

WILLIAM B. WALKER, M.D.
Health Services Director
Cynthia Belon, LCSW
Behavioral Health Director



CONTRA COSTA
MENTAL HEALTH
ADULT/OLDER ADULT PROGRAM
VICTOR MONTOYA
PROGRAM CHIEF
1340 Arnold Drive, Suite 200
Martinez, CA 94553-4639
Ph 925/957-5117
Fax 925/957-5208
Victor.Montoya@hsd.cccounty.us

DATE: May 1, 2014

TO: Sam Yoshioka, Chair
Collette O'Keeffe, Vice Chair
Contra Costa Mental Health Commission

SUBJECT: Mental Health Director's Report

1. **Assessment and Recovery Center**
The George and Cynthia Miller Wellness and Recovery Center will open for clients on May 6, 2014.
2. **Hope House Update**
Hope House accepted its first resident April 23, 2014.
3. **Mental Health Family Services Coordinator**
The recruitment to fill the Mental Health Family Services Coordinator position for Adult Services opens Monday, May 5, 2014. Applications will be accepted until May 23, 2014. A copy of the Job Announcement is attached.
4. **Patients' Rights**
Staff Report.
5. **Portia Bella Hume**
They are in the process of hiring staff and the program is scheduled to be certified in May.
6. **SB 82 –Mobile Crisis**
Behavioral Health submitted a proposal under SB 82 to fund three mobile crisis teams. Funding in the amount of \$376,187 for one mobile crisis team was awarded. The funding will be used to hire two clinicians to provide services to adults. One clinician to provide triage and support services to Seneca's Children/Adolescent's Mobile Response Team will be housed at Psych Emergency Services at CCRMC.
7. **Medi-Cal Outreach and Enrollment Grant**
In October 2013, the CDHCS announced the availability of grant funds to provide outreach and enrollment (O&E) services to consumers newly eligible for Medi-Cal as a result of the federal Affordable Care Act. Funding was made available by Assembly Bill 82. These funds are available to conduct O&E strategies to help increase Medi-Cal enrollment and retention for the estimated 850,000 newly eligible but uninsured Californians as well as another 850,000 currently eligible but uninsured Californians. Behavioral Health's grant award is \$456,976 for the period May 15, 2014 through June



30, 2016. Our efforts will be focused towards individuals with mental health disorders, substance abuse disorders, the homeless, those in county jail, probation or post-release community supervision, persons with limited English-speaking abilities and persons from mixed immigration families. It is estimated that the O&E Program will generate at least an additional 250 Medi-Cal applications per month.

8. **Integration Update**

The Services & Programs Integration Implementation Design (SPIID) Teams are helping design the integration of Behavioral Health Division services and programs. The teams are organized by lifecycle population, each including families: Children, TAY, Adults, and Older Adults. In 2013, the teams were expanded to include a variety of key stakeholders, including Steering Committee members, CBOs, consumers, and family members. The monthly meetings of the SPIID Teams serve as a welcoming venue for County staff, providers, and the community to meet and learn about one another, and hear updates on parallel processes such as OCE's consumer outreach and strategic planning by Homeless Programs and MHSA.

In 2014, the SPIID Teams are meeting to develop common frameworks around key service components. Meetings to date have focused on the interrelated service components of integrated case conferencing, integrated hubs, and integrated service teams. Future topics prioritized for this year will include co-occurring disorder treatment, programs and housing; improving housing retention and addressing barriers to housing; and integrated outreach and engagement.

As frameworks are developed, the SPIID Teams are also engaging in program design to develop concrete recommendations on the implementation of an integrated system. The Executive Team will engage with the SPIID Teams on how best to use the common frameworks and the program design recommendations to infuse integrated practices into the infrastructure and overall operations of the Division, supported by the guidance of Executive Team leadership.

Some examples of current and developing integration projects within the Division include:

- Concord Shelter is staffed by Homeless, Mental Health and Public Health.
- The Brookside Shelter and TAY Callie House Homeless Programs have on-site Mental Health staff as well.
- ANKA Multi-Service Centers are staffed/funded by Mental Health and Homeless. The Antioch MCS is a Drug certified site as well.
- Mental Health has staff providing consultation at AOD Discovery House.
- Behavioral Health formed our AB 109 team with MH, Homeless, and AOD staff.
- Behavioral Health TAY case conference.
- Management of scattered site housing has been transferred from Mental Health to Homeless Services
- Financial counseling/benefits services provided by Homeless Services has moved to Mental Health.

