

# MEETING MARIN'S MENTAL HEALTH NEEDS:

Recommendations Regarding AB 1421

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# OVERVIEW

- I. Purpose
- II. Background
- III. AB 1421 County Workgroup: Process & Key Findings
- IV. Additional Sources for HHS Recommendation
- V. Key priorities to improve and expand our system
- VI. Conclusion

# PURPOSE

1. Make recommendation to Board of Supervisors regarding whether or not to adopt AB 1421 in Marin.
2. Receive guidance from Board of Supervisors regarding recommendation.

# KEY Q's GUIDING RECOMMENDATION

## **Q1: Is there sufficient evidence supporting added value of AB 1421 in comparison to existing mental health interventions?**

No. Independent, comprehensive research finds that involuntary outpatient programs are no more effective than voluntary programs in reducing service use, hospitalizations, arrests, homelessness, or improving mental state.

## **Q2: Is it likely that many Marin residents would be eligible for AB 1421?**

No. 5-14 people would meet eligibility criteria.

## **Q3: Is there evidence that programs recently expanded by HHS are improving outcomes among persons with mental health conditions?**

Yes. Our programs are reaching more people and improving outcomes.

## **Q4: Would resources otherwise used for AB 1421 be put to better use for expanding and improving mental health services?**

Yes. To better meet the needs of Marin residents, we need to expand client-centered services and increase capacity to provide appropriate level of care.

# RECOMMENDATION

- 1. Do not adopt AB 1421 at this time**
  - Insufficient evidence of added value
  - Few people would be eligible
- 2. Expand system capacity and evidence-based programs that will help more people and improve the system of care**
- 3. Re-assess AB 1421 adoption in response to:**
  - Any emerging scientific data regarding efficacy
  - Data from other counties implementing AB 1421
  - Other emerging relevant factors

BACKGROUND



# COUNTY MENTAL HEALTH SERVICES

## MISSION

*Provide all Specialty Mental Health Services to Marin Medi-Cal beneficiaries and low-income uninsured residents with serious to severe mental health needs.*

