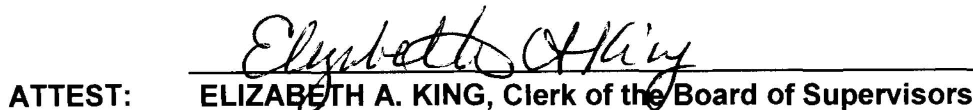
THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
BOARD ACTION SUMMARY

DEPT: Behavioral Health & Recovery Services BOARD AGENDA:7.1
AGENDA DATE: April 24, 2018

SUBJECT:
Approval to Adopt the Implementation Strategy for an Assisted Outpatient Treatment (Laura's Law) Three-Year Pilot Program in Stanislaus County, Including Authorization for the Behavioral Health Director to Implement in Budget Year 2018-2019, Acceptance of Requirements for Annual Reporting, and Approval to Amend the Salary and Position Allocation Resolution to Add Three New Positions to Behavioral Health and Recovery Services Funded by Mental Health Services Act

BOARD ACTION AS FOLLOWS: **RESOLUTION NO. 2018-0185**

On motion of Supervisor Olsen **Seconded by Supervisor** Withrow
and approved by the following vote,
Ayes: Supervisors: Olsen, Chiesa, Withrow, Monteith, and Chairman DeMartini
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None
1) X **Approved as recommended**
2) ______ **Denied**
3) ______ **Approved as amended**
4) ______ **Other:**
MOTION:



ATTEST: **ELIZABETH A. KING, Clerk of the Board of Supervisors** **File No.**

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:7.1
AGENDA DATE: April 24, 2018

CONSENT ☐

CEO CONCURRENCE: YES

4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Implementation Strategy for an Assisted Outpatient Treatment (Laura's Law) Three-Year Pilot Program in Stanislaus County, Including Authorization for the Behavioral Health Director to Implement in Budget Year 2018-2019, Acceptance of Requirements for Annual Reporting, and Approval to Amend the Salary and Position Allocation Resolution to Add Three New Positions to Behavioral Health and Recovery Services Funded by Mental Health Services Act

STAFF RECOMMENDATION:

1. Accept the Assisted Outpatient Treatment (AOT), commonly referred to as Laura's Law, Community Work Group Report and recognize the collaborative efforts of the work group members.
2. Adopt the implementation strategy described in the Assisted Outpatient Treatment Community Work Group Report for a three-year pilot program for AOT in Stanislaus County, along with the following conditions:
   a. Adopt a resolution to implement a three-year Assisted Outpatient Treatment (AOT) pilot program in Stanislaus County;
   b. Authorize the Behavioral Health Director to implement the three-year AOT pilot program as soon as reasonably practicable and within Budget Year 2018-2019;
   c. Require regular reporting to the Board of Supervisors on program performance and measurable results as part of the Mental Health Services Act Annual Update;
   d. Require annual reporting to the Board of Supervisors on program budget estimates in the Proposed Budget and actual program costs in the Final Budget each year of the pilot period, including the identification of any County or community savings that can be attributed to the implementation of AOT; and
   e. Amend the Salary and Position Allocation Resolution to add three new positions to Behavioral Health and Recovery Services effective the first pay period following Board of Supervisors' approval.

DISCUSSION:

Assembly Bill (AB) 1421 introduced and enacted law providing for Assisted Outpatient Treatment (AOT), commonly referred to as Laura's Law. In its most simplistic explanation, the law supports the implementation of an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain specific criteria. The program is not required of counties and is instead optional, operating only in counties that choose to provide the services.

Assisted outpatient treatment serves as a means to provide court-ordered, intensive outpatient treatment for those with severe and persistent mental illness (SPMI) who refuse medication due to the nature of their illness and the corresponding impaired ability to make rational decisions. Participating counties are required to provide prescribed assisted outpatient services that are client driven and employ psychosocial rehabilitation and recovery principles. Eligible individuals are those who suffer from severe mental illness and have been repeatedly arrested and/or hospitalized due to their failure to remain in treatment. Additionally, they must have a history of non-compliance with treatment that has been a significant factor in being hospitalized and/or incarcerated at least twice within the last 36 months or resulted in one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

Community advocacy regarding implementation of AOT in Stanislaus County has been extensive. The Board of Supervisors and Behavioral Health and Recovery Services (BHRS) staff have witnessed various requests presented through public comment at Board of Supervisors' meetings, received petitions advocating for local action, and reviewed a variety of materials on the subject, including letters, emails, and books, from advocacy groups and the general public. The considerable interest has led BHRS to consider local implementation.

In order to evaluate the potential benefits and challenges of implementation of an AOT program in Stanislaus County, the Behavioral Health Director engaged The Results Group, an independent consulting firm, to conduct a fact-finding study. The consultants facilitated several community informational meetings, inviting local stakeholders to participate in the discussion, and researched available documentation from a variety of counties that had either chosen to implement AOT or decided against implementation. The outcome of The Results Group study was presented to the Board of Supervisors on August 15, 2017, resulting in authorization for the Behavioral Health Director to develop a plan for a three-year AOT pilot program in collaboration with a community work group.

Community Work Group

It was imperative to incorporate input from a variety of community stakeholders in order to ensure the development of a comprehensive implementation strategy. Representatives from County departments, the Chief Executive Officer from Stanislaus Superior Court, and mental health advocates were invited to participate, providing a voice from local law enforcement, local courts, attorneys, mental health providers, and those personally affected by mental illness. The following is a list of members from the community who chose to participate in the work group:

- Rhonda Allen, National Alliance on Mental Illness (NAMI)
- Adam Christianson, Stanislaus County Sheriff
- Jeanette Fabela, Initial Outreach and Engagement Center
- Melissa Farris, Behavioral Health Advocate
- Melissa Hale, LCSW, BHRS Mental Health Coordinator, Co-Occurring Disorders (COD)
- Mike Hamasaki, Stanislaus County Chief Probation Officer
- Erica Inacio, BHRS Data Management Services
- Susan Jones, Consumer/Community Stakeholder
- Jo Lambert, NAMI
- Linda Mayo, NAMI
- Juan Ramirez, Adult Protective Services
- Sonny Sandhu, Stanislaus County Public Defender
- Hugh K. Swift, Court Executive Officer – Stanislaus Superior Courts

The work group was directed by co-facilitators Debra Buckles, Public Guardian and Forensic System of Care Chief at BHRS, and Karen Hurley, MFT, Mental Health Services Act Planning Coordinator (retired). The facilitators used a variety of approaches to engage and support the work group to ensure active feedback, the sharing of diverse perspectives, and decision making based on consensus. A number of content experts were identified and asked to contribute their expertise to the process to provide a better understanding of the issues involved in developing an implementation plan for a pilot program.

The first Assisted Outpatient Treatment (AOT) Community Work Group session was held on November 3, 2017, wherein the group approved the work group charter, goals, and overall time line for the project. With an aggressive bi-monthly meeting schedule, the group worked through the necessary components of an implementation plan, including an understanding of confidentiality laws, service design, court processes, program operations, budget, staffing, and training. The final session on March 2, 2018, concluded with a group consensus on an implementation strategy and the realization that the team had met their project goals in the time frame provided.

Upon conclusion of the work group process, a participant survey was shared with those present at the last meeting. Eight responses were provided with the overriding message that the process worked well; respondents had a clear understanding of their roles, were able to provide input, and are confident that the County is on the right track to implement AOT locally. The Behavioral Health Director and BHRS staff want to recognize the members who participated in the work group and thank them for their time, expertise, passion, and perseverance in bringing this collaborative effort to fruition.

Implementation Strategy

When developing the plan for AOT in Stanislaus County, the work group considered programs already provided by BHRS in order to leverage existing resources, ease implementation, and minimize costs for the new program. One of the avenues in which referrals for services can be made is through the use of the WarmLine, a mental health consumer-run program, operated by Turning Point Community Programs, that provides non-crisis intervention, client/peer and family support, and referrals to services on a 24/7 basis. The team determined that the WarmLine would be the primary point of contact for a Qualified Referring Party (QRP) seeking AOT services. AB 1421 altered California Welfare and Institutions Code (WIC) to allow a QRP, identified as a roommate, family member, agency director, hospital director, licensed therapist, or peace officer, to refer an individual for mental health services and evaluation for AOT. Additionally, the department would incorporate an online referral process using its existing website, providing another pathway to services.

BHRS maintains a variety of services through its Full Service Partnerships (FSPs). All FSP programs are Mental Health Services Act (MHSA) funded and include specific Assertive Community Treatment (ACT) features, such as 24/7 access/support, a low client-to-staff caseload ratio, case management, crisis response, family support, housing and employment assistance, and medication support. FSPs serve children, adults, and older adults with SPMI and SPMI co-occurring with Substance Use Disorders (SUD) or Serious Emotional Disturbance (SED). It was determined that embedding AOT within a FSP would be a cost-effective way to leverage existing resources that would be capable of handling the expansion of services in the form of an AOT team.

The program will be co-located with the Co-Occurring Disorder (COD) FSP at 1904 Richland Avenue, Ceres, California. Co-location will allow the small AOT team to leverage support and resources from the COD team for administrative supervision, medication support through the team nurse and doctor, clinical resources, and on-call services. Maximizing department resources will ensure a comprehensive approach to service delivery and the ability to address the complex needs of individuals referred for treatment and their families.

The FSP would offer voluntary outreach and engagement prior to AOT court referral. Voluntary participation and engagement is ideal and it is anticipated that most individuals will agree to behavioral health services. During this phase of the process, engagement and risk will be monitored and assessed using the Level of Care Utilization System (LOCUS) instrument. This tool provides a common language and set of standards to make judgments and recommendations regarding level of care and clinical outcomes.

An AOT treatment team comprised of three new staff positions, each with a unique role, will work to serve the specific population targeted for AOT services. The AOT Coordinator (Mental Health Clinician) will screen individuals, gather relevant history, and refer to the appropriate FSP for outreach and engagement; if the individual is not engaging in services, the Coordinator will provide expert testimony in court. The AOT Behavioral Health Specialist will provide critical support to the referred individual and family members as well as provide ongoing services within the team once an individual has been ordered by the court into AOT. Finally, the AOT Behavioral Health Advocate will assist the AOT Coordinator with referrals, focusing on support and education to the referring parties.

AB 1421 leaves the length of time allocated to voluntary engagement up to individual counties to determine. The work group advocated for a flexible time frame for outreach and engagement, basing the length of time in this phase on individual evaluation. If attempts at engagement are unsuccessful and an individual does not willingly engage in treatment and the individual meets the prescribed criteria for eligibility, the AOT Coordinator would initiate the necessary paperwork to start the court referral process.

Court-ordered, involuntary outpatient treatment is the most significant contribution of AB 1421. Under the law, a qualifying individual can be ordered by a judge to comply with a mental health treatment plan, requiring review hearings before the court at least every 60 days. Throughout the process, the AOT team will continue to actively seek engagement with the hope that the individual will transition into voluntary treatment. However, if the individual persists in refusing treatment, he or she may be assessed for a WIC 5150 involuntary psychiatric hold or conservatorship.