9. **Laura's Law. Processing for Determining Recommendations**
Staff Report.

Response to Stakeholder Input

MHSA Three Year Program and Expenditure Plan Draft #1

June 5, 2014

Contra Costa Mental Health is in the process of developing its Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for the period July 2014 through June 2017. Stakeholders who have been actively participating in an advisory or oversight capacity to the community program planning process were invited to provide input to the first draft of this Three Year Plan. Numerous comments, questions and suggestions for change were received. The following represents responses to this input.

1. This looks like the status quo. What is different about this Plan as opposed to previous plans?

Response. The following represents significant changes:

- The Director's *Vision* statement is aligned to the major areas of access, capacity and integration that are the major themes surfaced in the needs assessment and subsequently addressed by the Community Program Planning Process. This provides a formal, common platform for communication between Contra Costa Mental Health and its stakeholders.
- The *Community Program Planning Process* chapter provides a link from the prioritized needs identified by stakeholders to the programs and plan elements that address these needs in the Three Year Plan. This enables accountability of applied resources to mental health needs identified in the Community Program Planning Process.
- *The Plan* chapter more closely aligns programs and plan elements to the statutory and regulatory requirements of the five MHSA components. Community Services and Supports outlines services that support full service partnerships, and outlines general system development strategies that support the larger Children's and Adult Systems of Care. Prevention and Early Intervention more closely follows the definitions and categories that are currently being promulgated in regulations at the State level, and clarifies that the County's outreach and engagement services to underserved and at risk populations reside in this component.
- *The Budget* chapter explains for the first time that expenditures will exceed revenues for this three year period, but that sufficient MHSA unspent funds will be available to honor CCMH commitments through June 2017. This should help

underscore why no new programs or plan elements have been proposed for this three year period.

- The *Evaluating the Plan* chapter introduces a set of deliverables and methodology to evaluate each program and plan element for compliance with the letter and intent of MHSA, support for the prioritized needs of the community program planning process, and assess performance and cost effectiveness.
- The *Appendices* provide service maps to reinforce MHSA as a part of the larger system of CCMH services, profiles on each organization that provides MHSA programs and plan elements, and a glossary of definitions for mental health terms used in the Plan.
- Finally, a consistent style and form of technical writing, including hyperlinks and tabs is utilized throughout the Plan in order to assist in better readability, understanding and access for future reference.

2. What changed from Draft #1 to Draft #2 (posted for public comment)?

Response. Minor changes were made to correct or better clarify language or numbers. The following is a listing:

- Page 19, 20. Adjusts language to reflect that Rubicon, CHAA and Anka have adjusted their multi-region team approach to more focus on an agency specific team approach that serves discrete parts of the County.
- Page 23. Corrects the number of augmented board and care beds to be available by Crestwood from 16 to 26.
- Page 26. Provides more specificity of types and numbers of county staff who will provide mental health treatment planning and liaison between Contra Costa Regional Center and CCMH.
- Page 38. Adjusts the number to be served yearly by Putnam House from 225 to 278.
- Page 42. Incorporates suggested edits that clarifies Rainbow Community Center's current versus proposed Innovation Program activities.
- Page 50 (now page 51). Clarifies that the electronic health records system as described in the first paragraph depicts what was originally proposed to the State in 2010.
- Page 56 (now page 57). Expands cost of living adjustments to now include costs of doing business due to inflation as potential changes in funding revenues or funding commitments.
- B-66. Incorporates suggested edits on the program profile for RYSE.
- C-3. The definition of consumers was expanded to include individuals served by Behavioral Health Services.

3. Why is there no funding for implementation of Laura's Law, and why is there not more discussion of implementing Laura's Law in the Plan?

Response. The implementation of Laura's Law has not yet been decided by the County. Should the County wish to proceed in this direction, program and funding issues need to be resolved, such as program design, court and law enforcement participation, size of population to be served, budget and funding sources needed for sustainability. For use of MHSA funds for financing the mental health treatment portion of the implementation, a determination will need to be made whether the proposed program design meets the General Standards (CCR 9 CA ADC Section 3320) for use of MHSA funds, and whether a finding is made 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 this article (WIC 5 Section 5349).