1031

New clients in care  
system in past 12  
months

185

Staff

143

Service  
Contracts

4

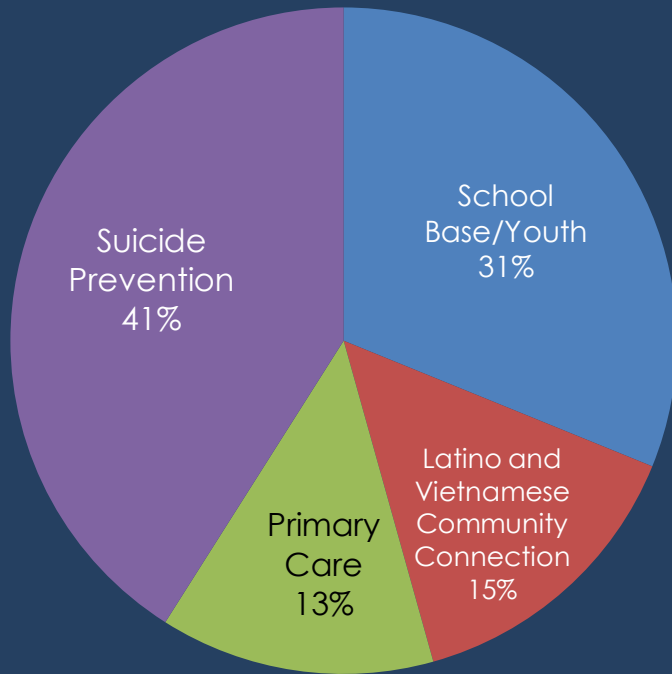
New programs  
in past 12  
months

31

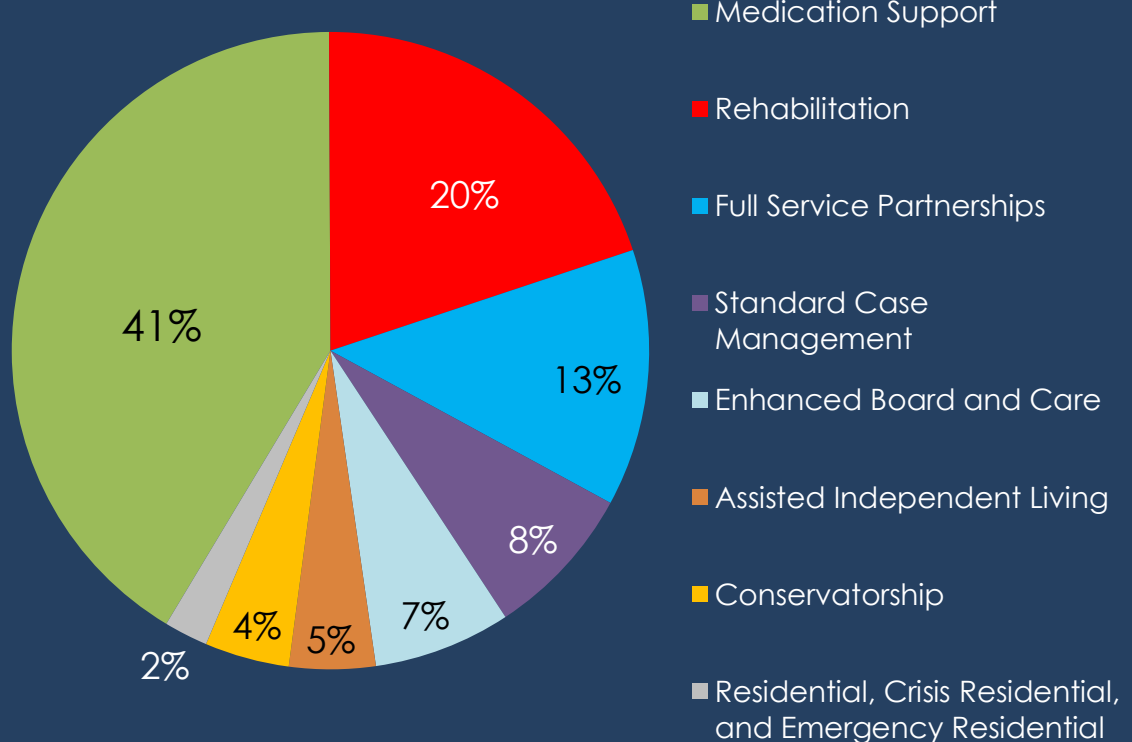
Adult programs

# PREVENTION SERVICES AND ADULT TREATMENT

## Prevention 10,063 served



## Adult Treatment 2,403 served





# SERVICE FLOW



Access and Assessment

Beacon  
(mild to  
moderate)

Third Party Payer

**Marin County Mental Health &  
Substance Use Services**  
(serious to severe)

Medication  
Services

Case  
Management

External Provider  
Network

Full Service  
Partnerships

Planned Services

Crisis Services

Outreach &  
Engagement

Transitions

Mobile  
Crisis

Psychiatric  
Emergency  
Services

Hospital

# WHAT IS AB 1421?

- Allows county Boards of Supervisors to adopt Assisted Outpatient Treatment (AOT)
- AOT provides court-ordered intensive outpatient services (aka Full Service Partnerships in Marin) for adults with serious mental illness with repeated crisis events and who are not voluntarily engaging in mental health services
- AOT is a civil matter and heard in civil court
- AB 1421 specifies the eligibility criteria, referral process, and services for an AOT program
- It does not allow for administration of involuntary medications
- It requires provision of housing assistance, but not housing per se
- AB 1421 is not a substitute for interventions that treat the most seriously mentally ill, including 5150 holds and conservatorships
- Of the 58 CA counties
  - 15 counties have adopted AB 1421
  - 7 have implemented
  - 5 of 7 in first year of implementation

# THE QUESTION



Full Service  
Partnerships

=



Improved  
Outcomes



Full Service  
Partnerships

+



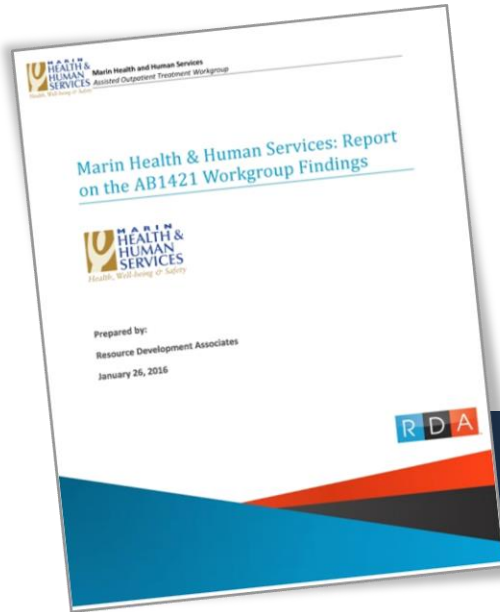
Court  
Process

=

Added  
value?

