Mental Health Services Act (MHSA) Stakeholder Leadership Committee (SLC) Fiscal Year (FY) 2023 Planning Meeting

New Considerations in AOA System of Care: Assisted Outpatient Treatment (AOT) and Adult Residential Treatment (ART)

Thursday, August 5th, 2021, 3:00PM – 5:00PM
Zoom Virtual Meeting

COUNTY OF SANTA CLARA Behavioral Health Services
Supporting Wellness and Recovery
## August 5, 2021 MHSA Meeting Agenda 3:00 AM – 5:00 PM

<table>
<thead>
<tr>
<th>Time</th>
<th>1. Overview (Jeanne Moral)</th>
<th>5 minutes</th>
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<tbody>
<tr>
<td></td>
<td>a. Welcome / SLC Introductions</td>
<td>5 minutes</td>
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<td></td>
<td>b. Overview of Today’s Meeting</td>
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| Time       | 2. Q&A Document of August 2, 2021 - Adult and Older Adults (AOA) (Margaret Obilor)         | 10 minutes|

| Time       | 3. Assisted Outpatient Treatment (Margaret Obilor, Soo Young)                                | 30 minutes|
|            |   a. Background                                                                            |           |
|            |   b. Q&A                                    |           |

| Time       | 4. Adult Residential Treatment (Margaret Obilor, Michelle Ho)                               | 20 minutes|
|            |   a. Background                                                                            |           |
|            |   b. Q&A                                    |           |

| Time       | 5. Discussion (All)                                                                       | 50 minutes|
|            |   a. Conduct Breakout Sessions (Facilitated by the MHSA Team) – 30 minutes               |           |
|            |   b. Share Discussion with the Main Group – 20 minutes                                     |           |

| Time       | 6. Next Step / Additional Q&A                                                              | 5 minutes |
Meeting Agreement

Raise hand on Zoom or on camera to provide feedback. Can also provide feedback in the chat box.

Give space, take space.
Year-to-Date CY 2021 MHSA Planning Activities

Share Information with MHSA SLC and the Public
Conducted Meetings February – April 2021

Presented Program Utilization By Area*
CYF, Adult/Older Adult, Access/Unplanned Services
Finance-MHSA Projections

FY 2022 MHSA Plan
May 19, 2021 Public Hearing with the Behavioral Health Board
June 8, 2021 Approved by the County Board of Supervisors (BOS)

FY 2023** Kick-Off Meeting
July 15, 2021
Share Findings and Provide Revenue Estimate Updates

July – Early August 2021
Present System Findings and Priorities by Area and Obtain Stakeholder Input

*Program presentations available at https://bhsd.sccgov.org/about-us/mental-health-services-act
** FY 2023 plan covers July 1, 2022 to June 30, 2023
Initiate FY23 Planning Process (July – Early August 2021)

Kick-Off Meeting - July 15, 2021
Program Planning Meetings to cover initial recommendations and provide Q/A session/discussion
  - CYF: 7/21, 7/23
  - AOA: 7/26, 8/2
  - AOA: AOT, ART, Breakout Discussions: 8/9
  - Finance: 8/9
  - Unplanned/Access/WET/CFTN: 8/11 (3-hr)
Summary of initial recommendations and feedback provided at the meetings: 8/16

Follow-up Meetings (August – Early September 2021)

Program Refinement meetings will be in two parts for each area: CYF, AOA, and Unplanned/Access/WET/CFTN
  1. Updates to initial recommendations
  2. Q/A session
Summary Informational Session in early September

30-Day Public Comment Period – Aim for mid-September 2021
Public Hearing with the Behavioral Health Board (BHB) – November 2021
Board of Supervisor – December 2021

Draft Plan Review (September – December 2021)
Review of Q&A from 8/2/2021 Meeting
Assisted Outpatient Treatment (AOT): Background and Overview
AOT DISCUSSION TOPICS

- OVERVIEW OF AB 1976 and AOT
- ESTIMATES
- AOT IN OTHER COUNTIES
- NEEDS AND RESOURCES
- COUNTY AND PROVIDER RESPONSIBILITIES
- IMPLEMENTATION TIMELINE
- QUESTIONS ON THE CHAT
Purpose & Intent

With the passage of Assembly Bill (AB) 1976: Mental Health Services Assisted Outpatient Treatment (AOT) was passed by the Santa Clara County Board of Supervisors in May 2021. BHSD is required to implement AOT.