Page 8 and 9 of the draft Three Year Plan describes the introduction of potential implementation of Laura's Law, and the process for achieving resolution. Additional language would be premature, given the status of community input and planning efforts. Should MHSA funds be decided to implement Laura's Law, this new program will be added to the draft Three Year Plan, or will be included as a Plan Update, should this Three Year Plan be in place. A community program planning process will be required prior to use of MHSA funds for implementing Laura's Law (CCR 9 CA ADC Section 3300), and Board of Supervisor approval is required.

4. How much is being spent on persons with a serious mental illness or serious emotional disturbance versus money being spent on other things?

Response. All MHSA funds spent in the Community Services and Supports component are spent to serve or support those who serve individuals experiencing a serious mental illness or serious emotional disturbance(\$31.5 million). The Prevention and Early Intervention component serves a portion of its \$8 million allocation on persons experiencing a serious mental illness or serious emotional disturbance, as this Plan includes outreach and engagement services to underserved and at risk populations; an undetermined number of which have a serious mental illness or serious emotional disturbance. The Innovation component (\$2 million) provides new and innovative programs and services to both those with a serious mental illness or serious emotional disturbance and those at risk for developing a serious mental illness or serious emotional disturbance. The Workforce Education and Training component (\$600,000) utilizes MHSA funds to develop the workforce through education and training. The Capital Facilities and Information Technology component utilizes MHSA funds on a one-

time basis for major infrastructure costs to implement MHSA services and supports and generally improve support to the County's mental health service system (currently projected to be \$4 million over the next three years).

5. There are a number of tables in the Three Year Plan that do not have number to be served filled in. Why is this?

Response. The most common reason is that the plan element by definition supplements and supports a larger program of services that MHSA does not fund, such as Children's Wraparound Services and Adult Mental Health Clinic Support. These larger programs track number served and various outcome measures. It would be misleading to list those numbers next to only a portion of the services that are responsible for them. Some MHSA funded plan elements provided administrative and evaluation support, and thus do not serve consumers. Some programs, such as the Assessment and Recovery Center, are in the process of being implemented, and have not yet determined the number to be served.

6. The tables in the Three Year Plan should list each position MHSA is paying for; not just the program name and dollar amount.

Response. Positions by name are but a part of the total personnel, operating and administrative costs determined as necessary to fully fund a particular service or support. Once determined, managers are responsible for delivering the agreed upon service or support within the total resources allocated. Due to terminations, retirements, extended leaves and other personnel turbulence managers flexibly adapt their on hand staff to meet workload requirements. For example, duties of an unfilled county psychiatrist position may be filled by a contract psychiatrist, or vice versa. Positions are listed in Personnel costs, whereas contracts are listed in Operating Costs. To list and then evaluate utilization of MHSA resources by positions can be misleading. The new evaluation element of the Three Year Plan will provide an in-depth look at how management of a particular program or plan element delivers the agreed upon service or support within the resources allotted, according to the letter and intent of MHSA, and utilizes the MHSA funding cost efficiently.

7. I have documents from fiscal years 2004-05 through 2012-13 where the dollar amounts do not match what is being budgeted for fiscal years 2014-17. Why is that?

Response. Since its inception in January of 2005, the implementation of the MHSA has evolved significantly. Most notably, codifying the law into regulations has taken years, and is still not complete. State level policies have changed, as the Department of Mental Health closed operations and administration of various MHSA components were

disseminated among several State departments. This has had the unfortunate effect of Counties responding topically to procedures and reporting requirements that would be eventually superseded. Budget procedures and reporting requirements and formats have changed. For example, the Department of Mental Health originally had approval authority for a County's use of MHSA funds within components. DMH would publish documents that listed dollars authorized versus allocated (approved) collectively over fiscal years for each County for each component. This practice ended when DMH ceased existence, and approval for MHSA expenditures was delegated to a County's Board of Supervisors. Someone who is trying to compare and match how dollar amounts are depicted over fiscal years would understandably have difficulty.