Performance Measures

In August 2017, the Board of Supervisors directed the development of a three-year pilot program with the understanding that adequate performance measures would be applied for evaluative purposes. Critical to the analysis of program efficacy, the work group spent their initial sessions identifying both quantitative and qualitative measures that would be used when evaluating the pilot program for potential full implementation. All stakeholders stated the importance of providing an effective program that would fill in gaps in existing services and support those in need.

In order to gauge the effectiveness of the program through the pilot period, the following metrics were identified:

- Number of referrals (how many people are being referred to the program; AOT allows a QRP to refer individuals, expanding access to those in need)
- Number of individuals at each stage of the AOT process (how many people are active in engagement activities, voluntary treatment, AOT referral, settlement agreement, and AOT court order process)
- Time between stages (helps to identify how long individuals remain in each stage)

- Post voluntary treatment and/or court order (measures percentage incarceration, percentage psychiatric hospitalization, percentage experiencing homelessness, enrollment in school, activity in work or volunteer work, and individual/family satisfaction)

Several of these measures rely on data already collected by BHRS staff for existing department programs and others will require the development of collection methods to extract the relevant data. Results based on the data collected, analyzed, and presented for review will allow the department and Board of Supervisors to determine the program's success in helping those currently outside the reach of voluntary treatment.

Next Steps

In order to implement the prescribed three-year pilot program, BHRS will need to complete the following tasks:

- Seek endorsement of the program and MHSA funding by the Mental Health Services Act Representative Stakeholder Steering Committee (Completed on March 23, 2018)
- Inclusion of the pilot AOT program in the Fiscal Year 2018-2019 MHSA Annual Update
- Approval by the Board of Supervisors of the MHSA Annual Update and submission of approved update to Department of Health Care Services (expected June 2018)
- Recruitment for the new staffing positions
- Development of a Community/Agency education plan
- New program startup which includes: Electronic Health Record expansion for clinical documentation as well as billing, certification by Department of Health Care Services to bill Medi-Cal, orientation and training of new staff

The department anticipates that this process may take some time and is projecting implementation to occur in Fiscal Year 2018-2019, targeted for the fall of 2018.

Health Executive Committee

On March 19, 2018, the Board of Supervisors Health Executive Committee, comprised of Chairman DeMartini and Supervisor Withrow, received a full briefing on the AOT implementation strategy. The Health Executive Committee agreed to support the implementation strategy for an Assisted Outpatient Treatment pilot program, requesting annual results to be reported throughout the three-year pilot period, including: annual program performance and measurable results reporting to the Board of Supervisors, annual identification of projected and actual costs through the BHRS budget, and the identification of any savings the County or Community can attribute to the implementation of the program. The staff recommendations identified in this item are intended to reflect the expectations of the Board Health Executive Committee for this recommendation to proceed to the full Board of Supervisors.

POLICY ISSUE:

The California Department of Health Care Services, formerly known as Department of Mental Health, requires that the Board of Supervisors approve and sign a resolution in order to implement an Assisted Outpatient Treatment program in Stanislaus County. If the pilot program does not result in full implementation upon close of the three-year period, the Board may repeal the resolution at that time.

Additionally, Board approval is required to increase the position allocation in BHRS.

Note that the Assisted Outpatient Treatment (AOT) law will expire, or sunset, on January 1, 2022, if the State legislature does not pass a law extending the AOT statutes to a later date or make them permanent.

FISCAL IMPACT:

The work group made every effort to identify BHRS services and programs that could be utilized in the implementation of an AOT program in Stanislaus County. In addition to leveraging existing resources, the department will need to add three new staff, assorted equipment and supplies, and pay for the space that will be occupied by these staff in order to provide AOT services to the community. Based on these assumptions, the department projects costs for Fiscal Year 2018-2019 to be $448,773, for Fiscal Year 2019-2020 to be $466,975, and for Fiscal Year 2020-2021 to be $488,806, for a three-year cumulative total cost of $1.4 million.

BHRS has identified Mental Health Services Act (MHSA) funding to cover these costs, along with a portion of funding through Medi-Cal Federal Financial Participation. First year MHSA funding required is estimated at $336,580, with the remaining $112,193 coming from Medi-Cal Federal Financial Participation. In essence, the use of MHSA funding allows for the addition of staff who will be able to bill Medi-Cal beneficiaries for approximately 25% of the total cost of the AOT pilot program, thus leveraging MHSA funding to draw down Federal funds. The alternative to using MHSA funding would have been 1991 Realignment funding which is limited given other pressing fiscal needs within BHRS.

The first year costs will be included in the BHRS Fiscal Year 2018-2019 Proposed Budget, presented to the Board of Supervisors on June 12, 2018. Second and third year costs of the pilot program will be included in future budget cycles. There is no impact to the County General Fund.

BOARD OF SUPERVISORS' PRIORITY:

The recommended actions support the Board of Supervisors' priority of *Supporting Community Health* by implementing a three-year pilot program for Assisted Outpatient Treatment to reach individuals in need who are currently unable to participate through voluntary treatment.

STAFFING IMPACT:

BHRS is requesting the addition of three new staff positions in order to implement the AOT pilot program.

One Mental Health Clinician II would serve as the AOT Coordinator. This licensed Practitioner of Healing Arts (LPHA) would screen potential clients, gather history, and refer individuals to the appropriate engagement and outreach services. If necessary, the Coordinator will provide expert testimony through the AOT court process. The Coordinator will provide clinical direction with a focus on evidence-based practices, provide general clinical supervision and direct testimony, and prepare timely, accurate, and comprehensive documentation records within BHRS compliance and court standards.

One Behavioral Health Specialist II will provide support to the referred individual and family members as well as provide ongoing service within the team once an individual has been ordered by the court into AOT. Additionally, the Specialist will engage individuals and work with them to achieve goals, provide a range of case management and rehabilitative services, and provide home visits and services at various locations.

One Behavioral Health Advocate will assist the AOT Coordinator with the referrals, focusing on support and education to the referring parties. The Advocate will educate consumers and their families in accessing and utilizing the Behavioral Health System and/or community supports; develop strategies to facilitate education, training, and information to consumers and their families; and develop strategies aimed at educating service providers to enhance communication between the families of consumers.

BHRS is requesting approval of these three positions at this time in order to initiate the recruitment process prior to Fiscal Year 2018-2019. The recruitment process takes time to produce the appointment of appropriate personnel for the AOT program. Funding for these positions will be included in the Fiscal Year 2018-2019 Proposed Budget. However, if the department is successful in bringing any of the staff on board prior to the new fiscal year, sufficient funds exist within the existing Fiscal Year 2017-2018 Legal Budget to cover the minimal costs that the department would incur.

CONTACT PERSON:

Rick DeGette, MA, MFT   Behavioral Health Director   209-525-6205

ATTACHMENT(S):

1. Resolution Adopting AOT
2. AOT Community Work Group Report

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
STATE OF CALIFORNIA

Date: April 24, 2018 2018-0185

On motion of Supervisor Olsen Seconded by Supervisor Withrow
and approved by the following vote,

Ayes: Supervisors:	Olsen, Chiesa, Withrow, Monteith, and Chairman DeMartini
Noes: Supervisors:	None
Excused or Absent: Supervisors:	None
Abstaining: Supervisor:	None

Item # 7.1

THE FOLLOWING RESOLUTION WAS ADOPTED:

A RESOLUTION IMPLEMENTING ASSISTED OUTPATIENT TREATMENT UNDER ASSEMBLY BILL 1421 IN STANTISLAUS COUNTY

WHEREAS, the State of California has enacted the "Assisted Outpatient Treatment Demonstration Project Act of 2002," known as Laura's Law, effective January 1, 2003 pursuant to state Assembly Bill 1421 (Chap. 1017, Stats. 2002); and

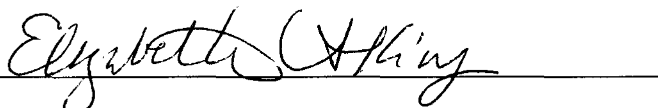
WHEREAS, this legislation provides that counties which choose to implement Laura's Law will furnish assisted outpatient treatment services for their residents who meet specified criteria; and

WHEREAS, this legislation requires that no voluntary mental health program serving adults and no children's mental health program may be reduced as a result of the implementation of Laura's Law in any particular county.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Stanislaus does hereby implement and make operative the Assisted Outpatient Treatment Demonstration Project Act of 2002 in Stanislaus County.

BE IT FURTHER RESOLVED that the Board of Supervisors finds that no voluntary mental health program serving adults and no children's mental health program will be reduced as a result of the implementation of assisted outpatient treatment in Stanislaus County.

ATTEST: **ELIZABETH A. KING, Clerk**
Stanislaus County Board of Supervisors,
State of California



File No.

Stanislaus County Behavioral Health and Recovery Services

Assisted Outpatient Treatment (AOT) Community Work Group Report

Debra Buckles

Karen Hurley

2018

Introduction

Assembly Bill (AB) 1421 introduced and enacted Laura's Law, also referred to as Assisted Outpatient Treatment (AOT), as a means to provide court-ordered, intensive outpatient treatment for people with severe and persistent mental illnesses (SPMI) who refuse treatment and medication because their illness impairs their ability to make rational decisions. AB 1421 set forth regulations related to AOT implementation including the provision that implementation is optional, thus allowing California counties the choice of whether or not to implement using local funding. AB 1421 did not make available any new or additional funding for counties to implement AOT.

Counties that choose to participate are required to provide prescribed AOT services, including a client-directed service planning and delivery process based in psychosocial rehabilitation and recovery principles. For those counties that opt in, AB 1421 authorizes the provision of AOT to eligible individuals on an involuntary basis via a process of court-ordered intensive outpatient treatment. Referrals to AOT can be submitted by individuals with a relationship to the consumer, including family, friends, probation officers, or service providers.

Eligible individuals are those who suffer from SPMI and have been repeatedly arrested or hospitalized due to their failure to stay in treatment. Additionally, they must have a history of non-compliance with treatment that has been a significant factor in being hospitalized or incarcerated at least twice within the last 36 months or resulted in one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

In recent years, the Stanislaus County Board of Supervisors has received a significant amount of public comments and input regarding the implementation of AOT locally. The Board and Behavioral Health and Recovery Services (BHRS) staff have received and reviewed numerous materials on the subject, including petitions, documents, books, letters, and email communications from advocacy groups and other interested parties. Consideration of local implementation has generated public interest and participation to the extent that a wider education and fact-finding process was deemed necessary by the Board of Supervisors.

In the spring of 2017, the Behavioral Health Director engaged The Results Group, an outside consulting firm, to conduct a fact-finding study in order to develop an independent set of recommendations, an executive summary outlining the various facets of AOT, and provide an unbiased opinion regarding implementation in Stanislaus County. The outcome of the fact-finding study was presented to the Board of Supervisors on August 15, 2017. The report included the identification of the benefits, challenges, and potential impact associated with implementation of the law, as well as a discussion of alternatives to implementation. Additionally, the study included the

identification of strengths currently existing within BHRS that can be expanded upon to enhance or replace implementation. Lastly, the study included an analysis of the current system of care available for consumers who could be impacted by AOT. The focus of the analysis was to identify system and service strengths, along with opportunities for further development and enhancement.