This presentation will provide information on AOT and estimated impact of AOT implementation in Santa Clara County.
AOT CRITERIA

• 18 years of age or older, suffering from mental illness (MI).
• Clinically determined that person is unlikely to survive safely in the community without supervision.
• Historical lack of compliance with treatment and at least one of the following is true:
  o Within the last 36 months, the person has been hospitalized at least two (2) times in the mental health unit of a state or local correctional facility due to mental illness.
  o There has been one or more acts of serious and violent behavior toward themselves or another, threats or attempts to cause serious physical harm to themselves or another within the last 48 months due to mental illness.
• Offered an opportunity to participate in a treatment plan and continued to fail to engage.
• Condition is substantially deteriorating.
• Participation in AOT is the least restrictive placement necessary to ensure recovery and stability.
• Person needs AOT to prevent relapse or deterioration that would likely result in grave disability or serious harm to the person or others.
• Likely that the person would benefit from AOT.
AOT POPULATION ESTIMATES: INCLUSION CRITERIA AND AVAILABLE DATA

<table>
<thead>
<tr>
<th>MORE AVAILABLE</th>
<th>LESS AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>COMMERCIAL/MEDICARE HOSPITAL ADMISSIONS</td>
</tr>
<tr>
<td>SERIOUS MENTAL ILLNESS</td>
<td>OUTPATIENT TREATMENT PARTICIPATION WITH COMMERCIAL/MEDICARE PROVIDERS</td>
</tr>
<tr>
<td>LEGAL STATUS</td>
<td>ROLE OF SUBSTANCE USE</td>
</tr>
<tr>
<td>MEDI-CAL/COUNTY PAY HOSPITAL ADMISSIONS</td>
<td>SERIOUS/VIOLENT BEHAVIOR TOWARDS SELF OR OTHERS</td>
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<tr>
<td>OUTPATIENT TREATMENT PARTICIPATION WITH BHSD</td>
<td>SUBSTANTIAL DETERIORATION</td>
</tr>
<tr>
<td>HOMELESSNESS</td>
<td>LIKELINESS OF SURVIVING SAFELY IN THE COMMUNITY WITHOUT SUPERVISION</td>
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</table>
AOT POPULATION - ESTIMATE

- **1132** - 2+ Hospitalizations/Jail MH
- **935** - 18+/SMI/Not Conserved
- **496** - Medicaid or Uninsured
- **280** - No Treatment After Last Discharge
- **197** - No Treatment After Last Discharge and Homeless
- **39** - No Treatment For 36 months and Homeless
COUNTY ESTIMATES

- 500 calls for information about AOT-annually
- 350 referrals would require a thorough investigation to determine whether the individual meets the criteria for AOT
- Between 39-197 County residents would meet the criteria for AOT
- Between 20-50 residents would require mandated AOT treatment or a settlement agreement
<table>
<thead>
<tr>
<th>County Name</th>
<th>Alameda</th>
<th>San Mateo</th>
<th>San Francisco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed to Services Voluntarily</td>
<td>(115) of referrals deemed eligible for AOT; 24% (28) of eligible voluntarily engaged in services</td>
<td>44% (107) of referrals were deemed eligible for AOT Full-Service Partnership (FSP); 50% (53) of eligible enrolled in AOT FSP voluntarily</td>
<td>44 % (129) of referrals were deemed eligible for AOT; 69% (89) of eligible voluntarily engaged in services.</td>
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<tr>
<td>Mandated Treatment through AOT Process Annually</td>
<td>30 orders and settlement agreements in 2018</td>
<td>1 settlement agreement and 1 client refused to participate in court process (subsequent psychiatric hold completed) in 2018</td>
<td>17 orders and settlement agreements (2015-2018)</td>
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</table>

