Humboldt County Behavioral Health Board Meeting

Zoom Meeting
Meeting Link: https://zoom.us/j/94419277699
Meeting ID: 944 1927 7699
By Phone: 1 669 900 6833
12:15-2:15 pm
February 25, 2021

1. **Call to Order 12:15 pm**

2. **Roll call, introduction of staff and guests**

3. **Adjustments to the agenda**

4. **Public comments- three minute limit**

The Brown Act (Government Code Section 54950 et seq) requires that every agenda for regular meetings provide an opportunity for members of the public to directly address the Humboldt County Behavioral Health Board on any item of interest to the public, before or during the Board's consideration of the item.
When the Chairperson announces the public comment period, any person wishing to address the Board will be recognized by the Chairperson and is requested to state their name and make their comments. Each speaker is allocated up to three (3) minutes to speak. **Comments must be limited to matters within the jurisdiction of the Board.** The Board will take no action and will hold no discussion on matters presented during public comment unless the matter is an action item on the Board agenda. The Board may refer the subject matter to the appropriate department or agency for follow-up and/or to schedule the matter on a subsequent Board agenda.

5. **Communications-Standing Item**

6. **Action Items**
   a) **Approval of Minutes from the 1/28/21 meeting**
   b) **2020 Data Notebook**

7. **Presentation:**
   a) **QI Work plans for SV/CSU and Outpatient services**

8. **Discussion Items**
   a) **Laura's Law update**
   b) **CAMHPRO Peer Forum in March**

9. **Reports:**
   a) **DHHS Director**
   b) **Behavioral Health Director**
   c) **SUD/DR Committee**
   d) **Chairman/Vice Chairman**

10. **Adjournment 2:15 pm**

AB-1976

BILL GUIDE

What You Need to Know

On July 1, 2021 an individual county or a group of counties will be required to offer AOT (Assisted Outpatient Treatment) programs and services, unless they *opt out.

WHY IT MATTERS?

Under this new law, counties must divert critical mental health resources to AOT programs, regardless of actual community needs and despite the unprecedented challenges they face from the COVID-19 pandemic. AOT is antithetical to the Recovery Model and prioritizes the very fail-first approach California voters rejected when they passed the MHSA in 2004. Counties currently can opt out of AOT, as the new statute takes effect 7/1/2021. The opt-out date may be extended by DHCS guidance.

If counties adopt AOT, advocates must hold them accountable for complying with all legal requirements for AOT programs identified in Sections 5348, 5349, and 5349.1 of the California Welfare and Institutions Code, which include:

Mobile Community Mental Health Teams
Community-based, mobile, multidisciplinary, highly trained mental health teams

County Staffing
Sufficient county staff with the necessary cultural backgrounds and linguistic skills to remove barriers to mental health services

Client Directed Services
Client-directed, recovery-oriented and integrated services

Peer Support
Peer support, family support, and parenting support

Housing
Housing for clients (immediate, transitional, permanent, or all three)

Data Collection
Collect comprehensive outcomes data and submit an annual report to DHCS

Individual Service Plans
Individual service plans that are designed to further recovery, including enabling recipients to obtain employment, create community connections, improve physical and mental health, and reduce criminal justice involvement

Personal Services Coordinators
Personal Services Coordinators create comprehensive, all-inclusive plans for services which address varied needs individual clients, including unique services for clients from unserved and underserved communities, those with disabilities, and older adults

Unique Services
Broad services addressing the unique needs of women and individuals from diverse cultural backgrounds

Education & Training
In consultation with stakeholders, develop a training and education program to ensure that individuals subject to involuntary treatment are directed to the most effective treatment.

WHAT CAN I DO?