On August 15, 2017, the Board of Supervisors authorized the BHRS Behavioral Health Director to develop a plan in collaboration with a community work group for a three-year AOT pilot program in Stanislaus County. The plan would include performance measure criteria in order to appropriately gauge the success of the program at the end of the pilot period; cost estimates based on anticipated staffing levels and operating expenses for the entire pilot period, broken down by fiscal year; outline of related court procedures required to implement the program; and definitions of relevant California Welfare and Institutions Codes. Once developed, the proposed plan would then be presented for approval to the Stanislaus County Board of Supervisors by the BHRS Behavioral Health Director.

AOT Community Work Group

The work group was comprised of stakeholders from the community who have been directly impacted by mental illness (e.g. family members and consumers) and/or will have a role in implementation of AOT (e.g. Courts). Diverse perspectives on the issue were critical to a successful outcome and included representatives from the following organizations; National Alliance for Mental Illness (NAMI), Stanislaus County Courts, Stanislaus County Probation Department, Stanislaus County Public Defender, Stanislaus County Sheriff's Office, Stanislaus County Adult Protective Services, consumers of mental health services, and BHRS providers (a complete list of participants is provided on page 17. The work group was directed by co-facilitators Debra Buckles, Public Guardian and Forensic System of Care Chief at BHRS, and Karen Hurley, MFT, Mental Health Service Act Planning Coordinator (retired). With the intent of having community work group members contribute meaningfully to a pilot project proposal, full participation was encouraged.

A variety of approaches were used to engage and support the work group, including education, group dialogue, sufficient time for questions and answers to address complex material being presented, active feedback to the facilitators and between work group members, allowing for diverse perspectives and a consensus approach for decision making.

During the work group meetings, a number of content experts were identified and asked to contribute their expertise and increase shared understanding of the issues involved in creating an AOT pilot program proposal. Content experts included representatives from

Stanislaus County County Counsel and BHRS Administrative Services, including those from Accounting, Training, Risk Management, Quality Services, Utilization Management, and the Privacy Officer. BHRS treatment providers and contracted agency providers were also included as content experts.

The work group facilitators held additional meetings outside the work group sessions to prepare and clarify issues and develop specific content to be presented. These meetings included BHRS Data Management staff, Performance Measurement staff, BHRS Clinical Managers, Court Personnel, and NAMI Advocates. Debra Buckles provided updates throughout the process to the BHRS Senior Management Team and the AOT Oversight Committee, comprised of the BHRS Executive Leadership Team and a representative from the Stanislaus County Chief Executive Office. The AOT Oversight Committee met on a monthly basis and provided important administrative feedback and guidance to the process.

Preliminary work by the co-facilitators was necessary to initiate the community work group process and included the development of a working timeline that would meet the established deadline for presentation to the Board of Supervisors on April 24, 2018, a draft of the work group charter, and a draft of work group goals. These draft documents were reviewed by the BHRS Executive Leadership Team, BHRS Senior Leadership Team, AOT Oversight Committee, and NAMI Advocates. In late October 2017, invitations for the first AOT Community Work Group session were extended to the identified members. The work group was convened on November 3, 2017.

The first meeting was devoted to introductions and an overview of the tasks, the proposed timeline, the draft of the charter and goals, and a suggested consensus-based and open dialogue approach for the work group. Given the necessity to complete the project within four months, the work group agreed to meet twice a month with the last meeting held on March 2, 2018. Consensus was reached on the proposed work group goals and charter which included the identification of work group members, oversight committee members, content experts, work group timeline, meeting time and location, content to be covered at each meeting, and proposed next steps at the conclusion of the work group.

Work Group Content:

- Consideration and adoption of work group goals, charter, timeline, and introduction to understanding BHRS service data;
- Defining meaningful measures;
- Referral process: existing and proposed AOT referral;
- Current voluntary outreach and engagement services: existing and proposed interface with AOT pilot program;

- Confidentiality;
- Service design;
- Court processes;
- Program operations: budget/space/training plan for AOT staff; and
- Review outline of the community work group report and celebration of completion.

Work Group Goals:

- Identify and define meaningful performance measures that will allow the pilot program results to be evaluated for consideration of full implementation of AOT in Stanislaus County;
- Prepare a comprehensive referral process for implementation;
- Define the time frame for voluntary outreach and engagement as a component of the program;
- Determine appropriate confidentiality measures and define any limitations;
- Develop the overall service design for the program;
- Outline the court process and potential time frames for court-related activity;
- Develop a budget for the program to incorporate appropriate space needs, training, staffing, and general operational costs (include breakdown of budgetary needs per fiscal year through pilot period); and
- Finalize staffing requirements and program design.

The work group met nine times between November 3, 2017, and March 2, 2018. The pace was brisk and the content complex. Given that many of the participants have multiple commitments, attendance and participation was robust at first and diminished somewhat later on. However, throughout the process, enough key members were present to keep moving forward and complete the project.

Opportunities/Challenges:

The collective approach of the facilitators and many of the members of the work group can be best described as "in challenges there are opportunities". The issues identified below met that measure:

- Four months to complete the task - The AOT work group pace needed to be focused and steady in order to comply with the timeline provided. An added complexity was the holidays in November and December. It was, however, clear from the beginning that the work group was up-for-the-task! The work group took this challenge as an opportunity to remain focused and motivated.

- Nevada County site visit – Early in the process, a work group member from NAMI suggested a site visit to Nevada County where AOT is fully operational. Given the full agenda and short timeline for the work group, fitting in a field trip was a challenge. Debra Buckles and the work group member who brought forth the idea worked together and established communication with Nevada County, selected a date, and made travel arrangements for over half of the work group participants to visit Nevada County on November 21, 2017. Having this site visit at the beginning of the work group process provided an opportunity to gather critical information that would benchmark and guide progress moving forward.
- Multifaceted and complex information to discern – Development of any new BHRS program is a complicated process and there were multiple considerations in developing the AOT program, which Stanislaus County has never done before. For all work group members, including facilitators, there were challenging aspects in understanding the AOT design and how service would be delivered. The work group used this as an opportunity to be flexible and uphold the integrity of the original commitment to achieve consensus. This included acknowledging diverse points of view in achieving the desired outcome of developing a pilot program.
- Divergent points of view – Bringing together a group of people with diverse perspectives and passionate points of view based on personal experience and tragedy is by its very nature challenging. BHRS Leadership viewed this as an opportunity to have the work group give voice to different points of view. By doing so, it was assured that robust and lively input was gained in recommending how AOT could be added to the existing array of department services. Discussions were informative, respectful, and ultimately the group came to an agreement by consensus on an AOT pilot program proposal.

On the final meeting on March 2, 2018, a participant satisfaction survey was completed by those present (a total of eight responses were provided to the facilitators). The following table summarizes key participant responses to survey questions (full survey results are presented in Attachment 1: Learning and Feedback Survey).

Received 8 feedback forms

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I had a clear understanding of the role of the AOT Community Work Group	5	3	0	0	0
2. I had the opportunity to provide input for the AOT planning process	7	1	0	0	0
3. I feel my input into the process was heard	7	1	0	0	0
4. The data for the workgroup was presented in a way I could understand	7	1	0	0	0
5. After this process, I am confident we are on the right track to implement AOT in Stanislaus	6	2	0	0	0

Representative sampling of comments from the survey:

- **What worked? "**Good collaboration. Patience in answering questions. Positive way differences were presented."

- **What could be improved?** "Allowing a little extra time to meeting when there is a speaker to allow for all questions."

- **Final thoughts:** "I came with the bias of opposing "forced treatment". I know now that the consumer has many protections."

  "I am pleased with the results of our work group. I believe we have designed a quality program that will be manageable. I am grateful for the hard work of our leaders, whose thoughtful and dedicated efforts made this a positive experience for all of the participants. I am proud of our BHRS commitment to helping the SMI population and support for families! Stan County is the best!"

Confidentiality

AB 1421 makes a small change in the Welfare and Institutions Code (W&I Code) by allowing a Qualified Referring Party (QPR) to refer an individual to behavioral health treatment without consent of the individual in need. This change is an expansion on those who can refer individuals to BHRS services without the individual's willingness to participate and allows BHRS to communicate back to the QPR limited information concerning whether the referred individual has been contacted by treatment providers. During the original fact-finding process conducted in spring 2017, the issue of confidentiality was raised in community meetings signaling a necessity to fully address this topic as the process moved forward.

With the convening of the AOT Community Work Group, an entire meeting was included to fully discuss existing confidentiality laws (W&I Code 5328.15 and Code of Federal Regulations 42 CFR) and the necessity for compliance to those laws. Two key content experts provided factual information and helped guide this discussion: an attorney from County Counsel and the BHRS Privacy Officer.   Following a lively discussion in which divergent points of view were shared, the work group achieved understanding and consensus on the point that the individual's rights to privacy are not changed by AB 1421 and that an AOT pilot program would necessarily comply with all current California and Federal confidentiality laws.

Referral Process

Currently, referrals or requests for services must come from the individual in need of service. Referrals are not accepted from others unless the individual seeking assistance agrees and initiates an appointment for an assessment to begin receiving services. AB

1421 makes an important change in the Welfare and Institutions Code (W&I Code) by creating a new feature that allows for what is called a Qualified Referring Party (QPR) to refer another individual to behavioral health treatment without consent of the individual in need (see Flow Chart Attachment 2).

A QPR as described in W&I Code 5346(b) (2)(A-F) is identified as any of the following:

- Roommate: Any person 18 years of age or older with whom the person who is the subject of the petition resides.
- Family: Any person who is the parent, spouse, or sibling or child 18 years of age or older of the person who is the subject of the petition.
- Agency Director: The director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person who is the subject of the petition in whose institution the subject of the petition resides.
- Hospital Director: The director of a hospital in which the person who is the subject of the petition is hospitalized.
- Licensed Therapist: A licensed mental health treatment provider who is either supervising the treatment of, or treating for a mental illness, the person who is the subject of the petition.
- Peace Officer: A peace officer, parole officer, or probation officer assigned to supervise the person who is the subject of the petition.

BHRS currently has two central points of public referral:

- Access Line: An 800 telephone number exists as a central point of access to Medi-Cal beneficiaries to obtain referrals to services and make appointments for the assessments with the Medi-Cal Access Team (MAT). Additionally, the 800 number offers information to all callers inquiring about crisis services, treatment resources, recovery, and peer support services. MAT has the responsibility of responding to Medi-Cal beneficiary telephone calls in a timely manner to ensure an assessment appointment is scheduled within 10 days from the call date.
- WarmLine: A mental health consumer-run program that is operated by Turning Point Community Programs, providing non-crisis intervention, client/peer and family support, and referrals to services, while sharing their experiences of hope and recovery. WarmLine personnel are skilled in speaking with individuals seeking behavioral health support and/or services. They are extensively and continuously trained to offer support, assistance, and referral to resources. On-Site Peer Support and WarmLine services are offered 24 hours a day, 7 days a week for individuals who are having a hard time making it through the day, but

are not in an immediate crisis. Individuals who have a crisis/emergency are referred to the BHRS Community Emergency Response Team (CERT).