**AB 1421**

# AB 1421 COUNTY WORKGROUP: PROCESS AND KEY FINDINGS



# WORKGROUP GOALS



Bring together representatives from public agencies within County government



Build a shared understanding of AB 1421 and Adult Outpatient Treatment



Develop a prioritized list of the pros and cons of AB 1421 implementation

# MEETINGS AND TOPICS

1. AOT Educational and Information Session
2. Exploring the Data
3. Financial Considerations
4. AOT County Comparisons & Data Part II
5. Community Stakeholder Meeting
6. Pros and Cons of AOT Implementation

*Eighteen County of Marin employees representing eight different departments participated in the workgroup.*

# AB 1421 ELIGIBILITY CRITERIA

- The person is at least 18 years old.
- The person is suffering from a mental illness.
- There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
- The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
  - The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
  - The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

# AB 1421 ELIGIBILITY CRITERIA

- The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, and the person continues to fail to engage in treatment.
- The person's condition is substantially deteriorating.
- Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.
- In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.
- It is likely that the person will benefit from assisted outpatient treatment.

*RDA consultants estimate a maximum of 5-14 people in Marin would meet AB 1421 eligibility criteria.*



# AB 1421 SERVICE REQUIREMENTS

- Community-based, mobile, multidisciplinary, highly trained mental health teams that use high staff-to-client ratios of no more than 10 clients per team member and include a personal service coordinator
- Outreach and engagement services
- Coordination and access to medications, psychiatric and psychological services, and substance abuse services
- Housing assistance
- Vocational rehabilitation
- Veterans' services
- Family support and consultation services
- Parenting support and consultation services
- Peer support or self-help group support, where appropriate
- Age, gender, and culturally appropriate services

*All services are offered in Marin's Full Service Partnerships*

# COMMUNITY STAKEHOLDER FEEDBACK

## Pros

- Provide mechanism to engage those in need of services
- Increase referrals into all types of mental health services
- Provide oversight and accountability for mental health staff
- Provide mental health professionals with an additional tool
- Provide an alternative to STAR/criminal justice involvement

## Cons

- Ethical concerns regarding coercive nature of AOT
- AOT “has no teeth” and may not be effective
- County should expand voluntary services like Mobile Crisis Response Team and Outreach & Engagement Team
- AOT might create a disincentive to disclosing mental illness
- Mental health consumers should be leading the conversation

# SUMMARY OF KEY AB 1421 WORKGROUP CONSIDERATIONS

## Potential Pros

- Might expand engagement and improve outcomes in high-need population
- Possible mechanism to increase housing assistance
- Provides possible alternative to conservatorships
- Potential for reductions in hospitalizations and incarcerations

## Potential Cons

- Lack of information regarding efficacy
- Might divert funding from strengthening and building current effective services
- Inadequate information regarding possible cost savings
- Few people potentially eligible for AOT
- Will do little to reduce homelessness

# WORKGROUP RECOMMENDATIONS

The workgroup narrowed its recommendations to two options:

## **Delay Possible AOT Pilot**

- Assess effectiveness of expanding mental health interventions
- Monitor for evidence of effectiveness of involuntary programs

**OR**

## **Implement AOT Pilot**

- Conduct an inclusive AOT planning process
- Insure coordinated County response to implementation

# ADDITIONAL SOURCES FOR HHS RECOMMENDATION



# ADDITIONAL STAKEHOLDER INPUT ON AB 1421

## Con

- BOS Mental Health Advisory Board
- MHSUS Cultural Competency Advisory Board
- Marin Advocates for Mental Health

## Pro

- National Alliance on Mental Illness
- Marin Organization to Reduce Homelessness

*AOT did not emerge as a priority in the FY13-14 MHSA community planning process of over 400 Marin residents.*

# WHAT IS THE EVIDENCE?

**There is insufficient evidence to support adoption of AB 1421.**

Gold-standard scientific review:

Cochrane group study



- Analysis of 7,366 records relevant to compulsory and involuntary outpatient treatment
- Exclusion criteria included poor design, insufficient analytic rigor, and other flaws
- 3 studies of 752 patients met minimum inclusion criteria

**No significant** differences in any main outcome indices compared with voluntary intensive outpatient treatment including: health service use, hospitalization, housing, arrest, and mental state.