1. Just say NO! Tell your county leadership to OPT OUT!
2. Let your MH Director know that you're opposed to implementing AB1976 in your county.
3. Let your MHSA Coordinator know that you're opposed to funding AB1976 with MHSA funds.
4. Let your MH/BH Board know that by investing in AB 1976 they will be taking money away from much needed services and supports; remind them that no MHSA funds may be used to fund AB 1976 without a CPP.
5. Remind your county about the requirements that they will have to comply with, that will take them further away from embedding a recovery model of care.
6. Convey that this bill creates an unnecessary mandate on the counties by requiring their participation, and removes each county's local control. The MHSA was written to promote local control.
7. Remind your county and MH/BH Board that the MHSA invests into the Recovery Model. The MHSA Fund is for effective and accessible community-based services which limit the use or need for involuntary services.
8. Additionally, state that involuntary treatment does not promote the evidence-based practices of Client-driven and Recovery-Oriented Services that utilize shared decision-making and client empowerment. By definition, an involuntary treatment program cannot utilize shared-decision making which is woven within the fabric of the MHSA.
9. Advocate that prioritizing funding for involuntary services further stigmatizes mental health clients and consumers and discourages clients from seeking services, for fear of being ordered into treatment.
10. Inform your county and MH/BH Board that the amendments should specify that all of the AOT services required in Section 5348 should be available to an individual in the county where the recipient of services resides or in an area that is readily accessible to the recipient.
11. If your county already has AOT, or chooses not to opt out, become knowledgeable about all of the requirements, to ensure that existing services are maintained, and sufficient additional services are created to effectively implement the law.
12. If your county already has AOT, or chooses not to opt out, ensure that you are involved in creation of the comprehensive plans for service required by WIC Sec. 5348 (B)

Lastly, this bill is set to remove the January 1, 2022 sunset of AOT. The amendments to AOT have transformed the nature of AOT by requiring a county to opt out of the program, as opposed to choosing to participate. Mental health advocates believe that a sunset of the Act should remain for at least three years so that the impact of the AOT program can be evaluated under the new structure and to capture data and impacts of the modified program.

***In order for a county to opt out, a county or counties must do so through a resolution passed by their governing bodies, aka Mental Health Advisory Board and Board of Supervisors stating the reasons for opting out and any facts or circumstances relied on in making this decision.**

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accesscalifornia.org

CAL VOICES — a continuation of NorCal MHA Mental Health America
ADVOCACY · RECOVERY · PEER SUPPORT
calvoices.org

Current County BH services that are similar to AOT
Supplemental Handout

Comprehensive Community Treatment (CCT):

The CCT Program helps people with severe mental illnesses live successfully in the community and reduces inpatient psychiatric hospitalizations. Individualized services are provided to meet specific client needs. A team of providers collaborates to deliver integrated services of the recipients' choice, monitor progress towards goals, and adjusts services over time to meet the recipient's changing needs. CCT is based on the Assertive Community Treatment model with modifications for smaller rural communities. Full-Service Partnership (FSP) programs, offered through CCT, include medication management, crisis intervention, case management, peer support, family involvement, education, treatment for co-occurring disorders like with substance abuse and non-mental health services, such as food and housing. CCT serves approximately 300 clients per calendar year.

Regional Services:

As an MHSA-funded outreach and engagement program, Regional Services serves adults living in the outlying areas of the County that have a scarcity of behavioral health services. Clients can be met in their homes or in different community sites. The focus is on the stabilization, management, and reduction of psychiatric symptoms; the restoration and maintenance of functioning; the improvement of interpersonal effectiveness; and the development and maintenance of healthy support systems for clients. Regional Services receives referrals from other programs within DHHS as well as from many community providers.

Mobile Response Team (MRT):

The Mobile Response Team provides crisis intervention services to adults, children and youth in the field including homes, schools, hospital campuses and community settings countywide. The response team includes multi-disciplinary mental health professionals available 7:00am – 7:00pm seven days a week. Staff work closely with law enforcement, conducting clinical consultations, referrals and case management services for individuals and families in an effort to avoid unnecessary hospitalization. MRT serves about 500 people per fiscal year.

Crisis Stabilization Units (CSU):

The CSU functions as a mental health urgent care center for individuals who cannot wait for regularly scheduled appointments but may not need emergency inpatient services. While individuals may be hospitalized after evaluation, many receive services at the CSU the same day and then return home. Urgent services are available 24/7.