The current Three Year Plan fund balances have been researched so as to depict as accurately as possible actual fund balances by component as of July 1, 2013, and to estimate fund balances by component starting July 1, 2014. Approximately 90 days after the completion of current year, actual fund balances will be available to more accurately depict fund balances for the Three Year Plan.

8. Why does Contra Costa Mental Health's projected MHSA revenues for fiscal years 2014-17 not show the increases that California's growing economy reflect?

Response. One would expect that the revenue from the 1% tax on the annual adjusted gross income amount that exceeds \$1 million per taxpayer would correlate positively with California's growing economy. Overall, this has proven to be generally true, starting in Fiscal Year 2012-13. However, experience has proven actual MHSA revenues to be subject to a number of variables. This has made the projections provided to Counties for planning purposes also to be variable, with intermittent updates needed. The following table reflects current actual and estimated MHSA revenues provided by the California Department of Finance:

<u>2012-13 (actual)</u>	<u>2013-14 (est.)</u>	<u>2014-5 (est.)</u>	<u>2015-16 (est.)</u>	<u>2016-17 (est.)</u>
\$1,589.6 billion	\$1,249.6 billion	\$1,624.6 billion	\$1,402.2 billion	\$1,433.4 billion

Contra Costa County's share is 2.272674% of the total.

9. Why does it take so long to fill vacant positions?

Response. CCMH, to include positions funded by the MHSA, are subject to the policies and practices of Contra Costa County's Human Resources Department, as well as approval by Contra Costa's Finance Department. Generally, these policies and practices follow generally accepted civil service procedures utilized by any public entity. However, this County's existing list of classifications available for use in hiring is far less

than the County's total list of classifications. CCMH's constellation of positions is most often unique and relatively less populated in relation to the County's general workforce. The workload to generate a list of qualified candidates is the same for Human Resources, whether a classification has few or many positions. Given that Human Resources has more position lists to generate than it has staff capacity, those positions with a large number of vacancies tend to be generated at the expense of those positions less populated. This creates for CCMH often the unfortunate situation of having openings for positions that do not have a current list. CCMH then is faced with less than ideal means and lengthy delays in filling positions.

10. When positions are not filled, where does that money go?

Response. When positions are not filled, the money set aside, or budgeted, to pay these salaries is available for paying other personnel, operating and administrative obligations. Thus, public and corporate entities can plan for a percentage of positions at any given time to be vacant, and thus effect what is known as salary savings. This enables funds to be available during the year to pay for unforeseen upward expenditures during the year. For CCMH, budgeting is year to year, with money not spent reverting to the County General Fund. However, for MHSA funded positions, the money not spent does not revert to the County General Fund, but stays in a separate MHSA fund, and rolled forward to be available for future MHSA expenditures.

11. Why is there no funding in the Three Year Plan for in-patient psychiatric hospitalization beds for children?

Response. This year's community program planning process surfaced children in-patient beds as a prioritized need for this County. However, statute and regulations governing the use of MHSA funds do not allow MHSA funding to pay for in-patient psychiatric hospitalization.

12. Why are projected expenditures always higher than what is actually spent?

Response. Projected expenditures, or budgeted amount, by definition sets aside amounts that cannot be exceeded. This is to ensure that the responsible entity, in this case the County, has sufficient funds to pay all of its financial obligations. Three common reasons that projected expenditures are higher than what is actually spent; 1) positions that stay vacant for a period of time do not incur costs (salary savings), 2) contracts based upon actual expenditures rarely bill for the full amount of the contract, 3) programs that have a delayed start, or ramp up to full service delivery do not incur the full amount budgeted.

For planning purposes it is desirable to project expenditures as close as possible to actual expenditures. This is to enable full utilization of available funds to meet the

service needs of the community. The Three Year Plan proposes regular communication between program and budget staff, with a resulting monthly report to track expenditures and adjust projected expenditures on an ongoing basis. This should result in improved projections of expenditures and subsequent fuller utilization of available MHSA funds.

13. There is \$2.75 million projected to be spent on the Cynthia and George Miller Center (Assessment and Recovery Center), but there is little program description or specificity on how the money will be spent.