*Source: Kisely SR, Campbell LA, "Compulsory community and involuntary outpatient treatment for people with severe mental disorders (Review). The Cochrane Library, 2014, Issue 12.*

# EVIDENCE

## Author's conclusions:

- “Patients and carers should question the rationale for compulsory community treatment and advocate for more effective treatments...”
- “Clinicians and health service planners...should consider alternatives with stronger evidence...”
- “Legislation in this area may detract from the introduction of interventions that are of benefit to individuals with severe mental disorders...”

*HHS Epidemiology Team conducted an extensive independent review of the published scientific literature regarding AB 1421 and reached similar conclusions*

*Source: Kisely SR, Campbell LA, “Compulsory community and involuntary outpatient treatment for people with severe mental disorders (Review). The Cochrane Library, 2014, Issue 12.*



# EVIDENCE

Many interventions implemented with the best of intentions are later found to be ineffective or even be harmful after rigorous study...for example:

- Routine prostate screening (U.S. Preventive Services Task Force, 2012)
- Antibiotics for upper respiratory infection and bronchitis (Centers for Disease Control, 2016)
- HIV pre-test counseling (Journal of the American Medical Association, 2014)
- Critical Incident Stress Debriefing (Clinical Psychology: Science and Practice, 2002)

ALTERNATIVES TO  
IMPROVE AND  
EXPAND OUR SYSTEM



# STRENGTHENING OUR SYSTEM

To better meet the needs of clients and families

- Expand Full Service Partnerships
- Increase bed capacity
- Strengthen Psychiatric Emergency Services
- Fully implement and evaluate new crisis programs

# FOCUSING ON WHAT WE KNOW WORKS

## Intensive Case Management



- In Marin, aka Full Service Partnerships
- Cochrane review of 24 trials involving 3595 patients found intensive case management compared to standard care significantly:
  - Reduced length of hospitalizations
  - Improved retention in psychiatric care
  - Improved global functioning

*“Intensive Case Management was found to be effective in ameliorating many outcomes relevant to people with severe mental illness.”*

Source: Dietrich et al, Cochrane Database Syst Rev, 2011

# ADULT FULL SERVICE PARTNERSHIP OUTCOMES FY14-15



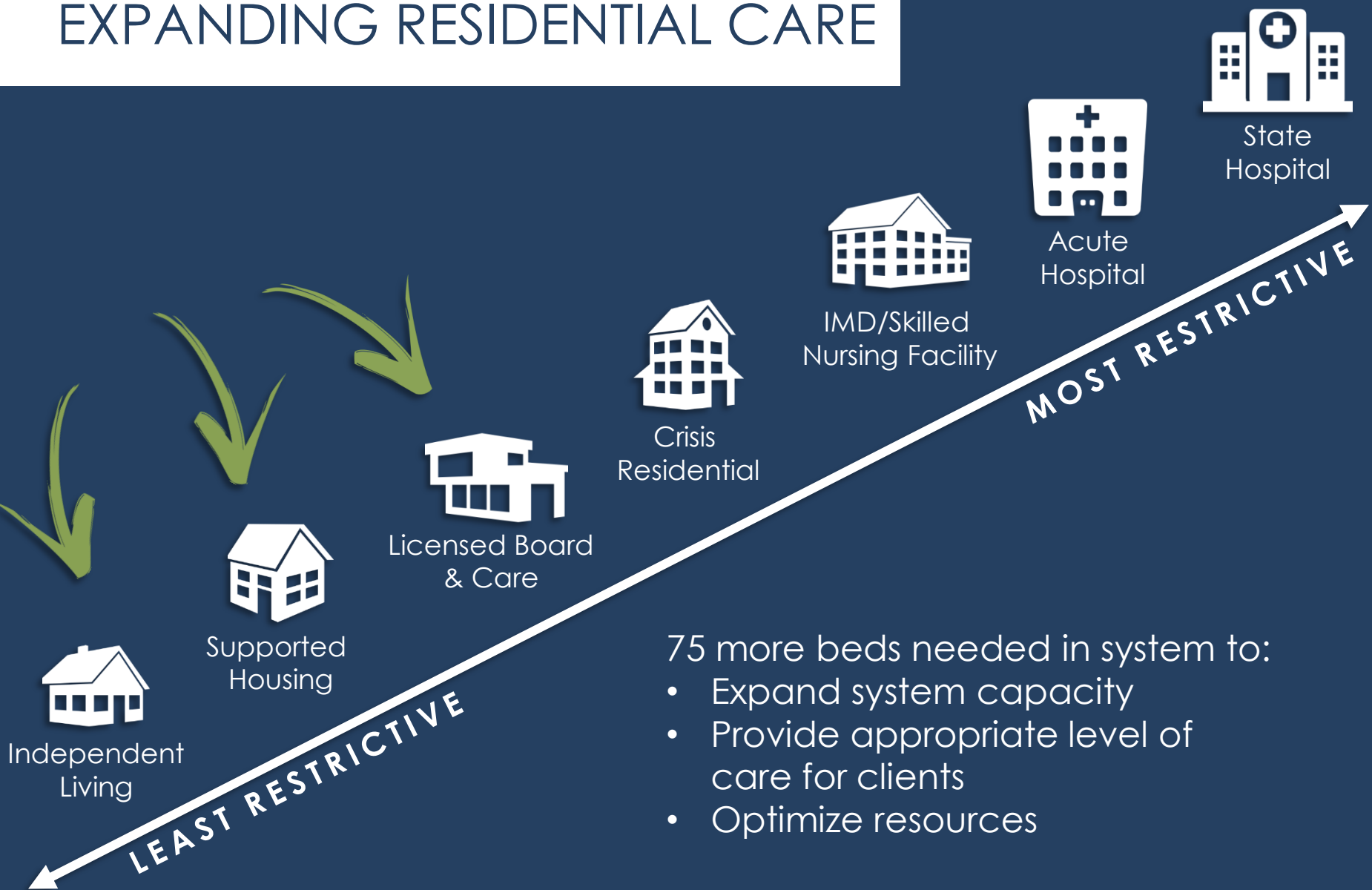
191 adults served in  
Full Service Partnerships

