

October, 2017 Laura's Law BOS Remarks—Douglas Dunn

Thank you for this life saving program. It is authorized statewide until 1/1/2022. It is helping those with severe mental illness and especially the families that support them. **However, there are major problems. As a result, major Program Design and Implementation changes are necessary.**

I've served on all Laura's Law workgroups since 2013, participating in the program design and selection of the program treatment provider. In addition, as an east county National Alliance on Mental Illness (NAMI) Family-to-Family teacher, I continually receive 5-15 calls per month from families desperately seeking to refer their loved ones to this program. From my involvement, following are some of the issues requiring major changes:

**1. Lanky, convoluted intake process:**

- Averages: Contra Costa --107 Days, Orange County—79 days. San Francisco County is higher—138 days
- Result: Program at only 50% capacity (32) after 19 months with high fixed costs. Most other implementing CA counties—at capacity after 19 months: Los Angeles—500, Orange County—125, San Francisco—60 of 100 slots. The November, 2016 interim report called for a maximum of 6 new clients/month and still maintain program fidelity.
- How many new referrals / month has Behavioral Health forwarded to the ACTiOn Team?

**2. Minimal use of judicial petition—only 9 voluntary settlements out of 32 enrolled and 1 court order. Orange County—a major number of the 125 persons annually in the program have involved the court. San Francisco County—6 court orders out of 60 persons.**

- Result: Higher hospitalization and other crisis care costs than necessary.
- A. Contra Costa: 9.7 pre-program hospitalization days. In this program, 28.9 hospital days. Also 3.4 incarcerations pre-program vs. 3.5 incarcerations in this program.
- B. Orange County: 72% fewer hospitalizations, 56% fewer incarcerations, and 75% fewer incarceration days despite outreach to 6 different hospitals. Significant cost avoidance (crisis care) and cost savings (fewer 5150s and jail time for this population).
- C. San Francisco County: 6 court orders in 18 months. However, 87% reductions in Psychiatric Emergency Services (PES) contact, 65% reduction in hospitalizations, and 74% reduction in incarcerations.

**Solutions—Program intake**

- Transfer all program responsibilities to the contracted Contra Costa ACTiOn Team as soon as possible. Transfer the \$435,000 annually in Mental Health Services Act funds from Behavioral Health Forensics for this program to the ACTiOn Team.

**Solutions—Judicial Petition and Judicial Involvement**

- Greater targeted use of the judicial petition, especially for persons experiencing treatment difficulties in the program (currently at least 13). Brian Stettin, Research Director at the Treatment Advocacy Center and an expert on Assisted Outpatient Treatment programs throughout the United States, met with Judge Austin as well as county Behavioral Health and Action Team Laura's Law program leadership this summer. In addition to current "substantial deterioration," he indicated that Laura's Law allows each county the discretion to file a judicial petition looking at the person's recent mental health history. We know Behavioral Health Forensics does not interpret the law in this manner.
- **Ensure that Judge Austin's meetings with new program enrollees, as he publicly outlined at the September 22 Assisted Outpatient Workgroup meeting, are promptly implemented.**

The Board has the authority to make and direct these far-reaching solutions. This program should greatly improve if they are promptly implemented. They do not impinge on clinical judgement. Thank you for listening and for your careful consideration.

Honorable Supervisors,

I come as a family member of a loved one in the Assisted Outpatient Treatment program (AOT). I come with personal 'lived experience' of how this program is administered and its effects on our loved one.

- 1) When AOT is allowed to operate optimally, its purpose to be a 'guardrail' is served—the caring professionalism has profound, positive influence on our loved one.
- 2) Problems arose when our loved one self-admitted medication non-compliance. When there was obvious decompensation, the AOT 'guardrail' was prevented, by County Forensics, to operate. Let me expand...

In August 2016, after a quick decompensation, our loved one was hospitalized. My husband and I, on our own initiative, met with the leaders of Behavior Health Forensics and requested them to file a judicial petition on behalf of our loved one—we were told 'no', because our loved one was re-engaging with treatment.

In the wake of the denial of our judicial petition request, our loved had 2 additional hospitalizations over the next 6 months—despite the extraordinary efforts of the ACTiOn Team for stabilization.

Question: Why did County Forensics not use the judicial petition 'guardrail' tool readily available?