**Note:** Data from different years reflected based on most recent data available from each county. Santa Clara County’s population is approximately 1.9 Million according to the U.S. Census Bureau for 2019.
AOT OBJECTIVES & OUTCOMES

Objectives and Goals:

• It allows individuals to be ordered into treatment without ordering them into a hospital
• The criteria to place someone in AOT are easier to meet than the “imminently dangerous” standard often required for inpatient commitment
• The law not only allows courts to commit the patient to accepting care, but it also allows courts to commit the mental health system to providing it. The law includes strict eligibility criteria and numerous patient protection

Expected Outcomes:

• Increase the number of clients maintaining stable housing
• Increase the number of clients maintaining contact with behavioral health services
• Decrease contact with law enforcement
• Decrease the number of arrests and days of incarceration
• Decrease the utilization of emergency services (i.e. EPS, ED)
• Decrease days of hospitalization
RESOURCES REQUIRED- AB 1976 PROHIBITS REDUCTION OF VOLUNTARY SERVICES TO IMPLEMENT AOT

- **BHSD Core AOT Team - 18 FTEs** (including psychologists, a psychiatrist, rehabilitation counselor, psychiatric social workers, program manager, health service representatives, peer support workers, administrative staff and data reporting staff). Staffing would need to be robust to have staff within the community, tracking homeless or difficult to locate clients, and ensure communication between collaborative partners and agencies, families, clients, and more.

- **More infrastructure to address existing gaps** – more housing resources, increase service slots in existing treatment programs to accommodate AOT participants (including those who do not require mandated services, but choose to volunteer to engage in services as part of the AOT process), longer length of stay for residential mental health and substance use treatment programs, increased outreach and engagement, ability to refer and engage the day the client is ready.

- Resources, including funding and possibly staffing for the court system, County Counsel and Public Defender’s Office should the number of AOT petitions exceed 50 per year.
Estimated Annual AOT Costs

County Staffing and Internal Infrastructure: $4,023,506
Hearing/Settlement Agreement/Court: $597,406

**Estimated Annual AOT Costs: $4,620,912**
- Estimated Medi-Cal Reimbursements: $268,360
- Total AOT Cost to the County: $4,352,552

Estimated Costs for Treatment, whether or not implemented through AOT

Community Provider Treatment (50 slots in ACT/FACT): $2,154,550
Crisis Residential (25 slots estimated for stabilization): $4,198,268
ACT/FACT Housing (50 beds): $1,318,450

**Estimated Annual Treatment Costs: $7,671,268**
- Estimated Medi-Cal Reimbursements: $1,679,307
- Total Treatment Cost to the County: $5,991,961