Following a detailed presentation and discussion of the current BHRS referral-in system, the work group agreed that utilization of existing services was cost effective and an added feature to increase access.

AOT work group recommendations for referrals to BHRS:

- The WarmLine will be the point of contact for a QRP to make referrals to AOT services.
- An online referral form will be developed and posted on the County's web page under a link entitled "BHRS Assisted Outpatient Treatment (AOT) Services". The recommendation is that capabilities for submission include both electronic submission and download and print forms and that a reliable acknowledgment of the referral be a feature of the online access form.
- Referrals will be diverted to the AOT Program Coordinator and AOT Behavioral Health Family Advocate (additional detail on the AOT Treatment Team is provided beginning on page 11.) AOT staff will gather history to determine eligibility, provide support to the individual being referred, manage expectations, and refer the individual to the existing BHRS Mental Health Services Act (MHSA) funded Full Service Partnership (FSP) programs for the voluntary Outreach and Engagement component of the AOT program.

Existing Treatment Resources - BHRS Full Service Partnerships (FSP)

All Full Service Partnership (FSP) programs are Mental Health Service Act (MHSA) funded; clients must agree to services and cannot be on parole.

All FSPs must include specific Assertive Community Treatment (ACT) features: 24/7 access/support for clients enrolled in the FSP, low client to staff caseload ratio, access to supportive services funds to assist clients with housing and other basic needs, a team approach, services delivered in the places and contexts where they are needed, integrated services for clients that includes offering services or actively assisting connection to outside resources, case management, crisis response, family support, housing and employment assistance, mental health rehabilitation, medication support, and peer support.

FSP serves children, adults, older adults and/or transition age young adults with SPMI and SPMI co-occurring with Substance Use Disorder (SUD) or Serious Emotional Disturbance (SED). Individuals must also be homeless or at risk for homelessness, incarceration, psychiatric hospitalization, and have significant functional impairment. AB

1421 specifies individuals must be 18 years or older, have SPMI or SED and have significant risk factors to be candidates for AOT.

MHSA FSP services require outcomes to be measured. Data is collected and submitted to the state Data Collecting and Reporting (DCR) system. FSP outcomes are shown in Graphic 1 on page 15.

Existing BHRS FSP Programs

BHRS has a variety of existing FSP programs.

Integrated Forensic Team:

- Focus of service is to individuals who are 18 years of age or older on probation and/or have frequent contact with law enforcement. Services are also available to qualifying individuals being released from state hospitals and some Drug Court participants.
- Capacity: Approximately 105 at any one time (65 FSP level and 50 Intensive level in Fiscal Year 2015-2016).

High Risk Health and Senior Access:

- Focus of service to individuals who are 18 years and older and who have SPMI co-occurring SPMI and SUD as well as a co-occurring medical condition of diabetes or hypertension. The team works closely with family physicians.
- Capacity: Approximately 125 at any one time (129 served in Fiscal Year 2015-2016).

Telecare Shop and Josie's Trac:

- Focus of service to individuals who are 18 years and older using a Housing First approach. Josie's Trac serves Transition Aged Young Adults, many of whom are aging out of the foster care system and have unique needs.
- Capacity: Approximately 125 at any one time (served 236 in Fiscal Year 2015-2016).

Juvenile Justice:

- Focus of service to children and youth 0-16 and Transition Aged Young Adults 16-25 on formal or informal probation.
- Youth from racially and ethnically diverse communities who are victims of domestic violence, have gang involvement, and are in families with multi-generational incarceration, are formal wards of the court, and at risk of out-of-town placement due to levels of aggression and recidivism are eligible.
- Capacity: Approximately 25 at any one time (41 served in Fiscal Year 2015-2016).

Turning Point/Integrated Service Agency (ISA):

- Focus of service is to individuals who are 18 years of age or older and who may be on conservatorship or at risk of being conserved and residing in a locked treatment setting, transitional care homes, or the community.
- Capacity: Approximately 145 at any one time (164 served in Fiscal Year 2015-2016).

Co-occurring Disorder (COD) Innovations:

- An FSP funded by MHSA Innovations dollars, this three-year demonstration project is exploring approaches to improve practice with individuals who have (SPMI) co-occurring with SUD issues. The program began offering services in April 2016.
- Capacity: Approximately 35 at any one time (eight served in Fiscal Year 2015-2016).

Full Service Partnerships, by design, can only serve a limited number of individuals at one time. The intensive approach and low caseload ratio are central to the success and recovery of clients. As a result, there are often concerns about the capacity of FSPs to meet the unmet need that exists.

To mitigate this issue, every program has an outreach and engagement feature as well as lower levels of care within the FSP that allows for individuals to move in and out of the FSP level when they are ready. Every program serves more individuals than their capacity each year by utilizing these lower levels of care as well as other programs within BHRS, contract provider agencies, and communities of support.

Following a detailed presentation and discussion of the current BHRS FSP services system, the work group agreed that utilization of existing services was the most cost-effective approach and capable of handling the expansion of services in the form of an AOT team. An existing FSP will offer voluntary outreach and engagement prior to AOT Court referral (see Flow Chart Attachment 2).

Outreach and Engagement

During the outreach and engagement phase of FSP services, attempts are made to develop interest and encourage active engagement with identified individuals in need. Once FSP teams have developed rapport with the potential client, a comprehensive mental health assessment can be completed. Screening and assessment is a central function to determining whether the individual has the functional impairments due to mental illness that meet BHRS criteria.

Voluntary participation and engagement is ideal and it is expected that most individuals will agree to behavioral health services. During this process the individual's engagement

and risk will be monitored and assessed by using the Level of Care Utilization System (LOCUS) Instrument. This tool provides a common language and set of standards to make such judgments and recommendations for level of care and clinical outcomes.

LOCUS has three main objectives:

Provide a system for assessment of service needs for adult clients, based on six evaluation parameters;

1. Describe a continuum of service which vary according to the amount and scope of resources available at each "level" of care; and
2. Create a procedure for measuring the assessment of service needs to allow reliable determinations for placement in the service continuum.

LOCUS is used by all BHRS providers of services to adults. This is a simple and quick assessment with two areas provided specifically to measure engagement and risk. For those potential clients who do not voluntarily engage in treatment, the use of this tool paired with team discussion will lead to consultation with the AOT Coordinator (see AOT Treatment Team below). The AOT Coordinator initiates the necessary paperwork to start the Court referral process. The work group strongly advocated for a flexible time limit for the outreach and engagement phase and as a result, the length of time will be determined on an individual basis.

Court Process

The AOT coordinator will assess the client to determine if criteria are present to justify initiating the court referral process. This assessment is achieved in partnership with input from the FSP teams who have offered Outreach and Engagement services and the Qualified Referring Party. An AOT Checklist will be completed as part of this assessment (see Attachment 3).

If a determination is made to initiate the court referral process, the AOT coordinator completes an assessment, treatment plan, and declaration. The AOT Coordinator will prepare to testify in court when the referral is considered. The court process is outlined in Attachment 4 and illustrated in the Flow Chart (see Attachment 2).

AOT Treatment Team

The AOT treatment team will be comprised of three individuals with unique roles. These positions are based on existing BHRS job classifications. The positions will be new and must be authorized by the Board of Supervisors.

- AOT Coordinator: A Licensed Practitioner of Healing Arts (LPHA) – This coordinator will screen, gather history, and refer to the appropriate FSP. The Coordinator will monitor the referred individual's progress in the FSP Outreach and Engagement phase. If the individual is not engaging in services and still at risk, this triggers an assessment for the AOT Court process. The Coordinator will provide expert testimony; a requirement in the AOT Court process. Additional tasks to be performed by the AOT Coordinator:
    - Provide clinical direction and a focus on evidenced-based practices;
    - Provide general clinical supervision and direct testimony;
    - Facilitate clinical groups and conduct Behavioral Health Intake Assessments on a regular basis;
    - Prepare timely, legible, concise, accurate, and comprehensive documentation records within BHRS Compliance and Court standards; and
    - Strategically build and maintain relationships with community partners, including family across the County, participate in a wide range of community collaborative and capacity building efforts, and provide education to reduce stigma.

- AOT Behavioral Health Specialist – This specialist will provide support to the referred individual and family members as well as provide ongoing service within the team once an individual has been ordered by the court into AOT. Additional tasks to be performed by the AOT Behavioral Health Specialist:
    - Recognize strengths in individuals and families;
    - Engage individuals and work with them in achieving goals;
    - Provide a range of case management and rehabilitative services, i.e., assessment of needs, crisis management, linking with additional services, advocacy, etc.;
    - Provide home visits and services at various locations; and
    - Strategically build and maintain relationships with community partners, including family members across the County, participate in a wide range of community collaborative and capacity building efforts, and provide education to reduce stigma.

- AOT Behavioral Health Advocate – This individual will assist the AOT coordinator with the referrals, focusing on support and education to the referring parties, explaining the Outreach and Engagement phase of the process and acting as a liaison between the service provider and the referring party. Additional tasks to be performed by the AOT Behavioral Health Advocate:

- Educate consumers and their families in accessing and utilizing the Behavioral Health System and/or community supports;
- Develop strategies to facilitate education, training, and information to consumers and their families, aimed at developing knowledge and increasing coping skills;
- Develop strategies aimed at educating service providers to enhance communication between the families of consumers; and
- Work collaboratively and effectively with diverse program staff, consumers, and family members.

This program will be co-located with the Co-occurring Disorder FSP (COD) at 1904 Richland Avenue, Ceres, California. Co-location allows the small AOT team to leverage support and resources from the COD team for administrative supervision, medication support through the team nurse and doctor, clinical resources, and on-call services.

Budget

Following a detailed presentation and discussion of BHRS resources available for a new program, the work group agreed that utilization of existing services was practical and the most cost effective. However, additional costs will materialize from the implementation of the pilot program. The three staff identified on the AOT Team along with support from 0.3 Full Time Equivalent (FTE) Mental Health Coordinator will incur $376,250 in the first year of the pilot period, with projected salaries and benefits costs totaling $1,179,282 at the end of the third year. Additional equipment, supplies, and training will be required to support staff and the program. Support services, telecommunications, data processing, and space rental at the Co-occurring Disorder FSP will also incur costs during the pilot period. In total, costs amounting to $448,773 will be budgeted in the BHRS Fiscal Year 2018-2019 Proposed Budget to cover the first year of implementation, with costs for the full three years of the pilot program estimated at $1.4 million. Budget detail for each year of the pilot and a cumulative total are provided in Attachment 5.