Response. The not to exceed \$2.75 million in total ongoing costs for the Center was proposed to the County and accepted, as MHSA funding was determined to be available at the time. From project approval to the recent opening of the primary care element, the potential for part of the mental health service costs to be offset by other funding sources is being determined, such as federal financial participation through Medi-Cal, and cost offsets on selected mental health positions due to the Center being certified as a federally qualified health center. Each potential funding source and its rules for reimbursement materially affects the potential program and staffing pattern utilized at the Center. Resolving these mental health program and staffing issues will provide specificity on program detail and amount needed from the MHSA fund.

14. The Fiscal Year 2012-13 Plan Update shows an agreement to spend 30% of any new MHSA revenues on housing and homeless services. Where is that reflected in the Three Year Plan?

Response. The Fiscal Year 2012-13 Plan Update reflects the result of stakeholder planning by component for a significant increase in MHSA revenues from fiscal years 2011-12 to 2012-13. At that time it was determined that for CSS – Housing \$797,627 was available, based upon 30% of the total projected increase for that year. The Fiscal Year 2013-14 Plan Update indicates that an additional \$650,000 was approved for ongoing housing and homeless services funding as a result of the fiscal year 2012-2013 planning process described above. The yearly allocation in the proposed Three Year Plan (fiscal years 2014-17) for MHSA Housing Services incorporates the additional housing and homeless services funding allocation reflected in the Fiscal Year 2013-14 Plan Update. No new programming for this category is reflected for the Three Year Plan, due to the expectation that expenditures will exceed revenues during this period. Any future proposed increase in funding for this category within the Community Services and Support component would need to be vetted through the community program planning process and be subject to budget availability.

15. In the Workforce Education and Training Component, why is there more money allocated for County graduate level student internships than contract agencies?

Response. The Three Year Plan shows fewer county internships (25) for more money (\$169,945) than contract agencies (50 for \$100,000). County internships have a fixed cost per student that includes temporary worker status with pay and accompanying County personnel and operating costs. For contract agencies a request for proposal is issued where community based organizations compete for a contract with the County. These agencies are scored on their cost efficiencies, and can flexibly apply match resources and utilize other methods, such as pay scales and hours worked, in order to effect these cost efficiencies.

16. Why is the Electronic Health Record project taking so long, and how much is it going to cost?

Response. In 2010 the then California Department of Mental Health approved \$6 million for CCMH's technology project. A team of County staff were and are assigned to shepherd the project. Challenges developed when Contra Costa Health Services (of which CCMH is a part) converted to the EPIC electronic health record system, but CCMH's state reporting requirements were subsequently determined to be incompatible with this system. Feasibility studies were focused on building a new system versus building compatibility with EPIC. Technological advancements in the industry further complicated the planning process, as both cost increases and cost savings factors were introduced.

Currently negotiations are underway with an identified vendor for scope, time and cost for implementing an electronic health record project specific to mental health needs. The Three Year Plan outlines the scope of the project as originally approved, and estimates the project to be two years in duration. As per the 2010 proposal, funding from the County's Health Services Department would be sought for any costs that exceed the originally approved \$6 million. Any proposed use of MHSA funds in excess of the originally approved amount would be subject to the community program planning process and Board of Supervisor approval.

MHSA Three Year Plan Milestones and Timeline - as of June 5, 2014

Event	Product	Lead	Complete By
1. Post Request for Proposal for Consultant	RFP	Warren	Completed SEP
2. Visit Service Providers and their consumers	Current program descriptions/ Service provider/receiver input	MHSA Staff	Completed OCT
3. Develop preliminary needs assessment, plan structure	Needs Assessment Plan structure	Warren	Completed NOV
4. BHS Director provides three year plan guidance	Draft Vision Statement	Warren	Completed DEC
5. Select consultant/plan stakeholder process	Contract w/deliverables	Warren	Completed DEC
6. Develop budget roadmap	Budget Structure	Warren	Completed JAN
7. Conduct Focus Groups	Stakeholder meetings	RDA	Completed FEB
8. Conduct Community Forums	Stakeholder meetings	RDA	Completed MAR
9. Incorporate stakeholder input into draft plan	Draft three year plan	Warren	Completed APR
10. CPAW/MHC review, comment on draft plan	Revised draft three year plan	Warren	Completed MAY
11. Approve draft three year plan	Approval	Cynthia	Completed MAY
12. 30 day public comment period	Public Hearing/comments incorporated	MHSA staff	JUN
13. Board of Supervisor review (BOS)	Approval	BOS	JUL

