



Memorandum

TO: HONORABLE MAYOR AND
CITY COUNCIL

FROM: Councilmember Maya Esparza

SUBJECT: SEE BELOW

DATE: December 9, 2019

Approved

Date

12/9/2019

SUBJECT: County Implementation of Laura's Law and Enhanced Conservatorships.

RECOMMENDATION

Accept staff's recommendation and direct the City Manager to:

1. Reach out and seek to establish a partnership with the County of Santa Clara that will allow the City to collaborate, on the 13 points that were identified by Supervisors Cortese and Chavez in their November 5th 2019 referral (Attachment B) wherein they request, "options for consideration relating to the provision of safe places and support services for members of the community with high needs, who are severely mentally ill, dually diagnosed, and unhoused."
2. Work to support legislation and policies that provide more resources for enhanced programs that serve to support the severely mentally ill, dually diagnosed and unhoused in Santa Clara County.
3. Work with the County to develop a system of direct referrals from City staff to County mental health support services that fall outside of the scope of Assisted Outpatient Treatment.

BACKGROUND

Some of the most vulnerable in our society can be those who, due to mental illness or drug addiction, cannot care for themselves or may even pose a threat to themselves or others. While the County has invested significant resources in addressing behavioral health issues, it is obvious, in some communities, that more must be done. The County, under the direction of Supervisor Cortese and Supervisor Chavez will receive a report on December 17th, 2019 wherein staff will present their work on options to support the severely mentally ill, dually diagnosed, and unhoused. It is imperative that the City follow that work closely and seek to play a role in the development and support of that work. The 13 points identified by the Supervisors in their referral, include consideration of both Assisted Outpatient Treatment (AOT) and an enhanced role for Lanterman Petris Short (LPS) Conservatorship. It is important that we as a City work

with our county partners and the mental health advocate community to address this mental health crisis.

The reason behind my request to partner with the County on this issue, is due to the fact that Assisted Outpatient Treatment alone will not address the overall problem. In fact, one of the limitations is outlined in attachment A of this memo. In their definition of Assisted Outpatient Treatment (AOT), the Contra Costa County Health Services notes that while, AOT refers to categories of mental health services ordered by a court; AB1421 does not include provisions to provide medication without consent.”

The Behavioral Health Contractors Association also has addressed the topic of assisted outpatient treatment, and they note that, “there are set criteria for whom it applies and a process to follow - it is not immediate access to services.” Beyond the previous, the literature indicates it is the enhanced and continued access that ultimately makes the difference in people lives. This is the reason behind my recommendation to support legislation and policies that provide more support to the severely mentally ill, dually diagnosed and unhoused.

Our communities and the quality of life therein are being severely impacted by actions of the small number individuals who suffer from mental illness, drug addiction and or both. The City’s lack of access to refer those individuals to services and support, is hurting our communities. As an anecdote, in District 7, we had a severely mentally ill individual with clear signs of need for treatment. The signs included reports of threats and violence, a physical attack as well as possession of section of a public school and refusal to move. After the 11th visit in a one-month time span from City staff, County staff came out and lent support. Only after a subsequent visit and after the telecommunications for the entire neighborhood were set on fire did this individual go and receive the treatment they require.

It not acceptable to allow our fellow neighbors to deteriorate in the streets. The previous anecdote isn’t isolated, incidents like this one a far too common in many parts of our city. We therefore need to work in conjunction with our county partners to find and implement solutions.

ATTACHMENT A

Assisted Outpatient Treatment (AOT)

Description: AOT refers to categories of mental health services ordered by a court; AB1421 does not include provisions to provide medication without consent.

According to AB1421, AOT services in California must:

- ❖ Outreach and engagement services
- ❖ Coordination and access to medications, psychiatric and psychological services, and substance abuse services
- ❖ Supportive housing or other 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 services⁷

Additionally, AB1421 mandates that outreach and engagement services be provided to family members who live with a person with serious mental illness and people likely to come into contact with people with serious mental illness, like physicians and law enforcement.⁸

Rationale: There are limited options available to counties in California to intervene with individuals with serious mental illness who are not voluntarily engaging in mental health services and are at risk of negative outcomes, including homelessness, jail, incarceration, and death. Prior to AB1421, options included 5150 (up to a 72 hour hold), 5250 (up to a 14 day hold), 5270 (up to a 30 day hold), and LPS conservatorship, which is required for anyone in a locked psychiatric facility but can also be implemented in community settings. AB1421 provides another option for counties to support individuals with the highest level of need who are not willing or able to voluntarily engage in mental health services and are at serious risk of negative outcomes.