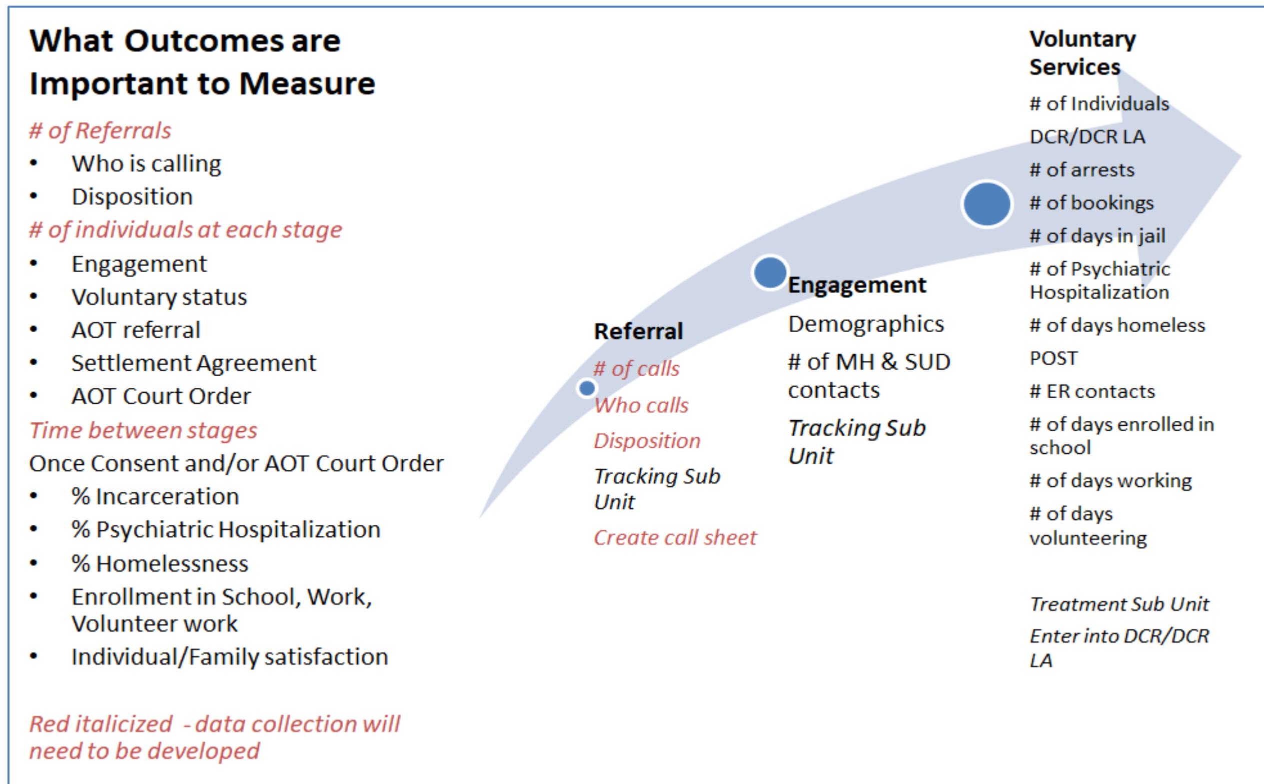
Performance Measures

Currently, BHRS has a well-developed system for collecting data used in performance measures analysis. The work group was briefed on data collection systems, including the BHRS' Electronic Health Record and the Mental Health Services Act Data Collecting and Reporting (DCR) systems. Following detailed presentation and discussion of the current system, the work group agreed that utilization of existing data collection systems would be cost effective and would address the necessary AOT performance outcomes.

The following table illustrates AOT performance measures, the method or what is being collected, and the tool or data source for the information:

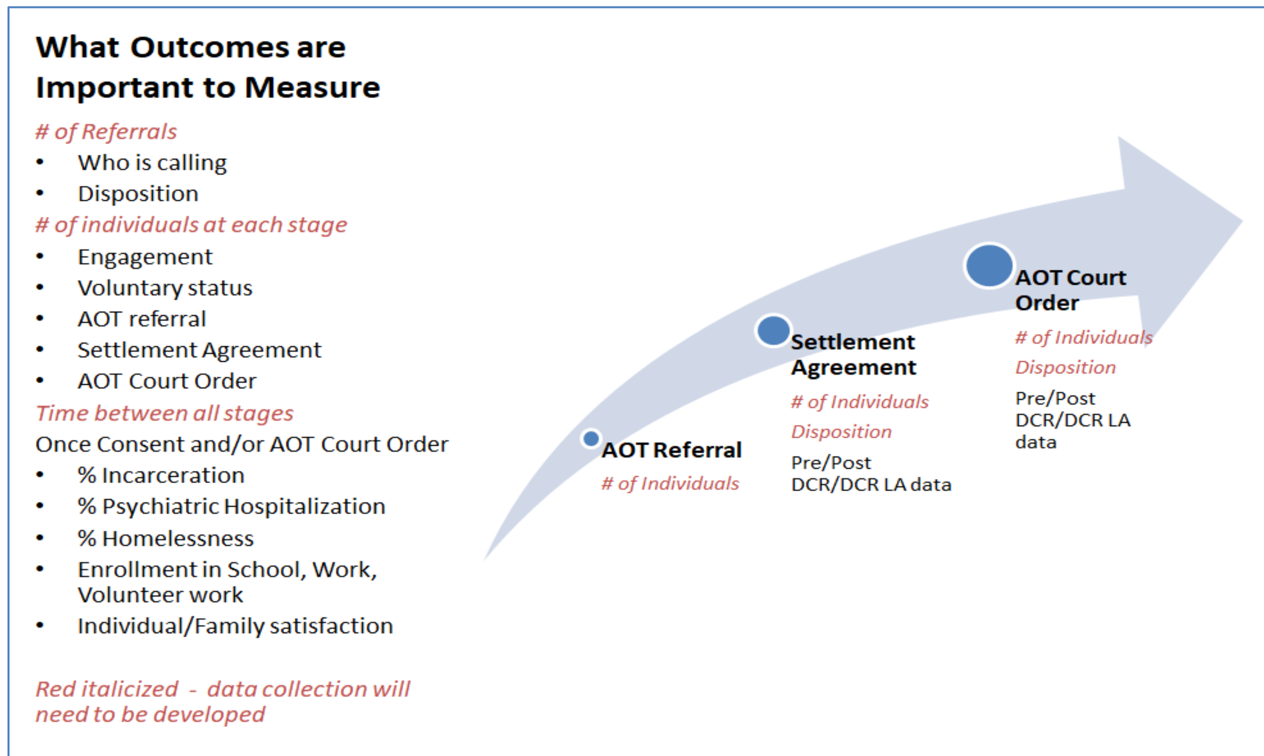
Performance Measure	Method	Tool/Data Source
1. # of Referrals	• Who is calling • Disposition	• To be developed
2. #of individuals at each stage	• Engagement • Voluntary status • AOT referral • Settlement Agreement • AOT Court Order	• Electronic Health Record (EHR)
3. Time between stages	• To be developed	• Electronic Health Record (EHR)
4. After Consent and/or AOT Court Order	• % Incarceration • % Psychiatric Hospitalization • % Homelessness • Enrollment in School, Work, Volunteer work • Individual/Family satisfaction	• Data Collection and Reporting System (DCR) • Consumer Satisfaction Form

The following chart (Graphic 1) identifies data collected currently by BHRS in a graphical format. It identifies important outcomes that can be collected through the initial phases of the AOT process, including referral, engagement, and participation in voluntary services. Data points currently being collected are cited in black and measures that will need to be developed are identified in red italics.



Graphic 1. Data collected currently

The second chart (Graphic 2) indicates the data that can be collected through the remainder of the AOT process once the attempt at voluntary participation has been exhausted. Using the same indication of existing data collection in black and the need to develop a process for those noted in red italics, this chart shows where along the process relevant data can help assess the degree to which individuals are being helped.



Graphic 2. Data to be collected in AOT

Next Steps

Following consideration and requested approval of this proposed pilot program by the Board of Supervisors, the AOT Community Work Group recommends BHRS establish an AOT Implementation Group. The purpose of this group would be to further refine the BHRS and Court processes and develop a Community Education Plan. It is anticipated that once approved, this program can be staffed and taking referrals by end of summer 2018.

Acknowledgements

BHRS would like to sincerely thank the AOT Community Work Group members for their hard work, dedication, and passionate voices. Their patience and diligence has resulted in an excellent work group process that produced a well-designed framework for a pilot AOT program.

Work group members and the community they represent:

Rhonda Allen, NAMI

Adam Christianson, Stanislaus County Sheriff

Jeanette Fabela, Outreach and Engagement Access Center

Melissa Farris, Behavioral Health Advocate

Melissa Hale, LCSW, BHRS Mental Health Coordinator, COD

Mike Hamasaki, Stanislaus County Chief Probation Officer

Erica Inacio, BHRS Data Management Services

Susan Jones, Consumer Advocate/Stakeholder

Jo Lambert, NAMI

Linda Mayo, NAMI

Juan Ramirez, Adult Protective Services

Sonny Sandhu, Public Defender

Hugh K Swift, Court Executive Officer- Stanislaus Superior Courts

Attachment 1

AOT Community Work Group
March 2, 2018

LEARNING AND FEEDBACK FORM

Received 8 feedback forms

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I had a clear understanding of the role of the AOT Community Work Group	5	3	0	0	0
2. I had the opportunity to provide input for the AOT planning process	7	1	0	0	0
3. I feel my input into the process was heard	7	1	0	0	0
4. The data for the workgroup was presented in a way I could understand	7	1	0	0	0
5. After this process, I am confident we are on the right track to implement AOT in Stanislaus	6	2	0	0	0

6. My “ah ha” moment was:
   - When the commitment was stated to the program implementation. Once I realized everyone was on the same page about ensuring success of AOT, I felt excited about the future of our work group.
   - When Debra said she had contacted another county regarding topic(s), I truly believed she was committed to making AOT successful.
   - I came with the bias of opposing “forced treatment”. I know now that the consumer has many protections.
   - When all participants showed up, I realized there was diverse interest and support for the work group.
   - Statement: this will happen. Pilot open to 20 participants.

