MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos
Forward Together

Assisted Outpatient Treatment (AOT)

Assembly Bill (AB) 1976

February 2021

BEHAVIORAL HEALTH BUREAU
MONTEREY COUNTY HEALTH DEPARTMENT

LPS and Laura's Law

- Lanterman Petris Short (LPS) established in 1967 provides for involuntary commitment for individuals with serious mental illness who are a danger to self, others or gravely disabled.
- Assisted Outpatient Treatment (AOT), AB 1421 or Laura's Law first passed in California in 2002 as an optional unfunded alternative to LPS.
- AB1976 signed into law last year as an unfunded mandate requiring all counties to implement AOT by July 1st 2021 or opt out by May 1st , 2021.

What is Laura's Law (AOT)

- 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.
- AB1976 specifies the eligibility criteria, referral process, and suite of services for an AOT program.

Eligibility Criteria

- As defined by California Welfare and Institutions Code sections 5345-5349.5, Laura's Law creates an AOT program that provides court-ordered treatment **(not medication)** for persons with severe mental illness who meet the following criteria:
  - Must be 18 years of age or older;
  - Is suffering from a mental illness;
  - Is unlikely to survive safely in the community without supervision;
  - Offered and declined voluntary services in the past;
  - Has a substantially deteriorating condition; and
  - Participation in AOT would be the **least restrictive placement**.
- **Plus**, one of the following conditions:
  - The person, within the last 36 months, has required 2 psychiatric hospitalizations or placements in a correctional facility due to their mental illness; or
  - The person's mental illness has resulted in one or more attempts or threats of serious and violent behavior toward himself/herself or another within the last 48 months.

Who Can Refer for AOT Services?

- Co-habitant aged 18 or older
- Close relative-Parent, sibling, spouse, child over age 18
- Director of client's residential care facility
- Hospital director
- Licensed Mental Health Treatment Provider
- Peace Officer
- Parole Officer
- Probation Officer

What is the process after referral?

- Evaluate whether individual meets the criteria for AOT Services.
- Provide extensive outreach and engagement for a minimum of 30 days
- Provide screening and assessment
- Linkage to psychiatric treatment, primarily Full-Service Partnerships (FSP) providers
- If services are refused by individual, then a petition is filed with Superior Court for court-ordered psychiatric treatment
- **The Behavioral Health Director or designee is responsible for filing the petition** and certify that each of the criteria set forth in AB1976 are met
- Behavioral Health staff participation in court hearings and follow-up on court mandate are required

Services Required by AOT

- Full-Service Partnership (FSP) level of care
- Outreach, engagement and consultation services
- Community-based, Multi-disciplinary and 24/7 on-call outreach & support
- Individualized service plans
- Low client-to-staff ratios (no more than 10:1)
- Coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation and Veterans services
- Plans shall contain cultural, linguistic, gender, age and special needs of minorities and provide staff with the necessary cultural and linguistic background to remove barriers for those with limited English-speaking ability and cultural differences.

Benefits of AOT – Why consider it?

- Therapeutic option for a small subset of people with serious mental illness who deny their illness
- Provides intervention to those at risk of homelessness, violence, incarceration, or death
- Court system provides some assurances to “right level” of treatment
- 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, emergency room, jail, EMS)

Challenges to Implement AOT

- Redundant services: processes exist for individuals with severe mental illness including voluntary services (FSP, Assertive Community Treatment-ACT) and involuntary hospitalization and conservatorship
- Unfunded mandate: AOT strains Behavioral Health, Housing, Courts, Public Guardian and Public Defender funding resources and directs increased resources to a very small population.
- AOT can include non Medi-Cal beneficiaries.
- Civil Liberties: AOT does not provide sufficient protection against process and involuntary commitment
- Lack of clear information regarding cost savings or cost avoidance with AOT
- Non-compliance isn't solved by coercion
- May be discriminatory towards minority populations and persons of color.

Behavioral Health (BH) Data Fiscal Year 19/20

- Behavioral Health Served 13,134 individuals (all ages)
  - 4,273 new clients served; these are individuals not previously opened to services
  - 69% increase during the last 10 years (*increased 25%* last 5 years)

- Adult-System-of-Care Programs:
  - 2,454 individuals with severe mental illness were served
    - 424 new clients served who had not previously opened to services
    - *17% increase* in NEW clients served
  - Number of individuals served by Adult-System-of-Care has *increased 49%* over the last 10-years (*increased 32%* in last 5 years)