Our loved one's situation is a prime reason why the number of hospitalization days has jumped from an average of 9.7 days, pre-program to 28.9 days in the program—multiply our loved one's case by at least 13 others and the sharp, upward trend is exacerbated. (My numbers came from the 2016-17 Evaluation report of the Assisted Outpatient treatment program). -Pg 26

**Obviously Behavioral Health Forensics is not attuned to the client's mental health history, as required by AB1194.** It is crucial a client's history factors into decisions regarding treatment approach. *(If time, share about the different philosophical approaches - about how treatment needs to occur.*

Thank you for listening and mandating the best possible operation of the Assisted Outpatient Treatment program, giving it the full autonomy it deserves...and caring for the precious lives of our loved ones.

AOT needs a Program Design Change—The Board of Supervisor needs to direct this change. Over 177 people were referred to AOT in 16/17 and 135 were not referred for outreach and treatment. This county needs to take a serious look at this.

Forensics is the wrong place for the investigation and determination for eligibility to occur. There is nothing criminal about AOT. <sup>AOT is</sup> ~~It is~~ the preservation of a very ill person's civil rights. Design changes need to be made. Consider placing the investigation and determination for eligibility in the hands of Mental Health Systems. A more seamless process is needed to quickly provide treatment to very seriously ill people. Something is wrong when 91 seriously mentally ill people were investigated and closed—what happened to these people? I hope that we stop the prolonged investigation, qualification process so that the treatment can begin quickly. Let us request help again from the Treatment Advocacy Center that worked with the Judicial portion of AOT to guide us to a better Program Design.

Those responsible for determining the necessity of placing someone in AOT must make use of AB 1194 that allows treatment of a person with Serious Mental Illness when there is a well-established history that a person needs treatment and will harm themselves or others if treatment is not given. We must not wait for deterioration into a severe psychosis again before treatment begins.

Lauren Rettagliata----October 17, 2017

D.4  
Sharon Madison

AS PART OF THE ORIGINAL AOT WORKGROUP, I AM ESPECIALLY INTERESTED IN THE SUCCESSFUL OUTCOME OF THIS PROGRAM.

THROUGH MY CONTUNUED INTERACTION WITH CC FAMILIES, I AM CONCERNED BY THE FACT THAT THE AOT PROGRAM IS ONLY HALF FULL.

PEOPLE ARE COMPLAINING THAT SAME LENGTHY VETING QUESTIONS ARE BEING ASKED BY 2 DIFFERENT ENTITIES THUS PROLONGING THE PROCESS.

RECENTLY ONE FAMILY CAME FORTH THAT SAID THAT THEIR SON IS STILL NOT IN THE PROGRAM AFTER 16 MONTHS. THIS IS NOT HOW THE PROGRAM WAS DESIGNED.

ON THE SURFACE IT SEEMS THAT WE NEED TO STOP DUPLICATING EFFORTS AND GET THE BALL MOVING.

I AM ENCOURAGED BY THE POSITIVE FEED BACK FROM THOSE CURRENTLY IN THE PROGRAM.

ONE MORE THOUGHT ON THE CONCERNS FOR THE CURRENT HOMELESS POPULATION WHICH PRESENTS A SET OF DIFFERENT CHALLENGES.

MANY OF THIS POPULATION DO NOT FIT THE CRITERIA FOR THE PROGRAM AND BECAUSE OF THEIR MOBILITY ARE SOMETIMES DIFFICULT TO LOCATE. SOME HAVE INDICATED THAT THEY WOULD RATHER BE HOMELESS THEN BE PUT IN SOME OF THE ALTERNATIVES THAT ARE OFFERED.

ALSO ARE WE USING THE JUDICIAL COMPONENT OF THIS PROGRAM SINCE MANY OF THE REFERRALS HAVE A HISTORY OF NONCOMPLIANCE.? LETS GET OUR LOVED ONES INTO TREATMENT.

October 16, 2017

RE: Comments submitted for item D.4

Dear Chair Glover,

I am writing to submit these comments (also attached) for item D.4 The Annual Implementation Update Report for AOT, Laura's Law. I am unable to attend the meeting and ask that my comments be made part of the record.

I continue to be grateful for the Board's leadership in becoming one of the first Bay Area Counties to adopt Laura's Law. As advocates, we encouraged our county staff to dig deep into the fiscal and human data and create an AOT program that would save lives, money and reduce hospitalizations, incarcerations, and homelessness for the very specific population prescribed by AB 1421. I am grateful for our county staff's hard work. We now have 19 months of data that provides a clear indication of what is working and what needs to be changed.

First, the MHS ACTiOn Team is a tremendous gift to our system. Their ability to assimilate into Contra Costa's culture and create relationships across the system and the community has been wonderful to watch. Delivering ACT services to fidelity is very difficult and we are so lucky to have the benefit of this team's therapeutic and recovery based skillset. The positive outcomes are clear. But, as the Board is aware the enrollment numbers have not been at capacity. However, the board may not be aware that the MHS ACTiOn Team has no control over the length of time that the county's Forensic Team takes during the investigation process. The County Forensics' Team is in control of the petitions issued. I urge the Board to consider making changes to the lengthy investigative process which would likely reduce duplicative efforts, save money and create a more client-centered approach.