Total Program Cost = $12,292,180
<table>
<thead>
<tr>
<th>County Responsibilities</th>
<th>Services</th>
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<tbody>
<tr>
<td>Develops a Training &amp; Education Program and conducts outreach regarding AOT in the community</td>
<td>Trains County staff, providers, law enforcement, community members, and more on AOT. Addresses AOT criteria, processes, patient rights, resources, and more</td>
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<tr>
<td>Provides information and eligibility criteria screening</td>
<td>Establishes AOT mailbox and phantom telephonic voicemail. Responds to requests for petitions/information</td>
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<tr>
<td>Investigates client eligibility and initiates/monitors ongoing engagement with clients</td>
<td>BHSD clinicians to engage with clients in the community and investigates for AOT eligibility</td>
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<tr>
<td>Provides assessments and psychiatric evaluations</td>
<td>Assesses clients to determine appropriate levels of care</td>
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<td>Provides psychological testing</td>
<td>Conducts psychological tests to confirm diagnosis</td>
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<td>Refers and links both clients who meet AOT criteria and those who do not, but want voluntary services</td>
<td>Refers clients to contract provider for ongoing care</td>
</tr>
<tr>
<td>Files the petition if a client qualifies for AOT</td>
<td>Requested petition is filed with the court with supporting documentation in consultation with County Counsel.</td>
</tr>
<tr>
<td>Provides court hearing to determine if criteria of AOT is met</td>
<td>BHSD to consult with County Counsel, Public Defender’s Office (PDO) and court during hearings.</td>
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<td>Determines if settlement or mandatory treatment is necessary</td>
<td>Court, PDO and County Counsel work with clients regarding settlement agreements and mandated treatment. BHSD works with contract providers regarding treatment plan.</td>
</tr>
<tr>
<td>Contract Provider Responsibilities</td>
<td>Services</td>
</tr>
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<tr>
<td><strong>Appeals process</strong></td>
<td>PDO and County Counsel works on appeals process should a client appeal the decision.</td>
</tr>
<tr>
<td><strong>Warm hand-off to contract provider and ongoing program monitoring</strong></td>
<td>BHSD sends referral to contract provider and monitors for timely access, client status reports to the court, outcomes, or non-compliance.</td>
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<tr>
<td><strong>Develops a data collection and tracking system</strong></td>
<td>Provides technical support for data collection, tracks data as required, and provides data and reports to DHCS.</td>
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<tr>
<td><strong>Enrolls client and provides treatment services</strong></td>
<td>Provides behavioral health services, medication management, case management, housing, and crisis intervention</td>
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<tr>
<td><strong>Provides after hours crisis services</strong></td>
<td>Provides number for clients to contact the provider after hours for crisis services</td>
</tr>
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<td><strong>Collaborates with County in development of treatment plans</strong></td>
<td>Collaborates/consults with County during the development of treatment plans or extensions of plans based on client process</td>
</tr>
<tr>
<td><strong>Assists client with court navigation in collaboration with County and provides regular client status reports to the County</strong></td>
<td>Assists client in appearing for court and submits client status reports detailing client progress throughout treatment</td>
</tr>
<tr>
<td><strong>Meets with County to ensure data is captured and service delivery is aligned to the fidelity to the model</strong></td>
<td>Provider sends data to County in electronic health record system as needed for annual reporting per state requirements. Meets with the County to ensure service delivery meets treatment plan goals.</td>
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</table>
BHSD will develop Advisory Committee members that consists of following:

- Superior Court
- Public Defender’s Office
- Office of the District Attorney
- Office of Mediation and Ombudsman Services
- County of Santa Clara Public Guardian’s Office
- Behavioral Health Contractors Association
- Countywide Consumer Group, Community Based Organizations
- Office of Pretrial Services, the Probation Department
- Local Police and Sheriff departments
- Family Members and Consumers
- Adult Custody Health, and BHSD Board

Roles of the Advisory Committee:

- Review and analyze the law; review previous related Board presentations; analyze the structure and function of the FACT and ACT Programs
- Discuss data elements to be collected including quarterly reports that will be submitted to DHCS
- Identify other services modalities that the AOT will utilize to improve service connection
- Define the roles and functions of all partners
- Provide recommendations for the implementation of the plan.
PUBLIC MEETINGS

• SESSION 1: July 22, 2021
  (10:30 AM – 12:00 PM)

• SESSION 2: August 4, 2021
  (5:00 PM - 6:30 PM)

• SESSION 3: August 6, 2021
  (1:00 PM – 2:30 PM)
# AOT IMPLEMENTATION PLAN TIMELINE

<table>
<thead>
<tr>
<th>August 2021</th>
<th>September 2021</th>
<th>October 2021</th>
<th>November 2021</th>
<th>December 2021</th>
<th>January 2022</th>
<th>February 2022</th>
</tr>
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</table>
| • BOS approval of AOT staff  
• BOS review of Training & Education Plan and Implementation Plan  
• Hold three (3) convening meetings with community members and stakeholders  
• Hold internal cross-departmental convening | • Review feedback received from the community and stakeholder meetings  
• Meet with contract providers  
• Develop and finalize Policies and Procedures  
• Finalize referral workflow  
• Creating logic model and evaluation plan for AOT  
• Finalize training curriculum and schedule  
• Develop application process for AOT Advisory Committee  
• Recruit for positions | • Start education and training for community members, providers, and County staff  
• Start developing AOT website  
• Open applications for advisory members  
• Recruit for positions | • Complete hiring of AOT positions  
• Train new hires  
• Start Medi-Cal certification processes  
• Finalize selection of advisory committee members for advisory process  
• Recruit for positions | • Amend provider contracts for AOT services and enhance service system to support AOT  
• Orient and train Advisory Committee members | • Publicize AOT call-in number, e-mail, and website.  
• Finalize data collection process for DHCS | • Go-live date for AOT |
ART DISCUSSION TOPICS