Crisis Intervention Team (CIT):

A national training program that aims to connect the mental health community with law enforcement. Locally, CIT training has been held since 2007. This five-day training is designed to increase knowledge about mental health services and issues for law enforcement officers in the field. It also enhances skills in dealing with people with mental illness and other disabilities. In addition to the training, Humboldt County CIT holds monthly Stakeholder Meetings to discuss strategies for addressing gaps and building on system-planning efforts in regard to improving outcomes for people experiencing mental health crises that come into contact with law enforcement. In November 2018, Humboldt County CIT started a new Monthly CIT Review Meeting to discuss microsystems level strategies for working with specific individuals in the community that experience severe mental illnesses and are involved in the criminal justice system.

Current County BH services that are similar to AOT
Supplemental Handout

Participants include Adult Protective Services, housing providers, Substance Use Disorder (SUD) providers, DHHS-BH, Jail Mental Health Services, multiple law enforcement agencies, Open Door Mobile Health Services, Veteran's Services, and local hospital representatives.

Humboldt Programs for Recovery:

Humboldt County Programs for Recovery: Substance Use Disorder (SUD) Treatment Services assist individuals who are experiencing substance use problems that are impacting their physical health, interpersonal relationships, or causing employment or legal issues. The SUD treatment program offers outpatient treatment one, two, or four days per week, depending on an individual's treatment needs. Individuals are assessed to ensure they meet medical criteria for treatment. SUD Treatment Services are designed to empower participants to develop the self-awareness and personal motivation needed to make positive and permanent changes in their lives. Program services are provided by substance abuse counselors and may include assessment, consultation and referrals, plan development, treatment and recovery services, parenting skills, skill development, case management, and/or service coordination.

Community Corrections Resource Center (CCRC):

The CCRC houses an interagency collaborative program providing correctional supervision, substance abuse, mental health assessment and treatment, and vocational services, as well as linkages to community-based services. The intent of this program is to reduce barriers to accessing needed services in order to reduce an offender's likelihood to commit a new offense, thereby increasing public safety. CCRC serves approximately 1,035 clients per calendar year.

Permanent Supportive Housing:

Permanent supportive housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. It is designed for very vulnerable people who may be highly visible in the community and frequent utilizers of emergency services, hospitals, police and fire department interventions, and psychiatric hospitals.

Pre-Trial Felony Mental Health Diversion Program:

The Court supervises intensive treatment for those whose crime has been attributed to their illness. These specialized court programs have proven outcomes reducing recidivism and improving behavior among individuals. This model includes mental health rehabilitation services, case management, medication support, housing assistance, benefits and entitlements assistance, education and employment assistance, family support and crisis intervention.

1001.36 Diversion Program:

A discretionary pre-trial diversion procedure for a defendant charged with a misdemeanor or felony, who suffers from a mental disorder listed in the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the symptoms of which can respond to treatment, if the mental disorder played a significant part in the commission of the charged offense. DHHS-BH is not mandated to provide treatment to diversion participants, but applied for and obtained a grant from DSH and is using those funds to accept individuals for diversion treatment. Although the grant was predicated on a minimum of 8 participants over a 3-year period, over 20 individuals have been accepted since grant approval on June 2, 2020.

ASSISTED OUTPATIENT TREATMENT (AOT)

FACT SHEET

What is Assisted Outpatient Treatment?

AOT is a form of court-ordered and court-supervised intensive treatment in a community setting for individuals with severe mental illness and a demonstrated history of lack of adherence to treatment and poor outcomes. AOT is a civil, not a criminal, process. An AOT statute allows a judge, after extensive due process, to order outpatient treatment for a person with severe mental illness who meets certain criteria.

Who Qualifies for Assisted Outpatient Treatment?