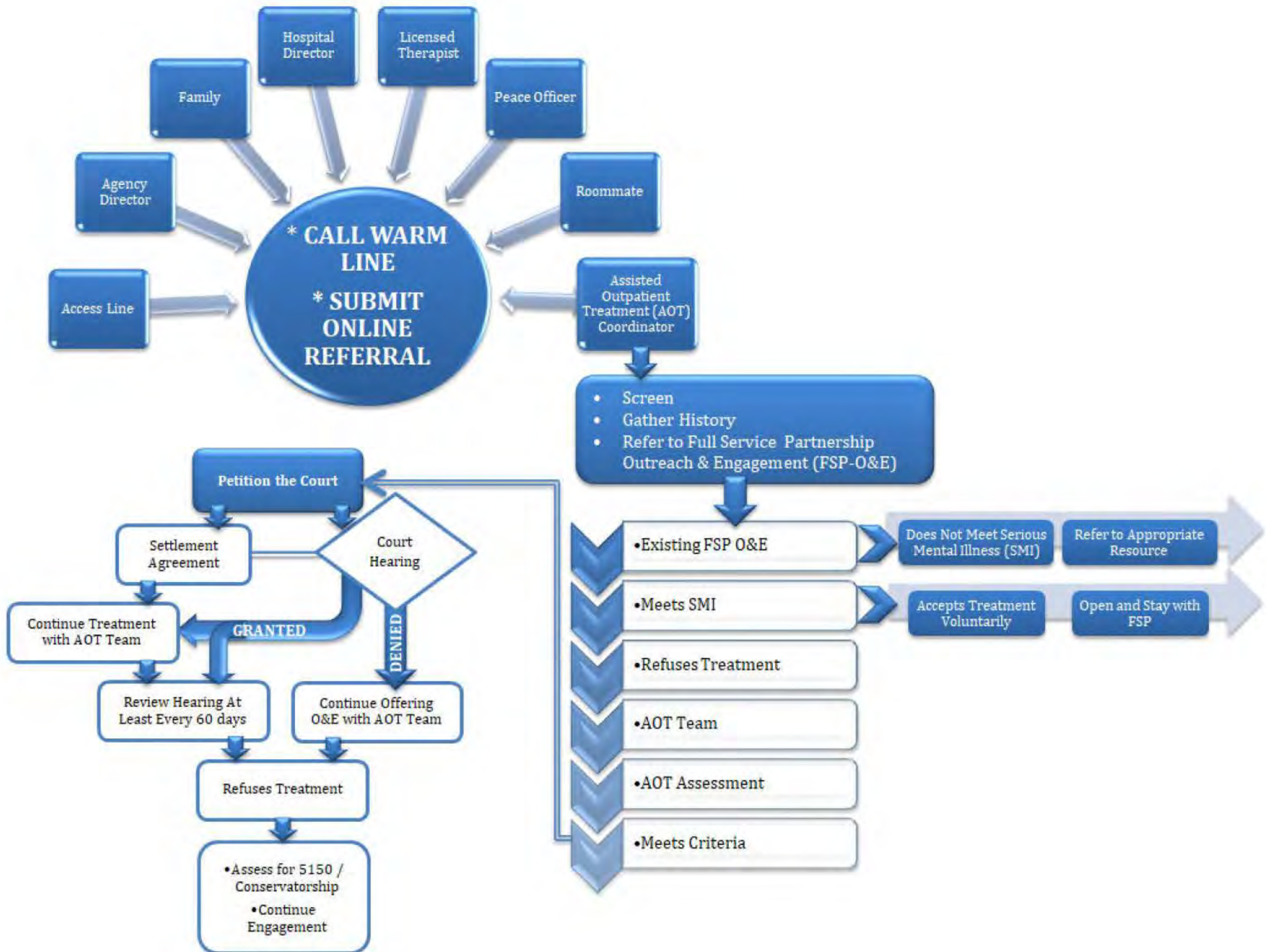
7. What worked well during this meeting
   - Reviewing what was done at prior meeting before moving on was helpful.
   - Good collaboration. Patience in answering questions. Positive way differences were presented.
   - Having a facilitator and co-facilitator.
   - Debra’s prep work before the meetings really helped guide the work.
   - Open conversations.

- Force to speak and questions answered. Knowing in advance timeline, who will be participating.

8. What could be improved in future meetings
    - Include other agency representatives in the discussion such as hospital staff or MPD to get wider input and enable them to be better informed.
    - The only thing I would have liked is more “teeth” in departments to commit someone to attend/participate in the process.
    - PowerPoint prints would be helpful.
    - I wish all participants would have attended every time.
    - None, great job!
    - Allowing a little extra time to meeting when there is a speaker to allow for all questions.

9. Any final comments
    - I am pleased with the results of our work group. I believe we have designed a quality program that will be manageable. I am grateful for the hard work of our leaders, whose thoughtful and dedicated efforts made this a positive experience for all of the participants. I am proud of our BHRS commitment to helping the SMI population and support for families! Stan County is the best!
    - I am interested in being part of an oversight committee if that is possible.
    - The timing worked well.
    - Good job and kudos to all!
    - Was great everyone was heard and I feel we’re able to share.
    - It is difficult to determine the unknowns at this point – hence making it difficult to determine if current processes will work with the data tracking component. Eager to see the implementation! ☺

Attachment 2



Attachment 3

DRAFT - AOT Checklist

Assisted Outpatient Treatment:

Completed by BHRS Mental Health Clinician II

There are important facts which must be alleged in a Petition under AOT. This Checklist is a listing of these facts. All cites below are to the California Welfare and Institutions Code.

1. A qualified party [see 5346(b)(2)] is requesting AOT for an individual.
2. The individual is in Stanislaus County, or reasonably believed to be in Stanislaus County.
3. There are nine 5346(a) Criteria to be met:
   a. The individual is 18 years of age or older.
   b. The individual is suffering from a serious and persistent mental illness (SPMI) [see para. (2) and (3) of 5600.3(b)]. [This excludes individuals with a primary diagnosis of dementia and organic brain damage without an additional qualifying diagnosis of a SPMI.]
   c. There has been a clinical determination that the individual is unlikely to survive safely in the community without supervision.
   d. The individual has a history of lack of compliance with treatment for his or her SPMI, in that at least one of the following is true:
      i. The individual's SPMI has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in 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.
      ii. The individual's SPMI has resulted in 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, not including any

period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

e. The individual 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.

f. The individual's condition is substantially deteriorating.

g. Participation in the assisted outpatient treatment program would be the least restrictive placement that is appropriate and feasible, and necessary to ensure the person's recovery and stability.

h. In view of the individual'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.

i. It is likely that the individual will benefit from assisted outpatient treatment.

4. The treatment Plan recommended for AOT involves services actually available from Stanislaus County Behavioral Health and Recovery Services.

5. An exam of the individual was completed or attempted.

Attachment 4

DRAFT - AOT Court Process

AOT/MH Assessment:

- **The AOT Team makes the first official contact under AOT.** They should offer the Treatment Plan on a voluntary basis and depending on the individual's condition and orientation; the Licensed Practitioner of Healing Arts (LPHA) provider conducts the mental health assessment, completes the AOT checklist and later prepares a Declaration. If the assessment is refused or not completed, the LPHA provider may still prepare a Declaration saying that there is "reason to believe" the AOT criteria are met. Any modification of the recommended Treatment Plan should be considered as the Declaration is finalized.

Meets Criteria:

- **Notification to County Counsel.** The AOT Coordinator notifies County Counsel of the need to file a verified Petition in court within 10 days of the assessment or attempted assessment [W&I Code §5346(b)(5)(A)]. The following should be sent promptly to County Counsel: the AOT checklist, a signed recommended Treatment Plan, and the signed Declaration by the LPHA provider.

- **Petition is signed**. After review with County Counsel, the Mental Health Director (or designee) signs the Petition and Verification. The Petition will have three attachments: the Declaration, recommended Treatment Plan, and the Checklist. Accompanying the Petition will be the "Notice of Hearing" and the "Proposed AOT Order".

Petition the Court:

- **Petition is filed and distributed with Notice of hearing**. When the Petition is filed, the court will set a hearing date and time (not later than five court days) and a copy of the petition and notice of the hearing is served on the individual. An attorney (Public Defender) will be assigned by the court. Copies of the Petition and Notice of Hearing are delivered or sent to the Public Defender, the Patient Rights Advocate, and current health care provider appointed for the individual and any person designated by the individual [5346(d)(1)]. Those persons receiving the Petition will be in a position to contact and advise the individual about the hearing.

- **Individual is Served Notice of Hearing**. The Petition and Notice of Hearing are personally served on the individual as arranged by the AOT Team, using any available support from family and friends. Intensive support will ensure that the

individual can exercise his/her legal rights and also make a timely appearance at the hearing.

- **Preparation for Hearing.** County Counsel prepares a proposed settlement agreement (with Treatment Plan attached) in case the individual waives the right to a hearing under §5347. The LPHA provider reviews the Declaration, prepares any update on the situation, and makes any final modifications to the Treatment Plan. Close communications between the AOT Team and other involved parties is necessary in order to monitor the client and respond to any sudden deterioration.

Settlement Agreement:

- **Individual at hearing waives hearing.** If the individual appears at the hearing, whether the exam is completed or not, the court may establish on the record (for individual to hear) the circumstances surrounding the individual's failure to engage in, or refusal of, voluntary treatment. The court starts the hearing. At an appropriate time, the individual may confer with the Public Defender. If the client favors a Settlement Agreement (SA), the individual may waive the right to a hearing.

- **The SA has the same legal force as an AOT order [§5346(b) (5)].** The LPHA provider testifies that the client can survive safely in the community as long as the individual complies with the SA. If acceptable, the court puts the waiver on the record, finds that the SA is the least restrictive alternative available, and appoints the AOT Team as compliance monitor. An SA treatment plan may be modified by the court at any time upon a request by either party.

Court Hearing:

- **The hearing with client present and exam completed.** The court establishes on the record the appearance and relevant factors for opening the hearing. All relevant evidence is admissible if relevant to the grounds and facts in the Petition. Continuances are permitted only for "good cause shown" and upon consideration of the need for further exam, or for providing expeditiously AOT [§5346(d) (1)]. If the court finds AOT criteria not met, the Petition is dismissed.

If the §5346(a) AOT criteria are met, the court may order the recommended treatment Plan for up to 6 months, finding that it is the least restrictive alternative, that the individual has refused or failed to engage voluntary services, that AOT services are available, and that the Treatment Plan "will be delivered" to the Mental Health Director (or designee) [§5346(e)].

- **Individual not present at hearing.** The Court makes a factual determination on the record to support conducting the hearing without individual present. [§5346(d) (1)]. The LPHA provider testifies about the authenticity and contents of the Declaration and the recommended Treatment Plan. If AOT criteria are met, the court orders the Treatment Plan, and finds that it is the least restrictive alternative available. The Treatment Plan implementation is stayed if the individual subsequently files a writ of habeas corpus.

- **Individual at hearing but exam not completed.** The AOT Team provides the individual support. The Court makes a factual determination on the record as to why exam is not completed. The Court may question the individual to ascertain the individual's present intentions. The Court may appoint the LPHA provider in the individual's presence and elicit their consent and order a continuance for completion of the exam. Whether or not the LPHA provider has the exam results, the hearing may continue.

Review Hearing at least every 60 days:

- **Declaration to court within 60 days.** Under §5346(h), a Declaration from the AOT Team shall be filed with the Court on individual's continuing to meet the AOT Criteria. It does not require a hearing, unless the court has set one in advance. The distribution of copies to others involved is optional but recommended.

If the AOT Team affirmatively seeks a court hearing, it can be set up through County Counsel. The individual also has a right to a hearing on whether the AOT criteria are still met, with the AOT Team bearing the burden of proof.