1. OVERVIEW
   a. RESIDENTIAL SERVICES CONTINUUM OF CARE
   b. ADULT RESIDENTIAL TREATMENT PROGRAM

2. CURRENT ART PROGRAM
3. CURRENT ART UTILIZATION
4. BUDGET: ESTIMATED COST
5. QUESTIONS ON THE CHAT
ADULT RESIDENTIAL SERVICES LEVEL OF CARE

Santa Clara County Behavioral Health Continuum of Care
Tel: (408) 885-7580 Fax: (408) 885-2063

SNFs
(Must have SCC Medical or be unsponsored)
(Skilled Nursing Facilities)
Crestwood Facilities:
  Hywwood Care Center (Locked/Unlocked)
  Mowry (Neurocognitive)
  Stevenson
  Modesto
  Stockton
  Medical Hill (Locked/Unlocked)
  Garfield Neurobehavioral (Neurocognitive) (Locked)
  Silicon Valley Post Acute (Unlocked, but secured)
State Hospital
NAPA State/Metro State (Locked)

ACUTE HOSPITALS:
BAP
Fremont Hospital
Crestwood PHE
El Camino Hospital
Good Sam Hospital
Stanford Hospital
St. Helena
Telecare /Heritage VA Hospitals
Main Jail 8A

Providers:
  Momentum for Mental Health
  Community Solutions

DOUBLE PATCH:
$1075 RCF rent+ daily patch (Unsponsored clients)
24HR Care pays for the following patches:
$39/day for: - Incontinency, ADL assistance, Medication management
$52/day for: - Deaf or Blind, monolingual
$52/day for: - Developmentally delayed
$65/day for: - Substance use disorders
$130/day for: - Medically frail, AWOL risk, 24-hour nursing care, hospice care
$150/day for: - TBI (Traumatic Brain Injury)

*All referrals and services must be pre-approved by the 24 Hour Care Unit*

ACUTE HOSPITALS
(Patients will be admitted based on medical necessity. LOS: Up to 14 days or longer depending on medical necessity)

IMD/ SNFs
IMDs: (LOS up to 120 days or longer). Locked psychiatric facilities that can hold patients 30 days or more. Must be conserved. Must have grave disability and unable to care for self without supervision.
SNFs: (LOS: 120 days or longer) Must have a psychiatric diagnosis in addition to the medical condition that requires nursing care. Locked SNFs require conservatorship. (Both must have SCC Medical or be unsponsored)

CRISIS RESIDENTIAL FACILITIES
(Short-term 30-day stabilization unlocked treatment centers. Medication Stabilization. Clients must be able to attend some treatment groups, comply with medications, willing to perform ADLs with minimal assistance. Must have SCC Medical or be unsponsored)

EPS (Emergency Psychiatric Services)

AUGMENTED B/C
(Unlocked day B/C. Must be able to attend some group treatment. Must be able willing to perform ADLs with minimal assistance. Has psychiatrist, nurses, case managers, clinicians on site. Provides 24 hour supervision. Must have SCC Medical and SSI benefits)

SUPPLEMENTAL BOARD AND CARES
(LOS up to 8 months or longer. Assistance with ADLs, medication management, provide supervision, transportation to medical and psychiatric appointments. Must have SCC county Medical or be contracted board and cares)

SHELTERS
(LOS 90 Days)

IMD Providers:
  7th Avenue (Santa Cruz)
  Dycora Transitional Health & Living (East San Jose)
  Crestwood Behavioral Health (San Jose)