Hospitalization cost avoidance– \$440,000

Incarceration cost avoidance– \$330,000

*Given these successes, we recommend  
expanding FSPs by 40% in the next two years.*

# EXPANDING RESIDENTIAL CARE



75 more beds needed in system to:

- Expand system capacity
- Provide appropriate level of care for clients
- Optimize resources

# IMPROVING PSYCHIATRIC EMERGENCY SERVICES

- Provide more comprehensive psychosocial assessment and treatment to all clients entering Psychiatric Emergency Services.
- Stabilize clinical coverage to provide more streamlined care.
- Strengthen coordination of Psychiatric Emergency Services with our outpatient teams for follow-up care and to reduce re-admissions.
- Identify additional hospital and residential beds and resources for more timely transfer from Psychiatric Emergency Services.

# REACHING OUT WITH THREE NEW TEAMS



## **Transition Team**

Short-term services for people who require support post mental health crisis.



## **Mobile Crisis Response Team**

Acute crisis intervention in the community in coordination with law enforcement.



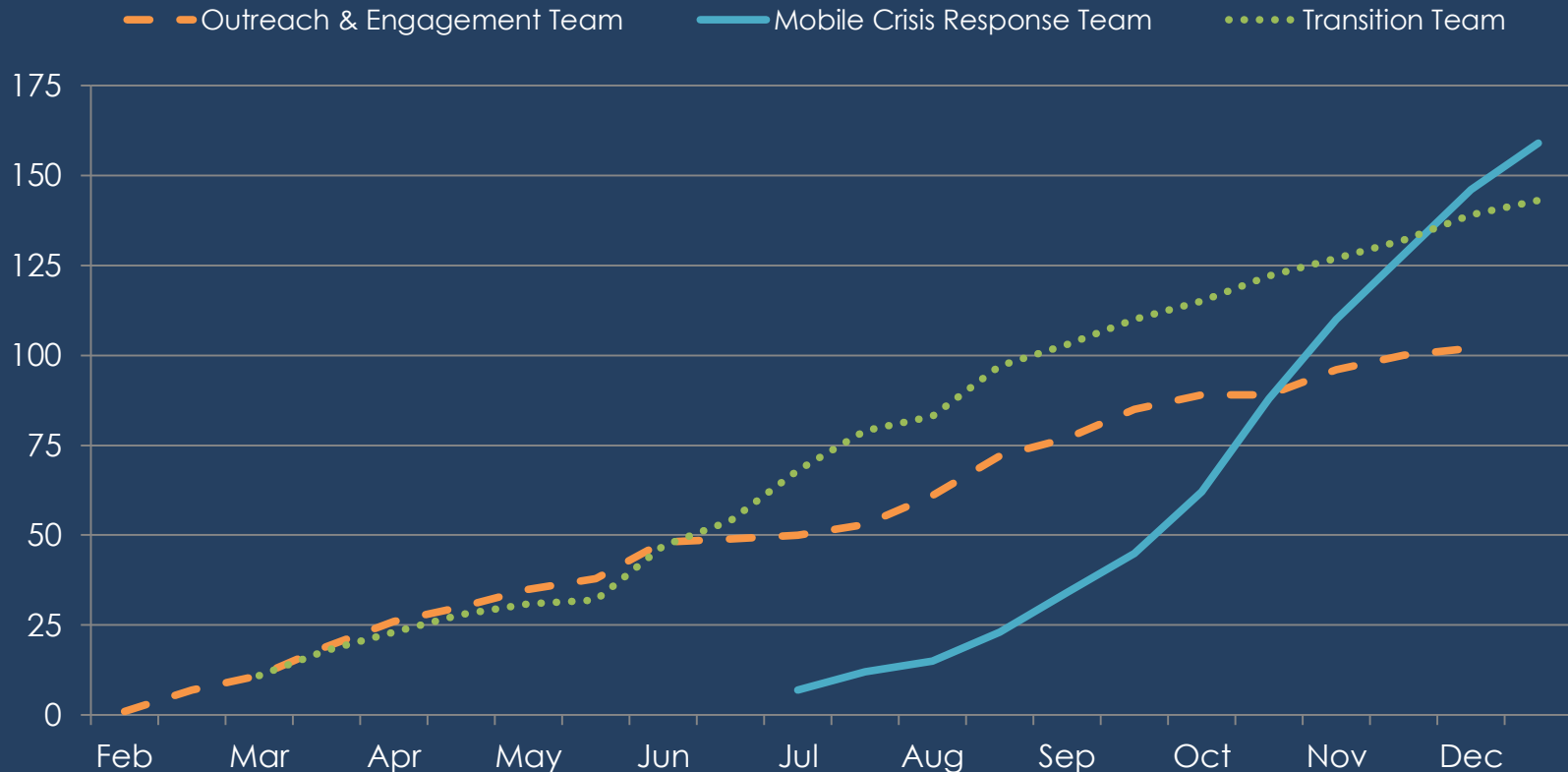
## **Outreach & Engagement Team**

Connects with individuals who are otherwise not willing to engage in services.



# REACHING CLIENTS WITH GREATEST NEED

## Unique Contacts Since Program Launch



**Total contacts across programs: 1,119**

# SUMMARY OF PRIORITIES

Priority	Action	Goals
<b>Treat and retain high-needs clients</b>	Reinforce efforts to engage clients across the service delivery system.	<b>2016 Goal:</b> Serve 30-40 more clients in FSPs. <b>Long-term Goal:</b> Every in-need and eligible Marin resident is enrolled and retained in an FSP.
<b>Placement capacity</b>	Expand number of hospital beds, supported housing and independent living options.	<b>2016 Goal:</b> Expand by 10-12 residential beds. <b>Long-term Goal:</b> Meet total capacity needs by expanding by 75 beds over the next 5 years.