To be eligible for AOT the person must be:

1. 18 years or older and
2. Have a severe mental illness
3. Unlikely to survive in the community without supervision
4. Have a condition that is substantially deteriorating
5. Have a history of treatment noncompliance in that at least one of the following is true:
    a. Has had two psychiatric hospitalization or placements in a correctional facility within the last 36 months due to their mental illness OR
    b. Has had one or more incidents of serious and violent acts, threats or attempts to harm self/others within the last 48 months due to their mental illness
6. Have been offered to voluntarily participate in a treatment plan and have not engaged or refuse treatment
7. Able to benefit from treatment
8. Participation in AOT would be least restrictive environment

Who Can Request Assisted Outpatient Treatment?

- The person's parent, spouse, sibling or child, who is 18 or older
- Adults residing with the individual
- Director of a treating agency, organization, facility or hospital
- The treating licensed mental health professional
- Peace officer, parole or probation officer supervising the individual

How is Someone Referred to Assisted Outpatient Treatment?

Any of the above individuals can refer someone to county mental health for AOT. The following steps include:

1. Determination if individual meets criteria
2. Outreach and engagement to get enrolled in voluntary services
3. Court petition if individual continues to refuse voluntary services
4. Court hearing if individual contests petition
5. Court order if evidence supports need for AOT and
6. Review at 6 months for new order if need continues

Who is Involved?

- Court personnel
- Sheriff personnel
- Public Defender as counsel for the participants
- County Counsel appointed to represent DHHS-BH
- Behavioral Health direct service providers and staff

What are the provider and court responsibilities for AOT?

Counties that implement must have community based mobile mental health teams, psychiatric services, intensive case management, family outreach, SUD services, peer support and housing support among other things. Participants referred to AOT who do not agree to voluntary services would have the right to a hearing, to appeal the decision made at the hearing, and also the right to petition for a writ of habeas corpus, and the additional burden of providing these due process protections to participants would fall to the County and Superior Court. Representation during these proceedings would require Public Defender and County Counsel.

In addition to the above, there are staff and supports required outside of the court setting and beyond the Behavioral Health team. Treating agency, organization, facility or hospital staff are involved, along with peace officers, parole or probation officers who have contact with the individual and may refer to treatment. Community-Based Outpatient service providers, SUD treatment providers, CIT-Trained officers, and providers appropriate to special populations, e.g. TAY or those from diverse cultural backgrounds, are needed to support AOT recipients in the community.

What are the Enforcement Mechanisms?

AOT prohibits holding a participant in contempt for disobeying the court. Additionally, the court may not order a patient to be forcibly medicated or placed under hospital commitment without a finding that the standard criteria for involuntary inpatient treatment have been met.

However, the court may order the participant to meet with the treatment team to resolve the issue. If the treatment team's efforts to secure cooperation are unsuccessful, the court may order the individual to be hospitalized for up to 72 hours for a psychiatric evaluation pursuant to 5150.

How is Assisted Outpatient Treatment Funded?

This is not a funded program and Counties are not allowed to reduce current voluntary services in order to enact AOT, per the legislation. If current voluntary services will be reduced counties must opt out of Laura's Law/AOT.

What are the Costs Associated with Assisted Outpatient Treatment, and Who Bears Them?

The costs are based on staffing needs within the behavioral health agency, and court requirements to investigate whether identified patients meet AOT criteria, file petitions as warranted, conduct examinations and hearings, impose court orders and maintain contact between the court and treatment team. There are also legal costs associated with preparing and presenting evidence in court of patients' qualification for AOT and with providing counsel to patients and behavioral health. These costs are typically paid for by the County, Behavioral Health, the Courts and occasionally specific defense funds.

Is It Only for Medi-Cal Beneficiaries?

No. AOT includes non Medi-Cal beneficiaries.

How many individuals typically qualify and participate in AOT?

There is significant variation in enrollment rates in Laura's Law programs throughout California. Utilization rates of individuals enrolled in Laura's Law programs range from 0.5 per 100,000 to 11 per 100,000, even in counties in geographic proximity. There is even greater variation in the utilization of the court process for Laura's Law program enrollment among counties. Based on results reported in A Promising Start, from the Treatment Advocacy Center, February 2019, four counties had no court oversight for Laura's Law enrollees and of the 11 counties that did, the numbers of enrollees with court oversight ranged from 0.3 per 100,000 to 7.1 per 100,000.