Provided:
  Community Solutions: La Casa (90 days LOS) (THU)
  Momentum for Mental Health: Crossroads (120 LOS)

CONTRACTED BOARD AND CARES:
  Riviera Villa (younger adults & adults up to 59 years old)
  Laurel Haven (older adults, wheelchair, medical, general population)
  Diya Senior Care (blind, DD, Older adult population)
  Sunrise RCF (general population, adults)
  Luxury Villas (hearing impaired, general population)
  Stone Haven (medical & non-medical population up to 59 years old)

© 24HR Care
Current Provider: Momentum for Mental Health

Location of Services: 438 N. White Road. San Jose, CA

Number of beds: 45

Program Intent and Goals:
   a) Transition from locked psychiatric settings or for clients requiring a higher level of care
   b) Residential program that serves adults ages 18 and over who are Seriously Mentally Ill (SMI)
   c) Provide housing
   d) Onsite psychiatric and clinical services
   e) medication assistance
   f) crisis interventions
   g) social support
   h) Provide further stabilization in the community upon discharging from the acute psychiatric settings
   i) Reduce inpatient utilization
CURRENT MOMENTUM ADULT RESIDENTIAL TREATMENT PROGRAM

Current ART Utilization:
July 1, 2018 – June 30, 2019: 103 admits, 94 discharges
July 1, 2019 – June 30, 2020: 87 admit, 52 discharges
July 1, 2020 – June 30, 2021: 62 admits, 61 discharges

Number of clients currently waiting for this specific level of care: (average wait time: 35-40 days)
  County Acute Psychiatric Setting: 20
  Institution for Mental Disease (IMD): 20
CURRENT COSTS

Barbara Arons Pavilion (BAP)
• $63,900 per patient per month to stay at BAP if they are not psychiatrically acute

Cost for IMD:
• $9,450 per patient per month

Cost for ART 2
• $6,115.57 per patient per month

If we discharge clients to the IMDs and the ART program, this will save BAP:

IMD: $54,450 per patient per month

ART 2: $57,787.43 per patient per month
CONSIDERATION FOR EXPANDED ADULT RESIDENTIAL TREATMENT PROGRAM:

Number of beds: 28 (revised)
Location: 650 S. Bascom. San Jose, CA
Provider: Momentum for Mental Health
Unallocated Fund from RFP in 2020

PROPOSED BUDGET FOR CONSIDERATION:
• Total Amount Estimated for services: $3,090,013
  • MHSA Direct/Unsponsored Services: $2,009,391
  • Medi-Cal FFP: $1,080,622
  • Facility Rent: $434,616/year ($36,218/mo x 12)
1. CONDUCT BREAKOUT SESSIONS (FACILITATED BY THE MHSA TEAM) – 20 MINUTES

2. SHARE DISCUSSION WITH THE MAIN GROUP – 15 MINUTES
Thoughts on findings?

What are the needs most important to the group of people you represent?

What do you see happening in your community because of these needs? (what problems are occurring?)

Where are the opportunities to address service gaps?

Other Considerations?

1. CONDUCT BREAKOUT SESSIONS (FACILITATED BY THE MHSA TEAM) – 30 MINUTES
2. SHARE DISCUSSION WITH THE MAIN GROUP – 20 MINUTES
Next Step: The A/OA Team to

1. To review the feedback/input provided by stakeholders
2. Provide updated plans as needed in August 2021 for the 2nd round of planning meetings that will take place after August 16, 2021

Please Join Us for our Next Set of Planning Meetings

Access/Unplanned Services, Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CFTN)

August 11, 2021
System Findings and Priorities Presentation & Breakout Discussions 3-Hr Session

August 16, 2021
Summary of Considerations

August 9, 2021 (8:00am – 10:00am):
A meeting focused on MHSA Budget/Finance
PLEASE PROVIDE US YOUR FEEDBACK ABOUT THE MEETING

https://www.surveymonkey.com/r/Aug5_SLC_Feedback
Thank you!

For any questions about MHSA and the FY2023 MHSA Planning Process, please email MHSA@hhs.sccgov.org.