DRAFT

Consolidated Planning Advisory Workgroup (CPAW) Housing Committee

Meeting Date: June 18, 2014

Today's Date May 22, 2014

Time: 9:00am - 10:30am

Location: 1340 Arnold Drive, Suite 112, Martinez, CA



Charge of Committee: (Revised Charge Approved by CPAW on: 4/1/10)

Charge #1: To help the community develop opportunities for advocacy, innovation, and a variety of partnerships for improving, expanding and transforming housing options for persons with mental health needs.

Charge#2: Disseminate information on mental health housing to consumers, family members, and the broader community.

Charge#3: Develop/engage in ongoing dialogue with the MH Department and housing experts related to meeting housing needs for Contra Costa consumers & family members.

A G E N D A

TOPIC	PRESENTER	DESIRED OUTCOMES	TIME (Minutes)
1. Welcome, Introductions, Acknowledge any possible Conflict of Interest	Lauren Rettagliata, Acting Chair	Call to order	5
2. Amend/approve agenda Sent out on (in two weeks)	All	Add/remove items	3
3. Correct/approve last month's meeting minutes.	All	Correct items as needed	5
4. Lori Hefner & Connie Steers Report on Meeting with Vic Montoya, Warren Hayes, Sandy Rose, Jenny Robbins. Written document attached.	Lauren Rettagliata	Informational	5
5. CPAW Three Year Plan-Housing Section. Lori distributed.	Lori-Hefner-Emailed	Informational	5
6. Six Hot Topics-& Where Went the \$800,000 for 2012-2013?	Annis		20
7. Update-New Written Documents	Sandy Rose	Informational	20
8. Update-New Written Documents	Jenny Robbins	Informational	20
9. Question/Answer Period	All	Gain Clarification	5
10. Agenda items for Next Meeting <ul style="list-style-type: none">Trauma & HousingCPAW 3 Yr Plan HousingHefner & Steers UpdateProject Issue Tracking	All	Informational	2
Next Meeting: July 16, 2014		TBD	90 minutes

Contra Costa County developments—Laura's Law

Douglas Dunn

NAMI Family-to-Family Teacher
NAMI-CC Laura's Law Chairperson
Family Member-AOT Workgroup
CPAW member applicant

For: CPAW Meeting
June 5, 2014

Glossary of Terms

- ▶ AOT—Assisted Outpatient Treatment
- ▶ BHSD—Behavioral Health Services Division
- ▶ BOS—Board of Supervisors
- ▶ CCC—Contra Costa County
- ▶ FSP—Full Service Partnership
- ▶ IMD—Institute of Mental Diseases
- ▶ LE—Law Enforcement
- ▶ LL—Laura's Law (California AOT Law)
- ▶ MHC—Mental Health Commission
- ▶ MHSA—Mental Health Services Act
- ▶ PD—Public Defender
- ▶ SH—State Hospital
- ▶ ST—Short-term
- ▶ LT—Long-term
- ▶ 4C—CC Regional Med. Center Psych. Ward

Purpose of Outpatient Treatment

Financial

- ▶ Reduce “revolv. door” inpatient stays—\$1,496 / day
- ▶ Reduce “crisis residential” stays—\$348 / day.
- ▶ Reduce “locked” conservatorships—\$278 / day.
- ▶ Reduce EMR costs—\$2,404 / each 5150
- ▶ Reduce LE costs—\$2,000 / each 5150

MOST IMPORTANT

- ▶ Reduce Brain trauma.
- ▶ Reduce families’ emotional trauma.
- ▶ Gain “treatment traction” for “revolving door” consumer.
- ▶ Allow recovery to take place.

Desired Focus

- ▶ If Laura's Law is done correctly, focus is on:
 1. FSP team's relationship with consumer.
 2. NOT on treatment agreement ("pills") or judge.
IMPORTANT: NO FORCED MEDICATION
- ▶ **Motto:** Consumers deserve "in community" help, NOT a "locked" conservatorship or jail.
- ▶ **Purpose:** Help increase the number of recovering consumers.
- ▶ Requires ample funding and close monitoring of FSP services.