Source - Contra Costa County Health Services: Report on the AOT Workgroup Recommendations

ATTACHMENT B



County of Santa Clara
Board of Supervisors
Supervisorial District Two
Supervisor Cindy Chavez

98761

DATE: November 5, 2019

TO: Board of Supervisors

FROM: Cindy Chavez, Supervisor
Dave Cortese, Supervisor

SUBJECT: Safe places and support services for individuals who are mentally ill and dually diagnosed

RECOMMENDED ACTION

Approve referral to Administration to report to the Board on December 17, 2019 with options for consideration relating to the provision of safe places and support services for members of the community with high needs, who are severely mentally ill, dually diagnosed, and unhoused. (Chavez/Cortese)

REASONS FOR RECOMMENDATION

County of Santa Clara needs to act with urgency as it relates to providing safe places and supportive services to very vulnerable members of our community who are severely mentally ill, dually diagnosed, unhoused and unable to proactively access community-based mental health services. There are a number of such individuals in Santa Clara County who may need enhanced engagement and special support in order to improve their safety and wellbeing.

This referral is asking the Administration to bring back to the Board on December 17, 2019 all possible options as it relates to ensuring that members of the community who are hard to engage in services and yet in dire need of assistance are able to gain access to and sustain participation in mental health and social services at locations that are safe and available day and night. The Administration should consider options such as:

- * an enhanced role for LPS conservatorship;
- * implementation of Assisted Outpatient Treatment (AOT), the option for which was established in the Laura's Law legislation;
- * enhanced street outreach and engagement, including the addition of a phone number the public can call to request outreach when they see a need. This will ensure every

vulnerable person known to our community will be assessed and linked to appropriate services;

- * establishment of a drop-in center similar to those in many other urban cities (such as San Francisco) to give those without homes a low threshold place to go during the day to access basic hygiene, medical care, food, and social services;
- * utilization of a no wrong door approach; with same day, direct access to mental health and SUTS services. Currently in most cases if a street outreach worker engages a person with mental illness or substance use issues, the person has to go through the managed care call center to be linked with services;
- * enhance utilization of current resources such as crisis stabilization and the sobering center;
- * expansion of walk-in shelter beds available as a component of meeting short-term needs;
- * expansion of board-and care, respite, and supported housing to increase housing options for seriously mentally ill and dually diagnosed individuals;
- * measures to increase the number of and prevent future decline in the number of board and care homes and beds which provide permanent housing for persons with mental health disabilities;
- * creation of a hospital discharge transition team to do outreach and engagement to individuals who were recently discharged from acute level care and need ongoing case management, peer support, and medical services; and
- * Any other option the Administration deems to be effective in getting this vulnerable population what they need while still ensuring that they are placed in the least restrictive environment in which they can safely and successfully function.

The report should include the impact and what would be required by other system partners necessary for each option (e.g. Office of Supportive Housing, Public Guardian, Civil Courts).

The response to this referral should include what is currently available (including the new intensive services and in-home outreach team being launched this Fall) for the population described above and a step-by-step analysis of how each option would assist someone without a home who lives with mental illness and substance dependence and has been on the streets for many years.

The Administration should work closely with behavioral health experts and advocates such as mental health, substance use and supportive housing service providers as well as consumers at Zephyr and on the Behavioral Health Board and family members and consumers engaged in NAMI in formulating the above-mentioned requests and in developing processes and procedures for supporting the most vulnerable members of the community.

BACKGROUND

Some of the neighboring counties have implemented AOT and defined the target population to be served through AOT. These include:

- Alameda County serves adults with at least four or more psychiatric emergency service visits with two or more resulting hospitalizations within a twelve-month period. In 2012, the number of clients served through AOT was 205. Some proportion of these consumers may have been eligible for conservatorship.
- Contra Costa County data showed that 37 consumers would likely be eligible for AOT. They began using the number of consumers with two or more hospitalizations in the last year and then narrowed down that number by excluding consumers who were out of county Medi-Cal recipients, persons who would engage in Full Service Partnership (FSP) level services, persons eligible for conservatorship, and persons who became stable after the hospitalizations.
- Stanislaus County used two methods to estimate the number eligible individuals. One is a nationally used estimate of 1 in every 25,000 residents. In Stanislaus County, which had 541,560 residents, the number was 21. The other method they used was to analyze the number of individuals hospitalized or incarcerated for behavioral health reasons six or more times in a six month period which was 18 individuals and extrapolate that to 36 individuals within a year. Their analysis assumed that the number was likely on the lower end of the range between 21 and 36.

These counties also considered alternative programs and strategies to address the gaps and barriers raised by discussions around AOT:

- Alameda County discussed
 - Developing a “Bridges Navigation Team” to increase outreach and engagement to recently hospitalized individuals;
 - Developing a 24-hour Crisis Stabilization Unit; and
 - Increasing data sharing.
- Contra Costa County considered expanding FSP slots, creating a hospital transition program, and standing up an In Home Outreach Team.
- Stanislaus County Report concluded that the county could achieve the outcomes of AOT through other programs and services. These included:
 - Increasing the fidelity of ACT programs,
 - Expanding supportive housing access,
 - Improving supportive employment programs,
 - Increasing education to the community,
 - Creating an engagement team focused on consumers with serious mental illness, and
 - Adding family advocate positions to FSP teams.