Refuses Treatment:

- **Individual is non-compliant with treatment.** If the client is refusing court-ordered AOT the following may be considered:
    - Ongoing Outreach and Engagement
    - Return to Court for further discussion, support, and renegotiating Treatment Plan
    - A 5150 Evaluation
    - If hospitalized under 5150, a noticed capacity hearing under 5150, 5250, or 5260 for involuntary medication
    - If hospitalized, LPS Conservatorship

Attachment 5

Assisted Outpatient Treatment Program				
Proposed Budget	**FY 2018-2019**	**FY 2019-2020**	**FY 2020-21**	**Total 3-Year Pilot**
0.3 FTE Mental Health Coordinator	$ 41,550	$ 42,152	$ 44,218	$ 127,920
1.0 FTE Mental Health Clinician II	$ 127,540	$ 133,279	$ 139,810	$ 400,629
1.0 FTE Behavioral Health Specialist II	$ 103,580	$ 108,241	$ 113,545	$ 325,366
1.0 FTE Behavioral Health Advocate	$ 103,580	$ 108,241	$ 113,545	$ 325,366
Total Salaries and Benefits	**$ 376,250**	**$ 391,914**	**$ 411,118**	**$ 1,179,282**
Office Equipment	$ 8,655	$ 8,958	$ 9,271	$ 26,884
Computer Equipment	$ 10,650	$ 11,023	$ 11,409	$ 33,081
Education and Training	$ 8,250	$ 8,539	$ 8,838	$ 25,626
Office Supplies	$ 3,000	$ 3,105	$ 3,214	$ 9,319
Total Services and Supplies	**$ 30,555**	**$ 31,624**	**$ 32,731**	**$ 94,911**
Support Services Funds	$ 25,000	$ 25,875	$ 26,781	$ 77,656
Telecommunications and Data Processing	$ 5,000	$ 5,175	$ 5,356	$ 15,531
Total Other Charges	**$ 30,000**	**$ 31,050**	**$ 32,137**	**$ 93,187**
Space Rental of 30% of COD FSP	$ 11,968	$ 12,387	$ 12,820	$ 37,175
Total Intrafund Transfers	**$ 11,968**	**$ 12,387**	**$ 12,820**	**$ 37,175**
Total Expenditures	**$ 448,773**	**$ 466,975**	**$ 488,806**	**$ 1,404,554**
Medi-Cal Federal Financial Participation	$ 112,193	$ 116,744	$ 122,202	$ 351,139
Mental Health Services Act	$ 336,580	$ 350,231	$ 366,604	$ 1,053,415
Total Revenue	**$ 448,773**	**$ 466,975**	**$ 488,806**	**$ 1,404,554**
Net Revenue Less Expenditures	**$ -**	**$ -**	**$ -**	**$ -**

Assisted Outpatient Treatment Pilot Program

A PLAN TO MOVE FORWARD

APRIL 24, 2018

Jody Hayes

CHIEF EXECUTIVE OFFICER

Rick DeGette

BEHAVIORAL HEALTH DIRECTOR, BEHAVIORAL HEALTH AND RECOVERY SERVICES

BHRS Staff

Assisted Outpatient Treatment Pilot Program

Work Group Facilitators

- Debra Buckles, Public Guardian and Forensic System of Care Chief
- Karen Hurley, MFT, Mental Health Service Act Planning Coordinator (Retired)

Senior Leadership, Oversight

- Cherie Dockery, Associate Director
- Mandip Dhillon, Assistant Director
- Rick DeGette, Behavioral Health Director
- Jewel Warr, Chief Executive Office Consultant

Background

Assembly Bill 1421 – Assisted Outpatient Treatment (Laura's Law)

- Court-ordered, intensive outpatient treatment
- Severe and persistent mental illness (SPMI)
- Repeatedly arrested and/or hospitalized
- Non-compliance with voluntary treatment options

Local Interest

- Community advocacy
  - Petitions
  - Public comment
  - Articles
- Fact-finding study by The Results Group
  - Community meetings
  - Research

Board Action – August 15, 2017

- Approved BHRS staff recommendations related to Laura's Law/ Assisted Outpatient Treatment (AOT)
  - Authorized expansion and enhancement of existing Mental Health programs
  - Authorized development of an AOT implementation plan:
    - *In collaboration with a community work group*
    - *For a three-year pilot period*
    - *To include evaluation and outcome criteria and cost estimates*
    - *For future consideration by the Board of Supervisors*

Community Work Group

Rhonda Allen – National Alliance on Mental Illness (NAMI)

Adam Christianson – Stanislaus County Sheriff

Jeanette Fabela – Initial Outreach and Engagement Center

Melissa Farris – Behavioral Health Advocate

Melissa Hale, LCSW – BHRS Mental Health Coordinator

Mike Hamasaki – Stanislaus County Chief Probation Officer

Erica Inacio – BHRS Data Management Services

Community Work Group

Susan Jones – Consumer/Community Stakeholder

Jo Lambert – NAMI

Linda Mayo – NAMI

Juan Ramirez – Adult Protective Services

Sonny Sandhu – Stanislaus County Public Defender

Hugh K. Swift – Court Executive Officer, Stanislaus Superior Courts

Implementation Strategy

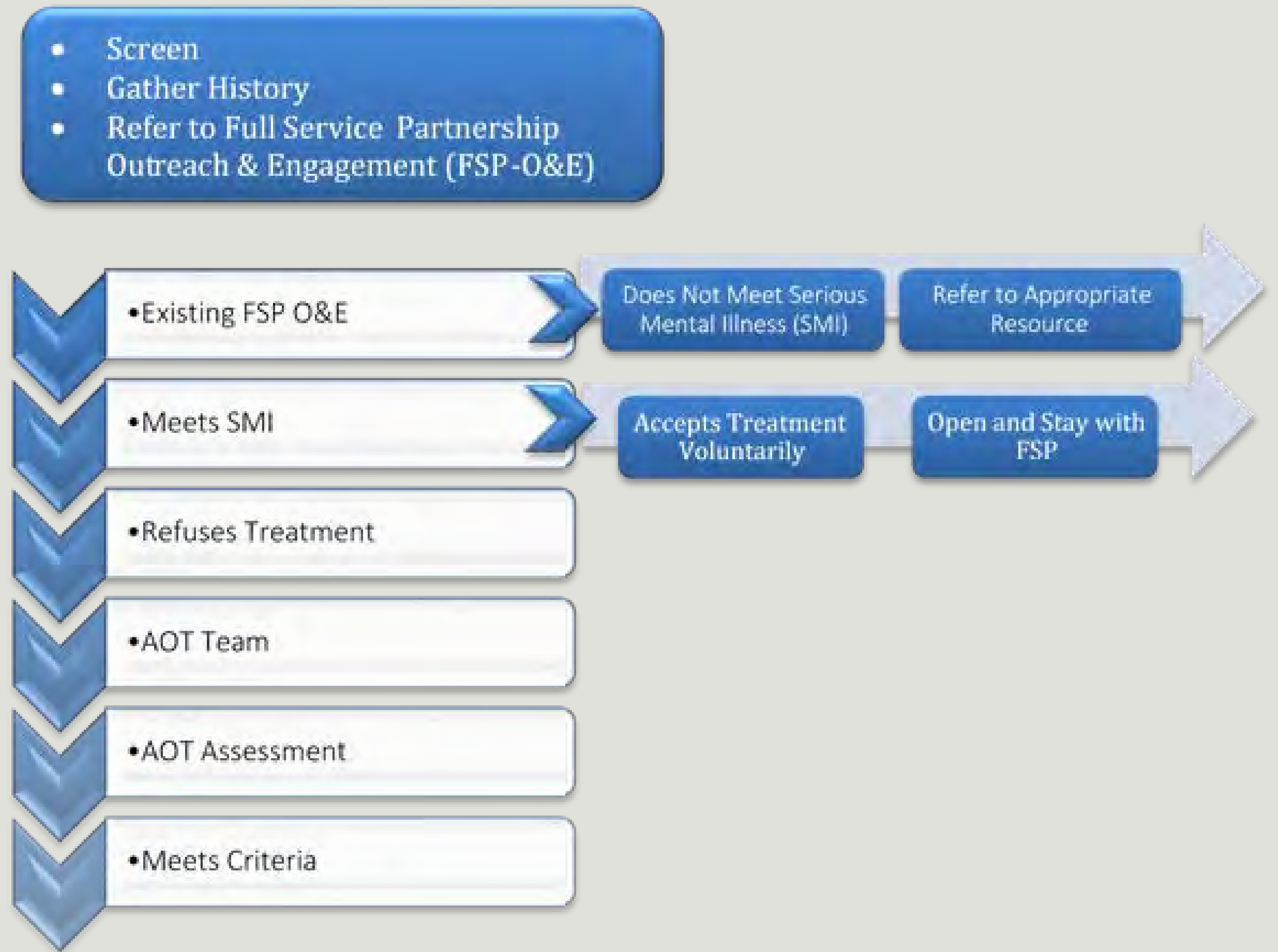
- Co-location with existing full-service partnership (FSP)
  - Referrals from Qualified Referring Party (QRP)
  - Outreach and engagement
  - Attempt at voluntary participation
  - Monitoring and assessment
  - Flexible time-frame for voluntary engagement