Laura's Law in a Nutshell–Part I

- Must be 18 years or older, and:
 1. Have had 2 or more hospitalizations in the past 36 months, or:
 2. 1 more or acts or attempted violent acts in the past 48 months, and:
 3. Currently “sliding into crisis” by “clear and convincing” evidence.
 4. “In-Community” AOT treatment the “least restrictive” option.
 5. Would benefit from AOT treatment.
- Person can be referred to program by :
 - County Behavioral Health Director or designee
 - Hospital Director
 - Psychiatrist or licensed clinician (such as a Case Manager)
 - Police Officer
 - Family member
 - Friend with whom they are living

Laura's Law in a Nutshell—Part 2

- ▶ AOT Program Director can ask an FSP team to contact this referred to person. If this person voluntarily accepts FSP treatment, they are voluntarily enrolled in Laura's Law program with strict "Service Plan" monitoring and reporting requirements for the FSP provider.
- ▶ If referred to person does not accept FSP treatment or further "slides into crisis," then AOT Program Director can be petitioned to have a judge order a "pre 5150" (up to 72 hour) hold for mental health evaluation.
 - If evaluation OK; released
 - If not stable for release; 5150 hospitalized, then AOT judicial process within 10 days.

Laura's Law in a Nutshell–Part 3

- If continued non-compliance and further “sliding into crisis,” consumer referred to **Civil Court**:
 - If **voluntary** settlement agreement is reached; consumer receives up to 6 months of mandated FSP 24/7 “wraparound” treatment. **Max.: 180 days**
 - If judicial order, consumer still receives:
 1. Up to 6 months of mandated Full Service Partnership (FSP) 24/7 “wraparound” treatment.
 2. Possibly 6 more months of mandated enhanced FSP. **Max.: 360 days**

Laura's Law—Civil Rights

- ▶ **Constant Right to legal counsel.** For Example:
 1. Every 60 days, a person in AOT can petition to be released from the program. AOT program Director **MUST** show this person still meets AOT criteria.
 2. At any time, an AOT served person can file a petition for a judicial hearing (writ of habeas corpus). AOT program Director **MUST** show this person still meets AOT criteria.
- ▶ “Pre 5150” Hospital evaluation., max. of 72 hours
- ▶ Treatment Order, if necessary, are the two judicial “leverages.”
- ▶ Jail not an AOT option. Only a Civil Case.

“Service Transparency” Reporting—Part 1

- ▶ Voluntary, Agreed upon Settlement, or ordered treatment, there is a service plan for a:
Maximum of 180 days. Maximum Renewal: 180 days
- ▶ **Service plan shall include:**
- ▶ Full Service Partnership (FSP) treatment team of highly trained mental health professionals at a maximum 10:1 client/staff ratio.
- ▶ Reports required every 60 days MUST show number of persons to be helped as well as services and programs provided to meet their needs, including the following:

Service Transparency Reporting—Part 2

Documented:

- Support for families.
- Services for physically disabled persons.
- Services for older adult persons.
- Medical and recovery based services.
- Immediate, transitional, or permanent housing.

For each person, reports MUST show:

- Dollar amount and types of funds annually spent.
- Benchmark success or failure rate.

County Developments

- ▶ **June 3, 2013:** Families gave powerful testimony before county Legislative Committee.
- ▶ **July 5, 2013:** BOS resolution asks BHSD to consider Assisted Outpatient Treatment (AOT).
- ▶ **July 30, 2013–Present:** County AOT workgroup meeting to study, research & make final recommendations.
- ▶ **April 10, 2014:** NAMI–CC Board Resolution urges BOS to implement full 45 person LL program.
- ▶ **April 12, 2014:** MHC voted 8–1–1 to support full 45 person LL program.
- ▶ **July 22, 2014—**Workgroup recommendations to BOS. BOS LL meeting & vote to follow later.