<b>Improve PES</b>	More comprehensive assessment of incoming clients to ensure timely and appropriate admission and discharge.	<b>2016 Goal:</b> Stabilize clinical staffing. Expand comprehensive psychosocial assessment. <b>Long-term Goal:</b> Increase coordination of client care. Expand acute and subacute placement options.
<b>Improve Mobile Teams</b>	Improve coordination with community entities and residents.	<b>2016 Goal:</b> Increase outreach and support to families and underserved minority communities. <b>Long-term Goal:</b> Increase voluntary participation in mental health treatment. Improve data capture analysis.
<b>Engage with clients, families, and communities</b>	Strengthen collaborations with key stakeholders including through five active community advisory boards/committees.	<b>2016 Goal:</b> Begin 3-year Mental Health Services Act program planning; implement Innovations program to strengthen outreach to underserved youth; expand community workforce training in mental health. <b>Long-term Goal:</b> Robust, community responsive, mental health system.

# CONCLUSION: RECOMMENDATION

- 1. Do not adopt AB 1421 at this time**
  - Insufficient evidence that it adds value
  - Few people would be eligible
- 2. Expand system capacity and evidence-based programs that will help more people and improve the system of care**
- 3. Re-assess 1421 adoption in response to:**
  - Any emerging scientific data regarding efficacy
  - Data from other counties implementing 1421
  - Other emerging relevant factors

# THANK YOU!

- Clients with mental illness and their families
- Advisory Boards and Advocacy organizations
- Members of the AB 1421 Workgroup
- RDA consultants
- HHS staff