Additionally, I strongly encourage the Board to direct staff to create a very clear referral path from all system touch points that intersect with the AOT population in order to increase and expedite the number of monthly referrals. I am encouraged by the Plan for Maximum Enrollment of Persons Eligible for the AOT Program dated October 10, 2017. However, I would also urge the Board to request that a training and communication protocol is developed with the county's LPS Conservatorship/Guardianship program. This would create a possible glide path for those clients who have been placed in out of county locked facilities and will likely require high touch services upon transition to a lower level of care.

This is a population that is often not considered by community stakeholders, Health, Housing and Homeless Division or other system planning teams. I remind the Board that the November 2016 System of Care Needs Assessment

recommended that CCBHS Mental Health needed to “continue to improve its capacity to assist consumers move from higher levels of care, such as locked facilities, to lower levels of care that are community-based.” This is an “at risk for homelessness” population that should be a focused target for AOT/ACT services. I have included a list of these institutional settings following my comments.\*

The positive clinical outcomes resulting from AOT/ACT are evident and must be sustained and spread. Frankly, I believe that Contra Costa should have multiple ACT Teams, not just one. I believe Alameda County has 10 ACT teams for example. For now, I am hopeful that we will continue to see continuous program improvement that will lead us to improved fiscal savings for this pilot program that is worthy of the Board's continued support.

Thank you,  
Teresa Pasquini

**\*Covered Institutions**

- state hospital
- hospital behavioral health unit
- hospital emergency room
- institute for mental disease
- psychiatric health facility
- mental health rehabilitation center
- skilled nursing facility
- developmental center
- residential treatment program
- residential care facility
- community crisis centers
- prison, parole, jail or juvenile detention facility, or
- foster care.

**Key Definitions**

**At-Risk of Chronic Homelessness  
(cont.)**

- Length of stay in institution does not matter
- At-Risk of Chronic Homeless includes persons exiting to shelter, transitional housing, interim bridge housing, hotels, motels, as well as places mentioned in HUD Homeless definition



## June McHuen

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**From:** Clerk of the Board  
**Sent:** Tuesday, October 17, 2017 8:29 AM  
**To:** June McHuen  
**Subject:** FW: Comments for Item D.4-The Annual Implementation Update for AOT, Laura's Law

Stacey M. Boyd  
Deputy Clerk  
Clerk of the Board  
651 Pine St., Room 106  
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(925)335-1904 (Desk)  
(925)335-1900 (Office)

**From:** Teresa Pasquini [mailto:  
**Sent:** Monday, October 16, 2017 11:23 PM  
**To:** Federal Glover <Federal.Glover@bos.cccounty.us>  
**Cc:** Cynthia Belon <Cynthia.Belon@hsd.cccounty.us>; Roberta Chambers <rchambers@resourcedevelopment.net>; marie.scannel@hsd.cccounty.us; Crystal Luna <cluna@mhsinc.org>; Warren Hayes <Warren.Hayes@hsd.cccounty.us>; duane chapman <duane.chapman@att.net>; Clerk of the Board <ClerkOfTheBoard@cob.cccounty.us>  
**Subject:** Comments for Item D.4-The Annual Implementation Update for AOT, Laura's Law

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### **Key Definitions**

#### **At-Risk of Chronic Homelessness (cont.)**

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Stacey M. Boyd  
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651 Pine St., Room 106  
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**From:** Duane Chapman [mailto:duane.chapman@att.net]  
**Sent:** Tuesday, October 17, 2017 12:33 AM  
**To:** Teresa Pasquini <tcpasquini@gmail.com>  
**Cc:** Federal Glover <Federal.Glover@bos.cccounty.us>; Cynthia Belon <Cynthia.Belon@hsd.cccounty.us>; Roberta Chambers <rchambers@resourcedevelopment.net>; Marie Scannel <marie.scannel@hsd.cccounty.us>; Crystal Luna <cluna@mhsinc.org>; Warren Hayes <Warren.Hayes@hsd.cccounty.us>; Clerk of the Board <ClerkOfTheBoard@cob.cccounty.us>  
**Subject:** Re: Comments for Item D.4-The Annual Implementation Update for AOT, Laura's Law

Thank you for the clarification.

Duane

On Oct 16, 2017 at 11:23 PM, <[Teresa Pasquini](mailto:Teresa.Pasquini)> wrote:

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