Full Laura's Law program costs for Contra Costa County

▶ FOR 45 PERSONS

- ▶ Max. Annual FSP/LL Cost \$1,350,000
 - ▶ Likely staff, svc., & housing cost: \$ 423,423
 - ▶ Funded Laura's Law Cost: \$1,773,423
 - ▶ Likely PD/County Counsel cost: \$ 219,912
 - ▶ Likely Max. annual Laura's Law cost: \$1,993,335
-
- ▶ **Sources:** CCC BHSD provided information and approx. 33% ratio of new Orange County full Laura's Law annual program costs.

BHSD Locked Facility Treatment Costs

- ▶ 2012–2013 4C Costs: \$10,137,626
- ▶ 2012–2013 IMD Conserv. Costs: \$ 3,972,236
- ▶ 2012–2013 MH Detention Costs: \$ 6,194,422
- ▶ 2012–2013 LPS Cons. & SH Cost: \$ 7,694,431
- ▶ Pos. 2012–2013 “Locked” MH Cost: \$22,423,715
- ▶ Target Pop.: 4C: 39 “revolving door” patients
6 persons— jail to 4C
135–184 persons ← 39–44 IMD Conservatorships
51–84 LPS Cons., SH persons
- ▶ Source: Contra Costa County data

Potential ST LL Annual Savings

- ▶ Projected Inpatient Savings: \$2,069,419
- ▶ Projected IMD Conserv. Savings: \$2,192,787
- ▶ Projected < Jail Savings: \$ 213,138
- ▶ Savings going to vol. prog. w/in 2 yrs: \$4,475,344
- ▶ Example of EMR Savings: \$ 432,661
- ▶ Example of Law Enforcement Savings: \$ 360,000
- ▶ Projected Annual Savings w/in 2 yrs.: \$ 5,268,005
- ▶ Positive Short-Term Results:
 - ▶ \$2.25 annually to voluntary service programs compared to \$1 previously spent on “crisis costs.”
- ▶ Source: Contra Costa County data

Possible Long-Term Full Laura's Law program savings

- ▶ 2012–2013 LPS Cons. & State Hosp. Cost:\$ 7,694,431
- ▶ Pos. LPS Cons. & SH Cost Reduction: \$ 5,078,324
- ▶ Pos. Savings going to vol. prog. w/in 5 yrs:\$ 9,553,668
- ▶ Pos. LT Annual “Cost-Avoidance” Savings: \$10,346,329
- ▶ Possible Positive Results:
 - ▶ \$4.79 possibly annually to voluntary svc. programs compared to \$1 previously spent on “crisis costs.”
- ▶ Sources: Composite of CCC BHSD, and San Mateo County data.

CCC Laura's Law Notes--1

- ▶ **NOTE:** BHSD spent \$35M on out-of-county LPS Conservatorships and State Hospital costs, an avg. of \$11.66M / year, from fiscal year 2008-2011.
- ▶ 2012-2013 IMD Conserv. Costs: \$ 3,972,236
- ▶ 2012-2013 LPS Cons. & SH Cost: \$ 7,694,431
- ▶ 2012-2013 Out-of-Cnty. MH Costs: \$11,667,667
- ▶ 2000-2001 Out-of-Cnty. MH Costs: \$ 5,324,218
- ▶ Cost Increase \$ 6,342,449
- ▶ Percent Increase: 119%
- ▶ During similar time period, county BHSD budget increased from \$93M to \$163M/yr., or 70%, helped largely by increasing MHSA revenue and funding.

CCC Laura's Law Notes--2

- ▶ If nothing is done:
 1. Greater amount of BHSD budget w/b diverted to caring for “locked facility” consumers.
 2. Less funds for voluntary service recovery programs.
 3. Huge “stress” on MHSA funded programs, which cannot “supplant” existing non-MHSA programs.
- ▶ LL program savings are a way to slow down or reverse this trend.

Contact for LL Financial Analysis

- ▶ E-mail: douglaswmdunn@yahoo.com
- ▶ Will forward link for 3/10/2014 Family & Human Services meeting, which contains:
 1. AB 1421 AOT Staff Report
 2. Laura's Law Functional Outline
 3. Families Alternative Report Statement to Workgroup
 4. Susan Medlin's Alternative Recommendations
 5. Public Comment-All Documents Submitted by AOT Committee Members (70 pg. Altern. Report)
 6. California Counties News Article
- ▶ Will also forward you latest spreadsheet.