during start up	<b>0</b>
<b>Total Net Program</b>	<b>\$ 149,974</b>
<b>Total Gross Cost per Client</b>	<b>\$ 14,997</b>
<b>Total Net Cost Per Client</b>	<b>\$ 14,997</b>

Start-up would be comprised of hiring a 1.0 FTE Licensed Clinician (Mental Health Therapist IV), a 1.0 FTE Administrative Services Officer (ASO) II, and a .25 FTE Health Information Technician (HIT) I to begin outreach to stakeholders and partner agencies, design services based on input, develop program materials, and begin community training. During this time, research to determine potentially eligible individuals would occur. It is estimated that a start-up phase would take from 6 to 12 months, based on the experience of other counties.

Ongoing Program Costs	Cost
Total Salaries & Benefits	\$ 387,347
Total Services & Supplies	71,544
Housing - Independent Living w/Supports	22,460
Housing - Intensive Residential	46,002
Housing - Board & Care	32,500
Housing - IMD Step Down	78,307
County Counsel Costs	59,520
<b>Total Gross Program</b>	<b>\$ 697,680</b>
Revenue: Medi-Cal - Treatment services	(99,057)
Revenue: Medi-Cal - Intensive Residential	(7,563)
Other Revenue: Client Rents & Grants	(16,565)
<b>Total Net Program</b>	<b>\$ 574,495</b>
<b>Total Gross Cost per Client</b>	<b>\$ 69,768</b>
<b>Total Net Cost Per Client</b>	<b>\$ 57,450</b>

After start-up, program staff will consist of the following:

- 1.0 FTE Licensed Clinician (Mental Health Therapist IV – hired at start-up)
- 1.0 FTE Administrative Services Office II (hired at start-up)
- .50 FTE Health Information Technician I (hired at start-up as .25 FTE increased after implementation)
- .50 FTE Medication Manager (Mental Health Therapist III)
- 1.0 FTE Peer Support Specialist (Mental Health Worker)
- .25 FTE Mental Health Therapist III with drug and alcohol specialty

The 10 person pilot option allows for the target number of AOT eligible individuals to be referred and followed in the intensive treatment program required. The total gross cost to implement the pilot is estimated at \$697,680. The Department is estimating that the program will generate \$123,185 in revenue to offset a portion of the cost. The remaining amount may be funded via other revenue sources, such as General Fund or MHSA. However, no current programs may be eliminated in order to fund AOT.

Some efficiencies and reductions in cost may be achieved by increasing a contracted agencies' current Full Service Partnership program which has many of the required elements. However, the minimum of a clinical evaluator and system navigator are required to specifically serve this program. Other service enhancements, including housing and additional vocational rehabilitation slots, would also be required. The Department's initial estimate to contract out the services is approximately \$500,000 per year.

The proposed modeling for a SLO AOT pilot program would be:

- 25 individuals referred for evaluation per year
- 10 individuals meet eligibility criteria
- 6 individuals accept treatment prior to hearing
- 3 individuals accept treatment at settlement
- 1 individual has court ordered treatment plan

All 10 individuals must be provided the AOT level of care. Reviews must be provided to the Court every 60 days to determine continuing need for AOT. Annual reports must also be submitted to the State Department of Health Care Services (DHCS).

If implemented, a start-up phase to review in-patient and jail records to find potentially eligible individuals would be essential. Data analytics are also a requirement, so early development and formatting of records and information collection processes would be a primary duty of the proposed Administrative Services Officer. County counsel will be a

vital partner in start-up as well to develop legal forms and protocols. The cost estimates for County Counsel include both attorney and legal clerk time using currently approved standard hourly rates. The start-up estimate for County Counsel is \$10,000 with the ongoing annual maintenance of the program reflected at \$59,520.

An additional part of start-up, continuing on into implementation of an AOT program, is extensive training of law enforcement and the affected community, predominantly family members and loved ones of individuals with mental illness. Misunderstanding by the community and family advocates of the scope and criteria has been noted by several counties currently implementing AOT programs.

Community partners and stakeholders should be included in program design to ensure that all elements of AOT are provided in the least restrictive manner. Cultural competency, age related concerns, use of peer mentors, housing, vocational opportunities, and access to physical health care will be needed to ensure successful participation and graduation from an AOT program. Agencies involved with these services will need to be engaged in the design and implementation of AOT.

Court involvement to set up and designate a hearing process will be required in early stages of design and implementation. According to advocates, court impact is neutral to net positive. The hearings for AOT are simpler in process than those for LPS conservatorships or criminal proceedings.

## **RESULTS**

The information in this report will provide the Board with information necessary to make an informed decision regarding the implementation of the AOT program.

As discussed in the program comparison descriptions, several ongoing and new programs share many of the elements of an AOT program. Providing increased outreach and flexible engagement to individuals who are resistant to treatment may have similar outcomes as an AOT process.

Implementation of Assisted Outpatient Treatment in SLO County may help achieve the County's vision of a healthy and safe community by increasing services to a small number of unengaged individuals with mental illness under strict criteria through a civil commitment process.

A recommendation to continue to foster the current programs and efforts within the Department will also help achieve the County's vision of a healthy and safe community by supporting measured, planned, growth of programs and services.

## **ATTACHMENTS**

1. Attachment A - Santa Barbara County: Laura's Law Report 2015
2. Attachment B - Turning Point: AOT Outcomes Report May 2014 - April 2015