AOT Compared to Current Behavioral Health Services

Assertive Outpatient Treatment		Behavioral Health Programs/ Services	
Community-Based (low staff to client ratios)		*	Assertive Community Treatment (ACT)
		*	Reaching Recovery Services for Adults (5 levels)
			* Level 1- ACT (1:12-15 ratio)
			* Level 2- Intensive CM (1:20-25 Ratio)
		*	PREP – Prevention and Early Intervention in Early Psychosis
		*	TAY Avanza – Age group is 16-25 years old
Specialized Care (Recovery Principles)			
*	Outreach/Engagement	Available in all programs	
*	Coordinated Care	Available in all outpatient programs	
*	Crisis Response/Intervention	*	Available in all outpatient programs
		*	Mobile Crisis – Adults (paused due to health pandemic, restarting soon
		*	Youth Mobile Response – Children/Youth up to age 21
*	72-hour 5150 Assessment	*	Available in all outpatient programs
		*	Crisis Team co-located at Natividad
*	Substance Abuse Treatment	Available stand-alone service or in conjunction with mental health services	
*	Family/Peer Support	*	Family Support available in all programs, as appropriate
		*	Peer Support available in some programs (limited)

11

AOT Compared to Current Behavioral Health Services

Assertive Outpatient Treatment		Behavioral Health Programs/Services	
*	Supportive Housing & Housing Assistance	*	FSP- Supportive Housing
		*	FSP- Homelessness or at-risk
		*	Transitional Housing
*	Vocational Services	Available in most programs	
*	Culturally and Linguistically Responsive Services	Available in all outpatient programs	
*	Medication Support	Available in all outpatient programs	
*	Personalized Service Plan	Available in all outpatient programs	

12

Additional Behavioral Health Services

Behavioral Health Programs and Services	
Collaborative Courts (post-plea)	
*	Mental Health Treatment Court (Creating New Choices)
*	Drug Treatment Court
*	Veteran's Treatment Court (PC 1170.9)
*	DUI Treatment Court
*	Military Diversion (PC1001.80)
Mental Health Diversion (PC1001.36)	
Restoration to Competency - misdemeanants (PC1370.01)	
AB109 Team (PRCS & High-Risk Felony Probation)	
Residential Crisis Services	
*	Manzanita House- Salinas
*	Manzanita House- Monterey
Day Treatment (currently paused due to social distancing requirement due to health pandemic)	
Acute- Psychiatric Inpatient Hospital Treatment	

13

Brief Overview- Reaching Recovery

REACHING RECOVERY PROGRAM

Outcome-based clinical solution for adults with mental illness

Promotes **engagement** and progression towards **recovery**

Standardized assessments evaluate strengths, barriers, and level of care

3 instruments- Recovery Needs Level **(RNL)**, Recovery Marker Index **(RMI)**, Consumer Recovery Marker **(CRM)**

Efficient allocation of time and resources of our service delivery

Method to examine **effectiveness of services and outcomes**

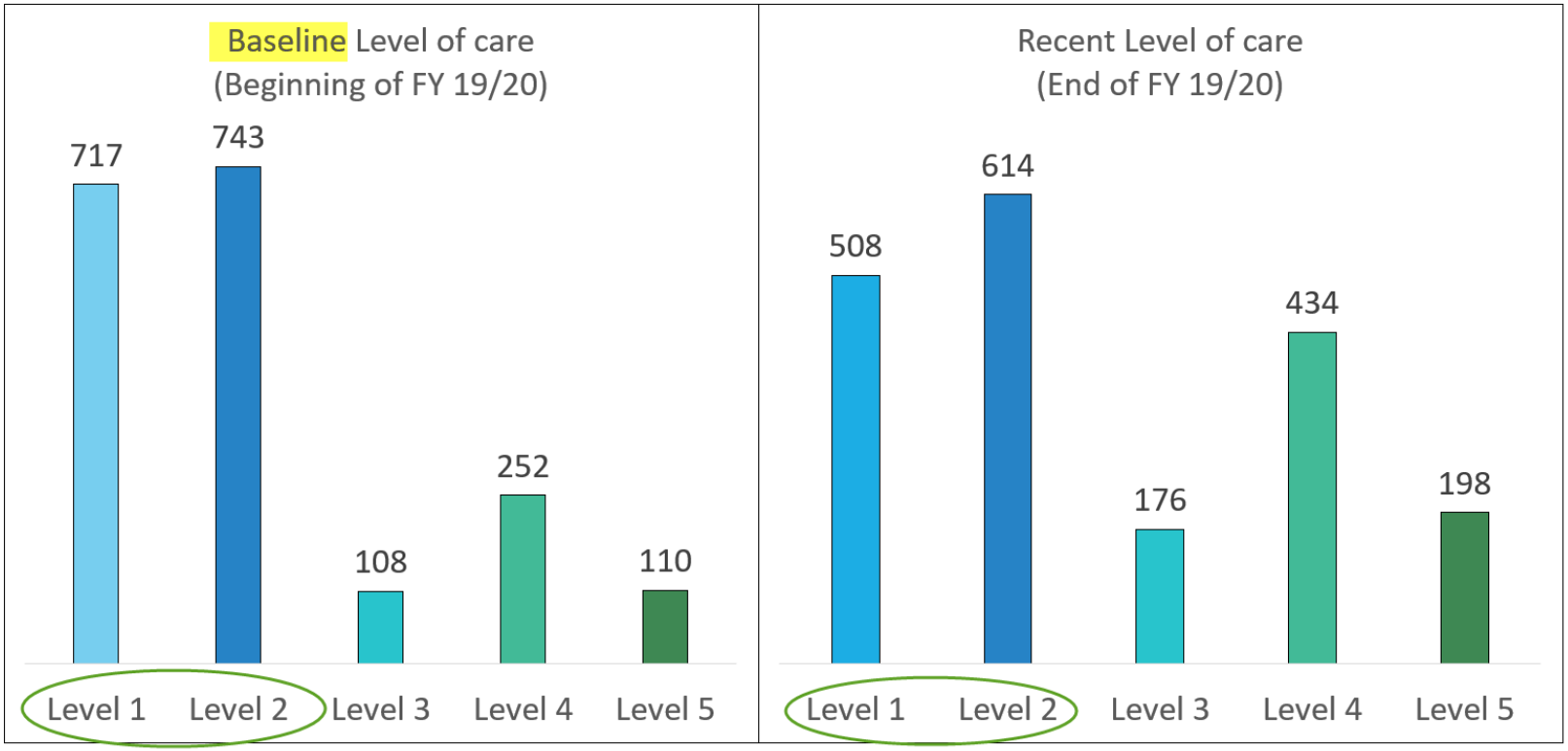
Brief Overview- Reaching Recovery (cont'd)