Outreach and Engagement

AOT Referral Process

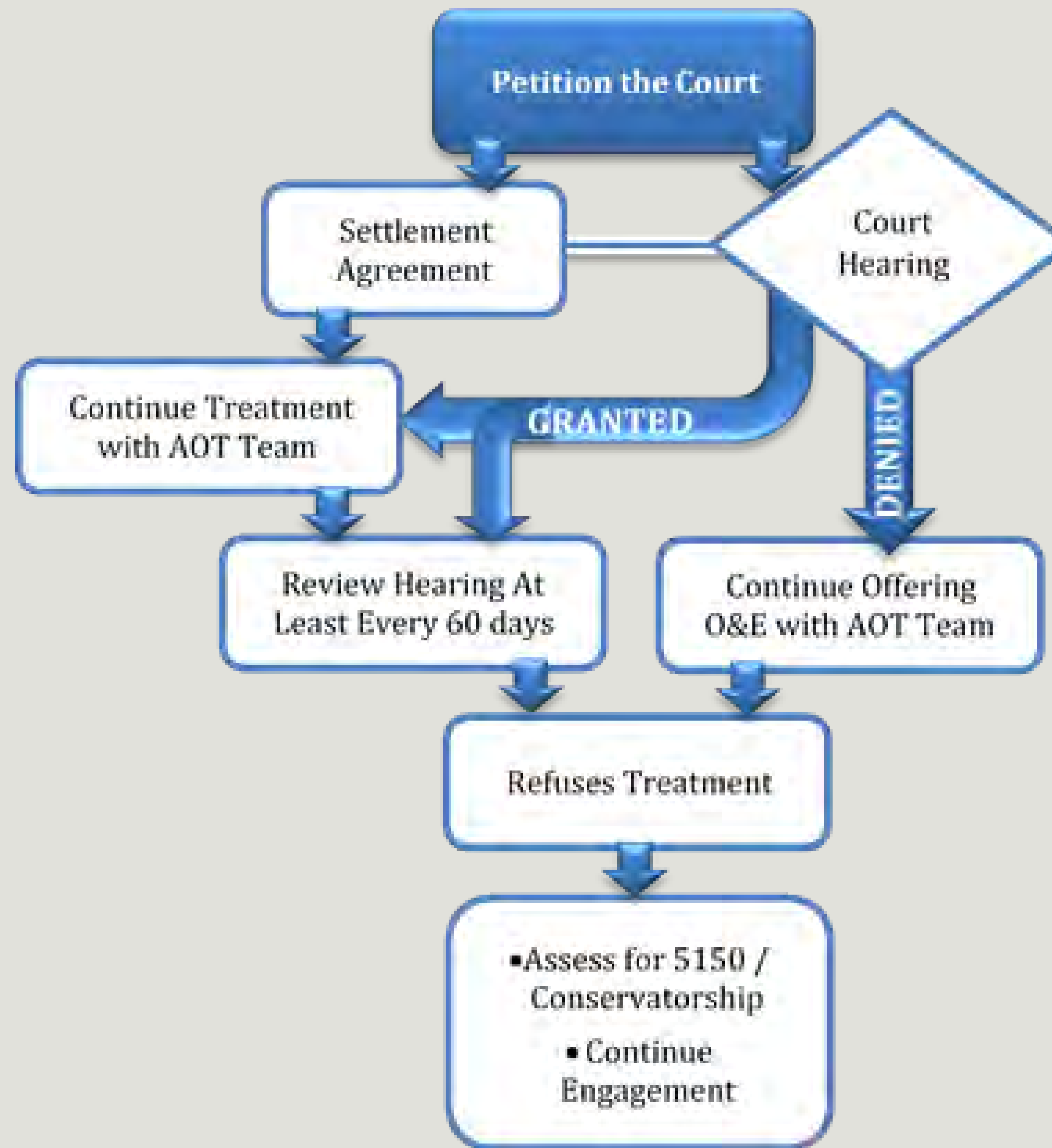
Screening Process

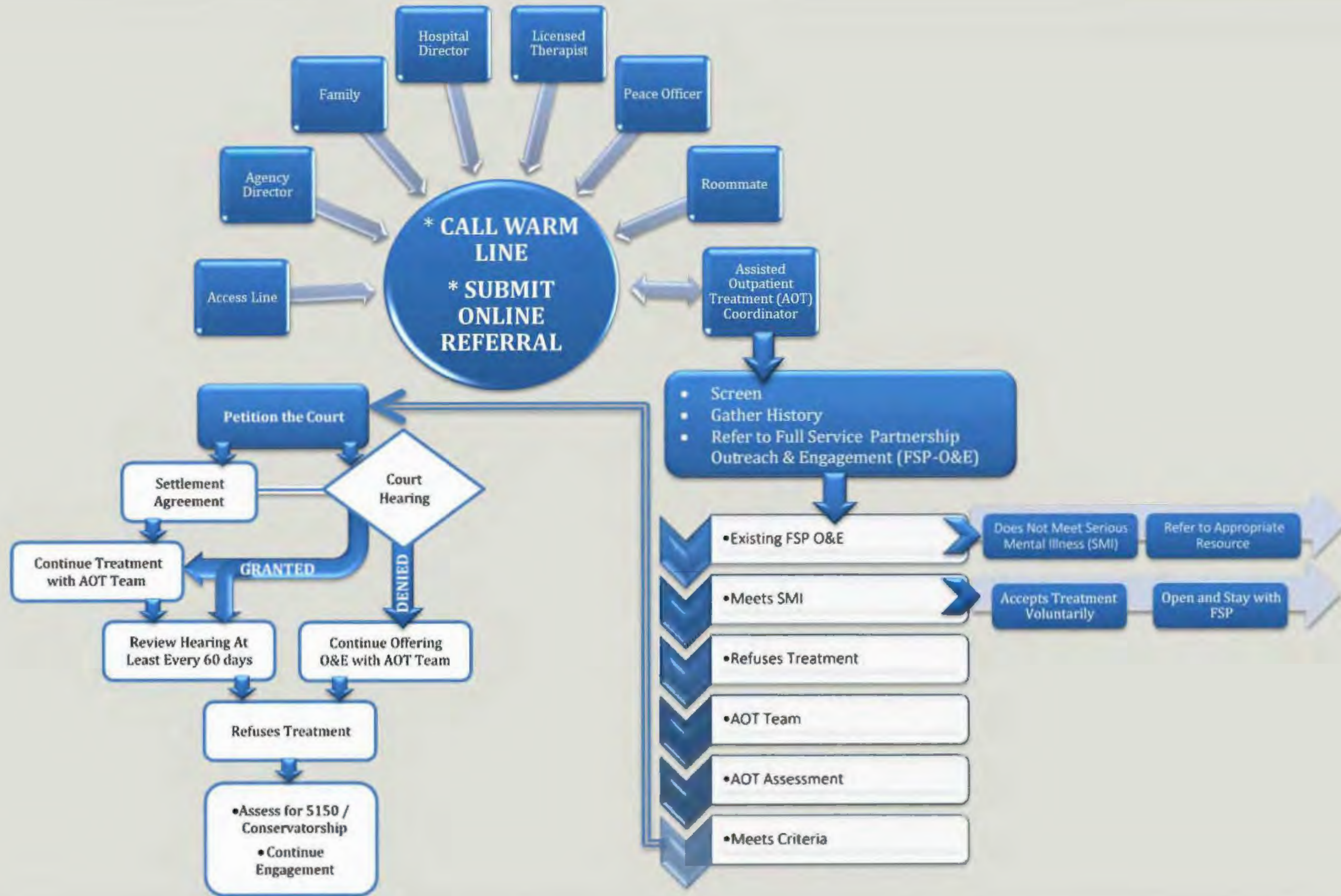
Active engagement and assessment



Court Process

Assisted Outpatient Treatment





Hospital Director
Licensed Therapist
Family
Peace Officer
Agency Director
Roommate
Access Line
* CALL WARM LINE
* SUBMIT ONLINE REFERRAL
Assisted Outpatient Treatment (AOT) Coordinator
Screen
Gather History
Refer to Full Service Partnership Outreach & Engagement (FSP-O&E)
Petition the Court
Settlement Agreement
Court Hearing
Continue Treatment with AOT Team
GRANTED
DENIED
Review Hearing At Least Every 60 days
Continue Offering O&E with AOT Team
Refuses Treatment
•Assess for 5150 / Conservatorship
•Continue Engagement
•Existing FSP O&E
Does Not Meet Serious Mental Illness (SMI)
Refer to Appropriate Resource
•Meets SMI
Accepts Treatment Voluntarily
Open and Stay with FSP
•Refuses Treatment
•AOT Team
•AOT Assessment
•Meets Criteria

Performance Measures

What Outcomes are Important to Measure

# of Referrals

- Who is calling
- Disposition

# of individuals at each stage

- Engagement
- Voluntary status
- AOT referral
- Settlement Agreement
- AOT Court Order

Time between stages

Once Consent and/or AOT Court Order

- % Incarceration
- % Psychiatric Hospitalization
- % Homelessness
- Enrollment in School, Work, Volunteer work
- Individual/Family satisfaction

Red italicized - data collection will need to be developed

Performance Measures

What Outcomes are Important to Measure

# of Referrals

- Who is calling
- Disposition

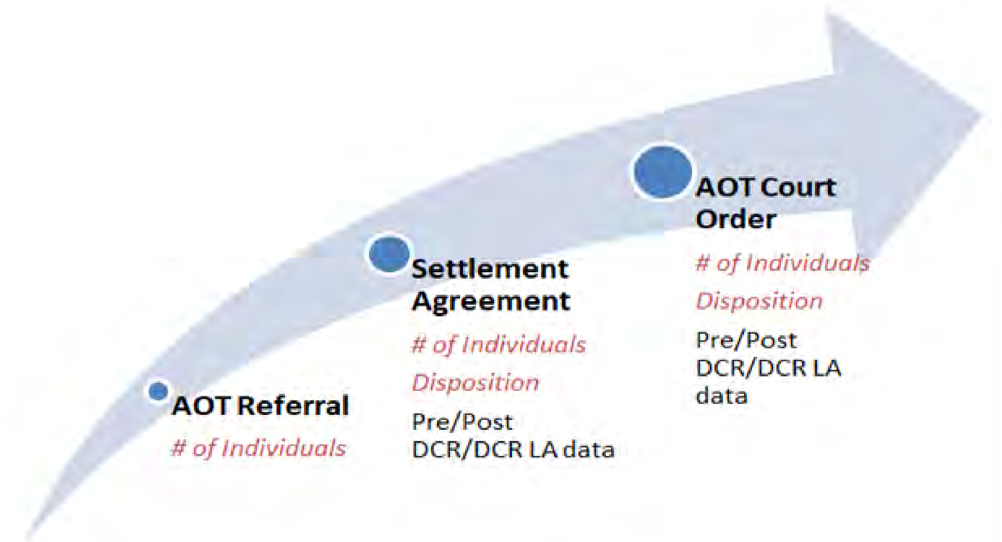
# of individuals at each stage

- Engagement
- Voluntary status
- AOT referral
- Settlement Agreement
- AOT Court Order

Time between all stages

Once Consent and/or AOT Court Order

- % Incarceration
- % Psychiatric Hospitalization
- % Homelessness
- Enrollment in School, Work, Volunteer work
- Individual/Family satisfaction



Red italicized - data collection will need to be developed

Steps Toward Implementation

MHSA endorsement (Completed on March 23, 2018)

Fiscal Year 2018-2019 MHSA Annual Update

MHSA Annual Update approval

- Board of Supervisors
- Department of Health Care Services approval

Recruitment for staffing positions

Steps Toward Implementation

Community/Agency education plan development

Program start-up

- Electronic Health Record expansion
- Certification by Department of Health Care Services to bill Medi-Cal
- Orientation/training of new staff

Program Staff

Add thee new staffing positions

Mental Health Clinician II

- AOT Coordinator
- Licensed Practitioner of Healing Arts (LPHA)
- Provides court testimony

Behavioral Health Specialist II

- Support referred individual/family members
- Case management
- Rehabilitative services

Behavioral Health Advocate

- Support and education
- Facilitate access to Behavioral Health System
- Develop strategies to enhance communication

Pilot Program Budget

Staffing, equipment, training, support services, space rental

- Year 1: $448,773
- Year 2: $466,975
- Year 3: $488,806

$1.4 million for 3-Year pilot period

Funded by:

- Mental Health Services Act funding
- Medi-Cal Federal Financial Participation funding

Health Executive Committee Review

- March 19, 2018 meeting
- Committee agreed to support implementation strategy with:
  - *Results/updates reported annually throughout three-year pilot period*
    - *Annual program performance using measurable results*
    - *Annual identification of projected and actual costs*
    - *Identification of any savings the County/community might attribute to AOT*

Staff Recommendations

1. Accept the Assisted Outpatient Treatment (AOT) Community Work Group Report and recognize the collaborative efforts of the work group members.
2. Adopt the implementation strategy described in the Assisted Outpatient Treatment Community Work Group Report for a three-year pilot program for AOT in Stanislaus County, along with the following conditions:
   a. Adopt a resolution to implement a three-year Assisted Outpatient Treatment (AOT) pilot program in Stanislaus County;
   b. Authorize the Behavioral Health Director to implement the three-year AOT pilot program as soon as reasonably practicable and within Budget Year 2018-2019;

Staff Recommendations

c. Require regular reporting to the Board of Supervisors on program performance and measurable results as part of the Mental Health Services Act Annual Update;
d. Require annual reporting to the Board of Supervisors on program budget estimates in the Proposed Budget and actual program costs in the Final Budget each year of the pilot period, including the identification of any County or community savings that can be attributed to the implementation of AOT; and
e. Amend the Salary and Position Allocation Resolution to add three new positions to Behavioral Health and Recovery Services effective the first pay period following Board of Supervisors' approval.

Questions