Recovery Needs Level: recommends most appropriate level of service

Level 1	• Assertive Community Treatment
Level 2	• Intensive Case Management
Level 3	• Enhanced Outpatient
Level 4	• Outpatient
Level 5	• Psychiatry Only

Reaching Recovery Data

Clients in each level of care



MCBH Program Cost Estimates

- **Cost estimate - Delivery of Mental Health Services: $364,176 (50 petition requests**)**
  - ****Petition request volume based on frequency rates experienced in other Counties (Santa Barbara and Sacramento Counties)**

  - . Anticipated Services required (50 petition requests):
    - Ongoing Intensive Outreach and Engagement services. 850 outreach attempts for 25 clients. $180,950
    - Voluntary treatment accepted. 42%. 21 clients.
      - 11 clients receive ongoing outpatient treatment. $79,618
      - 10 clients receive more intensive wraparound services (ACT/FSP level). $150,000
    - Court Ordered Treatment. 8%. 4 clients, requiring more intensive wraparound services. $75,000
    - Total estimated expenses equal $485,568. Anticipate an ability to bill for services: 25%.
      - $485,568 (total) minus $121,392 (25% billing) equals estimated annual expense of $364,176

- **Cost estimate – Mental Health Full-Time Staff: $316,000 (50 petition requests)**
    - Senior Psychiatric Social Worker. For clinical evaluation and services
    - Social Worker III, for outreach and case follow-up.

  - This cost estimate does <u>not</u> include additional all-in costs nor anticipated billing, as detailed above.
- **Cost Estimate - Courts**
  - The California Assembly Bill Analysis determined that the average court cost would be $7,896 a day (or $987 an hour) to operate a courtroom, exclusive of the judge's salary. Significant costs would also be incurred by the Public defender, as all AOT participants must receive due process under the law, including adequate representation.

Staffing and Funding Sources

- Cost associated with AOT implementation cannot reduce or eliminate current existing programs. Requires General Fund or other non-behavioral health funding. MHSA and/or Realignment fund cannot be used.

- County Counsel: Requires General Fund or other non-behavioral health funding. MHSA and/or Realignment fund cannot be used.

- Public Defender: Requires General Fund or other non-behavioral health funding. MHSA and and/or Realignment cannot be used.

- Court: Requires General Fund or other non-behavioral health funding. MHSA and/or Realignment fund cannot be used.

Closing Comments and Request for Input

- Provided a context for and description of Assisted Outpatient Treatment (AB1976)
- Provided the eligibility criteria, process, services and estimated costs for implementation of AOT Programs
- Provided the Benefits and Challenges to implementation of AOT
- Monterey County Behavioral Health embodies the spirit and intent of AOT by offering an array of services that support an individual's path to recovery in the least restrictive setting. Behavioral Health and Public Guardian's Office work closely to meet the needs of adults with severe mental illness, while continuing to build trust with persons to voluntarily engage in treatment; as well as the challenges outlined in this presentation.
  - ***The Behavioral Health Bureau is strongly considering opting-out of implementation of AOT at this time.***
- Your input is welcome and appreciated.